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



FGM Elimination and COVID-19: Sustaining the Momentum



Gender-Equitable
Masculinities

| ANNUAL REPORT 2020



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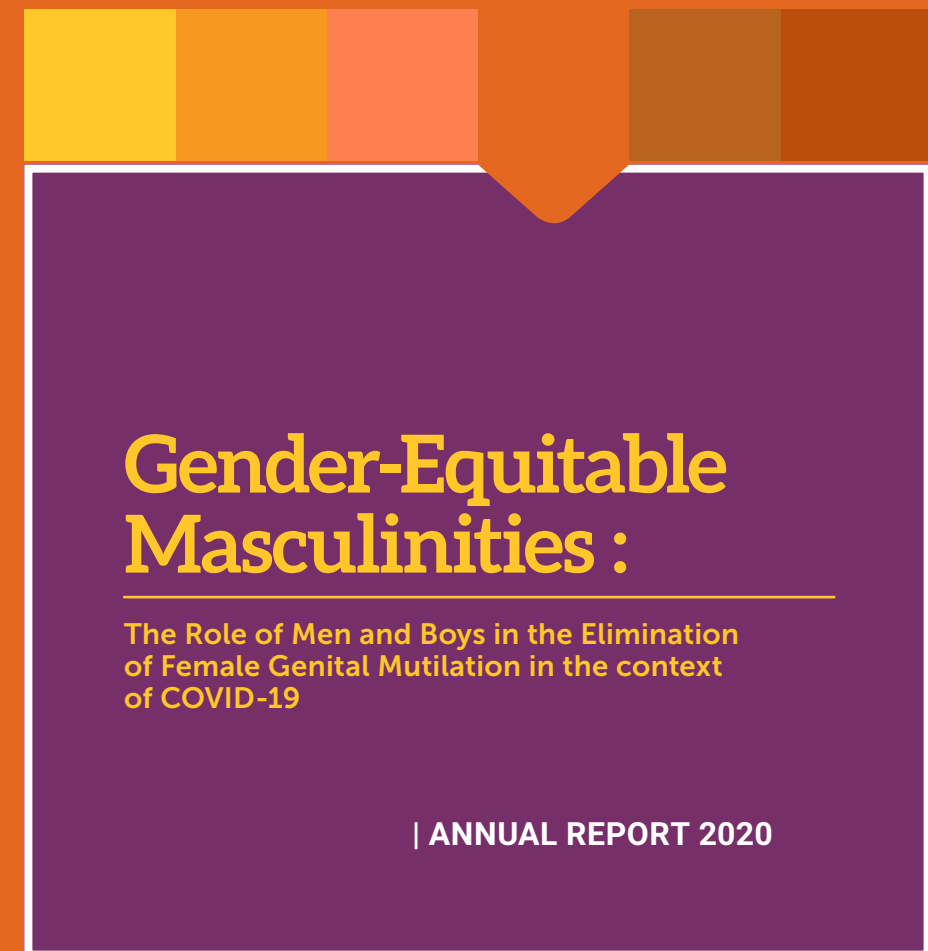
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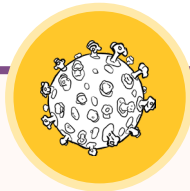
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Acronyms

AU	African Union
CGC	Community Management Committees/ Comite de Gestion Communautaire
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IRH	Institute for Reproductive Health at Georgetown University
PSAs	Public Service Announcement
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
VAC	Violence Against Children
YMN	Young Men's Network
Y-PEER	Youth for Peer Education Network



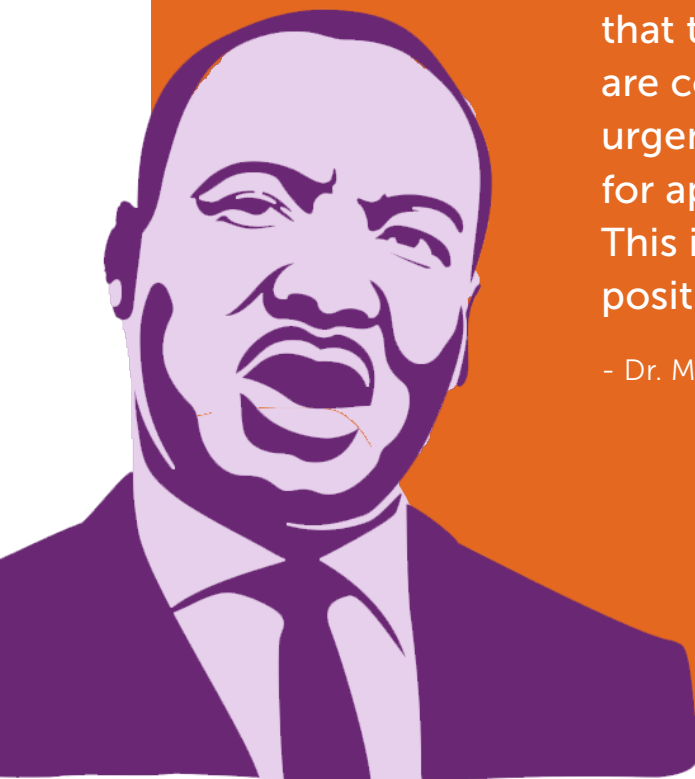


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Introduction

" We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now...This is no time for apathy or complacency. This is a time for vigorous and positive action."

- Dr. Martin Luther King Jr.



Every humanitarian crisis offers a 'window of opportunity' to transform unequal gender norms and power relations. Humanitarian responses have the potential to increase, reinforce or reduce gender inequalities. In emergencies, particularly ones that involve containment measures, gender-based violence (GBV) often increases.¹ However, like lessons that are never learned, containment measures in response to the COVID-19 pandemic that were introduced, exacerbated gender inequalities globally, exposing girls and women to multiple and compounding forms of violence including female genital mutilation (FGM).² More than a year after the outbreak of COVID-19 as a pandemic, emerging evidence suggests that school closures and disruptions in the delivery of services increased opportunities for FGM to be undertaken at home, undetected. As the pandemic pushed more families into poverty, FGM was used in some instances as a negative coping mechanism to ease the financial burden on households. Girls' faced an increased risk of FGM and lack of access to their social networks, and critical services, particularly those they most needed, because they were either "unavailable, de-prioritized or deemed non-essential."³

As the global community faces the prospect of the COVID-19 pandemic reversing progress in gender equality and the elimination of FGM, one positive outcome from the crisis in 2020 was the role men and boys played in championing the protection of girls and women from FGM. From the global to the local, "confronted with the fierce sense of urgency now," men and boys as individuals, police officers, health care providers, advocates and activists, religious and traditional leaders, aid workers, national and sub-national policymakers, academics, and journalists stepped up to prevent FGM. They specifically spoke out about the heightened risk girls faced during the COVID-19 crisis in 2020. In Kenya, President Uhuru Kenyatta launched the Presidential Plan of Action to End FGM by 2022, a high-level political commitment to accelerate the elimination of FGM. The Presidential Plan has translated into a National Costed Roadmap. In Djibouti, the Joint Programme, in partnership with the National Human Rights Commission, organized an advocacy workshop for local government officials, parliamentarians, and members of civil society to establish an alliance of men promoting the elimination of FGM. In Nigeria, statements by traditional and religious leaders on preventing the spread of COVID-19 and protecting girls and women from FGM, were broadcast on TV and radio, reaching over 12.5 million listeners and viewers. While in Guinea, a video of two young men performing slam poetry about stopping FGM received more than 700,000 views online.



¹John, N, Casey, SE, Carino, G, McGovern, T. Lessons Never Learned: Crisis and gender-based violence. *Developing World Bioeth.* 2020; 20: 65– 68. <https://doi.org/10.1111/dewb.12261>

²ibid.

³ibid.



The Joint Programme in no way diminishes the issues of masculinity during the COVID-19 crisis. Such issues included increase in GBV and Violence Against Children (VAC) as families were confined to their homes or the “masculinist” perspectives which deprioritized prevention, protection and care services for FGM in responding to the pandemic.⁴ It is critical to recognize that men and boys were visible partners and allies against FGM during the COVID-19 crisis in 2020. This report, therefore, features programme examples from the crisis in 2020, including data related to attitudes towards FGM and domestic violence, with case studies from countries where the Joint Programme is being implemented.

⁴Ruxton, S., & Burrell, S. R. (2020). Masculinities and COVID-19: Making the Connections. Washington, DC: Promundo-US.

When Men and Boys Champion Change:

Interview with Dr. Morissanda Kouyaté, Mandela Prize Laureate 2020



“When I talk about FGM, more people listen because I am a man,” says Dr. Morissanda Kouyaté, Executive Director of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC). “Now, imagine if all men said, ‘I will not marry your daughter if you cut her.’ FGM would stop in one day.”

Last year, the United Nations awarded Dr. Kouyaté the Nelson Rolihlahla Mandela Prize in acknowledgment for his trailblazing work towards ending violence against women and girls. He started this work in his early days as a physician in Guinea, after witnessing the devastating and sometimes fatal effects of FGM on girls and women. But in 1984, when he first broached FGM as a topic for public inquiry, he was the only man willing to discuss it.

Now, through the efforts of women’s rights advocates like Dr. Kouyaté, the discussion about GBV – with FGM as one example – has spread throughout the world. Today, more men and boys take part in that discussion. Dr. Kouyaté stresses that men’s role in ending violence against women and girls is a vital one.

“Violence as a value comes from men,” he explains. “So, any programme about violence against women and girls that ignores the involvement of men will be unsuccessful.”

He says that the successful route to ending FGM and other forms of GBV starts with re-education at all levels of society. Young girls and boys must learn that violent behavior towards girls is unacceptable and that parents should be supported in gender-responsive parenting, including positive gender socialization that supports the elimination of GBV and FGM. Most importantly, it is critical to work with families, communities, and society to understand that gender equality benefits all. It’s a tall order, but it is one that ideas like the UNFPA Husbands’ Schools Initiative seeks to realize.

Governments, international organizations, and world leaders must do their part too, Dr. Kouyaté adds. As he learned through his fight against FGM, GBV is endemic to every country in the world. Thus, all nations should prioritize laws that ban violence against women and girls and hold not just perpetrators to account, but also those in positions of influence. Instead of looking away, decision-makers need to promote girls' and women's rights and hold perpetrators of GBV and FGM accountable.

Dr. Kouyaté knows that resistance to such sweeping measures is keen. Naysayers often cite the cost, labour, and political will needed to implement anti-FGM initiatives on a global scale. In response, he urges everyone to look at the international response to the COVID-19 pandemic. The speed with which the global community found protocols and a vaccine to combat the virus proves that a coordinated global challenge to FGM is possible.

He notes the sheer number of voices speaking out on behalf of women and girls today, in stark contrast with his solitary stand against the practice almost forty years ago. He opines that the time is ripe for change and that there is a real possibility of ending FGM once and for all.



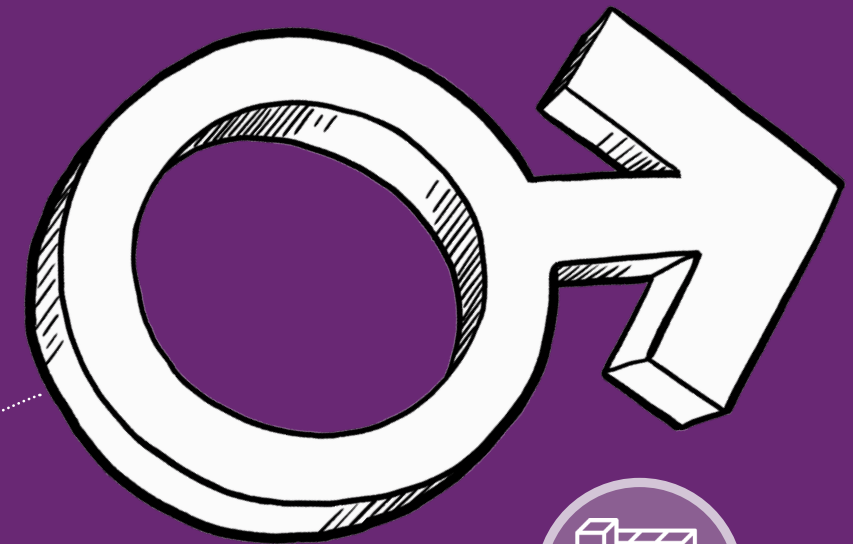
“We have everything we need to reach zero tolerance for violence against women, there are no more excuses” he concludes.



Engaging Men and Boys in the Joint Programme

Engaging men and boys in the elimination of FGM are not new to the Joint Programme. Since the launch of the programme, men and boys have been participating in the Programme as key stakeholders in the elimination of FGM. This includes working with religious and traditional leaders as community gatekeepers who play a critical role in challenging social and gender norms, including harmful practices such as FGM. Men and boys, as community leaders, have been participating in community dialogues and leading public declarations of FGM. Specifically, in designing Phase III of the Joint Programme, there was consensus about the need to prioritize a gender-transformative approach, which includes engaging men and boys as allies and partners in ending FGM. Through this approach, men and boys play a more active role in ending FGM, including publicly voicing their opposition to the practice and advocating for the elimination of the practice.

The Joint Programme is cognisant of the fact that elimination of FGM is not because men want FGM to end but because FGM violates the rights of girls and women. However, in working with men and boys to end FGM, the Joint Programme contributes to transforming gender relations and systems that sustain FGM across all levels of the social ecology as highlighted below.



STRUCTURAL

Working more systematically with national stakeholders to provide a supportive Building and maintaining alliances between men and boys' networks to mobilize the male gender to speak out and take action to end FGM, in addition to working with women and youth groups, among other social justice movements, in advocating for gender equality and the elimination of FGM context and enabling environment for protecting the rights of girls and women to be healthy and free from discrimination and FGM, holding political leaders accountable to the Sustainable Development Goal (SDG) 5.3.



INSTITUTIONAL

This includes men as service providers advocating for and ensuring access to comprehensive prevention, protection and care services for FGM, as well as challenging harmful social and gender norms, like FGM.



COMMUNITY

Building and maintaining alliances between men and boys' networks to mobilize the male gender to speak out and take action to end FGM, in addition to working with women and youth-led groups, and other social justice movements, in advocating for gender equality and the elimination of FGM.



INTERPERSONAL

Using UNFPA's Husbands' Schools proven approach for shifting gender norms and changing gender relations, research has shown that in terms of couples' joint decision-making on FGM, fathers who may be opposed to the practice are often not consulted on the decision to have their daughter undergo FGM.⁵



INDIVIDUAL

Working in schools and with existing community-based initiatives, such as education sessions and community dialogues, life skills and comprehensive sexuality education programmes, aimed at providing information about FGM, hear girls' and women's perspectives and challenge gender norms that perpetuate the practice.

⁵Cappa C, Thomson C, Murray C (2020) Understanding the association between parental attitudes and the practice of female genital mutilation among daughters. PLOS ONE 15(5): e0233344. <https://doi.org/10.1371/journal.pone.0233344>

Data on Attitudes of Men & Boys towards FGM and Domestic Violence

This section provides data on FGM prevalence rates among girls zero to 14 years of age, and girls and women aged 15 to 49 years. It includes the comparison of attitudes between boys and men, as well as girls and women in the 17 countries where the Joint Programme is being implemented. It includes comparisons (where available) of attitudes between boys and men as well as girls and women in the 17 countries where the Joint Programme is being implemented, including their opposition to FGM, as well as a comparison between adolescent boys' and girls' attitudes towards domestic violence.

There are 11 countries with available data on attitudes about the continuation of FGM, of which, in four countries – Eritrea, Ethiopia, Guinea, and Sudan – more men and boys between the ages of 15 and 49 years are opposed to FGM than girls and women. The exception is Eritrea, where more adolescent boys justify domestic violence, and Sudan, where adolescent boys' attitudes towards domestic violence are not captured. It is worth noting that in Ethiopia and Guinea, more adolescent girls believe domestic violence is justified. All four countries show a significant decline in FGM between girls and women aged 15 to 49 years compared to girls aged 0 to 14 years.

Table 1: **Prevalence of and attitudes about the continuation of FGM and Domestic Violence in Eritrea, Ethiopia, Guinea, and Sudan**

COUNTRY	FGM prevalence among girls aged zero to 14 years	FGM prevalence among girls and women aged 15 to 49 years	Girls and women opposing the continuation of FGM	Boys and men opposing the continuation of FGM	Justification of wife-beating among adolescent boys 15 to 19 years old	Justification of wife-beating among adolescent girls 15 to 19 years old
Eritrea	33%	83%	82%	85%	60%	51%
Ethiopia	16%	65%	79%	87%	33%	60%
Guinea	39%	95%	26%	33%	57%	65%
Sudan	30%	87%	53%	64%	n/a	36%

In five countries – Burkina Faso, Kenya, Mali, Nigeria and Senegal – opposition to FGM is approximately the same among girls and women, and boys and men. There is a decline in FGM between older and younger cohorts across all five countries although the decline is more significant in Burkina Faso and Kenya, except in Burkina Faso, where attitudes towards domestic violence are the same between adolescent boys and girls. In Kenya, Mali, Nigeria and Senegal, more girls than boys justify wife-beating in the remaining four countries.

Table 2: **Prevalence of and attitudes about the continuation of FGM and Domestic Violence in Burkina Faso, Kenya, Mali, Nigeria and Senegal**

COUNTRY	FGM prevalence among girls aged zero to 14 years	FGM prevalence among girls and women aged 15 to 49 years	Girls and women opposing the continuation of FGM	Boys and men opposing the continuation of FGM	Justification of wife-beating among adolescent boys 15 to 19 years old	Justification of wife-beating among adolescent girls 15 to 19 years old
Burkina Faso	13%	76%	90%	87%	40%	39%
Kenya	3%	21%	92%	89%	37%	45%
Mali	83%	89%	17%	13%	50%	74%
Nigeria	13%	19%	67%	62%	26%	30%
Senegal	14%	24%	81%	79%	43%	48%

In Egypt and Mauritania, opposition towards FGM is significantly higher among girls and women compared to boys and men. While there is no data available in Egypt on adolescent attitudes towards domestic violence, it is worth noting that more adolescent girls than adolescent boys justify domestic violence in Mauritania.

Table 3: **Prevalence of and attitudes about the continuation of FGM and Domestic Violence in Egypt and Mauritania**

COUNTRY	FGM prevalence among girls aged zero to 14 years	FGM prevalence among girls and women aged 15 to 49 years	Girls and women opposing the continuation of FGM	Boys and men opposing the continuation of FGM	Justification of wife-beating among adolescent boys 15 to 19 years old	Justification of wife-beating among adolescent girls 15 to 19 years old
Egypt	14	87%	37%	28%	n/a	n/a
Mauritania	51	67%	50%	19%	18%	26%

In Djibouti, Guinea-Bissau, Somalia, The Gambia, Uganda and Yemen, where data on boys' and men's opposition to FGM is unavailable, with the exception of Somalia (where data on girls aged zero to 14 years is also unavailable), there has been a decline, there has been a decline in FGM prevalence rates. In countries where data is available, adolescent girls appear to be more likely to justify domestic violence see adolescent girls are more likely to justify domestic violence than adolescent boys.

Table 4: **Prevalence of and attitudes about the continuation of FGM and Domestic Violence in Djibouti, Guinea-Bissau, Somalia, The Gambia, Uganda and Yemen**

COUNTRY	FGM prevalence among girls aged zero to 14 years	FGM prevalence among girls and women aged 15 to 49 years	Girls and women opposing the continuation of FGM	Boys and men opposing the continuation of FGM	Justification of wife-beating among adolescent boys 15 to 19 years old	Justification of wife-beating among adolescent girls 15 to 19 years old
Djibouti	43%	94%	51%	n/a	n/a	n/a
The Gambia	21%	76%	49%	n/a	45%	54%
Guinea-Bissau	29%	45%	81%	n/a	37%	40%
Somalia	n/a	98%	33%	n/a	n/a	75%
Uganda	1%	0%	83%	n/a	53%	58%
Yemen	15%	19%	75%	n/a	n/a	49%



Achievements in Gender-Equitable

Masculinities during the COVID-19 Crisis

Individual



At the individual level, it can be difficult for men and boys (as well as women and girls) to transform beliefs and practices that have been learned and internalized from childhood.⁶ Gender is a central organizing principle for men and women, and their sense of identity. For men and boys, challenging notions of masculinity may in some ways feel as though they are challenging their notions of self.⁷ Moreover, men's and boys' motivation and capacity to change are often also dependent on their broader contexts and the extent to which peer networks, media messaging, public policies, opinion leaders and other influences continue to perpetuate certain messages about gender norms.⁸ Gender norms shape people's individual attitudes including their acceptance of FGM, even though it is globally recognized as a harmful practice. In 2020, the Joint Programme continued to provide opportunities for critical reflection on FGM and increase individual autonomy and self-efficacy, ensuring men, women, boys and girls are empowered to say 'no' to FGM.



⁶MenEngage (2014). Men, Masculinities, and Changing Power: A Discussion Paper on Engaging Men in Gender Equality from Beijing 1995 to 2015.

⁷Ibid.

⁸Ibid.



When Men Say
"No" to FGM

"My name is Saikou Mballo, I am from Kandia. In my hometown, FGM is a social norm, a harmful practice passed down from generation to generation. It is a compulsory ritual for all young girls in the village. As a result, if a young girl is not circumcised, she is considered unclean and becomes the laughingstock of the whole community. In my travels, I spent a few years in the North of Senegal, especially in Tivaouane. One day, I heard Brother Serigne Mansour Sy say that FGM is not recommended but also Islam does not recommend it and that it is an old traditional practice among certain ethnic groups in Senegal. Also, I followed the advice of the health care providers on FGM, so I decided not to cut my daughters. Today, I have four daughters who are not cut. I accompany them to prepare them psychologically to face stigma or criticism in the village. That's why I've spoken to them to resist this unnecessary pressure. I know this is a very important social norm for us Fulani, but I will fight for them to grow up and be treated with respect. Personally, I am ready to tackle this theme and to express my position in front of all the inhabitants of Kandia, in the "Banta" (the public square). This is a position that I will assume with courage and determination until the end of my life." - **Senegal**

"My name is Muaz Jemal. I live in Sankuru Woreda. I am 18 years old and a 10th grade student. I actively participate in a media club in school and advocate for the end of the practice through anti-FGM messages. My plan in the future is to marry a girl who has not undergone FGM." - **Ethiopia**

"Because of the dialogues we participate in the young men's clubs, we learn about the impact of FGM on girls and young men in the community like me will advocate for Saleema in our community and declare to keep our daughters Saleema (e.g., free from FGM)." - **Sudan**

"My name is Kennedy Tenwatch, a Youth Champion in West Pokot in **Kenya**. After attending a UNFPA training last year, I committed to work with other men to end FGM in my community in the next ten years. Knowing the impact of FGM on girls and women, I have decided not to marry circumcised girl".

Interpersonal



Many people have a vested interest in maintaining inequalities in access to resources and power that perpetuate discriminatory gender norms.⁹ Men benefit most clearly, but adolescent boys also have a stake in norms that deal them a better hand than girls: more power, more freedom, better access to resources and the promise of substantially more power in adulthood.¹⁰ People often misperceive how far they benefit from existing gender norms and/or see these inequalities as natural and unable to be changed.¹¹

Women living in communities that practice FGM often have “their” own logic and reasons for not ending the practice despite expressing opposition to its continuation.¹² For women living under a strong patriarchal social and economic regime with very few livelihood options, the room for negotiating for power is limited. Mothers will often have their daughters undergo FGM and comply with other social norms, particularly those around sexuality and its link to the economics of reproduction, to ensure social inclusion and financial security. Research shows that FGM is more prevalent among girls whose mothers support FGM even if their fathers are opposed to the practice.¹³ For this reason, the Joint Programme promotes gender-sensitive parenting and inclusive decision-making, among couples, which can reduce girls’ risk of FGM, allowing fathers to express their opposition to the practice.



⁹<https://www.unfpa.org/social-norms-change>

^{10,11,12}ibid

¹³Cappa C, Thomson C, Murray C (2020) Understanding the association between parental attitudes and the practice of female genital mutilation among daughters. PLOS ONE 15(5): e0233344. <https://doi.org/10.1371/journal.pone.0233344>



Burkina Faso

Gender-Sensitive Parenting for Mothers and Fathers

As of December 2020, there were more than one million internally displaced people (IDPs) in Burkina Faso - 61 percent children and 23 percent women. With 51 percent of female IDPs under the age of 14 years their risk of FGM is high. In 2020, the Joint Programme targeted IDP populations using comprehensive and innovative communication tools for social and behavioral change. These included e-campaigns and virtual platforms for mobilizing adolescents and youth, engaging men and boys in support of gender-equitable masculinities, and providing life skills training. Specifically, gender-sensitive parenting sessions on FGM reached 24,506 people- 12,343 women and 12,163 men.





Taking the Husbands' Schools in Niger Model to Scale to End FGM

Since 2004, UNFPA and its partner SongES (Soutien aux ONG: Empowerment et renforcement de capacités, Strategies de développement) have supported village-level Husbands' Schools. Husbands' Schools is an intervention aimed at involving men in supporting women's use of sexual and reproductive health (SRH) care, fostering a more enabling environment for using antenatal, delivery, and family planning services by women, as well as gender equality in health care decision-making.

Schools have eight to 12 members, who must be over age 25 and meet the criteria of a 'model husband.' A model husband is considered by his community as someone with integrity, who is supportive of his family, strives for peace within the home, demonstrates support for the use of SRH care by his wife, and can volunteer his time to improve community health. Husbands' School members are trained on leadership, teamwork, communication, advocacy, negotiation techniques, and basic SRH and service utilization. Members of each school are considered peers – there is no hierarchy of membership – and a trained Coach from the implementing non-governmental organization visits schools to provide guidance and technical assistance. The Husbands' Schools meet once or twice each month and strategize to address specific SRH issues, often in discussions with local health care providers. Model husbands then reach out to other men (and through their own wives, other women) to facilitate community-level sensitization discussions on sexual and reproductive health and rights (SRHR) and women's and men's engagement. As community role models, their actions influence a more enabling socio-normative environment that allows men to play new roles in health promotion and engage the larger community to support the use of reproductive health services, as well as increased sharing and decision-making within couples.

Although a 2014 evaluation of the Husbands' Schools revealed an increase in women's use of SRH care,¹⁴ it did not explore its gender dynamics. As a result, a new study by Institute for Reproductive Health (IRH) at Georgetown University was conducted to assess change in gender dynamics and how new ideas and actions were being diffused.¹⁵ The analysis indicated that membership in schools was constant and that Husbands' Schools were active over a period of

years (the pilot site schools have been operating for 10 years), demonstrating the sustainability of the approach, as well as interest and commitment of members.

At a programme theory level, IRH's research confirmed that the gender shifting pathways were moving in the equitable ways assumed in the programme change theory and clarified how information and new ideas were diffusing through women's and men's social networks. Wives of model husbands were diffusing information through their women's networks. Husbands and wives say that they are now talking to each other more. Men better understand the importance of the health of their wives and children. Member husbands are acting as guides for their own families and for other families that find it hard to get to a health center. There has also been a change in behavior among villagers, authorities, and healthcare workers. Health centers that achieve the best results are those where health care providers have good relations with local people including the Husbands' Schools in particular. There is greater confidence that the approach is working well in a variety of socio-cultural contexts and is ready for further scale-up.

The Husbands' School model has been adapted by the Joint Programme to engage men in advocating for girls' rights, including the right to be free from FGM, through peer sensitization and couples' joint decision-making on eliminating the practice in Burkina Faso, The Gambia, Guinea-Bissau, Mali, Mauritania, Nigeria and Senegal.



¹⁴Saley, D. (2014). Evaluation of the Niger Initiative Husbands' Schools: Final Report.

¹⁵Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID) (2020). Evaluating, Learning, and Adapting for Scale: Understanding How Norms-Shifting Interventions Work Through a Realist Evaluation of the Husbands' School. Washington, D.C. Retrieved from <https://irh.org/resource-library/realist-eval-hs-brief/>

Community



Empowering communities to lead shifts in social and gender norms that sustain FGM as a harmful practice is central to the Joint Programme's approach. Men are never "just" men. Their gender is shaped by, and impacts their position as fathers, husbands, community and religious leaders.¹⁶ The Joint Programme engages men and boys in interrogating and challenging power dynamics in their own lives, as well as in their communities, while also seeking to empower them as partners in the elimination of FGM rather than simply as perpetrators of violence. This is important given that in many societies, women take the decision to have their daughters undergo FGM. While men and boys may oppose the continuation of FGM, they may also have misperceptions about other men's acceptance of FGM or view FGM as a 'women's issue'. For this reason, advocacy by men and boys for men and boys continues to be a priority intervention and a key approach towards the elimination of FGM in the countries where the Joint Programme is implemented.

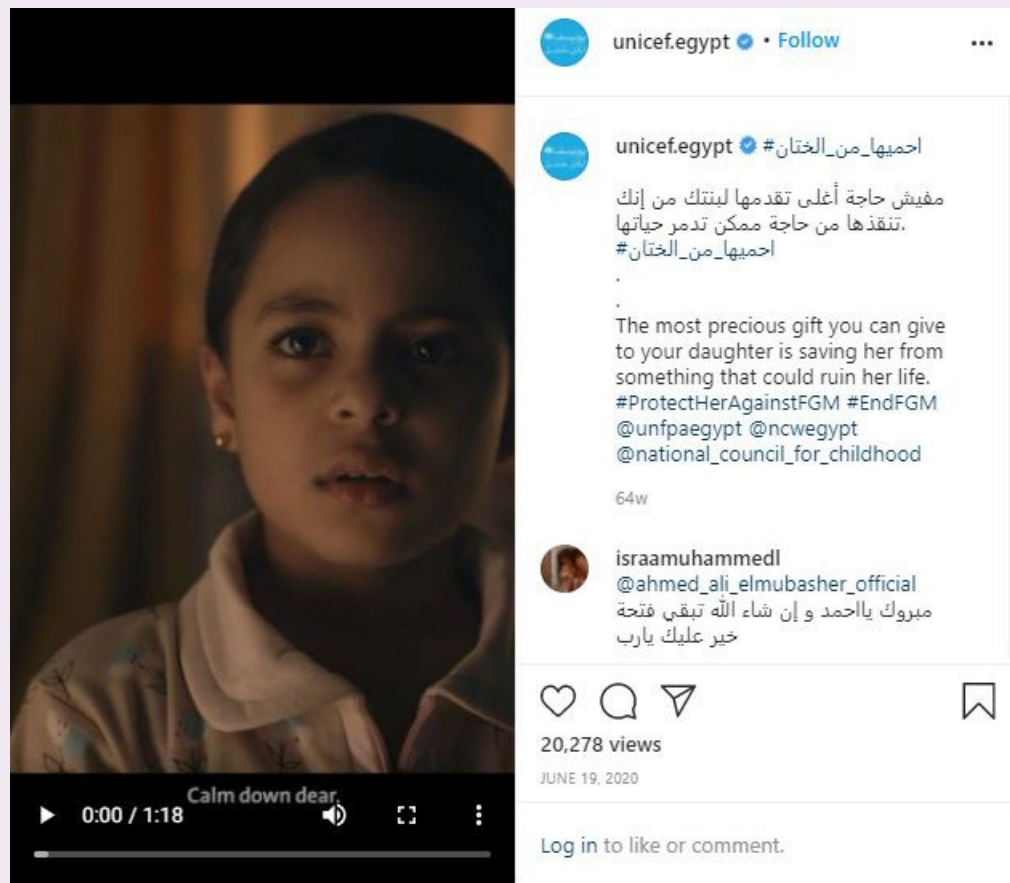


¹⁶ Sofia Strid & Tobias K. Axelsson (2020) Involving Men: The Multiple Meanings of Female Genital Mutilation in a Minority Migrant Context, *NORA - Nordic Journal of Feminist and Gender Research*, 28:4, 287-301, DOI: 10.1080/08038740.2020.1786164



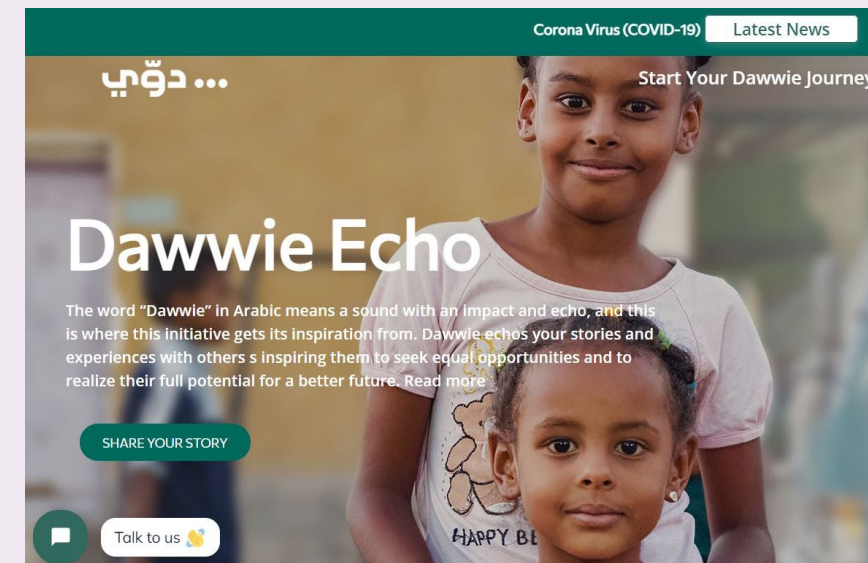
#ProtectHerFromFGM

The National Council for Women, the National Committee for the Eradication of FGM, civil society, and the Joint Programme successfully reached over 23.1 million people through a multimedia campaign titled #ProtectHerFromFGM. The campaign included community education sessions, a door-to-door campaign, interactive theater, and TV/radio spots, including two public service announcements (PSAs) that featured a father who prevented the practice from being carried out on his daughter. The PSAs were launched during Egypt’s first major lockdown, reaching approximately 12.5 million people through TV and social media. #ProtectHerFromFGM had an impressive engagement of approximately 1.1 million people.

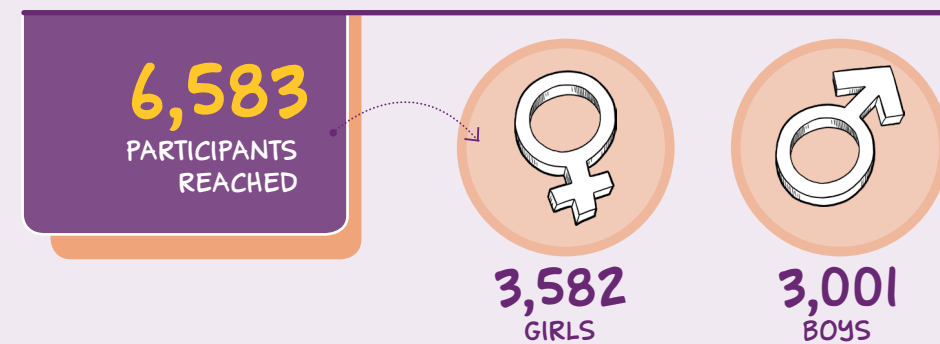


Digital Training for Boys on Gender Equality

Dawwie is a national initiative in Egypt that aims to empower girls by promoting gender equality and girls’ rights, as well as support the development of skills for self-expression and participation. In 2020, Dawwie reached 6,583 participants (3,582 girls and 3,001 boys) through an online digital literacy training, targeting communities where a digital gap exists due to low literacy and income levels. Post-training surveys showed a 50 percent improvement in self-awareness, interactions with others, and understanding of concepts around gender equality. A Dawwie Digital Literacy Toolkit helps boys and girls learn skills to navigate the cyberworld safely. To date, the initiative has been introduced in 20 out of 27 governorates in Egypt.



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Nigeria

MenEngage Alliance and Young Men's Network

A door-to-door awareness campaign promoting the prevention of COVID-19 and FGM in Ekiti and Osun States in Nigeria was undertaken in partnership with government outreach staff and community volunteers from the MenEngage Alliance, as well as local women's associations. The campaign reached approximately 1.2 million people in more than 59,000 households. Community surveillance committees in 233 communities were also established by outreach staff and volunteers, following public declarations of FGM elimination in 2020. Statements by traditional and religious leaders on preventing the spread of COVID-19 and protecting girls and women from GBV and harmful practices, were broadcast on TV and radio reaching over 12.5 million listeners and viewers confined to their homes due to COVID-19 containment measures.



Interpersonal communication sessions were conducted by outreach teams, including government agencies, community volunteers (e.g., End FGM Champions, MenEngage Alliance to End FGM, and community surveillance teams), and town criers. In line with COVID-19 protocols, the facilitators were trained on the use of personal protective equipment (PPE), and provided with masks, gloves, hand sanitizers, and reflective jackets with inscriptions on preventing FGM

and COVID-19 for use during field engagements. The town criers moved outreach teams of the team to notify community members of the ongoing campaign, while outreach teams went from household to household, distributing fact sheets and discussing with family members FGM and COVID-19 prevention. Integrated messages were delivered by the community volunteers on birth registration, VAC and GBV, while other partners integrated FGM messaging in their routine COVID-proofed risk communication and community engagement-RCCE campaigns.

The Joint Programme continued to expand its partnerships with men and boys' coalitions by engaging them in transforming gender relations, social and gender norms, as well as systems that sustain gender inequality. In 2020, Men Engage Alliance to End FGM Coalitions were established in 371 communities in five focus states (Ebonyi-40; Ekiti-66; Imo-106; Oyo-75; and Osun-84). This marks a significant increase in coalitions; from 60 in 2018 and 81 in 2019. The coalitions are actively advocating for the elimination of FGM and other harmful social norms and practices in their communities in line with the plan of action they developed during their training. In most cases, members have become supportive partners in decision-making to prevent girls from undergoing FGM, or agents of social change advocating for gender equality and the elimination of the practice. These men and boys contribute to the empowerment of girls and women as family members, peers, activists, and leaders, which is a key step towards shifting gender inequitable norms.



YouthHubAfrica through the Young Men's Network Against Sexual and Gender-based Violence (YMN) supported the engagement of men and boys' groups to establish coalitions for advocating for the elimination of FGM, reaching over 200 members in communities in Oyo, Osun, Ekiti, Imo and Ebonyi States. Community-based sensitization on FGM (including the door-to-door campaign) reached 1,200 households. The Joint Programme launched the Scorecard social media campaign for EndFGM, reached over 51,000 online users. Jingles were also produced in local dialects and disseminated in five states through local radio stations in collaboration with the States and Civil Resource Development and Documentation Centre (CIRDDOC), a women's rights organization, reaching over 3.6 million people.



Youth Activism Against FGM

In Senegal, youth engaged as agents of change in the #TouchePasAMaSoeur (Don't Touch My Sister) campaign to end FGM. The #TouchePasAMaSoeurs campaign reached over 2.4 million people from April to December 2020, including over 1.8 million people during 16 Days of Activism against GBV. The Joint Programme youth-led partner, Parole aux Jeunes, continued to mobilize support for the 99-05 Movement (99-05 is a reference to Law No. 99-05 which was adopted in 1999 banning FGM in Senegal) by training adolescents on the legislation, including survivors of FGM, supporting them to share their stories and demand an end to FGM. An assessment of youth engagement in Senegal in 2020 found that the #TouchePasAMaSoeur campaign is making significant contributions to increasing awareness and shifting social norms related to FGM.

16 Days of Activism against GBV

As part of the 16 Days of Activism against GBV, the Joint Programme in Senegal launched a virtual awareness campaign on the impact of COVID-19 on GBV and FGM. Cinema stars, writers, artists, and policymakers called for an end to the silence surrounding GBV and FGM. Using television and radio, actors from the national to the community level urged everyone, especially men, to support survivors of GBV and FGM.

Through Facebook, video testimonies, and visuals, the campaign reinforced the message that only through collective action and support for survivors can GBV and FGM end in Senegal.





Religious Leaders and Peer Educators

The Joint Programme supported community dialogues in partnership with the Ministry of Muslim Affairs and the National Union of Djiboutian Women (UNFD) through a pool of 60 religious leaders and community management committees (CGC). Religious leaders and CGCs organized 780 community dialogues promoting the elimination of FGM, reaching 54,467 people, including 20,389 men and boys, representing 37 percent of participants in the dialogues.



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Launch of the Podcast "Coffee Talk Show"

The podcast titled "Coffee Talk Show" was launched featuring four youth peer educators debating FGM, focusing on the need to increase men and boys' engagement, as well as presenting FGM as a practice rooted in the control of girls' and women's sexuality rather than religion. The podcast reached 53,290 people on social media. Exclusive interviews with the coordinator of the National Union of Djiboutian Women's GBV helpline, President of the network of midwives, the Secretary General of Justice, and the Minister for Women and Family focused on preventing and responding to FGM during the pandemic. The interviews reached 149,100 people on social media. The show included interviews with young men who provided their perceptions of FGM and the role of young people in eliminating the practice.



Promoting Positive Masculinities and Mobilizing Youth to End FGM

Evidence suggests well-designed programmes aimed at men and boys can have a positive impact on the well-being of girls and women, and on men and boys themselves, as well as marked attitudinal and behavioral changes among boys and men towards girls' and women's rights and gender equality.¹⁷ In order to achieve community and institutional level change, an effective strategy involves alliance building and collective action across organizations, activist networks and services.¹⁸ In Mali, this was accomplished through youth leaders facilitating the formation of youth networks and providing capacity building support. In this regard, a MenEngage national campaign amplified messages about positive masculinity and mobilized support for the elimination of FGM, in Ségou, Koulikoro, and Kayes region. Building on commitments made by regional and local authorities as well as Cercle de Réflexion pour jeunes (Circles of Reflection), MenEngage Clubs were established in 200 primary schools, high schools and universities, to promote gender transformation, Sexual and Reproductive Health and Rights (SRHR) and the elimination of FGM.



¹⁷Lundgren, R., & Amin, A. (2015). Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness, *Journal of Adolescent Health*, Volume 56, Issue 1, Pages S42-S50; The Global Women's Institute and International Rescue Committee. (2016) Evidence brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings? Washington DC: George Washington University and London: IRC; and Ricardo, C., Eads, M., & Barker, G. (2011). Engaging boys and young men in the prevention of sexual violence: A systematic and global review of evaluated interventions. Pretoria: South Africa: Oak Foundation.

¹⁸MenEngage (2019). MenEngage Africa Strategic Plan 2019 - 2023. Retrieved from <http://menengage.org/wp-content/uploads/2020/02/MenEngage-Africa-Alliance-Strategic-Plan-2019-2023.pdf>



Motorbike Taxi Drivers Transform into Community Mobilizers

In response to the need for additional protection measures for girls and women at risk of GBV and harmful practices in Guinea, the Joint Programme introduced creative partnerships to ensure access to communities limited by COVID-19 restrictive measures. This included transforming 500 yellow motorbike taxi drivers into a fleet of t-shirt and cap wearing community animators disseminating messages promoting the elimination of FGM, given the booming motorcycle taxi business in the country. As a youth-led initiative, innovative in messaging and mobilizing communities due to their numbers and mobility, the initiative reached approximately 700,000 people and their social networks in Conakry.



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Institutional



Discriminatory gender norms are upheld through the behavior rules in everyday life that are internalized – whether at home, at school, in the workplace, at markets or in other public places – and by wider social institutions, such as health care, social welfare and justice systems.¹⁹ In general, processes of change in social and gender norms and relations have typically been driven simultaneously by several factors including education, economic change, exposure to new ideas, and political and social mobilization.²⁰ In the implementation of the Joint Programme, social service providers as trusted and respected members of their communities, are key stakeholders in challenging harmful social and gender norms, as well as promoting the elimination of FGM.

With women making up 70 percent of health and social services staff globally, COVID-19's impact on care professions, dominated by women, has (rightfully) been highlighted.²¹ However, less visible has been men's significant contribution to maintaining essential services.²² This includes frontline service providers who ensured girls and women at risk of and affected by FGM were able to access prevention and response services during the crisis in the face of restrictions in movement and a prioritization of a public health response to the pandemic.



¹⁹UNFPA (2020). How Changing Social Norms is Crucial in Achieving Gender Equality. <https://cdn.odi.org/media/documents/9184.pdf>

²⁰<https://cdn.odi.org/media/documents/9184.pdf>

²¹Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: Analysis of 104 countries. World Health Organization. <https://apps.who.int/iris/handle/10665/311314>

²²Ruxton, S., & Burrell, S. R. (2020). Masculinities and COVID-19: Making the Connections. Washington, DC: Promundo-US.



Djibouti

Establishment of the Alliance of Men for the elimination of GBV and FGM

In partnership with the National Human Rights Commission, the Joint Programme organized an advocacy workshop with local elected officials, parliamentarians and civil society actors to establish an Alliance of Men for the elimination of GBV, including FGM. The workshop included the Secretary General of the Ministry of Justice, M. Maki Omar, a former public prosecutor, which made it possible to also discuss improvements in the application of Law No. 66/AN/719/8ème on the protection, prevention, and care of survivors of GBV, VAC and FGM, introduced on 13 February 2020. A video of Mr. Omar talking about human rights and legislation against FGM posted on Facebook has been viewed 3,600 times.





Communities Care Programme: Building on Proven Approaches

The Communities Care Programme in Somalia is a community-based approach to preventing and responding to GBV and FGM.²³ Launched by the Joint Programme in 2013, at the core of Communities Care is facilitated, community-based dialogues that support critical reflection on harmful social and gender norms, including attitudes and intended behaviours, over a 15-week period. Community members involved in the facilitated discussions include adult women and men, adolescent boys and girls, service providers, educators, community leaders, administrative authorities, GBV prevention and human rights advocates, women's group leaders, business leaders, and other family and community members. Beyond the facilitated discussions, the programme also supports participants in advocating for laws, policies and other mechanisms to support violence prevention and justice within their communities. The programme strengthens formal and informal community-based multisectoral response systems and services (such as health care, mental health and psychosocial support, education, law enforcement, and justice) for survivors of GBV, and catalyzes community-led action to prevent harmful social and gender norms and practices that perpetuate gender inequality and related violence.

An end-line evaluation of the programme's pilot implementation found significantly reduced support for FGM at two sites.²⁴ An impact evaluation published in 2019 found that community members in the district participating in Communities Care had significantly greater improvement in change in harmful social and gender norms associated with GBV.²⁵ Efforts were underway to develop and implement tools to better assess shifts in social norms related to FGM. The impacts reflect the benefits of working across multiple levels of society, of sustained facilitated community dialogue, and of engaging men and boys as partners for change, including men as frontline service providers. Communities Care monitoring approach triangulates group discussion data on beliefs about gender norms collected prior to, during and following each



²³UNICEF & ODI (2021). Advancing Positive Gender Norms and Socialization through UNICEF Programmes: Monitoring and Documenting Change

²⁴ UNICEF (2014) Communities Care: Transforming Lives and Preventing Violence Toolkit, New York: UNICEF

²⁵ Glass, Nancy et al. "Effectiveness of the Communities Care programme on change in social norms associated with gender-based violence (GBV) with residents in intervention compared with control districts in Mogadishu, Somalia." *BMJ open* vol. 9,3 e023819. 13 Mar. 2019, doi:10.1136/bmjopen-2018-023819.

round of community discussions with data from other sources, including information on 'client satisfaction' in service delivery, a proxy for norm change among service providers. For service providers, community dialogues offer an opportunity to hear about the impact of FGM on girls and women.

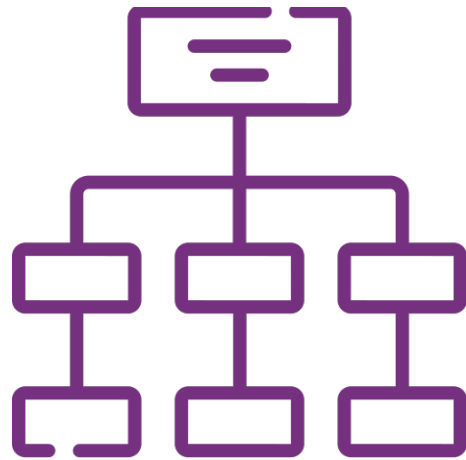
In 2020, 236,772 IDPs and host communities benefitted from emergency protection services under Communities Care, while 5,485 survivors of GBV (including FGM) received direct multi-sectoral assistance. For the Joint Programme, Communities Care challenges the notion that social and gender norms change can only happen in development settings and provides a proven approach to engaging service providers in understanding the challenges survivors of FGM face.²⁶



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²⁶ UN Women and UNFPA. Somalia Case Study.

Structural



In addition to prioritizing FGM risk mitigation and response, in 2020, the Joint Programme continued to strengthen accountability for SDG 5.3. Despite facing an unprecedented global crisis, which is likely to set gender equality back by a generation,²⁷ there was strong political will from two male Heads of State: President Roch Marc Christian Kaboré of Burkina Faso and President Uhuru Kenyatta of Kenya. Both President Kaboré and President Kenyatta are powerful role models in accelerating gender equality and the elimination of FGM. Men's willingness to act as allies for girls' and women's rights is influenced by their perceptions of other men's attitudes²⁸, and as such, more political leaders are highly encouraged to join the gender equality and FGM elimination movement.



²⁷ UN Women and UNFPA. Somalia Case Study. World Economic Forum, 2021. Global Gender Gap Report 2021. Insight Report March 2021. Website: <https://www.weforum.org/reports/global-gender-gap-report-2021>

²⁸ Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2004



Burkina Faso

Global Champion for Eliminating FGM

President Roch Marc Christian Kaboré has been a champion for the elimination of FGM not only in Burkina Faso but across Africa and the global community. In October 2018, the Government of Burkina Faso, along with UNFPA, UNICEF and the AU, co-hosted an International Conference on FGM in Ouagadougou. The conference was convened under the theme 'Galvanizing political action to accelerate the elimination of FGM by 2030'.²⁹ President Kaboré also played a key leadership role in driving the Human Rights Council Resolution A/HRC/L.20 on the elimination of FGM in 2020.

In July 2020, President Kaboré met with 150 youth representatives drawn from all 45 provinces in Burkina Faso to commemorate the International Day of Zero Tolerance for FGM and the National Day Against FGM. He urged the youth to be 'torchbearers' in the campaign to end FGM, which he described as "a job for life, working for freedom and for the emancipation of women". Despite other human development challenges that Burkina Faso faces including, protracted crises like COVID-19, climate change, conflict, and food insecurity, President Kaboré continues to prioritize gender equality and the end of FGM.

²⁹ Annual Report of His Excellency Roch Marc Christian Kaboré President of Burkina Faso and African Union Leader on Ending Female Genital Mutilation (FGM) Assembly/AU/2022(XXXIII) presented to the Assembly of the Union Thirty-Third Ordinary Session 9-10 February, 2020 Addis Ababa, Ethiopia



Presidential Initiative to Accelerate the Elimination of FGM

At the International Conference on Population and Development (ICPD) held in Nairobi, Kenya in November 2019 (the Nairobi Summit), governments and civil society renewed and made new commitments to eliminate all harmful practices, including FGM. At the highest political level, the Government of Kenya, the host of the Summit, under the leadership of President Uhuru Kenyatta, made a bold commitment to accelerate the elimination of FGM in Kenya and end FGM by 2022. In 2020, despite the outbreak of COVID-19, President Kenyatta launched the Presidential Plan of Action to End FGM by 2022. The Presidential Plan is groundbreaking in translating high-level political commitments into policy frameworks, plans, and budgets for accelerating the elimination of FGM. Through a consultative process involving survivors, women and youth-led groups, civil society, and academia, a National Costed Roadmap was developed to set a minimum standard of interventions for national, county, and local action plans. Local action plans will be instrumental in advancing local solutions and the allocation of local resources for ending FGM in Kenya.

Strengthening the Joint Programme's Engagement in Gender-Equitable Masculinities



Ousmane Sembène, Senegalese filmmaker and writer who was a crucial figure in Africa's postcolonial cultural awakening, directed *Moolaadé* (2004), a film which chronicles one mother's attempt to protect girls in her village from FGM by creating a "safety zone," or *Moolaadé*. The film received critical acclaim at the Cannes Film Festival (2004) and it was selected as Best Foreign Language Film (2005) by the National Society of Film Critics Association. But Sembene not only made a film criticizing FGM as a harmful practice, he also joined women's organizations in speaking in villages about the benefits of ending FGM for all members of the community.



Men and boys often oppose FGM, but they do not necessarily take action to end the practice. In 2021 and post-Phase III of the Joint Programme, engaging men and boys as partners and champions for the elimination of FGM will continue to be a priority in ensuring sustainable solutions to achieving gender equality and ending FGM. This includes promoting men and boys' active engagement in speaking out about the practice.

UNFPA and UNICEF jointly lead the largest global programme on the elimination of female genital mutilation in 17 countries, with high prevalence and/or high burden of female genital mutilation. The programme is generously funded by the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain (AECID), Sweden, the United Kingdom, the United States of America and the European Union (through the Spotlight Initiative Africa Regional Programme).

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