

REIMAGINING RESILIENCE

Eliminating Female Genital Mutilation in the Context of the Polycrisis

2022 COUNTRY PROFILES



unicef 
for every child



UNFPA-UNICEF

Joint Programme on the Elimination of Female Genital Mutilation:
Delivering the Global Promise to End FGM by 2030



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Delivering the Global Promise to End FGM by 2030

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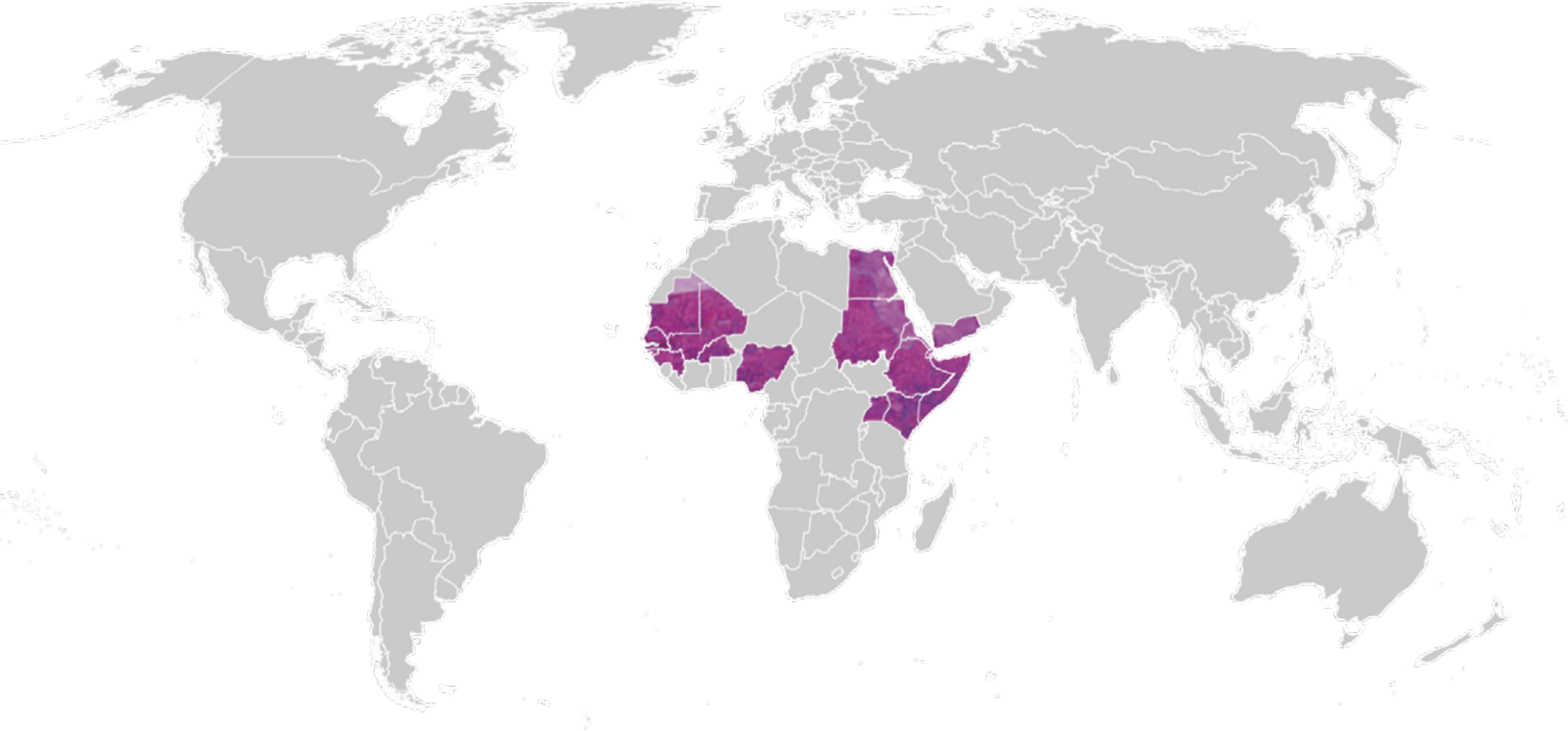


and **The European Union** through the Spotlight Initiative Africa Regional Programme.



COUNTRY PROFILES

The 2022 Annual Report for the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation includes country profiles with background information for the 17 countries where the Joint Programme is implemented. For each country, the report provides context on humanitarian crises resulting from insecurity, environmental or economic changes; the current situation of female genital mutilation (FGM); and Joint Programme contributions to FGM elimination in policies, legislation and capacity development. Key programmatic achievements and best practices are highlighted for each country to celebrate their progress despite challenges faced.



 Countries supported by the Joint Programme

This map shows the countries where the Joint Programme is implemented. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Burkina Faso

Approximately 64 per cent of Burkina Faso's population lives in severe poverty.¹ In 2022, the humanitarian situation worsened² with nearly one in two Burkinabè (46 per cent of the population) directly affected by insecurity, and with 8 per cent of people (approximately 1.6 million) forcibly displaced.³ Insecurity has reduced access to basic services, and food and nutrition insecurity has risen throughout the country, with at least 2.6 million people food insecure in 2022.⁴ Gender-based violence (GBV) is the most reported protection issue among women and children, at 26 per cent of all reported cases.⁵

In December 2022, almost 24 per cent of education institutions were closed.⁶ Forty-two per cent of health facilities were not operating at full capacity or were closed.⁷ Several high courts were closed or relocated, which has likely had an impact on FGM legal cases.

FGM PROFILE



68% of girls and women aged 15 to 49 have undergone FGM.⁸

FGM is performed by traditional practitioners.¹⁰

Protective factors against FGM include **living in urban settings, education and household wealth.**⁹

Approximately 9 out of 10 people think the practice should **stop.**¹¹

Fewer adolescent girls have undergone FGM compared to older women; **support for the practice has declined significantly.**¹²

The majority of girls experience **FGM before age 5.**¹³

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Humanitarian-development-peace nexus approach to FGM elimination: Using the UNICEF-UNFPA toolkit for the nexus approach on FGM programming, the Joint Programme expanded its partnerships in Burkina Faso with humanitarian actors, grass-roots organizations, community facilitators and community health workers. The nexus approach ensures programme continuity in areas where insecurity has made direct access to communities challenging, and is a strategy for supporting community surveillance of girls at risk of undergoing FGM.

National awareness campaign: During the 16 Days of Activism against Gender-Based Violence, the Joint Programme launched the "Neither an Actor, Nor an Accomplice: Stop FGM Now!" national awareness campaign; 200 young people from 13 regions called on youth to take action to prevent and report cases of FGM.

National database on FGM: An integrated database of relevant FGM data is also being set up with the ministry in charge of gender. The report of the diagnostic study to set up the database has been validated and shared with decision-makers.

Digital platforms support FGM prevention and response: The Joint Programme used digital platforms popular with youth, such as [GQ Jeune](#) and [U-Report](#), to provide information on FGM and referrals to services.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Enhancing adolescent girls' agency: A total of 117,723 adolescent girls benefitted from life skills programmes in 2,747 adolescent clubs and safe spaces promoting the right to be free from FGM. With support from community mentors and role models, empowered adolescent girls have engaged in intergenerational dialogues with their families about FGM. Through education sessions promoting gender equality and positive masculinities, 106,081 boys and young men pledged to take an active role in the elimination of FGM in their communities. In addition, 131,913 [U-Reporters](#) accessed information by texting "FGM" to learn more about the practice. On World Children's Day, adolescents and youth launched the annual "Faso Youth Caravan", which organized free activities in six cities: Ouagadougou, Kaya, Tenkodogo, Dédougou, Gaoua and Fada N'Gourma. They promoted FGM elimination through civic action, film screenings, concerts, interactive theater, sporting events and art exhibitions. The caravan reached approximately 800,000 adolescents and young people with information on ending FGM.

- 1 World Bank, 2023. "The World Bank in Burkina Faso." Website: <https://www.worldbank.org/en/country/burkinafaso/overview>
- 2 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Plan de réponse humanitaire Burkina Faso. Website: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/bfa_hrp_2022_mars.pdf.pdf
- 3 Ibid.
- 4 WFP (World Food Programme), 2022. WFP Burkina Faso Country Brief. Website: <https://reliefweb.int/report/burkina-faso/wfp-burkina-faso-country-brief-november-2022>
- 5 Ibid.

- 6 WHO (World Health Organization), 2022. BFA: Bulletin humanitaire du Cluster santé. Website: <https://www.humanitarianresponse.info/en/operations/burkina-faso/document/bfa-bulletin-humanitaire-du-cluster-octobre-2022>
- 7 Ibid.
- 8 Enquête modulaire démographie et santé (EMDS) 2015.
- 9 Ibid.
- 10 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>
- 11 Ibid.
- 12 Ibid.
- 13 Ibid.

Djibouti

Following four seasons of below average rainfall, communities across the Horn of Africa are experiencing one of the worst droughts in recent history. In Djibouti, more than 72,000 people, including 29,000 children, were estimated to need humanitarian assistance in 2022 due to the drought.¹⁴ It has led to critically low groundwater levels, the disappearance of pastures and vegetation, and record-breaking high temperatures.¹⁵ Vulnerable and marginalized groups, such as women and girls, children with disabilities, and refugees and migrants, have been disproportionately impacted. Severe wasting in children is a major concern even as systems to monitor and respond to malnutrition remain weak.¹⁶

FGM PROFILE

FGM is mostly carried out by traditional practitioners.¹⁷

Nationally, FGM prevalence fell from 78.4 per cent in 2012 to 70.7 per cent in the group aged 15 to 49 in 2019, a drop of almost 8 percentage points in seven years.¹⁹

Over one third of women think FGM should stop, with girls and women with secondary education and higher education less likely to support the practice.¹⁸

A total of 59.3 per cent of girls and women and 46.7 per cent of boys and men above age 15 agree that FGM increases childbirth complications.²⁰

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Data on FGM: The Gender-Based Violence Information Management System was launched to facilitate the automatic reporting of FGM cases and provide systematic referrals to health, social service and justice actors as a first point of care and reliable information for criminal proceedings.

Engaging religious leaders: An advocacy guide compiled religious-based evidence that delinks religion from FGM; it will be used to develop a network of religious leaders who will facilitate inter-religious community dialogues for the elimination of FGM.

Essential Services Package: Internal protocols to provide a minimum package of FGM-related services were launched in 2022. A multisectoral service coordination committee was established to discuss effective and efficient strategies for GBV and FGM case management.

Integration of FGM in national gender policy: Following Joint Programme advocacy, FGM was included in an evaluation of Djibouti's gender policy (2011-2021). Effective strategies on GBV and FGM elimination identified in the evaluation were included in the new gender policy (2022-2026), which will be accompanied by a five-year operational plan. The Joint Programme intends to support the Government in mobilizing resources (internal and external) to support gender equality and ending FGM.

KEY PROGRAMME RESULTS

Media campaigns promote gender equality, girls' and women's rights, and the elimination of FGM



Annual target for 2022
300,000
INDIVIDUALS



Annual result in 2022
326,081
INDIVIDUALS

People engage in community-led dialogues to end harmful social and gender norms and FGM



Annual target for 2022
161,932
INDIVIDUALS



Annual result in 2022
94,627
INDIVIDUALS

BEST PRACTICE EXAMPLE

Community surveillance for monitoring and reporting FGM: In partnership with the National Union of Djiboutian Women, a non-governmental organization focused on women's empowerment and child protection, and a network of 65 religious leaders working with the Ministry of Islamic Affairs, the Joint Programme supported 34 community management committees in conducting community dialogues and education sessions on FGM, reaching more than 94,000 individuals (65 per cent were women and girls, 35 per cent were men and boys, 61 per cent were adults and 39 per cent were under 18). The committees, which also lead efforts in establishing community surveillance for the monitoring and reporting girls at risk of FGM following public declarations of FGM elimination, prevented 640 girls from undergoing the practice in 2022.



- 14 UNICEF (United Nations Children's Fund), 2022. Djibouti: Humanitarian Action for Children 2022. Website: <https://reliefweb.int/report/djibouti/djibouti-humanitarian-action-children-2022>.
- 15 UNICEF (United Nations Children's Fund), 2022. Middle East and North Africa Humanitarian Situation Report. Website: <https://reliefweb.int/report/syrian-arab-republic/unicef-middle-east-and-north-africa-humanitarian-situation-report-end-year-31-december-2022#:~:text=In%20February%202022%2C%20the%20Government,and%20record%2Dbreaking%20high%20temperatures>.

- 16 UNICEF (United Nations Children's Fund), 2022. Djibouti Appeal: Humanitarian Action for Children. Website: <https://www.unicef.org/appeals/djibouti>.
- 17 Ibid.
- 18 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.
- 19 L'enquête nationale sur les violences faites aux femmes (EVFF) 2019.
- 20 Ibid.

Egypt

An expanding urban population (estimated to be 41.4 million by 2050) will put additional strains on urban service provision and deepen exposure to climate risks disproportionately borne by those left furthest behind.²¹ High population growth (1.7 per cent in 2021) and rising fertility rates (2.96 births per woman in 2020) suggest that creating jobs for youth and women will remain a challenge. The employment rate has declined, with structural impediments to labour demand affecting youth and women most deeply.²² Six per cent of Egypt's population is vulnerable to multidimensional poverty.²³

FGM PROFILE

Medicalization is extremely common

in Egypt, with girls under 15 years of age four times more likely than women aged 45 to 49 to have undergone FGM performed by a health-care provider.²⁶



FGM declined among girls

aged 15 to 17 from 61 per cent in 2014 to 37 per cent in 2021.²⁴

The percentage of mothers who expressed their intention to have their daughters undergo FGM **dropped** to only 13 per cent in 2021 compared to 35 per cent in 2014.²⁸

86% of ever-married women between the ages of 15 and 49 have undergone FGM.²⁷

Protective factors against FGM include **education, household wealth and living in urban areas.**²⁵

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Mental health and psychosocial support for survivors of FGM: In 2022, the Joint Programme launched counselling training to provide this support to 703 FGM survivors free of charge.

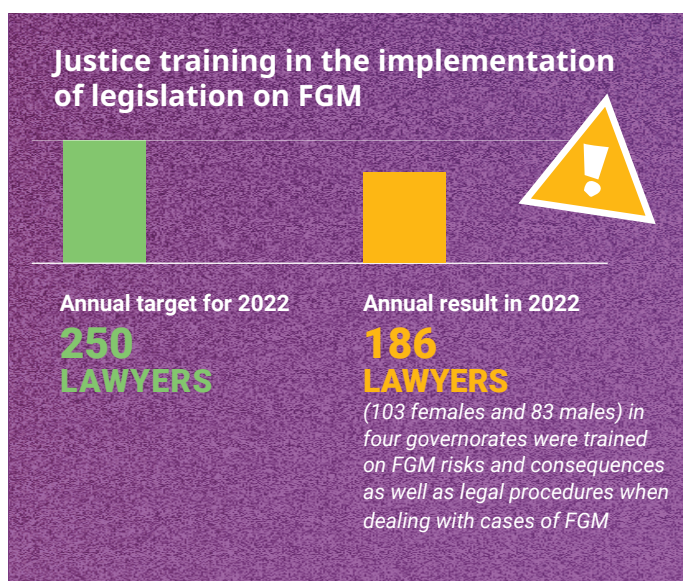
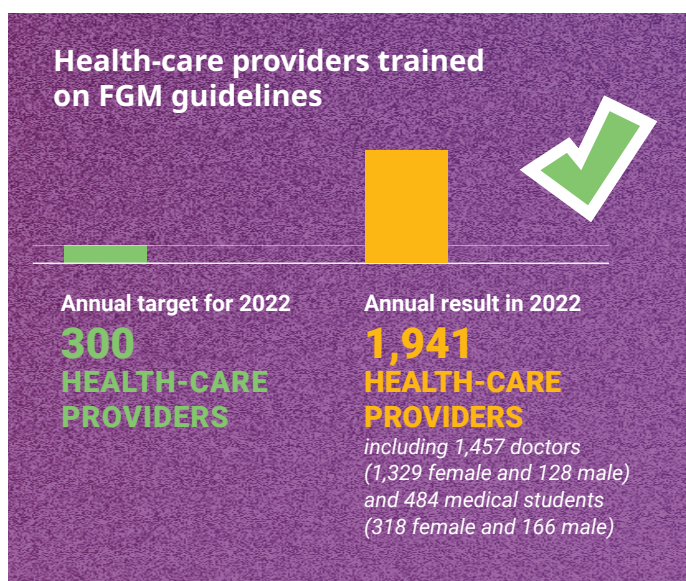
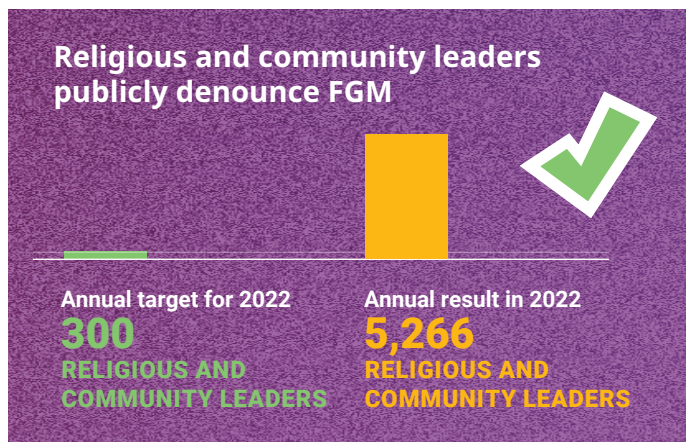
Empowering adolescent girls to end FGM: UNICEF's "[Dawwie](#)" and UNFPA's "[Noura](#)" are both investment frameworks for girls in Egypt, under the auspices of the First Lady. They include activities that support the elimination of FGM. "Dawwie" is a multistakeholder national initiative that promotes positive social and gender norms and practices through life skills development, and ensures access to child-friendly and gender-responsive services.

Both "Dawwie" and "Noura" are implemented as part of the "[Decent Life](#)" ("Hayah Kareema") initiative by the Government of Egypt. It seeks to address multidimensional poverty in the poorest rural communities, including through the empowerment of girls and women, as shown in this [video](#).

Ending FGM through innovation: In 2022, the Joint Programme launched the Social Innovation Incubator programme to empower women through knowledge, skills and opportunities to generate and implement creative and context-appropriate innovative solutions to local challenges related to FGM. The first cycle focused specifically on FGM in Upper Egypt through the "Dafayer" initiative, which supported young women in designing sustainable solutions that are both profitable and have a social impact in terms of FGM elimination in their communities. Seven teams took part in a pitching event, presenting their solutions and business models to a panel of experts and receiving guidance on their ideas. The event also provided scope for networking with potential partners and donors.

National Action Plan for FGM: Egypt's National Action Plan for FGM Abandonment was launched in 2022. Five priority pillars were identified to accelerate FGM elimination: 1) end medicalized FGM; 2) transform social and gender norms and attitudes related to FGM; 3) improve access to quality prevention and response services; 4) increase the availability of FGM data; and 5) develop an institutional framework for the National Committee for FGM Eradication to increase its capacity to monitor and evaluate implementation of the National Action Plan.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Advocacy for integrating FGM elimination in Egypt's climate crisis response: The Joint Programme supported a 19-year-old Egyptian youth activist, Amal Abdallah, in advocating for the elimination of FGM at the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in Sharm El-Sheikh, Egypt. Using interactive theater, Amal performed a play that urged national and global policymakers to address FGM in responding to climate crises. Amal's performance is featured on [Facebook](#) to reach more people in this sensitization efforts. Prior to her participation in the meeting, Amal benefitted from capacity development for youth activists on feminist approaches effort to responding to climate crises. The training was facilitated by Karama, a network of civil society organizations and activists in 13 countries in the Middle East that provides a platform for women to share knowledge and skills on women's rights, and mobilize support for a regional movement to end all forms of violence against women and girls.

21 Ibid.

22 Ibid.

23 UNDP (United Nations Development Programme), 2023. "Briefing Note for Countries on the 2023 Multidimensional Poverty Index: Egypt." Website: https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/EGY.pdf?_gl=1*lb3uso*_ga*MTQ5NjlyMjAzMi4xNjg0NDU3NDkx*_ga_3W7LPK0WP1*MTY4NDc5NDc1MC4yLjEuMTY4NDc5NTY1Mi41My4wLjA.

24 Demographic and Health Survey (DHS) 2014 and Egyptian Family Health Survey (EFHS) 2021.

25 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation in Egypt." Website: <https://data.unicef.org/resources/female-genital-mutilation-in-egypt-recent-trends-and-projections/>.

26 Ibid.

27 Egyptian Family Health Survey (EFHS) 2021.

28 Demographic and Health Survey (DHS) 2014 and Egyptian Family Health Survey (EFHS) 2021.

Eritrea

Eritrea has a wide variety of climatic conditions that render it highly vulnerable to economic, climatic and external shocks, including from drought, limited access to safe water, insecurity and the socioeconomic impact of sanctions.²⁹ The country's most fragile ecosystems are threatened by climate change and desertification as well as desert locust infestations.³⁰ Existing frameworks to mitigate the impact of climate change and improve natural resources management are inadequate.³¹ Despite the efforts of the Government to achieve self-reliance and economic progress, poverty and food insecurity affect many urban and rural households, especially children from female-headed households.³²

FGM PROFILE


83% of girls and women aged 15 to 19 have undergone FGM.³³

One third of women (34 per cent) are subjected to FGM before age 1; 26.9 per cent of girls could not identify when they experienced the practice.³⁵

Traditional practitioners perform the vast majority of FGM cases.³⁴

77 per cent of women and 82 per cent of men believe that there is no benefit associated with FGM.³⁶

According to the 2010 DHS, 33 per cent of girls under age 15 and 12 per cent under age 5 had undergone FGM. Community mapping studies conducted by the Ministry of Health found that FGM prevalence among girls aged 5 to 15 declined from 18 per cent in 2014 to almost 4 per cent in 2016-2018, although these studies are not nationally representative as they were conducted in selected regions.



Eritrea's FGM coordination mechanism is led by government ministries, including the Ministry of Health, the Ministry of Labour and Social Welfare and the National Union of Eritrean Women. They jointly oversee the implementation of the National Strategic Plan to Ensure Children and Women's Rights, and Abandon Female Genital Mutilation, Underage Marriage and Other Harmful Traditional Practices (2020-2024), and agreed to a midterm evaluation of the plan.

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

"My home is free from FGM": Home visits in communities aim at ensuring every household with a girl under age 15 becomes free of FGM. Anti-FGM promoters engage with households until families agree to stop FGM, at which time they receive a sticker that states: "My home is free from FGM". The process continues until the whole village makes a collective declaration to end FGM. In 2022, 63,997 people living in 70 villages of the Adi-Tekelezan and Halhal subzones declared their communities free from FGM.

Data on FGM: The Ministry of Health introduced FGM-related data in the Health Management Information System. A comprehensive Child Protection Management Information System is planned for launch in 2023.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Integrating FGM in social protection programmes:

Social protection programmes in Eritrea supported 7,865 households, 50 per cent headed by women, in reducing poverty by transferring resources such as school supplies to increase access to education, and by enabling income generation and the protection of household assets. Social protection can contribute to ending FGM by empowering women, as measured by an increase in agency and autonomy in decision-making associated with FGM, including through choices they make for their daughters and in challenging harmful social norms. Strategies to empower women through gender-responsive social protection combined with community-led support for shifts in social norms that sustain FGM may prove effective in reducing prevalence in Eritrea.



29 UNICEF (United Nations Children's Fund), 2023. "Eritrea Appeal: Humanitarian Action for Children." Website: <https://www.unicef.org/appeals/eritrea>.

30 Ibid.

31 United Nations in Eritrea, 2021. Delivering as One for the SDGs, Leaving No One Behind: Sustainable Development Cooperation Framework. Website: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/un_sustainable_development_cooperation_framework_between_the_government_of_the_state_of_eritrea_and_the_united_nations_2022_-_2026_for_distribution_0.pdf?_gl=1*7ft88q*_ga*MTQ50DczNDgyOC4xNjgzMTYxNTI4*_ga_E60ZNX2F68*MTY4MzIxMjY4OC40C40LjAuMTY4MzIxMjY4OC42MC4wLjA.

32 Ibid.

33 Eritrea Population and Health Survey (EPHS) 2010.

34 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

35 Ibid.

36 Ibid.

Ethiopia

In 2022, humanitarian needs grew due to conflict in northern Ethiopia.³⁷ In eastern and southern Ethiopia, communities continued to suffer from the impacts of climate-related shocks, particularly a severe drought affecting the livelihoods of nearly 17 million pastoralists.³⁸ Reduced availability of food, water and pastures triggered internal displacement and deepened food insecurity, exacerbating protection risks. The drought has also caused a health crisis with increased malnutrition rates and disease outbreaks even as access to health services has declined.³⁹ Floods in the Gambella and Afar regions displaced populations, increasing girls' risk of FGM as formal and informal protection mechanisms, such as community surveillance systems, were weakened. Almost 42 per cent of people in Ethiopia face severe multidimensional poverty, and 31 per cent live on less than \$1.90 a day.⁴⁰

FGM PROFILE

Twenty-five million girls and women have undergone FGM, the largest absolute number in Eastern and Southern Africa.⁴¹



Seventy-nine per cent of girls and women and 87 per cent of boys and men (aged 15 to 49) think the practice should **stop**.⁴²

Around 87.3 per cent of FGM is performed by traditional practitioners.⁴³

More than half of girls undergo FGM before age 5.⁴⁵

FGM is less common today than in previous generations, now affecting 5 in 10 adolescent girls aged 15 to 19 compared to nearly 9 in 10 around 1970.⁴⁴



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Knowledge and attitudes related to FGM: A baseline study was completed in 2022, capturing data on knowledge and attitudes towards gender equality and sexual and reproductive health and rights (SRHR), including FGM, in social and behaviour FGM prevention programmes for young adolescents aged 10 to 14. Adolescents generally support gender equality and oppose intimate partner violence. Knowledge about the consequences of FGM was poor, with a score of 3.5 out of 6. Adolescents' SRHR confidence ranged from limited confidence to confidence in expressing opposition to FGM. Adolescents living in districts where programmes for FGM prevention and elimination are offered reported higher confidence in opposing FGM, understanding puberty and being able to make decisions about marriage than those living in control districts without such programmes.

Girls' power: In partnership with the Ministry of Women and Social Affairs and CARE, the Joint Programme developed a gender-transformative life skills manual, *Girls' Power*. It supports adolescent girls aged 10 to 14 and 15 to 19 by sharing information and facilitating critical reflections on a range of topics related to health and gender equality, including FGM and child marriage. In 2022, 207,678 adolescent girls participated in comprehensive sexuality education and life skills programmes in Ethiopia.

Integrating FGM prevention in social protection: Over 1 million elderly women benefit from the Productive Safety Net Programme (PSNP) for poor and chronically food insecure households. The Joint Programme supports reflective dialogues for FGM elimination through this scheme and provides information about anti-FGM legislation. The *Training Guide on Social Development, Gender and Nutrition Mainstreaming in PSNP*, developed in 2022, supports FGM prevention, including through facilitating reflective dialogues, creating awareness and sharing information about policies and legislation on FGM.

Joint Programme updated roadmap: The Ethiopian Government made a high-level commitment to end FGM by 2025 by launching the [National Costed Roadmap to End Child Marriage and FGM/C 2020-2024](#). In 2022, the Joint Programme supported a [review](#) of the roadmap, based on its first year of implementation, and found that humanitarian crises have constrained momentum towards FGM elimination.

KEY PROGRAMME RESULTS

Enhance girls' knowledge, skills and leadership through comprehensive sexuality education and life skills programmes that integrate FGM



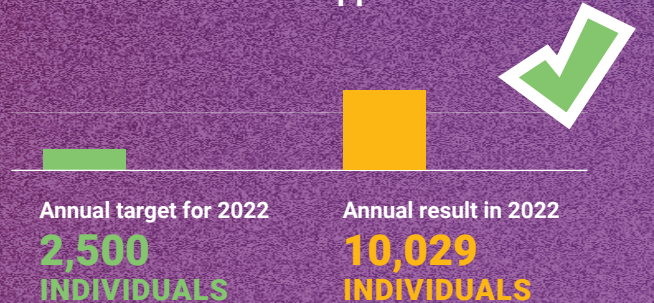
Media campaigns promote gender equality, girls' and women's rights, and the elimination of FGM



Girls and women initiate dialogues on FGM elimination



Girls aged 5 to 19 years at risk of FGM receive education support



BEST PRACTICE EXAMPLE

Ending FGM through edutainment: In partnership with the Girl Effect, an adolescent girls' empowerment organization, the Joint Programme supported the production of an edutainment television series titled *Yegna*. Now in its fifth season, it addresses FGM and other adolescent-related issues. A cast of five girls and two boys plays characters that reflect the lives of millions of Ethiopian teens. They form meaningful friendships and help each other to find their voices and navigate the complexities of growing up. The adolescent-friendly content was co-created with girls. It shares messages about real-life challenges that they face related to relationships, menstruation, puberty, education and harmful practices, including FGM and child marriage. By reflecting the realities of everyday life and providing positive role models and relatable storylines, *Yegna* shows that alternative choices exist and that it is possible to challenge the status quo related to FGM. As Ethiopia's first TV drama for adolescents, it attracts around 10 million viewers annually.

37 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Ethiopia: Humanitarian Response Plan Mid Year Review. Website: https://reliefweb.int/report/ethiopia/ethiopia-humanitarian-response-plan-mid-year-review-november-2022?_gl=1*31b10j*_ga*MTE3NzAyNjcwOC4xNjgwODgyNjk3*_ga_E60ZNX2F68*MTY4MDg4MjY5Ny4xLjAuMTY4MDg4MjY5Ny42MC4wLjA.

38 UNFPA (United Nations Population Fund), 2023. "UNFPA Ethiopia Humanitarian Response Situation Report – December 2022." Website: <https://reliefweb.int/report/ethiopia/unfpa-ethiopia-humanitarian-response-situation-report-december-2022>.

39 Ibid.

40 UNDP (United Nations Development Programme), n.d. "Multidimensional Poverty Index: Developing Countries." Website: https://hdr.undp.org/sites/default/files/publications/additional-files/2022-10/2022_mpi_statistical_data_table_1_and_2_en.pdf.

41 UNICEF (United Nations Children's Fund), 2020. "A Profile of Female Genital Mutilation in Ethiopia." Website: <https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-ethiopia/>.

42 Ibid.

43 Ibid.

44 Ibid.

45 Ibid.

The Gambia

Due to geophysical conditions, accelerating climate change and high degrees of vulnerability, The Gambia faces acute risks of disasters that impact lives and livelihoods across the country.⁴⁶ It is highly prone to floods, while desertification and drought are driving displacement towards low-lying urban areas of Banjul, the capital. Unregulated settlement is taking place in flood-prone areas and encroaching on canals and drainage systems.⁴⁷ Insufficient infrastructure and drainage render both urban and rural populations vulnerable.⁴⁸ In terms of poverty, 41.7 per cent of the population is multidimensionally poor.⁴⁹

FGM PROFILE

75% of girls aged 15 to 19 have experienced FGM.⁵⁰

While 75.7 per cent of girls and women between the ages of 15 and 49 have undergone FGM, the prevalence rate is lower among younger cohorts, at 51 per cent among girls aged 0 to 14.⁵¹

FGM is performed by traditional practitioners.⁵²

There is **cross-border FGM** between The Gambia and Senegal.

49% of girls and boys aged 15 to 19 think FGM should stop.⁵³

The percentage of girls and women aged 15 to 49 who know about FGM and think it should continue **declines** from 50 per cent with a primary education to 39 per cent with a secondary education, and from 52 per cent in the middle wealth quintile to 36 per cent in the richest wealth quintile.⁵⁵

70% of adolescent girls reported undergoing FGM before age 5.⁵⁴

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Mothers' clubs: 209 community-based mothers' clubs with 3,135 members champion FGM elimination and have facilitated education sessions reaching approximately 3,000 students and 205 teachers on the consequences of FGM.

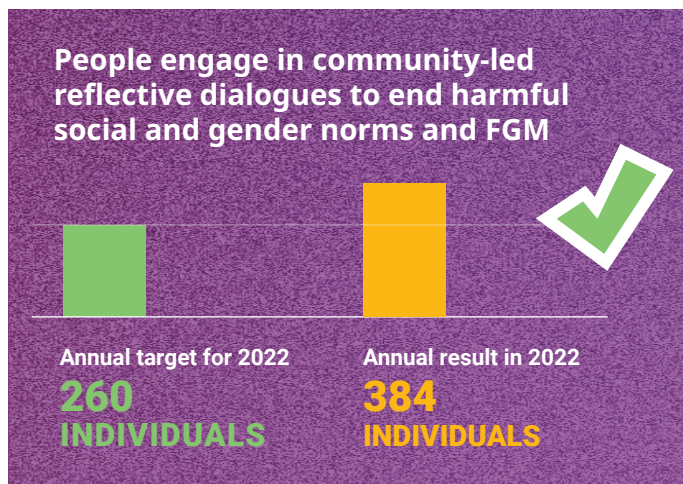
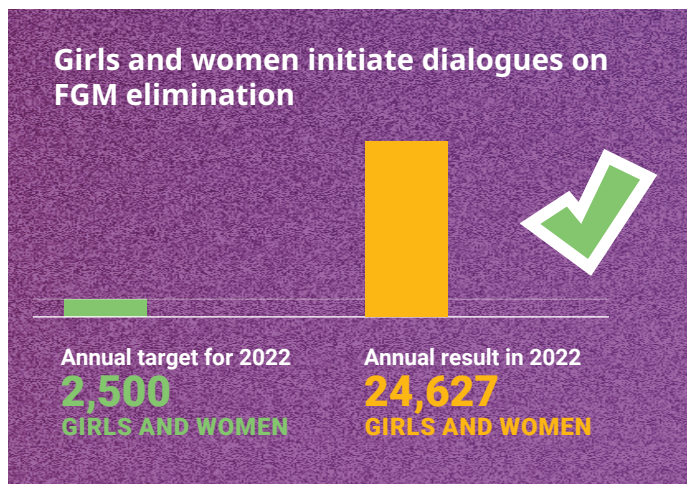
Social protection for FGM prevention: The Gambia is establishing a Social Registry to provide robust data on key household characteristics, which will facilitate common assessment and eligibility determination for social protection programmes. The Joint Programme intends to piggyback on an existing social protection programme, called "Nafa," by including vulnerable families where girls are most at risk of undergoing FGM.

Stopping cross-border FGM: The governments of The Gambia and Senegal signed an agreement to coordinate efforts to stop cross-border FGM.

Assessment on the effectiveness of social and behaviour change interventions to stop FGM: An assessment explored the effectiveness of social and behaviour change interventions, using a participatory methodology to solicit feedback from The Gambia's Children's Parliament, religious leaders, teachers, peer health educators and mothers' club members, among others.

Data on FGM: In 2021, the Joint Programme worked with the Ministry of Gender, Children and Social Welfare to establish a gender management information system that will collect data on FGM. Data collected through one-stop centres, GBV shelters and helplines will be used to generate a monthly report to increase accountability and support for ending FGM.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Multi-pronged community-led interventions: Girls and women received support in facilitating education sessions and community dialogues on FGM, reaching 24,627 people. In addition to providing information about FGM, community-led activities included intergenerational dialogues, intended to develop consensus and build social support for collective action to stop the practice. Magnet theater encouraged audience members to actively participate in performances and critically reflect on FGM as a harmful practice and the benefits of eliminating it. Other interventions included applying the positive deviance approach, which involves people deviating from community expectations to sustain FGM and demonstrating positive health practices instead. This is part of community-led strategies that are culturally acceptable and feasible, and therefore sustainable. As a further measure, adolescent peer health clubs in schools provided information about FGM and promoted its elimination.



46 Ibid.
 47 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. The Gambia Floods: Rapid Needs Assessment Report and Response Recommendations 2022. Website: https://reliefweb.int/report/gambia/gambia-floods-rapid-needs-assessment-report-and-response-recommendations-2022?_gl=1*shdnde*_ga*MzM0MzQzMzM4LjE2ODk3NzkzMDQ.*_ga_E60ZNX2F68*MTY4OTc3OTMwNC4xLjEuMTY4OTc4MDE0MS42MC4wLjA.
 48 Ibid.
 49 UNDP (United Nations Development Programme), 2023. "Multidimensional Poverty Index 2023: Gambia." Website: <https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/GMB.pdf>.

50 MICS 2018.
 51 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.
 52 Ibid.
 53 MICS 2018.
 54 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.
 55 MICS 2018.

Guinea

Humanitarian needs in Guinea occur against the backdrop of a fragile political situation, weak essential services and a high risk of spillover from the central Sahel conflict, amplified by a porous border with Mali.⁵⁶ Around 44 per cent of the population lives in severe multidimensional poverty, and 23 per cent on less than \$1.90 a day.⁵⁷ Limited health system capacities, including for community-based surveillance, early warning systems and adequate care, contribute to the recurrent resurgence of epidemics such as measles, meningitis, yellow fever and the Ebola virus.⁵⁸ An estimated 1.6 million children of primary and secondary school age are out of school, and more than 4 million children are at risk of dropping out of school due to a new disease resurgence.⁵⁹


FGM PROFILE

95% of girls and women aged 15 to 49 have undergone FGM.⁶⁰

Sixty-five per cent of FGM is performed by **traditional practitioners** and 35 per cent by **health-care providers**.⁶¹


Fifty-six per cent of girls and women and 64 per cent of boys and men **believe that FGM is a religious requirement**.⁶²

Sixty-five per cent of girls and women and 60 per cent of boys and men aged 15 to 49 believe that FGM should continue.⁶³



41% of girls undergo FGM between the ages of 5 and 9.⁶⁴

There has been **no significant change** in the prevalence of FGM in Guinea. There has been only a very small decrease (4.1 per cent) in FGM prevalence since 1999.⁶⁵



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Mentorship for girls: Through girls' clubs, 609 women mentored girls at risk of FGM, and 261 women's groups and 43 girls' platforms supported community-based social and gender norms change through sensitization activities. They also provided protection for girls at risk of FGM. In 2022, their interventions prevented 6,430 girls aged 0 to 14 from undergoing FGM.

Piloting associations of girls who are "FGM free": The Joint Programme piloted associations of girls who have not undergone FGM in two towns. Ten girls from these associations led 25 reflective dialogues with their peers on FGM, which enabled 111 other girls to declare their status as free of FGM and engage in awareness-raising activities. Eighteen parents and family members joined the girls and made public statements about not having their daughters undergo the practice. In 2023, this intervention will be scaled up, coupled with mentors for FGM prevention.

KEY PROGRAMME RESULTS

Strengthen the capacity of grass-roots organizations to network, build partnerships and advocate for ending FGM



Annual target for 2022

304
ORGANIZATIONS



Annual result in 2022

304
ORGANIZATIONS



Support grass-roots organizations in engaging in accountability mechanisms



Annual target for 2022

507
GIRLS AND WOMEN



Annual result in 2022

507
GIRLS AND WOMEN



Girls and women initiate dialogues on FGM elimination



Annual target for 2022

480
GIRLS AND WOMEN



Annual result in 2022

2,236
GIRLS AND WOMEN



BEST PRACTICE EXAMPLE

“Break the Silence” through the Children’s Parliament: The Joint Programme supported the Children’s Parliament of Guinea to conduct a large-scale social media campaign to raise awareness about the consequences of FGM and other forms of GBV. The campaign, titled “Break the Silence”, posted daily images, messages and personal stories related to FGM on Facebook, Instagram and WhatsApp. The social media component reached more than 55,000 users. The Children’s Parliament also hosted two radio programmes on Radio Télévision Guinéenne and Espace FM. Each show lasted approximately 90 minutes and discussed the importance of girls’ education as a strategy for ending FGM.

56 UNICEF (United Nations Children’s Fund), 2023. “Guinea Appeal: Humanitarian Action for Children.” Website: <https://www.unicef.org/appeals/guinea>.

57 UNDP (United Nations Development Programme), n.d. “Multidimensional Poverty Index: Developing Countries.” Website: “https://hdr.undp.org/sites/default/files/publications/additional-files/2022-10/2022_mpi_statistical_data_table_1_and_2_en.pdf.”

58 UNICEF (United Nations Children’s Fund), 2023. “Guinea Appeal: Humanitarian Action for Children.” Website: <https://www.unicef.org/appeals/guinea>.

59 Ibid.

60 DHS 2018.

61 Ibid.

62 Ibid.

63 Ibid.

64 Ibid.

65 World Bank, 2023. Unlocking Women’s and Girls’ Potential: The Status of Women and Girls Relative to Men and Boys in Guinea. Website: <https://reliefweb.int/report/guinea/unlocking-womens-and-girls-potential-status-women-and-girls-relative-men-and-boys-guinea>.

Guinea-Bissau

Guinea-Bissau experienced recurrent political instability in 2022 following relative stability in 2021. Basic social services and the justice sector were unreliable for several months. Compounding this challenging situation were persistent strikes in key sectors such as education and health. Globally, Guinea-Bissau is the fourth most vulnerable country to climate change.⁶⁶ Floods are a recurring natural hazard, especially along its coast. Droughts have struck in the recent past, and heavy rainfall events occur often and cause flooding with severe impacts on infrastructure, agriculture and public health. Guinea-Bissau is also highly vulnerable to economic shocks.⁶⁷ While it has the greatest natural wealth per capita in West Africa, approximately 36 per cent of the population experiences severe multidimensional poverty, and 25 per cent lives on less than \$1.90 a day.⁶⁸

FGM PROFILE

FGM prevalence rates have **mostly stagnated** in the last 10 years, with an increase among girls and women aged 15 to 49 from 50 per cent in 2010 to 52 per cent in 2018-2019.⁶⁹ Despite the increase, a shift in attitudes is evident, with only 13 per cent of girls and women aged 15 to 49 in favour of continuing the practice in 2018-2019, compared to 34 per cent in 2010.⁷⁰



Three quarters of girls and women in Guinea-Bissau think FGM should **stop**.⁷⁶

Most FGM is performed by traditional practitioners on girls under age 5.⁷³

Girls and women from rural areas, with less education or who identify as Muslim are at greater risk of FGM.⁷⁴ **The practice is highly concentrated in the Gabu and Bafatá regions and among certain ethnic groups.**⁷⁵

Over 400,000 girls and women have undergone FGM.⁷¹

52% of girls and women aged 15 to 49 years have been subjected to the practice.⁷²

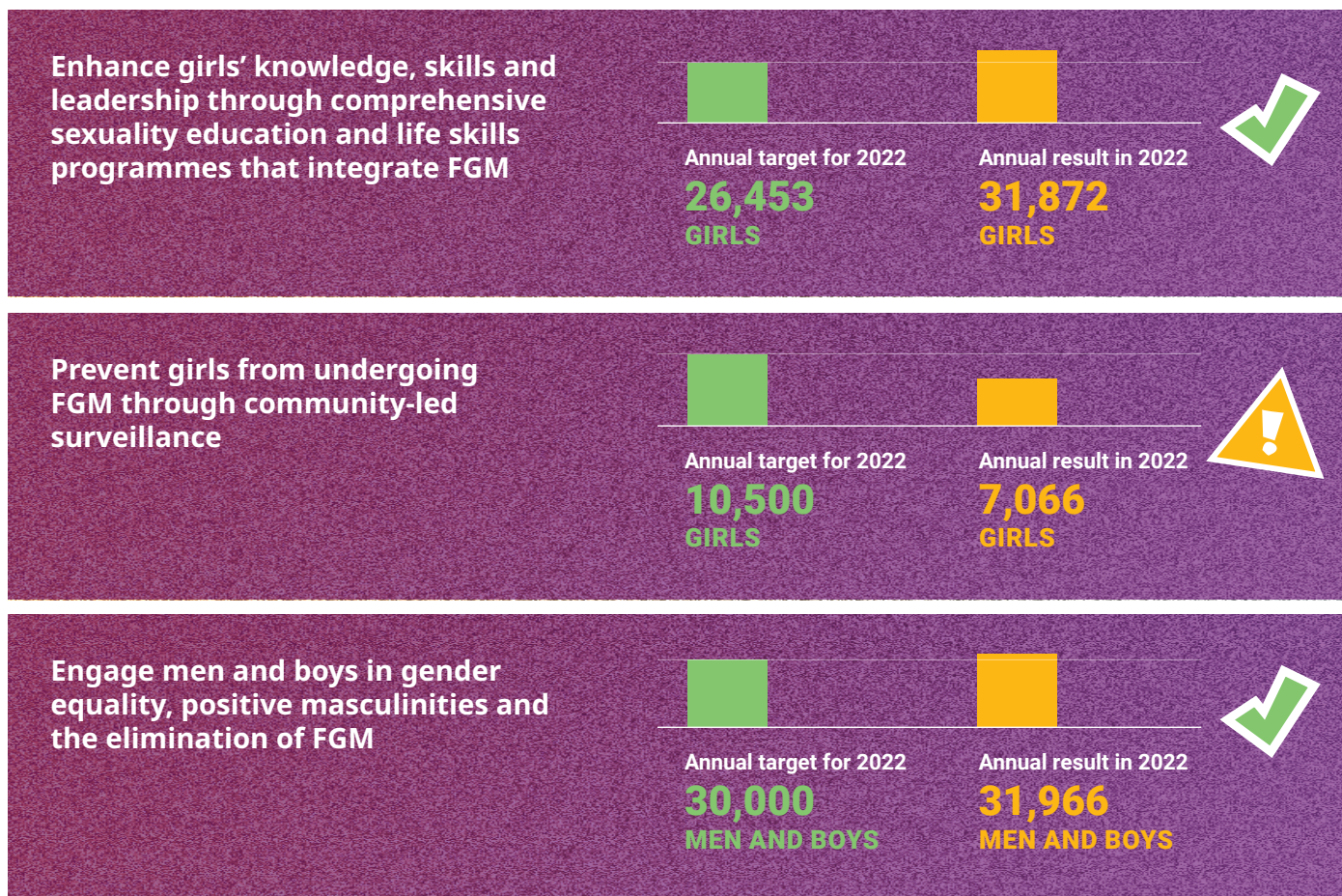
If current trends continue, half of girls will still experience FGM in 2030.⁷⁷ **The prevalence of FGM has remained unchanged for at least the last four decades.**⁷⁸

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Girls' and women's leadership: At the community level, 19,519 girls and women in high prevalence regions (Gabu, Bafata, Oio and Quinara) raised awareness about FGM and facilitated reflective dialogues, including intergenerational dialogues on the benefits of ending the practice.

Improving FGM case management: The Joint Programme strengthened the capacity of stakeholders to improve FGM case management protocols and coordination among different actors (police, courts, hospitals, shelters, and the social workforce from the justice, health and protection services), and the capacity of women, girls and families to report cases and access services.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Integrating FGM in formal education: The Ana Pereira Foundation, a local non-governmental organization, implemented the “Bioksand Goes to School” project in collaboration with the Ministry of Education. Bioksand is a fictional character, an 18-year-old girl who is an aspiring sociologist. She wants to contribute to ending violence and discrimination against girls and women. The project reached 23,591 students in 18 schools through education sessions promoting human rights and the elimination of GBV, including FGM. The Ana Pereira Foundation also organized the Vox Juvenil (Youth Voices) contest. It selected 1,395 youth to participate in events in Bafatá, Gabú and Bissau. Judges then selected 60 finalists to join a roundtable in the capital, Bissau, where youth reflected on and developed an action plan for ending GBV, harmful practices and teen pregnancy, and challenging gender stereotypes that stigmatize menstruation. Participants committed to continuing to advocate for FGM elimination in their communities.

66 WFP (World Food Programme), 2023. Guinea-Bissau: Annual Country Report 2022 – Country Strategic Plan 2019-2022. Website: <https://reliefweb.int/report/guinea-bissau/guinea-bissau-annual-country-report-2022-country-strategic-plan-2019-2022>

67 Ibid.

68 UNDP (United Nations Development Programme), n.d. “Multidimensional Poverty Index: Developing Countries.” Website: “https://hdr.undp.org/sites/default/files/publications/additional-files/2022-10/2022_mpi_statistical_data_table_1_and_2_en.pdf.”

69 MICS 2010 and 2018/2019.

70 Ibid.

71 UNICEF (United Nations Children’s Fund), 2021. Female Genital Mutilation in Guinea-Bissau: Insights from a Statistical Analysis.

72 Ibid.

73 Ibid.

74 Ibid.

75 Ibid.

76 Ibid.

77 Ibid.

78 Ibid.

Kenya

Following inadequate rainfall, Kenya is experiencing its worst drought in 40 years. Approximately 4.5 million people in 23 arid and semi-arid areas required humanitarian assistance in 2022, more than double the number in 2021.⁷⁹ At least 4.3 million people were food insecure, and around 5 million people faced water shortages.⁸⁰ Families are taking desperate measures to survive, such as fleeing their homes in search of sustenance. The drought, coupled with the effects of the COVID-19 pandemic, has also eroded communities' capacities to meet children's basic needs.⁸¹ With children dropping out of school, girls are being subjected to FGM. Kenya is now home to 561,836 refugees and asylum-seekers.⁸² Approximately 36 per cent of the population is vulnerable to multidimensional poverty.⁸³

FGM PROFILE

FGM is performed at different ages around the country, including after age 15 in some ethnic groups.⁸⁶

FGM is less common today than three decades ago.

Most FGM is performed by traditional practitioners, except in the Kisii community, where health-care providers are responsible for two out of every three instances of FGM.⁸⁵

FGM prevalence rates among girls and women aged 15 to 49 dropped from 21 per cent in 2014 to 15 per cent in 2022.⁸⁴

Nearly all Kenyans think FGM should stop.⁸⁷

Girls and women aged 15 to 49 living in rural areas are twice as likely to undergo FGM, at 18.4 per cent compared to 9.7 per cent in urban areas. Girls and women with no education are five times more likely to undergo FGM compared to women with a secondary education, at 56.3 per cent and 10 per cent, respectively. Girls and women from wealthier households are almost five times less likely to undergo the practice compared to those from the poorest households, at 6.6 per cent and 32 per cent, respectively.⁸⁸



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

National guidelines for engaging men and boys: Working with the Anti-FGM Board and Men End FGM organization, the Joint Programme helped to develop and roll out national guidelines for engaging men and boys in FGM elimination.

Enhancing the nexus approach: The Joint Programme invested in enhancing the humanitarian-development-peace nexus approach, including the integration of FGM prevention and response services within relevant sectors in drought-affected counties such as Mandera, Wajir, Garissa, Tana River, Marsabit, Samburu, Kajiado, Isiolo and West Pokot, as well as in refugee contexts. The Joint Programme integrated FGM-related interventions within existing cash transfer programmes to target FGM-affected households. In Garissa, the refugee community in Dadaab and the Somali community were especially targeted given that they have the highest FGM prevalence rates in Kenya.

Review of the FGM Act 2011: The Joint Programme facilitated initial discussions on Kenya's Prohibition of Female Genital Mutilation Act 2011. The review involved a 16-member committee comprising six legal experts from the Office of the Director of Public Prosecutions – Kenya Law Reform Commission and the Anti-FGM Board of Kenya. Representatives from more than 50 civil society organizations implementing programmes to end FGM came on board to review gaps identified in the act and to share effective approaches to supporting law enforcement and ensuring access to justice for survivors of FGM. Towards addressing shortfalls in implementing the act, the Joint Programme supported the Directorate of Children's Services in passing the [Children's Act 2022](#), which replaces the 2001 Children's Act and provides enhanced legal provisions for preventing FGM.

KEY PROGRAMME RESULTS

Girls and women initiate dialogues on FGM elimination



Annual target for 2022
351,930
GIRLS AND WOMEN



Annual result in 2022
158,692
GIRLS AND WOMEN

People engage in community-led reflective dialogues to end harmful social and gender norms and FGM



Annual target for 2022
20,000
INDIVIDUALS



Annual result in 2022
42,593
INDIVIDUALS

BEST PRACTICE EXAMPLE

Campus dialogues to mobilize young people as advocates:

Men End FGM, in partnership with the Anti-FGM Board of Kenya, launched campus dialogues at the University of Embu, outside Nairobi. These engaged over 2,000 students on SRHR, GBV (especially FGM), mental health and psychosocial support, HIV, and drug and substance abuse. Campus dialogues were also launched at Garissa University during the 16 Days of Activism against Gender-Based Violence. Through these dialogues, Men End FGM created awareness and equipped young people with the knowledge, skills and tools to drive social change, including the elimination of FGM, by engaging their peers, families and communities. An online campaign using the hashtag #TubongeNaComrades ("Let's Speak with Our Friends") reached over 2.5 million people and supported young people in becoming advocates to end FGM.



- 79 UNICEF (United Nations Children's Fund), 2023. "Kenya Appeal: Humanitarian Action for Children. Website: <https://www.unicef.org/appeals/kenya>.
- 80 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. "United Nations and Partners Call for \$472.6 Million to Respond in 2023 as the Drought in Kenya Deepens." Website: <https://reliefweb.int/report/kenya/united-nations-and-partners-call-4726-million-respond-2023-drought-kenya-deepens>.
- 81 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. "Kenya Drought Flash Appeal: October 2021 – October 2022. Website: <https://reliefweb.int/report/kenya/kenya-drought-flash-appeal-october-2021-october-2022-revised-may-2022>.
- 82 UNICEF (United Nations Children's Fund), 2023. "Kenya Appeal: Humanitarian action for children. Website: <https://www.unicef.org/appeals/kenya>.

- 83 UNDP (United Nations Development Programme), 2023. "Multidimensional Poverty Index 2023: Kenya." Website: https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/KEN.pdf?_gl=1*17fri8c*_ga*MTQ5NjlyMjAzMi4xNjg0NDU3NDkx*_ga_3W7LPKOWP1*MTY4NDc5NDc1MC4yLjEuMTY4NDc5NTc3My42MC4wLjA.
- 84 DHS 2014 and 2022.
- 85 UNICEF (United Nations Children's Fund), 2020. A Profile of Female Genital Mutilation in Kenya.
- 86 Ibid.
- 87 Ibid.
- 88 2022 DHS.

Mali

Climate-related hazards in Mali, including droughts, floods and crop pests, pose serious constraints on development and food security. The most highly stressed regions are in the south, where agriculture is concentrated, including Sikasso, Mopti and Segou. These regions, critical to the country's food security, have high population densities and high levels of poverty.⁸⁹ Diverse shocks affected 12.9 million people in 2022, compared to 11.7 million in 2021; 52 per cent were women and 56 per cent were children. They included 7.5 million people in need of humanitarian assistance; 5.3 million have acute needs.⁹⁰ The internal displacement of people increased by 100,000 in 2021, totalling over 401,000 people, four times more than two years ago. In addition, 156,000 Malian refugees live in neighbouring countries.⁹¹ In 2022, around 45 per cent of the population faced extreme multidimensional poverty and 16 per cent of people lived on less than \$1.90 per day.⁹²

FGM PROFILE

Nearly 8 million girls and women have undergone FGM.⁹³

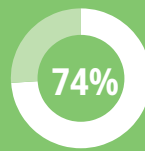


Overall, **89 per cent of girls and women** aged 15 to 49 have been subjected to the practice.⁹⁴

Most FGM is performed by traditional practitioners.⁹⁵

Since FGM is nearly universal, place of residence, education and household wealth appear to have little influence over the practice.⁹⁶

If current trends continue, **around 9 in 10 girls will still be subjected to FGM by 2030.**⁹⁹



Three out of 4 women reported undergoing the practice before age 5.¹⁰⁰

The percentage of women subjected to FGM increases from older to younger cohorts, from 70 per cent among women aged 45 to 49 years to 75 per cent among those aged 25 to 29 years to 82 per cent among those aged 15 to 19 years.¹⁰¹

Prevalence does, however, vary by ethnicity, with FGM far less common among the Sonraï and Touareg/Bélla.⁹⁷ FGM prevalence has remained steady for at least the last five decades.⁹⁸

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

“Protective mothers”: Intergenerational dialogue is facilitated through a game called “My Daughter, My Mother” (“nta den, nta, ba”). It involves “protective mothers”, who randomly select a girl between the ages of 10 and 18 to “protect” from all forms of violence, including FGM, and from dropping out of school. The protective mothers also serve as mentors, providing information and guidance on sexual and reproductive health and reproductive rights-related issues. This game not only protects the rights of girls but fosters social cohesion among families. The protective mothers are known in the village, with the expectation that any decision parents intend to make related to their daughter should be discussed with her protective mother. This helps protective mothers monitor their “daughters” to ensure they are not subjected to FGM.

Community advocacy platforms: Over 768 communities in Kayes, Koulikoro, Sikasso, Ségou and Bamako established or strengthened advocacy platforms that promote positive norms, attitudes and behaviours related to gender equality and SRHR. Each community has at least one GBV alert committee with members trained on FGM prevention and response. A total of 12,848 social influencers made public statements in support of the elimination of FGM.

KEY PROGRAMME RESULTS

Girls and women initiate dialogues on FGM elimination

Annual target for 2022:

2,690
GIRLS AND YOUNG WOMEN

Annual result in 2022:

9,143
GIRLS AND YOUNG WOMEN
(6,927 girls and 2,216 young women)

Media campaigns promote gender equality, girls' and women's rights, and the elimination of FGM

Annual target for 2022:

250,000
INDIVIDUALS

Annual result in 2022:

1,277,059
INDIVIDUALS

BEST PRACTICE EXAMPLE

Men against FGM: Engaging boys and men in stopping FGM in Mali was prioritized in 2022, building on UNFPA's "Husbands' School" model. This strategy has proven effective in Niger in promoting shifts in traditional gender roles, improving communication between couples, and engaging men as catalysts for social change related to sexual and reproductive health and reproductive rights.¹⁰² The Joint Programme is scaling up the approach to improve communication in couples making decisions about FGM, and to engage men and boys as advocates for ending the practice. In the Koulikoro region, "Husbands' Schools" organized 738 awareness and advocacy sessions for FGM elimination. This made it possible to increase awareness, promote shifts in discriminatory attitudes and support public declarations of FGM elimination reaching 8,105 people (3,147 girls, 2,380 boys, 1,562 women and 1,016 men). "Husbands' Schools" include home visits that support the monitoring of girls at risk of FGM. In some cases, families consult "model husbands" on decisions related to FGM, allowing the latter to dissuade parents from having their daughter undergo the practice.

"Husbands' Schools" organized 738 awareness and advocacy sessions for FGM elimination.

REACHING

8,105 people

3,147 girls, 2,380 boys,
1,562 women and 1,016 men

89 World Bank Climate Change Knowledge Portal, n.d. "Mali." Website: <https://climateknowledgeportal.worldbank.org/country/mali/vulnerability>.
90 OCHA (Office for the Coordination of Humanitarian Affairs), n.d. "Mali: Humanitarian Needs Overview." Website: <https://data.humdata.org/dataset/mali-humanitarian-needs-overview>
91 Ibid.
92 UNDP (United Nations Development Programme), 2023. "Multidimensional Poverty Index 2023: Kenya." Website: https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/KEN.pdf?_gl=1*17fri8c*_ga*MTQ5NjlyMjAzMi4xNjg0NDU3NDkx*_ga_3W7LPK0WP1*MTY4NDc5NDc1MCAyLjEuMTY4NDc5NTc3My42MC4wLjA.
93 UNICEF (United Nations Children's Fund), 2022. Female Genital Mutilation in Mali: Insights from a Statistical Analysis.
94 Ibid.

95 Ibid.
96 Ibid.
97 Ibid.
98 Ibid.
99 Ibid.
100 Ibid.
101 Ibid.
102 Institute for Reproductive Health, Georgetown University, for the United States Agency for International Development (USAID), 2019. "Study of the Effects of Husbands' School Intervention on Gender Dynamics to Improve Family Planning and Reproductive Health in Niger." Washington, DC. Website: https://www.irh.org/wp-content/uploads/2021/07/Niger-Report-HS-Gender_ENG_Final.pdf.

Mauritania

In 2022, 880,000 people faced food insecurity, and about 80,227 children were affected by acute malnutrition in Mauritania.¹⁰³ Climate change is expected to increase the risks and severity of natural disasters, and the country's vulnerability is exacerbated by high levels of poverty and dependence on climate change-sensitive sectors such as agriculture, fisheries, mining and livestock.¹⁰⁴

FGM PROFILE

Among girls aged 15 to 19, FGM prevalence **decreased from 63 per cent in 2015 to 56 per cent in 2021.**¹⁰⁵

Almost **58 per cent of women reported experiencing FGM before age 5**; 40 per cent of girls aged 0 to 14 had undergone FGM before age 1; 41 per cent of women did not know at what age they had undergone FGM.¹⁰⁶

FGM is mostly performed by traditional practitioners.¹⁰⁷

There has been a **significant decline in FGM between younger and older generations** of girls and women, with 71 per cent of women aged 40 to 49 having undergone the practice compared to 56 per cent among those aged 15 to 19 years.¹⁰⁸

In 59 per cent of FGM cases, the mother makes the decision to have girls undergo it; the grandmother decides in 27 per cent of cases. Across sociodemographic attributes, **mothers are the key decision-makers.**¹⁰⁹

Protective factors against FGM include residence in urban areas, with 51 per cent of girls and women aged 15 to 49 experiencing it in urban areas compared to 77 per cent in rural areas. Maternal **education reduces the likelihood of girls undergoing FGM**; among 54.4 per cent of girls aged 0 to 14 who have experienced FGM, 54.4 per cent of their mothers had no education compared to 18.9 per cent whose mothers had a secondary education.¹¹⁰

The last three MICS show a marked decrease in FGM among girls and women aged 15 to 49, from 72 per cent in 2007 to 69.4 per cent in 2011 to 66.6 per cent in 2015. The 2021 DHS showed a further decline in FGM among girls and women between 15 and 49 years, at 63 per cent. The prevalence rate is also dropping among younger cohorts. In 2021, 44.5 per cent of girls under age 15 had undergone FGM compared to 53.2 per cent in 2015. For girls under age 5, 37 per cent had undergone FGM in 2021 compared to 45 per cent in 2015.



Thirty-five per cent of women and 44 per cent of men aged 15 to 49 **think that FGM is a religious requirement.**¹¹¹

Mauritania developed a national strategy to end FGM in 2007. It was updated in 2015 and again in 2022 to correspond to SDG target 5.3, the elimination of FGM by 2030.

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Young people opposed to FGM: According to a [survey](#) on FGM conducted by UNICEF's U-Report in 2022, 71 per cent of respondents support stopping the practice (see [findings](#)).

National strategy: The Ministry of Social Action, Children and the Family launched Mauritania's [national strategy against FGM](#) (2022-2030).

National data: The National Agency for Statistics, Demographic and Economic Analysis, in partnership with UNICEF, launched a [national data platform on child protection](#) that includes the most recent data on FGM.

KEY PROGRAMME RESULTS

Enhance girls' knowledge, skills and leadership through comprehensive sexuality education and life skills programmes that integrate FGM



Annual target for 2022

68
SCHOOLS



Annual result in 2022

82
SCHOOLS



Engage men and boys in gender equality, positive masculinities and the elimination of FGM



Annual target for 2022

2,382
MEN AND BOYS



Annual result in 2022

2,707
MEN AND BOYS



Girls and women initiate dialogues on FGM elimination



Annual target for 2022

3,889
GIRLS AND WOMEN



Annual result in 2022

4,576
GIRLS AND WOMEN



Communities establish surveillance structures to monitor and report cases of FGM



Annual target for 2022

663
COMMUNITIES



Annual result in 2022

767
COMMUNITIES



BEST PRACTICE EXAMPLE

Targeting mothers as key decision-makers: The Infant and Young Child Feeding Best Practice Monitoring and Learning Groups in Mauritania include FGM as part of the “first 1,000 days” between a woman’s pregnancy and her child’s second birthday. Addressing FGM through the groups presents a unique and critical window of opportunity to support a child’s health and development, as mothers are the key decision-makers on FGM and most girls undergo the practice before age 5. Using a participatory approach, the groups empower community members through learning, dialogue and collective action to identify community challenges and develop practical solutions. They also build community resilience and reinforce social cohesion. In 2022, the groups targeted 3,017 women, and through follow-up support for mothers with daughters aged 0 to 5, they prevented 429 girls from undergoing the practice.

103 UNICEF (United Nations Children’s Fund), 2023. “Mauritania Appeal: Humanitarian Action for Children.” Website: <https://www.unicef.org/appeals/mauritania>.

104 World Bank Climate Change Knowledge Portal, n.d. “Mauritania.” Website: <https://climateknowledgeportal.worldbank.org/country/mauritania/vulnerability>.

105 MICS 2015 and DHS 2019-2021.

106 Ibid.

107 UNICEF (United Nations Children’s Fund), 2020. “Female Genital Mutilation Country Profiles.” Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

108 DHS 2019-2021.

109 DHS 2019-2021.

110 Ibid.

111 DHS 2019-2021.

Nigeria

A third of Nigeria's population lives below the national poverty line, with a further one third just above it.¹¹² With a population of 211 million, it is one of the 10 most populous countries in the world. In 2022, food insecurity and malnutrition rose across the country. The youth unemployment rate was high at 42.5 per cent compared to the national rate of 33 per cent.¹¹³ Approximately 50 per cent of people reside in urban areas, a share projected to increase to 60 per cent and 70 per cent by 2030 and 2050, respectively. Agriculture, which is heavily impacted by flooding and drought, serves as the main source of income for 80 per cent of the rural poor.¹¹⁴ Nigeria is classified as one of the 10 most vulnerable countries to climate change impacts and natural hazards.¹¹⁵

FGM PROFILE

While data point to a decline in FGM, girls and women in Nigeria constitute 10 per cent of the 200 million girls and women, globally, who have experienced FGM. **An estimated 19.9 million survivors live in Nigeria**, accounting for the **third highest number** who have undergone the practice, by country, worldwide.

Twenty per cent of girls and women aged 15 to 49 have experienced FGM.¹¹⁶

Eight-seven per cent of FGM is performed by **traditional practitioners** and 12 per cent by **health-care providers**.¹¹⁸

The prevalence of FGM varies significantly by state.¹¹⁷

Sixty-seven per cent of girls and women and 62 per cent of boys and men aged 15 to 49 believe that FGM should **stop**.¹²⁰

Significant generational change in the prevalence of FGM is evident, as women aged 45 to 49 are more than twice as likely to have experienced FGM compared to girls aged 15 to 19.¹¹⁹

Nine in 10 adolescent girls experience the practice before age 5.¹²¹

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

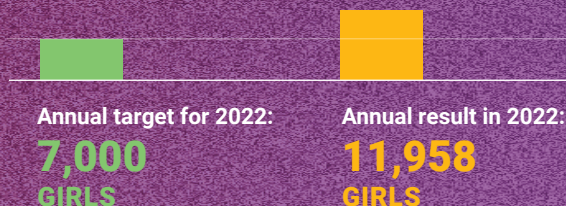
Mobilization through women- and youth-led organizations: Building on a programme adaptation introduced during the pandemic, in 2022, the Joint Programme supported 649 women- and youth-led community-based organizations to organize community-led activities. In 36 target communities, these included education sessions, public dialogues, house-to-house sensitization and community surveillance structures that monitor and report girls at risk of FGM. Additionally, community-based organizations mobilized 1,492 other grass-roots/community-based organizations to join the "Movement for Good to End FGM in Nigeria".

FGM survivors' networks: 36 FGM survivors' networks comprising 1,052 members are sensitizing community members about and advocating for ending FGM. The networks have created safe spaces for discussing FGM, building solidarity among survivors and strengthening peer networks, and access to FGM-related services.

Amplifying the campaign to end FGM through media: In Nigeria, mass and social media play critical roles in amplifying the campaign to end FGM. They reached 2,321,591 people in 2022, diffusing information and creating a ripple effect by encouraging communities outside Joint Programme target communities to denounce FGM. The Trailblazers Initiative, a youth-led organization in Oyo State, disseminated messages promoting FGM prevention, women's and girls' rights and gender equality, reaching 414,000 individuals through radio and television, and 14,000 through Facebook and Instagram.

KEY PROGRAMME RESULTS

Enhance girls' knowledge, skills and leadership through comprehensive sexuality education and life skills programmes that integrate FGM



Religious and community leaders publicly denounce FGM



BEST PRACTICE EXAMPLE

Adolescent girls' boot camp: The Value Female Network Adolescent Boot Camp is a life skills programme for adolescent girls that inspires and equips them with information and skills to shape their decisions and become positive disruptive forces. The Joint Programme scaled up a partnership with it to reach girls in FGM hotspot states in northern Nigeria, with the Government of Nigeria adopting the model. A three-day boot camp is offered for free to girls aged 13 to 19, including in- and out-of-school girls from diverse communities and girls with disabilities. They gain an opportunity for mentoring and learning life skills. The boot camp supports girls' leadership and promotes their health and well-being by addressing FGM, SRHR, teenage pregnancy, girls' education and gender equality.

In 2022, the boot camp adopted the theme "Girls: Unstoppable Champions for Equality", #ABC2022. Twenty-five girls took part in activities including lectures and presentations, vocational training, self-defense training, theater, poetry and dance. Several ministries joined in selecting participants for the boot camps, with a key criterion being a passion for advocating the end of FGM. Recruitment of teachers/community supervisors was part of a strategy to ensure community buy-in in creating safe spaces for adolescent girls. Knowledge exchanges took place across four states, aimed at collective action against FGM, and the Girls' Alliance Against FGM was launched. Three national television stations broadcasted the results of the camps to build parental trust and increase the programme's visibility.

122 World Bank, n.d. "The World Bank in Nigeria." Website: <https://www.worldbank.org/en/country/nigeria/overview>.

113 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Humanitarian Needs Overview Nigeria. Website: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_humanitarian_needs_overview_feb2021_2.pdf.

114 World Bank, 2021. Climate Risk Country Profile: Nigeria. Website: https://climateknowledgeportal.worldbank.org/sites/default/files/2021-07/15918-WB_Nigeria%20Country%20Profile-WEB.pdf.

115 Climate Scorecard, 2018. "Nigeria Listed as One of the 10 Most Climate Vulnerable Countries." Website: <https://www.climatecorecard.org/2018/11/nigeria-listed-as-one-of-the-10-most-climate-vulnerable-countries/>.

116 DHS 2018.

117 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

118 DHS 2018.

119 Ibid.

120 Ibid.

121 Ibid.

Senegal

Senegal has a population that is increasingly urban and young (62 per cent is under age 25).¹²² Despite rapid economic growth, the pace of poverty reduction has been relatively slow. Poverty remains an issue with 28 per cent of the population living in severe multidimensional poverty and 8 per cent on less than \$1.90 a day.¹²³ Climate change is expected to increase risks of hazards, with droughts, floods, sea level rise and coastal erosion posing the greatest threats.¹²⁴ New regional concerns have emerged in relation to climate change, migration and the rise of extremist groups in the Sahel.¹²⁵

FGM PROFILE

Nearly 2 million girls and women have undergone FGM.¹²⁶

There is substantial variation in the prevalence of FGM across ethnic groups: Among Soninké and Mandingue/Socé girls and women, two thirds have experienced the practice; it is quite rare among the Serer and Wolof populations.¹²⁷

FGM is performed by traditional practitioners.¹²⁸

Overall, 25.2 per cent of girls and women aged 15 to 49 have been subjected to FGM, as have 16.1 per cent of girls under age 15.¹²⁹

If trends continue, at least one in five girls will still be subjected to FGM in 2030.¹³⁰



As the population increases, a growing number of girls will experience this harmful practice.¹³¹ Most FGM is performed on girls under age 5 and rarely after age 10.¹³²

The prevalence of FGM has remained largely unchanged for at least two decades.¹³³



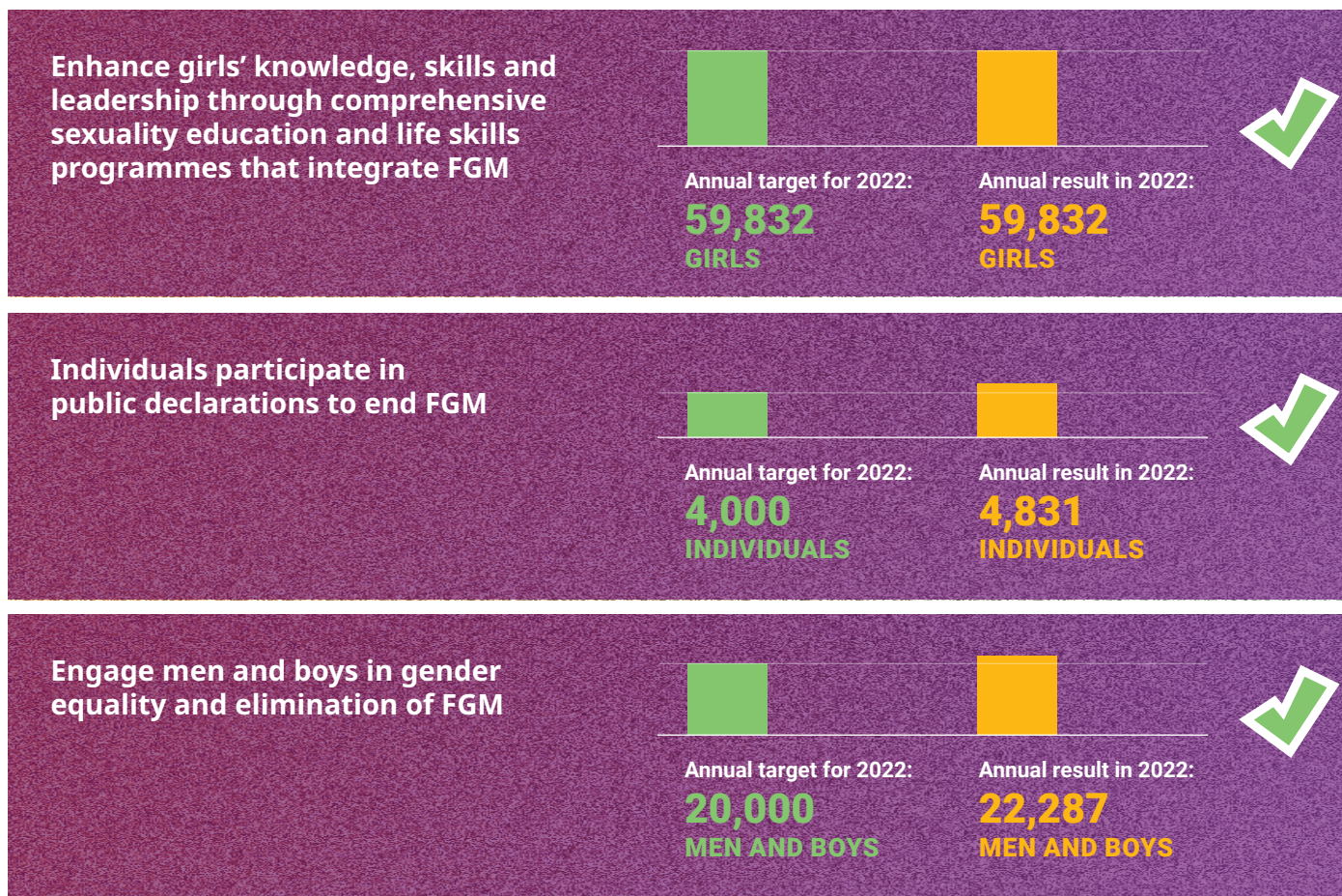
JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

National strategy: The National Strategy for the Elimination of FGM (2022-2030) was adopted with a budgeted Action Plan (2022-2026)

Partner survey on the impact of the Joint Programme in 2022: An online survey for Joint Programme partners made it possible to understand the effectiveness of programme interventions. Forty per cent of respondents claimed they observed positive changes among men's groups/associations, and 20 per cent each among community/religious leaders, women's groups/associations and civil society and government institutions. When asked, "What changed?", responses included increased awareness about the consequences of FGM, the adaptation of the "Husbands' School" model¹³⁴ in working with community influencers, increasing health promotion at the community level and the systematic monitoring of newborns to prevent FGM (most girls undergo the practice before age 5). In terms of the impact of the Joint Programme, 40 per cent of respondents reported increased access to and use of services and the empowerment of girls and women, and 20 per cent claimed an enabling environment for the elimination of FGM.

Reporting cases of FGM: A system for monitoring and reporting cases of GBV, including FGM, through SMS or a website, was piloted in Tambacounda. The [platform](#) facilitates FGM reporting that triggers a response from local service providers. It allows the real-time monitoring of cases and the production of statistical data on FGM. FGM is now included in child health records, also a source of routine data collection that may be used to influence health sector policies and programmes in preventing and responding to the practice.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Strengthening child protection to end FGM: Policies, strategic plans and action plans of the ministries of health and social action, education and justice were strengthened to better protect girls against FGM, including through intergenerational dialogue and a government-run mass media campaign (#garderentière) for FGM elimination. New guidelines for training health-care providers include information on FGM. Senegal made progress in developing training materials on child protection, including on responding to FGM and other forms of violence, for the social welfare, education, health, justice and security sectors. In total, 20,774 professional service providers strengthened their capacities on child protection, including through sector-specific and coordination tools. Child protection platforms for violence prevention were set up in child protection department committees in five departments.

122 World Bank Climate Change Knowledge Portal, n.d. "Senegal." Website: <https://climateknowledgeportal.worldbank.org/country/senegal/vulnerability>.

123 UNDP (United Nations Development Programme), n.d. "Multidimensional Poverty Index: Developing Countries." Website: https://hdr.undp.org/sites/default/files/publications/additional-files/2022-10/2022_mpi_statistical_data_table_1_and_2_en.pdf.

124 World Bank Climate Change Knowledge Portal, n.d. "Senegal." Website: <https://climateknowledgeportal.worldbank.org/country/senegal/vulnerability>.

125 World Bank, 2020. Country Partnership Framework for the Republic of Senegal for the Period FY20-FY24. Website: <https://documents1.worldbank.org/curated/en/608781583719225540/pdf/Senegal-Country-Partnership-Framework-for-the-Period-FY20-FY24.pdf>.

126 UNICEF (United Nations Children's Fund), 2021. Female Genital Mutilation in Senegal: Insights from a Statistical Analysis.

127 Ibid.

128 Ibid.

129 Enquête. Démographique et de Santé Continue (EDS-C) 2019.

130 UNICEF (United Nations Children's Fund), 2021. Female Genital Mutilation in Senegal: Insights from a Statistical Analysis.

131 Ibid.

132 Ibid.

133 Ibid.

134 The Husbands' School initiative teaches men in small communities about important women's health issues.

Somalia

Decades of conflict, recurrent climatic shocks, disease outbreaks, large-scale evictions, desert locusts and increasing poverty are devastating the people of Somalia.¹³⁵ The overall number of people in need of humanitarian assistance has increased from 5.2 million people in 2020 to 7.7 million in 2022.¹³⁶ Somalia remains on the front lines of climate change and is the most severely drought-affected country in the Horn of Africa. The drought emergency has affected at least 3.2 million people in 90 per cent of the country's districts and displaced some 169,000 people.¹³⁷ Climate change disrupts rural livelihoods, resulting in rapid urbanization, which in turn contributes to high rates of forced evictions. In 2022, the conflict in Ethiopia further threatened prospects for peace and stability in Somalia. In total, 2.9 million people are estimated to be internally displaced throughout Somalia, one of the highest numbers in the world.¹³⁸

FGM PROFILE

FGM is nearly universal among girls and women, with 99 per cent having undergone the practice.¹³⁹

The vast majority of girls experience FGM between the ages of 5 and 9.

19% of women and girls believe that FGM should be **stopped**.¹⁴⁰ There has been no change in the FGM prevalence rate over time.



Seventy-two per cent of women believe that FGM **is a religious requirement**.¹⁴¹

Educated women in urban settings are more likely **not to perform FGM** on their daughters compared to uneducated women in rural areas.¹⁴²

There is no legislation criminalizing FGM in Somalia: Government and political actors have demonstrated a commitment to promote FGM bills and policy at the federal and Somaliland government levels.

JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Adolescent girls lead sensitization and intergenerational dialogues: 1,207 girls were trained on how to conduct peer education sessions and intergenerational dialogues on FGM with their families and communities, using theater performances, door-to-door campaigns and community dialogue sessions.

Maternal kits promoting FGM prevention: The Joint Programme produced maternal kits for ending FGM as gifts for new mothers. The kits are distributed at maternity wards and contain essential baby items. Approximately 500 mothers who received the kits committed to not subjecting their daughters to FGM. Nurses and midwives in select health facilities were trained and supported to conduct follow-up visits with new mothers to encourage their families not to perform FGM.

Advocacy for legislation: The Joint Programme has continued to support the Ministry of Justice and Religion and Ministry of Women and Development in Puntland to mobilize for the presentation of the draft FGM bill to Parliament. Elections in 2021 and 2022 delayed this effort, however. The Joint Programme established a working group to coordinate efforts related to the enactment of the sex offenses and FGM bills. It also supported the Office of the Deputy Speaker to recruit a dedicated consultant to provide technical guidance on the enactment of gender-sensitive legislation, including laws that support zero tolerance for FGM. With the elections over and new ministers appointed, the Joint Programme is poised to sustain support for the enactment and implementation of policies and laws criminalizing FGM.

KEY PROGRAMME RESULTS

Strengthen the capacity of grassroots organizations to network, build partnerships and advocate for ending FGM



Annual target for 2022:

570
ORGANIZATIONS



Annual result in 2022:

942
ORGANIZATIONS



Health service delivery points where at least one health-care provider is trained on FGM prevention and response services



Annual target for 2022:

1,210
DELIVERY POINTS



Annual result in 2022:

1,521
DELIVERY POINTS



Prevent girls from undergoing FGM through community-led surveillance



Annual target for 2022:

1,000
GIRLS



Annual result in 2022:

1,707
WOMEN PLEDGED
not to have their daughters undergo FGM



BEST PRACTICE EXAMPLE

Social mobilization: As part of catalysing community-led actions to reduce GBV, including FGM, the Joint Programme trained 426 (216 women and 208 men) community dialogue leaders on community engagement techniques. They formed action teams to build positive norms by facilitating dialogues among key groups in their communities. Dialogues stimulated reflection on human rights principles and ideals and on shared community values and beliefs, debates about beliefs and norms that are harmful to girls and women, and deliberation on alternatives. The Joint Programme also built capacity within communities to provide care and support to girls and women at risk of and affected by FGM and their families. In 2022, 1,948 community members (969 men, 947 women, 16 girls and 16 boys) participated in community dialogues that fostered a collective commitment and community action plans for social change, including to end FGM. Sessions reached 84,280 people in 13 communities.

135 OCHA (Office for the Coordination of Humanitarian Affairs), 2021. Somalia: Humanitarian Response Plan 2022. Website: <https://reliefweb.int/report/somalia/somalia-humanitarian-response-plan-2022-december-2021>.

136 UNICEF (United Nations Children's Fund), 2023. Somalia Humanitarian Situation Report No.6. Website: <https://reliefweb.int/report/somalia/unicf-somalia-humanitarian-situation-report-no6-january-june-2023#:~:text=Furthermore%2C%20the%20number%20of%20people,8.25%20million%20people%20in%202023.>

137 OCHA (United Nations Office for the Coordination of Humanitarian Affairs), 2021. Somalia: Humanitarian Response Plan 2022. Website: <https://reliefweb.int/report/somalia/somalia-humanitarian-response-plan-2022-december-2021>.

138 IOM (International Organization for Migration), 2022. "Somalia Crisis Response Plan." Website: [https://crisisresponse.iom.int/response/somalia-crisis-response-plan-2022#:~:text=With%202.9%20million%20people%20estimated,\(IDPs\)%20in%20the%20world.](https://crisisresponse.iom.int/response/somalia-crisis-response-plan-2022#:~:text=With%202.9%20million%20people%20estimated,(IDPs)%20in%20the%20world.)

139 DHS 2020.

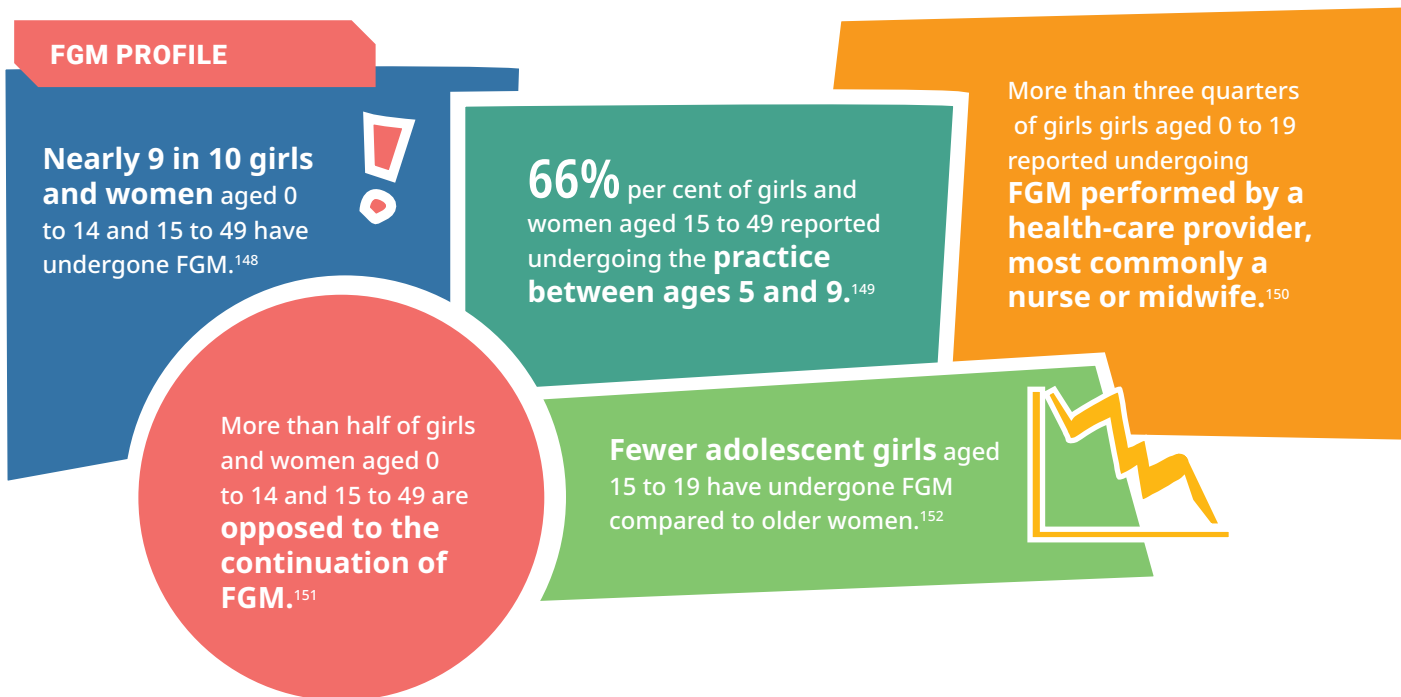
140 Ibid.

141 Ibid.

142 Ibid.

Sudan

Humanitarian needs across Sudan are at record levels one year after a military coup, with unclear prospects for the political transition that started three years ago.¹⁴³ Conflict is expected to continue driving forced displacement, with a likelihood that this will increase in areas that were previously stable. Tensions remain high with clashes over land, minerals, water and livestock, and around 3.1 million people have been displaced across the country.¹⁴⁴ Humanitarian needs continue to grow amid economic crisis and food insecurity, with about 14.3 million people, almost one in every three, estimated to need humanitarian assistance in 2022.¹⁴⁵ Multiple disease outbreaks, including dengue fever, chikungunya, malaria and COVID-19, continue and will likely regularly recur even as the health infrastructure contends with ongoing strains from the burden of COVID-19. GBV remains a grave concern, and the deteriorating situation has increased FGM.¹⁴⁶ Around 30.9 per cent of the population faces severe multidimensional poverty.¹⁴⁷



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Orientation for community leaders and service providers on a law banning FGM: 125 service providers and community leaders received orientations on Article 141, the new law banning FGM, to support the reporting of cases.

Youth and social accountability: The Joint Programme provided capacity-building to National Youth Conference members in 18 states to develop a national joint action plan and state accountability frameworks for monitoring programmes and policies for stopping FGM.

KEY PROGRAMME RESULTS

Enhance girls' knowledge, skills and leadership through comprehensive sexuality education and life skills programmes that integrate FGM



Annual target for 2022:

7,000
GIRLS



Annual result in 2022:

7,860
GIRLS



People participate in public declarations for the elimination of FGM



Annual target for 2022:

68,000



Annual result in 2022:

74,000



People engage in community-led dialogues to end harmful social and gender norms and FGM



Annual target for 2022:

200,000



Annual result in 2022:

258,787



BEST PRACTICE EXAMPLE

Youth networks for ending FGM: Through focus group discussions, 60 Y-Peer members (32 young women and 28 young men) discussed challenges, innovative solutions and actions to end FGM in their communities. The Y-Peer network is present in all 18 states in Sudan and has more than 10,000 members. Their work targets issues related to youth participation, SRHR, and ending GBV, including FGM. The network conducts advocacy campaigns to ensure that the results of their work reach all relevant stakeholders and inform SRHR policies and programmes. The network has established girls' clubs in local schools to increase student knowledge about SRHR and FGM, and engaged teachers and religious leaders in addressing parental resistance to girls' participation in the clubs. Around 20 students were selected and trained to lead club activities, including group discussions and interactive theater promoting critical reflection on FGM.

143 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Sudan Humanitarian Needs Overview 2023 (November 2022). Website: <https://reliefweb.int/report/sudan/sudan-humanitarian-needs-overview-2023-november-2022>.

144 OCHA (Office for the Coordination of Humanitarian Affairs), 2021. Sudan: Humanitarian Response Plan 2022 (December 2021). Website: <https://reliefweb.int/report/sudan/sudan-humanitarian-response-plan-2022-december-2021>.

145 Ibid.

146 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Humanitarian Response Plan: Sudan. Website: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/sudan_2022_humanitarian_response_plan.pdf.

147 UNDP (United Nations Development Programme), 2023. "Multidimensional Poverty Index 2023: Sudan." Website: [148 MICS 2014.](https://hdr.undp.org/sites/default/files/Country-Profiles/MPI/SDN.pdf?_gl=1*u0g8s2*_ga*MTQ5NjlyMjAzMjAzMjAzMjAzNDU3NDkx*_ga_3W7LPKOWP1*MTY4NDc5NDc1MC4yLjEuMTY4NDc5NjcwMS42MC4wLjA.MICS 2014.</p>
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149 Ibid.

150 Ibid.

151 Ibid.

152 Ibid.

Uganda

A significant proportion (42.1 per cent) of Uganda's population lives in extreme poverty.¹⁵³ Furthermore, Uganda faces multiple humanitarian crises, including the influx of refugees, disease outbreaks and climate-related disasters. In 2022, due to drought, more than 500,000 people in the Karamoja subregion were food-insecure, and nearly 92,000 malnourished children required treatment.¹⁵⁴ Uganda currently hosts around 1.5 million refugees and asylum-seekers originating from neighbouring countries, including Burundi, Democratic Republic of the Congo, Rwanda, Somalia and South Sudan.¹⁵⁵ Women and children constitute 82 per cent of the refugee population; they face intersecting forms of discrimination and multiple human rights violations. North-eastern Uganda has experienced famine due to below-average annual rainfall, protracted drought and flooding.¹⁵⁶ The region is also experiencing a rise in child trafficking, FGM, domestic violence, child marriage, teen pregnancy and school dropouts. In September 2022, Uganda declared an Ebola disease outbreak.¹⁵⁷

FGM PROFILE

FGM prevalence is very low across all regions and population groups

at 0.3 per cent among women aged 15 to 49, although district-level prevalence rates range from 13 per cent in Kapchorwa District to 52 per cent in Katikakile and Tapac, both subcounties of Moroto District.¹⁵⁸



FGM prevalence has **significantly declined**, from 1.4 per cent in 2011 to 0.3 per cent in 2016.¹⁶⁰

Eighty-three per cent of girls and women aged 15 to 49 think FGM should **stop**.¹⁵⁹

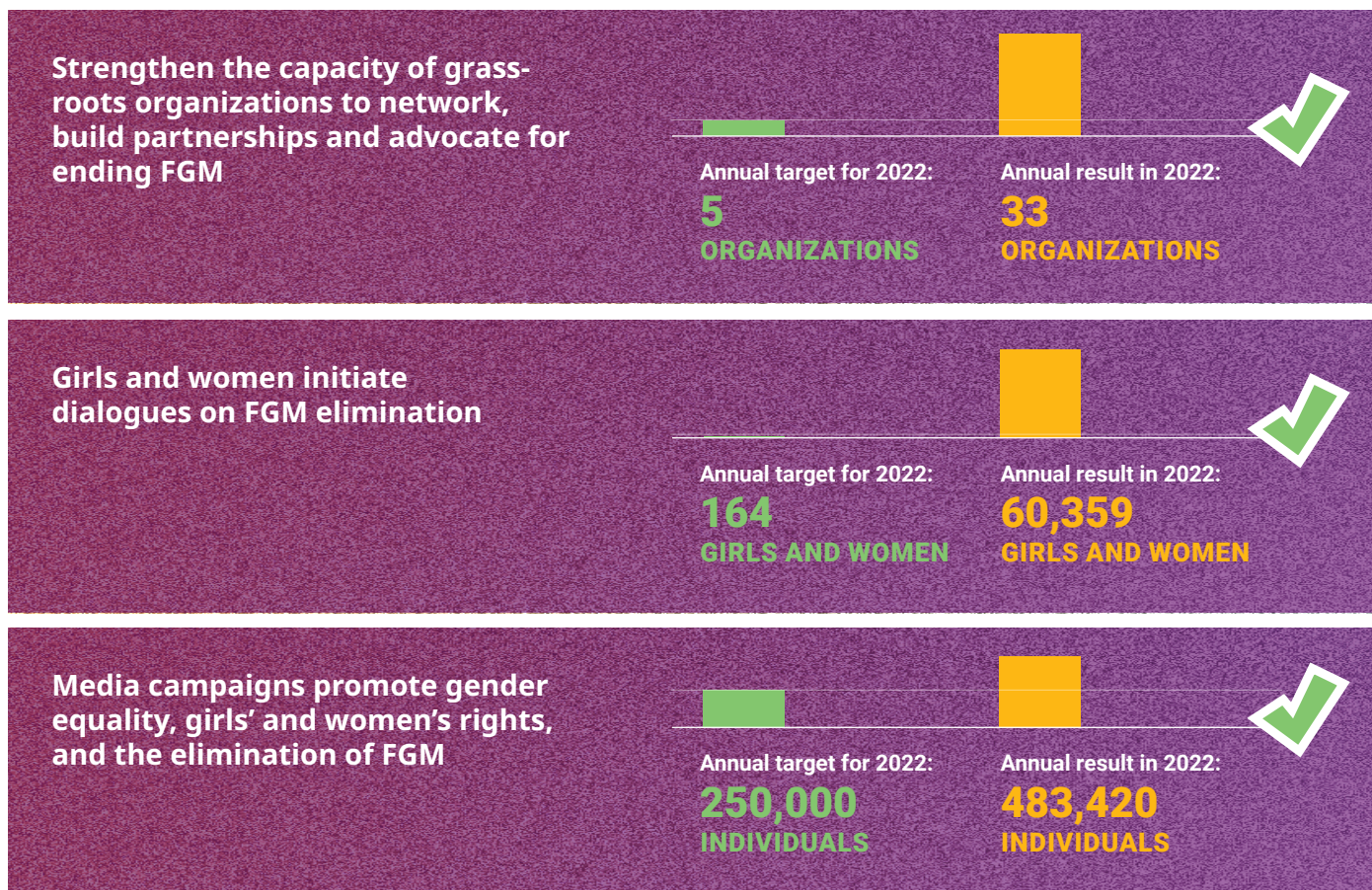
JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Positive parenting: 720 (368 men and 352 women) were trained on positive parenting, which promotes the holistic growth and development of children. The positive parenting approach to FGM prevention provides parents and community members with an opportunity to look at the prevention of harmful practices through open dialogue and to build consensus on ending FGM as a form of violence against girls. Positive parenting activities draw on the INSPIRE strategy for the prevention of violence against children, including FGM.

Integrating FGM in liturgies: Working with the Inter-Religious Council of Uganda, the Joint Programme trained 117 religious leaders to support FGM risk communications, and SRHR, social and gender norms change based on daily liturgies and through community radio programmes.

Integrating FGM in policies and plans: Three government ministries (gender, labour and social development; education and sports; and health) and six district governments (Moroto, Nakapiripirt, Amudat, Bukwo, Kapchorwa and Kween) integrated FGM prevention and response measures in their policies and plans, and other relevant frameworks. The Joint Programme collaborated with line ministries to enhance their capacities to mainstream FGM into workplans to ensure the delivery of coordinated and integrated quality GBV/FGM prevention and response services.

KEY PROGRAMME RESULTS



BEST PRACTICE EXAMPLE

Community-to-community dialogues and parenting sessions for ending FGM: 63,686 community members (33,572 men and 30,114 women) participated in activities aimed at eliminating violence against children, GBV and FGM through community-to-community dialogues that created awareness and built consensus on the need to eliminate FGM. Parenting sessions implemented at the household level focused on human rights, gender equality, and shifting harmful social and gender norms. The sessions promoted a gender-responsive approach to positive parenting intended to create an enabling environment for parents to say “no” to FGM despite community pressure. The Joint Programme also continued support for community-led surveillance systems and para-social workers to identify girls at risk of FGM and report cases to relevant authorities. Support was also provided for the reintegration of girls who fled from their homes because of their risk of undergoing FGM.

153 UNDP (United Nations Development Programme), 2022. Socio-Economic Update of Uganda. Website: <https://www.undp.org/sites/g/files/zskgke326/files/2023-01/Socio%20Economic%20Update%20of%20Uganda-First%20Edition%20Oct%202022.pdf>.

154 UNICEF (United Nations Children's Fund), 2023. “Uganda Appeal: Humanitarian Action for Children.” Website: <https://www.unicef.org/appeals/uganda>.

155 UNHCR (United Nations High Commissioner for Refugees), 2023. “Refugees and Asylum-Seekers in Uganda.” Website: <https://reporting.unhcr.org/uganda-refugees-and-asylum-seekers-map>.

156 IOM (International Organization for Migration), 2022. Assessing The Evidence: Migration, Environment & Climate Change Nexus in Uganda. Website: <https://environmentalmigration.iom.int/sites/g/files/tmzbd1411/files/documents/assessing-the-evidence-migration-environment-climate-change-nexus-in-uganda.pdf>

157 WHO (World Health Organization), 2022. “Ebola: Uganda, 2022.” Website: <https://www.who.int/emergencies/situations/ebola-uganda-2022>.

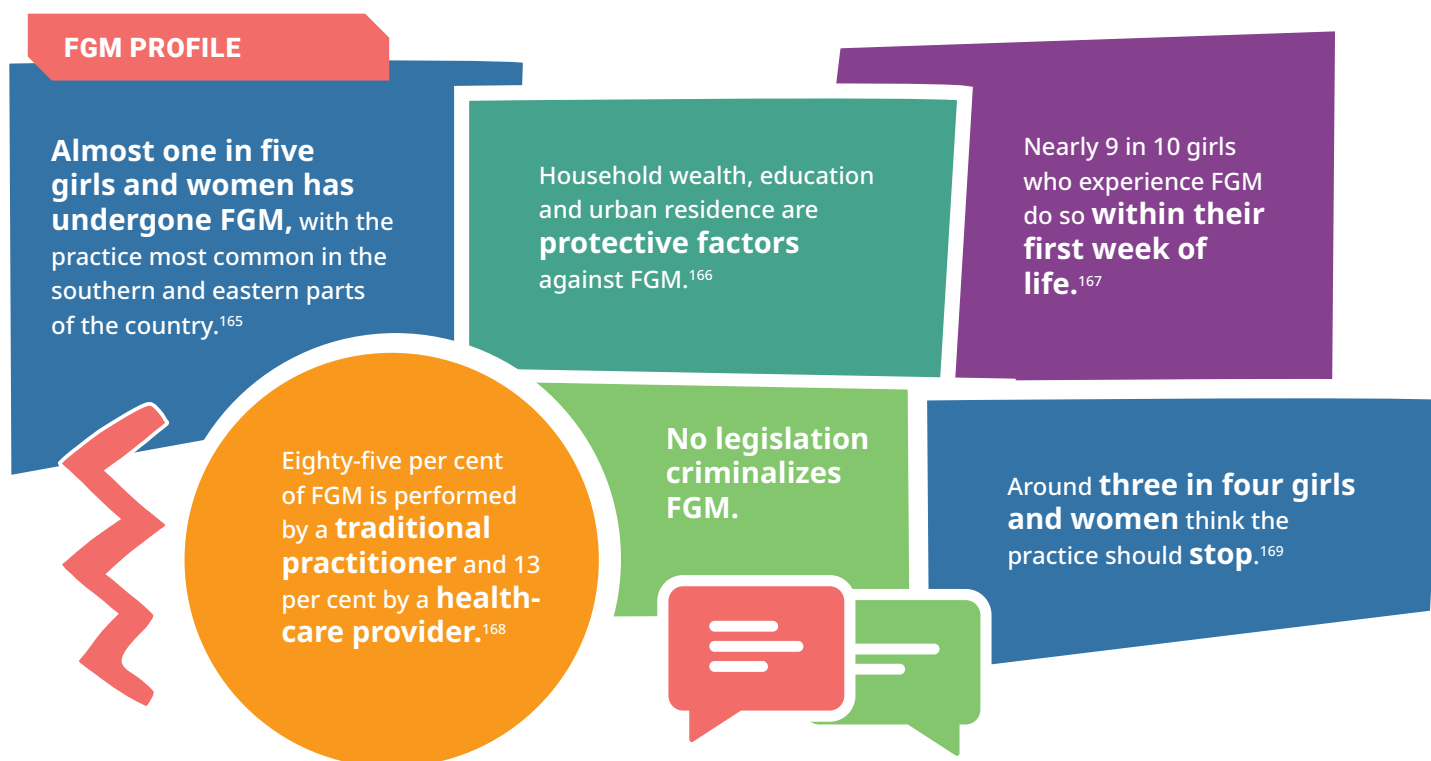
158 DHS 2016.

159 Ibid.

160 DHS 2011 and 2016.

Yemen

Eight years of armed conflict in Yemen have caused a humanitarian crisis that has displaced 3.1 million people, caused tens of thousands of civilian casualties, and devastated the country's economy and infrastructure.¹⁶¹ Yemen is one of the world's largest humanitarian crises, with pervasive malnutrition, disease outbreaks, civilian casualties and displacements, a collapsing economy, looming famine and the reversal of the country's past development gains. Millions of people suffer from the compounding effects of armed violence, ongoing economic crisis and disrupted public services.¹⁶² In 2023, an estimated 21.6 million people will need humanitarian assistance and protection services, a slight decrease from 23.4 million people in 2022.¹⁶³ More than 80 per cent of the population struggles to access food, safe drinking water and adequate health services, while nearly 90 per cent has no access to publicly supplied electricity.¹⁶⁴ The negative impact of conflict is exacerbated by deeply rooted harmful social norms and gender inequalities that disproportionately affect women and girls most at risk of GBV, including harmful practices such as FGM and child marriage.



JOINT PROGRAMME CONTRIBUTIONS TO FGM ELIMINATION

Social media for FGM elimination: The “[No More Cutting Social Media Campaign](#)” was launched in 2022 with messages promoting the end of FGM in Yemen.

Interactive theater: In the Al Mukha district of Taiz Governorate, an area with one of the highest FGM prevalence rates in Yemen, interactive theatre raised awareness about the consequences of the practice, including the impact on girls’ and women’s physical and mental health. The play allowed a dynamic and engaging dialogue to take place between performers and audience members. Community leaders and participants asked questions, shared their own experiences and discussed FGM in a safe space. As a result, community leaders signed a public declaration pledging to take action to stop FGM and to raise awareness about its harmful impact on girls and women. In 59 communities, most community members also signed the declaration, making it a powerful symbol of commitment to end FGM.

KEY PROGRAMME RESULTS

Health service delivery points where at least one health-care provider is trained on FGM prevention and response services



Annual target for 2022:

7
HEALTH SERVICE
DELIVERY POINTS



Annual result in 2022:

16
HEALTH SERVICE
DELIVERY POINTS



Media campaigns promote gender equality, girls' and women's rights, and the elimination of FGM



Annual target for 2022:

20,000
INDIVIDUALS



Annual result in 2022:

423,862
INDIVIDUALS



Support grass-roots organizations in engaging in accountability mechanisms



Annual target for 2022:

3
ORGANIZATIONS



Annual result in 2022:

88
ORGANIZATIONS



BEST PRACTICE EXAMPLE

Youth to Religious dialogues to FGM elimination: Deem for Development Organization, a youth-led non-governmental organization, organized a two-day round table between the International Islamic Center for Population Studies and Research from Al Azhar University in Cairo and Yemeni theologians to discuss harmful practices and their consequences. The round table resulted in the following key recommendations:

- Enhance the quality of evidence-based research on the physical and mental health risks associated with FGM;
- Develop a strategy for religious leaders to use in sensitizing communities about FGM and strategies for eliminating the practice, including by challenging misconceptions;
- Develop action plans for working with religious leaders as allies in the elimination of harmful practices based on good practices and lessons;
- Provide training to religious leaders on addressing SRHR and GBV; and
- Adopt legislation in Yemen that bans FGM.

The recommendations were integrated in Phase IV of the Joint Programme in Yemen.

161 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Humanitarian Needs Overview: Yemen. Website: <https://www.unocha.org/yemen>.

162 OCHA (Office for the Coordination of Humanitarian Affairs), 2022. Humanitarian Needs Overview: Yemen. Website: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/yemen_hno_2023_final1.pdf.

163 Ibid.

164 Ibid.

165 UNICEF (United Nations Children's Fund), 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

166 Ibid.

167 Ibid.

168 Ibid.

169 Ibid.

The Joint Programme, alongside its partners, remains steadfast in using its global reach and comprehensive and holistic programming to advance transformative changes so that girls and women exercise agency and claim their rights to bodily autonomy, decision-making, leadership, empowerment and self-determination.





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Joint Programme on the Elimination of Female Genital Mutilation:
Delivering the Global Promise to End FGM by 2030

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