Female Genital Mutilation
Education Program Evaluation

11 May 2011
Report written by Margaret Scott, Senior Consultant WestWood Spice and
Sky de Jersey Associate Consultant WestWood Spice
This report was commissioned and funded by NSW Health as part of the
Women’s Health Plan 2009-2011. The views and options for change expressed in the report
are those of WestWood Spice.

Roger West/ Deborah Fullwood
WestWood Spice
21A Elliott Street
Balmain NSW 2041
Ph: 02 9555 4429
Fax: 02 9352 3443
Email: rogerwest@westwoodspice.com.au
deborahfullwood@westwoodspice.com.au
Website: www.westwoodspice.com.au

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Female Genital Mulitaion Education Program Evaluation

Final report

11 May 2011

Acknowledgements

This evaluation project benefited from the input and participation and support of many stakeholders. We wish to acknowledge in particular the invaluable support and advice from the FGM Education Program team members Vivienne Strong, Linda George, Shairon Fray and Denise McGuire, the Bilingual Community Workers (BCW) involved in the FGM Program, the Evaluation Project Advisory Group, the Men’s Advisory Group and the many health and other professionals, migrant workers and community members from numerous different communities and regions of NSW.
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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHS</td>
<td>Area Health Service</td>
</tr>
<tr>
<td>BCE/BCW₁</td>
<td>Bilingual Community Educator/ Worker</td>
</tr>
<tr>
<td>DHI</td>
<td>Diversity Health Institute</td>
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<tr>
<td>DIAC</td>
<td>Department of Immigration and Citizenship</td>
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<tr>
<td>DOH</td>
<td>NSW Department of Health</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>FICT</td>
<td>Families in Cultural Transition</td>
</tr>
<tr>
<td>JIRT</td>
<td>Joint Investigative Response Team</td>
</tr>
<tr>
<td>LHN</td>
<td>Local Hospital Network</td>
</tr>
<tr>
<td>MULTICULTURAL HEALTH UNIT</td>
<td>Multicultural Health Unit</td>
</tr>
<tr>
<td>PANOC</td>
<td>Prevention of Abuse and Neglect of Children</td>
</tr>
<tr>
<td>PHOFA</td>
<td>Public Health Outcomes Funding Agreements</td>
</tr>
<tr>
<td>SGP</td>
<td>Settlement Grants Program</td>
</tr>
<tr>
<td>STARTTS</td>
<td>Service for the Treatment and Rehabilitation of Torture and Trauma Survivors</td>
</tr>
<tr>
<td>WHATINS</td>
<td>Women’s Health and Traditions in a New Society</td>
</tr>
<tr>
<td>SWAHS</td>
<td>Sydney West Area Health Service</td>
</tr>
<tr>
<td>WHAW</td>
<td>Women’s’ Health at Work</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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₁ Note in this report the term Bilingual Community Worker (BCW) is used throughout and is intended to include Bilingual Community Educators (BCE).
Executive Summary

The Female Genital Mutilation Education Program (FGM Program) was established in 1996 and is based with the Diversity Health Institute (DHI). The Program is a specialist women’s service with a state-wide remit to minimize the harmful effects of FGM on women, girls and families from affected communities. In the years since its establishment, it has evolved and developed to respond to identified issues and emerging needs particularly in response to increasing numbers of migrants and refugees from affected communities settling in NSW.

Model of Service

The Program undertakes a range of functions to achieve its goals including:

- Provision of education and training to health and other professionals;
- Education and community development with affected communities;
- Resource and information development and dissemination; and
- Advocacy towards the prevention of FGM.

A multidisciplinary model of service delivery combining clinical, education and community development expertise is used through a small team of staff, which is augmented by the services of Bilingual Community Workers (BCW) from the targeted communities. An outreach strategy commenced in 2006 to reach out to communities being settled in regional centres in NSW.

An evaluation was undertaken by WestWood Spice between September and December 2010 with the purpose of assessing the impacts of the Program since a previous evaluation in 2000 and to identify areas for future strengthening and development.

Key achievements

The evaluation confirmed that FGM Program is widely recognised for its many achievements over the past decade, which is impressive given the relatively limited resource base of the Program. Key achievements have included increased awareness and understanding by a range of human service providers and demonstrable impacts for members of affected communities along with identifiable outcomes from advocacy efforts. The reach of the impact of the Program has also been international with reported instances of changes occurring for individuals in FGM practicing countries. The achievements are particularly significant given the fact that there has been no enhancement of resources despite the substantial increase in the target population over the past decade and the spread to regional areas of NSW.

The issues relating to FGM involve a complexity of cultural and traditional mores, which have evolved in various FGM practicing communities over time, and there are multiple physical, psychosocial and social effects of FGM on affected women, girls and families. Broadly, the Program has adopted a strategic approach tempered by the flexibility needed to deal with a complex and mobile population. The sensitivities of the subject area and the challenges of working with a traumatised community who often have little education and knowledge of English have been thoughtfully and effectively worked into the service delivery model. The Program has taken creative approaches to its work with affected communities, addressing cultural and practical needs, and utilising existing cultural practices and structures to deliver the message. The Program has been fortunate in retaining a small highly skilled team with a great deal of expertise in the subject area which has been a key factor in the success of the service model. Effective management of the
Program has required a sophisticated level of nuanced responses to what can be very volatile issues both in the affected communities and in the media and public generally.

The BCW from FGM practicing communities who are well trained and committed to working to reduce the impact of FGM in their communities are the underpinning success of the Program which currently works with communities from Egyptian, Ethiopian, Kurdish (Iraq), Kenyan, Liberian, Nigerian, Sierra Leonean, Somali and Sudanese backgrounds. A good process of engagement with women in communities is effected through the BCW using a flexibility of approach which is necessary to tailor programs to each community and culture as needed. The inclusion of men is growing stronger, and shows a great deal of potential in terms of creating positive impacts on community attitudes due to the position of men in communities as key influencers and decision makers. The effectiveness of the NSW FGM Program approach in engaging men was recognised with the invitation in 2010 to present at an international conference in the UK in 2010.

A broad range of clinical and other health and human service providers have participated in various longer and shorter FGM training programs with ongoing requests for training from diverse professionals. Training was reported to be of high quality and has resulted in increased knowledge and awareness of FGM related issues and confidence and capacity to respond appropriately and with less judgement to women and girls from these community groups.

Issues arising

A key issue is for health services in NSW to provide appropriate antenatal and birthing care for circumcised women through use of appropriate clinical guidelines. Although some hospitals and health services have developed clinical protocols this is not yet widespread and the evaluation confirmed that the mandating by of the development of appropriate clinical protocols in all health services is an urgent priority. This has been a subject of discussion for some years and is an important strategy to provide a platform for a state-wide program of this nature. Mandatory health service FGM clinical policy will augment the impact of the FGM Program efforts particularly in training of health professionals for whom the issue may not be a priority due to the relatively low numbers of circumcised women presenting.

The issues of sustainability and ongoing reach of the Program and its impacts has been identified in the evaluation and needs to be seriously considered. Attention needs to be given to the development of a more strategic framework for the Program to support its state-wide remit. A hub and spoke model would be one option for this. To enhance the ongoing training of professionals, strategies need to be developed to build a core network of educators with capacity and adequate expertise in regional centres. This could enable ongoing state-wide coverage and sustainability which is currently at risk with the very small FGM clinical expertise within the FGM Program.

Through training BCW the NSW FGM Program has created a measure of long term impact and sustainability as the BCW retain their knowledge and links in the community long after their official involvement with the Program may have finished. Their position as experts on the issues of women’s health and FGM and their own increased capacity and skill mean that they are a long term resource for their communities.

The small program team works effectively with a broad range of government and non-government agencies and services beyond health and multicultural services in metropolitan and regional areas which is another key factor of success. These include migrant and refugee services, TAFEs, women’s health, police, ethnic community organisations, child protection and welfare agencies, sexual and
reproductive health and local government authorities. There is scope for expanding the impact and reach of the Program through considered strengthening and expansion of partnership arrangements.

Successful advocacy endeavours at individual and systemic levels have been noteworthy in influencing change and enhancing culturally competent responses to FGM affected communities. Adoption of a more strategic framework for undertaking advocacy in collaboration with selected partners may create greater future impact.

The multidisciplinary model of the FGM Program service delivery is an effective approach however, it also creates some significant tensions particularly in relation to where the Program is best positioned within the health system for greatest impact. Delivering a state-wide service requiring flexibility to work in a community development framework alongside driving clinical changes in hospital services provides particular challenges to ensure optimal impact with the various target audiences. Close consideration needs to be given to the most appropriate and effective placement of the FGM Program within the newly developing health service configurations as part of the National Health and Hospital Reforms.

A key outcome of the FGM Program is that in adopting a holistic model to frame the delivery of messages to communities, the benefits for communities have been far broader than simply increased understanding of the effects of FGM. Women who have been involved with the Program have benefited from broader understanding of Australian law and society, general health and self care, managing finances, awareness of services and importantly a sense of individual empowerment and self agency. Many BCW have benefited longer-term following training with the Program in moving on to further professional opportunities and enhanced engagement in the community. These valuable outcomes contribute in important ways to enhancing the social inclusion of migrants and refugees in Australia who otherwise can experience considerable isolation and sense of alienation. In summary, the FGM Program has been successful in meeting its stated goals and has provided an invaluable multifaceted service to a wide range of stakeholders despite very limited resources through the skills and commitment of a dedicated small team of staff together with the BCW from affected communities. The on-going viability and impact of the Program across NSW can be considerably enhanced through a range of strategic developments to structures and approaches to service delivery and supported by resource enhancements commensurate with the increased population of affected communities which are now resident in the state.

Options for change

The following options for change provide a framework for the ongoing development and strengthening of the FGM Program over the next 5 years.

Strategic state-wide role

1. That close consideration be given to the most appropriate placement of the FGM Program within the new Local Hospital Network and health service configurations when these are more defined to ensure that the Program can most effectively meet its state-wide responsibilities;
2. That work is progressed as quickly as possible in collaboration with NSW Health to develop clinical guidelines for the obstetric care of circumcised women and to make these
mandatory in all NSW public hospitals. These can be developed from existing guidelines in place currently in several health services;

3. That the FGM Program develops a structured operational framework to guide ongoing strategic development and state-wide service delivery such as for instance a ‘hub and spoke’ model;

4. That options for additional resourcing be explored to support enhanced capacity of the Program to meet its state-wide remit through:
   a. An additional FTE Community Development and Education to develop work with men and stronger regional service delivery capacity;
   b. Increased allocation to the Program Manager role to 1 FTE commensurate with the state-wide responsibilities and to support additional operational processes and a more strategic advocacy strategy; and
   c. Enhanced Professional Education capacity to sustain ongoing awareness raising across NSW and to assist in the development and support of regional networks with a Train the Trainer model.

5. That the Advisory Committee membership and terms of reference be reviewed to include other agencies and to take a stronger role in advocacy and broader sector engagement.

Service delivery model development

6. That work be undertaken on further development of the Women’s Health and Traditions in a New Society (WHATINS) Program including:
   a. More use of pictures and the female anatomical (Selina) models; and
   b. Tailoring of options for diverse needs and groups such as targeting older and younger women, more condensed programs for working women.

7. That options for linking the WHATINS programs to further training opportunities for women be developed in collaboration with TAFEs and other training and migrant support services. Additional sources of funding for this may potentially be secured through other government agencies;

8. That the work with men be further developed with options for development of a training program in men’s health;

9. That a Train the Trainer model be developed for the clinical training service with a focus on training a network of health professionals in key regional areas across the state; and

10. That options for a range of web based training models and on-line resources be explored with due consideration to strategies to reflect the sensitive nature of the topic and the consequent need to provide expert training and support and more generic education delivery methods.

Reach and sustainability

11. That a state-wide network is established as part of the hub and spoke model with identified regional networks supported with a regular communication mechanism such as electronic newsletters etc;
12. That improved data collection systems be implemented to enable effective capture of Program activities, participants’ data, stakeholder networks etc to enable efficient communication, monitoring and evaluation and longer term follow up across NSW; and

13. That options for enhancing the web-site as an educational tool for a range of professionals be explored.

Advocacy

14. That planned strategic approach to program advocacy is developed including identification and collaboration with key partners for optimal impact. Measures of impact of advocacy efforts need to be included with ongoing of monitoring and review of effects.

Collaborations and partnerships

15. That the Program undertakes a critical review of current and potential partnerships at local, regional, state and national levels and develops a considered partnership enhancement plan which is reviewed on an ongoing basis.
1. Introduction

The NSW Female Genital Mutilation (FGM) Education Program (NSW FGM) has been in place since 1997 and has expanded and evolved in response to changing needs and demographics and service arrangements over that period. The program has a state-wide remit and is currently based in Sydney West Area Health Service (SWAHS), auspiced by the Diversity Health Institute (DHI) and is the only model using both BCE and Professional Education within the same management line currently in operation in Australia.

The Program wishes to further develop its response to changing demands and to explore new models of service delivery. It was determined that a comprehensive external evaluation of the Program work from 2001-2009 was required to inform further directions for the next 5 years. An earlier evaluation of the Program had been undertaken in 2000. The evaluation aims to identify the successes and strengths of the NSW FGM services and programs, review their mode of delivery and evaluate impacts on the targeted community groups, health professionals, allied health and child protection services.

WestWood Spice was contracted to carry out the evaluation which was undertaken between September and December 2010 by Senior Consultant Margaret Scott and Associate Consultant Sky de Jersey. It is noteworthy that the evaluation was undertaken at a time of major change in configuration of health services in response to the National Health and Hospital Reforms.

1.1. Background and context

Female Genital Mutilation (FGM), which is also known as female circumcision, refers to the practice of partial or complete removal or cutting of the external female genitalia. The procedure is most often performed on girls or young women.

The World Health Organisation (WHO) recognises four types of FGM:

1. **Clitoridectomy**: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
2. **Excision**: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina);
3. **Infibulation**: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
4. **Other**: all other harmful procedures to the female genitalia for non-medical purposes e.g. pricking, piercing, incising, scraping and cauterizing the genital area. (Source WHO: Fact sheet No.241, February 2010).

FGM is practiced in certain countries and regions in Africa, the Middle East and South East Asia and the prevalence of FGM in Australia has grown as migrants and refugees from FGM practicing communities move to Australia. The practice of FGM is opposed on medical and human rights grounds. Increasingly the issue has also been framed as violence against women.

An increasing number of migrants and refugees from FGM practising countries in Africa and the Middle East have moved to Australia over the past decade. There has been significant growth in the population of affected and at risk women now living in NSW (see table at Attachment 1). Over recent
years there has also been a move towards settlement of new refugee community members in regional areas which has implications for a number of Local Health Networks (LHNs) (previously Area Health Services) and other regional service providers. Refugee communities have settled in Hunter New England, Murrumbidgee, Illawarra, New England, Central West Mid-North Coast regions (see table at Attachment 2).

There is legislation prohibiting the practice of FGM in Australia. Section 45 of the NSW Crimes Act 1900, states that FGM is against the law.

A person cannot:

- Excise, infibulate or mutilate the whole or any part of the labia minora or labia majora or clitoris of another person; and
- Aid, abet, counsel or procure a person to perform any of these acts on another person.

This means that it is against the law to:

- Circumcise a woman, girl or female baby;
- Remove or cut out any part of the female genital area (‘excise’);
- Stitch up the labia majora or labia minora of the female genitalia (infibulate);
- Cut the clitoris or part of the clitoris; and
- Damage the female genital area in other ways.
2. The Evaluation

2.1. Evaluation purpose

The purpose of the evaluation was to undertake a comprehensive review of the FGM Education Program operations since 2001 including the service model, services and impacts on the intended audiences, both professional and community groups and to identify areas for improvement to inform service delivery for the next 5 years to meet the changing demands in program delivery.

2.2. Evaluation requirements

The evaluation project was to work very closely with the Program team and key stakeholders to ensure the appropriate addressing of cultural sensitivities and effective engagement of affected communities. The evaluation requirements were to:

- Identify and document key Program strengths and successes, weaknesses and service gaps of the programs in addressing FGM both in the community and professional spheres since the 2000 evaluation, taking into account the changing context of service providers and communities over the past 10 years and statewide nature of the service’s role;
- Develop an analysis of those achievements, strengths weaknesses and service gaps over this time, in terms of both program and outcomes of the model of the service as a whole and the service delivery models selected for both city and rural/remote areas;
- Examining and describing effective program models for duplications across NSW, which will guide program planning and development of the next 5 years.

The objective of the project is a comprehensive evaluation of the service model, the discrete elements of the service, alternative models of service delivery and the recommended resources required for implementation of the preferred model to be implemented over the next 5 years and which will meet the changing demands in program delivery.

The key stakeholder groups to be consulted included:

- Health professionals – sexual health workers, women’s health nurses, GPS, other allied health workers;
- Other welfare workers, youth workers, teachers, child protection workers and NSW Police;
- Representatives from other government and non-government agencies including refugee and migrant services;
- Bilingual community workers/educators (BCW/BCE); and
- Community members who are representatives of FGM Education target communities including women and men.

2.3. Methodology

The evaluation methodology adopted a mixed method approach underpinned by a strengths based focus to identify what is currently working well, along with areas needing strengthening and development. This was informed by extensive consultation with a wide range of key informants and stakeholders. The evaluation plan was developed in consultation with the NSW FGM Steering Committee.
Program management

The evaluation was oversighted by an Evaluation Steering Committee comprising the FGM Program Advisory Group representative members as listed at Attachment 4. The Committee met 3 times during the evaluation (22\(^{nd}\) September, 13\(^{th}\) October, and 13th December 2010).

The Program involved the following phases:

1. Program scoping and establishment
   a. Program briefings with FGM team and Steering Committee;
   b. Development of agreed evaluation plan with stakeholder consultation framework:
      i. Drafting of evaluation instruments including on-line survey (Survey Monkey). The survey is at Attachment 2; and
      ii. Development of an evaluation project information sheet for distribution to stakeholders (at Attachment 3).

2. Data collection
   a. Document review including FGM Program Strategic Plans, annual reports, individual Program Reports other program materials, web materials;
   b. Administration of an on-line survey with circulation to a wide range of stakeholder groups and linked to the FGM and DHI web-sites;
   c. Stakeholder consultations – face-to-face and telephone (individual and group) including a total of 72 informants; and
   d. Regional visits for stakeholder consultations to Coffs Harbour and Orange.

3. Data analysis and draft findings
   a. Review and analysis of data to determine key themes;
   b. Drafting of emerging findings; and
   c. Review of emerging findings with stakeholders’ workshop 13th December 2010 attended by a diversity of key players.

4. Reporting and feedback

Stakeholder consultation

A stakeholder consultation framework was developed in collaboration with FGM Education Program staff and other key informants. A range of consultation methods was undertaken to seek optimum input from the various stakeholder groups taking into consideration language and cultural requirements/ differences. Methods included face to face interviews, telephone interviews and focus groups in addition to the on-line survey. Interview questions were tailored to specific groups. Regional stakeholders participated through a series of teleconferences, telephone interviews and site visits to Coffs Harbour and Orange.

2.4. Evaluation questions

The following evaluation questions were explored in the data collection and analysis processes:

- What impact has the FGM program had on preventing the occurrence of FGM in NSW? How can we tell? How can this be sustained?
- In what ways have the harmful effects of FGM on women, girls and families affected by FGM been minimized?
What have been the key successes in the Program overall and what have been the elements of success?
Who has benefited most and in what ways?
What have been the impacts of FGM Education Program advocacy?
How effective and appropriate are the service delivery models – for metropolitan communities, for rural communities?
What might be alternative models for delivering the FGM programs and services?
What have been the impacts of the Program on the BCW?
How effective have the roles of the BCW been? How could these be strengthened?
What have been the effects of Program strategies on affected communities? How well have these been sustained?
What has worked well in educating and informing affected communities? How effective has the information provision been?
What has not worked in approaches with affected communities?
How effective has the education of health professionals and other allied workers been?
What impacts have there been from the professional education? How well have these changes been sustained?
How effective or appropriate have the resources that the program has developed been? How useful have they been in community work? What resources are most needed?
What have been the unintended consequences of the Program?

2.5. Data collection

Through the various data collection processes the Program involved input from approximately 130 informants representing a diverse range of NSW FGM stakeholders from across different settings in metropolitan and regional areas of NSW.

Online survey

There were 63 respondents to the on-line survey from a widely representative range of respondents in different roles, locations and with different lengths of time associated with the Program.

<table>
<thead>
<tr>
<th>On-line survey respondents profile</th>
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<tbody>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Metropolitan</td>
<td>69.5%</td>
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<tr>
<td>Rural/ regional</td>
<td>30.5%</td>
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<tr>
<td>Time associated with NSW FGM</td>
<td></td>
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<tr>
<td>Less than 1 year</td>
<td>42.1%</td>
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<tr>
<td>3 - 5 years</td>
<td>26.3%</td>
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<tr>
<td>5 - 10 years</td>
<td>31.6%</td>
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Stakeholder consultation

A total of 72 stakeholders were consulted during the Program through a mix of focus groups, face-to-face, telephone and teleconference meetings. Those consulted included:

- FGM Education Program team;
- FGM Education Program Advisory Group;
- Bi-lingual Community Educators;
- Women’s Health Co-coordinators;
- Women’s Health Nurses;
- Migrant and Refugee Workers;
- Men’s Advisory Group;
- AHS staff – refugee health, midwifery, educators;
- Multicultural Health;
- Diversity Health Institute Directorate;
- Partner organizations e.g. Family Planning, STARTTS, Anglicize;
- WHATINS Program participants; and
- Community members from affected communities.
3. NSW FGM Education Program

The NSW FGM Education Program (the Program) was first established in 1997 with funding from the Commonwealth Public Health Outcomes Framework Agreement (PHOFA) to develop a comprehensive program of work comprising professional and allied health education, community education and development and resource development. The Program is a specialist women’s health service within the policy framework of the NSW Women’s Health Plan 2009-2011\(^2\) with a state-wide remit to minimize the harmful effects of FGM on women, girls and families from affected communities. It works to support FGM practising communities to recognize the health and psycho-social effects of FGM through community education and development. It has evolved and developed over the years in response to changing demographics and the increasing numbers of affected community members in Australia.

The Program currently works through Bilingual Community Workers (BCW) with communities from Egyptian, Ethiopian, Kurdish (Iraq), Kenyan, Liberian, Nigerian, Sierra Leonean, Somali and Sudanese backgrounds. Newly arriving communities are often quite mobile and the Program has developed links with new and emerging communities in regional centres across the State providing outreach activities in Coffs Harbour, Newcastle, Wollongong, Orange and Wagga Wagga.


**NSW FGM Mission**

To adopt a Human Rights approach to working with new and existing community, key stakeholders and service providers using a range of strategies and programs to prevent the occurrence of FGM in NSW and minimize the harmful effects to women, girls and families who are affected by the practice.

**Program goals**

- To prevent the occurrence of FGM in NSW;
- To minimize the harmful effects of FGM on women, girls and families affected by the practice;
- To educate and inform affected communities about the risks and health effects of FGM; and
- To assist women who have been affected by FGM.

**Strategies**

- Education of health professionals and other workers who may have contact with FGM practising communities;
- Community education and development with relevant communities;
- Collaborative work with NSW Police Child Protection Unit;
- Advocacy nationally and internationally;
- Provision of advice for women, health professionals and others seeking information or advice about FGM; and
- Management and governance.

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3.1. **Program theory and logic model**

The NSW FGM Program fits within the United Nations Human Rights Framework, underpinned by the Health Belief Model (Nutbeam & Harris 1998). The model proposes that individuals take action when they believe they are able to bring about change in their health outcomes through the adoption of specific behaviours i.e.: the cessation of FGM for all females in practicing communities in NSW. The NSW FGM Community Education Program “Women’s Health and Traditions in a New Society” (WHATINS) is designed to educate women from practicing communities on women’s health, preventative health practices and the rationale for the elimination of FGM.

The NSW FGM works closely with target communities engaging them to take ownership of FGM and empowering them to take important steps to change their behaviour through informed choices and decisions.

**Theory of change**

Changes in attitude and practices will be brought about over time by engaging key influencers and members of identified FGM practising communities and providing information, education and empowerment through a community development approach.

Informing and educating targeted professionals who are in a position to intervene in a range of contexts with practising communities will enable them to effectively support prevention of FGM and to support women who have been affected by FGM.

Informing, advising and advocating with key government and other decision makers in Australia and overseas will create a stronger more prohibitive environment and decrease acceptance of FGM as a cultural practice.

3.2. **Program management and funding**

**Program management**

The NSW FGM Program is managed through the Directorate of the Diversity Health Institute (DHI) based in Sydney West Local Health Network (LHN) in conjunction with the NSW Multicultural Health Unit (MULTICULTURAL HEALTH UNIT). The DHI is a coalition of State and Federal Health services focussed on the health of multicultural communities in NSW with Multicultural Mental Health Australia having a nationwide portfolio.

NSW FGM is overseen by the NSW FGM Advisory Group which is nominally comprised of representatives from NSW Department of Health, Women’s Health Services in Area Health Services where large numbers of affected populations reside, the Executive Officer NSW Women’s Health, community representatives, NSW Department of Education and Training (DET) and NSW Community Services (see Attachment 4). There has been limited participation in the Advisory Group by representatives from DET and Community Services.

**Program funding and staffing**

The Program is in its fourth round of funding which is administered through NSW Department of Health (DOH) with a Funding and Performance Agreement between DOH and Sydney West Area Health Service. The NSW FGM Strategic Plan for 2009-2010 has Key Performance Indicators against each of its program goals.
PHOFA\(^3\) funding of $222,000 per annum plus additional resources from SWAHS supports the employment of a part-time (0.5 FTE) Program Manager, full-time Community Education and Development Officer (CEDO), a part-time (0.4 FTE) Professional Education Officer (PEO) and a part-time (0.3 FTE) Administrative Officer.

Program funding has been static since 2001 with no increase to keep pace with inflation or to reflect the increased numbers of people being settled in various parts of NSW from FGM practising communities. This has created significant challenges in targeting scarce resources to address the need in particular to expand to regional areas. The Cabaslot Fiesta was funded by NSW Health in 2003 and a one-off grant in 2005 from the Department of Women supported camps for Sierra Leone women and girls. The Program has not applied for outside grants however has applied to NSW Health for additional funding to absorb inflation and realign costs with the estimated affected population demand and per head amount needed to service this population.

### 3.3. Community targeting and engagement

The fundamental approach of the Program to engaging with affected communities is through the trained BCW from affected communities who are central to the processes of effective culturally competent engagement. Targeting of specific communities by the Program is informed by statistical data on the prevalence of FGM practices within particular cultural groups together with detailed knowledge of affected communities for which the BCW are invaluable informants. This requires careful targeting and a finely nuanced understanding of the different cultural groups and practices from identified countries of origin, specific community sensitivities together with the likely barriers to engagement. Close consultation and collaboration with the BCW provides knowledge of cultural customs and norms, identification of key leaders and influencers within each community and the creation of appropriate opportunities. Some communities are known by the Program to be overtly resistant to engaging with the issues related to FGM and to complying with the NSW legislation. Several groups are considered to be at particularly high risk of insisting on FGM for girls and of taking them out of Australia for this to be done.

### 3.4. Program structure and service delivery model

The Program delivers a range of services and programs developed and delivered partly through a planned strategic approach combined with a flexible capacity to respond to opportunities as they arise. The key components of the FGM Education Program are:

- Professional Education and Development;
- Community Development and Education;
- Regional Outreach Program;
- Resource and information development and dissemination; and
- Advice, advocacy and influence.

### Staffing and team roles

The Program has a small experienced team which provides a multi-disciplinary service model with both clinical and community development expertise. The clinical expertise of the part-time Program Manager and the Professional Education Officer includes skills in women’s health and reproductive

\(^3\) The Public Health Outcomes Funding Agreements no longer exist as such. They are now under the National Health Care Agreement.
health. The full time Community Development and Education Officer is also an experienced Sudanese Bilingual Community Worker. The Program is supported by a part-time administrative officer. The Program Manager is responsible for strategic planning, service provider training, staff recruitment and supervision, budget management, project and financial reporting and the implementation of appropriate initiatives.

The NSW FGM team works collaboratively to deliver services across the state. The Program team develops and delivers training workshops, community programs and resources suitable for a range of target audiences. In addition, the Program provides expert advice in issues related to FGM and undertakes a broad range of information provision and advocacy activities.

Cultural governance
In a program of this nature which targets and involves people from diverse cultural backgrounds it is important that the Program approaches are developed and implemented in a manner which is sensitive to, and reflective of, these various cultures. The cultural aspects of the Program are informed by the CDEO and the BCW working with the Program who advises on different cultural issues for their specific communities. A Men’s Advisory Group was established in 2006 in recognition of the key roles of men in their communities and their potential for influence in issues related to FGM. The Group includes men of diverse backgrounds who are bicultural and bilingual who work with key male leaders in the community to educate men about the impacts of FGM and promote community awareness and education on the issue.

Partnerships and collaboration
NSW FGM works in partnership with a wide range of organisations to deliver programs including Area Health Service staff, Multicultural Health Unit services, Migrant Resource Centres, TAFEs, NGOs such as Family Planning NSW, Anglicare, Police, Joint Investigative Response Team (JIRT), Prevention of Neglect and Abuse of Children (PANOC), Service for the Treatment of Torture and Trauma Survivors (STARTTS) and local councils across NSW. The development of partnerships is integral to delivering relevant programs in urban areas but is critical to their success, or otherwise, when delivering regional programs.

3.4.1. Professional education and development
A key focus of the Program is enhancing the provision of culturally sensitive and appropriate professional services for women and girls from FGM affected communities. Health services, particularly reproductive and child-maternal health services need to be able to respond appropriately to women who have experienced FGM and to optimise their health outcomes in a supportive and positive manner.

A wide range of other professionals and workers in different settings and sectors also have, or may have, contact with FGM practising community members including women’s health nurses, teachers, youth workers, domestic violence and refuge workers, police, welfare workers, migrant workers, sexual health workers and so on.

Professional training workshops are provided by the PEO supported where appropriate and possible by the CEDO and at times by a midwife who is experienced in managing clinical issues with women
who have been circumcised. The workshops attract CPD points for Registered Nurses through the College of Nursing. Workshop contents are tailored for specific professional groups. Training sessions broadly include topics such as the types and prevalence of FGM, different cultural practices, values and beliefs, Human Rights, legislation and child protection, counselling issues. Case studies and a video entitled ‘Women affected by FGM in NSW talking’ is generally included pending available time.

Standard professional workshops have three options:

- 1 day workshop 5 CPD points (PEO and CDEO);
- 2 hour clinical workshop 2 CPD points (PEO); and
- 2 hour cultural workshop 2 CPD points (CDEO, PEO).

Training for clinical staff working in maternity services aims to develop increased awareness and knowledge of FGM related issues to enhance the provision of sensitive and appropriate care for circumcised women, and families, during their antenatal, birthing and postnatal care. This includes understanding the process of de-infibulation for some women. Training has also been undertaken by telecast to regional areas and been provided to specialist groups of health professionals including the NSW Urological Nurses Society members.

Training is promoted through various health and other service and professional networks, distribution of fliers, web site and interagency forums. Specific requests are also responded to from previous participants requiring follow-up for other staff or other requests. For instance, a 2 hour session was requested specifically for Centrelink workers and sessions have been delivered to undergraduate midwives at the University of Technology Sydney.

Process evaluation is undertaken for each training session and there have been several attempts to seek evaluative data on longer terms impacts of the training through follow up surveys with participants, however this has not been consistent. The Program also assists and advises on development of clinical protocols and pathways for service providers, which have identified FGM practicing communities residing in the LHN.

There has also been collaborative research undertaken with clinical staff in NSW hospitals regarding the awareness and understanding FGM and associated clinical policies and procedures.

### 3.4.2. Community education and development

The NSW FGM Program has over the years built a very strong community development and education focus working at a number of levels directly and indirectly with women and men from FGM affected communities. Key activities which are undertaken include the BCW Training Program, the women’s health education program ‘Women’s Health and Traditions in a New Society’ (WHATINS) and a diversity of community development activities and community and cultural events including Zero Tolerance Days commencing in 2005.

#### The BCW Program

Over the past 20 years, a very effective approach to working with communities from diverse backgrounds has been developed in NSW through the training of bilingual community educators and

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4 Susie Nanyakara is a clinical RN who performs de-infibulation and leads the FGM Team Maternity Unit at Auburn Hospital
workers (BCE/BCW). The FGM Program has successfully adopted this model as a core strategy since its inception and trains BCW to deliver the WHATINS training program in their communities.

Through the Program’s links in communities women are identified who may have the skills or potential to be trained as a BCW to provide education in their own community. BCW are well placed to deliver health training, provide information and undertake advocacy in and for their communities as they are intimately familiar with the sensitivity of FGM related issues and many have had to face those issues themselves in their own refugee and/or settlement journey.

The BCW participate in a 14 day ‘Train the Trainer’ program which equips them to deliver the WHATINS training. Some modules of the training are components of the TAFE Certificate 4 in Training and Assessment Program, which provides an added benefit for the women. They can receive recognition of prior learning should they undertake the full Certificate course in the future. Following completion of training the BCW can then go on to locate 8-16 community women who are available to complete the WHATINS program and deliver the training in suitable locations. Only approximately 25 per cent of FGM trained BCW go on to deliver WHATINS programs.

The BCW are not paid for their participation in their own training which is provided free of charge but once trained and successfully assessed to work as a BCW, they are paid at a sessional rate $36.30 per hour.

The BCW are paid to attend regular monthly meetings where they are given additional training, support and resourcing from the NSW FGM Program. These meetings also provide a forum for sharing ideas advising the FGM team of key community issues and opportunities and helping ensure that the Program is effective in reaching the target communities.

A BCE Association has been established greatly assisted by advocacy from the FGM Program. This has provided cost effective insurance and other support to BCW and improved administrative processes.

In recent years, the Program has reached out to newly emerging refugee communities and therefore it has been necessary to train new BCWs and add new language groups to the team. The Program is dealing with an increasingly mobile and increasingly geographically dispersed target population.

Current communities served by BCW:

- Egyptian;
- Liberian;
- Ethiopian;
- Nigerian;
- Eritrean;
- Sierra Leonean;
- Kurdish (Iraq);
- Somali; and
- Kenyan;  
- Sudanese.

**Women’s Health and Traditions in a New Society (WHATIN) Program**

The WHATINS program was first developed in 1998 based on existing women’s health training resources, and adapted to refugee communities. It consists of 11 x 3 hour sessions and embeds issues related to FGM in a sensitive and appropriate manner in the context of other aspects of health, well-being and Australian society. WHATINS provides a holistic health training framework.

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5 The abbreviation BCW is used throughout this document to refer to both BCW and BCE

6 Estimated by the FGM Program team
and aims to create a space where trust is generated and participants feel safe to raise and address the difficult issues presented by FGM. Practical support is provided to enable attendance such as child care etc.

**Men’s Advisory Group**

The early years of the FGM Program focussed predominantly on women, however in response to the recognition of men as key community decision makers several seminars were held on women’s health starting in 2006. A second seminar led to the establishment of a Men’s Advisory Group meets bi-monthly, co-ordinated by the CDEO. The men advise on key issues and opportunities and assist in holding periodic seminars, cultural and community events targeting male community members, inviting a range of religious speakers and doctors to inform men about the negative impacts of FGM on women and the need to stop the practice. No resources are currently available for a more active program of engagement with men from affected communities.

**Zero Tolerance Days**

In 2003 the Inter African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) declared that February 6th is marked as the International Day of Zero Tolerance to FGM. The declaration states that: “The Zero Tolerance Forum would be an initiative which will bring all our efforts to celebrate, reflect and deliberate on FGM and to renew our commitment to protect African women from cultural and traditional belief systems that are inimical to the sexual and reproductive rights of women on the continent.”

NSW FGM held the first Zero Tolerance Day in 2005. This event was strongly supported by the Nigerian High Commission.

The ZT Days aim to bring members of the target communities together to share their experiences, engage in discussions and debate and develop motivation and confidence to actively work against FGM in their communities. Information about international developments in FGM is also shared. Further ZT Days were held in 2006 and 2007 and the next one is planned for February 2011.

**Cultural Days and camps**

A key approach to engaging women in communities was a range of different cultural events including cultural days and women’s and girl’s camps. These focused on specific community groups, celebrated various aspects of culture and tradition including food, clothing, music, arts and crafts and in this broader context introduced the issues related to FGM. The events are held in appropriate community locations and are developed in close collaboration with the BCW.

### 3.4.3. Rural and regional service delivery model

Since 2006, NSW FGM has developed a Regional Outreach Strategy in response to the Federal Government refugee settlement policy which has progressively settled refugees in a number of NSW regional areas. Many of these refugees are from FGM practicing communities. The annual planning cycle of the Program selectively targets regional centres based on the numbers of newly settled people from FGM practising countries and has provided outreach to Coffs Harbour, Newcastle, Orange, Bathurst, Wagga Wagga and Wollongong.

The regional outreach program model generally involves a combined professional and community development and education program. Sydney based BCW participate with the FGM team to present
the program which is developed in collaboration with local agencies that work with the newly settled community members. The WHATINS program is compressed to a more intensive 5 day program for women from affected communities. Professional training workshops for relevant workers in the area are planned with adaptations developed to meet the needs of relatively isolated workers.

### 3.4.4. Resource and information development and dissemination

The NSW FGM Program has a central focus on increasing awareness and understanding of the complexity of FGM practices and the varying related cultural issues. The Program develops and disseminates information and resources about FGM for a range of audiences including government, professionals and for community members as well as the resources which are part of the training programs. Resources are also available on the web.

There is regular monitor of demographic data and in 2009, the Program developed a comprehensive report on the global trends and developments in FGM including newly developed legislation in FGM practising countries and the nature of the challenges which lie in enforcing legislation.

The staff provide a voice of expertise and advice for a wide range of needs and requests on issues related to FGM in what can be a sensitive issue and prone to public and media sensationalism. Resources developed include books, brochures, booklets, banners, posters and postcards and are available to community groups, service providers and educators as tools for information dissemination and education. Resources are accessible on the FGM website at [http://www.dhi.gov.au/NSW-Education-Program-on-Female-Genital-Mutilation/About-Us/About-Us/default.aspx](http://www.dhi.gov.au/NSW-Education-Program-on-Female-Genital-Mutilation/About-Us/About-Us/default.aspx)

### 3.4.5. Advocacy and advice functions

The Program undertakes individual advocacy on a case work basis in collaboration with JIRT in suspected situations where there is an identified concern that girls are at risk of being circumcised, particularly through being taken out of Australia for procedures in other countries.

The Program seeks to enhance broader system and service provider culturally appropriate responsiveness to women and girls affected by FGM through influencing policy and practice. Health and other professionals are targeted through training to increase awareness and understanding of the cultural complexities and impacts of FGM practices and to minimise judgemental attitudes.

The Program Manager provides a key role in leadership and advocacy and is accountable for developing high level responses to State and Federal Governments, their agencies and other key bodies including health professional organisations, in relation to FGM in NSW.

Broader advocacy is also undertaken through selective participation in interagency forums and committees e.g. refugee networks, Women’s Health Co-ordinator networks, JIRT, Sex Crimes Squad etc. The FGM team also increase awareness through articles for professional journals and magazines, conference presentations etc. Advocacy activities involve both individual advocacy (for instance in child protection cases) and systemic advocacy.

The NSW FGM Program also engages in advocacy at an international level with similar agencies in other countries and through promotion of its activities and promotion by the BCW with family and community members in their countries of origin.
4. Summary of findings

This section of the report summarises the key achievements and themes which emerged during the consultation and data collection processes for the evaluation which are addressed in detail in the following Section 5. Complete data for Program activities in the period since 2001 was not available for the evaluation due to lack of records and loss of data from some periods and sub-optimal data collection systems currently.

4.1. Overview

Overall, the FGM Education Program has delivered a wide range of services and programs over the period from 2001 to a broad diversity of key stakeholders with relatively limited resources which have not increased in response to population changes. In this period, there have been no prosecutions under Section 45 of the NSW Crimes Act 1900 relating to female circumcision and there have been demonstrable benefits from the Program for affected communities. This is in terms of increased awareness, knowledge and empowerment of affected community members and increased understanding in a diversity of professional health and other community service providers. There have also been identifiable impacts of Program advocacy efforts both at individual and systemic levels.

### Summary of activities 2001 - 2010

<table>
<thead>
<tr>
<th>Activity</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 professional workshops since 2002: 21 in regional areas</td>
<td></td>
</tr>
<tr>
<td>928 participants in training workshops</td>
<td></td>
</tr>
<tr>
<td>120 BCW trained (approx)</td>
<td></td>
</tr>
<tr>
<td>513 participants in WHATINS programs since 2006</td>
<td></td>
</tr>
<tr>
<td>1,800 community members attending FGM events (approx) since 2006</td>
<td></td>
</tr>
</tbody>
</table>

The Program has worked with the following communities in particular:
- Egyptian;
- Liberian;
- Ethiopian;
- Nigerian;
- Eritrean;
- Sierra Leonean;
- Kurdish (Iraq);
- Somali; and
- Sudanese.

4.2. Key achievements

Key achievements of the FGM Education Program highlighted in this period include:
- Training of approximately 120 BCW from a diversity of cultural backgrounds;
- Work with men and establishment of a Men’s Advisory Group in 2007;
- Expansion of training and community development to regional areas;
- CPD points through College of Nursing;
- Clinical pathways developed in SWAHS in 2005;

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7 Due to incomplete data the figures are best estimates by the current FGM Program and are likely to be an underestimate.
- Camps for specific cultural groups;
- Zero Tolerance annual days since 2007;
- Cultural days and events for a range of community cultural groups;
- Ongoing participation of professionals in training programs;
- Development and dissemination of resources;
- Women’s solidarity increased, and Men’s solidarity increased;
- International recognition with invitation in 2010 to do a conference presentation in the UK on involving men in addressing the impact of FGM; and
- Effective advocacy in response to media controversy (with RANZCOG).

Table 1: Community members attending FGM events 2010

<table>
<thead>
<tr>
<th>YEAR</th>
<th>COMMUNITY EVENTS</th>
<th>NO ATTENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>Family Conference</td>
<td>250</td>
</tr>
<tr>
<td>2001</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Cabaslot Fiesta</td>
<td>72</td>
</tr>
<tr>
<td>2004</td>
<td>Moot Court</td>
<td>52</td>
</tr>
<tr>
<td>2005</td>
<td>Zero Tolerance to FGM day</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Men’s seminar (1)</td>
<td>40</td>
</tr>
<tr>
<td>2006</td>
<td>Zero Tolerance Day</td>
<td>80</td>
</tr>
<tr>
<td>2007 – 8</td>
<td>Zero Tolerance Men’s Seminar (2)</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>International Women’s Day</td>
<td>50</td>
</tr>
<tr>
<td>2008 – 9</td>
<td>Cultural days International Women’s Day</td>
<td>370</td>
</tr>
<tr>
<td></td>
<td>Human Rights training</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td>Estimated Total</td>
<td>1,796</td>
</tr>
</tbody>
</table>

Information not available for 2000- 2006

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NO ATTENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>105</td>
</tr>
<tr>
<td>2007</td>
<td>199</td>
</tr>
<tr>
<td>2008</td>
<td>76</td>
</tr>
<tr>
<td>2009</td>
<td>73</td>
</tr>
<tr>
<td>2010</td>
<td>60</td>
</tr>
<tr>
<td>2006</td>
<td>105</td>
</tr>
<tr>
<td>2007</td>
<td>199</td>
</tr>
</tbody>
</table>

Estimated Total 513
4.3. **Key issues and themes**

The following sections present the findings in the main focus areas of the evaluation and were the key points emerging from the on-line survey results and consultations with stakeholders and are grouped as follows:

- Reduced harm for women and girls;
- Program management and placement;
- Professional education and development;
- Community education and development;
- Regional outreach;
- Advocacy and resources; and
- Collaboration and partnerships.
5. Key issues and themes

5.1. Reduced harm for women and girls from affected communities

‘(I have learned) ... that it’s illegal in Australia, and can affect the sexual pleasure for the woman’. (survey respondent)

The impact of the FGM Program in reducing the harmful effects of FGM for women and girls from affected communities was confirmed in the findings. The extent to which the occurrence of FGM has been prevented was however not possible to determine with any certainty. Nevertheless, it is significant to note that there have been no prosecutions under the Crimes Act in the past decade. The reports from many women and girls including those who work as BCW indicate clearly that the increased knowledge, confidence and understanding of the effects of FGM have been significant as outlined in more detail in Section 5.4 below.

The benefits for the women directly involved have provided a very clear flow on to others in their communities through information dissemination and advocacy against FGM. In addition, greater understanding of Australian laws and human rights, overall health care and well-being and the availability of services have obvious broader benefits.

Importantly there have been positive impacts for men from affected communities who have engaged with the Program and they are important power holders, influencers and decision makers for girls and boys in such cultural matters. These impacts are important in reducing the harm for women and girls in the short and longer term.

The wide range of health and other professionals who have participated in educational programs reported greater awareness and understanding of issues and a greater capacity to provide more sensitive and appropriate services for affected women and girls which in turn minimises the harm to them.

‘Information has meant there’s been more sensitivity to working with the women from the women’s own perspectives. Seeing the ‘whole’ woman as a human being caught up in a complex cultural environment instead of seeing her as a victim deserving of sympathy or political advocacy.’ (survey respondent)

And:

‘These health providers (who have direct contact with refugee and resettlement women from known areas/ regions in previous countries where FGM is a concern/ issue) are now better informed regarding FGM, associated resources to assist in education and the ability to discuss this sensitive issue in an accepting cultural way’. (survey respondent)

Direct health benefits for women and girls were also commented on by informants.

‘Prevention of further trauma after the birth of a child, less infections and urine leakage, and the prevention of young girls undergoing FGM in Australia. Education is the key to improving better health for women in the future.’ (survey respondent)

These changes in systems and service delivery are important outcomes for the Program which needs to be sustained and broadened with the continually changing professional service workforce.
5.2. Program management and placement

The Program Management and operation has been shaped by the funding from NSW Health and its placement with the NSW Health Diversity Health Institute (DHI) and its dual reporting to the Multicultural Health Unit (Multicultural Health Unit) within an AHS setting. Additional reporting is required to NSW Health via the former Area Health Service in line with the Funding and Performance Agreement.

Changes in NSW Health staffing and different representatives on the Advisory Committee has resulted in less than optimum state level engagement with Program priorities over some periods and a further dynamic more recently has been the general uncertainty regarding the future configuration of health services in the context of the current National Health and Hospital Reforms. Longer term placement of a range of state-wide services including the FGM Program was uncertain at the time of the evaluation.

The nature of FGM issues requires that the Program engage through its community development and clinical components with a range of related health and broader areas including:

- Women’s health;
- Maternal and child health;
- Ante and post natal health care;
- Sexual and reproductive health;
- Refugee health;
- Multicultural health;
- Violence against women;
- Preventative community education and development; and
- Child protection.

The community development and engagement focus of the Program aligns well with its current placement with MULTICULTURAL HEALTH UNIT and enables potential access to state-wide and DHI multicultural health services however, greater potential exists for stronger alignment to state-wide and DHI multicultural health services. It was identified that the potential of this could be further realised for instance through the Transcultural Mental Health Program.

The FGM Program has fostered very strong relationships with the affected communities, however at times the development of community relationships was seen by some informants to have been constrained by the Program being part of a major bureaucracy. This can provide for less flexibility at times.

In relation to the clinical aspects of the FGM Program, a number of key informants reported that the current placement with the AHS/ LHN context limits its access and leverage directly with hospital services to adequately impact clinical policy and protocols on a state-wide basis. This is particularly exacerbated by the lack of NSW Health mandated policy to drive change in the implementation of standardised antenatal and postnatal care protocols for FGM affected women. At a local AHS/ LHN level, responsibility for following through on FGM issues is taken by various health units including women’s health and refugee health, often determined by the personal interest of individual professionals who have a particular interest in the issue.

A considerable frustration of the Program is the significant time and resources expended for approvals and processes required for the travel and community development activities which are
inherent in providing a service model which reaches state-wide and which also endeavours to work in a flexible community development approach.

At an administrative level, the efficiency of the Program is constrained by inadequate systems for consistent routine data collection which impacts follow-up and monitoring and evaluation of longer term impacts.

5.3. Professional education and development

The broad diversity of health and other professionals who provided input through survey, focus groups and interviews into the effectiveness and impact of the professional education and development by the Program provided representative perspectives from key stakeholders.

<table>
<thead>
<tr>
<th>Key achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Program awarded CPD points by College of Nursing</td>
</tr>
<tr>
<td>- Consistently positive participant feedback from professional training sessions</td>
</tr>
<tr>
<td>- Telecast of education to rural hospitals</td>
</tr>
<tr>
<td>- Training provide on request for ACT in 2009</td>
</tr>
<tr>
<td>- Ongoing demand for training programs</td>
</tr>
<tr>
<td>- Development of SWAHS clinical policy in 2003 acted as a catalyst for inclusion in NSW Women’s Health Plan</td>
</tr>
<tr>
<td>- Inclusion of FGM issues in Family Planning NSW Sexual and Reproductive Health training program</td>
</tr>
</tbody>
</table>

What is working well?

Respondents consistently reported that the clinical/professional training is very good with excellent presentation and information from very well informed trainers. Responses such as “thought it was fabulous” underscore the quality of the training provided. Having increased knowledge of the complexity of cultural issues and the impacts of FGM and an understanding the different types of circumcision is valued.

‘I think the interactive program that was given here was very good it allowed time for those who heard details of the practice time to assimilate the horrendous nature of FGM.’ (survey respondent)

Hearing real stories and having a speaker who was affected by FGM was powerful as well as clinicians who had direct experience with FGM.

‘Stories from women who had been involved with the practice who were now stopping the practice for their daughters was powerful. The workbooks are a helpful adjunct the stories could be placed on DVD for use in forums/seminars.’ (survey respondent)

‘It was also great to hear from a female (professional) who was involved in reconstructive surgery.’ (survey respondent)

Detailed clinical information is valuable for clinicians and access to information, resources, support and advice from the Program is very important. Respondents commented that this has improved the availability of resources and information to provide to clients and knowledge of contacts and ways of working more effectively with relevant communities.
What has changed as a result of the training?

A consistent and very important change following the training identified by many respondents, both health and other workers was greater awareness and appreciation of the complexity of the issues related to FGM practices.

‘These health providers who have direct contact with refugee and resettlement women from known areas/regions in previous countries where FGM is a concern/issue are now better informed regarding FGM, associated resources to assist in education and the ability to discuss this sensitive issue in an accepting cultural way.’ (survey respondent)

The resultant less judgemental attitudes about women from affected communities is a significant achievement.

‘Staff are less judgemental and now aware of the appropriate procedures for antenatal care and delivery and better assessment.’ (survey respondent)

The training has also resulted in greater confidence for some survey respondents in dealing with and responding to women from affected communities in health services evidenced by the following comments:

‘My clients have benefited because I have much more knowledge with which to help them.’

‘I have been better informed and have had many opportunities to discuss FGM with clients from cultural groups where FGM is done.’

‘Benefits include awareness of issues, identifying and involving key stakeholders [partners, community leaders, as well as those affected].’

‘Teachers and specialist staff who support them have gained information about FGM and insights in to effectively dealing with sensitive issues associated with FGM if they arise.’

Workers across a range of other services also reported positively on the training and the impacts it has had.

‘As a child protection caseworker I have learned a lot about FGM by attending the program training. Prior to the training, I had very little knowledge and pre conceived ideas as to what FGM was and what cultures/nationalities participated in FGM. I learned a lot from the training and was able to discuss and educate my fellow colleagues who were unable to participate in the training. This has increased my awareness of FGM and the social and health issues FGM may have for some of my clients.’ (survey respondent)

Educating others in their workplace has been an important follow on from some participants.

‘I learned a lot from the training and was able to discuss and educate my fellow colleagues who were unable to participate in the training. This has increased my awareness of FGM and the social and health issues FGM may have for some of my clients.’

In 2005, SWAHS developed and implemented clinical protocols for managing women with FGM and work has been done in several other hospitals and AHS.

‘An area wide policy was developed on FGM as a result to guide clinical practice for birthing women and increase awareness in the antenatal period for specialised referral and counselling.’ (survey respondent)

However, there has not been widespread development and use of clinical protocols across the state and it is uncertain to what extent where these are being used currently.
For a significant number of survey respondents although the training was valuable they have not yet been able to apply what they have learnt as illustrated with the following quotes:

‘Theoretical benefits so far have not encountered any women with FGM in my work yet.’
‘I found the FGM training highly informative, but at this stage have not had any matters involving FGM.’

The professional training also provides opportunities for networking with other workers who are involved with similar communities and community issues. For instance, closer association with the police was specifically mentioned.

Some survey respondents also commented on the benefit of the increased awareness generally in the community about FGM related issues.

‘Most definitely community awareness.’
‘Maybe people’s attitudes have changed and knowledge levels increased.’

What would improve the Professional Education and Development work?

Some respondents reported that there has been no change in services and a lack of service and system responsiveness which is the cause of considerable frustration. The need for a state-wide mandate to drive consistent policy and protocols across all health services was frequently noted by key informants as a critical factor in strengthening the state-wide impact of the Program.

Often some years have elapsed since the training with little or no follow-up in between and there is a strongly identified need for ongoing refresher and awareness rising, especially across regions. More regular training to keep up to date and on top of issues and to inform new staff coming into services is needed. Many respondents suggested that the availability of on-line resources and training which is accessible when most needed and flexibly delivered would be of great benefit.

It was suggested that establishment of a state-wide email/ newsletter network would be helpful for on-going information dissemination and awareness raising and promotion of broader FGM related issues.

‘It would be appropriate for FGM refresher sessions to ensure workers have up to date knowledge as well as sharing of information regarding emerging issues and practice issues workers should be more aware of.’

Several respondents noted that shorter programs would be of added benefit in some circumstances.

‘In my situation I am now better informed. I would like to arrange for a shorter version of the programme to be presented in my office for the benefit of newer child protection caseworkers.’

Other suggestions for improvement noted by respondents included:

- Group sessions for CALD specific groups;
- More visuals of different types of FGM so practitioners can better identify, plus DVD of the de-infibulations procedure;
- Resources in community languages;
- Presentations at a Multicultural Staff Conference organised by Community Services;
- E-learning modules, workbook assessments, DVDs;
- Presentations offered to community groups i.e. NGOs in the most vulnerable areas;
TV community announcements – such as for smoking, drug and alcohol awareness messages;  
Should be an integral part of nurse and doctor training.

5.4. Community development and education programs

Community informants including BCW and many others from a diversity of affected communities participated in the evaluation through surveys, face to face interviews and focus groups providing valuable information about the impacts and changes resulting from the FGM Program. The CDE programs provide information, training and support to a diversity of cultural groups to change community attitudes and practices in regards to FGM over time.

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<th>Key achievements</th>
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<tr>
<td>Strong BCW network</td>
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<tr>
<td>BCW career pathways into alternative full time employment</td>
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<tr>
<td>WHATINS training manual CD</td>
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<tr>
<td>Quality of WHATINS training program and feedback from women participants</td>
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<tr>
<td>Zero Tolerance Days</td>
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<tr>
<td>Well attended community celebrations, Cultural Days and Women’s Camps</td>
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<tr>
<td>Wide range of community groups participating in WHATINS</td>
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<tr>
<td>Working with men and establishment of the Men’s Advisory Group</td>
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<tr>
<td>Invitation to present at International Conference in UK on working effectively with men</td>
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The main communities being worked with are Egyptian, Ethiopian, Iraqi (Kurdish), Liberian, Sierra Leone, Somali, Sudanese and as they border practicing countries include Burundi and the Democratic Republic of Congo. Eritrean and Kenyan community members are included where possible in Cultural Days.

The development of a significant pool of BCW is a core factor in the effectiveness and impact of the CDE focus and their capacity to influence from within their own communities. Through working in close collaboration with the BCW, the Program has reached women in metropolitan and regional areas, hosting a wide variety of education programs, community cultural days, Zero Tolerance Days and women’s camps. By involving men, the Program is seeking to amplify community support against the practice of FGM in the community.

What is working well in the Community Development and Education Program?

The CDE benefits from the highly skilled staff and developing and working closely with the BCW from affected communities together with the Men’s Advisory Group. Both groups demonstrated a high degree of internal cohesion and a strong commitment to working to reduce the impact of FGM. It has been particularly important to undertake work with and engage with men due to the important roles men have as decision makers and gatekeepers in families which impact girls and women significantly.

Selecting and training BCW from affected communities underpins the success of the FGM Program in accessing communities. The BCW in turn have also gained increased knowledge and skills in a range of areas including adult education, community development, general health and self care and well-being, financial management, local services and systems and managing their own businesses (they
are all independent contractors). This knowledge can then be imparted to their communities on an ongoing basis. The BCW commented that the networks fostered between them through their involvement with the Program have been of great value providing important cross-cultural linkages and a sense of solidarity in a global sense. The regular BCW meetings and support from the Program expands their knowledge, resources, wider networks, and enhances their motivation for continuing FGM work.

The strategy of hosting community days results in outreach to the whole community and promotes awareness around FGM more broadly than the BCW and women participating in WHATINS programs. They provide a culturally appropriate forum that is both fun and meaningful for the FGM message to be shared with the community in the broader context of health and well-being in a cultural setting. The Program has been able to capitalise on particular cultural associations to strengthen the message, for example, the women’s camps within the Sierra Leonean community mirror a coming of age process within the culture.

The role of the BCW in advising and assisting with the development of the community events is a critical factor. The Program has also developed linkages with other community based agencies fostering wider engagement with the issue. Using experts such as medical practitioners and other influential leaders from affected communities as spokespeople at events has been particularly effective.

Community development has been difficult with some communities as there has been resistance to the Program and engaging in dialogue related to FGM and overt resistance to external influences. It was reported that initially some members of communities perceived Australian law as racist as it prohibited culturally embedded practices. The Program has displayed a high degree of sensitivity and flexibility in working with hard to reach communities, engaging where possible with key community leaders and influencers and tailoring the events and methods of outreach to the situation and to relevant cultural group.

The Men’s Advisory Group has been an important aspect of the community education approach of the Program and recognises men as key decision makers, power brokers and influencers in their communities. Their attitudes affect decisions for sons and daughters as well as extended family members in Australia and overseas. Working with men has contributed to creating a supportive environment for women to work in, and rightly reflects the need for both genders in the community to be aware of, and supportive towards eliminating the practice of FGM to create sustainable meaningful change in community attitudes and practices. The significance of this was recognised with the invitation to present at the International Conference in Coventry, United Kingdom in 2010. The potential of the role for the Advisory Group has not yet been fully realised.

What has changed?

The BCWs have greatly benefited from the increased confidence and skill development provided through their role as community educators, often going on to find full time work in the community. As an unintended (but positive) consequence, the Program has needed to continue to train new BCWs over time. The BCWs also reported an increased sense of empowerment in themselves and in their roles in communities and in their capacity to navigate Australian society and systems. The very strong networks between them are a powerful support and provide a strong sense of inclusion.

Other women who have been involved through participating in the WHATINS program or in some capacity with the CDE of the FGM Program have also benefited in a myriad of ways including many
women who undertake the initial BCW training but do not go on to work with the FGM Program. They have gained an understanding of the extent of FGM in other communities/ cultural groups, which has given them a greater sense of solidarity with women across cultures and reduced feelings of isolation. They reported having increased knowledge of health impacts for women, not just of FGM but greater awareness and understanding of women’s health in general, for example healthy eating and the need for exercise. There have also been wider benefits from the group support - for instance, it was reported that cases of domestic violence have come to light and been able to be addressed.

The findings indicated that members of targeted communities have increased their knowledge of Australian law, and gained greater understanding of human rights, particularly in relation to FGM, but applicable across the full range of human rights issues.

The communities the Program works with have shown an increased commitment to prevention and to advocacy. Many of the community and cultural events are hosted with significant input of community volunteer labour, indicating the expanded reach of the Program and the commitment it is generating within communities.

Community members are also reported to be sharing the messages about FGM with family members and community in their countries of origin, advocating strongly against FGM being practiced on family members confirming that the impact of the Program is stretching internationally. This was conveyed in anecdotal reports but was a consistent finding when talking to community members.

**What is needed to improve the Community Development and Engagement Program?**

Informants commented on the need for the Program to be able to reach more communities, both in terms of holding more activities and events and accessing hidden and isolated communities. It was suggested that greater capacity would make it possible to hold specific sessions for more targeted niche groups such as older women, young women and young men. Accessing affected communities as early as possible following their arrival in Australia to provide relevant information, advice and to create linkages for ongoing interaction with the Program is considered important. There also needs to be an increased regional focus and presence (see also below for more comments on regional outreach).

Women requested more information about services and clinics available across health and general services and for more information to be in community languages. During the WHATINS training opportunities arise for addressing many misconceptions about Australian health and medical services. For example fears and misunderstandings about women’s health services and pap smears which can result in women refusing to attend services. This highlights the need for training about the Western medical health model more broadly.

The Program has done well in its outreach to men so far however this could be much more developed particularly through expanding and supporting work through the Men’s Advisory Group which is currently not resourced. More education about men’s health, prostate cancer and so on would also strengthen the Program for communities.

The Program would also be improved by further developing and strengthening partnerships with other agencies such as Migrant Resource Centres, local schools, IHSS providers and AHS/ LHN and other local refugee groups. More outreach into informal community settings and events, and greater
connection with existing refugee education Programs was suggested such as expanding into the Families in Cultural Transition (FICT) training program run by STARTTS.

Increased linkages to other relevant community training, such as training in child protection and domestic violence (both for BCWs as trainers and community members as attendants/participants) was identified as a key opportunity.

As there are significant resource implications for the Program needing to provide ongoing training and support funding is a key constraint. In addition, the BCW Payment processes within the Department of Health was reported to be quite slow which can act as a disincentive to women to become BCW.

**WHATINS training**

**What is working well?**

The women consulted through the evaluation universally appreciated the WHATINS training, with the general request being for more training to be provided. The women commented that the strengths of the WHATINS training program include:

a. Content, materials and pace were all good and flexible to needs;
b. Established a safe environment and holistic approach which is effective;
c. Empowering women, teaching them self care;
d. Developing skills and confidence in talking to doctors more openly;
e. Creating greater awareness of own body and health, women’s health and general improvements in health (e.g. eating and exercise);
f. Providing knowledge of Australian law, human rights;
g. Providing for the practical needs of women such as convenient locations and childcare; and
h. Building shared solidarity and sense of community through the training program, both in terms of content and being an 11 week program which women completed together.

**What would improve the BCW and WHATINS training?**

From the perspective of BCW, they would welcome the opportunity to have greater input into Program priorities and plans. Also for those conducting the training delays in payment have been experienced which can act as a disincentive which needs to be addressed.

The training would be improved using more resources and pictures. The female anatomical body model (known as Selina) is particularly popular, facilitating a realistic understanding of the female anatomy and could be used more often. Women participating may not be literate in any language so pictures and practical training methods are important.

Provision of the WHATINS training in more flexible time ranges would be beneficial to some groups of women. The 11 sessions works very well for socially isolated women, and there is strong argument for groups to continue to meet and work through other training programs. The FGM Program could assist in facilitating this by linking with additional training programs where possible. This can provide further broader benefits and enhance social inclusion for these women.

For working women who are not socially isolated a condensed or staggered training would be preferable as it can be hard for these women to commit to the longer program.
5.5. Regional outreach model

Regional outreach has been an important aspect of the Program, given the state-wide mandate. There are a number of issues which are important for regional areas including the uncertainty of FGM prevalence, for instance in Coffs Harbour there has only been one woman to date who was found to be FGM affected. There can be particular factors of social isolation due to low numbers of affected community members in some regions. There is also considerable mobility of refugee communities in response to seasonal work and community factors, particularly in the Sudanese community.

The characteristics of health and other services in regional settings can impact Program delivery and effectiveness. While it is important for clinical staff to be aware and prepared to respond appropriately should a woman present this has to date been rarely seen and FGM is not seen as a priority issue in many Areas/services. It is particularly important that culturally appropriate women’s health and antenatal care is available with accessible pregnancy care clinics to enable early identification of affected women when they do present.

### Key achievements

- Expanded outreach to Newcastle, Wollongong, Coffs Harbour, Wagga Wagga and Orange
- WHATINS program provided to isolated women
- Regional networks strengthened

### What is working well in the regional outreach model?

The regional outreach has enabled Program access to affected communities where they are residing, flexibly moving as needed and catering to a mobile population. The Program also provides needed refugee awareness training to related service providers and links well with existing refugee and multicultural health networks. For clinicians and other workers in regional areas it has provided an important networking and referral opportunity.

‘Essential for women’s health workers particularly in areas where women who have experienced FGM may settle to ensure access to women’s health services is appropriate and sensitive to their needs.’ (survey respondent)

‘It was interesting to discuss with other midwives what resources we have in regional areas.’ (survey respondent)

### What would improve the regional outreach model?

Providing regional outreach is resource intensive and the constraints of the Program limit the number and frequency of outreach visits which can be undertaken each year which constrains considerably the ongoing impact of the Program. Regional outreach would be improved through the development of a BCW training program for women in regional areas. This would enable stronger links with regional communities to form, and would give the Program a permanent connection to regional communities, rather than just coming to deliver the program and leaving. Women, and their communities, would also benefit more broadly from the increased information, training and skills becoming a BCW gives them.

The Program would also benefit from a strengthened relationships with regional networks where there are opportunities to build on existing women’s health multicultural and refugee network. More frequent return visits to regional centres, would enable staff and networks to deepen their
understanding of the issue and have follow on training, for example for those who may have been unable to attend the first round of training.

Improving local sustainability and self reliance would be strengthened by a Train the Trainer model which developed the capacity of regional professionals as the local source of advice and expertise in case of identification for FGM issues. A regional network across the state would create less reliance on the limited resources of the FGM Program. It was indicated that in different regions maternity nurses or women’s health nurses would be interested in taking this role. It was reported that this would be feasible as there is lower turnover of clinical staff in regional services.

It was also emphasised that a state mandate for health services to have policy, clinical protocols and referral pathways in place is very important for regional areas.

5.6. Information advice and advocacy role

5.6.1. Information and resource development

The resource, information and advice provision roles of the FGM Program are closely interconnected and linked with their advocacy activities. The Program is recognised as a source of authoritative advice and information about FGM and the resources are valued by the stakeholders consulted. It was noted that to have resources available in more community languages would be of additional benefit. The FGM web-site is also a source of promoting accurate information about FGM.

5.6.2. Advocacy and advice

The FGM Program has had significant impacts in a spectrum of advocacy activities at individual and systemic levels and has effectively maintained a high level of sensitivity to the complexity of cultural issues without inflaming community backlash and sensationalism.

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<th>Key achievements/ highlights</th>
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<tr>
<td>Support for establishment of the BCE professional organisation</td>
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<tr>
<td>Influence on the Royal Australian and New Zealand College of Obstetrics and Gynaecology position on ‘nicking’</td>
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<tr>
<td>Development of Parliamentary folder of information relating to FGM</td>
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<tr>
<td>Influencing attitudes of professionals in training</td>
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<tr>
<td>Individual case work on behalf of children in identified families</td>
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In 2010 an international debate developed when the American College of Paediatricians suggested that ‘clitoral nicking’ could be performed on girl children to appease parents who requested FGM. It was suggested that this act would prevent the more severe form of FGM being attempted on the girls by parents either in USA or overseas.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) was quoted in the Australian press to be discussing this proposal.

The NSW FGM Program responded to RANZCOG and expressed its concern with this proposal, while citing the NSW Legislation, which states that clitoral nicking and all similar procedures are also against NSW Law. This authoritative correspondence and strong advocacy was a significant step with RANZCOG placing a ‘link’ on its website to the NSW FGM website.
Individual advocacy

Individual advocacy or case work is undertaken in suspected situations of families planning to take daughters overseas for FGM. BCE can alert the FGM team to concerns about a family who then follow up with JIRT/Community Services who need to be notified. The team follows up also with the family to ensure they understand the Australian law and associated risks. This involvement needs to be undertaken in a very sensitive manner and community sensitivities and trust with the BCE need to be considered. BCE need to walk a very fine line in identifying specific families in their community.

‘I am aware that another caseworker has had a matter involving FGM, and was able to link the family in with the FGM program, which had a positive outcome for the child.’ (survey respondent)

Systemic advocacy

A range of activities have been undertaken during this period which aim to influence systemic issues and processes through systemic advocacy and influence by the Program including the following:

- **Political engagement**

  Development of the Parliamentary Folder for NSW parliamentarians as reference material when required to respond to constituents and responses to Members of Parliament Questions to Ministers of Health and correspondence to Attorney General regarding the current status of labiaplasty in genital plastic surgery.

- **Submissions, representations**

  Submissions and representations include submission to the Special Commission of Inquiry into Child Protection Services in NSW regarding mandatory reporting, representation at UN Interim Meeting on the Global Health of Women (Bangkok Thailand), representation to professional bodies and NGOs including NSW Women’s Health Co-ordinators, NSW Independent Schools Association, Anglicare, South West Diversity Services, Hills Parramatta Migrant Resource Centre and Auburn Diversity Services.

- **Influencing professionals**

  In 2010 an international debate developed when the American College of Paediatricians suggested that ‘clitoral nicking’ could be performed on girl children to appease parents who requested FGM. It was suggested that this act would prevent the more severe form of FGM being attempted on the girls by parents either in USA or overseas.

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  Articles have been written in various national journals and professional magazines including for General Practitioners through Divisions of General Practice publications.
Presentations have been made to a variety of forums including for instance the Queensland National Refugee Primary Health Care Conference and the Australian Women’s Health Network Conference (2010).

There is ongoing advocacy directly with services in all regional/ rural areas visited including Newcastle, Orange, Wagga Wagga, Coffs Harbour and Wollongong to local service providers.

- **Media and broad community advocacy**

  Broader advocacy with affected communities has been through activities such as engagement with religious leaders (Islamic and Christian) and African leaders, men’s seminars, and media campaigns on ethnic radio run over 8 weeks.

- **Establishment of NSW BCE Association**

  Advocacy and support for the establishment of the NSW BCE Association to be a professional and industrial support base for the BCE with shared insurance and other supports.

**What has been achieved in advocacy and influence?**

Influencing attitudes and practices at various levels, including politicians, government, service providers and the community in general as well as affected community members is an important goal and the exact nature and extent of the impact of the Program in this regard is difficult to determine exactly. The Program is well recognised as the ‘go-to’ source of accurate, credible information and advice on issues related to FGM which is significant. The FGM web-site is also a source of promoting accurate information about FGM.

The Program impact in influencing the RANZCOG position on “clitoral nicking” through its authoritative correspondence and strong advocacy was significant. The credibility of the Program has been reinforced by the link between the RANZCOG web and the FGM web-site.

The establishment of the Bilingual Community Educators Association has been an important outcome for the support of the BCE in the FGM Program.

Inclusion of a diverse range of stakeholders on the FGM Advisory Committee was been identified as an important source of influence through providing information about issues and trends and informing other stakeholders of key issues of relevance.

**What would improve the advocacy and advice role?**

The influence of the Program advocacy could benefit from a more strategic and systematic approach, however given the limited extent of the resources available this may pose challenges.

Stronger engagement with AHS/LHN across the state to establish a cohesive FGM network would enhance impact and influence along with efforts to engage more effectively with NSW Health and a wider range of different branches within the Department which can influence policy and practice. The changing personnel within NSW Health presents particular challenges in this regard.

5.7. **Partnerships and collaboration**

The NSW FGM Program has developed a wide range of relationships within the health and refugee settlement sectors as well as deep relationships with affected communities. Joint Programs and collaboration have been undertaken with Migrant Resource Centres, JIRT, Family Planning NSW,
Settlement Services, TAFEs local councils and others. The Program has developed a strong successful relationship with JIRT.

### Key achievements
- Regional partnerships for service delivery.
- FPA NSW developing additional services targeting FGM affected communities.
- Successful partnership with JIRT

### What is working well?
Drawing on a wide range of partners works well to expand the capacity of the Program reach and much of the direct work of the Program occurs in partnership with other agencies. For example the training program conducted in Orange was done in partnership with TAFE, with the support of the local Council through a DIAC-funded position and with the local Area Health Services.

> ‘The partnership between the Police and FGM Education Program has been beneficial particularly for the Police. The exchange of information between both sectors allows for efficient monitoring of each individual case. The potential for victims to be identified earlier in the process is recognised by the Police through the good work of the FGM Education Program.’ (survey respondent)

The Program successfully collaborates with a range of workers funded through the Settlement Grants Program (SGP) under DIAC. These links enable the Program to benefit from existing community relationships developed by SGP workers and enhance the community connections of the Program.

### What would strengthen partnerships?
There is considerable scope for relationships and partnerships to be strengthened as the Program develops particularly in regional areas to sustain Program impacts. Some communities can be harder to work with than others and additional resources are needed to address this.

To date the opportunities to benefit from DHI programs has been underutilised. For instance the Program would be strengthened by partnering with the Transcultural Mental Health Program and its regional reach. It was suggested that regional impact could be enhanced by collaboration with Rural Health and Education Institutes. Regional partnerships would be strengthened by the capacity to jointly own Programs, e.g. share logos on fliers when Programs are supported by other agencies.

Stronger collaboration with men would be enhanced by greater investment in development of relationships within Men’s Advisory Group.

There is the potential for stronger links with IHSS providers to assist in connecting people with the FGM Program as they exit the IHSS program. It was also suggested that there would be benefit in linking with the FICT Program delivered by STARTTS.

Stronger links with the range of TAFE education programs for BCW and for participants in WHATINS programs would strengthen ongoing provision of training by the BCWs and linkages to further training programs for community members.

The Program needs an effective data base to enable effective administrative processes to sustain stakeholder relationships which would be enhanced with a communication strategy with regular newsletters and communication.
6. Discussion

The evaluation found that there have been significant achievements of the FGM Education Program since 2001 at individual, local and regional levels and to an extent at an international level which confirms that the Program is achieving its core purpose of minimising the harm associated with FGM. There have been no prosecutions under the NSW Crimes Act in this period although the contribution of the FGM Program to prevention in that regard is difficult to ascertain. Nevertheless the impacts of the Program can be credited with making a substantial contribution in many ways to the longer term reduction of the practice of FGM both in Australia and overseas. In addition the holistic nature of the Program approach has meant that there have been far broader benefits for affected community members well beyond the specifics of FGM including employment pathways, empowerment and demonstrable increases in social inclusion.

The achievements have been particularly significant given the state-wide remit and the very limited resources of the Program and the fact that there has been no enhancement of funding despite the substantial increase in the target population over the past decade and the changing settlement patterns increasingly into regional areas across NSW. The Program has responded to identified community needs and to changing demographics. Since 2005 the small FGM Program team has expanded its reach across the state to regional areas where members of target communities have been settled and responded flexibly to the mobility of some of these populations. Providing an outreach model has major resource and capacity implications along with challenges in sustaining the impact of Program strategies across all relevant regions. Working in partnership and collaboration with BCW and a diversity of others has been vital for the implementation of Program activities and optimising scarce resources.

The multidisciplinary model of the Program with its complementary community development and professional education and development components, augmented by the advice and advocacy strategies works well overall in targeting the key stakeholders of the Program. There are however some inherent difficulties with this model in terms of the most appropriate placement and management of the Program to gain the greatest leverage at both clinical and community levels. The nature of FGM encompasses a spectrum of issues including health and clinical and psychosocial aspects together with multicultural and gender sensitive matters and child protection concerns. The placement of the Program within the DHI as a health program gives it some particular strengths linked with Multicultural health, yet limitations in leverage with hospital services and less than optimal flexibility needed for outreach and community development. The placement of the Program remains an area of uncertainty given the significant changes happening within the health sector nationally and within NSW over the next few years.

The findings confirm that there have been important changes and impacts in the key areas of focus of the Program. The benefits and impacts for women, girls and men from FGM practising cultural groups who have been associated with the FGM Program have been considerable. The core strategy of working with BCW from affected communities is integral to the success of the Program in enabling access to affected communities and providing a nuanced understanding of complexities, sensitivities and avenues for engagement in this very culturally sensitive issue. Increased knowledge and understanding of a range of health and related issues, Australian law, human rights and access to services and capacity to better navigate Australian services and systems have been reported by women and men from affected communities who have been involved with the FGM Program.
increased self empowerment spoken of by women is of particular importance in building sustained resistance to the ongoing practice of FGM in Australia and overseas.

There is a clearly identified need to continue and further expand access to more affected community members to ensure that there are ongoing endeavours to reduce the impact of FGM highlighted by reports of new and emerging cultural groups and continued resistance from some specific groups to engaging around the issues of FGM.

Broadly the Program has adopted a strategic approach tempered by the flexibility needed to deal with a complex and mobile population. The sensitivities of the subject area and the challenges of working with a traumatised community who often have little education and knowledge of English have been thoughtfully and effectively worked into the service delivery model. The Program has been creative in its approaches to addressing cultural and practical needs, and utilising existing cultural practices and structures to deliver the message. The Program has demonstrated a sophisticated level of response at many levels –community, political and public in what can be a very volatile issue both in the affected communities and in the media and public generally. A nuanced understanding of the complexity of issues has been greatly assisted by the close collaboration with the BCW.

The BCW are often in high demand for a range of roles in their community and with other refugee settlement agencies, with BCW often having multiple part-time casual jobs in an effort to secure long term full time employment. The high level of demand for the BCW is also a function of the level of need in the community, and the ripple effects of becoming well known as a community representative who can be relied upon. Through training BCW the NSW FGM Program has created a measure of long term impact and sustainability as the BCW retain their knowledge and links in the community long after their official involvement with the Program may have finished.

Through the professional education and development Program strategies there is enhanced understanding of the complex issues associated with FGM and a greater capacity in a wide range of health and other community service professionals to provide more culturally competent and sensitive responses and support for women and girls from affected communities. There are particular challenges however in ensuring that services, particularly sexual and reproductive health and maternity services across the state are adequately prepared for the provision of appropriate care and support in the instance of a presentation of an FGM affected woman. Where populations are small in regional areas this is not regarded as a priority for a rare eventuality however it is important that there is ongoing widespread education and dissemination of information.

There is a strongly identified need for standardised clinical policy and guidelines for the antenatal and birthing care of women who have been circumcised to be mandatory for all NSW Health Services. Within the clinical training area there is a tension between the need to reach the breadth of state-wide health services which are servicing affected communities and women and the need to provide intensive expert training.

There has been ongoing discussion in relation to this for some years which needs to be progressed to articulated state policy as soon as possible. This in turn will feed an increased demand for education and training at least in the shorter term and the current reliance of the Program on a very small staff with FGM clinical expertise base could make the Program capacity to support this difficult.
Regional outreach has been an important component of the Program. It has enabled the Program to be responsive to shifts in population and settlement patterns, and reach what otherwise would have remained quite isolated populations of women. The Program has in some areas been the only refugee specific program to provide outreach services for refugees. This remains an area that has a great deal of potential for development in terms of regional networks, and an area of ongoing need for education and awareness raising. The high cost of providing outreach services to regional areas and greater difficulty managing logistics of service provision is a key challenge which needs to be considered.

The findings confirm that there is widespread support and appreciation for the Program which is widely recognised for its importance and achievements. The BCW are critical to the Program success along with the committed team of experienced long term staff. The multidisciplinary model combining clinical, cultural and community development approaches works well and the combination of strategic focus and flexibility has enabled the Program to respond effectively to emerging opportunities and needs as they arise.

Taking a holistic approach to community education and development has created synergies where the impact of the program has extended beyond the limited reach of its funding, and has created a sustained support and knowledge base in the community for the Program.

The Program would benefit from better data on the extent of need. Due to the sensitive nature of FGM as an issue getting statistics on prevalence and location is difficult which hampers Program planning. Women affected by FGM can be highly vulnerable and isolated, which has significant affects on data collection and service delivery.

Issues of sustainability of impact were raised by informants, as were the challenge of maintaining a focus on FGM issues when the population needs are uncertain and to an extent hidden. Sustainability and ongoing awareness raising are perennial issues for any community education and development program, and the NSW FGM Program is no exception. The Program has created sustainability through the training and use of BCW, however the need to support the BCW, train more BCW as BCW move on (often to full time employment through the skills gained on the Program) creates a need for the Program to maintain an ongoing focus on this area.

The Program’s overarching constraint remains limited resources which impacts the Program functioning, reach and impact in many ways and constrain its capacity as a state-wide service. That said, the Program has displayed considerable ingenuity and creativity in finding ways to make the limited budget achieve the greatest impact.
Figure 2: Proposed FGM Program hub and spoke model
7. Options for change

Based on the findings of the evaluation findings it is proposed that development of the NSW FGM Education Program over the next 5 years focus on strengthening approaches and strategies in 4 key areas: state-wide strategic role, service delivery model, reach and sustainability, advocacy and advice and collaboration and partnership as detailed below.

7.1. Strategic state-wide role

The challenges of the FGM Education Program having a state-wide brief but having limited resources was highlighted in the evaluation findings. Lack of a state mandated FGM clinical policy for all public hospitals is an identified gap and to more effectively meet its state-wide remit the Program would benefit from a stronger lead role by NSW Health mandating clinical policy. In addition, a more cohesive operational model which reflects the Program’s state-wide is needed to frame the delivery of services across regions more strategically. A hub and spoke model as depicted in Figure 2 could provide a practical template.

The hub and spoke model proposed would retain the core FGM expertise in Sydney within the FGM Education Program and in addition develop regional expertise in identified areas where significant numbers of affected communities reside – for instance in Coffs Harbour, Orange, Newcastle, Wagga Wagga and Orange. Various professional staff (working in diverse roles such as women’s health, refugee health, antenatal care, sexual and reproductive health) in these locations have been previously involved with the FGM Education Program. Their interest in the issue can be built on with the provision of additional training and support to give them the capacity to be a source of local advice, care as required, ongoing education and awareness raising with relevant local services and communities. There is the potential to develop local networks between these key identified staff and other agencies such as STARTTS, Family Planning, Settlement Services, Transcultural Mental Health and so on.

There is a clear need for an expansion of programs into more communities which will have implications for additional staffing and other resources and expanding partnerships to find creative ways of reaching more affected community members particularly in regional areas.

The effectiveness and appropriateness of the Program placement with DHI also needs further consideration in the current changes to health service configurations to ensure it is optimally placed to meet its state-wide remit.

The role of the Advisory Committee needs to be strengthened beyond a largely reporting function to enhance engagement with other agencies and enable a stronger advocacy role.

The current management structure of the Program with several levels of reporting would benefit from streamlining to optimise management time and limited resources and facilitate the expansion of the program and its responses in particular to regional services and communities.

Options for change

1. That close consideration be given to the most appropriate placement of the FGM Program within the new Local Hospital District and health service configurations when these are more defined to ensure that the Program can most effectively meet its state-wide responsibilities;
2. That work is progressed as quickly as possible in collaboration with NSW Health to develop clinical guidelines for the obstetric care of circumcised women and to make these mandatory in all NSW public hospitals. These can be developed from existing guidelines in place currently in several health services;

3. That the FGM Program develops a structured operational framework to guide ongoing strategic development and state-wide service delivery such as for instance a “hub and spoke” model;

4. That options for additional resourcing be explored to support enhanced capacity of the Program to meet its state-wide remit through:
   a. An additional FTE Community Development and Education to develop work with men and stronger regional service delivery capacity;
   b. Increased allocation to the Program Manager role to 1 FTE commensurate with the state-wide responsibilities and to support additional operational processes and a more strategic advocacy strategy; and
   c. Enhanced Professional Education capacity to sustain ongoing awareness raising across NSW and to assist in the development and support of regional networks with a Train the Trainer model.

5. That the Advisory Committee membership and terms of reference be reviewed to include other agencies such as Education and Training and Community Services and to take a stronger role in advocacy and broader sector engagement.

7.2. Service delivery model development

The multidisciplinary model developed by the Program is effective - it provides complementary skills and services, and utilizes limited resources for maximum impact despite the inherent tension between health and community development discussed above.

In order to meet the community and service delivery needs across NSW additional programs need to be made available on an ongoing and regular basis. Increased access to training and education for regional health and other professionals is important to strengthen the impact of the Program. However, given the sensitive nature of the topic, this needs to be developed through a balance of expert training, support and more generic education delivery methods.

Options for change

6. That work be undertaken on further development of the Women’s Health and Traditions in a New Society (WHATINS) Program including:
   a. More use of pictures and the female anatomical (Selina) models; and
   b. Tailoring of options for diverse needs and groups such as targeting older and younger women, more condensed programs for working women.

7. That options for linking the WHATINS programs to further training opportunities for women be developed in collaboration with TAFEs and other training and migrant support services. Additional sources of funding for this may potentially be secured through other government agencies;
8. That opportunities to develop further work with men as key stakeholders be further explored (for instance through the Men’s Health Strategy) with options for development of a training program in men’s health targeting men for FGM affected communities. This may be possible to be undertaken in partnership with relevant non-government organisations;

9. That a Train the Trainer model be developed for the clinical training service with a focus on training a network of health professionals in key regional areas across the state; and

10. That options for a range of web based training models and on-line resources be explored with due consideration to strategies to reflect the sensitive nature of the topic and the consequent need to provide expert training and support and more generic education delivery methods.

7.3. Reach and sustainability

The state-wide mandate of the Program and the nature of settlement of affected populations has resulted in an ever expanding need for services across a wider geographic area without any corresponding expansion in funds. The Program has continued to expand into new areas and support new community groups, but it has been at the cost of strengthening or maintaining existing efforts.

There are some hard to reach and resistant affected communities who are unwilling and indeed reported to be hostile to engaging around FGM related issues. Some of these communities have had previous engagement with the program but are either no longer willing, or able, to engage with NSW FGM. For example – women from Indonesian backgrounds were heavily engaged at the commencement of the program, however all attempts over the past 5 years to re-engage with this community have met with passive resistance. The Nigerian community, also heavily engaged at the commencement of the program, now resists contact, stating that “the Nigerian community in Australia does not practice FGM and that it is only practiced in small isolated pockets of the country were women are not educated”.

A challenge for the Program remains longer-term follow up and assessing the impact of training and community development initiatives which requires a combination of additional resources and development of specific strategies to sustain impact. The state-wide mandate of the Program and the nature of settlement of affected population have resulted in an ever expanding need for the service, without any corresponding expansion in funds.

Options for change

11. That a state-wide network be established as part of the hub and spoke model with identified regional networks supported with a regular communication mechanism such as electronic newsletters etc. The network would provide a valuable forum for sharing information, resources and best practice as well as continuing awareness raising and keeping the issue of FGM on the agenda;

12. That improved data collection systems be implemented to enable effective capture of Program activities, participants’ data, stakeholder networks etc to enable efficient communication, monitoring and evaluation and longer term follow up across NSW; and

13. That options for enhancing the web-site as an educational tool for a range of professionals be explored.
7.4. Advocacy

The program is well established as an authoritative source of advice and information and undertakes valuable individual and systemic advocacy activities. The impact of these efforts could be strengthened by a more strategic and planned approach to advocacy and enhanced by working with a range of key partners to achieve specific outcomes.

Options for change

14. That a planned strategic approach to program advocacy is developed including identification and collaboration with key partners for optimal impact. Measures of impact of advocacy efforts need to be included with ongoing monitoring and review of effects.

7.5. Collaborations and partnerships

The wide range of partnerships and relationships as a key function of the service model Program has been vital and enabled the Program to enhance its outreach and impact.

Relationship development and maintenance requires resources however further strengthening and expansion of partnerships will assist in enhancing a number of key areas of impact including reach, sustainability and advocacy in the future development of the Program.

Options for change

15. That the Program undertakes a critical review of current and potential partnerships at local, regional, state and national levels and develops a considered partnership enhancement plan which is reviewed on an ongoing basis.
The following table gives an estimate from recent census data on FGM practicing communities in NSW according to type of FGM as detailed on page 11.

### NSW Population Data

ABS 2006 Census Data (Female) from Communities’ known to Practice FGM residing in NSW + DIAC Data June 2007 – June 2010

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Number of females in NSW 2006 Source</th>
<th>Additional Number of Females in NSW 2007-8 Source</th>
<th>Additional Number of Females in NSW 2008-9 Source</th>
<th>Additional Number of Females in NSW 2009-10 Source</th>
<th>Total Number of Females in NSW 2009 – 10 includes ABS &amp; DIAC data</th>
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#### Countries known to practise FGM Type 1, 2 and 3

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#### Countries thought to practise Type 4 and others of unconfirmed practice

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#### Countries adjacent to FGM Type 1-3 practising countries

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**TOTAL**

| Source: ABS 2006/DIAC2007-10 Immigration data | 108,488 | 5,868 | 5,432 | 5,603 | 125391 |
Attachment 2: Regional settlement trends for humanitarian visa holders 2011-12

(Source DIAC Settlement Arrivals Information, NSW AND THE AUSTRALIAN CAPITAL TERRITORY, SGP Funding Round 2011-12)

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<td>Hunter</td>
<td>471</td>
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<td>Illawarra</td>
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<tr>
<td>Mid-North Coast</td>
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<td>Murray</td>
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<td>Murrumbidgee</td>
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<td><strong>Total</strong></td>
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Attachment 3: FGM Program evaluation on-line survey

1. Introduction

Welcome to the NSW FGM Education Program survey which has been developed to seek the views of a wide range of stakeholders who have been involved in the Program in different ways. The survey is part of an external evaluation of the NSW FGM Education Program which is being undertaken by WestWood Spoke consultancy. We are seeking stakeholder views on the impacts and achievements of the Program since 2000 and ways in which the Program delivery can be improved to guide planning for the next 5 years.

The survey is confidential and all responses will be returned to WestWood Spoke for collation and analysis. Completing the survey should take approximately 15-15 minutes. The survey is divided into sections for different stakeholders. Please complete Section 1 and then if you have participated in an FGM training program please complete Section 2.

If you have any questions about the survey or about the evaluation please contact Margaret Scott, Senior Consultant, WestWood Spoke on 02 9555 4429 or by email margaretscott@westwoodspoke.com.au

1. Your role

- Health or medical professional
- Clinical education
- Counsellor
- Welfare worker
- Migrant worker
- Bi-lingual community worker
- Child protection worker
- Teacher
- Other
- Other (please specify)

2. What has been your involvement with FGM Education Program?

- FGM clinical workshop or professional training
- Bi-lingual community worker
- Other involvement
Please comment:

3. For approximately how long have you had contact/ been associated with the FGM Education Program?

- Recently
- 1 year
- 3-5 years
- 5-10 years
4. What to your knowledge have been the major achievements of the FGM Program since 2000?

5. Who has benefitted from the FGM Program? What have been the benefits?

6. What has changed as a result of the program e.g. health service delivery? For whom?

7. What else needs to happen to reduce the impact of FGM on women and children?

8. Any other comments
## 2. FGM Program Clinical and Professional Training

If you have participated in an FGM training program, please complete this section.

### 1. Which education program did you participate in?
- Clinical training workshop
- Professional training workshop

**Date and location of workshop:**

### 2. How effective was the delivery of training?
- Excellent
- Very good
- Good
- Poor

**Please comment:**

### 3. What was the most important aspect of the training for you?

### 4. Has the training resulted in change of your professional setting?

**Please comment:**

### 5. Has the training resulted in change in your professional setting?
- Rural health professionals
- Metropolitan health professionals

**Please comment:**

### 6. How could the FGM Program training be improved for:
- Rural health professionals
- Metropolitan health professionals

**Please comment:**
7. What alternative ways could the education program be delivered?

8. How could the impacts of the FGM Education Program be spread more widely?

9. Any other comments about FGM Training Programs?
Attachment 4: Evaluation project information sheet

NSW Education Program on FGM
Evaluation Project Overview
September – December 2010

The NSW Education Program on FGM

The NSW FGM Program, in operation since 1997 is founded on a human rights approach to the prevention of Female Genital Mutilation (FGM) and minimization of the harmful effects on women, girls and families affected by the practice. It is now managed through the Diversity Health Institute (DHI) in Sydney West Area Health Service (SWAHS). Program strategies involve working across key stakeholder groups providing education and advice to a wide range of health and other professionals and education and community development activities with affected communities. Trained Bi-lingual Community Workers (BCW) play an integral role in working with affected communities.

The FGM Education Program has evolved and developed in response to changing demographics and service arrangements over recent years and last undertook an evaluation in 2000. The Program has commissioned an independent evaluation of its work since 2000 to inform further development over the next 5 years.

FGM Education Program Evaluation

The evaluation is being undertaken by WestWood Spice Consultants Margaret Scott and Sky de Jersey. It is to assess the effectiveness and impacts of the FGM Education Program services and activities since 2000 and identify opportunities and areas for improvement.

The evaluation will involve review of available documentation along with consultation with key stakeholder groups including a range of health professionals, other welfare workers and representatives from relevant government and non-government agencies including refugee and migrant services, BCW and people from the affected target communities. Stakeholder consultation processes will include on-line surveys, face-to-face and telephone interviews and focus groups in Sydney and 4 regional sites.

- **On-line survey stakeholder survey**
  
  In order to seek input from as many stakeholders as possible an on-line survey will be made available from late October to mid November. The details of the web link will be disseminated widely shortly. The survey will be anonymous with all responses returned to WestWood Spice.

- **Focus groups**
  
  A series of focus groups will be held with various stakeholder groups in Sydney, Coffs Harbour, Orange, Wollongong and Newcastle along with several teleconference focus group discussions.

- **Key informant interviews**
  
  Telephone and face to face interviews will be held with a cross section of key informants.

We welcome your participation and questions about the FGM Education Program Evaluation

For more information on the evaluation or to participate in other consultation processes please contact WestWood Spice Consultants:

Margaret Scott, Senior Consultant WestWood Spice on 9555 4429, mobile 0414 355 461, email margaretscott@westwoodspice.com.au or Sky de Jersey at skydejersey@gmail.com
Attachment 5: FGM Education Program Advisory Committee

The following are members of the FGM Education Program Advisory Committee:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Vivienne Strong</td>
<td>FGM Education Program</td>
</tr>
<tr>
<td>Ms Linda George</td>
<td>FGM Education Program</td>
</tr>
<tr>
<td>Ms Shairon Fray</td>
<td>FGM Education Program</td>
</tr>
<tr>
<td>Ms Clarissa Mulas</td>
<td>Director of Multicultural Health. SWAHS</td>
</tr>
<tr>
<td>Ms April Deering</td>
<td>NSW Health Representative -</td>
</tr>
<tr>
<td>Ms Claudia Carr</td>
<td>NSW Health Representative</td>
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<tr>
<td>Ms Susie Nanayakara</td>
<td>FGM Team Maternity Unit, Bankstown Hospital</td>
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<tr>
<td>Ms Susan Broughton</td>
<td>Women’s Health Nurse, Macquarie Hospital</td>
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<tr>
<td>Ms Cheryl Kelly</td>
<td>Women’s Health Unit, SESIAHS</td>
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<tr>
<td>Ms Denele Crozier</td>
<td>Executive Officer, Women’s Health NSW</td>
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<tr>
<td>Ms Pauline Foote</td>
<td>Director Population Health and Planning, SESIAHS</td>
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<tr>
<td>Jeanette Holloway</td>
<td>Women’s Health Nurse, Bankstown Community Health</td>
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<tr>
<td>Linda Oliver</td>
<td>Women’s Health Nurse, Blacktown</td>
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