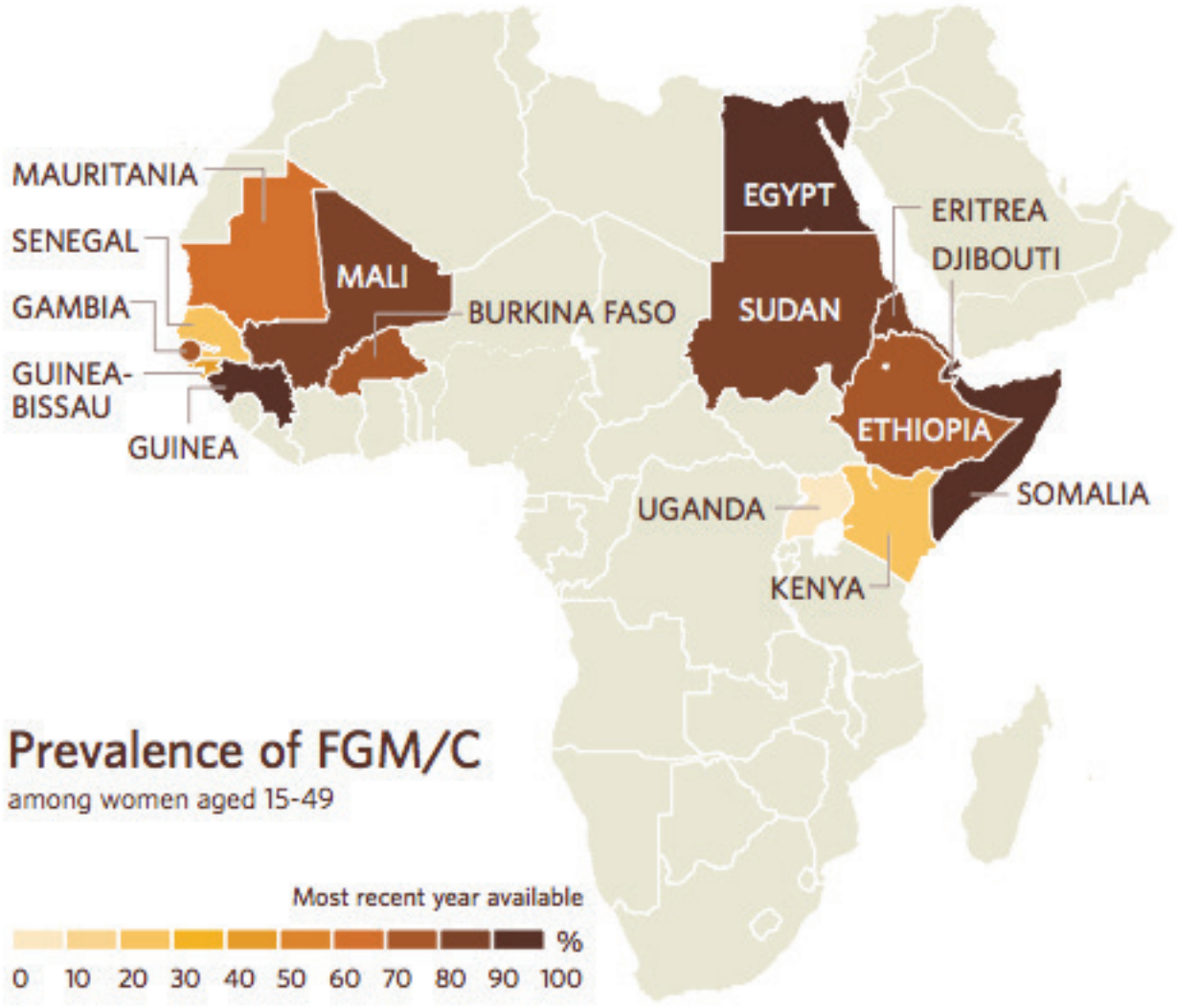
UNFPA-UNICEF JOINT PROGRAMME
ON FEMALE GENITAL MUTILATION/CUTTING:
ACCELERATING CHANGE

SUMMARY REPORT OF PHASE I
2008 - 2013

PHASE I - PROGRAMME COUNTRIES



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Cover photo: Sheila McKinnon

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Acronyms

AIDOS	Italian Association for Women in Development [Associazione italiana donne per lo sviluppo]
AWEPA	Association of European Parliamentarians with Africa
ARP	Alternative Rite of Passage
BeMOC	Basic Emergency Obstetric Care
CEDAW	Convention Elimination of All Forms of Discrimination against Women
CRC	Convention on Rights of the Child
DHS	Demographic and Health Survey
FGM/C	Female Genital Mutilation/Cutting
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
INTACT	International Network to Analyze, Communicate and Transform Compaign Against FGM/C
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
NGO	Non-Governmental Organization
SP-CNLPE	Permanent Secretariat of the National Committee to Fight the Practice of Excision, [Secrétariat Permanent du Comité National du Lutte contre la Pratique de l'Excision, Burkina Faso]
UN	United Nations
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Photo Credit: Mali/UNFPA

EXECUTIVE SUMMARY

Photo Credit: Senegal/UNFPA

"There is no developmental, religious or health reason to cut or mutilate any girl or woman."

Ban Ki-moon
United Nations Secretary-General

The UNFPA-UNICEF Joint Programme "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" aimed at accelerating the abandonment of FGM/C in programme countries over the period 2008-2013.

The Programme's novel, culturally sensitive, using a human rights-based approach, and strategically leveraging social dynamics in favour of abandonment, was implemented in 15 African countries.

The Joint Programme provided an excellent framework for better addressing both Rights Holders (girls and women, whose rights are violated by FGM/C), and Duty Bearers (Governments and all those working with girls and women, who all have the duty to eliminate FGM/C).

The Joint Programme has maintained a consistent focus on changing the value attributed to girls and women affected by FGM/C throughout its six years. Enabling their potential, empowering their aspirations, and ensuring their protection has constituted a core of the comprehensive human rights-based and culturally-sensitive approach of the programme. The global framework adapted and applied to local realities has resulted in tailored, evidence-based national strategies that are enhancing environments at scale, so that individuals and families adhere to abandonment more effectively.

The joint programme contributed to increasing the awareness of key national actors and their ownership of, and commitment to FGM/C abandonment, and to strengthen legal and policy frameworks for abandoning the practice. It contributed to national or decentralized laws, policies, plans and programmes for the abandonment of FGM/C. While there has been some progress in implementing and enforcing existing laws on FGM/C (704 arrests or detentions under laws criminalizing FGM/C), this remains a challenge in many countries. To respond to legislative developments, strategic action plans have been developed, and this process has often been coordinated through National Committees composed of key stakeholders.

In many countries, the medicalization of FGM/C has constituted one of the greatest threats to abandonment. The Joint Programme supported countries' efforts to prevent and stop the medicalization through a number of strategies. Many countries have now adequate health policies that address FGM/C. In some countries, the integration of the prevention of FGM/C into antenatal and neonatal care and immunization services has been prioritized. For the period 2008-2013, a total of 5,571 health facilities have integrated FGM/C in their antenatal and postnatal care. A total of 100,170 doctors, midwifes and nurses have been trained on integrating FGM/C into services. This has contributed to the strengthening of capacities for FGM/C-related prevention, response and tracking in the health sector. Progress has also been made in integrating prevention activities into school curriculums.

A social norms perspective was at the core of the programme framework of the Joint Programme. Results from the four case study countries of the evaluation indicated that a social norms perspective has been helpful in guiding the programme's comprehensive approach, which consisted of a mix of interconnected strategies conducive to bringing about the elimination of FGM/C.

Educational activities and community dialogues created a non-threatening space where people could reevaluate their own beliefs and values regarding FGM/C. A total of 20,941 religious and traditional leaders made public declarations de-linking FGM/C from religion since 2008. Furthermore, 2,898 edicts were issued in support of abandonment of the practice. The programme and its implementing partners also engaged with traditional leaders, such as community elders, to secure their support.

Reframing concepts and re-defining existing and/or traditions around FGM/C were other strategies used in different countries, which built on existing positive values and/

or community needs. Key examples are the Saleema initiative in Sudan, and the use of Alternative Rites of Passage in Uganda and Kenya.

Facilitating public declarations of FGM/C abandonment was a broad strategy used in different countries, incorporating various modalities of community engagement, education, and outreach. By 2013, a total of 12,753 communities committed to abandon FGM/C representing about 10 millions people.

The media played an important role in efforts to end FGM/C, as millions of people were reached. More than 26,147 newspaper articles, and TV and radio programmes discussed the benefits of ending the practice, and contributed to shape the ongoing public discourse on FGM/C. Involving national and local media, including local/ community radio in local languages, as well as print media, posters, billboards etc. was instrumental to spread information including in remote, rural communities. New social media was especially effective in addressing and engaging adolescents, in some countries.

In terms of Monitoring and Evaluation (M&E), important challenges remain, in particular regarding the reliability and usefulness of data on FGM/C prevalence and practice, provided by national statistics. The joint programme carried out baseline studies and other studies in several countries, at both national and/or decentralized levels. It also recognized that academic research from the perspective of gender and human rights needed to be an integral part of the work to reveal catalysts of change.

In terms of reporting, each country office produced an annual report, and globally, UNFPA and UNICEF prepared a global report every year, from 2008 to 2013. The joint external evaluation of the Joint Programme provided important insights into planning further actions to end FGM/C. The 2014-2017 phase of the joint programme has been designed taking into account the recommendations of the evaluation, in order to build a stronger framework for scaling-up actions to end FGM/C.

The Programme also spearheaded several important innovations in M&E. These include measuring prevalence and following the newborn, measuring behavioural change and social norm erosion, and assessing complications related to FGM/C. In addition, there was a focus on making data on FGM/C more available through existing routing data collection systems, such as reproductive health information systems, including a UNFPA interactive database on FGM/C prevalence and other indicators, with Country Profiles on 17 countries. These innovations helped promoting a culture of monitoring and evaluation at the country level.

In conclusion, the joint programme helped create a number of favourable conditions likely to support the sustainability of achievements at the national and community levels in particular, as well as at the global level. These conditions include strengthened national ownership, capacity and leadership for the abandonment of FGM/C; partnerships and coordination among national and community level actors; and integration of joint programme approach, strategies and initiatives into national interventions. It also generated a number of important lessons learned, which informed the preparation of the second phase of the programme.

In order to address the challenges identified at the end of the first phase of the Joint Programme, and keep the momentum moving forward, two critical things are needed. First, further scaling up is necessary. The programmes must reach those who have not yet been part of the process. Second, these processes must be sustained for more time. Alongside accelerating change, countries must sustain change until the world marks the very last case of FGM/C in history.

Photo Credit: Somalia/UNICEF

INTRODUCTION

A partnership to accelerate change

Female genital mutilation/cutting (FGM/C) deprives girls and women of bodily integrity and subjects them to degrading and inhumane treatment. Rooted in a culture of discrimination against women and the desire to control their sexuality, FGM/C is linked to the unequal position of women in the political, social and economic spheres of the societies where it is practised. FGM/C violates multiple basic human rights, including the right to life, to physical and mental integrity, and to the highest attainable standard of health. It abrogates the right to be free from gender discrimination, violence and torture, and infringes the rights of the girl child.

Because FGM/C is considered to be a harmful cultural practice and a form of violence against women and girls, it violates the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Moreover, because FGM/C is regarded as a traditional practice prejudicial to children's health and is, in most cases, performed on minors, it violates the Convention on the Rights of the Child. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, adopted in 2003 and went into effect in 2005 also addresses FGM/C specifically.

The Joint Programme on Female Genital Mutilation/Cutting (FGM/C) "Accelerating Change" is a collaboration between the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) and is the main United Nations (UN) instrument to intensify the abandonment of FGM/C.

While the Joint Programme is rooted in the tenets of human rights, it maintains sensitivity to the contexts where FGM/C is practised. This approach recognizes the importance of cultural values, understanding that parents care for their daughters and are seeking the best possible life for them, and acknowledges that the practice is often based on deeply held beliefs that FGM/C is required by religion and tradition. Key to the Joint Programme's success is encouraging communities to act collectively, so that girls and their families who opt out do not jeopardize marriage prospects or become social outcasts.

Using a human rights-based, culturally sensitive approach that strategically leverages social dynamics in favour of abandonment, the Joint Programme has been implemented in 15 African countries, with entry dates as shown in Table 1.

Table 1. Country entry date in the Joint Programme

2008	2009	2011
Djibouti, Egypt Ethiopia, Guinea Guinea-Bissau Kenya, Senegal Sudan	Burkina Faso Gambia Somalia Uganda	Eritrea Mali Mauritania

Overview of the UNFPA-UNICEF Joint Programme

Starting from 2004, UNFPA and UNICEF began to re-focus attention on FGM/C. In 2005 the UNICEF published the Innocenti Digest on FGM/C[1] and in 2007, UNFPA organized the Global Consultation on Female Genital Mutilation/Cutting, in Addis Ababa, to bring together global experts and practitioners, non-governmental organizations (NGOs), United Nations and international development agencies, academia and government representatives. The meeting was arranged to convey a global message on the urgency of abandoning FGM/C, based on human rights, health and development principles. The consultation laid the groundwork for strategies, capacity-building and consensus on how to accelerate the abandonment of FGM/C in one generation.[2]

1 UNICEF Innocenti Research Centre, Changing a Harmful Social Convention – Female Genital Mutilation/Cutting, Florence, Italy, 2005.

2 UNFPA, Global Consultation on Female Genital Mutilation/Cutting. Technical Report, New York, 2007.

Informed by outcomes of the Global Consultation, UNFPA and UNICEF launched the Joint Programme in 2007, with the broad objective of reducing the practice of FGM/C among girls aged 0-15 years by 40 per cent, and eliminating FGM/C in at least one country by 2012. Acting on the 2008 Interagency Statement on eliminating female genital mutilation[3], the Joint Programme became the main United Nations instrument to promote the abandonment of FGM/C. Another important contribution to global discourse and commitment was the 2008 Platform for Action[4], which was developed by the Donors Working Group on Female Genital Mutilation/Cutting and expanded consensus on the approach to include partners outside the United Nations.

Originally meant to span the four-year period of 2008-2012, the Joint Programme was extended through 2013 to provide additional time to meet resource mobilization targets and fulfil implementation obligations. A second phase has been set for 2014-2017.

The UNFPA-UNICEF Joint Programme on FGM/C expected two main outcomes: national and community-level change in the social norm towards the abandonment of FGM/C, and a stronger global movement towards abandonment of FGM/C in one generation. Building on evidence-based strategies identified in the Interagency Statement, 10 complementary outputs were supported:

1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.
2. Local-level commitment to FGM/C abandonment.
3. Media campaigns and other forms of communication organized and implemented to support and publicize FGM/C abandonment
4. Consolidation of partnerships with religious groups and other organizations and institutions, and identification and fostering of new partnerships.
5. FGM/C abandonment integrated into and expanded within reproductive health policies, planning and programming.
6. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.
7. Tracking of programme benchmarks and achievements to maximize programme partners' accountability.
8. Strengthened regional dynamics for the abandonment of FGM/C.
9. Strengthened collaboration with key development partners on the abandonment of FGM/C.
10. Refinement of existing theories on the function of harmful social norms, with a view towards making them applicable to the specific realities of FGM/C.

Founding principles for accelerating change

From its inception, as expressed in the original funding proposal (2007), the Joint Programme has been dedicated to an approach that is:

1. Strategic and catalytic: supporting and accelerating the existing efforts of ongoing programmes at country and regional levels rather than being a stand-alone initiative, and working in synergy with national Governments.
2. Holistic: supporting interventions at different levels (community, national, regional and global) and focusing on interconnected aspects of the processes which, based on available evidence, lead to the abandonment of FGM/C
3. Based on understanding FGM/C as a social convention/norm: focusing on accelerating collective, rather than individual, social change to achieve sustainable FGM/C abandonment.
4. Human rights based and culturally sensitive: approaching FGM/C as a violation of the rights of girls and women (while recognizing that as FGM/C has a strong cultural value in many contexts), dialogue with communities must be framed in terms of preserving positive cultural values while eliminating harmful practices.
5. Sub regional: aiming to reach across countries and address subregional groupings with common characteristics.

3 Office of the High Commissioner for Human Rights and others, Eliminating Female Genital Mutilation: An Interagency Statement, Geneva, WHO, 2008.

4 Donors Working Group on Female Genital Mutilation/Cutting, Platform for Action: Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C), 2008.

CHAPTER 1

STRENGTHENING THE GLOBAL MOVEMENT FOR ABANDONMENT OF FGM/C

Photo Credit: Sheila McKinnon

"FGM is a clear violation of the human rights of girls and women. It reflects deep-rooted gender inequality, and constitutes an extreme form of discrimination against women. There are numerous international instruments that clearly commit and obligate states to end harmful practices like FGM. The question is not whether there are such commitments and clear obligations."

"The question and the challenge is rather how we meet and implement our commitments and obligations."

From statement by Ambassador Steffen Kongstad, Permanent Representative of Norway, on the occasion of the International Day on Zero Tolerance to Female Genital Mutilation, 6 February 2014, Geneva

Partnership, technical expertise, evidence and political will are the pillars of the global movement to protect girls and women from FGM/C that has taken shape since 2008. Through its extensive presence and documentation of field activities, the Joint Programme has contributed to the movement's content. As a convener of stakeholders to share experiences it has fostered the movement's forward momentum.

The timeline in Table 2 illustrates the Joint Programme's consistent engagement at the global level with a wide variety of stakeholders – advocating for an end to FGM/C in this generation, building evidence and refining theory, and providing technical assistance.

Main achievements

The Joint Programme has maintained a consistent focus on the girls and women affected by FGM/C. Recognizing their potential, empowering their aspirations and ensuring their protection is fundamental to its approach and implementation. As the Joint Programme adapted and applied the global framework to local realities, it has promoted evidence-based national strategies that are changing how families and communities view the practice, while supporting national and community efforts to end FGM/C.

Photo Credit: UNFPA

A solid collaboration between two highly respected United Nations agencies – UNFPA and UNICEF – is the Joint Programme's foundation for success. Since 2008, it has contributed to the acceleration of commitments by duty bearers, families and communities at all levels to eliminate FGM/C. From the girls and women who are directly affected, to families, decision makers and influencers, progress has been broad-based and far-reaching, including:

- Public declarations of commitment to end FGM/C from 12,753 communities, representing more than 10 million people across the 15 programme countries.
- Expanded political will by Governments to openly condemn the practice, to describe their actions across sectors to end FGM/C, and to invest resources in implementation and coordination of policy.
- Enhanced capacity of government authorities to respond to FGM/C using appropriate legal frameworks.
- Endorsement and uptake by the global community of Governments, United Nations agencies and other partners of the programmatic approach that employs a social norms perspective to guide the selection of strategies and activities that will be most conducive to self-sustained social change.
- Unanimous adoption by the United Nations General Assembly of Resolution 67/146 (20 December 2012) on intensifying global efforts for the elimination of FGM/C.

By 2013, the final year of Phase I, the work of previous years was evident in notable accomplishments, including those outlined in the following paragraphs.

African Union Member States, who led the push in the United Nations General Assembly to adopt Resolution 67/146 on eliminating female genital mutilation, sought to popularize global advocacy and emphasize the importance of communities in ending harmful practices. The 2013 Day of the African Child focused on ending

harmful practices. From Addis Ababa to Bamako, New York to Juba, the agencies joined hands with the African Union to commemorate efforts made by African States and communities to promote social change and end harmful practices affecting children.

In the year following the Resolution, a number of initiatives were undertaken to disseminate its content and advocate for its uptake. For example, a collaborative agreement was established by the African Committee on the Rights and the Welfare of the Child, the African Union, the Inter-African Committee on Harmful Traditional Practices, the United Nations Economic Commission for Africa, UNFPA and UNICEF to expand advocacy for ending FGM/C.

The global Joint Evaluation[5] conducted by a team of independent consultants, and published in September 2013, was a milestone in the programmatic evidence base, marking the first time FGM/C was the topic of such a comprehensive United Nations multi-country evaluation. While confirming that the Joint Programme's actions have stimulated an acceleration of change at the community, national, regional and global levels, it provided valuable insights into the advantages and challenges of joint programming.

In October 2013, the International Conference on Female Genital Mutilation/Cutting, organized by the Joint Programme and the Government of Italy, in collaboration with the Italian Association for Women in Development (AIDOS) served as a forum for the discussion of intensifying commitments to end FGM/C and take the Joint Programme to the next level. Representatives from nearly 30 Governments, civil society, and continental and regional institutions gathered in Rome and participated in panel discussions on the use of legislation, going to scale, policy and coordination, and regional and global perspectives. The outcome was a renewed framework of understanding and momentum for the Joint Programme's second phase – and the "Moving Forward Statement"[6] developed during the conference was submitted to the United Nations General Assembly.

Building consensus

During the past five years, an increasing global commitment to end FGM/C has fuelled the movement to protect girls and ensure their full development. The vision for change has been built by a wide array of stakeholders. As one among many important actors, the Joint Programme has contributed technical expertise, ability to convene a wide variety of stakeholders, and strong relationships with national-level Governments and with the civil society partners that represent a diverse array of capacities.

Photo Credit: UNFPA

During treaty body deliberations, United Nations commissions, General Assembly sessions, and meetings of regional/continental bodies, the Joint Programme contributed substantial documentation on national and decentralized progress. In turn, the growing support for the programme's vision emboldened countries' resolve to take action towards a future free from FGM/C.

5 UNFPA and UNICEF, Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, 2008-2012, vols. 1 and 2, New York, 2013.

6 International Conference: Action to achieve commitments in UNGA Resolution 67/146 – Intensifying global efforts for the elimination of female genital mutilations, "Moving forward statement", High-Level Segment, Rome, 22 October 2013.

Regional-level work began with the involvement of UNFPA and UNICEF regional offices, and regional and continental institutions, as well as international NGOs. No Peace Without Justice, for example, received support to organize parliamentarian hearings and regional conferences in Africa.

The programme also supported Governments to organize meetings and discussions in New York, Geneva and other locations, during which global policy developments and national progress could be shared. Governments, civil society and United Nations agencies shared their contributions to the global movement during sessions of the Commission on the Status of Women and the General Assembly. Subsequently, the Joint Programme created widespread knowledge about its content in order to generate further commitment from Governments and civil society.

Over the past five years, the Joint Programme participated in global and national observances of the International Day of Zero Tolerance of FGM/C, held annually on 6 February. The contributions of UNFPA and UNICEF at the country level ranged from co-organizing press releases, panels and social mobilization to support communities to hold public declarations of abandonment in commemoration of the day.

Social media has become an important platform for circulating information about FGM/C and the importance of efforts to eliminate it. For example, in 2012 a Google+ Hangout "Discussing Progress, Challenges in Efforts to End Female Genital Mutilation/ Cutting" was co-hosted by the United Kingdom Department for International Development, UNFPA and UNICEF and included panellists from Egypt, Kenya and Senegal; Lynne Featherstone, Parliamentary Under Secretary of State for International Development, United Kingdom; and Dr. Babatunde Osotimehin, the Executive Director of UNFPA.

Through the International Network to Analyze, Communicate and Transform the Campaign against FGM/C (INTACT) Network, UNFPA and UNICEF held internet forums on such topics as religious leaders' involvement and public declarations. This platform has cultivated a global network of practitioners sharing information on local and global developments through Facebook.

Table 2. Milestones

Pivotal moments

2007: UNFPA convenes the Global Technical Consultation on Female Genital Mutilation/ Cutting, in Addis Ababa; it brings together experts, Governments, practitioners, NGOs academia and United Nations agencies and serves to raise commitment to joint action

2011: African Union Resolution adopted at the Assembly in Malabo to call for a worldwide resolution on eliminating FGM/C at the United Nations General Assembly

2012: United Nations General Assembly adopts Resolution 67/146 on intensifying efforts to eliminate female genital mutilations – a major global milestone in efforts to accelerate change

2013: Global Conference "Intensifying Actions to Eliminate Female Genital Mutilations"; organized by the Government of Italy and the Joint Programme and attended by more than 30 governments combines political advocacy with technical review and planning for Phase II

Advocacy

2007: Advocacy to donors to support a joint programme on FGM/C

2008: 52nd Session of the UN Commission on the Status of Women adopts Resolution 52/2, "ending female genital mutilation"

10 United Nations agencies sign on to the Interagency Statement on Eliminating Female Genital Mutilation

World Health Assembly adopts Resolution WHA61.16 on 'female genital mutilation' requesting Member States and the Director-General of WHO to reinforce actions

2009: Donors Working Group, invigorated by the establishment of the Joint Programme, publishes a Common Platform for Action to end FGM/C

FGM is a major theme of the UN Secretary-General's Report on the Girl Child; 2009 Girl Child Resolution also endorses the Joint Programme approach

Italy hosts a ministerial breakfast on Member State efforts to end FGM during the 64th United Nations General Assembly

2010: Consultation by CRC-CEDAW Joint Working Group on "Applying the social norms perspective in ending harmful practices – evidence of its usefulness and opportunities for accelerating social change," the first step in developing a joint general recommendation/general comment

WHO and UNFPA launch the Strategy to stop health care providers from performing Female Genital Mutilation

Italy and Egypt co-chair a Ministerial Meeting on FGM during the General Assembly

With Joint Programme support, No Peace Without Justice organizes parliamentarian hearings in selected countries

The Secretary-General issues a report (E/CN.6/2008/3) to follow up on Commission on the Status of Women's Resolution 52/2; in its 54th session, the Commission on the Status of Women adopts Resolution 54/7 reiterating its call for total elimination of FGM/C

2013: 57th session of the UN Commission on the Status of Women priority theme is elimination and prevention of all forms of violence against women and girls; over 250 government, United Nations and civil society representatives attend a side event on ending FGM/C

Human Rights Council adopts a resolution calling for a high-level panel on FGM to intensify efforts to end the practice

The 2013 Day of the African Child focuses on the elimination of harmful practices affecting children

The 68th Session of the General Assembly holds a high-level side event on progress towards implementation of Resolution 67/146 attended by over 30 Governments

2012: Major International Day of Zero Tolerance of FGM event organized by U.S. Department of State with Secretary of State Hillary Clinton, UNICEF Deputy Executive Director and the Joint Programme Coordinator

Angélique Kidjo holds awareness-raising concert at the United Nations General Assembly Hall

Evidence and theory

2008: UNICEF organizes an academic consultation on insights for acceleration of programmes and partnerships to end FGM/C, expanding on analysis and evidence outlined in its previous research on harmful practices and setting the groundwork for the Joint Programme theory of change

2009: UNFPA and WHO organize the global consultation on the medicalization of FGM/C in order to develop a strategy to stop health personnel from performing the procedure

2010: WHO and UNFPA launch the Global Strategy to stop health care providers from performing Female Genital Mutilation

2nd Academic Consultation on Social Norms organized by UNICEF; high-level academics further explore social norms/ social change and children, with special focus on inclusion and equity

UNICEF launches 'Advances in Social Norms' course with the University of Pennsylvania which draws on Joint Programme experiences and serves to strengthen capacity of UNICEF staff and further link theory to practice

UNICEF Innocenti Research Centre releases study 'The dynamics of social change: towards the abandonment of FGM/C in five African countries' profiling efforts supported by the Joint Programme

2011: UNFPA and WHO organize the International Conference "Research, Health Care and Preventive Measures for Female Genital Mutilation/Cutting and The Strengthening of Leadership and Research in Africa"

2013: UNICEF publishes "Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change"

Global Joint Evaluation of the Joint Programme concludes, including summary report and four country case studies (Burkina Faso, Kenya, Senegal, Sudan)

UNFPA supports the launch of the Africa Coordinating Centre for the Abandonment of FGM/C, University of Nairobi

Technical assistance

2007: UNICEF publishes the Technical Note "Coordinated Strategy to Abandon FGM/C in One Generation," which provides detailed information on application of a social norms perspective to strengthen programmes aimed at ending FGM/C and was used in developing the Joint Programme proposal

2008: Joint Programme proposal developed and disseminated

Technical launch of the Joint Programme in 8 countries with the 1st Annual Consultation in Florence, Italy, to plan Phase I around common principles; global-level support received for development of work plans, national launches, and establishment of government counterparts/ mechanisms

2009: Burkina Faso, Gambia, Somalia and Uganda are added to the Joint Programme, bringing the total to 12 countries

Inception of the INTACT Network to present technical information, research and new developments in a user-friendly manner to a broad cross-section of actors

2nd Annual Consultation of the countries supported by the Joint Programme, regional and headquarters offices held in Dakar

2010: Review of the Joint Programme Results Framework conducted by Harvard University produces refined indicators and recommendations for strengthening the M&E function

3rd Annual Consultation of the countries supported by the Joint Programme, regional and headquarters offices held in Djibouti

Quarterly webinars instituted to foster sharing and exchange among participating country offices; specific programming themes explored across sessions

2011: Eritrea, Mali and Mauritania added to the Joint Programme bringing the total to 15 countries

Roll-out of capacity building on refined Joint Programme results framework to all countries

Training for West African countries on monitoring and evaluation held in the Gambia

4th Annual Meeting held in Dakar for West African countries, and in Nairobi for East African countries

2012: Training for East and North African countries in monitoring and evaluation held in Uganda

5th Annual Consultation held in Dakar with participants from country, regional and headquarters offices

Donor field visit organized to communities that declared abandonment of FGM/C in northern Senegal

Development of a toolkit on social norms to build national capacity to programme for more effective and sustainable behaviour change

CHAPTER 2

COLLABORATING WITH NATIONAL ACTORS

Photo Credit: UNFPA

" The challenge of eliminating female genital mutilations remains enormous. Yet with the progress and increased commitment over the last decade there is light at the end of the tunnel. Together we can meet the challenge."

From the Moving Forward Statement Rome International Conference on Female Genital Mutilation, October 2013

In all participating countries, the Joint Programme worked in cooperation with a broad range of actors, both at the central and decentralized levels, to strengthen the national environment for abandonment of FGM/C. It did so by supporting countries such as Burkina Faso, Senegal and the Sudan, to expand and accelerate their existing work to eliminate FGM/C.

FIVE YEAR RESULTS:
National policies, action plans and strategies

In **Ethiopia**, the **Gambia**, **Guinea**, **Guinea-Bissau** and **Kenya**, the Joint Programme supported national actors in developing coordinated, multisectoral strategic action plans on FGM/C abandonment to operationalize advances made in the national legal and/or policy frameworks of the respective country. Related processes were often coordinated through national committees composed of key stakeholders.

In **Ethiopia**, the National Strategy on Harmful Traditional Practices was developed and launched by the Ministry of Women, Children and Youth Affairs in 2013 with a two-year action plan.

In **Burkina Faso**, the Joint Programme supported the implementation of the existing national action plan for FGM/C abandonment, while in **Senegal** it spearheaded development of a second national action plan that put stronger emphasis on framing FGM/C in the context of human rights than the previous plan.

In **Kenya** and **Egypt**, assistance was provided for integrating FGM/C-related issues into their national reproductive health strategies, and in **Djibouti**, it was provided for the national action plans on sexual and reproductive health, gender and on children.

In **Egypt**, consensus was reached on the necessity to adopt a common national vision to achieve maximum abandonment of FGM/C in the next generation. Accordingly, a draft National Strategy and Framework was prepared to eliminate FGM/C and put together projection for a five-year action plan. Both documents were proposed to the Prime Minister's office to ensure commitment of relevant ministries and institutions.

The Joint Programme stimulated collaboration and networking among government actors, parliamentarians, traditional and religious leaders, civil society organizations, media, FGM/C practitioners and service providers in the judicial, health and education sectors. In addition, it facilitated parliamentary hearings on FGM/C, for example in Ethiopia, the Gambia, Mauritania, Senegal and Uganda.

Evidence of strengthened awareness and commitment to end FGM/C includes public statements, the creation or improvement of FGM/C-related legislation, and the development of national or sector-specific action plans and strategies.

Progress towards mechanisms encouraging FGM/C abandonment

Progress in the national arena was carefully paced in relation to each country's starting point. One key lesson learned is the importance of timing efforts aimed to influence legislation. The Joint Programme deliberately slowed down its efforts in Somaliland, for example, to ensure solid support and understanding by the President and Members of Parliament of the importance of addressing all forms of FGM/C before moving ahead with bringing a comprehensive decree up for adoption.

While significant social and economic changes were taking place in all of the programme countries, progress did accelerate and gains remained intact. As of 2013, of the 15 countries participating in the Joint Programme, all but three (the Gambia, Mali and Mauritania) had laws banning FGM/C. In some cases (Burkina Faso, Egypt, Eritrea, Ethiopia, Senegal) these laws were in place prior to the Joint Programme, while in others the programme contributed to their enactment (Uganda, Kenya, Guinea Bissau).

In several cases, the process of advocating for a new law or policy constituted a result in its own right. In Kenya, for example, the process leading to the adoption of the FGM/C Act involved extensive advocacy with parliamentarians, and was

characterized by convening a diverse set of actors who were capable of representing and influencing their constituencies, formulating arguments for abandoning the practice. It also made effective use of public figures willing to share personal conviction and motivation for abandonment, as in the case of a male Member of Parliament from a community that is practising FGM/C to table the FGM/C Act in Parliament.

FIVE YEAR RESULTS:
Changes in legal and policy frameworks

Djibouti – Inclusion of FGM/C-related issues in the National Action Plan on Gender and the National Action Plan on Children (2011)

Gambia – Joint Programme supports improved coordination of national actors; united by a National Steering Committee, they send an action plan and a draft bill banning FGM/C to the Cabinet for presentation to Parliament (2012)

Guinea – Decree against FGM/C (2010) and National Plan to Accelerate the Abandonment of FGM/C

Guinea-Bissau – Law criminalizing FGM/C (2011)

Kenya – FGM/C Act (2011)

Mauritania – Draft legislation for banning FGM/C proposed (2012); advocacy for its passage continues

Senegal – Division of Reproductive Health, Ministry of Health, includes the topic of FGM/C in its reproductive health policies, norms and protocols (2011); second National Plan of Action on ending FGM/C developed (2013)

Somalia – Adoption of the new Constitution (2012), bans all forms of FGM/C – a great accomplishment in a country where FGM/C is nearly universal and government institutions remain fragile

Sudan – Five state-level laws against FGM/C; (unsuccessful) efforts towards inclusion of FGM/C abandonment in national Child Act (2011)

Uganda – Prohibition of Female Genital Mutilation Act (2010)

In Egypt, the Joint Programme supported the National Council for Women to host forums and facilitate exchange between civil society organizations working on gender to lobby for the inclusion of an article on FGM/C, gender-based violence and gender equality in the Constitution. In partnership with the National Council for Childhood and Motherhood, and the Egyptian Coalition for Child Rights, the Joint Programme advocated for recognition of children's rights in the revised Constitution and for reinstating the prohibition of FGM/C.

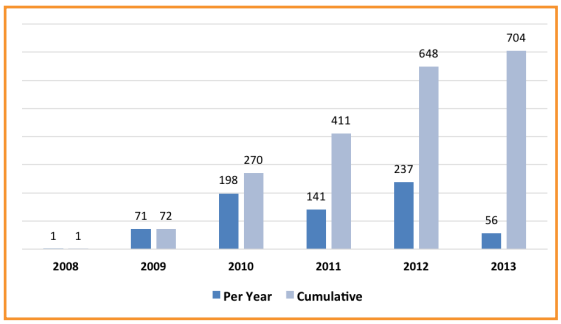
Partnering with the Joint Programme, the Association of European Parliamentarians with Africa (AWEPA), provided support to the launch of a Steering Committee in Senegal, chaired by the President of the Commission of Health, Population and Social Affairs of the National Assembly of Senegal. The Committee engaged 35 Parliamentarians and undertook activities with in various regions. AWEPA also collaborated with Burkina Faso's National Assembly Committee on Employment and Social and Cultural Affairs to implement decentralized activities in Bam Province, followed by a national parliamentary seminar in Ouagadougou to sensitize newly elected committee members on the issue of FGM/C.

Translating legislation into action

Photo Credit: Sheila McKinnon

States have the duty to ensure adequate national provisions to stop FGM/C, including through criminalization, appropriate enforcement and prosecution. Through its implementing partners, the Joint Programme helped raise awareness of laws and policies for FGM/C abandonment, and supported their enforcement. Across the 15 countries supported by the Joint Programme, 704 cases violating national laws against FGM/C were prosecuted in court during 2008-2013, as shown in Figure 1. The majority of these cases were in Burkina Faso, a country that is actively enforcing FGM/C legislation.

Figure 1. Number of cases of enforcement of legislation relevant to FGM/C



Although enforcement rose sharply during the programme period, successfully prosecuting those who violate the law has been difficult. Countries reported varying degrees of enforcement, with many challenges remaining related to lack of resources, limitations in the capacities of law-enforcement agents, and geographical constraints in remote areas. National stakeholders consulted in Egypt, Kenya, Senegal and the Sudan during the 2013 Joint Evaluation, however, agreed that the existence of a law prohibiting FGM/C provided them with leverage and legitimization for their advocacy work.

Similarly, the process of informing people about a new law offers opportunities to discuss FGM/C in public, thereby raising awareness – and potentially leading to personal action. In Eritrea, the 2010 Population Health Survey Plus showed a reduction of 33 per cent among girls under age 15 and 12.9 per cent among those under age 5. The survey indicated that the ongoing sensitization campaign and law enforcement raised the vigilance of the communities, and about 70 per cent of mothers with uncut girls cited knowledge of the law as an important factor in their decision.

It is expected that the existence of a law, the capacity-building of law enforcement agents, the establishment of a national policy and plan of action will result in more cases taken to court. Media coverage of prosecutions can further inform people about legislation and a Government's will to enforce it.

FIVE YEAR RESULTS:
Enforcing the law

In **Eritrea**, 155 excisors and parents were convicted and fined.

In **Burkina Faso**, seven cases of FGM/C involving 33 girls under 15 years old, including newborns, were recorded during 2012. Four of these girls died, and three excisors were arrested, along with their nine assistants. Following four hearings, the excisors and five of their accomplices were sentenced to between one month and a year of imprisonment, plus two months of parole. In 2013, seven other people were convicted under the Criminal Code for practising or abetting FGM/C.

In **Ethiopia**, 13 individuals violating the national law against FGM/C were prosecuted in court during 2013.

In **Guinea-Bissau**, five cases were reported in the high-prevalence regions of Bafata and Gabú with one case prosecuted and the perpetrator sentenced. In addition there have been 14 legal actions against offenders recorded since 2012.

In **Kenya**, enforcement of the FGM Act increased during 2013, when 20 perpetrators of FGM/C (14 parents, four excisors and two community elders) were arrested and arraigned.

In **Uganda**, since adoption of the FGM Act, there was one successful prosecution of an excisors, but 15 other cases were dismissed.

Advancing coordination and improving capacities

Countries developed strategic action plans to operationalize new legislation, provisions in revised or new constitutions, and other emerging mechanisms that are vital to FGM/C abandonment. With Joint Programme support, this process is often coordinated through national committees composed of key stakeholders. In most programme countries, financial and technical support was provided to create or reinforce formal, usually government-led, coordination bodies. In several countries, national committees drafted coordinated, multisectoral action plans to improve implementation and enforcement of legislation.

FIVE YEAR RESULTS:
National-level cooperation in action

In **Ethiopia**, a national coordination body housed in the Ministry of Justice implemented the integrated, multisectoral strategy and action plan to effectively prevent and respond to violence against women and children, including FGM/C.

In **Guinea**, the National Strategic Plan for the Acceleration of FGM/C Abandonment (2012-2016) was finalized and adopted in 2012.

In **Guinea-Bissau**, the National Strategy and Action Plan for the Abandonment of Harmful Practices was revised and budgeted.

In **Kenya**, the National Committee on the Abandonment of FGM/C prepared a paper to operationalize the National Policy on the Abandonment of Female Genital Mutilation. A major achievement in 2013 was the creation of the Anti-FGM Board as a parastatal organization to oversee implementation of the FGM Prohibition Act.

In the **Sudan**, a national task force on FGM/C was established.

In **Burkina Faso** the Permanent Secretariat of the National Committee to Fight the Practice of Excision (SP-CNLPE) was created.

The advancements in coordination had tangible results, including successful advocacy campaigns for FGM/C legislation. National stakeholders who were consulted during the Joint Evaluation agreed that improved cooperation with other actors had strengthened their individual and collective capacities to affect change.

The Joint Programme supported eight countries in capacity-building for professionals in the justice system. By 2013, more than 3,000 judges, prosecutors, lawyers, magistrates, local leaders and members of civil society organizations in Djibouti, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Uganda were informed about laws prohibiting the practice of FGM/C. In some cases, they also received training on enforcement.

In Uganda, the programme supported six community policing sessions in partnership with the local police. The sessions involved providing the communities with information on the law against FGM/C and their role in ensuring its implementation. While the sessions were initially attended only by advocates and religious leaders, they increasingly attracted community members, including those who were in favour of FGM/C. The growing interest and understanding of the law led to the arrest of two excisors who previously had been shielded from prosecution.

In Egypt, child protection committees at the national, district and community levels supported enforcement of the amended Child Law, which includes a clause banning FGM/C, and a Ministry of Health decree banning the practice. In the Sudan, the Obstetric and Gynaecological Society publicly condemned all forms of FGM/C and called for enforcement of Medical Council decree No. 366, which prohibits all doctors from practising FGM/C.

In Somalia, the lack of government protection mechanisms led to a community-based model of accountability that relies on the vigilance of child protection committees and child protection advocates who work within communities as protection volunteers and social workers, respectively.

In 2012, their interventions prevented 502 girls from undergoing FGM/C, after they convinced their parents to abandon the practice.

The programme also supported the creation and expansion of networks of religious leaders and faith-based organizations (Ethiopia, Somalia, Kenya, the Sudan, Burkina Faso, the Gambia, Guinea and Uganda), journalists (Djibouti, Burkina Faso, the Gambia, Guinea, Kenya) and community leaders (Burkina Faso, Djibouti).

FIVE YEAR RESULTS:
Strengthening national capacities

In **Kenya**, the Joint Programme funded the position of a full-time technical adviser at the Ministry of Gender, Children and Social Development, and in the Sudan, a coordinator at the National Council for Child Welfare.

In **Burkina Faso**, the position of an accounting manager located in the SP-CNLPE was funded; the Joint Programme also supported development of tools for collection and use of data. This reflected specific needs for capacity development within the SP-CNLPE that had been identified in its 2006 evaluation.

In **Eritrea**, 572 law enforcement authorities received training to improve community engagement, which resulted in the development of subzonal action plans.

In **Senegal**, targeted technical and financial assistance supported creation of a national technical committee, responsible for coordinating and monitoring implementation of the National Action Plan for abandonment of FGM/C. The committee is led by the Ministry of Women, Children and Women's Entrepreneurship.

In **Uganda**, support was provided to the Ministry of Gender, Labour and Social Development on establishing FGM/C regulations, and in the dissemination of the Simplified Guidelines for Prevention and Response to Female Genital Mutilation/Cutting that were finalized in December 2012.

Cross-border initiatives

Acknowledging that the practice of FGM/C takes place across national borders, the Joint Programme design included a component that aimed to strengthen regional dynamics for FGM/C abandonment.

An anti-FGM/C meeting was organized in Mauritania in 2011, involving Islamic leaders, medical professionals and sociologists from eight West African countries, as well as from Egypt and Sudan. The meeting resulted in a West African Regional fatwa denouncing FGM/C, endorsed by Imams from 10 countries.

Photo Credit: Uganda/UNFPA

Exchanges also took place between Djibouti, Kenya, Egypt and the Sudan. Delegations from Djibouti and Kenya went to the Sudan to learn from Sudanese FGM/C abandonment experiences, while a team from the Sudan visited Egypt to discuss the issue of medicalization of FGM/C.

The Inter-African Committee on Harmful Traditional Practices has been one of the key partners in stimulating regional dynamics and political commitment across borders. Its chapters in the countries supported by the Joint Programme have played an important role in educating political leadership on the issue, cultivating networks of supporters and activists working in communities, and disseminating information about global, regional and local developments. During 2013, it distributed hundreds of copies of the United Nations General Assembly resolution to national stakeholders.

CHAPTER 3

INTEGRATING PREVENTION AND CARE INTO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Photo Credit: Sheila McKinnon

"Our argument is that this is not an excuse for medical personnel to perform FGM. The doctor is the highest authority in the village, he is looked up to as somebody who is well-educated, who is respected. So if the doctor practices FGM it sends the message that it's a good practice and people should do it. But when doctors stop practicing, it sends the message that it is wrong."

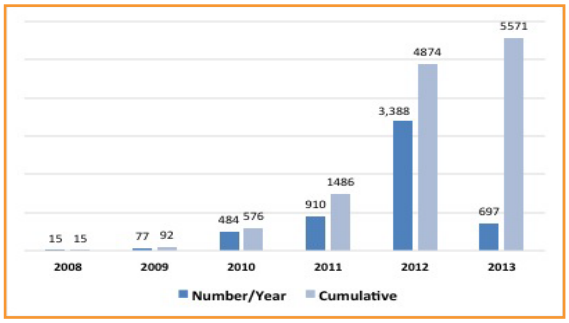
Egypt UNFPA staff

Bolstering health workers' capacities to deliver quality services

At the end of Phase I, 12 countries supported by the Joint Programme reported health policies and laws that address FGM/C. In both Senegal and Guinea-Bissau, progress was made on producing manuals on norms, procedures and protocols on reproductive health in connection with FGM/C. The Department of Reproductive Health and Child Survival held a workshop on the topic for head doctors at both regional and district hospitals. In Guinea-Bissau, the Ministry of Health validated and disseminated a manual and integrated FGM/C into two other key documents: the Strategic Plan for the Elimination of Obstetric Fistula and the Peer Educators' Manual on Reproductive Health.

In countries where a large proportion of girls are cut between birth and age 5, the integration of FGM/C prevention into antenatal and neonatal care and immunization services has been prioritized. Ideally, the authority of health-care providers can be leveraged, and they can serve as advocates against the practice. This model relies on health workers who fully understand the risks and human rights implications of FGM/C, thus making their training in this capacity imperative. For the period 2008-2013, a total of 5,571 health facilities have integrated FGM/C in their antenatal and postnatal care.

Figure 2. Health facilities integrating FGM/C prevention in their antenatal and postnatal care



The medical staff of health facilities received training on understanding the negative consequences of FGM/C and, in many cases, treat medical complications that arise from it. In some countries, this extended to the curricula of medical training colleges; in others, information on the consequences of FGM/C was introduced into the general education system.

FIVE YEAR RESULTS:
Linking health and the education sector

The Joint Programme has supported the integration of FGM/C awareness activities into education systems.

In **Senegal**, prevention activities have been integrated into elementary school or junior high school curriculums, a model that seeks to empower young people.

In **Ethiopia**, elementary school teachers participated in training on the consequences of FGM/C, and on existing laws and policies.

In **Egypt**, with the aim of integrating a social norms perspective into a school-based model, a coalition of NGOs was formed to carry out community-based interventions in the greater Cairo area. The coalition held awareness-raising seminars focused on FGM/C, health and violence against women and children in three governorates, 16 seminars involving 975 children, parents, decision makers, and health professionals.

In the regions of Ethiopia where most women give birth to their youngest child at home, traditional birth attendants and community health workers (Women Health Extension Workers) have been tasked primarily with health promotion activities, including the prevention of FGM/C. In 2012, the Afar Pastoralist Development Association implemented a follow-up mechanism for the newborn child. Traditional birth attendants register all girls born in the community and follow them up for four years in order to protect them from FGM/C; after four years, the girls are followed by their teachers. In support of this system, 150 traditional birth attendants received training on health promotion and the consequences of harmful traditional practices.

Many women continue to suffer serious medical complications as a result of FGM/C. The Joint Programme has noted

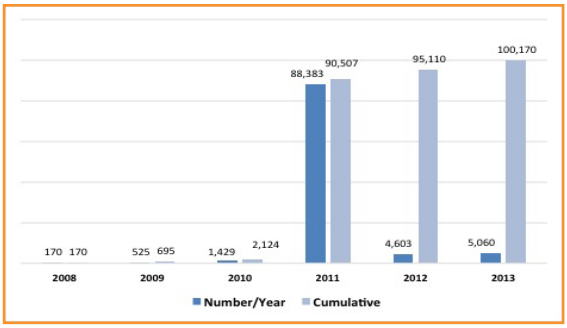
the need for cascade-type capacity-building to enable health-care providers to manage complications resulting from FGM/C – a capability that would contribute significantly to a reduction of maternal mortality.

In Mali, 508 girls and women who survived FGM/C complications have benefited from medical and psychosocial health-care services in 2013.

In all 15 countries, health workers have participated in training to understand the consequences of FGM/C and, in many cases, treat medical complications that arise from it. More than 100,000 doctors, midwives and nurses have participated in training on integrating FGM/C prevention, response and care into services. This has contributed to the strengthening of capacities for FGM/C-related prevention, response and tracking in the health sector.

In Guinea-Bissau, the Gambia, Senegal and the Sudan, the programme helped promote midwifery training that includes FGM/C prevention and support for women who had already been cut to give birth, and during the postnatal period.

Figure 3. Number of doctors, midwives and nurses who received training on integrating FGM/C prevention and care into their services



In Egypt, the Joint Programme influenced the integration of FGM/C-related components into the pre-service and in-service training for doctors in public hospitals and health units. In Somalia, it supported the creation of a network of health champions, whose advocacy and public information work encouraged women and girl survivors of FGM/C to seek medical help for dealing with the negative consequences. In the Gambia, FGM/C was integrated into the training curricula of nurses, midwives and other health professionals in 60 public health facilities.

In places where there is an acute shortage of human resources for health care, such as Ethiopia's remote Afar Region, the Joint Programme supported task-shifting arrangements, with health extension workers trained to treat common complications of FGM/C. In addition to undertaking reproductive-health promotion activities, health extension workers helped identify women and girls who experienced difficulties passing urine or menstrual blood – providing first-line treatment and, if needed, referring the girls to health centres or hospitals.

FIVE YEAR RESULTS:
Preventing FGM/C within health-care services

In **Eritrea**, where data show that one third of girls are cut at or before one month old, the Ministry of Health has responded by training health workers and integrating FGM/C messages into all pre- and postnatal care health education and counselling. In some facilities, a systematic clinical assessment system for girls under 5 has been integrated into regular care.

Kenya has integrated FGM/C prevention into prenatal, neonatal and immunization services in 47 county hospitals and 8 provincial hospitals.

Among public health facilities in **Guinea-Bissau** and **Burkina Faso**, 62 per cent and 35 per cent, respectively, have implemented prevention measures, which are also applied in 42 health facilities in **Djibouti** and 60 in **Guinea**.

In the **Gambia**, health workers include FGM/C complications and its implications for women's reproductive health in their health education talks conducted during antenatal and postnatal services across the country.

In the **Sudan**, as part of the Saleema Campaign, a five-minute video is featured in waiting rooms in nine health facilities in the capital.

Table 3. Existence of adequate health policies that address FGM/C and training of health providers

Country	Type of Policy	Number of Health Care Training Programmes that include FGM/C in the curricula	Type of Programme
Burkina Faso	Article 22 of the Law on Sexual and Reproductive Health	2	The National School of Public Health
	Axis 5 of the National Policy on Gender		Training Programme for midwives, birth attendants, nurses aides
Djibouti	National Strategy to Reduce Maternal Mortality	1	A module on taking care of the medical and psyco-social consequences of FGM for all health professionals
Egypt	Law and Policy 2011	All	FGM/C is covered in all preservice training of medical cadres
Eritrea	A component of Eritera's Reproductive Health Policy	Some	Discussed in some subjects at the college of health sciences
Ethiopia	National Reproductive Health Strategy (2006-2015)	2	Semera Health Science College
Gambia	Reproductive Health Policy 2007-2014		Medical doctors, Nurses and Midwifery Training
Guinea	Road Map for the reduction of maternal and infant mortality	N/A	
	The 2012 National Reproductive Health Guidelines	3	Three specific modules/ Modules on FGM/C were integrated into 8 schools of health
	National Guidelines Health System Development	N/A	
Guinea Bissau	Manual for Norms and Procedures for Reproductive Health	1	FGM/C Manual for Health Care Workers
	Strategic Plan for the Elimination of Obstetrical Fistula	2	A curriculum was included in the health schools
	Peer educators Manual on Reproductive Health which integrates FGM/C		A part of primary school
Kenya	National Reproductive Health Policy 2007	1	One module was integrated into the foundational training of nurses and midwives
	National Policy for the abandonment of FGM/C	Y	N/A
		1	BeMOC
Mali	Action Plan 2010- 2014 of PNLE for the prevention and care of FGM	All	Medical doctors, Nurses and Midwifery Training
Mauritania	The National Strategy on Sexual and Reproductive Health	1	Midwifery training
Senegal	Policies, Norms and Protocols on Reproductive and Sexual Health	3	Medical doctors, Nurses and Midwifery Training
Somalia	Draft Anti-Medicalization Strategy		
Sudan	Medical council prohibits medical personnel from practicing FGM/C; Reproductive Health Policy		Medical doctors, Nurse and Midwives

Medicalization: A threat to abandonment

In many countries, medicalization is one of the greatest threats to abandonment of FGM/C. These countries include Egypt, Kenya, Guinea, Somalia and the Sudan.

The term "medicalization" was adopted to describe FGM/C performed by medical providers, regardless of where the procedure is performed, in the 1997 WHO/UNICEF/UNFPA Joint Statement[7] and reaffirmed in the 2008 Interagency Statement endorsed by 10 United Nations agencies and the 2012 General Assembly Resolution (67/146). These documents clearly state that health-care providers who perform FGM/C are violating girls' and women's human rights and the fundamental medical ethic of "first, do no harm".

Photo Credit: Nancy Durrell McKenna

Medicalization of FGM/C may be an unintended consequence of efforts to end the practice, since it is understood to be safer and "appropriate" in the contemporary context. In some countries, medical practitioners and religious leaders condone the Sunna type of FGM/C (less extensive cutting of the clitoris), arguing that is not as harmful as other types. As demand persists, health-care providers who perform FGM/C may be susceptible to rejecting scientific evidence that any form of cutting is injurious to health or tempted by the additional income.

To address this alarming trend, in 2009, the Joint Programme began working closely with the World Health Organization (WHO) on an interregional initiative in sub-Saharan Africa and Arab nations to ensure that the medical profession openly supports the abandonment of FGM/C.

Countering the medicalization of FGM/C

With support from the Joint Programme as well as other United Nations organizations, health-care professional bodies, national governments and NGOs, the "Global strategy to stop health-care providers from performing female genital mutilation" was published by WHO in 2010.

The Joint Programme, in collaboration with ministries of health and other relevant actors, also supported countries' efforts to prevent the medicalization of FGM/C through a number of strategies, including:

- Producing training manuals for health-care providers and offering training for health professionals (Kenya, Mauritania).
- Conducting baseline and other studies, generating data on the rising medicalization of the practice, which was then used to conduct evidence-based advocacy (Guinea-Bissau, Kenya, Somalia).
- Prohibiting medicalization through decrees and by consulting with professional associations of physicians, nurses and midwives in order to develop policies banning the medicalization of the practice among their members (Somalia).

In Egypt, the Joint Programme supported the Ministry of Health to launch an advocacy campaign among the staff of public health facilities on the dangers of FGM/C. It also supported the development, printing and launch of a training manual and a question-and-answer booklet for health-care practitioners. In addition, a monitoring

7 WHO, UNICEF and UNFPA, *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*, Geneva, 1997.

surveillance system has been developed to report doctors who continue to perform FGM/C, with an anonymous reporting mechanism similar to the National Council for Childhood and Motherhood's hotline.

In 2011-2012, it provided support to Egypt's Ministry of Health which conducted 78 workshops in eight governorates for 2,199 medical practitioners (1,003 physicians, and 1,196 nurses and community health workers). These activities continued in 2013, with UNFPA supporting 409 medical practitioners from 15 governorates. For supervisors of the rural outreach workers, known as Raedat Rifiyat (numbering 12,000 overall), as well as outreach workers affiliated with local NGOs, UNFPA contributed to capacity-building on maternal and newborn health and family planning, including FGM/C and other harmful practices.

Photo Credit: Sheila McKinnon

CHAPTER 4

FOSTERING LOCAL-LEVEL COMMITMENT

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The endorsement of religious leaders, village elders and other "custodians of culture" can ignite a process of change within and allow for a shift in social norms to occur.

Aligning with local cultures to end Female Genital Mutilation/Cutting.
UNFPA Publication, 2013

The Joint Programme approach was implemented by taking into account the factors that shape national and local environments for FGM/C. This led to some variation across countries in how it was operationalized, namely with variations in the combination and relative balance of strategies, as well as the choice of entry points, actors and nuances of messages.

In all cases, contextual factors influenced Joint Programme operationalization. These factors included the extent and ways in which the practice of FGM/C was linked to religious values and beliefs (for example, interpretations of Islam, such as in Somalia, the Sudan or parts of Kenya). Such factors influenced the choice of key messages, information channels and actors/speakers engaged in providing information on FGM/C.

Similarly, programme strategies were influenced by the age at which FGM/C was typically performed in a country or community. The use of alternative rites of passage (ARP), for example, makes sense only in settings where FGM/C is conducted as a rite of passage for older girls – as in parts of Kenya and Uganda. A stronger focus on providing information during antenatal and postnatal care is appropriate in contexts where FGM/C tends to be performed close to infancy, for example, among the Afar community.

The extent to which national and subnational laws and policies for abandonment of FGM/C already existed (Burkina Faso) or not (Kenya, the Sudan, Uganda) determined whether, and in what ways, the Joint Programme put efforts into this area.

The extent to which there already was an established FGM/C abandonment movement in the respective country when the Joint Programme started (Senegal, Kenya, Eritrea), or whether it was still in early stages (Somalia) impacted on the number and experiences of national partners. Where experiences of abandonment already existed, they were given visibility to encourage further abandonment. Where FGM/C was still widely considered to be a taboo topic this was taken into account as an essential part of designing culturally appropriate ways to address the issue.

Varied, and complementary, strategies

Evidence strongly supports the use of a varied toolbox of complementary strategies and entry points as being likely to influence social change. The combination of tools that was used to develop programme messages and the ways of delivering them varied between countries. In all participating countries, however, the Joint Programme:

- Used different, but complementary, angles from which to advocate for FGM/C abandonment, for example, health, religious or legal perspectives.
- Engaged with a broad variety of relevant, potentially influential individuals and organizations to deliver this advocacy with a targeted approach towards reaching specific groups.
- Used a variety of ways to share information, including through mass media (TV, radio, community theatre, cine-forums), individual and group consultations, information sessions, and training sessions.
- Used a variety of occasions and venues to share information and engage with community members, including FGM/C abandonment events, as well as religious, traditional, sports and art-related gatherings, and health-care consultations.

Reframing concepts, values and traditions

Reframing concepts, values and traditions related to FGM/C was a broad strategy employed by the Joint Programme. Key examples include the Saleema initiative in the Sudan and the use of alternative rites of passage (ARP), such as in Uganda and parts of Kenya. Both of these initiatives build on existing positive values and community needs.

The Saleema initiative in the Sudan sought to replace words such as ghalfa, which has highly negative connotations in reference to uncut girls, with words that describe

being uncut as a natural, desirable state. Rather than seeking to discredit a long-held tradition, the campaign created a new social norm to take its place – one that values and celebrates girls who are Saleema – an Arabic woman's name that holds such meanings as whole, healthy in body and mind, unharmed, intact, pristine, untouched, in a God-given condition and perfect. The Saleema Communication Initiative grew out of the recognition of a language gap in colloquial Sudanese Arabic: previously, there was no positive term for uncircumcised women and girls.

The Joint Programme provided major support to the Saleema initiative, which was already under way in 2008, and attracted additional funding for the initiative. Saleema has grown into a well-branded social marketing campaign that has been adopted by other organizations working on FGM/C abandonment in the Sudan. Since 2008, almost 1,500 communities – in which almost 2 million girls reside – have organized public declarations of FGM/C abandonment using the Saleema "al taga" (a roll of cloth to display signatures of commitment to abandon the practice). Each community has a network of approximately 30 members, including youth, women, children, community leaders, religious scholars, legislators and media representatives disseminating the Saleema concept.

In 2012, Somalia adopted Saxxarla and Egypt launched the Kamla campaign, which draw lessons from the Saleema initiative and also highlight that being intact, healthy and untouched is the right of every Somali and Egyptian girl.

In communities where FGM/C was considered to be a rite of passage, the Joint Programme and its partners supported community efforts to organize alternatives, with activities typically involving teaching/instruction for participating girls and a public graduation ceremony initiating them into adulthood.

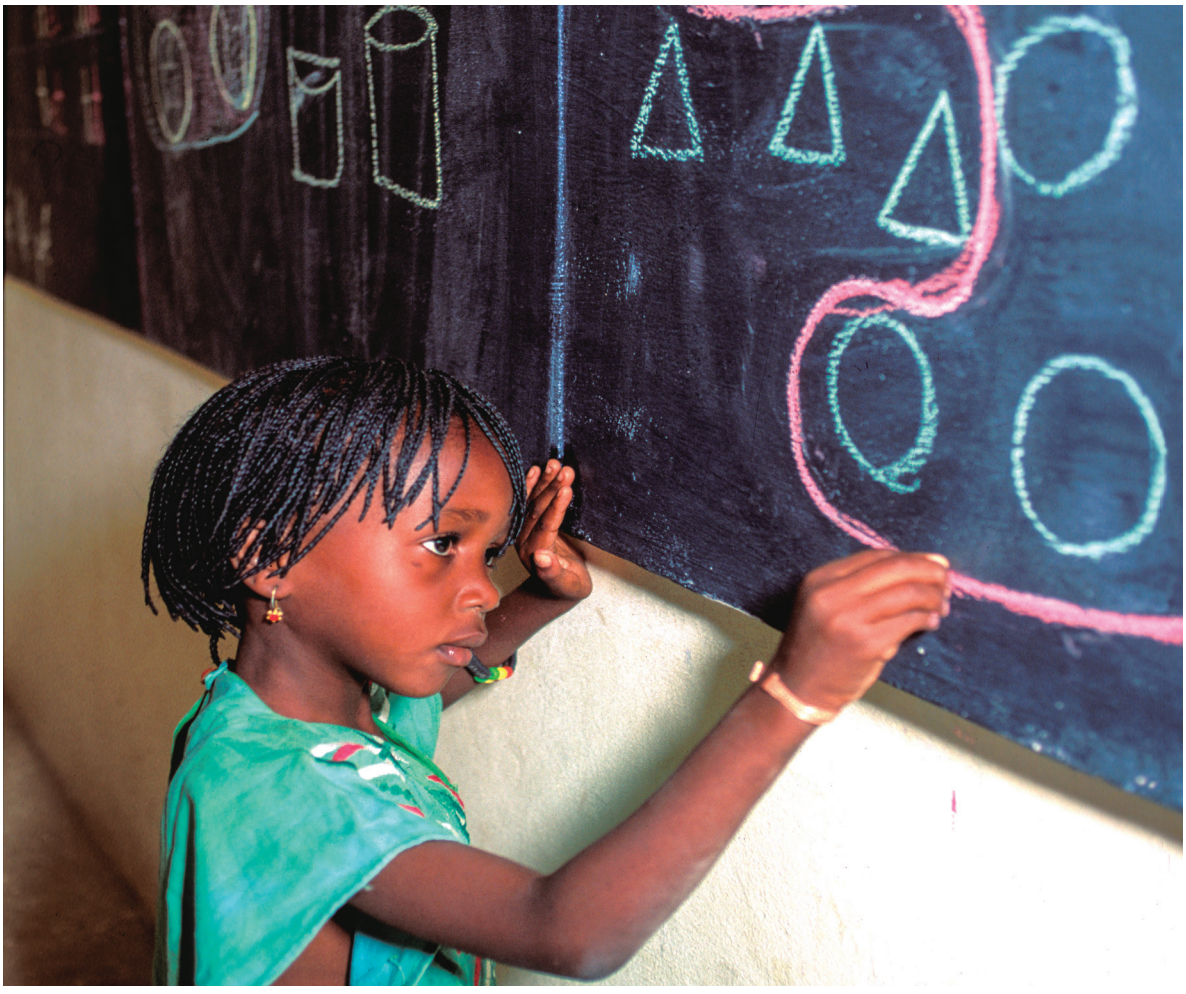

Photo Credit: Sheila McKinnon

In Kenya, as noted in the Joint Evaluation Country Case Study community members reported that along with encouraging resistance to FGM/C, ARP led to a range of positive results. ARP graduates, for example, displayed more self-confidence and determination to continue their education, rather than marry at a young age.

The Community Empowerment Programme's human rights-based approach to abandonment in Senegal

Since 1997, Tostan has implemented the Community Empowerment Programme (CEP), a non-formal education programme based on the promotion of human rights.

The CEP process teaches communities about democracy, human rights, problem-solving, health and hygiene – including the harmful effects of FGM/C. The CEP process, along with national legal and policy efforts supported by the Joint Programme, has led to a movement calling for abandonment of the practice in thousands of communities.

A 2008 evaluation examined villages that participated in the CEP during the late 1990s and had made public pledges to abandon FGM/C. Among the study's findings, nearly 10 years later, the prevalence of FGM/C had fallen by more than half in the participating villages: 30 per cent of girls had been cut compared to 69 per cent in comparison villages. Although the practice had not disappeared, its frequency – and social acceptance of it – had declined sharply in the villages that declared abandonment.

Source: Adapted from Case Studies on UNICEF Programming: Child protection, UNICEF, New York, 2013.

The alternative rites are accompanied by participatory education that engages the whole community. Participating girls are provided with orientation on a wide range of topics designed to help equip them for adulthood. These include the positive values of the local culture, life skills, communication skills, self-awareness, family relationships, sexuality, coping with adolescence, sexually transmitted diseases, HIV/AIDS and gender-based violence, as well as human rights and FGM/C as a violation of those rights. Through this process, girls are equipped to become mentors and role models for their peers and to participate in development processes in their homes, schools and the community.

The Joint Programme encouraged implementing partners to conceptualize FGM/C as a social norm that could be changed by creating and making explicit aspirations to stop the practice. Emphasis was placed on securing wider community involvement and agreement to stop the practice, and on providing regular follow-up meetings with ARP graduates after they return home and to their respective schools. Provided either through informal questions from trusted persons such as teachers, or through formal meetings a few months after the ARP, this follow-up appears to have mitigated pressures to undergo FGM/C.

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Formal and non-formal educational activities and community dialogues created a safe, non-threatening space where people can re-evaluate their own beliefs and values regarding FGM/C. They served to impart new communication skills and knowledge to participants and to start a discussion about the practice within the community.

Similarly, community discussions brought people together to openly discuss and reflect on issues relevant to FGM/C, such as human rights, health and the motivations behind the practice. The goals of these engagements varied, depending on the

FIVE YEAR RESULTS:
Community awareness and empowerment

In **Djibouti**, 576 community dialogues on Islam and the rights and protection of children involved 22,220 people (women, men and children). This helped consolidate and amplify the actions of 29 community management committees in 2013, and an increased awareness of children's rights violations has been observed.

In **Mali**, in the field of prevention/advocacy, 2,664,996 people have been sensitized on FGM/C, child/forced marriages and other gender-based violence through 12,414 community discussions held between 2008 and 2013.

In **Senegal**, an extensive network of community management committees set up by Tostan is monitoring FGM/C abandonment and promoting child protection from violence, exploitation and abuse.

In **Uganda**, 79,751 people were sensitized on the harmful effects of FGM/C, and 470 community dialogues were conducted. Subsequently, 236 communities made commitments to abandon FGM/C in 2013, and surveys conducted revealed a decline in the practice.

In **Eritrea**, 2,745 anti-FGM/C committees and 293 Sara Clubs were established and are working towards changing attitudes and perceptions. In addition, 593,500 community members were reached with FGM/C messages since 2008.

In **Somalia**, in 2013, 200 mentors for adolescent girls participated in empowerment training. The mentors conducted peer education and speak-out sessions with 6,000 adolescent girls. The discussions and speak-out sessions provided a forum for open talks on the various challenges the girls encounter at home, in school and in the community. The sessions also provided a peer support system to discuss and identify strategies to report various types of children's rights violations at all levels.

In **Burkina Faso**, where there is a strong level of political engagement for abandonment, 3,216 community members and animators were provided with training on the social norms perspective, and 8,382 community-based awareness-raising sessions took place.

context, but broadly, they tried to bring about recognition of the value of girls and women to the community and help people reach a consensus to abandon FGM/C. Strategies included community empowerment, training for community members and animators in the social norms perspective, and empowerment training for mentors of adolescent girls.

In Burkina Faso, Egypt, Kenya and Mali, community education sessions were complemented by home visits, counselling, theatre/films to promote reflection. Observations have revealed that a key function of public community discussions is stimulating private discussions within families, which can ultimately affect their decision not to carry out FGM/C on a child.

In Mauritania, the community empowerment component in 36 rural municipalities of high-prevalence regions reached 1,170 villages in 2013. In these municipalities, 601 committees have been set up, and 1,354 actors (relays, imams, health workers), as well as 4,112 teachers and students have participated in training on promoting the abandonment of FGM/C. In addition, 645,451 people have been sensitized, of whom 406,270 (63 per cent) said they were favourable to abandonment. The follow-up of 20,283 girls (0-5 years old) in Mauritania revealed that 68 per cent had not gone through FGM/C. Mass campaigns and those organized by the different sectors in 23 moughataa (administrative departments) also helped raise awareness among 279,268 people, of whom 77.58 per cent said they were favourable to abandonment.

Working in partnership with religious and traditional leaders

To secure their support as advocates for the abandonment of FGM/C, the Joint Programme and its partners engaged with traditional leaders, such as community elders, as agents of change in all 15 programme countries. To underscore that religious values urge protection of girls' physical integrity – and that FGM/C is not an obligation under Islam or any other faith, the programme involved religious leaders and networks.

The engagement of religious leaders was widely seen as an effective strategy for influencing change. In regions where FGM/C is considered to be an Islamic obligation, this involvement was seen as a necessary condition for change to take place. The fact that religious leaders openly and publicly spoke about FGM/C, which was traditionally considered a taboo, was perceived as a significant cultural shift.

At the community level, religious leaders frequently participated in or led community dialogue sessions (Kenya, Ethiopia, Uganda). Religious leaders issued fatwas (authoritative rulings on a point of Islamic law) or public statements during a sermon or at awareness sessions, conferences, seminars, debates on television, and other media events.

Since 2008, a total of 20,941 religious and traditional leaders have made public declarations stating that FGM/C is not a religious requirement. Furthermore, 2,898 edicts were issued in support of abandonment of the practice, and religious leaders communicated to their followers that FGM/C was not sanctioned by Islam. In Mauritania, a fatwa was adopted in 2011, and a subregional fatwa closely modelled on Mauritania's was developed and adopted for all of West Africa in 2012.

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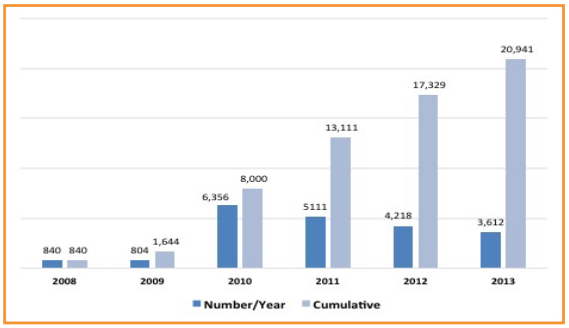
Figure 4. Number of religious leaders who made public declarations delinking FGM/C from religion



FIVE YEAR RESULTS:
Religious and traditional leaders as agents of change

In **Eritrea**, **Ethiopia** and the **Sudan**, leaders of several faiths (Muslim, Orthodox, Catholic, Protestant) declared that FGM/C is not a requirement of their religion.

In **Egypt**, the Grand Imam of Al Azhar University made, and later reconfirmed, a pronouncement stating that FGM/C is not part of Islam.

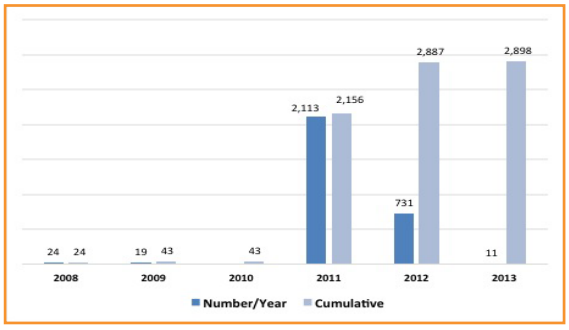
In **Uganda**, elders from the Pokot community, from both **Uganda** and **Kenya**, who publicly denounced FGM/C and agreed to work together across the border to ensure its abandonment.

In **Kenya**'s Gusii community, where rates of FGM/C are among the highest in the country (96 per cent), community elders made a public declaration on the abandonment of FGM/C in June 2012.

In **Mali**, 25,965 leaders have pledged in favour of abandoning FGM/C, with 200 of them making public statements.

In **Somalia**, religious leaders in Puntland issued a fatwa, demonstrating high-level commitment towards abandonment. Since the beginning of the Joint Programme, more than 1,500 religious leaders in Somalia have participated in training for advocacy on FGM/C abandonment and were actively involved in the advocacy campaign. Koranic teachers received training and incorporated FGM/C abandonment dialogues in school lessons.

Figure 5. Number of religious edicts issued in support of abandoning FGM/C



In Guinea-Bissau, the Joint Programme supported the first national network of religious leaders committed to the abandonment of FGM/C. The network has been raising awareness and promoting debate throughout the country, addressing the issue in the mosques and during religious events. In 2012, the Islamic Supreme Council proclaimed the "Declaration of Imams of Guinea Bissau against FGM/C" at the end of a two-day conference that brought together 200 imams from all regions of the country and their counterparts from Egypt, the Gambia, Mali and Senegal.

Creating a ripple effect: Communication and mass media

In a variety of ways and on several levels, the media plays an important role in efforts to end FGM/C. It not only disseminates information, it also has the power to mobilize both positive and negative feelings, as well as to enable people to connect with each other on a global level.

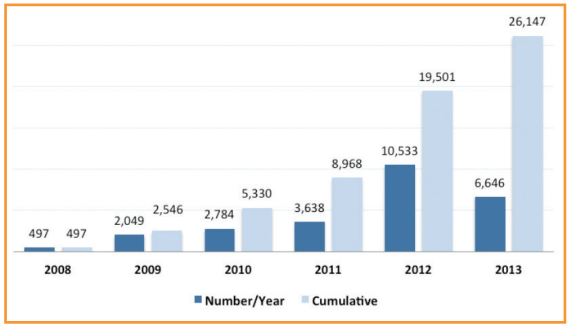
Every country used the media – the press, television, radio, and sometimes film and electronic social media – to increase awareness of the dangers of FGM/C and encourage people to abandon the practice. The use of radio in particular enabled remote, rural communities to be reached, as well as those with high levels of illiteracy. More than 26,147 newspaper articles, and TV and radio programmes discussed the benefits of ending the practice – helping to shape the ongoing public discourse on FGM/C in the respective country and/or region.

The content of media events included information about the law, health consequences of FGM/C, advertising on the availability of reconstructive care, delinking FGM/C and religion, testimonies of survivors of FGM/C, publicity for a toll-free number for reporting cases of FGM/C, coverage of prosecution, and community interventions and programmes.

As community groups became active in the effort to end FGM/C, the media played a central role in giving visibility to the community-based activities and to the public declarations of commitment to abandon the practice. Often these drew the attention of the national media and served to spread the news that things were changing and to disseminate the call by communities who were abandoning FGM/C that others should also join them.

Photo Credit: Senegal/UNFPA

Figure 6. Number of newspaper articles and TV/radio programmes supporting abandonment of FGM/C



In 2011 alone, millions of people across the 15 countries were reached by radio and TV programmes denouncing FGM/C. These included more than 2.8 million in Somalia, 2.5 million in Guinea, 350,000 in Burkina Faso, 300,000 in Djibouti, 271,000 in Mali and tens of thousands more in other countries.

In Guinea-Bissau, FGM/C was widely

discussed in the media during 2013, with important advocacy actions, including the broadcast of 162 radio programmes addressing FGM/C and the production of three television programmes produced. Also, there were eight interventions in international radios, and five on international TV programmes.

Media outlets have increasingly featured religious and community leaders during radio discussions of FGM/C. This is especially effective when it incorporates the voices of community members, who can be very persuasive in promoting the abandonment of FGM/C among multiple local, national and international audiences.

Involving national and local media, including local/community radio in local languages, as well as print media, posters and billboards, was instrumental to spread information about FGM/C abandonment process, and to engage community members.

Social media platforms such as Facebook and Twitter presented rich opportunities for interaction, discussion and dialogue with local community members from across the globe. These media were especially effective in addressing and engaging adolescents. Young people were encouraged to use Facebook to debate FGM/C with their peers, from their own points of view, and to discuss the practice with the entire global community, including family members living abroad.

Somalia provides an example where young people have been active in using social media to join the conversation about abandoning FGM/C. Fifty articles, messages, pictures and links from Somalia were posted on the Puntland Youth and Social Development Association's Facebook page, and more than 20,000 young people have visited the posts. The Somaliland Youth Peer Network published articles advocating FGM/C abandonment on three popular Somali websites. An SMS text message on FGM/C abandonment was sent to 50,000 mobile phones. More than 100,000 youth participated in public debates, with the majority supporting FGM/C abandonment. Advocacy and awareness were strengthened through the publication of 10 articles by young people in a local newspaper with a readership of over 100,000. In addition, 10,000 copies were distributed.

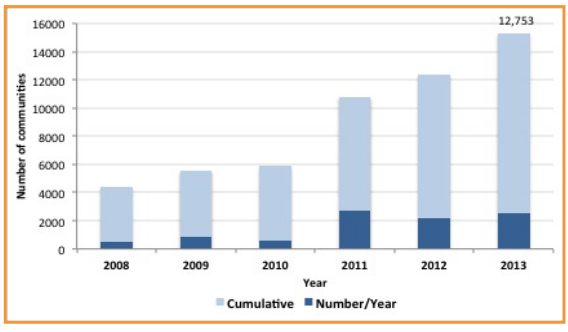
The Joint Programme's work with AIDOS is one example of partnership to evaluate media effectiveness towards strengthening national capacity for addressing gender-based violence. As the association had carried out training workshops for radio-journalists in four African countries, this initiative involved assessing the validity of audio-documentaries as a tool for promoting the abandonment of FGM/C. Through an impact analysis of the communication/media activities implemented in Burkina Faso and Kenya, the project has provided inputs for improvement of the communication tools/means to support activities in the field.

The value of public declarations

Facilitating public declarations of FGM/C abandonment was a broad strategy used in at community, regional and national levels, incorporating various methods of community engagement, education and outreach. In an effort to bring about collective change, the Joint Programme facilitated many events in all 15 countries, during which community leaders and/or members publicly declared their commitment to abandon FGM/C.

Since 2008, there has been a regular increase in the number of communities or villages that commit to abandoning FGM/C, and by 2013, a total of 12,753 of them committed to abandoning FGM/C. After years of engagement and consensus building, these public affirmations are a manifestation of a bottom-up process of change.

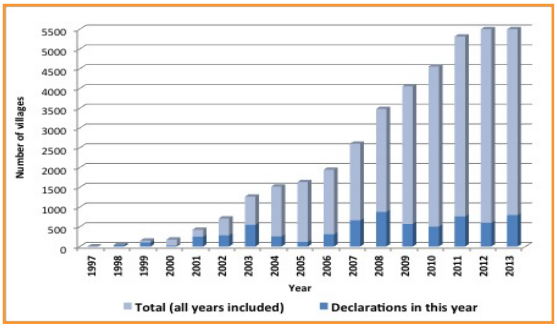
Figure 7. Number of communities that committed to abandon FGM/C



The effectiveness of public declarations as an indicator and factor for social change was demonstrated in depth evaluation[8] of the Tostan approach in Senegal – one of the first countries where communities made public declarations.

According to the evaluation, in Senegal, these events are perhaps the most crucial step on the path to abandonment. From 1997-2013, a total of 5,814 communities publicly stated their abandonment of FGM/C, and there was a sharp increase in public declarations after 2008 when the Joint Programme was implemented, as shown in Figure 8.

Figure 8. Number of public declarations in Senegal

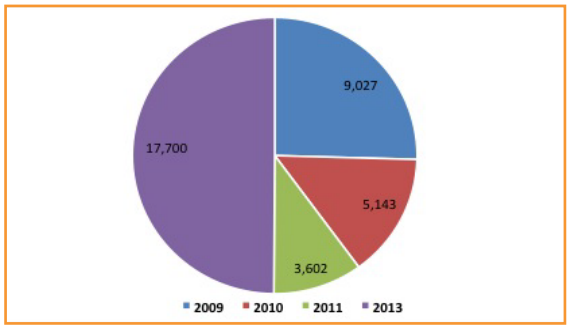


The 2013 Joint Evaluation found a variety of ways in which public commitment was translated into practice in different programme countries. Types of public declarations include:`

- Community (village)-level declarations that resulted from processes of community dialogue and education (Senegal, Guinea-Bissau, the Gambia, Burkina Faso, Ethiopia).
- Declarations by acknowledged community leaders (the Meru council of elders, Njuri Ncheke, in Kenya) that carried the weight of customary law and in some cases carried the threat of social sanction against perpetrators of FGM/C.
- Public pledges and signings at events such as concerts, or in health-care facilities (Sudan), which were not proceeded by an extended period of education and awareness-raising, and the group of stakeholders was randomly assembled.
- Family public declarations (Egypt).

In Egypt, as shown in Figure 9, the number of families who made this commitment increased steadily from 2009 to 2013.

Figure 9. Number of families in Egypt that committed to abandon FGM/C



Most public declarations were preceded by a sustained period of community education and dialogue, advocacy, and engagement with community leaders and female and male community members. Although the duration varied across communities, education activities typically lasted for two years. In some cases, the process of community engagement continued after the public declaration, for example, with revenue-generating activities (Senegal).

Several overarching observations regarding the use and effectiveness of public declarations emerged from the Joint Evaluation. The perceived social value of public declarations as binding promises and commitments varied with geographical, cultural and situational context. In northern Senegal, for example, making a public commitment is usually binding, whereas in the south of the country it is not. Similarly, ad hoc pledges made as part of a group of strangers were seen to be likely to carry less social pressure than pledges made in front of a participant's own community and social peers.

While public declarations do not guarantee behavioural change and a decline in FGM/C, they are likely to have some positive influence on existing social norms surrounding the practice. Consulted stakeholders in all countries noted that a public commitment, especially if made by community leaders, applied social pressure that made it difficult for the individuals to

8 Statistics and Monitoring Section and Child Protection Section, "Long-term evaluation of the Tostan programme in Senegal: Kolda, Thiès and Fatick regions", Working Paper, New York, UNICEF, 2008.

return to prior practices and contradict a pledge. Moreover, declarations and pledges constitute important events in the ongoing public discourse on FGM/C, and are likely to influence what positions and views are perceived as being socially acceptable.

Reliable data on FGM/C have only recently become available for all countries where the practice is concentrated through two sources: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

While the Joint Programme has not been directly involved in the collection of household survey data, it has influenced the analysis of the data. The programmatic experience obtained through the Joint Programme informed the preparation of a data-driven report[9] by UNICEF. Using data from more than 70 nationally representative surveys over a 20-year period, the report reviews all available DHS and MICS data, together with other nationally representative datasets with information about the practice, and examines differentials in prevalence according to social, economic, demographic, and other characteristics. Vice versa, the findings of this report and of other data analysis undertaken by both UNICEF and UNFPA have informed the Joint Programme.

Photo Credit: Senegal/UNFPA

9 Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change. New York, UNICEF, 2013

CHAPTER 5

MONITORING, EVALUATION AND RESEARCH

Photo Credit: Cheila McKinnon

To further understand the phenomenon of FGM/C within its specific socio-cultural contexts and in relation to social change and global politics, research that can be used to inform programming is a key area of investment.

2012 UNFPA-UNICEF Joint Programme Annual Report

Monitoring and evaluation

Monitoring and evaluating all Joint Programme-supported activities to identify results was crucial in order to continuously learn from, and respond appropriately to local contexts. For example, it helped to build an understanding of the role of legislation and to assess the impact and scope of laws in the countries where they have been enacted.

Since 2010, UNFPA and UNICEF, in collaboration with the Harvard School of Public Health's Program on International Health and Human Rights, have invested in developing a monitoring and evaluation (M&E) tool that better reflects the Joint Programme's cultural sensitivity and human rights-based approach. Following a consultation with Joint Programme country offices in 2010, the Programme's logical framework's wording, structure and indicators were substantially revised. The framework was finalized in mid-2011 and used for reporting progress in 2011 and 2012.

Photo Credit: Sheila McKinnon

Over the 5 years of the Joint Programme all the country offices strengthened mechanisms for tracking programmes' achievements and for ensuring the accountability of partner organizations. They maintained close ties with key ministries and implementing partners, ensured receipt of regular reports and organized review or coordination meetings. All made multiple field visits often accompanied by government and/or NGO partners, enabling them to provide technical assistance, correct problems as they arose, and encourage greater efforts in promoting the abandonment of FGM/C. Each country office produced an annual report, and globally, UNFPA and UNICEF prepared a global report every year, from 2008 to 2013.

In 2012, UNFPA and UNICEF commissioned an external evaluation to assess the Joint Programme's contribution to the abandonment of FGM/C. In addition to the two-volume Joint Evaluation published in 2013, country case studies were conducted in Burkina Faso, Kenya, Senegal and the Sudan.

As it applied the criteria of efficiency, effectiveness and sustainability, the Joint Evaluation offered valuable insight into the successes and challenges of conducting joint programming. In addition, it fostered greater interaction between headquarters offices and country colleagues.

This was the first comprehensive global evaluation of United Nations efforts to eliminate FGM/C, and also the first evaluation to be conducted jointly by UNFPA and UNICEF. Key findings and conclusions included the validation of the programme approach adopted by the two agencies, and the confirmation that significant positive changes are under way. It also provided the basis for decision-makers to agree to support the 2014-2017 phase of the Joint Programme, in line with the UNFPA and UNICEF strategic plans.

The Joint Evaluation provided vital information for planning. Phase II of the Joint Programme has been designed to respond to its recommendations in order to

build a stronger framework for scaling up actions to end FGM/C.

The UNICEF and UNFPA Evaluation Offices jointly presented the evaluation's conclusions and recommendations during a formal session of the UNFPA Executive Board and informal session of the UNICEF and UNFPA Executive Boards. A joint management response was also delivered by the two agencies, outlining the next steps in intensifying global efforts to eliminate FGM/C.

Moving towards stronger national monitoring

In several countries, the Joint Programme engaged in action to strengthen the systems and capacities of its national partners to collect data on FGM/C. The revisions to the Joint Programme's M&E framework in 2011 brought into greater focus the shortfalls and challenges in putting in place a unified national system for monitoring and evaluating programme implementation across multiple partners. Enhancing national capacities for M&E continued to be a focus throughout the following years of the programme.

The Joint Programme systematically tracked indicators on an annual and biannual basis through annual reports and country databases since 2011.

In addition, the Population Development Branch of UNFPA developed an interactive database on FGM/C prevalence and other indicators in conjunction with the Joint Programme. The Female Genital Mutilation/Cutting Dashboard uses data generated from the most recent household surveys (DHS and MICS) and presents Country Profiles on the 17 countries involved in the Joint Programme as of 2014.

There was also a focus on making existing data collection systems such as reproductive health information systems more relevant to the effort of preventing and tracking FGM/C.

Generating and sharing knowledge

The Joint Programme increasingly captured and shared experiences and lessons learned from implementation in programme countries. The annual meetings of Joint Programme focal points proved to be the most consistent and successful way to foster exchange of experiences between countries. These meetings provided both structured and informal opportunities for sharing lessons and ideas and for networking with colleagues from different countries.

In October 2011, UNFPA, WHO and other partners organized an international conference on Research, Health Care and Preventive Measures for Female Genital Mutilation/Cutting and the Strengthening of Leadership and Research in Africa. It concluded with several recommendations regarding programming on FGM/C, including a strong emphasis on mainstreaming

FIVE YEAR RESULTS:
Empowering national actors to conduct monitoring

In **Guinea-Bissau**, the Joint Programme assisted the National Committee Against Harmful Practices in developing a common reporting tool for the 18 civil society organizations working on FGM/C abandonment. After validating the country indicators on FGM/C and updating the National Action Plan for the Abandonment of Harmful Practices, the organizations were trained to use the monitoring and reporting tool in 2012.

In **Burkina Faso**, several initiatives have been taken to generate supplementary data on FGM/C. The Joint Programme supported the SP-CNLPE in developing a data collection plan and analysis strategy for the National Action Plan, which was aligned with Joint Programme indicators. A pilot project has been carried out in several rural health communities, where medical staff collected data using the biomedical observation method. The results of M&E and the evaluation were shared with partners during annual and trimestral meetings. Based on these findings, the National Strategic Action Plan for Zero Tolerance for FGM/C 2009-2013 was revised in 2012.

FGM/C work into health programmes, and the creation of a "Centre of Excellence" on research related to FGM/C.

FIVE YEAR RESULTS:
Measuring prevalence and following girls throughout childhood

In **Ethiopia**, registration cards have been established for pregnant women that record past history, antenatal check-ups, delivery and postnatal check-ups. This serves as a mechanism to follow up the status of newborn girls.

In **Djibouti**, to measure prevalence, a survey of 10 primary schools was conducted in 2005 in collaboration with the Directorate of Health Promotion, Ministry of Health. It found that 55 per cent of six-year-old girls in an urban school had been cut. When the study was repeated in 2010, 49 per cent of girls remained uncut four years later. The study will be repeated in 2014 in order to measure the decline in FGM/C among girls from different ethnic groups.

Health facility-based data collection has been conducted in **Mali** and the **Gambia**. In the Gambia, data on the reproductive health complications of FGM/C is being collected from 34 government facilities and four health facilities managed by the Foundation for Research on Women's Health, Productivity and the Environment (BAFROW). Report on this country-specific data will be used in advocacy, evidence-based programming, as well as in influencing policy.

As a result, the Africa Coordinating Centre for the Abandonment of FGM/C (ACCAF), University of Nairobi, was launched in December 2013 to fill research gaps on FGM/C abandonment and health. The Centre is a 15-year project in collaboration with WHO, UNFPA, University of Nairobi, ICRH (Ghent University), University of Washington (USA), University of Sydney, the Africa-Australia Universities Network and the World-wide Universities Network. The Centre will serve to build the capacity of African leaders and champions to promote actions towards the abandonment of FGM/C in Africa and beyond, through innovative research, leadership training and networking, and creating synergies between various approaches in the campaign.

The JPComm, a community of practice, has been developed to provide an online forum for sharing and exchange of programme lessons learned. In partnership with the INTACT Network, the global coordination team focused on the distillation of lessons learned from countries, research and evaluation.

In addition, the global coordination team provided regular detailed feedback to country office requests for information and support on specific areas of policy development, programme design, research and M&E frameworks, and issues around reporting to international human rights processes. Such interaction was critically important for enhanced and coordinated efforts toward the abandonment of FGM/C.

During 2008-2013, the Joint Programme experienced both achievements and challenges in fulfilling its objectives. Overall, strong contributions were made in strengthening local-level commitment to abandoning FGM/C, as well as legal and policy frameworks, and in engagement with organizations and development partners. Coordination among national- and community-level actors led to stronger national ownership, capacity and leadership for the abandonment of FGM/C. And the Joint Programme approach was successfully integrated into a range of national strategies and initiatives.

Among the challenges, programme sustainability continues to be threatened by the lack of financial and technical resources among many national- and community-level participants. Groups that advocate for the perpetuation of FGM/C continue to hold influence, which in some cases, is getting stronger. In addition, the Joint Programme made limited progress in supporting the production and use of reliable data on FGM/C.

CHAPTER 6

CONCLUSIONS

Photo Credit: UNICEF

To sustain the momentum for change towards FGM/C abandonment that the Joint Programme has contributed to, UNFPA and UNICEF should pursue a second phase of the Joint Programme.

2013 UNFPA-UNICEF Joint Programme Evaluation Report

Insights based on experience

Programmatic experience across a wide variety of contexts affirms the importance of fine-tuning the weight and mix of the human rights-based and culturally sensitive strategies that form the Joint Programme's approach to accelerating social dynamics for abandonment. Capitalizing on continental, regional and subregional opportunities ensures that efforts are well articulated across all levels, linking the evidence base being generated at the community and national level with political advocacy for sustainable change and commitment.

The provision of capacity-building, technical assistance, guidance and coordination of FGM/C abandonment campaigns by the programme to the national coordinating bodies was helpful in facilitating programme implementation. However, a predictable funding base for the Joint Programme is indispensible to supporting the multi-country effort and sustaining the effective and efficient use of available resources.

Community engagement and advocacy forums during the development of legislation against FGM/C are necessary to enable legislators to gain support from their constituencies. The active support of female and male legislators, including the chairpersons of key committees that control the budget, is crucial in the passage of a bill that will be enacted into law. It is important to develop and disseminate popular versions of legislation to ensure everyone is aware of its content and how it impacts their lives. Enforcing the law is the next vital step, as it sends out a clear message that the State is determined to prevent girls from being cut, and to support girls who have undergone FGM/C by holding the perpetrators accountable.

For a programme on FGM/C to sustainably influence social norms, boys and men must be engaged in discussions and collective decisions that promote the respect for the human rights of girls and women. The role of highly respected and influential community leaders, such as councils of elders, religious leaders and medical professionals, is central to making a compelling case against FGM/C.

Following a social norms perspective, reframing concepts and redefining traditions around FGM/C is a vital and effective broad strategy, which can be used in different countries and can be complemented with a variety of additional strategies at both national and community levels. The replacement and elimination of negative ideas and words in reference to uncut girls by other words helps create a positive image for uncut girls. Similarly, alternative rites of passage have the potential in some countries to help prepare and influence others to abandon the practice in the future.

Communication efforts are fundamental to linking all components, ensuring a cohesive and sustained stream of information about FGM/C and actions led by communities into the national conversation, as well as regional and international conversations. The role of the media (national, local and social) is important in raising awareness and increasing support against FGM/C and in favour of reframed social norms. Media campaigns are powerful channels to raise awareness and stimulate interest in FGM/C abandonment.

Data and new evidence from evaluations, population-based surveys, studies and audits are important to inform their programme activities and resource allocation. It is also important to have a robust monitoring and evaluation system to ensure the strategic management of a FGM/C programme, demonstrate progress in the process of social change, and ensure accountability of all actors involved.

The way forward

In order to address the challenges identified at the end of the Joint Programme's first phase, and keep the momentum moving forward, two things are needed. First, further scaling up is necessary for the programme to reach those who have not yet been part of the process. Second, additional resources are needed to ensure multi-year, consistent funding of efforts in the field. The lack of predictable multi-year funding has been one of the challenges noted by the Joint Evaluation and other analyses of the Joint Programme.

Accurate information and dialogue concerning sexual and reproductive health, rights and the consequences of FGM/C may lead communities to question certain deeply held beliefs and behaviours. Evidence shows that in order to generate additional support for ending FGM/C, programmes must empower girls and women with information on care, protection and prevention. In recognition of their role in decision-making at the community level, in religious communities and traditional forums, programmes should also encourage men and boys to be fully involved in the processes that foster opposition to FGM/C.

Further development of programmatic and research evidence about the effectiveness of national efforts and specific strategies across time remains an important investment to be made. There is also a need for regional interventions to address regional protocols, declarations and commitments to abandon FGM/C to assure necessary measures are in place to implement Resolution 67/146.

Accountability mechanisms for FGM/C abandonment at all levels and structures should be strengthened, including but not limited to administrative, political, legal, social, and national and international accountability.

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ANNEX
FINANCIAL CONTRIBUTIONS AND EXPENDITURES

The approved funding proposal in 2007 indicated that the Joint Programme would require an estimated US$44 million for the period covering 2008-2012. In 2012, the Joint Programme was extended an additional year to the end of 2013 in order to consolidate progress and conduct an external evaluation.

Over the period of 2008-2013, the Joint Programme received a total of approximately 37 million US dollars. As a consequence of the budget shortfalls, in particular during the early years, the Joint Programme decided to reduce the overall number of countries from the proposed 17 to 8 in 2008, 11 by 2009 and the full 15 countries from 2011-2013.

Total Donor Contributions to the Joint Programme (2007-2013)

Donor	Total (US$)
Austria	155,763
Iceland	479,108
Ireland	906,294
Italy	7,651,431
Luxembourg	4,097,846
Norway	20,402,832
Switzerland	315,580
United Kingdom	3,021,148
Private/individuals	2,808
Total	**37,032,810**

Source: UNFPA as Administrative Agent, 2014

Most donors made annual financial contributions to the Joint Programme, which were used as the basis for annual allocation decisions to country offices based on their initial work planning. As noted in the final evaluation, the unpredictability in funding to countries and subsequently to implementing partners that resulted from this annual cycle constituted a barrier to carrying out consistent, long-term activities and partnerships. This hindered efficiency and may have reduced overall effectiveness of the programme.

An overview of budgets, expenditures and implementation rates shows that implementation was strong across all countries and offices over the duration of the programme.

Financial Report (2007-2013) in US$			
Country Offices, Global, and Technical and Regional Partners	**Budget**	**Expenditures**	**Implementation Rate**
Burkina Faso	2,014,774	1,960,805	97%
Djibouti	2,359,249	2,153,962	91%
Egypt	1,868,847	1,785,070	96%
Eritrea[1]	892,470	750,542	84%
Ethiopia	1,723,315	1,585,069	92%
Gambia	1,321,358	1,257,375	95%
Guinea	1,502,321	1,473,162	98%
Guinea-Bissau	1,806,454	1,806,464	100%
Kenya	2,275,733	2,105,710	93%
Mali[1]	742,674	688,800	93%
Mauritania[1]	741,548	712,078	96%
Senegal	3,330,525	3,127,055	94%
Somalia	1,798,956	1,781,824	99%
Sudan	3,196,405	3,118,063	98%
Uganda	1,368,104	1,306,129	95%
Subregional partners	3,124,821	2,239,572	72%
Other	111,958	85,649	77%
HQ[2]	5,895,273	4,816,072	82%
HQ-WCAR[3]	92,175	92,175	100%
Total	**36,166,960[4]**	**32,845,576**	**91%**

Source: UNFPA and UNICEF uncertified financial reports as of 2014.
[1] Entered the programme in 2011.
[2] Lower implementation rate due to salary commitments not being fully reflected in financial system.
[3] Reprogrammed balance allocated to UNICEF HQ.
[4] Unallocated funds held in reserve to ensure programme continuity between Phase 1 and Phase 2.

Resource leveraging in the Joint Programme

Throughout Phase 1 of the Joint Programme, UNFPA and UNICEF at all levels used resources allocated from the global level as a catalyst for attracting additional contributions to their respective FGM/C abandonment efforts. Specifically, both agencies mobilized respective agency regular resources (RR) and specific bilateral contributions from donors to FGM/C programmes. In 2011, the Joint Programme undertook a detailed analysis and found that there was at the time a nearly 1 to 1 match of funds from sources outside of the Joint Programme allocations through a combination of RR and other resources. This equalled more than US$5.4 million of agency regular resources and US$18.6 million other specific donor contributions as of 2011. Regrettably, the funding survey could not be replicated in 2013.

While this additional resource leveraging showed commitment of country offices to complement global resources with locally mobilized funds, it also reflected the unfulfilled needs of country offices that Joint Programme allocations have not covered. Indeed, country offices have consistently indicated that the programme resource needs and absorption capacity have exceeded the available resources from both global and local sources.

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