


# PERFORMANCE ANALYSIS FOR PHASE II



UNFPA-UNICEF  
Joint Programme on  
Female Genital Mutilation:  
Accelerating Change





*The harmful social norm of female genital mutilation, common in some 30 countries around the world, rests on the shakiest of foundations: It is a constellation of faulty beliefs, perceived obligations and inferred expectations, tied together in a durable knot. Given the strength of social bonds that bind communities together, the norm that sustains female genital mutilation has proved difficult to unravel.*

*But the practice cannot forever withstand the harm it causes; the fact it violates laws and human rights meant to protect women and girls; the moving voices of survivors; and mounting evidence of changing attitudes. Female genital mutilation cannot withstand the force of collective action and social evolution. Our work is to accelerate the inevitable demise of the practice.*

## **ACKNOWLEDGEMENTS**

UNFPA and UNICEF, on behalf of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, wish to thank the people and governments that have contributed to this work.

Specifically, we thank the European Union and the governments of Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom for their generous financial contributions. And we acknowledge, with gratitude, the members of the Joint Programme's Steering Committee for their support and technical guidance throughout Phase II.

Our appreciation is extended as well to each national and local government and to civil society organizations for their collaboration in accelerating the abandonment of FGM through their in-depth local perspectives and for their political support, without which the achievements in this report would not have been possible.

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# Foreword

**T**he **UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation** aims to transform an entrenched social norm – one that for too long has normalised systemic violence against girls and young women into one in which they have autonomy over their own bodies. Working with partners at the global, regional, national and community level, Phase II of the Joint Programme (2014 to 2017) embraced a holistic approach that:

- Leveraged social dynamics to support communities in 17 countries to better protect girls;
- Amplified voices of leaders, individuals and groups who have themselves abandoned female genital mutilation (FGM);
- Empowered girls and women to play a catalytic role that has fueled further positive action; and
- Catalysed a global movement with strong regional support to end FGM.

New insights about FGM and the social norms that support it are informing the design of policies and programmes in countries where the practice has been entrenched over generations. Key results during Phase II point to the positive difference the Joint Programme has made in galvanizing support for the elimination of FGM: more than 24.6 million individuals made public declarations of FGM abandonment, some 3.3 million women and girls accessed prevention, protection and care services across 16 countries, and 13 countries have laws banning FGM with similar laws pending in three more countries. This gives us confidence in the sustainability of interventions.

The growing number of public commitments to end FGM as well as its abandonment by communities show that the practice can indeed become a vestige of the past. Grassroots movements have fueled an international movement to eliminate FGM worldwide. Through Target 5.3 of the Sustainable Development

Goals, the global community committed itself to eliminating harmful practices, including, child, early and forced marriage and FGM, by the year 2030.

Thanks to this stepped-up effort to encourage its full and irreversible elimination, the prevalence of FGM among girls aged 15-19 has declined in 10 of the 17 countries. Additional insight and analysis will be needed during the next phase to understand and effectively address pockets of resistance. The generally encouraging results call for sustained commitment and strengthening of the Joint Programme to consolidate these gains. Many of the good practices and lessons from Phase II have been integrated into Phase III, launched in January 2018.

UNFPA and UNICEF wish to express their gratitude to the Governments of the European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom for their generous support. With a growing number of girls at risk of FGM due to population growth, Phase III is a critical time for donors, Member States and the international community to increase resources and investments for FGM elimination. With your support, the Joint Programme can accelerate the elimination of FGM so that girls and women may realize their rights, and more fully contribute to the health and productivity of their families and communities. This will also improve prospects for the next generation, a generation in which girls and young women need not fear the cut.



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# Executive Summary

Since 2008, the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF) have together led the largest global programme to end female genital mutilation (FGM). The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change works in exceptionally challenging places, where FGM rates are the highest in the world. The comprehensive approach of the programme – applied through partnerships with government, civil society, social movements, religious leaders and communities – balances culturally sensitive interventions with the human rights of women and girls – to remain dignified, healthy and intact. The Joint Programme strengthens policy development and implementation, improves access to quality health care, protection, legal and social services, and educates communities on the need to eliminate FGM.

With 2017 marking the fourth and final year of Phase II of the Joint Programme, this report presents the contribution the programme has made to eliminating FGM in 17 countries. Significant progress has been made. Ten countries have seen a steady decline in FGM rates, and there is evidence of change in most of the others, such as shifts in knowledge and attitudes. In 12 of the 17 countries supported by the Joint Programme, more than 50 per cent of women and girls now support the abandonment of FGM. The programme achievements in Phase II, presented below, clearly show how a culturally sensitive and collaborative approach is working.

## Phase II Accomplishments

### Galvanizing a Global Movement to End FGM

**Inclusion of FGM in the 2015 Sustainable Development Goals:** The Joint Programme advocated for inclusion of FGM elimination in Target 5.3, calling for the end of harmful practices under Sustainable Development Goal 5, which seeks to achieve equality and empowerment for women and girls. The unanimous commitment of 193 nations to eliminate FGM by 2030 recognises that ending the practice is a critical element of the international development agenda.

**Contributions to United Nations General Assembly Resolution and Secretary-General Report:** The Joint Programme worked toward – and welcomed – a United Nations General Assembly resolution in 2016 adopting the 2030 Agenda for Sustainable Development, underscoring the importance of eliminating FGM and calling on the international community to increase its financial support to the programme. The Joint Programme also provided technical input for the 2016 United Nations Secretary-General report on FGM, which discussed the challenges of combating FGM and progress toward its elimination.

**Ensure visibility to the Elimination of FGM:** The International Day of Zero Tolerance for Female Genital Mutilation and the Commission on the Status of Women have presented opportunities to organise high level panels with member states and the European Union in cities including Brussels, Geneva and New York. During these events, member states and international organisations renewed their strong commitment to eliminating FGM.

### Supporting Policy Development and Implementation

**Establishing National Coordination Mechanisms and Developing National Action Plans:** The Joint Programme strengthened capacity within governments to develop and implement national action plans to eliminate FGM, coordinate efforts among key stakeholders, and ensure that adequate resources were provided to support women and girls at risk of, or affected by, FGM. All but one of the 17 countries

supported by the Joint Programme<sup>1</sup> have national coordination and action plans in place, while 13 have line items in their national budgets specifically to eliminate FGM. Kenya and Nigeria have also introduced budget lines on eliminating FGM at the province and state levels.

**Strengthening Legal and Policy Frameworks:** The Joint Programme worked with governments and civil partners on laws criminalising FGM. Thirteen of the Joint Programme countries have introduced national laws banning FGM, compared to 10 at the start of Phase II. The Joint Programme supported the introduction of the laws and proposed amendments in Egypt and Uganda to toughen penalties. In 2017, three additional countries – Sudan, Mali and Somalia –introduced bills criminalizing FGM. Programme efforts to develop capacity within governments to detect, investigate and prosecute cases of FGM have led to 841 arrests during Phase II.

**Improving Data Monitoring and Increasing Performance Evaluations:** During Phase II, all 17 countries in the Joint Programme introduced management information systems to track progress. The Joint Programme has also introduced a “Data for All” database, which allows partner organisations to capture data and assist with monitoring and evaluation of the programme.

In addition to supporting Multiple Indicator Cluster Surveys and Demographic and Health Surveys in eight countries during Phase II, the Joint Programme funded research in Burkina Faso, Djibouti, Eritrea, Guinea, Senegal, Somalia, Sudan, Senegal and Uganda. The findings have been used to strengthen interventions and monitor their impact. The research has been a valuable addition to the knowledge base of the global development community.

**Enhancing Regional Partnerships:** In partnership with the African Union and the Arab League, the Joint Programme encouraged member states to take greater ownership and oversight of efforts to end FGM. These regional bodies encouraged member states to review and strengthen existing policies and programmes, as well as introduce and enforce laws to protect women and girls. They also encouraged countries to enforce international and regional commitments relevant to FGM such as the United Nations General Assembly resolution.

<sup>1</sup> Programme implementation was interrupted over two years in Yemen due to the humanitarian crisis.

**Introduction of Cross-Border Collaborations:** Cross-border initiatives are critical to eliminating FGM across regions. To address disparities in FGM laws among neighbouring countries, interventions have included policy collaboration, legislation and communications. Work has also begun on region-wide laws banning the practice. In East Africa, for example, a draft regional protocol addresses cross-border cooperation, implementation of national laws and the 2016 United Nations resolution. This draft protocol informed the 2017 East African Legislative Assembly FGM Bill, which aims to equip technical experts with legal powers to track and conduct interventions across borders. The Joint Programme also supported the passage of the 2016 East African Community Gender Equality and Development Bill. The law is expected to enhance regional cooperation on prosecuting perpetrators of FGM.

## Ensuring Access to Prevention, Protection and Care Services

*The Joint Programme provided about 3.3 million women and girls with access to prevention, protection and care services across 16 countries.*

**Increasing Access to Comprehensive Services:** Recognising the need for prevention, protection and care services for women and girls at risk and affected by FGM, the Joint Programme worked with providers in the health, education, protection and legal sectors to improve access to quality services. The improvements included training and capacity development within existing systems and structures. Health care providers, teachers, law enforcement professionals, social workers and community-

run child protection committees have helped raise awareness about the negative consequences of FGM. They have also helped identify and support mutilated girls, referring them to services. The Joint Programme provided about 3.3 million women and girls with access to prevention, protection and care services across 16 countries.

**Addressing the Growing Trend of Medicalisation:** As FGM is sometimes performed by health professionals, the Joint Programme has worked with doctors, nurses and midwives in Egypt, Sudan, Nigeria, Guinea, Djibouti, Kenya, Mauritania and Yemen to improve their knowledge of risks associated with FGM and its impact on sexual and reproductive health. The programme also reminded health workers of their ethics training to “do no harm” and developed manuals and guidelines warning against performing FGM. Pre-service and in-service training for physicians, nurses and midwives to end the medicalisation of FGM has also been carried out. In partnership with the Arab League,

in 2017 the Joint Programme helped draft statements which were distributed to regional health worker associations, committing them to eliminate FGM medicalisation.

## Transforming Social Norms and Galvanizing Communities to Abandon FGM

**Transforming Social Norms to End FGM:** The Joint Programme has tried to understand why communities practice FGM as a way of helping to eliminate the harmful social norm and bring about a change in attitudes. The programme learnt that families cut their daughters because they believe doing otherwise could lead to the loss of status, stigmatisation of girls and their families, or risk of other social sanctions. It is believed that large-scale transformation of social norms related to FGM requires a collective, coordinated decision at the community level so that no girl or family suffers retribution by a decision not to perform the practice. The Joint Programme targets and empowers communities through community-led education sessions and community dialogue that provide opportunities to talk about FGM as a harmful practice. The purpose of the discussions is to create consensus on adopting new social norms through public declarations of abandonment. Often, community and religious leaders, seen as credible voices, facilitate the dialogues and call for an end to FGM. Women and girls also facilitate sessions, giving them the opportunity to play leadership roles in their communities and drive social change. In Phase II, 8,963 communities involving 24,611,443 individuals made public declarations of FGM abandonment.

*In Phase II, 8,963 communities involving 24,611,443 individuals made public declarations of FGM abandonment.*

**Empowering Youth as Change Agents:** The Joint Programme recognises the critical role that young people play in effecting change. By challenging political and social norms – and by addressing stereotypes that perpetuate violence against women and girls – children and teenagers can make an impact whether through peer education sessions or social media campaigns. The Joint Programme has seen how young people can use social media to raise awareness about FGM and gender equality. Social media can be used to reach large audiences, organise meetings and engage peers in debate. For example, young people produced a film series on FGM titled “Sandra’s Cross” in Nigeria that reached 3,370,672 people through Facebook, Twitter and YouTube. The social media campaign #TouchePasAmaSoeur (“Do not touch my sister”) in Senegal reached more than five million people.

**Intensifying Engagement of Religious and Community Leaders:** The Joint Programme understands that without the support of religious leaders and other cultural role models, shifting social norms toward FGM abandonment is nearly impossible. Community leaders often facilitate dialogue and education sessions on FGM, issue statements and provide guidance in support of abandonment, and lead public declarations disavowing the practice. Through groundbreaking work with religious leaders, fatwas against FGM have been issued in 10 countries during Phase II.

**Increasing Engagement with Men and Boys:** For the efforts of the Joint Programme to change social norms and have longevity, men and boys must be actively engaged in confronting the harmful traditions of their cultures. The Joint Programme promotes positive masculinity using fathers, male politicians, and community and religious leaders, who support FGM abandonment. The last decade has shown a marked increase in the percentage of men and boys who have rejected FGM. In Senegal, FGM abandonment was integrated into a package of services offered by the “School of Husbands”, which recruited men to promote reproductive health and help change behaviour among their peers. In Guinea-Bissau, “Men’s Clubs” are leading awareness and prevention activities and promoting reproductive health services in their communities.

**Promoting Innovative Approaches to Communication for Social Change:** The Joint Programme has helped change social norms and collective attitudes through communication advocating for behavioural change. Beyond television, radio, newspapers and social media messaging, campaigns have included more personal approaches such as peer-to-peer communication, special “empowerment” sessions, community dialogues and public pledges to end FGM. The promotion of FGM abandonment across social networks has given communities an opportunity to see the possibility of rapid, widespread change. The Joint Programme reached more than 600 journalists at country level during Phase II, increasing their knowledge about FGM and encouraging them to run stories about its inevitable elimination.

**Advancing Learning through Evaluations and In-Depth Studies:** Evaluations have found the Joint Programme is indeed effective when it comes to changing social norms. In Sudan, a midterm evaluation of the “Saleema” communication campaign, which promoted keeping girls intact, suggested that exposure to the

campaign changed attitudes for the better. In Burkina Faso, an evaluation covering almost a decade of social norm interventions involving public declarations of FGM abandonment found community members responded positively to the approach. Further, it determined that public declarations, when supported by post-declaration follow-up and support, were highly effective in preventing further cases of FGM. Burkina Faso is now on the road to complete abandonment of the practice. In Mauritania, a rapid community-based assessment in 2017 found that 66 per cent of respondents opposed FGM and 26 per cent preferred to keep their daughters intact<sup>2</sup>. In Eritrea, FGM prevalence was mapped in 2014 through surveys administered to 5,811 households and compared to a 2010 survey<sup>3</sup>. The results showed a significant reduction in FGM among girls under age 5 (12.4 per cent to 6.9 per cent) and an even greater reduction for girls less than 15 (33 per cent to 18.8 per cent).

## Transitioning from Phase II to Phase III of the Joint Programme

This Joint Programme Phase II report presents progress in accelerating FGM abandonment in all 17 countries taking part. It also reveals critical lessons learnt about the challenges and barriers to FGM abandonment, many of which were addressed in the design of Phase III. The final evaluation of Phase II which is expected to be completed by the end of 2018 will further inform Phase III and ensure planned interventions are as efficient and effective as possible.

As the Joint Programme examines progress made on eliminating FGM over the last four years, the future presents new challenges. By 2030, nearly one in three girls worldwide will be born in the 30 countries, where FGM is concentrated. According to current trends, population growth will outpace decline of FGM prevalence. If the global community is to achieve Target 5.3 of the Sustainable Development Goals – the elimination of FGM by 2030 – commitments will need to be strengthened and resources will need to be increased.

*By 2030, nearly one in three girls worldwide will be born in the 30 countries, where FGM is concentrated.*

2 UNFPA/UNICEF (2016) Enquete rapide sur les indicateurs qualitatifs. Mauritanie 2016

3 UNICEF, (2014). Mapping Villages. Eritrea 2014





# Introduction

It is estimated that more than 200 million women and girls have had their genitals deliberately mutilated in 30 countries across three continents. FGM is internationally recognised as a violation of human rights and constitutes an extreme form of violence. FGM often involves medical, emotional, social, legal and economic repercussions. Girls are one-third less likely to be cut than 30 years ago. But given that 22 of 30 of the countries where FGM is practiced are considered “least-developed”<sup>4</sup> – i.e., exhibit the lowest indicators of socioeconomic development – the negative consequences of FGM place a burden on personal, household, community and state economies.

Since 2008, the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF) have implemented the Joint Programme on Female Genital Mutilation: Accelerating Change to end FGM. The Joint Programme works with governments to criminalise FGM and engages with communities towards realizing collective abandonment of FGM. The programme also provides access to quality sexual and reproductive health care, as well as child protection services, for women and girls at risk of, and affected by FGM. As the largest global programme seeking to eliminate FGM, the Joint Programme launched Phase II of the programme in 2014, building on successful strategies and key lessons learnt during Phase I. With 2017 marking the end of Phase II, four years of programme implementation in 17 countries has provided an opportunity to examine the successes and achievements of the programme, and has identified critical next steps for Phase III.



4 United Nations Population Fund, Demographic Perspectives on Female Genital Mutilation, New York, 2015



# Achievements

In partnership with governments, policymakers, civil society and faith-based organisations, religious and community leaders, youth groups, champions of female rights, service providers and communities, the Joint Programme, under Phase II, helped accelerate the elimination of FGM through the following achievements at the regional, national and international levels:

## A Galvanizing a Global Movement

### Integration into the Sustainable Development Goals

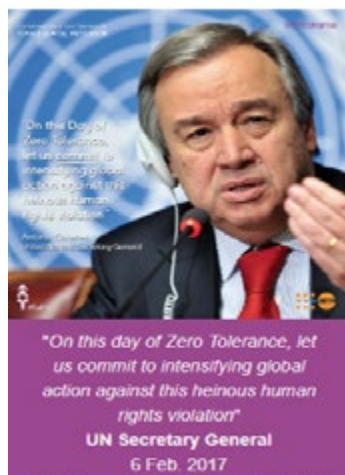
The Joint Programme galvanized a global movement to end FGM by intensifying efforts and increasing resources. The programme lead efforts to ensure harmful practices were integrated into the Sustainable Development Goals, including Target 5.3, which specifically called for the elimination of FGM by 2030. The launch of Target 5.3 strengthened the global commitment to achieving gender equality by ending harmful practices.

### Adoption of United Nations Resolution to End FGM

The Joint Programme also provided technical input for the preparation of the resolution document adopted by the Third Committee (Social, Humanitarian and Cultural) of the General Assembly in 2014 and 2016. The resolution, “Intensifying Global Efforts for the Elimination of Female Genital Mutilation”, underscored the importance of eliminating FGM. The resolution acknowledged the contributions of the Joint Programme in helping to eliminate FGM and called on member states to provide the additional resources required to fund the programme. The Joint Programme also helped prepare the United Nations Secretary-General report on FGM in 2014 and 2016. Through the resolution and the Secretary-General reports, the Joint Programme has continued to keep the elimination of FGM at the forefront of global efforts focused on the rights of women and girls.

## Increasing Visibility

UNFPA launched campaigns to increase the visibility of efforts to eliminate FGM during Phase II. One known as the “Cutting Season” campaign, which ran across mass and social media, focused on girls in Europe and North America at risk of being cut while on family vacations. While school is out for the summer, parents sometimes take their daughters back to their home countries to perform FGM. Additionally, UNFPA’s “I Said No To FGM” campaign highlighted the ability of girls to refuse to undergo FGM. The campaign was launched on Twitter and Facebook, using the hashtags #GirlPower and #HumanRights under the slogan “I Am Powerful”. Campaign videos featured adolescent girls describing how they took a stand to end FGM in their communities.



The International Day of Zero Tolerance for Female Genital Mutilation and the Commission on the Status of Women have presented opportunities to organise high-level panels with member states and the European Union, Italy, Norway, the United Kingdom in cities including Brussels, Geneva and New York. During these events, member states and international organisations renewed their strong commitment to eliminating FGM. At the same time, the United Nations Secretary-General and the executive directors of UNFPA and UNICEF renewed calls to eliminate FGM by 2030. Every year journalist field visits to communities practicing FGM is organized and this resulted in generating articles in international newspapers and

broadcasts and also pictures and video clips widely reaching out to the public on issues related to FGM both through traditional and social media. More than 250 media outlets have been targeted in over 40 countries, including top-tier media in the United Kingdom, the United States, Germany, France, Italy and Spain.

The Commission on the Status of Women continues to be the main forum where member states of the Joint Programme meet to discuss progress and renew their commitment to accelerate the end of FGM. During Phase II, the Joint Programme engaged stakeholders at international and regional conferences, such as the International Federation of Gynecology and Obstetrics and the International Confederation of Midwives. The programme also reached out to networks of religious leaders and young people.

## Contributions to Global and Regional Knowledge on FGM

Several publications were developed during Phase II of the Joint Programme. They included the UNFPA paper “Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation”<sup>5</sup>. The paper placed FGM within a human rights framework and analysed the responsibilities of governments under international human rights law. Another paper, “Demographic Perspectives on Female Genital Mutilation”<sup>6</sup> looked at FGM through the lens of population and demographics. The Joint Programme provided support to the World Health Organization to publish “Guidelines on the Management of Health Complications from Female Genital Mutilation”<sup>7</sup> and also to UN Women to release publications primarily for policymakers, managers and service providers (Training Manual on Gender and FGM and Female genital mutilation/cutting and violence against women and girls: Strengthening the policy linkages between different forms of violence) As part of Phase II, UNFPA also conducted a comprehensive analysis on FGM-related laws in eight countries in West and Central Africa.<sup>8</sup> The analysis has been used to advocate for laws combating FGM, and their enforcement, as well as support for allocating domestic budget lines.

## Thought Leadership on the Social Norms Approach to Ending FGM

Under Phase II, the Joint Programme continued to foster thought leadership within the development community on FGM abandonment. Through cutting-edge research with leading academics in the field of social norms theory, the Joint Programme advanced the understanding of development and measurement of social norms change. To eliminate FGM, changes to social norms and behaviours must come from within communities themselves.

5 See <https://www.unfpa.org/sites/default/files/pub-pdf/FGMC-humanrights.pdf> and [https://www.unfpa.org/sites/default/files/pub-pdf/1027123\\_UN\\_Demographics\\_v3%20%281%29.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/1027123_UN_Demographics_v3%20%281%29.pdf)

6 [http://apps.who.int/iris/bitstream/handle/10665/206437/9789241549646\\_eng.pdf;jsessionid=69091B38EAE484066E1C530EA3F37379?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/206437/9789241549646_eng.pdf;jsessionid=69091B38EAE484066E1C530EA3F37379?sequence=1)

7 <http://www.unwomen.org/en/digital-library/publications/2017/2/female-genital-mutilation-cutting-and-violence-against-women-and-girls>

8 <http://wcaro.unfpa.org/en/publications/analysis-legal-frameworks-female-genital-mutilation-selected-countries-west-africa-1>

## ACHIEVEMENTS

In 2015, UNICEF and the University of California's San Diego Center on Global Justice released the landmark report, "What Are Social Norms? How Are They Measured?"<sup>9</sup>, examining publications and articles on social norms in global development. The report found only 14 per cent of the studies discussed how norms are measured. The report proposed principles for measuring social norms and listed a variety of ways to conduct measurement. While global development experts recognise that addressing social norms is critical in eliminating FGM, measuring changes in social norms can be challenging. In 2017, UNICEF and the University of Pennsylvania launched an online course, "Social Norms, Social Change I"<sup>10</sup>, which provided training on social norm concepts and how to measure them.

UNFPA and the European Commission organised an expert group meeting on social norm change in May 2016. Some 40 experts from six universities and 10 development organisations took part in a discussion on harmful gender-biased practices. The talks focused on best practices to accelerate the elimination of harmful practices through a universal, comprehensive and sustainable approach, as well as offering insightful perspectives on the implications of the programme.<sup>11</sup>

The Joint Programme has led efforts to develop a framework for measuring social norm changes regarding FGM. In 2016, the programmes began working with Drexel University to develop measurement tools and social norm frameworks. Building on existing social change surveys, the tools will bring about consistency when it comes to measuring social norms. The tools will also provide a useful resource for other global development experts who might also face challenges measuring social norms.

Additionally, the Joint Programme published a "Manual on Social Norms and Change"<sup>12</sup> which provides training on social norms. The user-friendly manual is available in English, French and Arabic. It provides guidance on identifying social norms and designing strategies and interventions for self-sustaining social change. The manual has been used to develop the capacity of governments and civil society partners. Given the correlation between social norms, gender norms and normative

9 [https://www.unicef.org/protection/files/4\\_09\\_30\\_Whole\\_What\\_are\\_Social\\_Norms.pdf](https://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf)

10 <https://www.coursera.org/learn/norms>

11 Report from the Expert Group Meeting on gender-biased harmful practices: a long term comprehensive approach to accelerate abandonment and achieve measurable results by 2030. UNFPA 2016.

12 <https://www.unfpa.org/publications/manual-social-norms-and-change>



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beliefs, the manual has been beneficial in developing a common understanding of social norm concepts within the development community. Most countries supported by the Joint Programme have endorsed the social norms approach to eliminating FGM.

## Global Data on FGM and Evidence Generation

### Statistical Analysis

During Phase II, UNICEF produced several statistical analyses on FGM (using datasets from Demographic and Health Surveys and Multiple Indicator Cluster Surveys and other national surveys) that serve as a reference for partners, and the media, on trends related to the practice. Countries have also used the analyses to plan and budget for interventions and services; develop and implement policies, legislation and actions related to prevention and response; and ensure robust and ongoing monitoring to assess results and address challenges.

### New Projections on Girls at Risk of FGM

UNFPA generated more refined, age-specific estimates of woman and girls at risk of FGM<sup>13</sup> during Phase II, which can better inform future policy and programme initiatives. The estimates reveal the rising numbers of women and girls at risk of being cut between 2015 and 2030 (about 68 million), and called for FGM elimination efforts to be scaled up to meet the growing demand – and achieve the Sustainable Development Goal target.

### Development of Online Databases for Reporting Progress

The Joint Programme developed a database on FGM, Data for All<sup>14</sup>, which allows stakeholders to monitor progress across the countries targeted by the programme. Data for All is a web-based data management tool that allows users to view updated programme results in real time. Data for All has empowered stakeholders with more configuration and tagging features, an interactive dashboard, infographics and sections built around the results framework of the programme. Data for All is fully operational in all 17 target countries.

### Studies and Evaluations Informing Programme Interventions

*Evaluations of the programme in*

- *Burkina Faso*
- *Eritrea*
- *Ethiopia*
- *Mauritania*
- *Somalia*
- *Sudan*
- *and Uganda*

*pointed to changing attitudes regarding FGM.*

During Phase II, the Joint Programme commissioned rigorous evaluations to determine whether target populations were experiencing shifts in attitudes towards FGM as a result of programme interventions. Some studies even inquired into whether families intended to cut their daughters. Overwhelmingly, evaluations of the programme in Sudan, Somalia, Uganda, Eritrea, Burkina Faso, Mauritania and Ethiopia pointed to changing attitudes regarding FGM. Additional studies conducted in Senegal, Nigeria, Djibouti and Guinea provided insight on areas resistant to change, better understanding of why families cut their daughters, and identification of practices used by those who want to continue FGM.

<sup>13</sup> [https://www.unfpa.org/sites/default/files/resource-pdf/18-053\\_FGM-Infographic-2018-02-05-1804.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/18-053_FGM-Infographic-2018-02-05-1804.pdf)

<sup>14</sup> <http://dfamonitoring.org/v1/fgm/>



**Lessons learnt from these evaluations reveal that:**

- Reduction of FGM generally happens when respondents have higher levels of exposure to communication campaigns that promote keeping girls intact (Sudan).
- The prospect for marriage for girls who have not undergone FGM is reduced while the perception that FGM is a religious requirement remains a key driver of the practice (Somalia).
- Radio shows on the rights of women and girls have a positive impact on norms related to FGM (Somalia).
- FGM prevalence are significantly lower among girls aged 15 to 24 (8 per cent) compared to women aged 45 and above (68 per cent). While 95 per cent of women supported the discontinuation of FGM, only 69 per cent of men supported ending the practice (Uganda).
- Systematic mapping of 348 villages covering 5,811 households showed a significant reduction in FGM for girls under age 5 (from 12.4 per cent to 6.9 per cent) and for girls under age 15 (from 33 per cent to 18.8 per cent) (Eritrea).
- Surveys specifically focused on FGM show a decline in prevalence rates among young girls (Burkina Faso).
- Culturally sensitive and community-owned processes that work towards the collective abandonment of FGM have a long-term effect (Burkina Faso).
- The change of social norms can be quantified using the three social norm measurement concepts (Mauritania, Senegal and Nigeria).

## Expanding Political Dialogue in Ending FGM

The Joint Programme partnered with the African Union and the Arab League to enhance political commitment, strengthen accountability through regional frameworks and human rights treaties, establish a functional peer review mechanism to systematically monitor national-level actions and progress in the elimination of FGM, and follow up on the fulfillment of member states reporting obligations on issues related to FGM.

- The African Union High-Level Ministerial Meeting on FGM in Ghana (November 2017) strengthened political support to end FGM with a statement reaffirming the need for a renewed commitment in Africa, calling for intensified commitments from member states and regional and international bodies.
- The Pan-African Parliament Annual Women's Conference in South Africa (October 2017) called for explicit commitments and deliberate actions towards

ending harmful practices within the African Union Agenda 2063 and United Nations 2030 Agenda for Sustainable Development.

- The Council of Head of States and Governments endorsed the Economic Community of West African States (ECOWAS) Strategic Framework to Strengthen Child Protection Systems across West Africa (December 2017). For the first time, the policy framework binds all 15 member states to combat FGM.
- The International Members of Parliament consultation on “Ending FGM and Child Marriage”, organised in partnership with the European Union Parliamentary Forum on Population and Development (October, 2017), involved discussions on what policymakers could do to help end FGM and child marriage in Africa, and diaspora populations in Europe. An agreement was struck to advocate for funding for FGM interventions, and work closely with the African Union and member states.
- Gambia hosted an “International Consultation on Islam, Family Wellbeing and Traditional Practices”, engaging more than 600 religious leaders, scholars, experts and young people to stand against FGM and other practices harmful to women.
- First ladies, supported by ECOWAS, generated a regional consensus on links between FGM, child marriage and obstetric fistula, and renewed commitment to address these issues in their region.

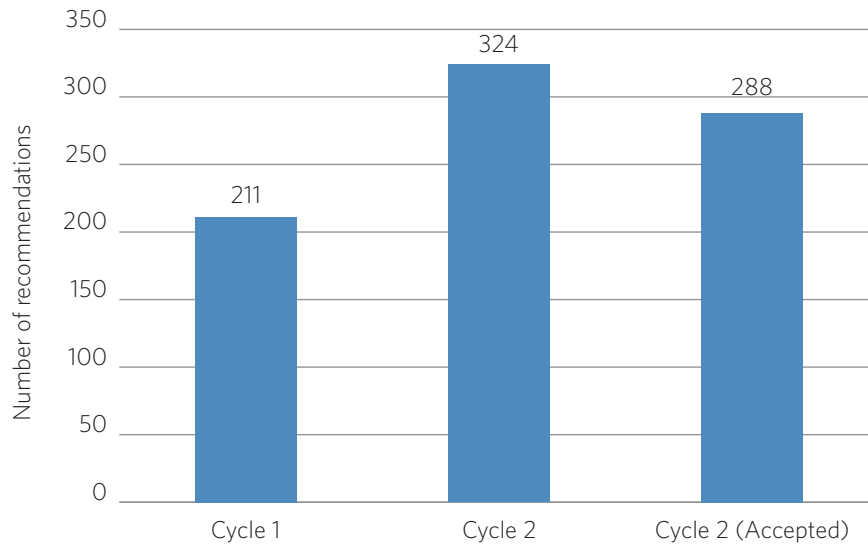
## Strengthening Accountability for FGM Elimination through the Universal Periodic Review

The Universal Periodic Review is a unique human rights monitoring mechanism that reviews the human rights record of each United Nations member state. The first cycle of the 2018 review focused on commitment and action regarding rights when it came to sexual and reproductive health. During the second cycle, the review continued to facilitate dialogue among member states on relevant human rights issues. It also positioned the review as a crucial way of advancing the importance of sexual and reproductive health. Of note during the first and second cycles of the review was that:

- Harmful practices based on cultural and/or traditional values, including FGM, received significant attention.
- Spain, Italy and France made the largest number of recommendations on FGM.
- During the second cycle, issues raised by the United Nations and civil society stakeholders on FGM were looked at closely by reviewing states.

FIGURE 1

## Recommendations during the 2018 Universal Periodic Review cycles



Source: United Nations Population Fund [UNFPA] 2018. *Strengthening Accountability on SRHR and Gender Equality*.

- The number of recommendations on FGM increased by 54 per cent from the first cycle to the second.
- The proportion of recommendations accepted reached 89%<sup>15</sup>.

## Stopping the Trend of FGM Medicalisation

In seven countries supported by the Joint Programme more than one in 10 girls subjected to FGM were cut by a health professional. The countries included Egypt, Sudan, Guinea, Djibouti, Kenya, Yemen and Nigeria. In these countries more than 20 million women and girls have undergone FGM at the hands of a medical worker. The Joint Programme has led international efforts to end the medicalisation of FGM. The programme supported legislative and regulatory frameworks that integrated bans on FGM into the pre-service and in-service training of health professionals. The high-level regional meeting on the “Role of Health Professionals in Combating FGM” conducted with the Arab League issued statements with doctor and midwife associations expressing their commitment to combating FGM medicalisation, naming the practice as harmful in their respective training materials.

<sup>15</sup> United Nations Population Fund. 2018. *Strengthening Accountability for Sexual and Reproductive Health and Rights and Gender Equality through the Universal Periodic Review*. New York February 2018

## Cross-Border Collaboration

Cross-border initiatives are critical to eliminating FGM across regions. The Joint Programme recognises that in some communities, ending FGM requires more systematic and coordinated collaboration among countries. Interventions during Phase II have ranged from governments collaborating on policies and legislation to developing joint communication strategies. Work has also begun on region-wide measures banning the practice. In East Africa, for example, a draft regional protocol addresses cross-border cooperation, implementation of national laws and the 2016 United Nations resolution.

The Joint Programme also supported the 2016 East African Community Gender Equality and Development bill. A joint consultative memo was presented advocating for integrating the prohibition of FGM into the gender bill in 2016 to promote regional cooperation in prosecuting perpetrators of FGM, and develop common measures, strategies and programmes to effectively combat FGM. The gender bill, enacted in 2017, represents a critical step towards addressing FGM across the region and is expected to enhance cross-border cooperation to prosecute perpetrators.

## Building Bridges between Africa and Europe to Tackle FGM

The Joint Programme has worked in partnership with Associazione Italiana Donne per lo Sviluppo (Italian Association for Women in Development) on an initiative, “Building Bridges between Africa and Europe to Tackle FGM”. The initiative launched a community of like-minded stakeholders on FGM that promoted knowledge exchanges among groups working on FGM in Europe and Africa.<sup>16</sup> Building Bridges has also facilitated dialogue and engagement between communities in Africa, and the African diaspora in Europe, through web and audio documentaries.<sup>17</sup> The initiative created links between Africa and Europe, provided opportunities to share information and lessons learnt, strengthened efforts to ban so-called “vacation cutting”, and bolstered efforts to introduce or amend policies and legislation that support the elimination of FGM.

<sup>16</sup> <https://copfgm.org>

<sup>17</sup> <http://www.kayeditnon.com/#home>

## B Performance against the results Framework

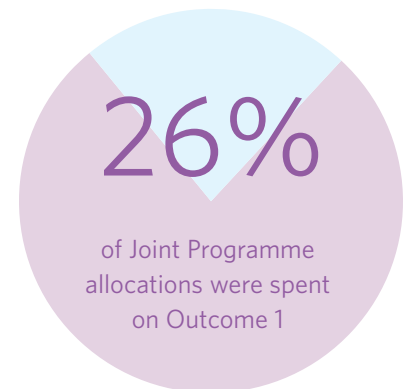
The Joint Programme has adopted a participatory, culturally sensitive, human rights-based approach towards reaching its goals, and supported comprehensive, multi-sectoral initiatives at regional, national, and global levels. The programme focused in Phase II on three key outcomes: helping to enact supportive policy and legal frameworks; providing FGM-related prevention, protection and care services; and galvanizing communities to abandon FGM.

### Policy and Legal Environment

*Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with African Union and United Nations resolutions)*

While laws alone cannot change social norms, the adoption of criminal laws prohibiting FGM in many countries has demonstrated the positive role legislation can play in advancing the process of social change. FGM must be acknowledged as a violation of human rights and cannot be separated from gender discrimination. Legislation that criminalises violence against women and girls enshrines their right to live without fear of being cut. Laws can play an important role in indicating that such behaviour is socially unacceptable and is associated with severe sanctions.

The Joint Programme is working with governments and civil partners to build grassroots support for the elimination FGM. The programme also supports the implementation of existing legislation, through capacity development, for investigating and prosecuting the perpetration of FGM, and working with communities to increase their knowledge and use of the laws.



### **INDICATOR: Number of countries implementing a comprehensive legal and policy framework to address FGM**

The recent introduction of laws banning FGM in several African countries increased the number of nations with comprehensive legal and policy frameworks to address FGM from 10 in 2013 to 13 in 2017. The Joint Programme also supported the amendment of laws in Egypt, Mauritania and Uganda to toughen penalties for carrying out FGM. While the Joint Programme did not meet its target of establishing laws banning FGM in 15 countries during Phase II, it is worth noting that Somalia, Sudan and Mali introduced draft legislation in 2017 that is pending adoption. Positive trends were noted during Phase II as far as cases brought to court and convictions were concerned (Figure 2). As Figure 3 illustrates, Burkina Faso, Eritrea and Kenya were particularly successful in enforcing their national laws in 2017.

TABLE 1

Number of countries implementing a comprehensive legal and policy framework to address FGM

Year	Number of countries
2013 (baseline)	10
2014	11
2015	13
2016	13
2017	13

Source: UNFPA-UNICEF Joint Programme Data for All database

### **INDICATOR: National Action Plans**

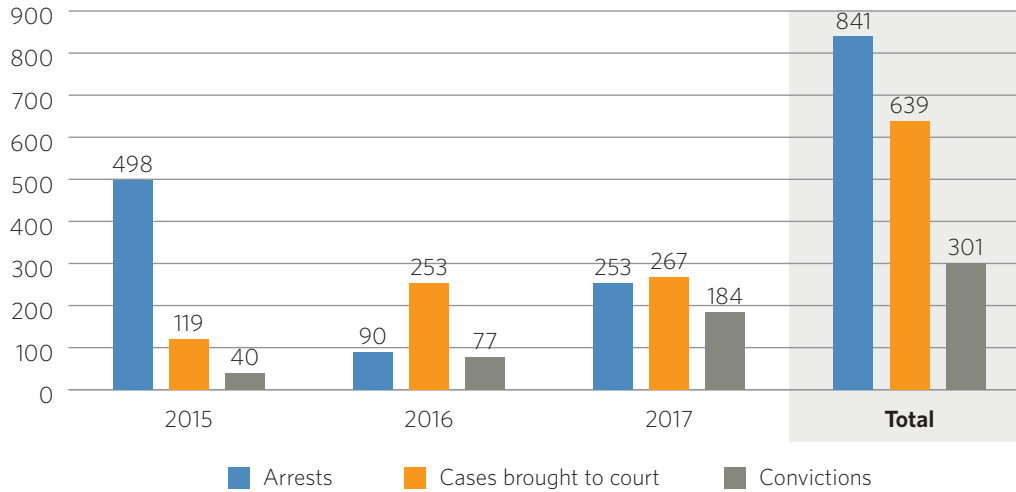
National action plans provide a concrete strategy that outline the support and resources needed to eliminate FGM and ensure coordination between the government, civil society and communities. The Joint Programme supports the development and implementation of national action plans that establish governance structures for responding to FGM, ensure the participation of civil society organisations, strengthen law and policy, build the capacity of ministry staff, and improve data collection. National action plans also support the establishment and ongoing improvement of integrated services, as well as law enforcement and judicial response to FGM. In addition to national action plans, the Joint Programme has encouraged governments to establish dedicated budget lines that ensure resources are allocated for programmes and interventions supporting the elimination of FGM.

By 2017, 16 of the countries supported by the Joint Programme had established policies integrating a response to FGM, a national plan of action and a nationwide coordination mechanism.<sup>18</sup>

<sup>18</sup> See details in Annex I

FIGURE 2

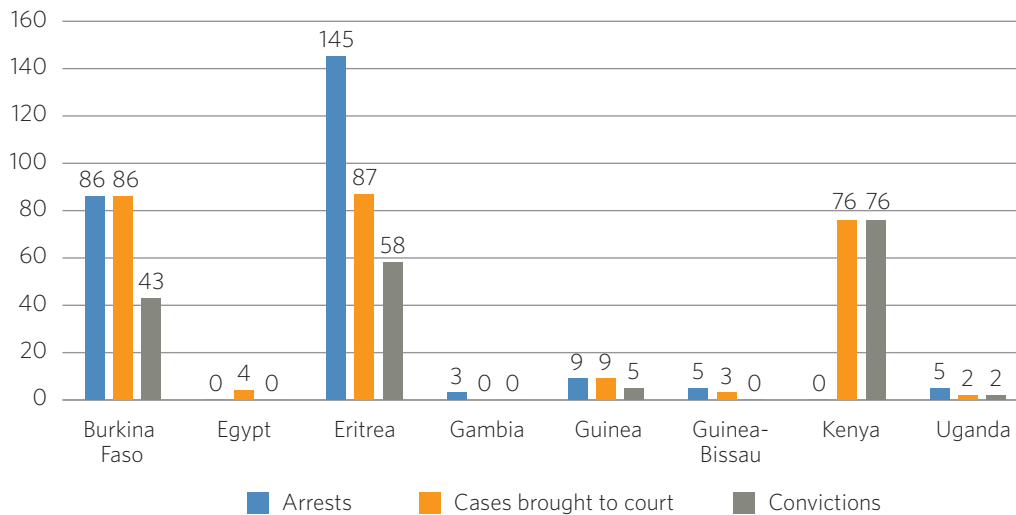
Number of cases of enforcement of FGM law



Source: UNFPA-UNICEF Joint Programme Data for All database

FIGURE 3

Number of cases of enforcement of FGM law by country, 2017



Source: UNFPA-UNICEF Joint Programme Data for All database

**INDICATOR: Number of countries with budget line to implement legislation and policies to eliminate FGM**

The number of countries with a government budget line for FGM interventions more than doubled, from six in 2013 to 13 in 2017, surpassing the target for Phase II (10 countries). In Kenya, Mauritania, Nigeria and Uganda regional governments also committed funds for FGM interventions.<sup>19</sup>

TABLE 2

Number of countries with budget line to implement legislation and policies to eliminate FGM

Year	Number of countries
2013 (baseline)	6
2014	10
2015	10
2016	12
2017	13

Source: UNFPA-UNICEF Joint Programme Data for All database



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<sup>19</sup> See details in Annex I

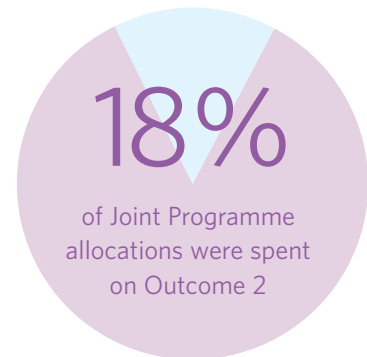


## Access to Prevention, Protection and Care Services

*Service providers provide timely, appropriate, quality services to girls and women at risk of, or having experienced, FGM in selected districts in programme countries*

A strong political commitment to eliminating FGM needs to be translated into human, technical and financial resources. The commitment also needs to be reflected in programmes, policies and mechanisms directed at sexual and reproductive health, and child protection, for women and girls affected by, or at risk of, FGM. The Joint Programme has provided capacity development to improve access to quality services for prevention, protection and care. The Joint Programme also promotes integrating FGM elimination into existing curricula and resource packages for service providers such as health professionals, social workers, teachers and law enforcement professionals.

Service providers can play a major role in FGM abandonment. People are more likely to embrace messages that come from respected members of the community such as midwives and teachers, as opposed to outsiders. Additionally, women and girls who have undergone FGM need timely access to services – such as health care and psychosocial support services – that are available to address the physical, emotional and psychological consequences of the practice. In addition to improving their knowledge on FGM, service providers have been given guidance on quality standards for services, survivor-friendly approaches, and resources for promoting FGM prevention in their communities. In countries where medicalisation is an issue, the Joint Programme works with health professionals to increase knowledge about FGM being an ethics violation that may involve legal and professional sanctions.



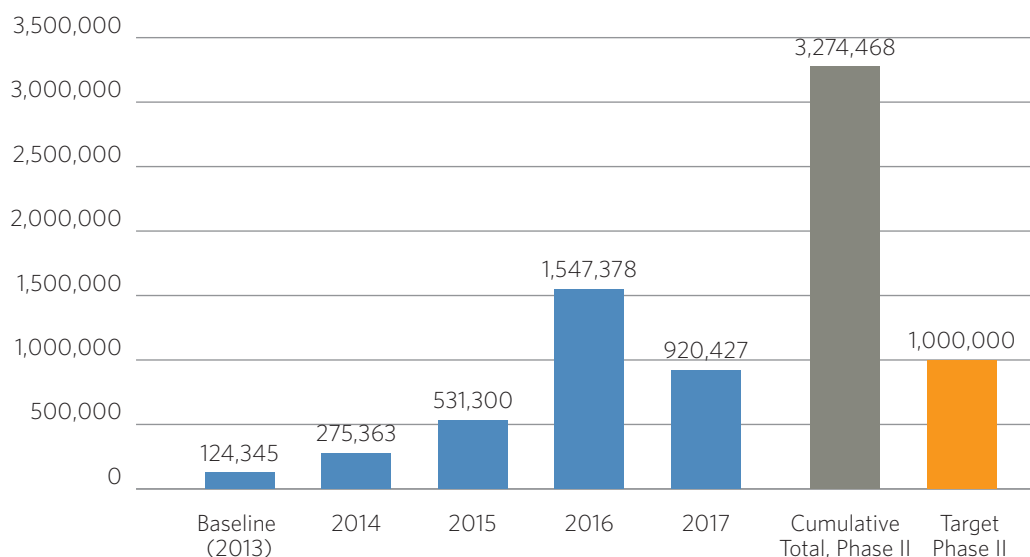
**INDICATOR: Number of girls and women receiving services related to FGM prevention or response**

The increased availability of services, combined with the expanding acceptance of the new norm of abandoning FGM through community-level interventions, has attracted more clients to service delivery points. Some 3,274,468 women and girls received prevention, protection and care services related to FGM from 2014 to 2017 – significantly surpassing the target of one million women and girls during Phase II.

As shown in Figure 4, the number of women and girls receiving services during Phase II increased by an average 65 per cent annually. (The sharp variation in absolute numbers between 2016 and 2017 is due to inconsistent application of the indicator by Burkina Faso and Mali. In 2016, these two countries classified all community awareness-raising and educational activities as services.)

FIGURE 4

**Number of girls and women receiving services related to FGM prevention or response**



Source: UNFPA-UNICEF Joint Programme Data for All database

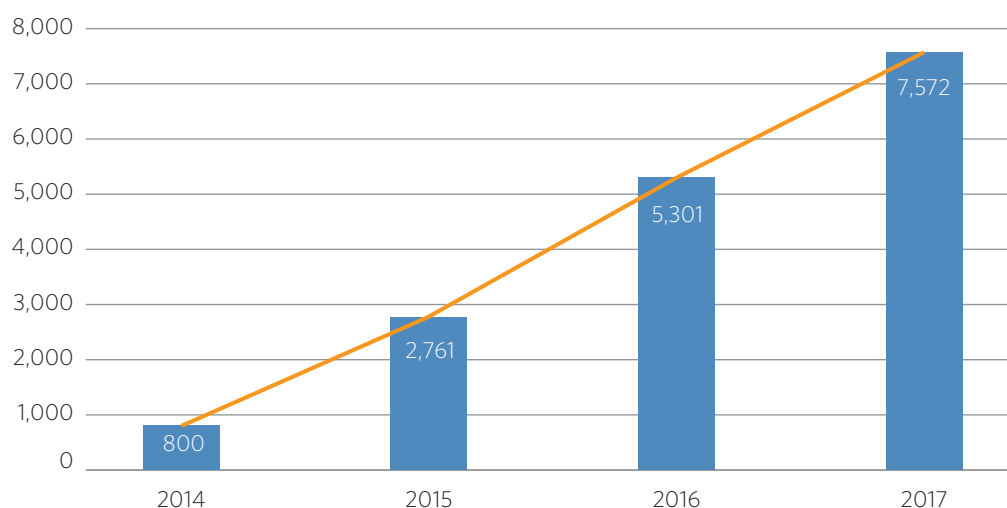
Data from 2017 country office annual reports illustrate that more than 50 per cent of the service providers were trained in the health sector while the remainder were distributed among the education, legal, social and community sectors.

**INDICATOR: Number of service delivery points applying FGM curricula, modules, manuals, guidelines and case management forms**

The Joint Programme supported the development of standard operating procedures, curricula, modules, guidelines, supervision forms and case management forms for health, law enforcement and social service sectors to standardise and improve the quality and confidentiality of FGM and related referral services. As shown in Figure 5, there was a steady increase during Phase II in the number of service delivery points using these tools. In all 17 countries, management information systems were developed to track and share data on FGM, increasing the efficiency of operations and enhancing analysis and decision-making.

FIGURE 5

**Number of service delivery points applying FGM curricula, modules, manuals, guidelines and case management forms\***



\*The data covers 16 Joint Programme countries and excludes Egypt, where the 2017 data was inconsistent with prior years.

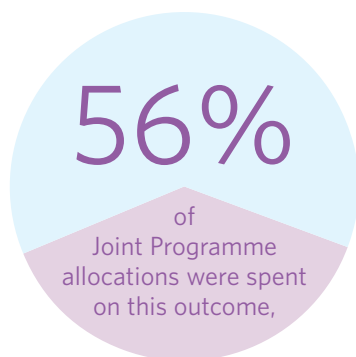
Source: UNFPA/UNICEF Joint Programme Data for All database

## Education, values deliberations, social mobilisation and consensus building activities

*A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM*

The Joint Programme has empowered communities to collectively conclude that supporting the rights of women and girls is a more just social norm than FGM itself. When a critical mass of people within a community believes in keeping women and girls dignified, healthy and intact, it can be argued that a collective public perception of FGM abandonment has been achieved.

Achieving a change in social norms related to FGM is at the core of the Joint Programme. Consequently,



and substantial progress was achieved.

Public declarations of FGM abandonment are critical, as they signal a commitment and readiness to abandon FGM. Mass and social media, and other forms of communications, have played a central role in amplifying these public declarations and in turn encouraged other communities to abandon FGM.

Implementing partners have used various media and communication tools to raise awareness about FGM on a large scale, and journalists have been trained in covering the benefits of FGM abandonment for families, communities and societies. The Joint Programme has embraced cutting-edge practices in communication that combine the use of mass media (such as radio, television, billboards and newspapers) with social media and customary communication approaches (such as theatre, music and village celebrations) to share positive stories of FGM abandonment. It is important that families and communities understand they are not isolated in making the decision to stop cutting their girls.



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Community and religious leaders often have the access, power and influence to change social norms in their communities. The Joint Programme has recognised that without their buy-in – without these leaders championing the abandonment of FGM – it would be nearly impossible to change social norms. For example, challenging entrenched religious beliefs has been key to ending FGM. Community and religious leaders have frequently played an essential role in facilitating community dialogue, education sessions and guidance in support of abandoning FGM, as well as leading public declarations of abandonment when communities have reached a consensus about the benefits of protecting women and girls.

Additionally, the Joint Programme has recognised the crucial role of young people in bringing about transformative change, by challenging political and social norms, and by addressing stereotypes that perpetuate violence against women and girls. Awareness-raising campaigns organised by youth groups in schools and universities have played a major role in changing attitudes among young people. And when boys and young men have been involved in these campaigns, change has been more likely, and harmful social norms have been tackled. The Joint Programme has witnessed the impact of social media on beliefs about FGM as it allows young people to reach large audiences, organise meetings and engage others in debates.

## ACHIEVEMENTS

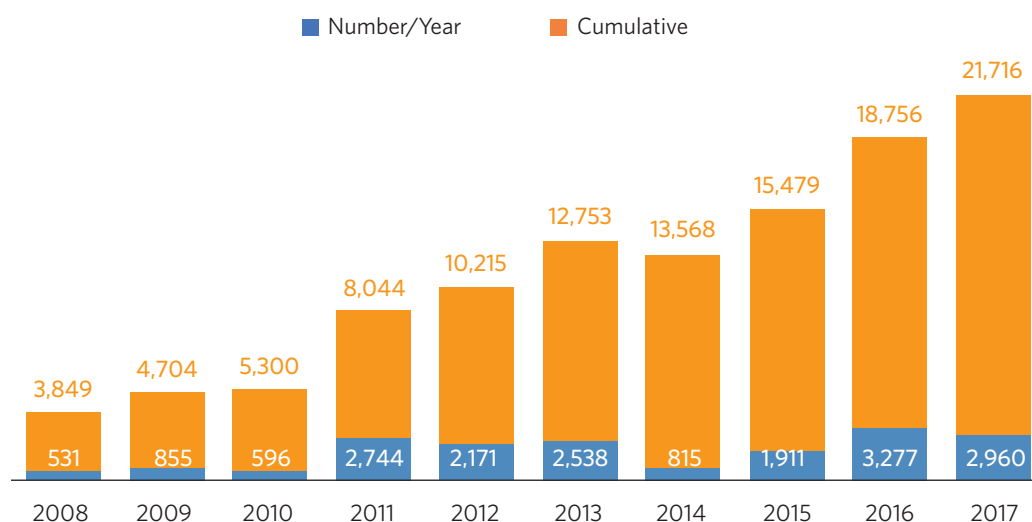
Outside attention given to public declaration of FGM abandonment by communities has highlighted the power of interpersonal dialogue and public debate, leading to sustained behaviour change and long-term results. Public declarations have been followed by crisis counselling, referrals to services, and the creation of community-based support structures that monitor and track continued progress.

### **INDICATOR: Number of communities making public declarations of abandonment of FGM (cumulative)**

During Phase II, more than 8,963 communities – involving about 24.6 million in 16 target countries – publicly declared the abandonment of FGM, as shown in Figures 6 and 7. The target for public declarations of abandonment was significantly surpassed.

FIGURE 6

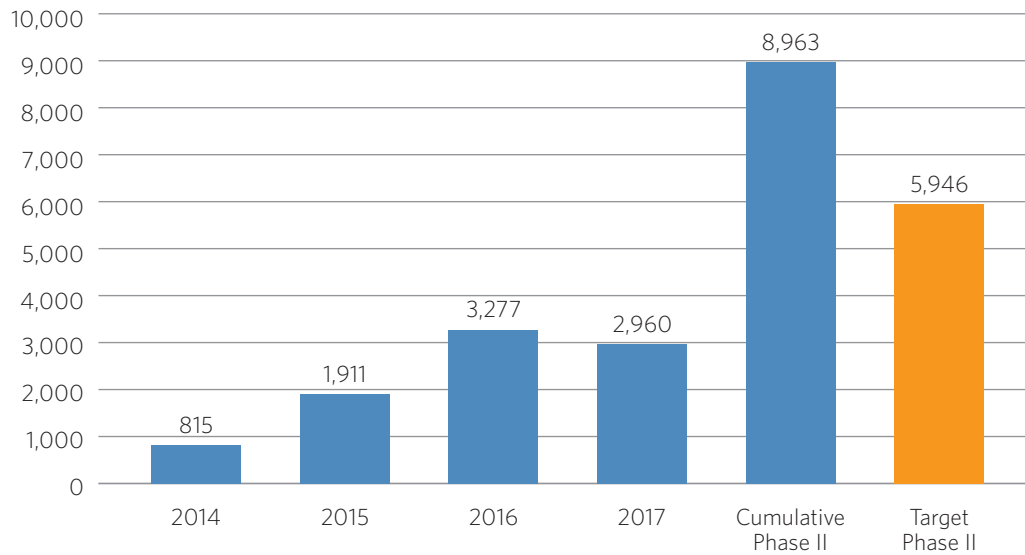
### Number of communities making public declarations of abandonment of FGM (cumulative)



Source: UNFPA-UNICEF Joint Programme Data for All database

FIGURE 7

### Number of communities making public declarations of abandonment of FGM (2014–2017)



Source: UNFPA-UNICEF Joint Programme Data for All database

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# Key Lessons Learnt in Phase II

**Measurement challenges and limitations continue to exist.** The standard measurement of FGM prevalence, including the indicator used in the Sustainable Development Goals under Target 5.3, is the percentage of women and girls aged 15 to 49 who have undergone FGM. The challenge using this indicator in order to report on recent changes in the practice is the delay between the time mutilation occurs and when it is reported. The time lag varies depending on the age of the respondent and the age she was cut. For example, in a country where the mean age at cutting is one month old, respondents aged 15 to 19 are reporting on an event that took place an average 15 to 19 years before. In this example, the impact of recent campaigns aimed at ending FGM will not be reflected.

A second challenge in evaluating the prevalence of FGM, and the interventions to prevent it, concern limitations on collecting sample data that is representative of a whole country. While interventions may address areas in which the practice is concentrated, the extent to which the target population represents the national practicing population will affect reporting on national prevalence. To correct this shortfall, monitoring and evaluation of the programme must supplement periodic national-level measurement of FGM prevalence through household surveys.

**Challenges remain in defining “community” and ensuring sustainable results following public declarations of FGM abandonment.** Addressing the social norms upholding FGM was an innovation introduced in Phase I, putting behavioural change at the forefront of efforts to end the practice. The social norms approach was validated as a key intervention in the literature review<sup>20</sup>, undertaken as part of the programme. Another key intervention was the effort to work with a wide range of community leaders who had the power to influence their communities and promote gender equality.<sup>21</sup>

20 Feldman-Jacobs 2013; Johansen et al. 2013; Spindler 2015; International Committee for Research on Women 2016; Modrek and Liu 2013

21 Feldman-Jacobs 2013; Spindler 2015

Under Phases I and II, 16 countries replicated a social norms approach<sup>22</sup> following several capacity-development initiatives carried out by civil society organisations. While partner organisations fully understood, and successfully implemented the collective approach to abandonment, a key lesson learnt was that the definition of “community” can differ from country to country. It can range from large geographical areas to specific ethnic groups, which makes it difficult to compare results across countries.

Another key lesson learnt was the need to ensure mechanisms are in place to monitor public declarations of FGM abandonment. The Joint Programme understands that public declarations do not guarantee compliance in keeping girls safe from FGM<sup>23</sup>. Indeed, it can merely represent the beginning of a change that might take years to complete. Ensuring that follow-up and continued support are included in the programme has been critical for communities to achieve change.

**Developing laws criminalising FGM is important to create an enabling environment, but implementation of policies and legislation is the next critical step.** At the national level, legislation is critical to demonstrating that government doesn't approve of FGM. However, a key lesson learnt is that legislation must be implemented in communities to ensure they actually abandon the practice. Building on lawmaking progress to date, the Joint Programme is focusing on holding governments accountable for communicating laws and policy in local languages, investigating alleged breaches, and prosecuting and enforcing laws. In addition, it is important to develop budget lines to support interventions that bring about FGM abandonment.

**Ensuring the integration of rights-based and culturally sensitive approaches is essential in promoting lasting change.** The Joint Programme learnt that training to change social norms didn't necessarily strengthen the rights of women and girls. In some cases, civil society organisations focused on FGM's health consequences as an entry point to conversations about FGM. As medicalisation of the practice still exists, it will be critical to reinforce the importance of adolescent sexual and reproductive health rights, child protection, gender equality, and the rights of

22. For security reasons, Yemen has not been implementing interventions related to community-level social norms change.

23. Operations research (Population Council 2005) and an evaluation (United Nations Children's Fund 2007) found that about 70 per cent of community members will comply.



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women and girls. This reinforcement can be achieved with cooperation from grassroots civil society organisations and local governments. While the Joint Programme has developed training tools on social norms, gender and FGM, the programme needs to ensure all stakeholders undergo rigorous training and put what they are taught into practice.

**FGM is a discriminatory social norm, and therefore change requires a more explicit focus on the empowerment of women and girls.** While the Joint Programme has always engaged governments, service providers and communities on human rights and gender equality, an explicit focus on female empowerment has been identified as a limitation. In some countries, interventions in support of the rights of women have been relatively weak. Empowering women and girls to claim their rights will provide a central focus for changing social norms at the community level.

*While the Joint Programme has developed training tools on social norms, gender and FGM, the programme needs to ensure all stakeholders undergo rigorous training and put what they are taught into practice.*

**More emphasis is required on the needs of girls and women living with FGM.**

With greater emphasis on prevention of FGM, Phase II has not been comprehensive enough in addressing the needs of women and girls who have already been subjected to the practice. Greater attention needs to be paid to the integration of FGM into all health and social services.

**The Joint Programme's monitoring and evaluation framework must continue to be strengthened to capture programme results.** In 2014, a stronger results-based management online reporting system was established based on recommendations from the final evaluation of Phase I of the Joint Programme. As a result, target setting and results reporting have been significantly strengthened. However, country offices have faced challenges in ensuring that systems and human resources were put in place to produce accurate data.

**A systemic approach to service delivery is necessary to ensure sustainability.**

UNFPA and UNICEF have faced challenges in strengthening health and protective services related to FGM. Some systems, service platforms and protocols that fall under sectors already face considerable financial and human resource capacity constraints. Adding another responsibility to sectors such as FGM has, in many cases, proved problematic. There is a need to strengthen partnerships and develop guidelines for incorporating FGM into the core responsibilities of health, sexual and reproductive health, and education sectors, among others. This is closely linked to a larger commitment between UNFPA and UNICEF to strengthen overall systems to prevent and respond to violence in the coming strategic plans.

**The UN provides a unified voice in ending FGM and leveraging resources.**

During the tens years of Joint Programme implementation, UNFPA and UNICEF have developed strong ties and brought together a range of dedicated partners – including governments, civil society and communities – in the fight against FGM. The success of the Joint Programme comes from a shared obligation to bring about justice for women and girls. In this endeavor it has been important to provide clarity around roles and responsibilities of partner organisations and ensure all stakeholders were accountable to the programme.

# Country Profiles

The following country profiles provide snapshots of the context and key achievements in the 17 countries supported by the UNFPA - UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change during Phase II (2014-2017). Reports received from countries — which include a comprehensive picture on the country's context, strategies, interventions, achievements and challenges — as well as data from national surveys were used to prepare these brief profiles for each of the countries.

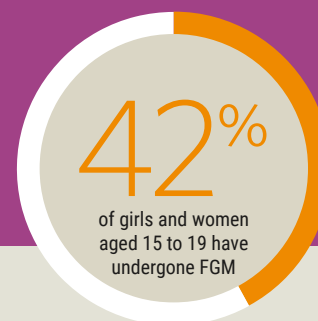
The profiles present data on the prevalence and attitudes towards FGM based on the latest available national surveys, information on main policy and legal context informing the overall national level response in addressing FGM in the countries and summary of key achievements from 2014-2017 within each of the three main outcome areas of the Joint Programme: policy and legal frameworks, provision of FGM-related services and galvanizing social dynamics. The level of focus and intensity of interventions on the three main outcome areas differ from country to country based on the national context and priorities. Innovative approaches are being tested in different countries to enhance the effectiveness of interventions and better advance the aim of eliminating FGM in the countries.

The profiles also provide overall operational and financial information, including scale of geographic coverage for community level interventions, implementing partners engaged at different levels and total expenditure over the four years (2014-2017). Experiences and achievements from countries are also cited and presented in the different sections of this report as well as in the companion booklet, "How to Transform a Social Norm".

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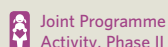
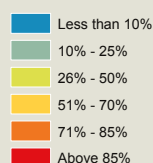
# Burkina Faso

Part of the JP since 2009

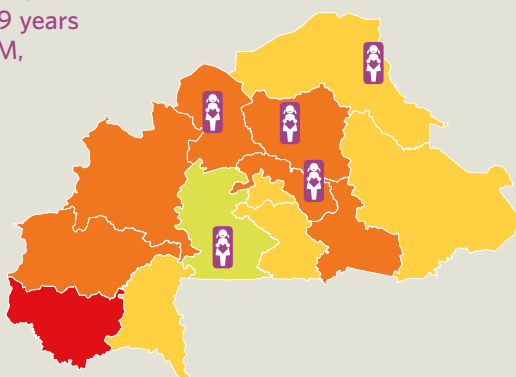


## Facts

FIGURE 1: Percentage of girls and women aged 15 to 49 years who have undergone FGM, by administrative region.



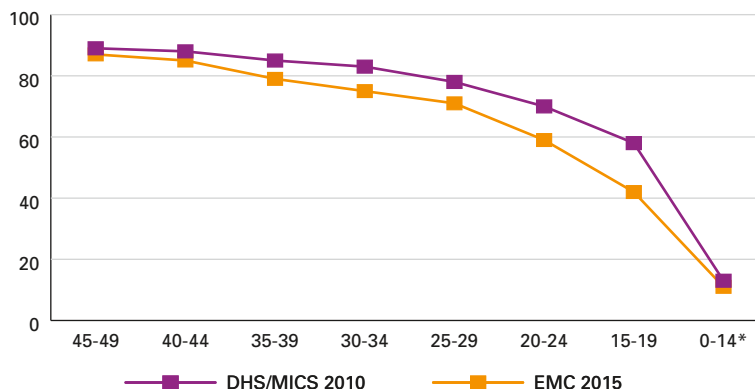
Source: EMC 2015



- 68% of girls and women in Burkina Faso aged 15 to 49 years have undergone FGM.

FIGURE 2: Trends in FGM show a decline in prevalence rates among adolescents.

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

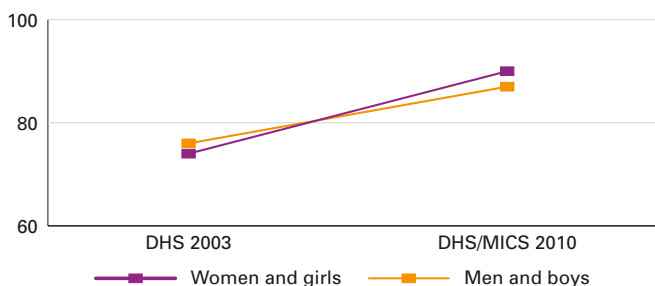


Most girls in Burkina Faso undergo FGM before they turn five and 98% of girls are cut before the age of 14. As a result, the prevalence rate for girls and women aged 15 to 19 is a good indication of their final status.

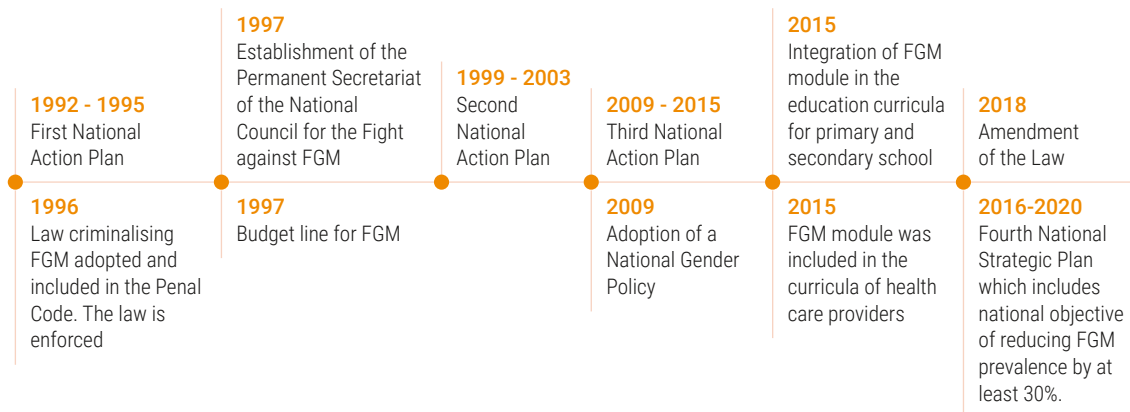
In Burkina Faso, according to the 2010 DHS, traditional practitioners performed 98% cases of FGM on girls aged 0-14 and 97% for girls and women aged 15-49. Medicalisation of FGM is currently not an issue in Burkina Faso as only 0.2% of FGM cases were performed by health providers.

FIGURE 3: Percentage of girls and women and men and boys aged 15 to 49 who have heard about FGM and think the practice should end.

Source: 2015 Enquete Multisectorielle Continue (Continuous Multisectoral Survey).



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

in Addressing FGM: 2014-2017



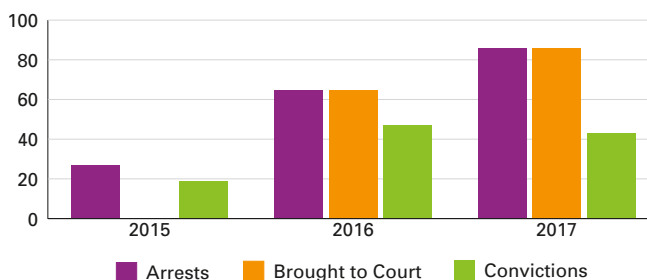
### Policy and Legal Framework

**Sustained Commitment for the Elimination of FGM:** Despite political transitions following elections, the Joint Programme's established partnership with the Government of Burkina Faso and the Children's Parliament resulted in the country's continued commitment to the elimination of FGM supported at the highest levels including the President of the National Assembly, the First Lady, and women policymakers.

**Justice through Mobile Courts:** Mobile courts have proven highly effective in ensuring access to justice for girls and women affected by FGM in the most remote regions of Burkina Faso. The mobile justice courts are also key in raising awareness about application of the law at the community level including the protection of children and women from violence, exploitation and abuse. In addition to support for the justice sector, the Joint Programme provided capacity building support to law enforcement. In 2017, 240 police officers were trained in sensitising communities about harmful practices and in carrying out

In 2017 there were:  
86 arrests  
86 court cases  
43 convictions

Total for Phase II:  
178 arrests  
151 court cases  
109 convictions



deterrence patrols alongside social workers to prevent FGM.



### Provision of FGM-Related Services

From 2014–2017, **580,886** girls and women received services related to FGM.

**Engaging Health Care Providers to Prevent Medicalisation:** In Burkina Faso, more than 3,000 service providers from different sectors were trained in providing appropriate services to FGM survivors and girls at risk. Quality care was given to 1,072 girls and women who suffered FGM complications. Strong engagement and support of health care providers has resulted in lower trends in medicalisation in Burkina Faso.

**FGM Case Management:** During Phase II, the case management system was improved by strengthening the skills of 337 front-line social workers in the integrated management of child marriage, FGM, and children at risk of violence. In addition to supporting health care workers, 335 teachers were trained in SRH, FGM, and child marriage.

**Empowering Communities to Protect Girls:** A validated national training package for a harmonised community empowerment approach to changing social norms was developed. In 2017, in strengthening the protection of girls at risk of FGM, a system was developed to identify and monitor girls aged 0-15 in each target village through regular home visits.



### Galvanising Social Dynamics

During Phase II, **1,326** communities made public declarations of FGM abandonment involving more than 1.5 million individuals.

**Study on the Effectiveness of Public Declarations in Achieving FGM Abandonment:** The Joint Programme commissioned a study (see link below) which found that community members appreciated the community-owned process that works towards collective abandonment, and determined that the Public Declaration approach, when supported by post-declaration interventions, has been highly effective in preventing cases of FGM. The study also concluded that Burkina Faso is on the road to complete FGM abandonment.

**An Inclusive Approach to Community Dialogue:** Following regular participation in community dialogues sessions, 698,927 people (574,484 women and 53,411 men) became more supportive of the elimination



of FGM and child marriage. This included 31,262 boys and 39,140 girls who participated in 30,512 small group discussions on topics related to FGM, SRH, child marriage and human rights. Additionally, 48,365 events such as forum theater, talks, film discussions, family dialogues, and intercommunity meetings were organised. Public declarations were made in 754 villages following the community dialogue sessions which enabled approximately 934,800 people to make a public commitment to abandon the practice of FGM.

## Operational and Financial Information



**Total expenditure 2014-2017:** \$3,743,889 USD

**Geographic Coverage:** The Joint Programme was implemented in the following nine provinces: Sanmantenga, Bam, Namentenga, Ganzourgou, Passoré, Oubritenga, Kourweogo, Bouleimdié, and Séno.

### Implementing Partners

#### Government Partners:

- National Council to Fight the Practice of FGM (SP/CNLPE)
- Permanent Secretariat of the National Council for the Promotion of Gender (SP/CONAP/Genre)
- Directorate for the Health of Mothers and Children (DSME)

#### Civil Society Partners:

- L'association Tin Tua
- MWANGAZA ACTION
- GASCODE
- VOIX DE FEMMES
- Association Burkinabè des sages-femmes et maïeuticiens d'état
- Grassroots Networks and Associations of Youth, of religious leaders

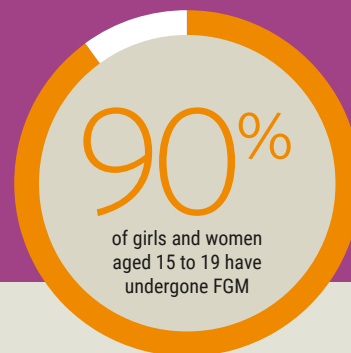
## Formal Evaluations and Studies



**Study on the Effectiveness of Public Declaration Approach:** As mentioned above, the study found that the public declaration approach was contributing to a decline in FGM prevalence in Burkina Faso.

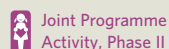
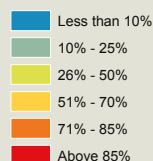
**Cross-border Study:** A study commissioned by the Joint Programme on cross-border FGM.

# Djibouti

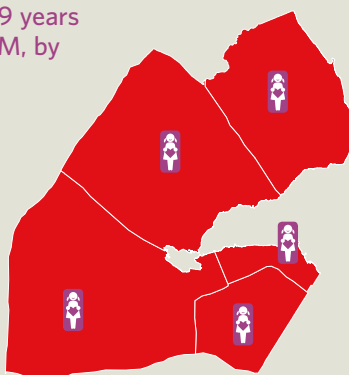


## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Source: EDIMS 2006

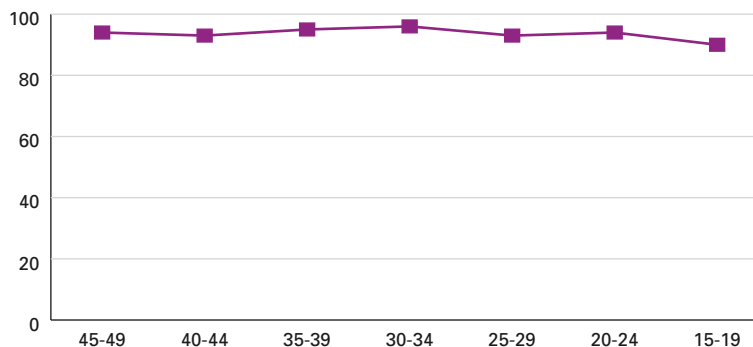


- Anti-FGM law in place since 1995
- Joint Programme is active in five of six regions.
- FGM has not been reduced significantly; nearly as many adolescent girls have undergone FGM as compared to older cohorts of women.
- 93% of girls and women aged 15 to 49 years have undergone FGM

Most girls in Djibouti undergo FGM between the ages of 5 and 9 (62%). More than one in five girls underwent FGM before the age of 5 as reported by their mothers.

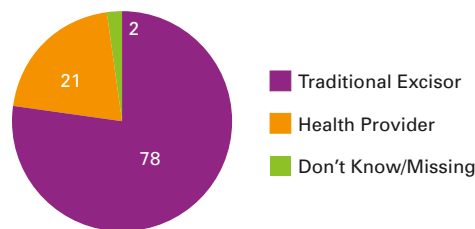
FIGURE 2 Percentage of girls and women aged 15 to 49 who have undergone FGM by current age

Source: EDIM, MICS 2006



In Djibouti, 78% of FGM is performed by traditional practitioners and 21% by health providers.

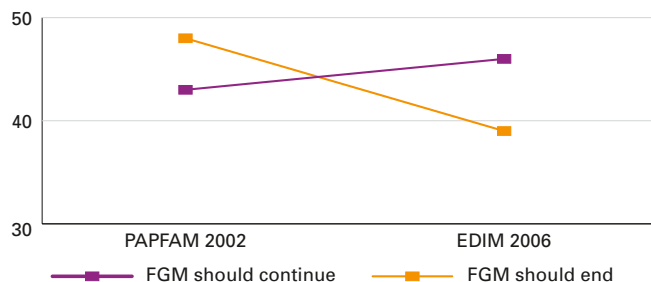
FIGURE 3 Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM by type of person/practitioner.



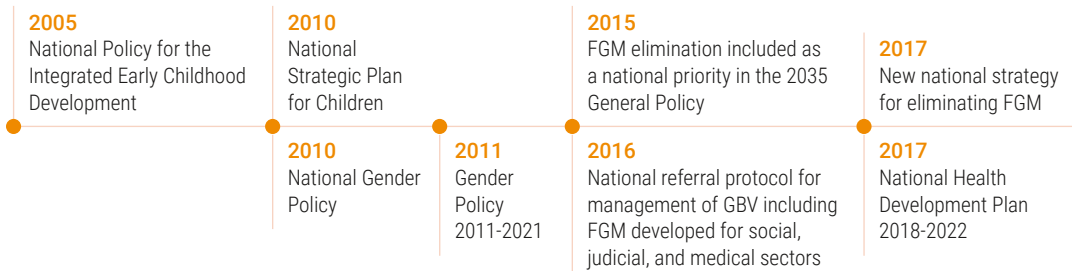
Girls and women's attitudes towards FGM are slowly shifting towards support for the elimination of FGM. The proportion of girls and women who want FGM to end increased by 5% while the proportion of girls and women who want the practice to continue decreased by 18%.

FIGURE 4 Attitudes of girls and women aged 20-54 who have heard about FGM

Source: Enquête Djiboutienne a Indicateurs Multiples (EDIM) MICS 2006



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

in Addressing FGM: 2014-2017



### Policy and Legal Framework

**Strengthening Local Government Commitment:** With support from the Joint Programme, the Ministry of Women and Family launched a new initiative in 2017 that included training 169 elected officials in local government on anti-FGM legislation. Following the training, elected officials confirmed their commitment to follow-up on cases and support the prevention of FGM in the municipalities of Djibouti-city as well as in rural districts.



### Provision of FGM-Related Services

**Integrating FGM Prevention in Adolescent SRH Programmes:** By integrating FGM as a form of VAWG in SRH interventions, the Joint Programme reached more than 6,240 in-school and out-of-school adolescents through bi-monthly education sessions organised by Y-Peer Djibouti.

**Mainstreaming FGM in Counselling Services:** Ten staff at a counselling center and the Ministry of Women and Family were trained in GBV case management, access to justice, the referral system and community mobilisation in support of FGM abandonment.

In Phase II, 67,478 girls and women received services related to FGM and 993 girls were saved in 2016 and 2017.



### Galvanising Social Dynamics

**Ending Violence Against Children:** In 2017, 150,000 people - including 48,193 men, 4,283 youth and 13,636 children - showed increased awareness or change in behaviour in relation to FGM and other forms of violence against children as a result of the 2,646 community dialogues organised by Community Management Committees, networks of religious leaders, and youth representatives.

**Religious Leaders Championing the End of FGM:** The Joint Programme, in partnership with the Ministry of Muslim Affairs, set up a national network of religious leaders against FGM with 45 members working towards issuing a fatwa against FGM.

**Saving Girls through Community Surveillance:** Post-public declaration mechanisms established in 2016 resulted in 993 girls being saved from cutting in 2016 and 2017 out of the 1,514 identified as at risk of FGM.

Between 2014 and 2017, 102 communities made public declarations of FGM abandonment involving 610,891 individuals.

## Operational and Financial Information



**Total expenditure 2014-2017:** \$1,629,595 USD

**Geographic Coverage:** The Joint Programme supported interventions in 119 communities in the following five regions: Djibouti, Tadjourah, Ali Sabieh, Dikhil and Obock.

### Implementing Partners

#### *Government Partners:*

- Ministry of Women and Family
- Ministry of Muslim Affairs
- Ministry of Health

#### *Civil Society Partners:*

- Union Nationale des Femmes Djiboutiennes

## Formal Evaluations and Studies



A survey was conducted to identify areas of resistance to the total abandonment of all forms of FGM.

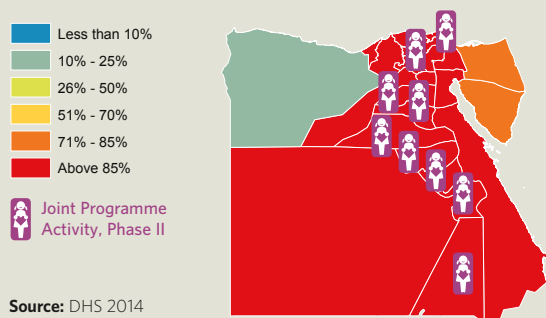


# Egypt



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Source: DHS 2014

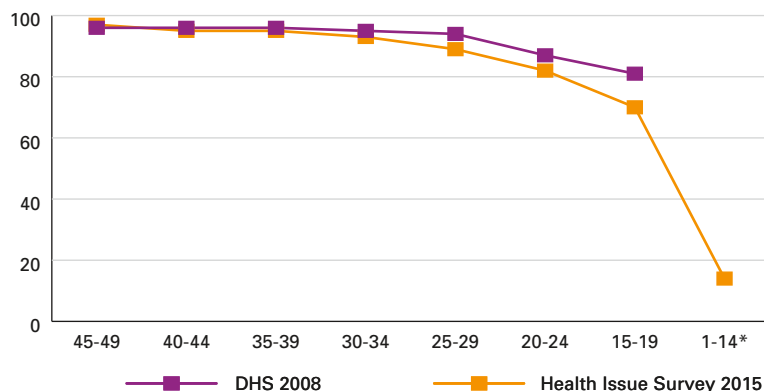
- 70 of adolescent girls ages 15 to 19 have undergone FGM, while 97 percent of girls and women ages 45 to 49 have undergone FGM.
- From 2015 to 2030, approximately 7,143,240 girls are at risk of undergoing FGM.
- Almost all girls and women in Egypt (96%) underwent FGM before age 12, with the majority of girls (64%) cut between ages 9 and 12.
- Girls and women's attitudes towards FGM have been slowly shifting whereas boys and men's attitudes have demonstrated no significant change.

FIGURE 2: Percentage of girls and women aged 1 to 49 who have undergone FGM\*\*

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

**\*\*Note:** Data from the Demographic and Health Survey 2008 and Health Issues Survey 2015 were recalculated for ever-married girls and women to allow comparison with earlier surveys that only collected data on FGM from ever-married girls and women.

Source: Health Issues Survey 2015 and Demographic and Health Survey 2014

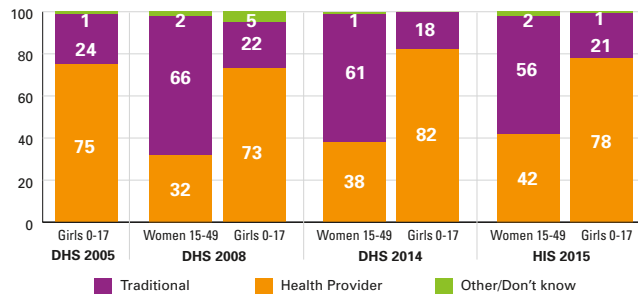


In Egypt, there has been an increase in the medicalization of FGM, reaching 78% of FGM cases in 2015 for women 15-49 against 79% for girls 0-17. Today, the main practitioners of FGM in Egypt are health providers.

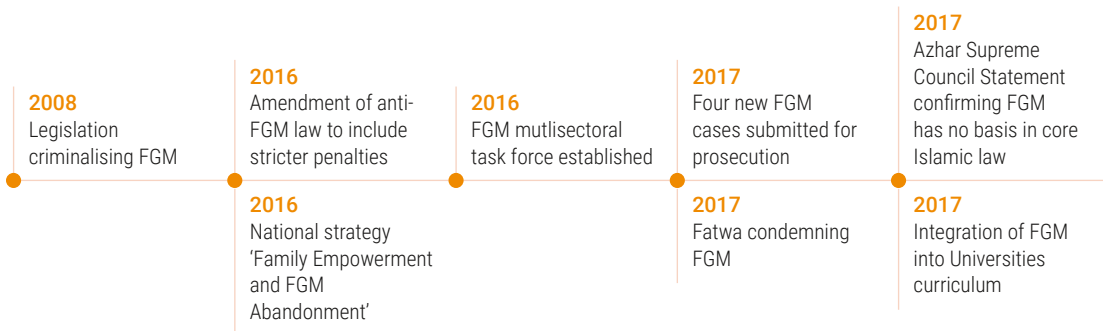
FIGURE 3: Individuals performing FGM on girls aged 0 to 17\* and women 15-49

Source for all charts: Health Issues Survey 2015 and DHS 2014.

\*Note: Data from the Demographic and Health Survey 2008 and Health Issues Survey 2015 were recalculated for ever-married girls and women to allow comparison with earlier surveys that only collected data on FGM from ever-married girls and women.



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

in Addressing FGM: 2014-2017



### Policy and Legal Framework

**Tougher Penalties for FGM:** Following the death of a girl who underwent FGM in a hospital, Egypt's cabinet approved amending the law prohibiting FGM in August 2016, introducing stricter penalties. The new amendment makes the practice of FGM a felony rather than a misdemeanor. The previous 2008 legislation enforced a penalty between three months and to one year of imprisonment, while the new amendment increased the penalty to range from five to seven years, with a maximum sentence of up to 15 years if the practice leads to death or permanent disability. In addition, any person who accompanies the girl to undergo the procedure could receive a sentence of one to three years in prison. Four new cases are currently being reviewed by the Attorney General but have not yet been brought to court.



## Provision of FGM-Related Services

A total of 133,828 girls and women received services related to FGM during Phase II and 29,100 girls were saved from FGM through community outreach activities.

**Empowering Future Health providers to End Medicalisation of FGM:** The Joint Programme supported the National Population Council of Egypt to integrate FGM into the national medical curriculum in universities. In 2017, the Supreme Council of Universities granted approval to integrate FGM into the curriculum, and it was piloted in several universities in Assiut, Ain Shams, Zagzig and Sohag.

**Engaging Youth as Champions to End FGM:** The programme also supported the National Population Council to launch the University Pioneer Initiative in 12 national universities in 15 governorates (a peer-to-peer participatory initiative involving more than 1,200 youth leaders) and to strengthen university students' media platforms. The initiative makes wide use of digital media tools such as websites, Facebook, YouTube channels, and smartphone applications for the dissemination of 'Facts for Life' messages promoting healthy lifestyles, including the abandonment of FGM.

**Combatting Medicalisation:** The Ministry of Health and Population published a circular on FGM in October 2017 to disseminate information to all Ministry departments on the FGM legislation amendments, reporting FGM cases, and the need to mainstream FGM in all ministry capacity building initiatives including the immunization campaign. In 2017, the 'Doctors Against FGM' initiative was officially launched led by the National Population Council's National 'Family Empowerment and FGM Abandonment' programme which takes a clear medical, moral, and legal stand against FGM.

**Protecting Children's Rights:** A total of 5,614 outreach events were conducted by service providers on the prevention and protection of violence against children including FGM, reaching more than 233,000 people.

**Reaching the Vulnerable Girls:** Through a partnership with the Assuit Childhood and Development Association, 12 community development agencies, and local health units (including doctors and social workers) in 76 target villages, capacity building support was provided to service providers on disseminating information about FGM in the communities where they work. The service providers reached 17,504 community members.



## Galvanising Social Dynamics

During Phase II, 31,138 families and 30 communities made public declarations of FGM abandonment.

**Cascade Training for Youth on Prevention of FGM:** Thirty-Eight Y-PEER trainers received the knowledge and skills needed to conduct their own trainings. Under phase II Approximately 15,999 peer educators were trained and disseminated messages and tools on FGM prevention. The peer educators formed a community to be able to deliver information about FGM and reached over 31,000 youth through various 'edutainment' activities in 2016 and 2017. As part of the sustainability plan to enhance the structure and role of Y-PEER in Egypt, the Joint Programme collaborated with the Human Rights and Research Centre at Assiut University to establish the Y-PEER Innovation and Life Skills Center which was integrated into the



university's structure. The aim is to provide technical support to national universities as well as implement other interventions using peer-to-peer education to deliver information to young people on harmful practices such as FGM and other SRH issues.

**Street Theatre for FGM Prevention:** The Joint Programme collaborated with the theatre group Noon Creative Enterprise to create an interactive street theatre show about FGM called "Hara TV III". Noon reached 10,894 people through 177 street performances conducted between 2014 and 2015 across 14 governorates, with a particular focus on Greater Cairo, Sohag and Assiut. The interactive plays proved to be effective in creating a safe space to talk about sensitive issues such as sexuality and marital problems. Creative workshops in schools targeted 943 at risk girls as well as young boys.

**School Based FGM Prevention:** The Joint Programme reached 6,517 school-children (including 2,035 girls aged 8 to 12 at risk of undergoing FGM) through a holistic programme implemented in 58 schools in Upper Egypt and Greater Cairo. These interventions focused on FGM prevention and girls' education. The programme also targeted parents, teachers, and religious and community leaders.

**Egyptian Celebrities Promoting FGM Prevention:** Amplification, which involves sharing messages far and wide about the benefits of ending FGM, was supported by Egyptian celebrities on social media. Renowned Egyptian actress and UNICEF Goodwill Ambassador Mona Zaki posted a message on Facebook during national 'End FGM Day' under the hashtag #EnoughFGM, speaking out against the medicalisation of FGM and the use of culture and religion as a justification for cutting girls. Ms. Zaki has more 500,000 followers on Facebook.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$3,542,619 USD

### Implementing Partners

#### *Government Partners:*

- National Population Council
- Assiut University Research Centre and El Azhar International Islamic Center for Population Studies and Research.

#### *Civil Society Partners:*

- Alexandria Regional Center for Women's Health and Development
- Y-Peer
- Coptic Church BLESS
- Assiut Childhood and Development Association
- Caritas Egypt
- Port Fouad Baby & Family Care Society
- Egypt Free Association (Menya)
- South Egypt Development Association Qena.

**Geographic Coverage:** Interventions supported in 246 villages in 48 districts across ten regions: Assiut, Fayoum, Aswan, Sohag, Qena, Minia, Beni Sweif, Qalyoubeia, Gharbeya, and Post Said.

## Formal Evaluations and Studies



'FGM/C Secondary Analysis of the 2014 Egypt Demographic Health Surveys (EDHS), 2015'

'Violence Against Children in Egypt (VAC) - Quantitative Survey and Qualitative Study in Cairo, Alexandria and Assuit, 2015'

**Survey on GBV:** The Joint Programme, in cooperation with the Central Agency for Public Mobilization and Statistics and the National Council for Women, launched the first national survey measuring the prevalence of the different types and forms of GBV including FGM affecting women and girls between the ages of 18 and 64 years and its impact on women's health and general well-being. The survey included the associated economic costs to women, their families, the state, and society.

### Links to Videos:

1. Infographic on FGM (2015): <https://www.facebook.com/UnfpaEgypt/videos/899396613439332/>
2. Documentary on Joint Programme activities with Noon Creative Enterprise on interactive theatre (2016): <https://www.facebook.com/UnfpaEgypt/videos/1010066719038987/>
3. Three public service announcements encouraging communities to abandon FGM developed by UNFPA and the National Population Council jointly broadcasted by the National Population Council, UNFPA, UNICEF, and UNDP. They were shared on UNICEF's and UNFPA's social media channels (Facebook and YouTube).
  - a. Drama  
<https://www.facebook.com/UNICEFEgypt/videos/659764144146950/>  
<https://www.facebook.com/UNICEFEgypt/videos/659758997480798/>  
<https://www.facebook.com/UNICEFEgypt/videos/659762284147136/>  
<https://www.facebook.com/unicef/videos/10153016446519002/>  
UNICEF contributed to the airing of the PSAs on national television in early 2015 to maximize the reach of the message.  
One of the videos was also shared on UNICEF's global Facebook page:  
<https://www.facebook.com/unicef/videos/10153016446519002/>
  - b. Testimonials  
<https://www.facebook.com/UnfpaEgypt/videos/1010063065706019/>
  - c. Testimonials by Sheikhs  
<https://www.facebook.com/UnfpaEgypt/videos/1010060119039647/>

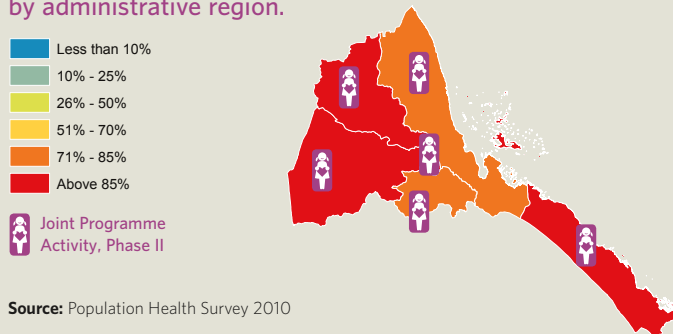
# Eritrea

Eritrea has been part of the JP since 2011



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.

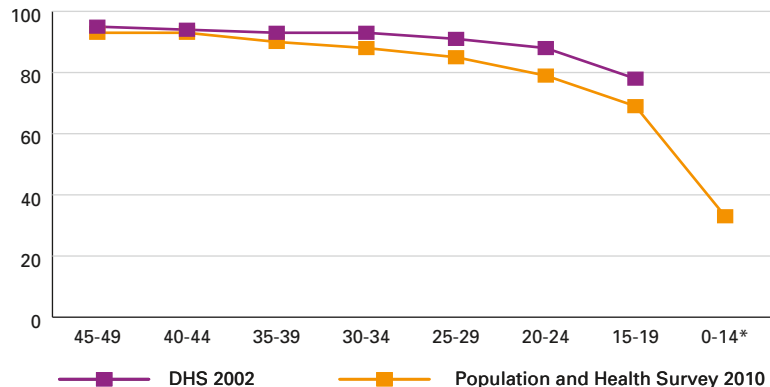


- In Eritrea, FGM as a practice persists in all areas of the country. Joint Programme interventions are in all regions (Zoba) of the country as shown by the logos on the map.
- 83 percent of girls and women in Eritrea aged 15 to 49 years have undergone FGM.
- 69% of adolescent girls aged 15 to 19 years have undergone FGM.

FGM as a practice is changing with fewer adolescents having undergone FGM compared to older generations; 69% of girls aged 15-19 having been cut compared to 93% of women aged 45-49.

FIGURE 2: Percentage of girls and women aged 0 to 49 who have undergone FGM

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



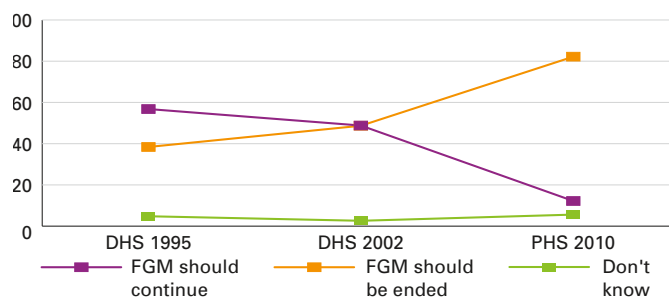
**Age at cutting:** Almost half of women aged 15-49 (47%) underwent FGM before they reached one year while 11% of them underwent FGM between the ages of 1 to 4 years.

**Who performs FGM:** Traditional practitioners and birth attendants performed FGM in 92% of FGM cases.

The attitudes of women aged 15-49 towards FGM have been steadily changing. From 2002 to 2010, the proportion of women aged 15-49 who think FGM should end increased by about 69%.

FIGURE 3: Percent distribution of women 15-49 who have heard of FGM by their attitude towards the practice

Source for all charts: DHS 1995, DHS 2002, and Population and Health Survey 2010.



### Timeline of Key Initiatives and Actions

2005

Anti-FGM committees at the regional and local levels as coordination mechanism were established

2007

Law criminalised FGM

2007

Government budget line to support interventions on FGM

2012

FGM integrated into MOH

2017

National Coordination Mechanism established for the steering and technical coordination committee

## National Progress and Achievements

in Addressing FGM: 2014-2017

Eritrea's national gender, health and comprehensive child policies all incorporate ending FGM as one of their core goals and have budgetary support. The government has also put in place a strong coordination mechanism from the national to the village level which facilitates programme implementation.



### Policy and Legal Framework

Between 2015 and 2017, a total of 278 arrests were made related to FGM, out of which 58 resulted in convictions

**Capacity Building for Law Enforcement:** The Joint Programme has played a critical role in strengthening the capacity of the law enforcement and the sensitisation of communities. Capacity building interventions reached more than 120 law enforcement officers and 333 Child Wellbeing Committee members. Such interventions led to an increase in the prosecution of FGM cases from 2013 onwards.

**High Level Statements Calling for an End to FGM:** National and zonal leaders, and policymakers made regular annual public policy statements condemning all forms of violence against women and children. The government has also reiterated its commitment to eliminate FGM in different international forums including at the Human Rights Council sessions in Geneva in 2013, 2015 and 2017.



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## Provision of FGM-Related Services

In Phase II, 193,325 girls and women received services related to FGM.

**Integrating FGM in SRH Services:** 267 health facilities across all six regions integrated FGM in their SRH services, and prenatal, delivery and postnatal visits. Training focused on integration of FGM issues within SRH programme was provided to 180 health providers. 6,500 pregnant and lactating mothers were counselled not to cut their daughters, and support was provided to women experiencing complications during delivery due to FGM, particularly infibulation.

**FGM in Health Education:** FGM is included as an integral part of health education sessions provided in all health facilities to patients and their caretakers. This is a standard practice in the Eritrean context and it is worth noting that 72 per cent of communities indicated they had heard about FGM from health facilities. More than 145 health providers were trained with the support of the Joint Programme to standardise and ensure quality of such educational sessions at health facilities.



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## Galvanising Social Dynamics

Between 2014 and 2017, 291 communities made public declarations of FGM abandonment involving more than 480,000 individuals.

**Promoting Child Rights through Different Communication Approaches:** Orientations, seminars, speech contests, general knowledge competitions, poems, dramas, house-to-house campaigns and regular community dialogue sessions were used to reach every household in the programme catchment area on issues related to FGM. Mass media is also part of this diversified communication approach including 35 one-hour long episodes with a focus on child rights (including FGM and child marriage).

**Assessing Readiness for FGM Abandonment Using Community Mapping:** The Joint Programme implemented a systematic and innovative approach to community mobilization against FGM. It started in 2014 with a mapping of the extent of the FGM practice in 112 villages sampled from all six regions. The mapping exercise assessed the readiness of communities to abandon FGM against an “index of readiness for public declaration of FGM abandonment”. The Joint Programme then funded the training of community mobilisers who facilitated community dialogues and guided communities to develop community action plans to abandon FGM. The approach led to 71 villages declaring themselves FGM free and strengthened law enforcement.

**“My House is FGM Free”:** Devised as a simple way to follow up on public declarations of abandonment of FGM that encourages transparency, visibility, affirmation and competition, a decal that says, “my house is FGM-free”, is frequently placed on outer doorways, while some are found inside houses. This innovative way of formally recognising households are free of FGM is encouraging to other members of the community.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$2,790,898 USD

### Implementing Partners

#### *Government Partners:*

- Ministry of Health
- Ministry of Labour and Human Welfare

#### *Civil Society Partners:*

- National Union of Eritrean Women
- National Union of Eritrean Youth and Students

**Geographic Coverage:** The Joint Programme supported interventions in 2,670 communities located in 67 districts in six zones/regions: Maekel/Central, Anseba, Gash-Barka, Debub/Southern, Northern Red Sea and Southern Red Sea.

## Formal Evaluations and Studies



**Indexing and Community Mapping:** The Joint Programme's community mapping exercise noted drops in prevalence rates and shifts in attitudes.

"Eritrean Habawari Approach for Promoting Social Change: Collective Systemic Action on FGM/C Abandonment" shares good practices that have emerged from the approach and may serve as a manual for implementing partners considering adopting the approach.

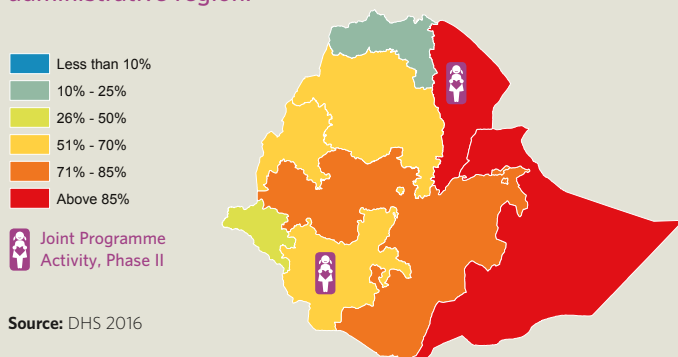
[https://www.unicef.org/eritrea/ECO\\_resources\\_socialchange.pdf](https://www.unicef.org/eritrea/ECO_resources_socialchange.pdf)

# Ethiopia



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



- The practice of FGM is changing, with fewer adolescents having undergone FGM compared to the older generations: 47% for girls aged 15-19 compared to 75% for women aged 35-49.
- Recent estimates indicate that between 2015 and 2030, about 6.3 million girls are at risk of FGM (UNFPA 2018).
- Age at cutting: FGM is performed throughout childhood. Half of girls and women aged 15-49 in Ethiopia underwent FGM before they reached the age of 5 (49%) while 22% of them underwent FGM between the age of 5 to 9 years.

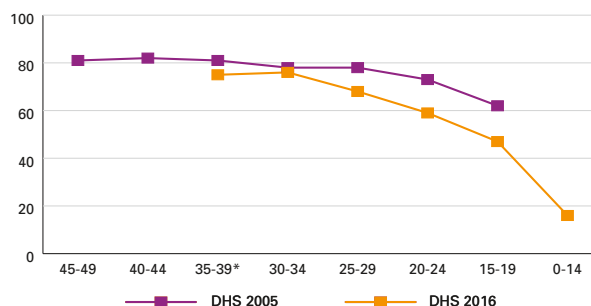
In Ethiopia, FGM as a harmful practice persists in all areas of the country. Joint Programme interventions are located in two regions of the country, Afar and Southern Nations, Nationalities, and Peoples' Region (SNNPR). In Afar, the prevalence rate of FGM is 91 percent.

FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age

Source: DHS 2005, DHS 2016

Note: For DHS 2005, the figure represent age group 39-49, not 35-39.

Note: While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

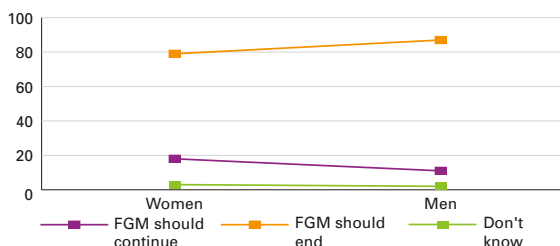


**Who performs FGM:** 98% of FGM cases among girls aged 0-14 years was performed by traditional practitioners.

The vast majority of girls and women as well as boys and men think FGM should end.

FIGURE 3: Women's and men's attitudes towards FGM

Source: DHS 2016.





## Timeline of Key Initiatives and Actions



## National Progress and Achievements in Addressing FGM: 2014-2017

The country has made important strides during this period in articulating a national vision and commitment, reinforcing the accountability mechanism, and strengthening sectoral institutional responses. More programme interventions are being undertaken in mobilizing communities and ensuring sustainability of efforts towards the elimination of FGM at different levels.



## Policy and Legal Framework

**Strengthening Government Commitment:** The government committed to increase its annual budget allocation for work on FGM by 10 per cent as part of their commitment to realise a national vision to eliminate FGM and child marriage by 2025 which was announced during the London Girls' Summit in 2014. A national platform/council was established under the Office of the Deputy Prime Minister to oversee implementation of the national strategy on HTPs in 2016. Annual National Girls' Summits organised since 2005 have been strengthened to ensure accountability through a national forum that was created to share achievements and challenges, and map out the way forward by bringing together government and CSO stakeholders from the national and sub-national level. FGM was included in the checklist of parliamentarians during their regular visits to their constituencies as an additional measure to enhance follow up and accountability at the highest level of government. A costed roadmap for ending FGM and child marriage was developed to systematically inform the national/sub-national level planning processes and initiatives. An FGM module was included in the DHS (2016) - this was the result of strong advocacy efforts by the Joint Programme and other actors as FGM module was missed in the previous DHS in 2011. In-depth analysis of DHS 2016 is also underway with the support of the Joint Programme.

**Using Legal Frameworks to Address FGM:** Cases of FGM are increasingly coming to the attention of the legal sector. For the first time (in Afar Regional State), two cases of FGM were reported to the formal legal system and given sanctions breaking the strong socio-cultural context and norms resisting such a move - this was the result of a strong community mobilisation effort and strengthening of the legal system as well including the capacity building of more than 240 law reinforcement bodies, establishment of surveillance mechanisms, and development/roll out of a legal literacy manual.



**Commitment to Eliminating FGM and Child Marriage by 2025:** The Government of Ethiopia's effort towards ending FGM gathered national momentum (including media attention), and resulted in the articulation of a specific target to eliminate the practice by 2025. The Joint Programme continued advocacy and communication and the financial and technical support contributed to the mobilisation of senior officials, including the Deputy Prime Minister, sectoral ministers, and parliamentarians supporting the elimination of FGM practices.



### Provision of FGM-Related Services

In Phase II, 771,253 girls and women received services related to FGM.

**Strengthening Service Delivery Points:** The capacity of the health system was strengthened where more than 610 service delivery points were enabled to improve provision of FGM related services. More than 2,200 health care providers were equipped with knowledge on FGM, and a standardized manual for clinical management of FGM and training manuals for health service professionals were developed and rolled out. 7,628 outreach events were organised by different service providers to educate and sensitise communities on FGM related issues. Material supplies and equipment were provided to enhance the quality of service provision for 10 health facilities located in some remote and hard-to-reach pastoralist areas where interventions are supported by the Joint Programme. FGM was integrated in the curriculum of more than 60 health facilities run by FBOs, theological colleges, clergy centers and bible schools.

**Training MidWives:** The Ethiopian Midwives Association was supported to integrate FGM in the training curricula to institutionalize the efforts of addressing FGM at sectoral level. In addition, training was provided on the role of midwives on FGM prevention to 286 midwives using the e-learning training module developed by the Joint Programme.



### Galvanising Social Dynamics

During Phase II, 851 communities made public declarations on abandonment of FGM involving more than 900,000 individuals.

**Building Community Consensus:** 810 consensus-building sessions were organised with traditional, religious and community leaders at different levels to take positions towards public declarations abandonment of FGM. The Joint Programme organised 430 community-to-community outreach events to diffuse the positive social movement towards the abandonment of FGM.

**Empowering Adolescent Girls:** Approximately 20,000 adolescent girls have been supported to develop their social, health, education and economic assets as a package. 76 in-school and 40 out-of-school girls' clubs were supported in actively engaging more girls in ending FGM.

**Promoting Alternative Rites of Passage:** The 'whole body, healthy life' celebration was introduced by the Joint Programme and is being held annually to establish an alternative rite of passage. The celebration affirms the communities' commitment "not to hurt our daughters anymore" and to ensure their bodily integrity while at the same time marking girls' transition to womanhood.

**Community Surveillance for FGM Prevention:** The Joint Programme supported setting up community

surveillance mechanisms with members from the community as well as sectoral government offices and local administration to follow up implementation of commitments made during public declarations and to track cases of FGM. So far, the community surveillance members identified and prevented 1,079 cases of FGM in the community. “Secret boxes” were also introduced in schools to get information about planned FGM and child marriages - this provides valuable information for the school authorities to work with parents and local officials to timely intervene and stop further actions. The Joint Programme established a database system at the local level that registers the profile of girls in terms of age, educational level, marital and FGM status. The database system helped to improve the management of Joint Programme interventions in those focus areas and to systematically guide the community level follow-up system on efforts to eliminate FGM and child marriage.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$3,230,125 USD

**Geographic Coverage:** The Joint Programme supported interventions in 773 communities in 24 districts in two regions of the country (Afar and Southern Nations, Nationalities, and Peoples' Regions).

### Implementing Partners

#### *Government Partners:*

- Ministry of Women and Children Affairs
- Bureau of Women and Children Affairs (Afar, SNNPR)
- Bureau of Justice (Afar, SNNPR)

#### *Civil Society Partners:*

- Afar Pastoralist Development Association
- KMG Ethiopia
- Norwegian Church Aid
- Rohi Weddu Pastoral Women Development Organisation

## Formal Evaluations and Studies



- Research on labor, delivery and postnatal complications in women with FGM at Karamara Hospital
- Baseline survey conducted in three target districts in Afar Regional State for Phase II
- Documentation of Good practices on interventions addressing harmful practices across the nine regions and two federal cities

### Links to videos:

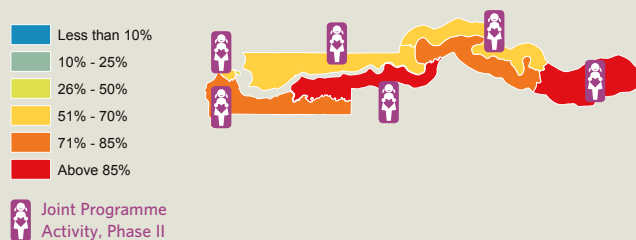
- True Story: <https://www.youtube.com/watch?v=ExCdjplXgug#action=share>
- Visit of the Joint Programme by Her Royal Highness Crown Princess Mary of Denmark
- <https://www.unfpa.org/es/node/8233>
- <https://www.unfpa.org/fr/node/13150>
- <https://www.youtube.com/watch?v=r8IV1z4zy7g>

# The Gambia



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



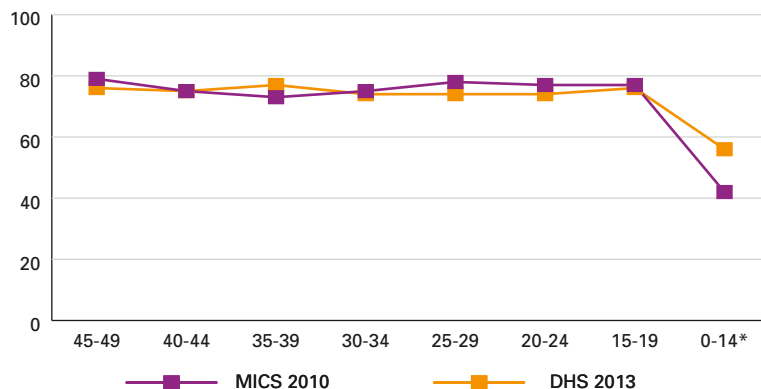
Source: DHS 2013

- In Gambia, FGM as a harmful practice persists in all areas of the country. The Joint Programme interventions are located in all five regions of the country and two municipalities, as shown by the logos on the map.
- 319,875 Girls are at risk to be cut between 2015 and 203
- FGM as a practice has changed slightly (4%), from 78% (MICS 2005/2006) before the start of the Joint Programme in 2009 to 75% in 2013 (DHS 2013).

FIGURE 2: Percentage of girls and women aged 15 to 49 years who have undergone FGM, by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

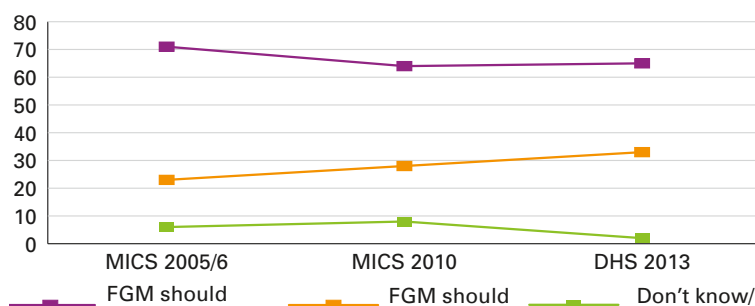
Source: MICS 2005/6, DHS 2010 and 2013.



**Age at cutting:** More than half of girls and women aged 15-49 in Gambia underwent FGM before they reached five years (55%) while 28% and 7% of them underwent FGM between the ages of 5 to 9 years and 10 to 14 years respectively.

**Who performs FGM:** 97% of FGM among girls and women aged 15 to 49 years was performed by traditional practitioners.

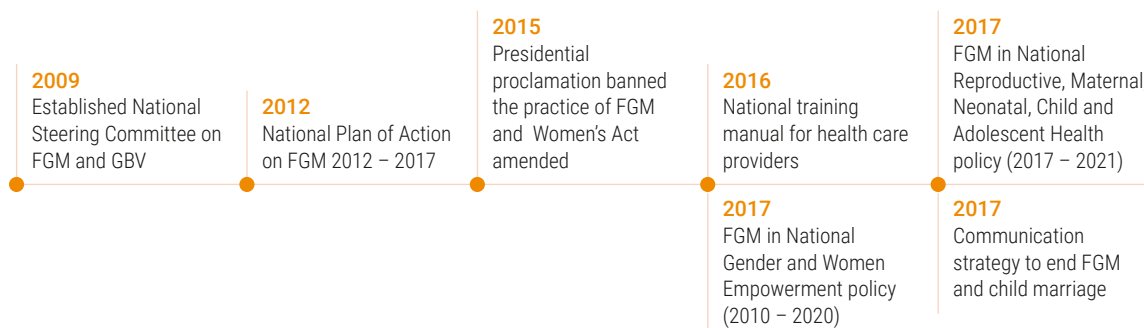
FIGURE 3: Girls and women's attitudes towards FGM are evolving positively for the elimination of FGM



Source: MICS 2005/6, DHS 2010 and 2013.



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

### in Addressing FGM: 2014-2017

The Government of The Gambia, with support from the Joint Programme, issued a presidential proclamation banning FGM and putting in place legislation criminalising the practice in 2015. Efforts made to enforce the legislation is encouraging along with community mobilisation efforts. Integrating FGM in policies and the development of a national action plan were the other major steps taken by the government to support work addressing FGM in the country.



### Policy and Legal Framework

**Support for Newly Introduced Anti-FGM Legislation:** In 2016 and 2017, five arrests were made related to FGM. This is encouraging given that the law was only passed towards the end of 2015. Support for the enforcement of the new legislation included orientation for law enforcement and policymakers. One thousand police and immigration officers received orientation on the law by the Ministry of Justice between 2016 and 2017. Regional Governors and six Chief Executive Officers from the five regions and two municipalities across The Gambia were sensitised on the legislation on FGM to secure political buy-in and ensure their full support for initiatives addressing FGM.

**Strengthening Government Commitment:** In 2016, the Government of The Gambia for the first time took the lead in observing International Day of Zero Tolerance for FGM.

**In 2016, the government organised a side event on FGM titled “The Gambia Experience” at the sixtieth session of the Commission on the Status of Women (CSW) with the Vice President and other government officials participating as panelists.**

**Engaging Religious Leaders to End FGM:** In 2017, The Gambia hosted an International Consultation on Islam, Family Well-being and Traditional Practices. The conference brought together 550 religious leaders from The Gambia, Senegal, Egypt, Chad, Algeria, Mauritania, Tunisia and resulted in a declaration and an Action Plan to be implemented by the Supreme Islamic Council and the Committees on Islam, Population and Development in support of the elimination of FGM.



### Provision of FGM-Related Services

During Phase II, 2,351 girls and women received services related to FGM access services.

**Collecting Data on FGM Obstetric Complications:** The Reproductive and Child Health Unit of the Ministry of Health completed a pilot initiative introducing “registers” at health facilities to record women who have undergone FGM and have obstetric complications. The plan is review the register based on the feedback documented during the pilot phase and place it in all the health facilities in the country for a more comprehensive data collection on FGM. 495 nurses were trained to implement the initiative and other issues related to FGM.

**Strengthening the Capacity of Health Care Providers to Address FGM:** FGM was integrated into the curricula for health care providers including the School of Medicine (between 2010 and 2014). The Joint Programme developed a national training manual on FGM for Health Workers in 2016. More than 390 nurses and nurse midwives from all the regions of the country were trained on FGM, health and reproductive health complications of FGM and its management. Standardized message leaflets on FGM were produced and distributed to all health facilities to ensure consistency in messages disseminated by the health providers on FGM by the Ministry of Health.



### Galvanising Social Dynamics

In Phase II, 242 communities made public declarations of FGM abandonment involving more than 133,000 individuals.

**Local Communication Innovations in Support of Social Change:** The Joint Programme supported community sensitisation and outreach activities that encouraged local engagement in ways that were both creative and informative. These activities included ‘Artvocacy’ (engaging artist to campaign against FGM), school drama competitions, and a booth campaign which uses a survey on Knowledge, Attitude and Practice on FGM and child marriage. Traditional communicators received training and were also provided with portable microphones and radio recorders to facilitate their community engagement activities. Songs and dramas were recorded for 104 radio broadcasts and aired in different regions on the harmful effects of FGM and the benefit of FGM abandonment in addition to organising live radio panel discussions.

**Consensus Building through Education Sessions:** 623 outreach events were organised by service providers to educate and sensitise communities on FGM related issues. 41 consensus-building sessions were organized with traditional, religious and community leaders at different levels towards taking position and reaching public declaration for abandonment of FGM.

**Cross-border Initiatives to Prevent FGM:** The Joint Programme implemented cross-border collaborative initiatives between The Gambia and Senegal to raise awareness and develop a plan of action to increase surveillance in border communities between the two countries for identification and reporting of children at risk of undergoing FGM.

## Operational and Financial Information



**Total expenditure 2014-2017:** is \$1,987,167 USD

**Geographic Coverage:** The Joint Programme works in 203 communities in five regions and two municipalities: North Bank Region, Central River Region, Lower River Region, Upper River Region, West Coast Region, Kanifing Municipality and Banjul City Council.

### Implementing Partners

#### *Government Partners:*

- Ministry of Health (Reproductive and Child Health Unit) Women's Bureau
- National Youth Council
- University of The Gambia, School of Journalism

#### *Civil Society Partners:*

- Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP)
- Novotia Gambia Association
- Tostan
- Safe Hands for Girls
- Think Young Women
- The Girls Agenda
- Network on Gender Based Violence

## Formal Evaluations and Studies



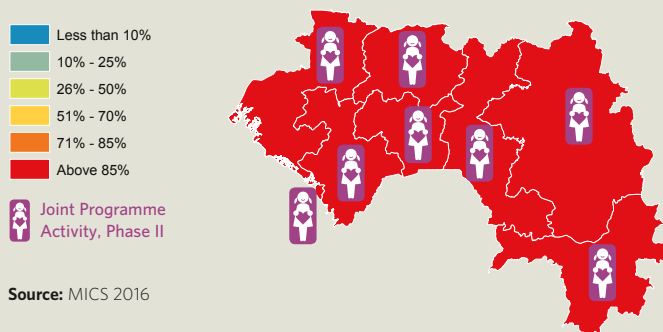
The Ministry of Health was supported by the Joint Programme to collect data on FGM obstetrics complications from 36 government and private clinics across the country

# Guinea



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Source: MICS 2016

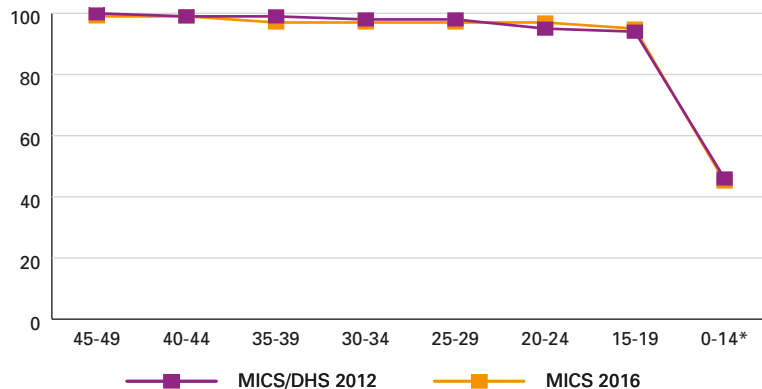
- 95% of girls and women aged 15 to 19 years have undergone FGM.
- In Guinea, FGM as a harmful practice persists in all areas of the country. Joint Programme interventions are located in all regions of the country, as shown by the logos on the map.

FGM as a practice has not shown significant change - nearly as many adolescent girls have undergone FGM compared to older cohorts of women.

FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age.

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

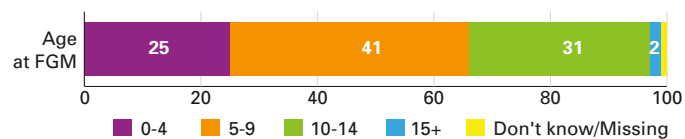
Source: MICS 2016



In Guinea, two-thirds of the girls undergo FGM before the age of 9.

FIGURE 3: Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM, by age when cut.

Source: DHS/MICS 2012



In Guinea, while FGM is mainly performed by traditional practitioners, 30 percent of cases are carried out by health providers?.

FIGURE 4: Percentage distribution of girls aged 0 to 14 years who have undergone FGM (as reported by their mothers) by type of practitioner.

Source: DHS/MICS 2012

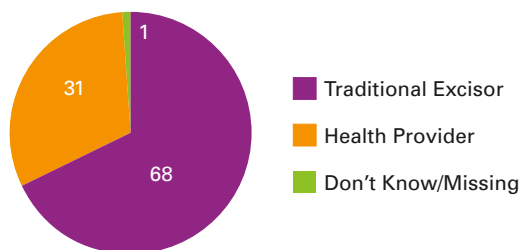


FIGURE 5: Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should end.

Source: MICS 2016



### Timeline of Key Initiatives and Actions



### Policy and Legal Framework

In 2017, nine people were arrested and convicted for FGM.

**Banning the Medicalization of FGM:** A 2015 anthropological study on FGM confirmed the high medicalization of FGM. The 2015 study found that health facilities have become the second place where FGM is performed after the family home. Strong advocacy efforts by the Joint Programme led to a Government commitment to ban the practice in hospital/health centre settings and introduced sanctions for health providers who do not comply.





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## Provision of FGM-Related Services

During Phase II, 437,150 girls and women received services related to FGM; 238,791 girls and women received services in 2017.

**Tools for Teachers Supporting FGM Prevention:** The Joint Programme supported the Ministry of National Education and Literacy in developing an image box on FGM. Training was provided to 3,956 teachers in 3,169 schools in the use of the image box as a teaching tool, and at least 37,159 students (26,143 girls) benefited from education sessions on FGM. In eight administrative regions, these efforts supported 3,328 child protection structures (at all levels) in the identification and protection of 11,190 girls aged 0-14 years from undergoing FGM.



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## Galvanising Social Dynamics

From 2014 to 2017, 2,093 made public declarations of FGM abandonment including 482 communities, involving 635,616 individuals in 2017.

In these same communities, 54 299 girls from 0 to 14 years uncircumcised of which 11,190 in 2017 have been identified and protected from undergoing FGM by the protection units in collaboration with families, health providers and NGOs.

**Religious Leaders as Champions to End FGM:** The General Secretariat of Religious Affairs adopted and disseminated a Fatwa to more than 3,179 religious leaders and 3,086 talibés of the Koranic Centers prohibiting the practice of FGM. In 2016, the Joint Program supported the organisation of three study and exchange visits to Tunisia, Indonesia and Egypt for senior religious leaders, which enabled them to become aware of the health consequences of FGM.

**Training Journalists for Amplification of FGM Abandonment:** The Joint Programme trained 30 journalists as part of the amplification process (i.e., focusing on positive stories about the abandonment of FGM so people can relate to those who have chosen to not undergo FGM) on the use of web tools in the context of social mobilisation for FGM abandonment and 155 journalists, including 47 women, were trained in conducting interviews and producing stories that highlight the benefits of abandoning FGM.

A pool of 32 youth from across the country (four per region) were trained to organize the community dialogues and discussions on social media including Facebook, Twitter, Google and Instagram about FGM/C and other forms of gender-based violence. Eight thousand (8000) youth, and 400 opinion leaders participated in community dialogues and more than 3000 young people in the conversations on social media about the FGM/C. Moreover, 87 people followed the Programme of ambassadors against FGM.

To stop the medicalization of the practice, 2,252 health providers (midwives, technical agents, nurses, gynecologists) including 1,247 in 2017 from 528 public and private health facilities, benefited from the capacity building on the prevention of FGM and the related care as well as the social norms module. These health providers signed an engagement sheet and a code of conduct to stop FGM practice in health facilities and family home.

**Ebola Outbreak and the Joint Programme:** The Ebola outbreak in Guinea from 2013 to 2016 resulted in 2,553 deaths. With fear of the disease spreading, the Joint Programme used the opportunity to intensify community mobilisation, supported by advocacy from health experts, religious leaders, civil society organizations, traditional healers and communicators (including “griots”, who, for centuries, have played an important role in sharing information and maintaining an oral history of the people through music and performance), folk artists and musicians, and young leaders. The deadly risk to girls being considered for cutting emphasized the inherent dangers of the practice. During the crisis, 2,400 community-based child protection structures were set up and strengthened to protect children from FGM and other risks.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$ 2,119,113 USD

### Implementing Partners

#### *Government Partners:*

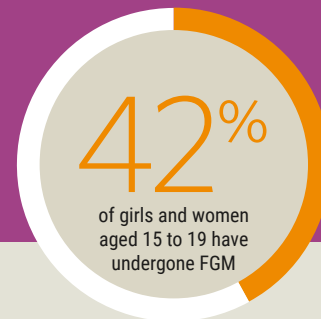
- National Directorate for Women's Advancement (DNPF)
- Ministry of Social Action for the Promotion of Women and Children
- Office for the Protection of Gender, Children, and Morals (OProGEM)
- General Secretariat of Religious Affairs

#### *NGO partners:*

- Association Guinéenne des Assistantes Sociales (AGUIAS)
- Le Club des Amis du Monde (CAM)
- Action Solidarite Devellopement (ASD)
- AFASCO-Guinee
- ChildFund
- Tostan
- PRONG
- Unit for the Struggle Against Harmful Traditional Practices Affecting Women and Children (CEPETAF)
- PROFEEG

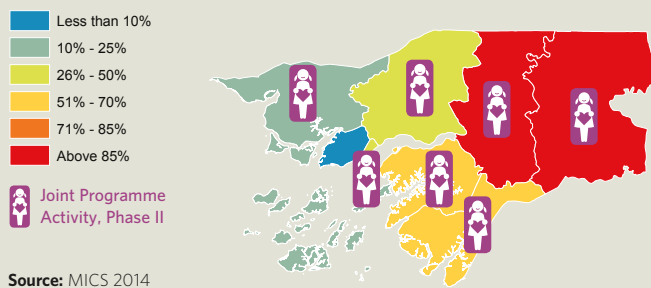
**Geographic Coverage:** The Joint Programme is implemented in the Labé, Mamou, Kindia, Boké, Conakry, Faranah, Kankan and Nzérékoré regions.

# Guinea-Bissau



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Source: MICS 2014

- 161,912 Girls are at risk of being cut between 2015 and 2030 (UNFPA 2018)
- 45 percent of girls and women in Guinea-Bissau aged 15 to 49 years have undergone FGM.
- Joint Programme interventions are located in regions with high prevalence, as shown by the logos on the map.

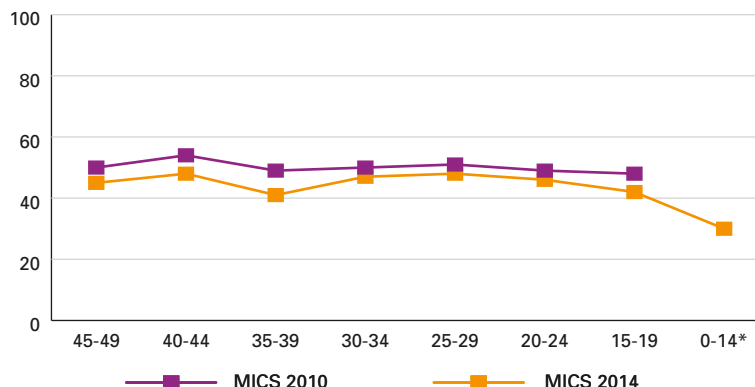
In Guinea-Bissau, the situation of girls affected by FGM has improved in recent years, but remains among the main concerns of the Government and civil society organisations working on children and women protection.

FGM is performed at an early age. Although young girls between 10-14 years of age continue to be the main group affected by the practice (43 per cent).

FGM has not shown significant change, nearly as many adolescent girls have undergone FGM compared to the older cohorts of women.

FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age.

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



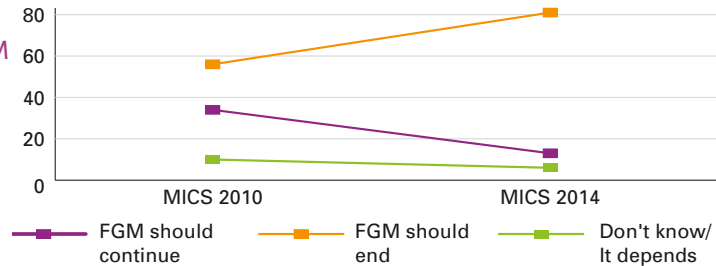
Nearly two-thirds of the girls who underwent FGM in Guinea-Bissau were below the age of nine when they experienced the harmful practice.

In Guinea-Bissau, FGM is mainly performed by traditional practitioners (98%).

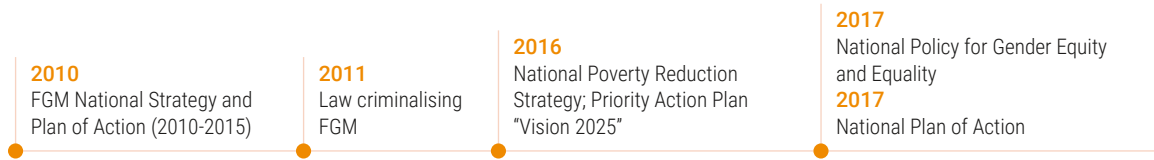
Most girls and women believe FGM should end

FIGURE 3: Percentage of girls and women who have heard about FGM by attitude toward practice.

Source: MICS 2010 and 2014.



### Timeline of Key Initiatives and Actions



## National Progress and Achievements in Addressing FGM: 2014-2017



### Policy and Legal Framework

There have been 39 judicial cases since the adoption of the law to prevent and criminalize FGM.

There was one case referred to the judicial system but no cases brought to court. The national coordination structure working on FGM and CSOs followed up on 23 cases that are still pending in the justice system, particularly in regional courts.

**Cross-Border Cooperation:** One of the most important partnerships developed under the Joint Programme was between the Government of Portugal, Guinea-Bissau, and CSOs, including Bissau-Guinean diaspora in Portugal, in support of the prevention of vacation cutting. Targeting emigration/border posts in both countries, particularly at airports, border authorities were provided with information on FGM and legislation in Portugal and Guinea-Bissau. Informational materials have been distributed in key spots at airports and land border posts for travelers as well.



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## Provision of FGM-Related Services

In Phase II, 12,498 girls and women received services related to FGM including 8,623 girls and women in 2017.

**Increasing Access to Comprehensive Services for FGM:** Through the Joint Programme, 240 reproductive health providers increased their knowledge and skills on FGM prevention and support. Hospitals and health centers in five regions - Gabu, Bafatá, Oio, Farim and Quinara - use the Protocol for Treatment of FGM cases. Capacity development training was provided to 563 members of the judiciary police and National Guard (border police forces), law enforcement, social workers and civil society in providing prevention, protection and care services related to FGM. FGM was mainstreamed within the revised obstetric and neonatal emergency care module, resulting in more than 400 health providers (especially nurses and midwives) with increased knowledge and skills on FGM prevention and response, as well as on the human rights of girls and women. Around 20 organisations, members of the Committee for the Abandonment of Harmful Practices (CNAPN), are utilising guidance manuals to address FGM and other harmful practices.

**Fostering Partnerships with Health Schools:** Two major health schools (National Health School and Lusofona University) are working with the CNAPN to integrate FGM in the academic curriculum. Regular trainings took place to increase the knowledge of future doctors and nurses on FGM, social norms change and on medical procedures to provide appropriate care to victims targeting 237 students.



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## Galvanising Social Dynamics

In Phase II, 394 communities and more than 450 religious and influential community leaders declared publicly their support to the abandonment of FGM, involving 74,799 individuals.

**National Strategy for FGM Abandonment at the Community Level:** The Joint Programme developed the capacity of 507 community workers and 114 staff members from local NGOs and government to implement community programmes addressing social norms in line with the national strategy. Since 2015, the FGM national coordination body has supported 99 public declarations of FGM abandonment.

**Men's Clubs in Support of Ending FGM:** 150 members of five men's clubs were trained in SRH including FGM and child marriage in five regions. The clubs are actively involved in FGM prevention in their communities targeting traditional and religious leaders as well as conducting community education sessions with peers. Members of the Men's Clubs are also trained in reporting cases of GBV, FGM or any other harmful practice in the communities where they work.

**Empowering Adolescents and Youth to Claim Their Rights:** Since 2014, the programme has promoted joint interventions between CSOs and the education sector, with an awareness raising and sensitisation campaign reaching adolescents as well as teachers. This new partnership with the education sector has strengthened the knowledge and skills of around 450 school teachers and 22,000 pupils. The Joint Programme has also supported work with students and teachers to increase awareness and knowledge of FGM and child marriage including legislation and referral mechanisms targeting 988 teachers and 44,902 pupils from 70 schools.

**Youth Educators Leading Education Sessions:** The skills and knowledge of 64 youth educators were strengthened for peer-to-peer education in 47 communities in Bafata, Gabu, Cacheu, Oio and Quinara regions which led to 2,640 education sessions on FGM with 5,499 youth participating. The Children's Parliament of Guinea Bissau also organised national and regional parliament sessions to discuss the status of children's rights and the National Agenda for Children. In 2016 and 2017, more than 320 children and adolescents actively debated the situation of children, with FGM and child marriage cited as key concerns.

## Formal Evaluations and Studies



**Data collected on FGM:** Data on FGM was collected from 17 monitoring systems (CNAPN, 10 NGOs, Institute of Women and Children, Youth Institute, General-Prosecutor office/courts, judicial police, and two shelter centers).

**Mapping FGM in Guinea Bissau:** One socio-anthropological study was conducted in 2017 by the National Research Institute (INEP) with Joint Programme support for the mapping of FGM in Guinea-Bissau.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$1,451,824 USD

### Implementing Partners

#### *Government Partners:*

- Ministry of Public Health
- Ministry of National Education
- Ministry of Youth, Culture & Sports
- Ministry of Women, and Family and National Solidarity
- Institute of Women and Children
- National Committee for the Abandonment of Harmful Practices

#### *Civil Society Partners:*

- ADRA
- Caritas
- Islamic Supreme Council
- Ajuda de Desenvolvimento de Povo para Povo Na Guinea-Bissau (ADPP-GB)
- Associação Guineense para o Bem-Estar Familiar (AGUIBEF)

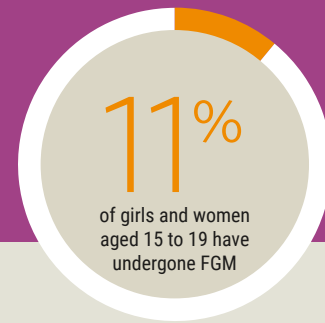
**Geographic Coverage:** The Joint Programme is being implemented in seven regions including Tombali, Gabu, Cacheu, Quinara, Oio, SAB, and Bafatá.

### Link to videos

FGM song: <https://youtu.be/Gz61hT-muQM>

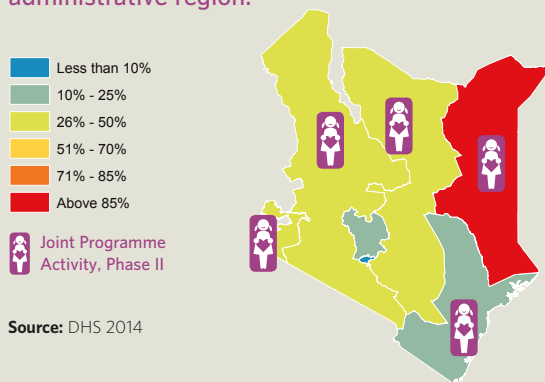
One music / video clip on female genital mutilation produced by a group of popular musicians to eradicate FGM in Guinea-Bissau. <https://youtu.be/Gz61hT-muQM>

# Kenya



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Source: DHS 2014

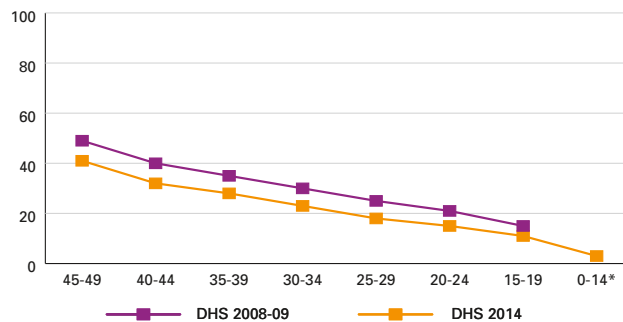
- 21% of girls and women in Kenya aged 15 to 49 years have undergone FGM. 43% of girls and women underwent FGM between the ages of 10 to 14 years.
- 813,159 girls are at risk to be cut between 2015 and 2030 (UNFPA 2018)
- In Kenya, the prevalence of FGM as a harmful practice varies in the country and is concentrated in some regions.

The practice of FGM is rapidly changing, prevalence decreased by 72% between the women aged 45-49 and girls 15-19 years old.

FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

Source: DHS 2014.



In Kenya, FGM is increasingly performed by health providers.

FIGURE 3: Percent distribution of girls age 0-14 by current age and women age 15-49, according to person performing the FGM

Source: DHS 2014.

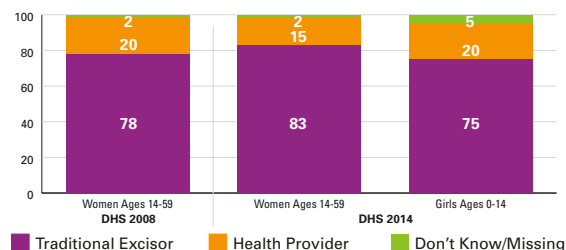
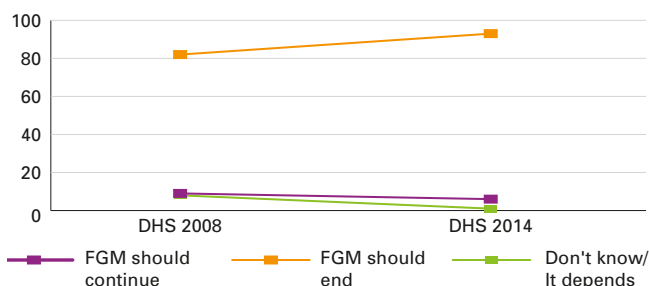
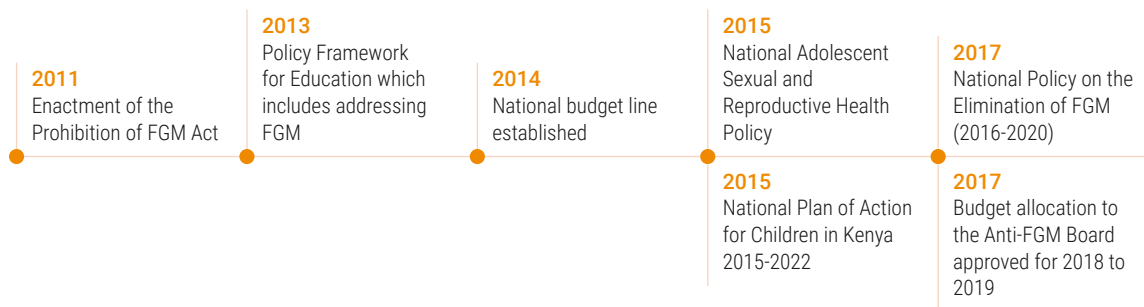


FIGURE 4: Attitudes of girls and women aged 15 to 49 years towards FGM

Source: DHS 2014.



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

in Addressing FGM: 2014-2017



### Policy and Legal Framework

In 2017, there were 76 arrests and cases in court.

**Standard Operating Procedures (SOPs) for Prosecution of FGM Cases:** The Joint Programme supported the development of SOPs for the prosecution of FGM cases across the country to safeguard the safety and security of girls and women affected by FGM. Forty staff from the Office of the Director of Public Prosecution have been trained on the SOPs.





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## Provision of FGM-Related Services

**In Phase II, 5,074 girls and women received services related to FGM.** This includes psychosocial, legal aid, education, health, temporary shelters and assistance for family reunification and critical child protection and reproductive health services. 6,504 girls were rescued from undergoing FGM.

**Engaging Teachers in FGM Prevention:** 515 teachers (290 male and 225 female) supervising 80 Child Protection Clubs were trained by the Joint Programme on the psychological and health consequences of FGM and how it violates the rights of girls and women. Applying the cascade approach to training, trained teachers provided training to 6,200 in-school and out-of-school children (3,800 boys and 2,400 girls) who in turn trained 12,400 children (approximately 6,200 boys and 6,200 girls) about reporting FGM and referrals for SRH and child protection services.

**Providing Access to Comprehensive Services:** The Joint Programme developed capacity for comprehensive services to address FGM through 208 service centres including schools (140 Child Protection Clubs), health facilities (47 county level hospitals), legal aid clinics, and FGM unit/prosecution offices (21 prosecution counsel) and temporary rescue centres.



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## Galvanising Social Dynamics

**In Phase II, 31 communities made public declarations of FGM abandonment involving more than 8.3 million individuals.**

**Supporting Community Champions to End FGM:** Through the Joint Programme, 350 community dialogue sessions were conducted with 77,777 community participants (46,626 males and 19,151 females). As a result of these efforts, the country has champions of change in every Joint Programme focus community and community based surveillance systems for detecting, reporting, referring and following up FGM cases.

**Alternative Rites of Passage:** Recognising that in some communities FGM is a ritual that serves as a girl's rite of passage into adulthood, the Joint Programme has worked with 500 clan or council of elders to support Alternative Rites of Passage and public declarations of FGM abandonment. In Phase II, 22,347 girls participated in Alternative Rites of Passage.

# Operational and Financial Information



**Total expenditure from 2014-2017:** \$6,304,366 USD

## Implementing Partners

### Government Partners

- Ministry of Public Service Youth and Gender Affairs
- Anti-FGM Board
- Office of the Director of Public Prosecutions (ODPP)

### Civil Society Partners

- World Vision
- Womankind Kenya
- Adventist Relief and Development Agency
- Africa Institute for Development Policy
- I Choose Life – Africa
- Kenya Red Cross Society
- Federation of Women Lawyers Kenya (FIDA)

### Regional Partners

- African Coordinating Centre for the Abandonment of FGM (ACCAF)

### Academic Institutions

- University of Nairobi

**Geographic Coverage:** Counties include West Pokot, Samburu, Marsabit, Kajiado, Migori, Narok, Baringo, Elgeyo Marakwet, Wajir, Garissa, Tana River, and Kisii.

# Formal Evaluations and Studies

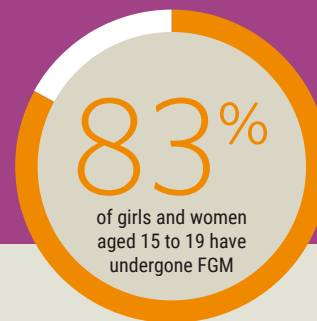


- UNFPA Baseline Survey Report on Female Genital Mutilation Practice in Baringo, Narok, Samburu, Elgeyo Marakwet, and West Pokot.
- A study to assess the impact of FGM on the education of the girl-child in learning institutions in Kenya.
- UNICEF Baseline Study Report: Female Genital Mutilation Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya: <http://uni.cf/2E7m5JN>
- Champions of Change Community Voices Driving Campaign Against FGM: [https://www.unicef.org/kenya/Champions\\_of\\_Change\\_-\\_Community\\_voices\\_driving\\_campaign\\_against\\_FGM.pdf](https://www.unicef.org/kenya/Champions_of_Change_-_Community_voices_driving_campaign_against_FGM.pdf)

## Link to videos/human interest stories/media coverage:

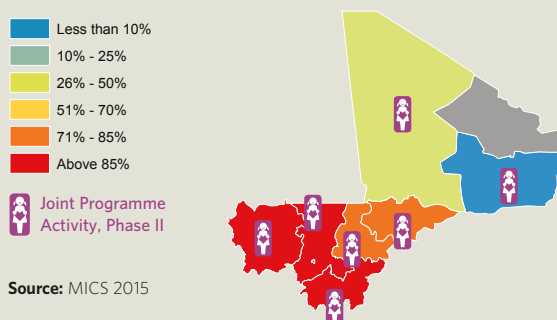
1. Accelerating Abandonment of FGM in Kenya - Video Feature  
<https://www.youtube.com/watch?v=a98Bb9kEKNw>
2. A mother speaks out against Female Genital Mutilation in her community  
<https://www.youtube.com/watch?v=Ll7cKwaBq9Y>
3. Female Genital Mutilation Social Experiment in Kenya, Long Version  
<https://www.youtube.com/watch?v=bnpHsFlnJk>

# Mali



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.

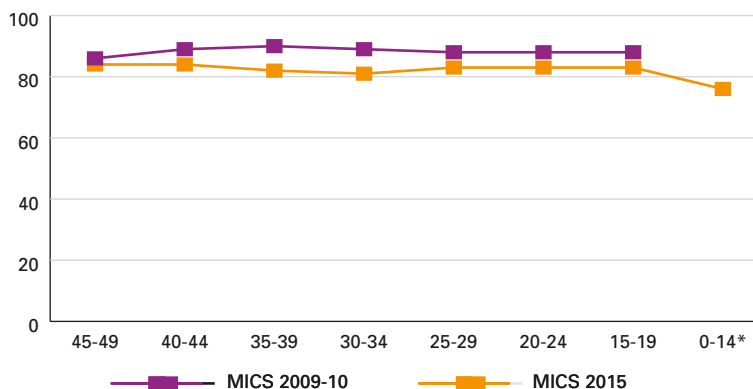


Source: MICS 2015

- 83% of girls and women aged 15 to 19 years have undergone FGM
- In Mali, FGM as a practice persists in certain areas, especially in the southern parts of the country. The logos on the map indicate high prevalence areas where the Joint Programme is being implemented.
- The practice of FGM is not changing, nearly as many adolescent girls have undergone FGM compared to older cohorts of women.

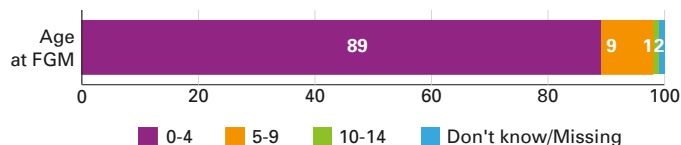
FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



In Mali, almost all girls (89%) experienced the practice of FGM before age 5 (MICS 2010).

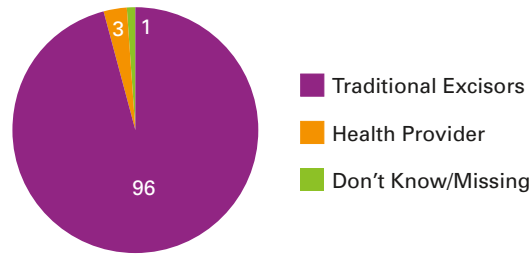
FIGURE 3: Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, by age at which cutting occurred



**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

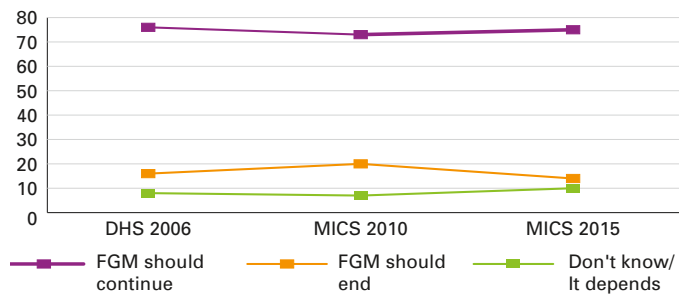
Overall, 96 % of FGM was performed by traditional practitioners.

FIGURE 4: Percentage distribution of girls and women aged 15 to 49 years with at least one living daughter who has undergone FGM/C, according to the type of person/practitioner performing the procedure

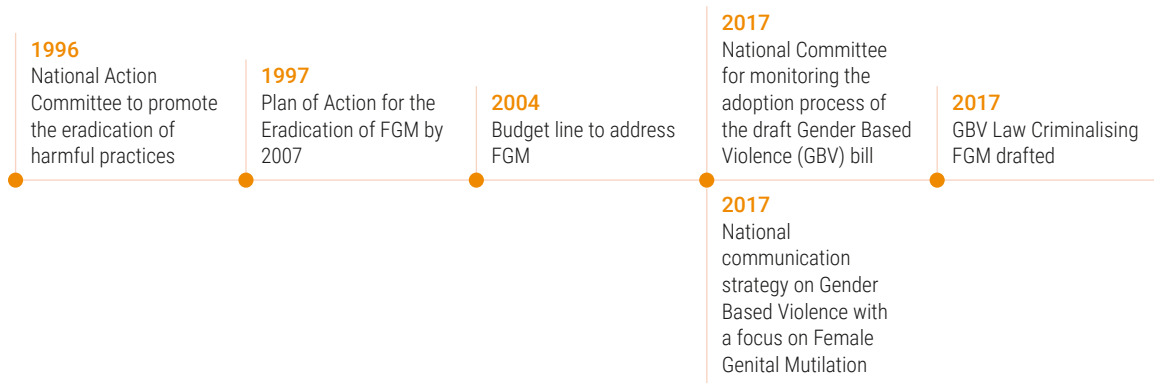


Only 14% girls and women in Mali think that FGM (MICS 2015) must end shows low support for ending FGM.

FIGURE 5: Attitudes of girls and women 15-49 towards the practice of FGM



### Timeline of Key Initiatives and Actions



# National Progress and Achievements

in Addressing FGM: 2014-2017



## Policy and Legal Framework

There is no legal provision criminalising FGM, however, undergoing FGM in hospitals is prohibited. Several national development frameworks (policies, programs, action plans and legal texts) have incorporated the issue of FGM thanks to the advocacy supported by the Joint Programme on FGM. Integrating and maintaining FGM issues in these different policies, programs and action plans not only facilitates advocacy for the abandonment of FGM at national, regional and local levels but also increases resources for the implementation of the interventions for the abandonment of FGM.

**National Communication Strategy on GBV:** In 2017, with technical and financial support from the Joint Programme, a national communication strategy on GBV with a focus on FGM and child marriage was introduced in Mali.

**Increased Budget Line for Addressing FGM:** The Ministry for the Promotion of Women, Children and the Family through Le Programme National de Lutte contre l'Excision (PNLE), the national coordinating body for ending FGM, has a budget line to fight against FGM. In 2015, following advocacy from the Joint Programme, the budget line was increased significantly to 246 million including funds from Special Budget Support (116,600,000 FCFA).



## Provision of FGM-Related Services

**In Phase II, 706,303 girls and women received services related to FGM.**

**Comprehensive Services for Girls and Women Affected by FGM:** 12,037 survivors of FGM, child marriage, and other forms of GBV (rape, sexual assault, and physical abuse) received comprehensive protection and care services including medical, psychosocial, and legal/judicial support in all target regions and districts.

**Strengthening Organisations to Deliver Quality Services:** 1,856 Service Delivery Points (SDPs) were trained by the Joint Programme to provide prevention, protection and care services related to FGM and GBV. Among which, 1,384 offer prevention services, including at the community level, 248 provide protection services, and 224 provide care services (community health centres, hospitals, private clinics, and pharmacies). 10,440 service providers in Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, Gao and the Bamako District have been trained on psychosocial, legal, medical, and safe management of GBV including FGM, child marriage, sexual and physical abuse.



## Galvanising Social Dynamics

In Phase II, 1,657 communities participated in Public Declarations of FGM abandonment and set up monitoring committees to ensure the application of this new social norm.

**Cultivating Community Role Models:** 6,726 influential people in the communities of Kayes, Koulikoro, Sikasso, Segou, Mopti, Gao and the District of Bamako made public declarations of FGM abandonment within their communities. 2,676 trained influencers have become community role models (positive deviants) who promote and support peer behavior change for the abandonment of FGM, child marriage and other forms of GBV in the regions of Kayes, Koulikoro, Sikasso, Segou and Mopti.

**Social Mobilisation to Change Social Norms:** 2,319,950 people in the regions of Kayes, Koulikoro, Sikasso, Segou, Mopti, Gao, Timbuktu and in six communes of the District of Bamako have been educated on the harmful effects of FGM, child marriage and other forms of GBV as well as care services during Phase II of the Joint Programme. These people were reached thanks to community mobilisation, inter-community dialogue, prevention and social mobilization, and interpersonal communication activities through talks, counseling, cinema, theatre, caravans, conferences and home visits.

## Formal Evaluations and Studies



- Mid-Term Evaluation of the 2015-2019 National Action Plan for MGF abandonment
- Study on the prevalence of FGM in girls aged 0-15 in Bamako 2015
- Study on the prevalence of FGM among girls aged 0 to 15 in Kayes and Ségou in 2016

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$ 2,175,180 USD

### Implementing Partners

#### Government Partners:

- Ministry for the Advancement of Women, Children and Families

#### Civil Society Partners:

- Association Malienne pour le Suivi et l'Orientation Des Pratiques Traditionnelle (AMSOPT)

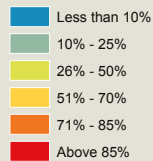
**Geographic Coverage:** The Joint Programme is working in Kayes, Koulikoro, Sikasso, Segou, Mopti, Gao, Timbuktu and the District of Bamako (six communes).

# Mauritania

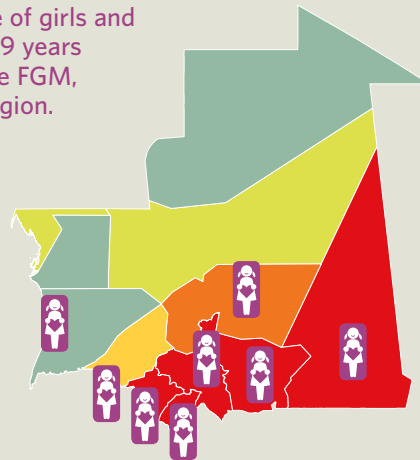


## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Joint Programme Activity, Phase II



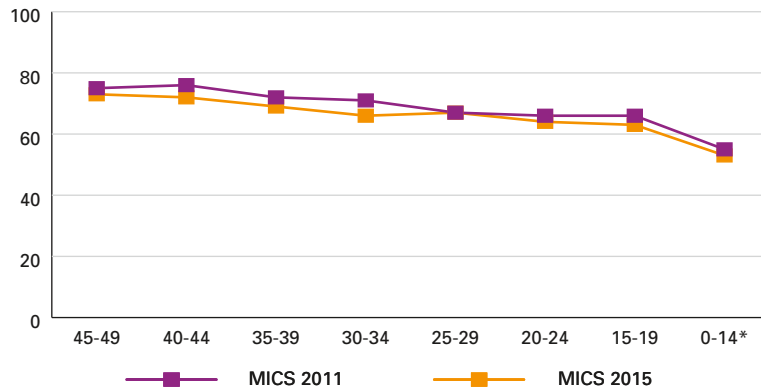
Source: MICS 2015

- 63% of girls and women aged 15 to 19 years have undergone FGM.

FGM as a harmful practice is declining in Mauritania at a slow pace. Fewer adolescents have undergone FGM than previous generations - 63% of girls aged 15-19 years compared to 73% of women aged 45-49 years.

FIGURE 2: Percentage of girls and women aged 0 to 49 years who have undergone FGM, by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



In Mauritania, 80% of the girls underwent FGM when they were younger than age 5.

FIGURE 3: Percentage of girls who have undergone FGM\*, by age it occurred

\*Reported by mothers  
Source: MICS 2011

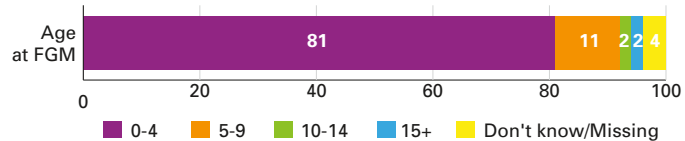
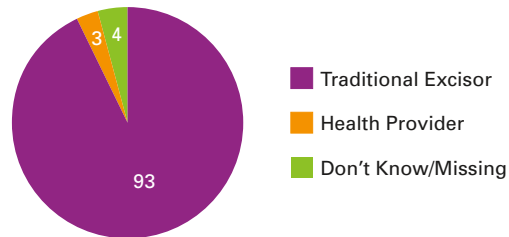


FIGURE 4: Percentage of girls aged 0 to 14 years who have undergone FGM\* by type of practitioner

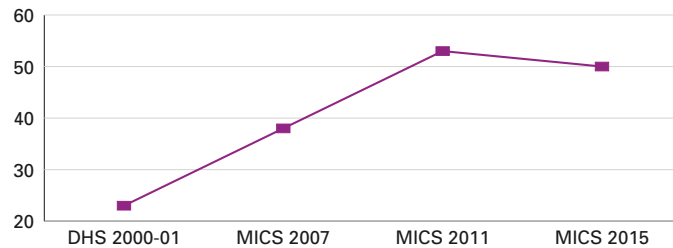
\*Reported by mothers  
Source: MICS 2011



Girls and women's attitudes towards FGM have been slowly changing. Half of girls and women aged 15-49 think FGM should end.

FIGURE 5: Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should end

Source for all charts: MICS 2015, unless otherwise noted.



### Timeline of Key Initiatives and Actions





# National Progress and Achievements

in Addressing FGM: 2014-2017



## Policy and Legal Framework

Harmonisation of Laws Addressing GBV, Child Protection and FGM: In 2015 efforts to strengthen legal and institutional frameworks were undertaken through the development by the Ministry of Social Affairs, Childhood, and the Family's (MASEF) and the Ministry of Justice of two draft laws, one on Child Protection, and the other on GBV. The Joint Programme worked with the government to harmonise the laws and create one law that incorporated FGM. An amended version of the draft law is pending passage in the parliament.



## Provision of FGM-Related Services

**Under Phase II 19,789 girls and women received services related to FGM, including 6,680 in 2017.**

**Saving Girls through Comprehensive Services:** The Joint Programme provided 1,800 service points tools including curricula, modules, guides, protocols, and forms in support of prevention, protection and care services. As a result of the capacity building of service providers, 10,214 girls from 2014 to 2017 were saved from harmful practices including FGM and Child Marriage.

**Integrating FGM Prevention in Antenatal and Post-Natal Care:** 841 health care providers including nurses, midwives and gynecologists were trained in the protocols for managing FGM cases. The protocols are focused on prevention, diagnosis, referral and management of FGM. Capacity building efforts also supported counseling skills during pregnancy and childbirth (prenatal and post-natal) encouraging mothers to not cut their daughters, and more than 38,670 women were provided such consultations in health centers. In 2015, through South-South cooperation, three Mauritanian gynecologists attended a study tour in Burkina Faso to learn more about surgery for reversing FGM.



## Galvanising Social Dynamics

**From 2014 to 2017, 345 communities made public declarations of FGM abandonment, including 150 communities involving 364,620 in 2017.**

**Issuing a Fatwa to End FGM:** Through dialogue and the engagement of religious leaders, a Fatwa was issued against FGM. Some Imams, especially in Assaba, dedicated on Friday sermon each month advocating for the rights of children and women. A total of 3,860 religious leaders participated in education sessions about FGM and have become champions against the harmful practice.

## Formal Evaluations and Studies



**Assessment on Social Norm Change:** The Joint Programme used an innovative, cost-effective and time efficient assessment approach for monitoring social norm change. A rapid survey was undertaken in 2016 in four Joint Programme target provinces—Assaba, Brakna, Tagant and Guidimakha—to gather information on the indicator related to change in social norms specifically the degree of shift in the social norm upholding FGM in programme areas. This is a composite indicator made up of the percentage of individuals not supporting continuation of FGM, the percentage of individuals who believe others will cut and the percentage of individuals who believe they will be sanctioned if they do not cut. The findings indicated a readiness of the majority of those interviewed to adopt the new social norm of keeping girls intact. This is consistent with the decline observed in these provinces in the latest 2015 MICS (i.e. lower rates for the age group 0-14 than the age group 15-49). In 2017, findings of the assessment showed an increase of those who support the end of FGM from 80% in 2016 to 89% in 2017. This is consistent with the decline observed in the 2015 MICS in these regions (i.e., lower rates for the age group 0-14 years versus 15-49 years). This tool was also used to determine the evolution of social norms in participating communities through educational sessions and community dialogues.

## Operational and Financial Information



Total expenditure 2014-2017: \$2,269, 571 USD

### Implementing Partners

#### Government Partners:

- Ministry of Social Affairs
- Ministry of Islamic Affairs
- Ministry of Culture, Youth and Sports
- Ministry of Health, and Ministry of Economic Affairs and Development

#### Civil Society Partners:

- ADICOR
- Coordination des ONG et Associations de Nema (COAN)
- Cordak
- Actions
- Tostan
- SIFA HANKI
- RAHMA

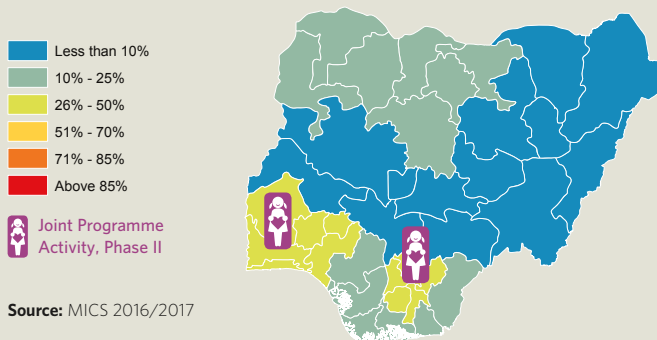
**Geographic Coverage:** The Joint Programme is being implemented in the regions of Aioun, Assaba, Guidimakha, Gorgol, Brakna, Trarza, Hodh Ech Chargui, Tagant and Hodh El Gharbi.

# Nigeria



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.

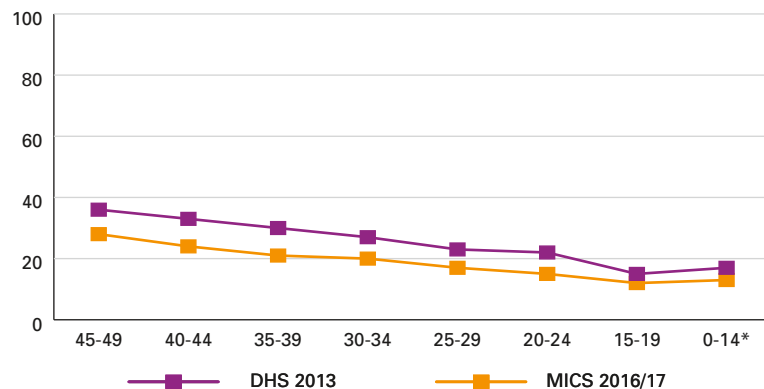


- 12% of girls and women aged 15 to 19 years have undergone FGM.
- In Nigeria, the risk of cutting has dropped by nearly half.
- The practice of FGM is steadily decreasing in Nigeria. Fewer adolescents (15-19) have undergone FGM compared to older cohorts of women.

FIGURE 2: Percentage of girls and women aged 0 to 49 who have undergone FGM by current age

Source: DHS 2013 and MICS 2016/2017

Note: While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



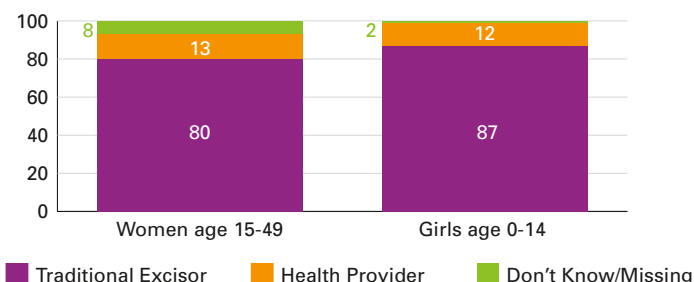
Recent estimates indicate that 14,808,519 girls will be at risk of FGM between 2015 and 2030 (UNFPA 2018)

**Age at cutting:** 82% of women aged 15-49 underwent FGM before age five according to DHS 2013.

**Who performs FGM:** traditional practitioners mainly perform FGM. However the medicalisation of FGM is observed in Nigeria.

FIGURE 3: Percent distribution of women aged 15 to 49 and girls aged 0 to 14 who underwent FGM according to the person performing FGM

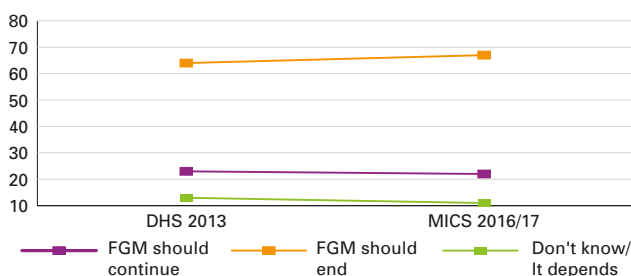
Source: DHS 2013



There is no significant change in girls' and women's attitudes towards FGM. In 2016, more than two-thirds of girls and women aged 15-49 think FGM should end as shown in Figure.

FIGURE 4: Distribution of women aged 15 to 49 who have heard of FGM by their attitude towards the practice.

Source: DHS 2013 and DHS 2016/2017



### Timeline of Key Initiatives and Actions

**2001**

By-law on Abolition of Harmful Traditional Practices (including FGM) (Law No. 10 of 2001) adopted by Ebonyi state

**2013**

National Policy and Plan of Action for the Elimination of FGM, 2013-2017 revision

**2014**

National Technical Working Group as a national coordination body on FGM

**2015**

Enactment of the Violence Against Persons Prohibition (VAPP) Act

## National Progress and Achievements

### in Addressing FGM: 2014-2017

The Government of Nigeria, with the support of the Joint Programme and other partners, has taken important political decision by issuing a legislation criminalising FGM in 2015 and mobilizing high level political figures and wives of the President and State Governors to galvanise commitment, give visibility and emphasise the need to accelerate effort towards the elimination of FGM. Strong efforts have been made to forge alliances across a spectrum of actors and networks critical for the abandonment of FGM.

Comprehensive use of social media and mainstreaming of FGM into the different ongoing systems and initiatives are the other important and strategic interventions to reach out to the public at scale on issues related to FGM



### Policy and Legal Framework

**Domestication of VAPP Act in Four States:** The VAPP Act was adopted in Ebonyi, Imo, Oyo and Ogun states. In Ebonyi state, a by-law on the Abolition of Harmful Traditional Practices (including FGM) against women and children was adopted by the Effium community in the Ohaukwu local government Area.

**First Ladies Advancing National Response Plan for FGM:** The First Lady of Nigeria, supported by the wives of State Governors from six focus states (Ebonyi, Ekiti, Imo, Osun, Oyo and Lagos), launched national and state level campaigns on the National Response Plan and campaign to end FGM. These high-profile events leveraged commitment and support for the implementation of the FGM abandonment programme.

**Traditional rulers** signed a declaration banning FGM in 2016.

**Comprehensive Approach to Ending FGM:** The Joint Programme established multi-sectoral teams at the State level (health workers, social workers, Child Protection Network, Federation of Women Lawyers, and social media advocates) from the Ministries of Health and Women's Affairs alongside CBOs which strengthened collaboration and coordination while allowing each service provider to carry out their statutory roles.

**Linking FGM Elimination to Human Rights:** The Joint Programme developed a manual to enable adequate reporting of FGM indicators in templates for routine human rights country reports. This was done in partnership with the National Human Rights Commission.



### Provision of FGM-Related Services

During Phase II, 150,807 girls and women received services related to FGM.

**Supporting Comprehensive Health Services:** The Joint Programme supported the development of a manual on FGM and an orientation on FGM for health workers. FGM was integrated in service provision in primary and secondary health care facilities and protocols and case management tools were developed for the management of FGM at health facilities in communities where it is practiced. 502 primary, secondary, tertiary and private health facilities were also equipped to deliver FGM-related services. The Joint Programme also developed and provided orientation of protocols and case management forms to further improve and standardise service provision for FGM. This document provides guidance to all categories of health workers, psychologists, counsellors, social workers and law enforcement officers. A community based referral pathways to improve ethical, safe and confidential reporting for FGM was developed to ensure access to services by survivors or girls/women escaping FGM.



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## Galvanising Social Dynamics

Between 2014 and 2017, 1,059 communities made public declarations of FGM abandonment involving more than 4.1 million individuals.

**Mainstreaming FGM in Education Sessions:** The Joint Programme partnered with the National Orientation Agency to mainstream FGM education into its ongoing Essential Family Practices Initiative thereby reaching more community members with key messages and interventions. FGM education was also integrated into the Annual Home and Abroad Meeting (August Meeting) – this is an annual home-coming and pro-community development event carried out by women associations in South-East States of Nigeria. This partnership, which began in 2016, is being used to sustain the campaign of keeping girls/women intact with the slogan “Odimma Nwanyi bu Ka Chi Siri Ke”, which means “wholeness of female as created by God”. The Joint Programme identified and trained 1,377 community champions with the potential to reach 4,995 households. As a result of the mainstreaming FGM in education sessions, 1,536 female newborns were saved from undergoing FGM in Osun State alone.

**Amplification of Social Norms Change:** The Joint Programme partnered with 12 radio stations in focus States of the Joint Programme to produce 13-episode radio drama serials on FGM titled “Pim Pim Pim” which were broadcasted free-of-charge in the stations for 1-3 quarters. FGM discourse gained prominence through a comprehensive social media campaign on FGM abandonment (Facebook, Twitter, Instagram, YouTube, WhatsApp and Website). The Joint Programme supported tweet chats and premiered six episodes of the movie “Sandra Cross” on social media and viewing centres at various youth fora. As a result, there were 558,058 viewers on Twitter (172,844 male and 106,185 female), 6,234 via YouTube and 82,061 on Facebook.

**Social Media Advocates:** Thirty-three young Social Media Advocates (12 female and 21 male) ran the #Endcuttinggirls social media campaign facilitating discussions about FGM using six social media platforms, reaching 3,370,672 people. The Social Media Advocates also worked with secondary school clubs in five States to provide information and access to FGM services for boys and girls. These Social Media Advocates trained members to mainstream FGM abandonment into their regular club activities. 14,250 students (5,250-boys and 9,000-girls) from 35 schools were reached and sensitized.

## Operational and Financial Information



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**Total expenditure from 2014-2017:** \$3,571,727 USD

**Geographic Coverage:** The Joint Programme provided financial and technical support to implement community level social mobilization efforts in 592 communities from 67 Local Government Areas in five states (Ebonyi, Ekiti, Imo, Osun and Oyo).

## Implementing Partners

### Government Partners:

- Federal Ministry of Health
- Federal Ministry of Women Affairs and Social Development
- National Human Rights Commission State Ministry of Health (Ebonyi, Ekiti, Imo, Lagos, Osun and Oyo)
- State Ministry of Women Affairs and Social Development (Ebonyi, Ekiti, Imo, Lagos, Osun and Oyo)
- Imo State Planning Commission
- Lagos State Ministry of Economic Planning and Budget
- Ogun State Bureau of Budget and Planning
- National Orientation Agency (Ebonyi, Ekiti, Imo, Osun and Oyo),

### Civil Society Partners:

- Action Health Incorporated
- Centre for Women Studies and Intervention
- Family Succour and Upliftment Foundation
- Hope for Women in Nigeria Initiative
- Shericare Foundation
- Society of Obstetric and Gynecology of Nigeria
- Young Men's Network Against Violence
- Youthhubafrica
- Girl Generation
- Population Council
- Education as a Vaccine
- Centre for Population and Health
- Center for Women's Health and Information
- Integrated Students Initiative
- Family Succor
- Development Dynamics
- Community Youth Development Initiative
- Endcuttinggirls" Social Media Advocates
- Child Protection Network (Ebonyi and Imo),
- Civil Resource, Documentation and Development Centre
- Women of Divine Destiny Initiative (WODDI)
- New Generation Girls and Women Initiatives (NIGWAD)

## Links to videos:

### Onikola Movie on FGM

<https://drive.google.com/file/d/1YQFQZxt-Au3PIMjCgMYPWHUDUkOrT7j2/view?usp=sharing>

Sandra's Cross Movies: please find links below

Episode 1: <https://www.youtube.com/watch?v=Zrx27ivHgQE&t=470s>

Episode 2: <https://www.youtube.com/watch?v=o9YZR6yC8Zc&t=27s>

Episode 3: <https://www.youtube.com/watch?v=id0HAflt4k0>

Episode 4: <https://www.youtube.com/watch?v=NILSJ3CRuQU>

Episode 5: <https://www.youtube.com/watch?v=wE5KLxCu1KA>

Episode 6: [https://www.youtube.com/watch?v=vrjmWC\\_ptYI](https://www.youtube.com/watch?v=vrjmWC_ptYI)

Sensitisation of the Nigerian Police Force and Nigerian Security and Civil Defense Corps on FGM laws in Ekiti State

# Senegal



## Facts

FIGURE 1: Percentage of girls and women aged 15 to 49 years who have undergone FGM, by administrative region.

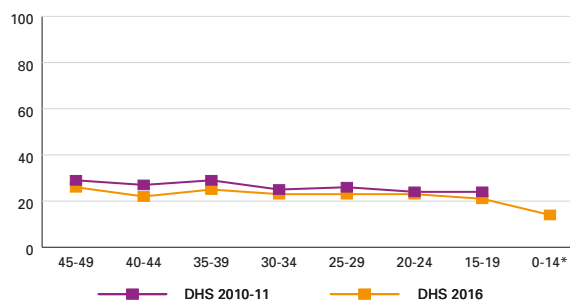


Source: DHS 2016

- 21% of girls and women aged 15 to 19 years have undergone FGM.
- The practice of FGM is slowly changing. Fewer adolescents have undergone FGM than previous generations, 21% of girls 15-19 compared to 26% of women age 45-49.

FIGURE 2: Percentage of girls and women aged 0 to 49 who have undergone FGM by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

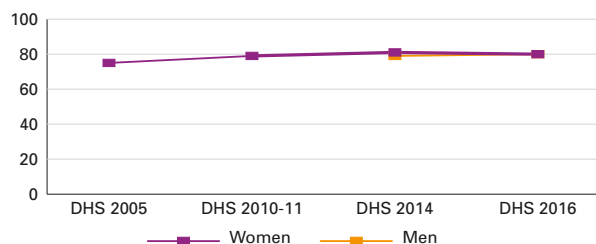


In Senegal, over two thirds of the girls who underwent FGM were below the age of 5 when they experienced the harmful practice. In Senegal FGM is performed by traditional practitioners. Girls' and women's attitudes towards FGM show no significant change. The majority of girls and women and boys and men aged 15-49 think FGM should end

FIGURE 3: Percentage of girls and women aged 0 to 49 who have undergone FGM by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

Source: DHS 2016, unless otherwise noted.





Recent estimates indicate that about 700,000 girls will be at risk of FGM between 2015 and 2030 (UNFPA, 2018).



### Timeline of Key Initiatives and Actions



## National Progress and Achievements in Addressing FGM: 2014-2017



### Policy and Legal Framework

**FGM Data for Policies and Programmes:** The Joint Programme provides support to the Demographic and Continuous Health Survey (EDS-Continue) led by the National Agency for Statistics and Demography (ANSD) by collecting FGM data on an annual basis. Policymakers use the available up-to-date human development data for planning and monitoring the impact of policies and programmes. The main sources of data are the Continuous DHS, studies and routine data collected by service providers.



### Provision of FGM-Related Services

**In Phase II, 126,640 girls and women received services related to FGM.**

FGM Prevention and Response Services through Child Protection Committees: Child Protection Committees (CDPE) in 35 departments played a major role in ensuring access to prevention and response services for cases of violence, abuse, or exploitation affecting children. Social services, CDPE, services from various sectors (e.g., justice, security, health, and education), civil society, traditional and religious leaders joined forces to provide targeted prevention, detection and referral of cases, and the provision of a continuum of services through an integrated care system. 222 cases of FGM were reported and treated. 243,381 community members (121,110 men and 122,271 women) were sensitised through the CDPEs, including prevention and response to cases of violence against children and 50,358 community members engaged in community dialogues supporting FGM abandonment.



## Galvanising Social Dynamics

Between 2014 and 2017, 723 communities made public declarations of FGM abandonment involving more than 266,800 individuals.

**Several Campaigns launched:** #Touche pas a ma soeur led by celebrity singer Baba Maal and Singer Coumba Gawlo

**Edutainment for Youth:** The Joint Programme supported the “Summer Penc” initiative, an educational entertainment program, including a television short film contest created by adolescents aged 12 to 17 around development topics that concern them such child marriage, FGM, menstrual hygiene, family planning, and sexuality. The objective of the programme is to develop and encourage creativity, healthy curiosity, openness, civic spirit and civic engagement. A total of seven short films were made on FGM which were broadcast to the Senegalese Radio and Television (RTS), with an audience of approximately two million households or six million viewers. The show was also seen outside of the country including neighbouring countries the Senegalese Diaspora.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$4,892,737 USD

**Geographic Coverage:** The regions of Dakar, Saint-Louis, Matam, Tambacounda, Kédougou, Ziguinchor, Kolda, Sédhiou, Kaolack, and Kaffrine are covered by the Joint Programme.

### Government Partners:

- Ministry of Women, Family and Childhood
- Ministry of Health and Social Welfare
- Ministry of Justice
- Ministry of Education
- Ministry of Governance and Child Protection
- Ministry of Youth, Employment and the Promotion of Civic Values
- Hopital Général de Grand Yoff

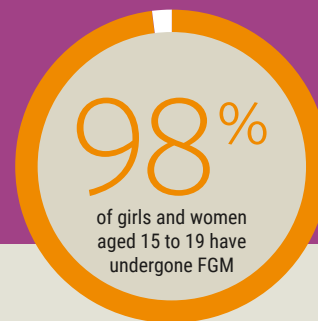
### Civil Society Partners:

- Groupe pour l'Étude et l'Enseignement de la Population (Geep)
- Le Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP)
- Tostan
- L'Association Sénégalaise pour le Bien - Être Familial (ASBEF)
- Grand Mother Project
- Rencontre Africaine pour la Défense des Droits de l'Homme (RADDHO)
- Federation des Association Feminines du Senegal (FAFS)
- Réseau Siggil Jigeen, Cinéma Numérique Ambulant.

## Links to videos

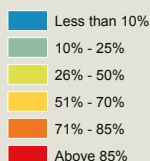
- Facebook UNFPA Sénégal: <https://www.facebook.com/unfpasenegal/>
- Facebook UNICEF Sénégal: [Facebook.com/Ureportsenegal](https://www.facebook.com/Ureportsenegal/)
- <https://www.youtube.com/watch?v=noPB7WC9LF4>
- <http://senegal.unfpa.org/fr/news/campagne-digitale-pour-l%E2%80%99abandon-des-mgfcexcision-et-mariages-d%E2%80%99enfants-0>

# Somalia

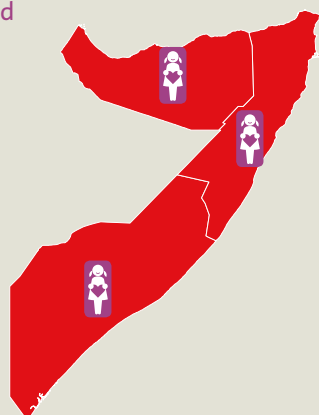


## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Joint Programme  
Activity, Phase II



- 98 of adolescent girls aged 15 to 19 years have undergone FGM according to data from 2006.
- FGM remains near universal in Somalia. Nearly all women aged 15-49 (98%) undergo FGM.

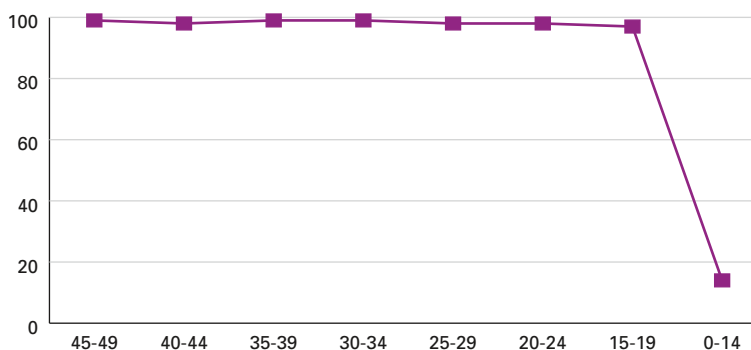
Source: MICS 2006

The most important impact for girls in Somalia has been the widespread abandonment of the most severe form - infibulation or 'pharaonic' type of FGM. This represents a critical shift in the norm although it does not represent 'total abandonment'. Quantitative data is not available to establish the prevalence of the different types of FGM. However, qualitative data suggests the practice is in sharp decline in urban areas as well as some rural areas.

FIGURE 2: Percentage of women aged 15-49 years who have had any form of female genital mutilation

Source: MICS 2006 and 2011

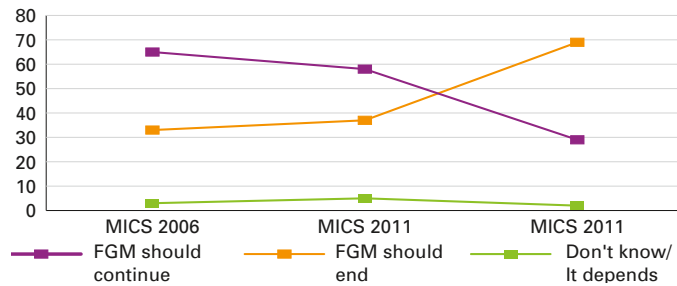
Note: While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



Although there are no nationally representative data to compare the attitude of women aged 15-49 from 2006 to 2011, figure show a contrasted situation from regions.

FIGURE 3: Attitudes of women 15-49 towards the practice of FGM

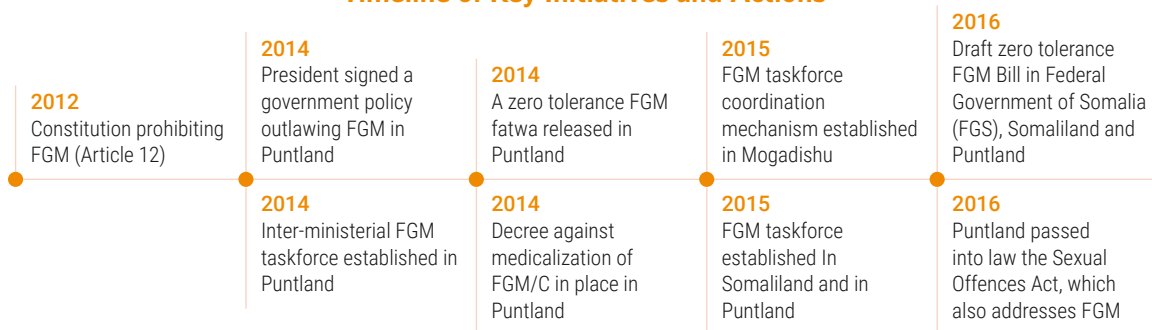
Source for all charts: MICS 2006 and 2011.



Recent estimates indicate that 2,174,336 girls will be at risk of FGM between 2015 and 2030 (UNFPA 2018).



### Timeline of Key Initiatives and Actions



**Geographic Coverage:** The Joint Programme works in 369 communities located in 30 districts in 21 regions from South Central, Puntland and Somaliland.

## Key Achievements 2014-2017



### Policy and Legal Framework

**Anti-FGM Law Pending Adoption:** Somalia does not have legislation banning FGM. However, there have been promising developments in Somaliland and Puntland towards enacting the law in the near future. Most significantly, the Prime Minister noted that Somalia is committed to enacting pending legislations on GBV including FGM, child marriage and intimate partner violence during his remarks at the 72nd UN General Assembly on 22 September 2017 in New York.

**Reinforcing Commitment to End FGM:** At least 65 public policy statements have been made by key political leaders regarding issues related to FGM. The Puntland Ministry of Health developed a decree against medicalisation of FGM which was signed in a joint ministerial event (Ministry of Health, Ministry of Justice, Religious Affairs and Rehabilitation, Ministry of Women Development and Family Affairs). 97 FGM taskforce meetings were convened to coordinate and support implementation of initiatives on addressing FGM. These coordination mechanisms served as a primary mechanism for transferring knowledge, skills and developing contextualized interventions.



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## Provision of FGM-Related Services

In Phase II, 5,687 girls and women received services related to FGM.

**Supporting Comprehensive Services to End FGM:** 223 service delivery points were provided specific technical training aligned to their core expertise to ensure they had the skills and knowledge to provide child-friendly and survivor-friendly services related to FGM. The Joint Programme also supported a review of the midwifery curriculum to include FGM issues. The revised curriculum is being rolled out in the FGS, Puntland and Somaliland. FGM prevention is also integrated in the ante-natal care, neo-natal care and immunisation services at four health facilities in Puntland, Somaliland and South Central Zones. The Joint Programme provided support in the implementation of a GBV Information Management System (GBVIMS) over the past five years which gather data on reported FGM cases as well as other GBV issues.



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## Galvanising Social Dynamics

Between 2014 and 2017, 890 communities made public declarations of FGM abandonment involving more than 404,500 individuals.

**Children and Youth Clubs for Ending FGM:** 141 Child Rights Clubs in primary schools are functional in the three zones with 1,500 members actively involved in dialogues on the abandonment of FGM and child marriage. Additionally, 16 Anti-FGM clubs were established in twelve universities and seven secondary schools.

**Media Coverage of Anti-FGM Events:** Various anti-FGM events and initiatives were covered through media outlets on at least 313 occasions since 2014 in addition to many online media sources, some local news sources and social media references. 9,000 youth subscribed to the Somaliland Y-PEER Facebook page as of December 2014.

## Formal Evaluations and Studies



**Gender-based Violence in Somalia:** UNFPA and UNICEF, in partnership with the World Bank, commissioned a study titled “Gender-based Violence Aggregation of Findings from Southern and Central Somalia, Puntland and Somaliland”. The study found there is growing evidence of social norms and behavior change programming targeting girls and boys at a young age is effective in educating and empowering them to challenge belief systems and norms that ultimately lead to the acceptance and/or normalization of practices such as FGM. The survey found that 65% of women reported to have undergone FGM and only 32.6% of women reported that their daughter had undergone FGM. Importantly, the survey showed a significant change in attitudes and norms with the majority of women (82%) disagreeing with FGM and committing to not cutting their daughters. Furthermore, only 27% of men agreed a woman must be circumcised in order to be married.

**Understanding Beliefs that Underpin Social Norms in Somalia:** Another study conducted in Somalia by the Joint Programme in partnership with Africa's Voices Foundation (AVF), looked at five interactive radio shows on key protection issues that affect young women and girls (FGM, child marriage, girls' access to education and juvenile justice). On FGM, the study found geographical variations in beliefs, distinct beliefs related to experience with different types of FGM, the role of religion in upholding and preventing FGM, and a positive association between those who disagree with FGM on health grounds and the choice not to have their daughters undergo the practice

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$3,741,941 USD

### Implementing Partners:

#### *Government Partners:*

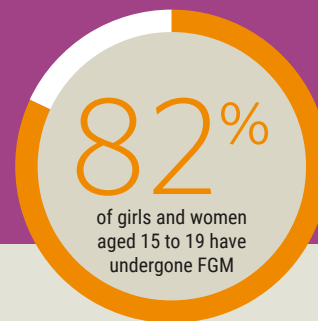
- Ministry of Endowment and Religious Affairs (South Central)
- Ministry of Women and Human Rights Development (South Central)
- Ministry of Labour and Social Affairs (Somaliland)
- Ministry of Justice (Somaliland)
- Ministry of Women Development and Family Affairs (Puntland)
- Ministry of Justice, Religious Affairs and Rehabilitation (Puntland)
- Ministry of Health (Puntland, Somaliland, South Central)
- Ministry of Religion (Somaliland)

#### *Civil Society Partners:*

- Wardi Relief and Development Initiatives (South Central)
- Community Empowerment and Development Action ((South Central)
- IRADA (Somaliland)
- Y-Peer Network (Somaliland, Puntland)
- International Horn University (Somaliland)
- NAGAAD Network (Somaliland)
- Somaliland Family Health Association (Somaliland)
- Comprehensive Community-Based Rehabilitation Somaliland
- Tadamun Social Society (Puntland)
- Muslim Aid (Puntland)
- PUNCH AID (Puntland)
- Tadamun Social Society (Puntland)
- Shilcon (Puntland)
- Women's Action for Advocacy and Progress Organization (Somaliland)
- Sedhuro (South Central)
- Comitato Internazionale Per Lo Sviluppo Dei Popoli (South Central)
- SWACEDA (South Central)
- Save Somali Women and Children (South Central)

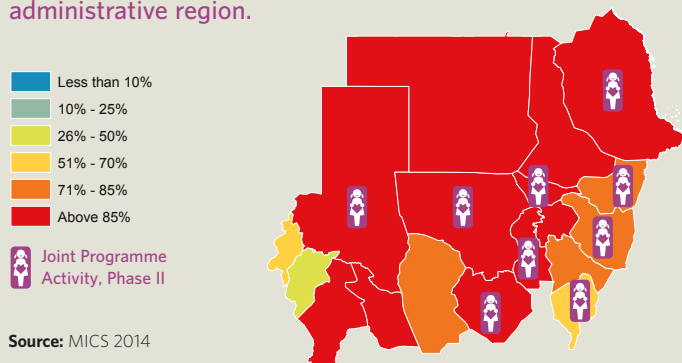
**Geographic Coverage:** In addition to supporting national level initiatives, the Joint Programme provided financial and technical support to implement community level social mobilization efforts in 369 communities from 30 districts in 21 regions from South Central, Puntland and Somaliland.

# Sudan



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.

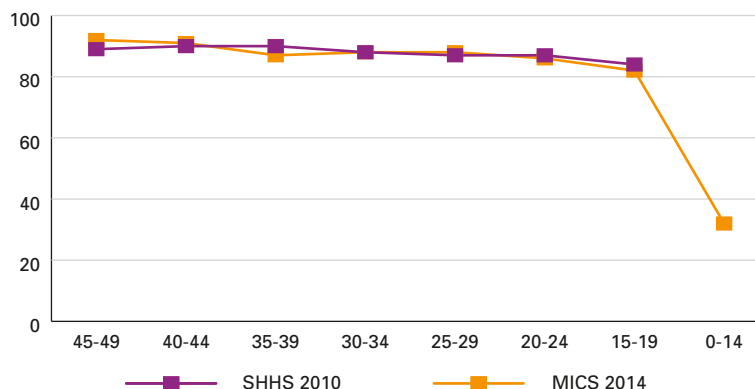


Source: MICS 2014

- 82% of adolescent girls aged 15 to 19 years have undergone FGM.
- The practice of FGM is slowly changing. Fewer adolescents have undergone FGM than previous generations, 82% of girls 15-19 compared to 92% of women age 45-49.

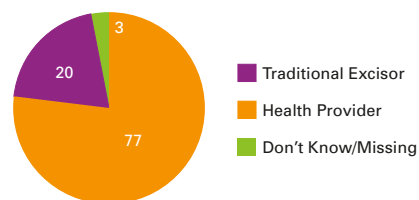
FIGURE 2: Percentage of women age 15-49 years who underwent FGM by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.



85% of women in the age 15-49 cohort underwent FGM before the age of 15. In Sudan, more than three-quarters of girls had FGM performed on them by a health provider.

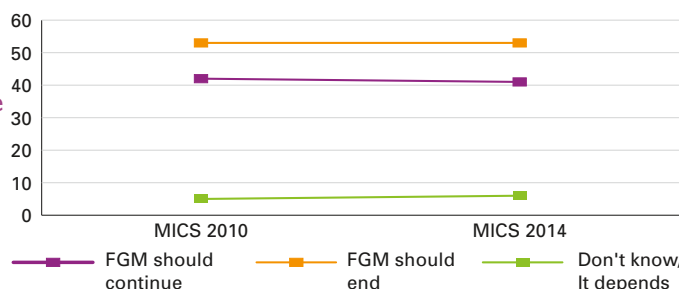
FIGURE 3: Percent distribution of women aged 15-49 who underwent FGM according to the person performing the procedure.



More than half of girls and women in Sudan aged 15-49 support the end of FGM. There is no evidence of change in girls' and women's attitudes towards FGM, as shown in Figure.

FIGURE 4: Percent distribution of women 15-49 who have heard of FGM by their attitude towards the practice

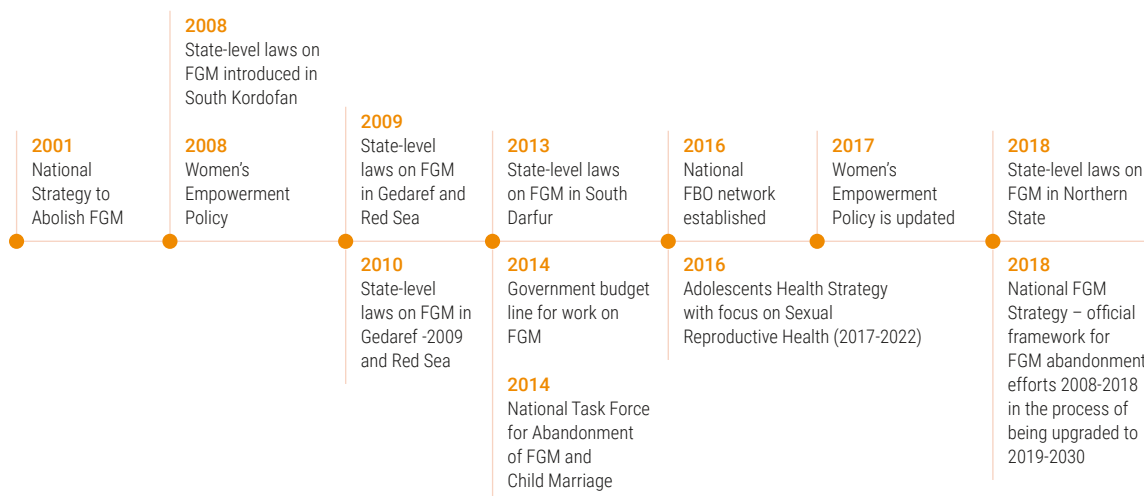
Source for all charts: MICS 2010 and 2014.



Recent estimates indicate that 4,474,693 girls will be at risk of FGM between 2015 and 2030 (UNFPA 2018).



### Timeline of Key Initiatives and Actions



## National Progress and Achievements in Addressing FGM: 2014-2017

There is no national-level legal provision criminalizing FGM in Sudan. However, criminalization of FGM took an important step forward with the endorsement by the Council of Ministers of a new article in the Criminal Act to ban FGM which is pending passage in parliament. There are state-level laws on FGM in South Kordofan, South Darfur, Gedaref and Red Sea States. Advocacy for State law on FGM continued in Blue Nile, North Darfur, and White Nile states, with legislation advancing to draft level in all states.





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## Policy and Legal Framework

**Child Protection Database:** National Council of Child Welfare established an integrated Information Management System (IMS) that accommodates a suite of harmonised databases to effectively monitor multiple child protection indicators - such as early marriage, FGM, Child Marriage, GBV and others.



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## Provision of FGM-Related Services

In Phase II, 71,466 girls and women received services related to FGM.

**Born Saleema Initiative in Hospitals and Health Centers:** The Saleema Initiative promotes positive communication approaches with families and communities by promoting wide usage of new positive terminology to describe the natural bodies and social status of girls and women. The 'Born Saleema Initiative' reached 100,751 parents in hospitals and health centers in seven states to enlighten and educate mothers on the advantages of leaving their girls Saleema (uncut) and took pledges from mothers and families to leave their daughters Saleema. More than 170,500 new-born were registered through Extended Programme on Immunization (EPI) system. 6,788 mothers signed the pledges to leave their daughters Saleema.

**Health providers Call for Enforcement of Laws to Prevent FGM:** The Sudan Midwifery Association collected 1,483 signatures from the midwifery community (585 students and 898 practitioners) from Gadarif, North Kordofan, South Darfur and Khartoum states as a collective call for a petition to enforce a law against FGM. The Sudan Pediatrician Society also signed petitions in 2016 to end FGM in their medical practice.

**Legal Aid for GBV Survivors:** The Joint Programme established a free legal aid centre for GBV survivors, including FGM survivors, in Gedaref.



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## Galvanising Social Dynamics

Between 2014 and 2017, 329 communities made public declarations of FGM abandonment involving more than 590,000 individuals.

**Promoting Children's Rights:** In 2017, about 650,000 people were reached with messages for preventing violence against children including GBV, FGM and child marriage using seven languages, through the media campaign of the Saleema Initiative. The Saleema campaign aims to link the state of being left uncut with a range of positive qualities, including "whole, healthy in body and mind, unharmed, intact, pristine, and untouched, in a God-given condition." It encourages a new discourse and way of thinking about FGM within the family and community, as an opening for new social norms to emerge around the idea that being uncut is natural and desirable

**Creation of a Youth Network to Abandon FGM:** The first national conference on FGM organised by youth under the theme "Youth against FGM: inspiring a positive environment for community mobilization"

was held in 2016. It brought together representatives of Sudanese youth (18-34 years) from 18 states to share experiences in community mobilisation, advocacy, awareness-raising and sensitisation. A youth mechanism for abandoning FGM was drafted and an action plan implemented to cover the entire country. Four more youth consultations meetings and conferences were also conducted in three States: Khartoum, Gezira and Kassala.

## Operational and Financial Information



**Total expenditure from 2014-2017:** \$2,758,766 USD

**Geographic Coverage:** In addition to supporting national level initiatives, the Joint Programme provided financial and technical support to implement community level social mobilization efforts in 249 communities from 17 localities in nine States (North Darfur, Blue Nile, White Nile, South Kordofan, North Kordofan, Gadaref, Kassala, Khartoum, and Red Sea)

### Implementing Partners

#### *Government Partners:*

- National Council of Child Welfare
- State Councils of Child Welfare
- Ministry of Security and Social Development/ General Directorate for Women's Affairs - General Directorate for Women & Family Affairs and Human Rights Centre
- State Ministries of Social Welfare
- Combating Violence against Women and Children Unit at National and State level
- Ministry of Guidance and Endowment
- Federal and State Ministry of Health
- Central Bureau of Statistics

#### *Civil Society Partners:*

- Ahfad University for Women and Consortium – Gadaref University is leading the consortium on temporary basis
- Alag Media Center (Saleema.net)

## Formal Evaluations and Studies



**Saleema Campaign Evaluation:** Midterm results from an independent evaluation by George Washington University of the “Saleema” campaign in Sudan, a critical component of a social norms work in Sudan, pointed to preliminary evidence that suggests change in FGM outcomes is generally positive when respondents have higher levels of exposure to the campaign. The Saleema campaign promotes the concept of the girl who is “natural, as God made her,” and free from FGM.

**Link to video:** <http://www.saleema.net>

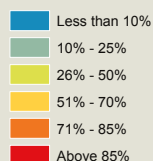
# Uganda

0.1%  
of girls and women aged 15 to 19 have undergone FGM



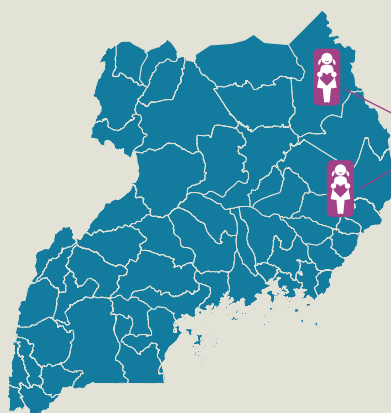
## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



Joint Programme  
Activity, Phase II

Source: DHS 2016



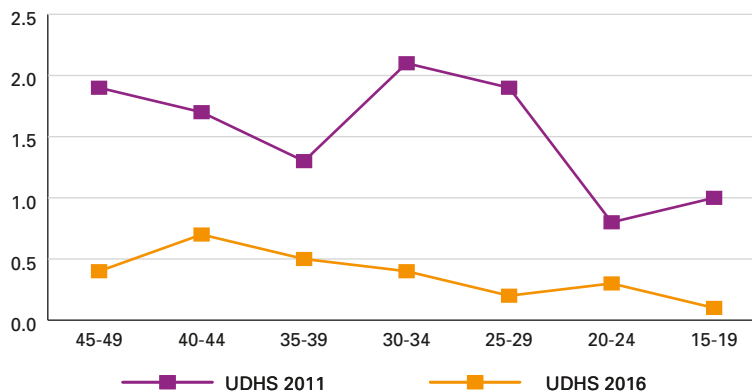
- 0.1% of adolescent girls aged 15 to 19 years have undergone FGM.

DHS/MICS report prevalence at regional level. FGM in Uganda is localized and practiced mainly by communities bordering Kenya and Uganda. The FGM baseline study 2015\* shows prevalence is higher in Karamoja region compared to the Sebei region, with the highest 52% in Moroto district, 49% in Nakapiripirit and 42% in Amudat districts. While in Sebei region, the prevalence was highest in Bukwo at 28% followed by Kween at 21% and Kapchorwa, 13%. Across all the six districts, the prevalence is highest among women aged 45 years and above (68 percent).

FIGURE 2: Percentage of girls and women aged 15 to 49 years who have undergone FGM by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

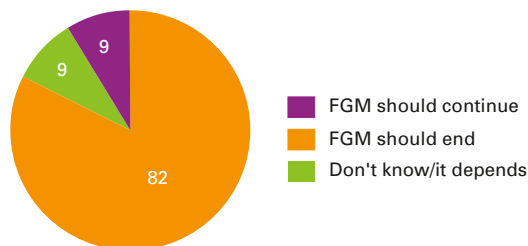
Source: UDHS 2011, 2016



\*Uganda Bureau of Statistics, Baseline survey 2015

82% of girls and women aged 15 to 49 years have heard about FGM and think the practice should end.

FIGURE 3: Percent distribution of women 15-49 who have heard of FGM by their attitude towards the practice



Source: DHS 2011



### Timeline of Key Initiatives and Actions



## National Progress and Achievements in Addressing FGM: 2014-2017

Important progress has been made in terms of securing high level political commitment and support for the efforts towards abandonment of FGM in the country. Amendment of the legal provision, development of a national policy and action plan, establishment of a national coordinating body and introduction of a budget line for the work on FGM (both at national and local governments level) are among the major actions taken by the government. Participation of the President, Speaker of Parliament, Ministers, Members of Parliament and high level religious leaders (including the Archbishop of Church of Uganda) in various events and initiatives (high level launching of the national policy, national advocacy forums on FGM, annual marathon, cultural days) provided momentum and visibility to the work being carried out by different partners on FGM.



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## Policy and Legal Framework

Between 2014 and 2017, 60 arrests have been made related to FGM, out of which 17 of them received convictions.

**Improving Knowledge on Anti-FGM Legislation:** Developed a handbook for Community Resource Volunteers that includes the cultural and religious dimensions of FGM, health and FGM and HIV/AIDS, engaging boys and men in the abandonment of FGM, and the cross-border nature of FGM. The handbook is used to improve the knowledge of law enforcement officers working in communities with high FGM prevalence rates.

**Improving FGM Reporting:** National Gender Based Violence Database (NGBVD) was upgraded from incident reporting to include Response and management of GBV and FGM. Standard Operating Procedures (SOPs) was also developed and disseminated. The Ministry of Gender Labour and Social Development took the lead in these initiatives.

**Engaging Policy-Makers on Anti-FGM Law:** The Joint Programme sensitised 3,543 parliamentarians, law reinforcement bodies (police officers, lawyers, and magistrates) and other actors on the legislation on FGM. Hands-on mentorship was conducted for 47 legal personnel through a court watch sessions to routinely track, prosecute and make referrals on FGM cases to other service providers including legal aid, health and psychosocial support. Community Resource Volunteers were operational to monitor FGM in the six target districts and provide legal assistance.

**Improving FGM Reporting:** Five Information Management Systems report FGM at the national level (DFA, National Gender Based Violence Database, Uganda child helpline (UCHL), UDHS, and Population Census and Police report forms).



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## Provision of FGM-Related Services

In Phase II, 2,868 girls and women received services related to FGM.

**Increasing Demand for FGM-Related Services:** 1,098 service providers from different administration levels have been oriented to provide FGM related services since 2014. In the context of Uganda, there is increasing demand for services presenting a challenge to service providing sectors. 52 service delivery points active in 2017 had at least a provider who attended in-service training on FGM management. FGM study 2017 by Ministry of Health found that 32% service delivery points (52 out of 163) have at least 1 provider trained by the JP for provision of services to survivors and at least 1,751 service providers trained.

**National Helpline for FGM:** Established national helpline (telephone hotline) for confidential reporting of FGM-related cases and this has boosted reporting of cases to the relevant authorities and community volunteers. Child helpline action centers are established in all the six focus districts equipped with IT equipment, furniture, and internet connectivity. Twelve child friendly spaces were supported and reached about 4875 children through different prevention services. Women and girls at risk of FGM were also provided services in GBV shelters located in Moroto, Amudat and Kween districts.



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## Galvanising Social Dynamics

In Phase II, 105 communities made public declarations of FGM abandonment involving more than 27,407 individuals.

**Mobilising Communities through Dialogue:** More than 119,637 community members and individuals were reached about the benefits of FGM abandonment using drama, sports and games, sensitisation dialogues, community to community dialogues, consensus building dialogues, music with young people, men and women, elderly men and women, religious and cultural leaders.

**FGM Prevention through Celebration of Cultural Days:** The President and the Speaker of Parliament jointly signed a pledge document on ending FGM in one generation as part of their participation in one of the cultural days organized to support efforts to accelerate abandonment of FGM in Sabinu and Tepeth. Annual Cultural days were initiated in 1996 in Sebei region and later extended to other areas based on the endorsement of the Parliament of Uganda. The overall objective is to promote valuable traditional practices and these forums are being used to sensitise the community on FGM. A total of 12 cultural days have been commemorated reaching about 6,000 people annually in Karamoja and Sebei region

**Cross-border Initiatives to Prevent FGM:** Implemented various cross-border initiatives which created awareness among neighboring communities between Uganda and Kenya and gave visibility for the effort to end FGM. At least 5 marathons have been conducted (including two regional cross-border marathon between Uganda and Kenya) involving high level political and religious representative in the focus areas. More than 1,200 athletes from Uganda, Ethiopia and Kenya participated in the event organized in 2017. Four cross-border meetings on FGM were conducted involving high level political, cultural and community participants from Uganda and Kenya.

**Engaging the Media on the Benefits of FGM Abandonment:** The strategic involvement of the media in Uganda led to increased coverage of FGM related events and activities to sensitize communities on FGM. This included 21 radio talk shows on FGM, more than 100 radio spots, 6 TV programmes, and more than 21 articles in print media with coverage at national level. All these were relevant to stimulate discussion and conversation around FGM.

**A Platform for Youth to Discuss FGM:** The SMS-based system (U-report platform) was the other innovative approach introduced to provide anonymous channel through which voices of the youth can be heard. U-report also provided space to young Ugandans to find out—and speak out—about trends developing in their communities, including issues related to FGM

## Operational and Financial Information



**Total expenditure 2014-2017:** \$2,907,043 USD

**Geographic Coverage:** Joint Programme interventions targeted 225 villages/communities in six districts located in two focus regions of the country (Karamoja and Sebei). Karamoja and Sebei regions are among rural, hard-to-reach and marginalized areas with very weak infrastructure and service provision.

### Implementing Partners:

#### Government Partners:

- Ministry of Gender, Labour and Social Development
- Ministry of Health
- National Population Council with Uganda Parliamentary Forum on Food and Social Protection
- Justice Law and Order Sector (JLOs)
- District Local Governments (Amudat, Nakapiripirit, Bukwo Kapchorwa, Kween and Moroto)

#### Civil Society Partners:

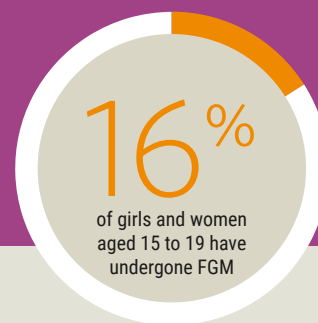
- Reproductive Health Uganda
- Trans-cultural Psychosocial Support Programme
- Reproductive Education and Community Health Programme
- Vision CARE, Law Advocates for Women in Uganda (LAW Uganda)
- Community and Development
- Institute for International Cooperation and Development
- Inter-Religious Council In Uganda (with Church of Uganda and Sebei Diocese)
- Matheniko Zonal Integrated Development Programme
- Pokot Zonal Integrated Development Programme
- Uganda Women Writers Forum (FEMRITE)

## Formal Evaluations and Studies



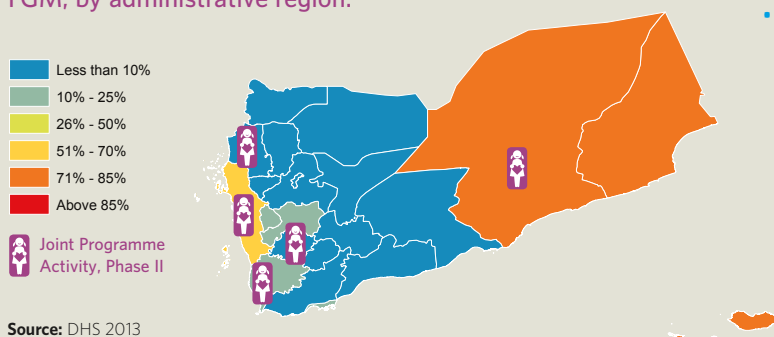
**First FGM Survey in Uganda:** The Uganda Bureau of Statistics (UBOS) with support from the Joint Programme conducted an FGM survey, the first of its kind in Uganda in 2015. The survey found that FGM rates are significantly lower among girls aged 15 to 24 years (8 percent) compared with women aged 45 and above (68 percent). In terms of perceptions and attitudes towards FGM, while 95 percent of females supported the discontinuation of FGM only 69 percent of males supported an end to the practice. Seventy-nine percent of respondents indicated that FGM would not occur in the next 12 months.

# Yemen



## Facts

FIGURE 1: Percentage of girls and women ages 15 to 49 years who have undergone FGM, by administrative region.



- 16.4 of girls and women aged 15 to 19 years have undergone FGM
- Recent estimates (UNFPA 2018) indicate that 1,897,140 girls will be at risk of FGM between 2015 and 2030

FIGURE 2: Percentage of girls and women aged 15 to 49 years who have undergone FGM by current age

**Note:** While comparing FGM prevalence data for early-age cohorts, it is important to note this data reflects their current FGM status and not final prevalence. Some girls who have not undergone FGM may not have reached the customary age for cutting and may still be at risk; these cases can be described as censored observations, and the amount of censoring varies since age-at-cutting varies by setting.

Source: DHS 2013

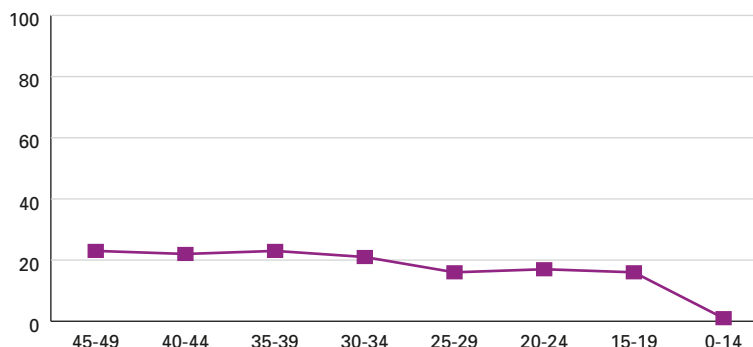
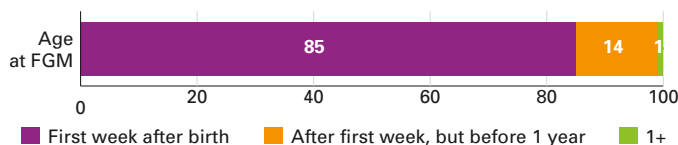


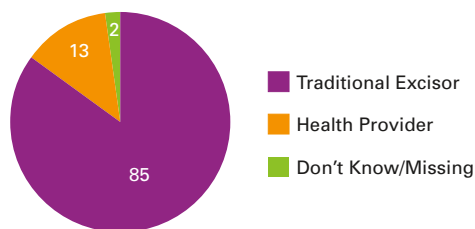
FIGURE 3: Percent distribution of women who have undergone FGM age 15-49 by age at which the procedure occurred



Source: DHS 2013



FIGURE 4: Percent distribution of most recently daughters who undergone FGM according to person performing the practice

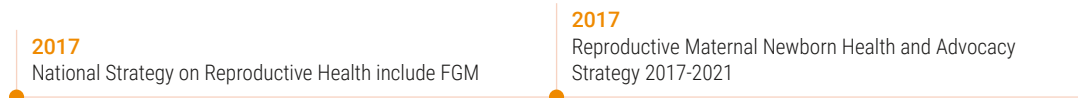


Source: DHS 2013

Yemen is one of the countries where legislation criminalising FGM is not yet in place. Efforts to address FGM in Yemen have been challenging given the humanitarian crisis including war, famine and a cholera outbreak. Considering the political context in the country, support from the Joint Programme mainly focused on capacity building of service providers and working with communities to shift social norms.



### Timeline of Key Initiatives and Actions



## National Progress and Achievements

in Addressing FGM: 2014-2017



### Policy and Legal Framework

**Development of Law to Protect Rights of Women and Girls:** The Joint Programme supported the development of a draft law entitled “Protection of Women Act”. The draft law (which was submitted to Parliament) is part of ongoing efforts of the national advocacy committee established on violence against women, including FGM and child marriage.

**Integrating FGM in National Strategy for Maternal Health:** The Joint Programme endorsed a National Reproductive Maternal Newborn Health and Advocacy Strategy. The National Strategy focuses on the rights of children to protection from violence including GBV and promotes quality access to services for children at risk during emergencies.

**Introducing FGM in High School Curricula:** In collaboration with the Ministry of Education and the Ministry of Youth efforts are underway to integrate Reproductive Health including FGM education messages into secondary school curricula.



## Provision of FGM-Related Services

In Phase II, 1,426 girls and women received services related to FGM.

**Community Protection Networks:** Strengthened the capacity of 104 midwives, 679 social workers and 529 community protection members from the “Salamaty” networks on women’s rights advocacy (including the elimination of FGM) and provision of appropriate services for survivors of FGM. These networks have been active in their targeted communities (Al-hudydah, Sayoun and Al-Mukala) and conducted a series of 219 advocacy activities to raise awareness and influence change towards the elimination of the FGM.



## Galvanising Social Dynamics

**Awareness Raising About the Benefits of FGM Abandonment:** The Joint Programme supported awareness raising activities within communities including through mobile theatre shows and role playing to deliver messages on GBV including FGM. A total of 483,358 individuals have been reached through different interventions. A total of 269,627 duty bearers/parents, care givers and community and religious leaders were provided with information on how to prevent FGM and child marriage as well as knowledge on how and where to seek services for children and their caregivers. 213,731 children and adolescents were engaged in awareness raising sessions and activities on human rights violations including FGM and were empowered to express their views.

# Operational and Financial Information



**Total expenditure from 2014-2017:** \$728,008 USD

**Geographic Coverage:** The Joint Programme supported interventions in 335 communities located in the following eight districts - Bajil, Al Mansuriyah, Al Marawi’ah, Al-Zaydiyah, Ash Shihr, Al Qatn, Sayun, Al Mukalla - in five governorates (Hudaydah, Hajjah, Taiz, Ibb and Hadramout).

## Implementing Partners

### Government Partners:

- Ministry of Social Affairs and Development

### Civil Society Partners:

- Yemeni Women’s Union.
- Yemen Family Care Association

## Links to videos:

<https://youtu.be/uTwY9X5ZJGQ>

<https://youtu.be/xC6lp2OzuCM>

<https://youtu.be/9D7UO4YFTXE>

<https://youtu.be/Mz3Xfw9Q3Sk>

<https://youtu.be/3vsn7YjpEZ8>

<http://yemen.unfpa.org/en/video/overcoming-fgm-yemen>

<https://youtu.be/us7Sxc1IYGE>

<https://youtu.be/pv7sIROCOVc>

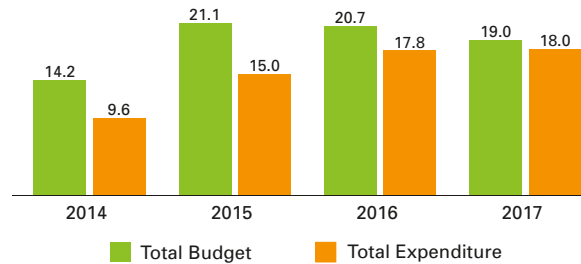
# Financial Report

In Phase II (2014-2017), the Joint Programme has received a total contribution of US\$ 61,821,665 from European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom.

At the same time, the Joint Programme, at global, regional and country levels improved the management of resources mobilized. The implementation rate increased from 67% to 94% from 2014 to 2017.

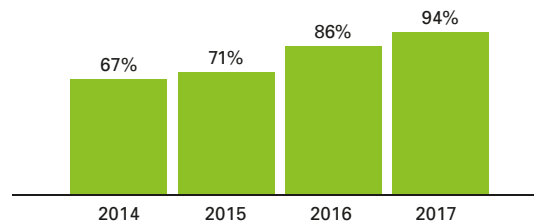
GRAPH 1: Budgets and Expenditures of the JP, Phase II 2014-2017 (millions)

Source: UNFPA and UNICEF



GRAPH 2: Expenditure rates for the phase II cycle (2014-2017)

Source: UNFPA and UNICEF

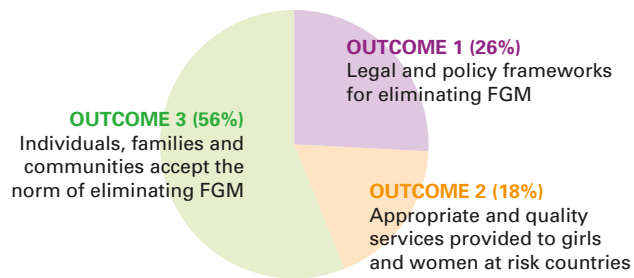


The Joint Programme started to generate financial reporting by outcomes and outputs defined in its results framework in 2016. A financial reporting template was developed and shared with all country offices to facilitate the reporting process. More importantly, both UNFPA and UNICEF have made the necessary adjustments to their system to report by outcomes and outputs of the Joint Programme, as presented below.

As can be seen from the graphs below, out of the total expenditure (USD 62,389,586) for 2017, 56% was used to support interventions focusing on galvanizing community movements towards the abandonment of the practice of FGM (Outcome 3) while the share of the expenditure for interventions on policy and legal environment (Outcome 1), and service provision (Outcome 2) was 26% and 18% respectively. As expected, community level engagement was the primary focus area of support during the year.

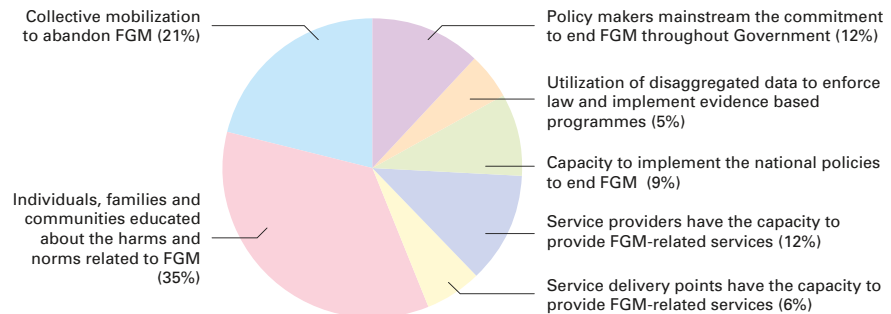
GRAPH 3: Total annual expenditure (%) by Outcome in 2017

Source: UNFPA-UNICEF



GRAPH 4: Total annual expenditure (%) by Output in 2017

Source: UNFPA-UNICEF







United Nations Populations Fund  
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New York, NY 10158  
[www.unfpa.org](http://www.unfpa.org)



United Nations Children's Fund  
Three United Nations Plaza  
New York, NY 10017  
[www.unicef.org](http://www.unicef.org)