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National Strategy
Female Genital Mutilation (FGM/C) Abandonment in Eritrea

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ABSTRACT
Introduction
For more than a decade, total Abandonment of female genital Mutilation (FGM/C) has been a priority for The State of Eritrea. UN Agencies (UNICEF, UNFPA, WHO and others) in addition to the Local and International NGOs have also been involved in the movement that has brought a momentum and energized the national attention to the fight against the practice of FGM/C. However, during this time, there is a lack of a national strategy that provide structured framework for the Ministry of Health (MOH), its partners and all stakeholders involved in combating FGM/C. In order to develop a national strategy the MOH has taken the initiative and the lead with support from UNICEF and UNFPA and assigned two consultants to come out with this document.
Background
FGM/C is practiced in more than 28 African countries, in pockets of Asia such as Indonesia, and in parts of the Middle East including Egypt, Oman, Yemen, and the United Arab Emirates. FGM/C has been reported in Australia, Canada, Denmark, France, Germany, Italy, the Netherlands, Sweden, the UK, and the United States, occurring predominantly among immigrants from countries where FGM/C is practiced. An estimated 135 million women and girls worldwide have undergone FGM/C, and two million women and girls a year are at risk of being cut.
Result
The draft strategy is comprised of several sections in addition to the background information; these sections highlighted the current FGM/C status and findings in Eritrea with emphasis on effective and ongoing projects or activities. The section entitled; proposed strategic course of actions provides specific activities and pathway that would help the implementers to set their priorities at different levels: National, Regional and Community or grassroots. The critical assumptions listed indicate the situation or the platform on which program implementers build or design their actions and implementation plans. The key lessons learned on FGM/C Abandonment experiences from other countries are useful hints and making use of would save a considerable amount of time and assist the programmers and implementers to avoid a number of pitfalls and repetition of unnecessary practices.

In the section of Monitoring and Evaluation (M&E) for FGM/C Abandonment a set of process and impact indicators are listed for the different levels of the National Strategy. The final section of funding and Leveraging of Resources gives a rough estimate of the budget needed for a course of 5 years and the potential sources of funding.

Keywords: FGM/C, EDHS, Sexual and Reproductive Health Policy, UNICEF, UNFPA, NGO and M&E

BACKGROUND

The formulation of this draft of National Strategy is an immediate outcome of collaborative efforts among the UNICEF Eritrea country office in collaboration with the Eritrean Ministry of Health (MOH) and UNFPA/Eritrea toward developing a National Strategy for Total Abandonment of Female Genital Mutilation/Cutting (FGM/C) in Eritrea.

FGM/C appeared on the agenda of the United Nations (UN) in 1958 within the context of the Universal Declaration of Human Rights (UDHR), and was followed by increased interest among international non-governmental organizations (NGOs) during the UN Decade for Women (1975-1985) which highlighted the status of women in developing countries. The Program of Action of the UN World Conference on Women held in Copenhagen in 1980 called for urgent steps to combat negative traditional practices detrimental to women's health.

FGM/C is practiced in more than 28 African countries, in pockets of Asia such as Indonesia, and in parts of the Middle East including Egypt, Oman, Yemen, and the United Arab Emirates. FGM/C has been reported in Australia, Canada, Denmark, France, Germany, Italy, the Netherlands, Sweden, the UK, and the United States, occurring predominantly among immigrants from countries where FGM/C is practiced. An estimated 135 million women and girls worldwide have undergone FGM/C, and two million women and girls a year are at risk of being cut.

FGM/C is the term used to refer to the removal of part, or all, of the female genitalia. The most severe form is infibulation, also known as Pharonic circumcision. An estimated 15% of all FGM/C practices in Africa are infibulations. Among all countries where FGM/C is performed, the countries that comprise the Horn of Africa have the common characteristic of practicing the worst type (Infibulation) in addition to the other three types. The infibulation procedure consists of clitoridectomy (where all, or part of, the clitoris is removed), excision (removal of all, or part of, the labia minora), and cutting of the labia majora to create raw surfaces, which are then stitched or held together in order to form a cover over the vagina when they heal. A small hole is left to allow urine and menstrual blood to flow. In some less conventional forms of infibulation, less tissue is removed and a larger opening is left. The vast majority (85%) of genital mutilations performed in Africa consist of clitoridectomy or excision. The least radical procedure consists of the removal of the clitoral hood. In some traditions a ceremony is held, but no cutting of the genitals occurs. The ritual may include holding a knife next to the genitals, pricking the clitoris, cutting some pubic hair, or light scarification in the genital or upper thigh area.

The potential physical complications and psychological trauma resulting from the procedure are numerous. As FGM/C is often carried out without anesthesia, it is immensely painful. Short-term complications, such as severe bleeding which can lead to shock or death are greatly affected by the type of FGM/C performed, the degree of struggle by the woman or girl, the unsanitary nature of the operating conditions, the level of experience of the practitioners and the adequacy of the medical services once a complication occurs. There is a high risk of infection, with documented reports of ulcers, scar tissue and cysts around the wound. Other lasting effects that commonly result from Type II or Type III procedures include urine retention, resulting in repeated urinary infections and obstruction in menstrual flow, which may lead to frequent reproductive tract infections, infertility, chronic pelvic pain, Dyspareunea, dermoid cysts and keloid scars.

Infibulated women, particularly in the Greater Horn of Africa, experience complications in pregnancy and childbirth and they must undergo a deinfibulation procedure to remove the obstruction in front of the vaginal opening to allow the exit of the fetal head. While FGM/C in Eritrea is performed mostly during infancy and early childhood, in many other countries it's practiced in childhood, marriage or during a first pregnancy. Typically in these countries FGM/C is carried out on young girls between the ages of 4 and 12. FGM/C is a deeply rooted cultural practice and is done for a number and complex reasons. In the Eritrean culture FGM/C practice is based on the desire to protect the girl child and has a social significance in protecting and maintaining the family honor and pride. Also, Eritrean Demographic Health Surveys (EDHS) showed that many women in the Eritrea support the continuity of the FGM/C practice because they consider it a

"good tradition" at maintains the virginity and reduce the female sexual desire. There is a belief that the clitoris is an unhealthy and unattractive organ. In many parts of Eritrea the practice have religious significance and enhances male sexual pleasure.

FGM/C violates a young girl's right to physical and mental health, including good sexual and reproductive health and is considered by the international community to be a violation of children's rights under the 'United Nations Convention on the Rights of the Child'. The treaty contains several clauses that are intended to protect children from harmful practices that jeopardize their health, including FGM/C. FGM/C also has economic costs: cost of actual circumcision, cost of treatment of immediate and long-term complications including its contribution to delayed second stage of labor (obstruction) and the associated extensive episiotomies during child birth and other complications such as Dyspareunea, cysts and kelliod etc.

FGM/C Status and Findings in Eritrea

In Eritrea more than one type are practiced and varies by ethnic group or the geographical location. While the EDHS showed a small decline from 95% in the EDHS 1995 and 89% in the EDHS 2002, the prevalence remains one of the highest in the African continent. Also, there is a trend of decrease in FGM/C practice among the different age group. For instance, the table below shows the age group of 40 to 44 years showed prevalence about 94%, the age group of 15 to 19years showed 78%. This indicates a positive attitude and sign of movement toward positive behavior change across generations. The practice of infibulations in Eritrea, especially among infant girls, remains one of the highest in the Africa. For instance, the 2002 EDHS showed high prevalence of infibulation ranges from 34% to 42% across the various age groups. While all forms of FGM/C require serious attention, infant infibulation is one of the most traumatic and harmful types and common in Eritrea.

The Eritrean government has a strong position against FGM/C and shows one of the promising political will and Government Commitment. Even though there is no policy that explicitly prohibits FGM/C practice, there is an obvious and well-known position of the government against FGM/C practice. For instance, the recent MOH draft on the "Sexual and Reproductive Health Policy" has included a section that addresses FGM/C as one of the harmful practices affecting women and children and one of the contributing factors to maternal and child morbidity and mortality. The MOH considers protecting the Eritrean population from FGM/C as one of the guiding principles to implement the Sexual and Reproductive Health Policy of 2006 and making the following statement "To improve the legal and socio-cultural environment for the protection of the Eritrean population from harmful sexual and reproductive health practices including FGM/C". In addition, the following quotation stated by the Director General of Health Services (Asmara 1999); add to the evidence of the Eritrean political will:

"The Ministry of Health of the State of Eritrea is committed to the abolition of all forms of FGM and particularly condemns the involvement of health professionals in any form of the practice in any setting, including hospitals and other health facilities"

One of the impressive findings is the sound support of the Religious leaders to the FGM/C abandonment. Both Islamic and Christians leaders are supportive to total abandonment of FGM/C and confirm that FGM/C is a traditional practice and not required by any of the religions. However, such positions are only at the high level of religious authorities and grassroots leaders must be targeted and mobilized to convey anti-FGM/C messages to their communities.

It is encouraging and a positive indicator to learn about the trend of decline across generation. The figure below adapted from two different EDHS findings at 1995 compared to 2002 demonstrates a decline in each age group comparing the two surveys, as well as showing a trend of decline. While it's not possible to attribute the decline to a single factor, the multiple efforts in various parts of the country and by different sector should be credited for such an outcome.

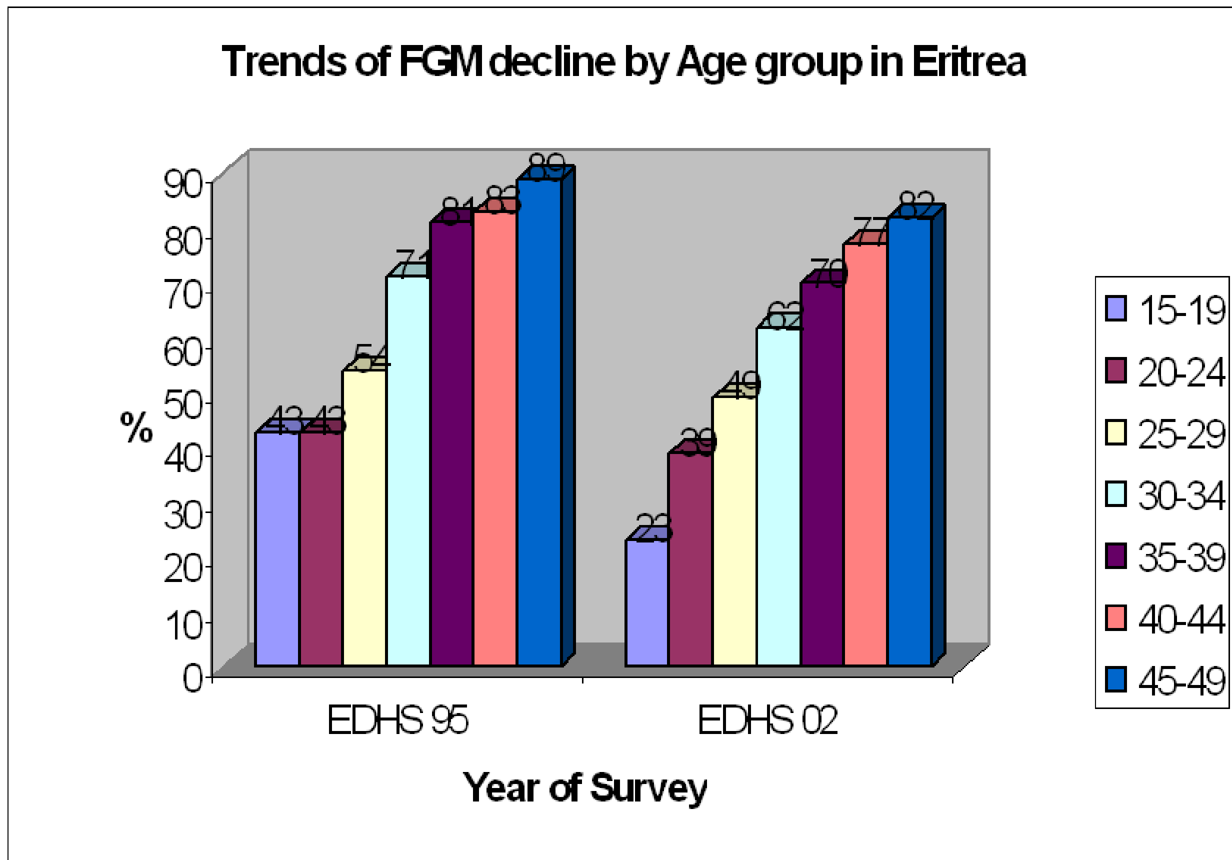

Figure 1.Trends of FGM/C by Age Group in Eritrea

The MOH and Regional governments in Eritrea, the UN agencies (UNICEF, UNFPA, WHO and others) and other NGOs have placed FGM/C abandonment on their development agenda in response to the rising concern and demand for action by the Eritrean government to achieve total abandonment of the practice.

Effective Anti-FGM/C Activities in Eritrea

There are many commendable on-going anti-FGM/C projects and efforts in Eritrea. For instance, UNFPA and Norwegian Church Aid (NCA) are funding community-based activities in sub-Zone Ghinda, Northern Red Sea region. The most impressive part of this pilot is the public declaration component of the project. Public declaration has been one of the effective participatory learning processes and it leads to breaking the phobia among the members of the community, which has its sons, and daughters intermarry. This approach has shown great success in West Africa lead by Tostan. The gap in this experience in Eritrea is that it's localized and small scale. In addition, the community intervention included paying circumcisers and this has to be reviewed and evaluated before expanding or scaling up this pilot.

Other promising and effective approaches include school involvement through SARA club project in Anseba region, funded by UNICEF. This approach is particularly effective and well known that Education is the key for change of behavior for both individuals and public and both formal education for girls and adult and literacy campaigns against FGM/C problem. Therefore, a closer look and extraction of key lessons learned should be part of implementation of this strategy.

In addition to the supportive government position and political will, the local Administrators are a strong asset for anti-FGM/C activities at the regional level and must be actively involved in all campaigns against the practice. They have strong influence on the religious leaders as well as the community and opinion leaders at grassroots.

There are a number of national and international organizations implementing a wide range of effective and community based intervention against FGM/C practice. The NGOs include CARE International, Family Reproductive Health Association of Eritrea (FRHAE), Haben, and National Union of Eritrean Women (NUEW), Nation Union of Eritrean Youth and Students (NUEYS) and others. Some of the effective interventions that are highly recommended to build on and expand them are:

- NUEYS has played a major role in creation raising awareness among young people about the harm of FGM/C
- NUEW has been successful in different parts of the country in involving the religious leaders and having them talk against the practice in mosques and churches. This is mostly within HIV/AIDS context project, but not continuous
- The MOH has printed promotional materials, and developed an effective video tape that can be used as a strong tool during campaigns against the practice. When the FGM/C video was shown, men were mad and said they were never thought that was female circumcision.

One major gap related to the in-country activities against the FGM/C practice is the fragmentation of these activities and the lack of coordination. With effective implementation of this strategy and the existence of a national body, this gap will be closed completely and the activities would be coordinated and scaled up as appropriate.

Proposed Strategic Course of Actions

The current anti-FGM/C momentum in Eritrea provides a great opportunity of building a sufficient multi-sectoral cohesion that would take the country a long step toward total abandonment of FGM/C. For instance, there are many potentials, initiatives and ongoing projects in different parts of the country that have been implemented by both governmental and Non-governmental organizations. These should be the building bricks of the National Strategy. While the following are proposed programs or actions to assist in providing general directions for the strategy, the most effective programs will have to be developed through voluntary multidisciplinary and multi-sectoral approach. The sectors should determine and identify the list of tasks and activities to be undertaken and should hold themselves accountable to implement it within the time frame agreed upon.

NATIONAL LEVEL

Build a national multi-sectoral anti-FGM/C Body

This would involve various Ministries and strategic government institutions such as the University. For instance, the Ministries of Education (MOE), Ministry of Information (MOI) and Labor and Human Welfare (MLHW) should play a crucial role in raising awareness and educating the public in collaboration with the MOH. Each Ministry should commit to specific tasks. The Ministry of Justice (MOJ) may want to stick to the role of enacting and explaining the laws. However, advocates in the MOJ may take a bigger role in explaining the existing laws and the codes that prohibit the practice of FGM/C until an explicit law is enacted. The leadership role of the MOH cannot be over-emphasized in coordination of the activities and facilitation of building the national unity against the practice of FGM/C. Ensure active involvement of the religious leaders in this Body.

Investing in the existing Political Will

The anti-FGM/C position of government creates a conducive environment for all activists to develop and implement activities including – Advocacy, awareness, community participation through multidisciplinary and multi-sectoral approach.

Strengthen the currently active NGOs

Shape and expand their community-based activities in promotion of safe motherhood as well as prevention of and response to Sexual and Gender Based Violence. These would include and by no means limited to CARE, FRHAE, NCA, and Haben. For example, the two major NGOs are the NUEW and NUEYS provide an excellent and horizontally expanded infrastructure for a unique anti-FGM/C movement in the country. The local NGOs have sound community-based involvement in raising awareness and educating the people about the harmful effects of the practice. However, most of the organizations lack careful monitoring and evaluation of their activities. Certainly, other national and international NGOs, as integral part of the stakeholders, have a major role to play.

Coordination and improvement of these projects would improve the quality of these interventions and make them more effective. The local NGOs are the implementing organizations and receive supports from multiple sources including UNFPA, World Bank, NCA and other donors.

Invest in the Support of the UN Agencies

The effective collaboration among the UN Agencies in Eritrea appears to be one of the unique and can provide a model for other countries. Having UNICEF, UNFPA, World Bank and WHO actively involved in addressing FGM/C at the same time and contributing resources is particularly impressive. This provides a good opportunity for the MOH to invest in the unique nature of the high prevalence of infant infibulation in Eritrea. Implement a national baseline survey among children under 15years to assess the FGM/C situation. The MOH should take the lead in this to provide reliable information for several years ahead.

Zoba/Regional Level

Develop regional Implementation plans at various levels – Involve the target groups in the planning phase. The plans should be based on the local situation of each zone. For instance, some zones have higher rates of infant infibulation. Targeting pregnant women, youth and newly married couples would require involving religious leaders and education at wedding events, antenatal clinics and other opportunities.

Ensure that the local Administrators take a leadership role in the development of multi-sectoral and integrated action plans. They are in a good position to build and enforce excellent teamwork especially the scope of their responsibilities is comprehensive and involve all disciplines and sectors.

Community and Grassroots level

Focus on addressing the demand side of the problem through raising awareness and education. The demand to circumcise these girls and have the FGM/C practice continues is a powerful and a determinant factor. Facing this challenge is the key for behavior change and move toward total abandonment. Breaking the linkage between the practice and religion at the grassroots should be one of the preliminary actions. Also, targeting women for awareness and education through tactful and strategic male involvement activities would take the Eritrean nation a long step toward total FGM/C Abandonment. This way the implementers would ensure a high level of community participation.

Highlight gender and social equity in addressing the FGM/C problem and promote integration into the ongoing programs of Reproductive and Primary Health Care. Implementing these interventions should be in a culturally sensitive and appropriate ways. Implementers have to observe the local values and traditions. A number of communities in the developing world become apprehensive when the term "Gender" is used and may end in major misunderstandings and conflicts that negatively affect the progress of programs.

Support male involvement interventions – In most of the developing world male involvement into programs, aiming at improving the health and status of women is a key for successful outcome. In Eritrea, the culture, social structure and traditions assigned males as entry point for change. However, women and youth should be supported to play active role in persuading male involvements. Male would be parents, religious and opinion leaders as well as community leaders who have the decision making in the household.

Ensure that religious leaders are strategically involved in the planning phase – local administrators have strong influence in motivating them. The key issue here is to ensure the flow of the positive anti-FGM/C message through the hierarchical structure of religious command from central level to grassroots.

All Levels

Invest in an Annual Advocacy Event – The International Day of the "Zero Tolerance to FGM" on February 6: The media and public talks have a direct effect on Eritrean people and accelerate the raising of awareness. Raising the theme of "Zero Tolerance to FGM/C" on annual basis provides a good opportunity to mobilize youth, men and women against the harmful effects and violations of FGM/C practice. Such national event should be an opportunity for the Eritrean regions and communities to come with innovative actions and activities for a large scale of community mobilization.

Critical Assumptions for the National Strategy

In order to make further progress and ensure effective implementation and achievement of the above-mentioned Strategic Actions for total abandonment of FGM/C in Eritrea, it is important to have a favorable environment in place. Consequently, the following critical assumptions have been made:

1. There will be a sustained Eritrean government commitment to FGM/C abandonment;
2. The MOH recognizes that FGM practice is a cross sectional public problem, and demonstrates active involvement of other government ministries, institutions and non-government organizations (NGOs).
3. The MOE, MOI, MOLHW and MOJ will play their respective roles as appropriate.
4. The serious attention, commitment to FGM/C abandonment and collaboration among the UN agencies (UNICEF, UNFPA and WHO) and the Eritrean MOH, as leading bodies, be continued and sustained.
5. FGM/C Abandonment projects continue to be locally driven and culturally appropriate.
6. The momentum demonstrated toward FGM/C abandonment in Eritrea will be translated in a coordinated multi-sector and multi-disciplinary approach.
7. The unique situation of FGM/C practice in Eritrea, with the highest prevalence of infant infibulations among the African countries, makes it one of the top priorities for childhood protection and development.
8. Maternal health complications during intercourse and delivery.
9. The implementing partners invest the limited resources in the most effective approaches and make use of lessons learned from experiences of other countries.
10. The MOH and its partners will conduct a national baseline survey on the FGM/C prevalence among children less than 15 years.
11. NUEW continues their role in awareness raising and advocacy activities at all levels.
12. There will be a continued focus on the importance of gender and social equity in addressing FGM/C taking into account the increasing role of men, religious and community leaders, as well as increasing the empowerment of women;
13. There will be support for efforts to establish and ratify explicit anti-FGM/C legislation in Eritrea in the near future based on the convenience of the policy makers and their satisfaction with the level and effect of awareness.

If any of these assumptions has changed or proved to be incorrect, then a modification in the proposed course of the Strategic Actions or fixing the assumption may be necessary to consider on a timely manner.

Key Lessons Learned on FGM/C Abandonment

Over the years, there are valuable experiences and important lessons have been learned in working toward FGM/C Abandonment. The purpose of giving these lessons here is to draw the attention of the implementers of this strategy to successful and unsuccessful experiences in other countries. The lessons include:

- Adapt anti-FGM/C messages to fit cultural norms regarding rites of passage (Kenya). The combination of intensive community sensitization about FGM/C and offering an Alternative Rite of Passage have played a role in the attitudinal and behavioral changes that occurred in the intervention sites.
- Integrate FGM/C abandonment into a range of social and economic development initiatives that focus on women's empowerment (Ethiopia, Senegal, and Burkina Faso)
- Develop alternative rituals to substitute for cutting ceremonies (Kenya) – An innovative approach through which the ceremony is designed to maintain the traditional symbolism and values with an empowering program of reproductive health education. All activities of celebration were performed including dances, signing, and feasting, but without cutting. It's called "Circumcision through Words".
- Empower women through participatory techniques to collectively decide about FGM/C and negotiate community support (Senegal). In the Tostan experience people are made aware of the harmful effect of FGM/C, educated on the advantages of not performing FGM/C, and collectively people are convinced to stop FGM/C. The project showed that addressing

illiteracy and providing skills are key interventions to empowering women.

- Involve community stakeholders in discussions to evaluate the costs and benefits of continuing or abandoning FGM/C (Kenya, Ethiopia, and Uganda)
- Validate and praise individuals who have challenged or deviated from conventional societal expectations and explored successful alternatives to cultural norms, beliefs or perceptions (Egypt)
- Work with health workers to help them treat FGM/C-related complications and to empower them to be advocates against FGM/C for medical, psychological, and human rights reasons (Mali, Kenya).
- Income Generation Strategy (or Alternative Income for circumcisers), also known as "Conversion Strategy" when evaluated in other countries such as Mali , the evaluation results showed that it's one of the least effective approaches. The reasons included the low rate of conversion, new ones replaced some circumcisers, and other relapsed and resumed the practice due to the high demand and social pressure from the community.

Implementation of the National Strategy for FGM/C Abandonment in Eritrea

The basic intervention approaches that the MOH and partners will promote effective implementation of the National Strategy through the following key themes that will guide the strategic plan.

- Ensure high level of community participation as a crucial element to the success of FGM/C abandonment through maximizing the input and participation of community members as well as local leadership.
- Encouragement of all the regions and local Administrators to develop written implementation/action plans involving the grassroots level religious and other community leaders.
- Support and focus on male involvement in the process of change toward total FGM/C abandonment
- Highlight gender and social equity in addressing the FGM/C problem and promote integration into the ongoing programs of Reproductive Health, HIV/AIDS, Malaria, Sexually transmitted and TBc (HAMSET) and Primary Health Care.
- Effectively coordinate efforts among international and national NGOs, donors and Eritrean government.
- The MOH and its partners will conduct a national baseline survey on the FGM/C prevalence among children less than 15 years.
- The MOH and partners will have special attention to the Monitoring and Evaluation activities through the National Results Framework (mentioned above). The available EDHS data in addition to the findings of a National baseline survey on children less than 15 years will provide a solid foundation for monitoring and evaluation and follow up of progress made.
- Incorporate lessons learned from successful work in other countries.
- The unique nature of the high prevalence of infant infibulation in Eritrea is an opportunity for the MOH to gain a sustained support of a collaboration of the UN agencies (UNICEF, UNFPA, WHO and others).
- Over the next three to five years there will be a focus on building on the existing linkages and coordination at all levels to strengthen the implementation of FGM/C abandonment programs.
- Focusing on addressing the demand side through raising awareness and education more than dealing with circumcisers through conversion strategy. This approach will antagonize the influence of circumcisers to convince mothers to circumcise their daughters.

Monitoring and Evaluation (M&E) for FGM/C Abandonment

This National Strategy will have a strong focus on documenting activities, results, and lessons learned. These tasks would be an integral part of the responsibilities of the national Coordinator. Therefore, the MOH and partners will closely monitor, solicit reporting of all anti-FGM/C activities and record the results achieved in a centralized database. Also, the MOH will ensure sharing and dissemination of achievements with all partners and collaborators.

Since the M&E is well known as a crucial component for follow up of the implementation of

the National Strategy, a detailed M &E Plan should be developed within each program and at all levels national, regional and community based or grassroots. For instance, the following paragraphs highlight some indicators, at different levels, that can be built on and should be strengthen by the outcomes of the stakeholder meeting to set the specifics on “Who would do what”.

Process Indicators

National level the activities of the National Multi-sectoral Body should be monitored in terms of number and frequency of meetings, active involvement and participation of the various sectors and ministries, the number of national awareness and advocacy events the National Body has sponsored or motivated. Also, involvement of the religious leaders and number/frequency of public talks or media sessions conducted by them. Also, the political will and commitment would monitored and evaluated through a number of indicators such as explicit declaration of the government position against the practice, the education session of the public about the existing laws that prohibit causing harm to human (even though these are not explicitly enacted against FGM). At this level, the media provide a powerful tool for educating and keeping the public informed.

Regional level

At this junction, the leadership role of local Administrators cannot be overemphasized. In the Eritrean zone and sub-zones, they are privileged by their deep understanding and inspiration of the people at grassroots and at the same time they are experts and skillful in getting things done and on time. Therefore, the activities must be designed and implemented to support the roles of community-based organizations, civil society and religious leadership in order to educate and incorporate community leaders and health professionals as advocates for FGC abandonment. Here the implementation of anti-FGM activities would be monitored by the number of regional Action Plans developed within the specified period of time; the number of sectors involved and level of participation would monitor the quality of these plans. Also, quantitatively, the number of outreach visits to the target villages, public talks conducted by religious leaders, health care providers and other activists. The amount of resources allocated by the regional government to address this problem should be one of the sensitive indicators. The number of advocacy events promoted and supported by government and local NGOs. Also, the number of workshops held for the religious leaders and facilitated by higher-level religious authorities.

Community (Grassroots) level

The community is a good setting for measuring the level of collaboration between government and NGOs, where the government would facilitate a productive environment for the technical and informed activist to send the correct and effective messages to these people. Monitoring and evaluation at this level would be indicated by the parents’ intent to cut their daughters. This can be tested in a form of pre and post session.

Impact Indicators

Measuring the impact of a national program or strategy requires a longer period of implementation and can be assessed by a number of techniques such as random sampling or comprehensive national survey. Each method has its pros and cons a final decision on the selection has to be determined by a technical working group and in consideration of the available resources that match each method.

For instance, the impact of this strategy can be measured as the level of decline in the percentage of prevalence among selected age groups after 5 years of program implementation. This should follow a national baseline survey conducted at the beginning of the program to get a clear picture of the situation of the FGM/C practice. The same methodology must be used for an end-line survey in the 5th year. For this strategy, it’s necessary to point out the interest of the Eritrean MOH to conduct such a survey targeting the children under 15years. Other impact indicators would measure the decline in the percentage of women who support the practice between two points in time. Also, enacting a law explicitly against FGM/C would indicate that the government has reached a level of satisfaction that the public is well informed about the harmful effects of FGM/C. the policy and legal status of the practice. Other indicators will have to be linked with and measured within the context of the Millennium Development Goals (MDGs). These would include but not limited to level of girls education, social and gender equity.

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