

ACCELERATING CHANGE |



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

ANNUAL REPORT 2018



unicef 
for every child

ACKNOWLEDGEMENTS

UNFPA and UNICEF, on behalf of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, wish to thank the people and governments that have contributed to this work. Specifically, we thank the European Union and the governments of Iceland, Italy, Luxembourg, Norway, Spain, Sweden and the United Kingdom for their generous financial contributions.

We acknowledge, with gratitude, the members of the Joint Programme's Steering Committee for their support and technical guidance. Our appreciation is extended as well to each national and local government and to civil society organizations and regional institutions for their collaboration in accelerating the elimination of FGM through their in-depth local perspectives and for their political support, without which the achievements in this report would not have been possible.

This report was produced by the Joint Programme Global Coordination Team: Nafissatou J. Diop, Nankali Maksud, Thierno Diouf, Berhanu Legesse, Harriet Akullu, Mar Jubero, Stephanie Baric, Ramz Shalbak and Wanda Rodríguez.

Author: UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation.

Publication Date: August 2019

ACCELERATING CHANGE |



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

ANNUAL REPORT 2018



Contents

Acronyms and abbreviations	2
List of figures	3
List of tables	3
 Executive summary	4
 Introduction	8
 1 Key accomplishments	10
1.1 Global achievements	10
1.2 Regional achievements	14
1.3 Country level achievements	16
Outcome 1: Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards.....	17
Outcome 2: Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM.....	23
Outcome 3: Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care.....	35
Outcome 4: Countries have better capacity to generate and use evidence and data for policymaking and improving programming.....	43
1.4 Monitoring and evaluation	52
1.5 Challenges.....	54
 2 Priorities for 2019	56
 3 Country profiles	58
 4 Financial report	104

Acronyms and abbreviations

AU	African Union	SDG	Sustainable Development Goal
CoP	Community of Practice	UNFPA	United Nations Population Fund
CSO	Civil Society Organization	UNGA	United Nations General Assembly
DFA	Data For All	UNICEF	United Nations Children's Fund
DHS	Demographic and Health Survey	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
EU	European Union	WHO	World Health Organization
FGM	Female Genital Mutilation		
IGAs	Income Generating Activities		
MICS	Multiple Indicator Cluster Survey		

List of figures

Figure 1.1	Number of FGM-related arrests, cases brought to court, and cases of convictions and sanctions in all Tier 1 countries, 2018	18
Figure 1.2	Trend of the number of arrests, cases brought to court, and convictions and sanctions related to female genital mutilation, Tier 1 countries, 2018	19
Figure 1.3	Number of law-enforcement staff trained in enforcing legislation related to FGM, Tier 1 countries, 2018.....	20
Figure 1.4	Number and Proportion of Tier 1 countries with a evidence-based costed national action plan to end FGM under implementation by all government sectors, civil society organizations, faith-based organizations and other actors, and number and proportion of Tier 1 countries with a national budget line to end FGM	21
Figure 1.5	Number and Proportion of Tier 1 countries with national FGM data, national coordinating body, and annual review of FGM programmes	22
Figure 1.6	Number and Proportion of Tier 1 countries where civil society organizations and young people's networks produced annual progress reports with recommendations for the elimination of FGM presented to policymakers to influence policy direction and implementation	22
Figure 1.7	Number of communities where enablers of social norm change are in place: girls become change agents after completing a capacity-development package, Tier 1 countries.....	25
Figure 1.8	Number of girls in Tier 1 countries that benefited from a capacity-development package	28
Figure 1.9	Number of Joint Programme intervention areas where men's and boys' networks and coalitions actively advocate for the elimination of FGM, in five countries	29
Figure 1.10	Number of communities where enablers of social norm change are in place: religious leaders' public statements delinking FGM from religious requirements; and community/traditional rulers publicly denounce FGM practices, Tier 1 countries	32
Figure 1.11	Number of communities that have made public declarations of FGM abandonment per year and cumulative number	33
Figure 1.12	Number of communities that made public declarations of abandonment of FGM, and number of communities that made public declarations of abandonment of FGM that have established a community-level surveillance system to monitor compliance with commitments made during public declarations, Tier 1 countries	34
Figure 1.13	Number of girls and women who received health services related to FGM, including prevention services, Tier 1 countries	37
Figure 1.14	Number of girls and women who received social services related to FGM, Tier 1 countries	37
Figure 1.15	Number of girls and women who received legal services related to FGM, Tier 1 countries	37
Figure 1.16	Number of girls and women who received health, social and legal services related to FGM per year and cumulative number	38
Figure 1.17	Number of health service delivery points in Joint Programme intervention areas that provide FGM-related services to girls and women, Tier 1 countries	39
Figure 1.18	Number of health service delivery points in Joint Programme intervention areas where at least one health-care provider is trained in FGM prevention, protection and care services, Tier 1 countries	39
Figure 1.19	Number of health service delivery points in Joint Programme intervention areas where health-care staff apply FGM case management protocols, Tier 1 countries	42
Figure 1.20	Proportion of Tier I countries that have improved data and evidence based equity and effectiveness programming in 2018.....	44
Figure 1.21	Homepage of the UNFPA–UNICEF Managing for FGM Results Knowledge Hub.....	49
Figure 4.1	Expenditure rate per unit (headquarters, regional and country offices)	106
Figure 4.2	Financial reporting by outcome	106
Figure 4.3	Financial reporting by output.....	108

List of tables

Table 4.1	Donor funds received (US\$), 2018	105
Table 4.2	Budgets, expenditures (US\$) and expenditure rates (%), by region, tier 1 countries.....	107



© UNFPA/Luca Zordan

Executive summary

The practice of female genital mutilation (FGM) has continued to decline around the world, including in high prevalence countries where the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) have been implementing the Joint Programme on Female Genital Mutilation: Accelerating Change. The programme seeks to eliminate FGM in one generation. In the 30 countries with nationally representative FGM prevalence data, around one in three girls aged 15–19 today have undergone the practice versus one in two in the mid-1980s. Decline in FGM among girls aged 15–19 has occurred across countries with various levels of FGM prevalence, including Burkina Faso, Egypt and Kenya. However, with population growth rates being especially high in Africa, and an estimated 50 million girls are therefore at risk of FGM in Africa between now and

2030, concerted efforts are required to ensure that FGM rates continue to decline to counter this trend.

With global consensus that FGM is a human rights violation rooted in gender discrimination and a barrier to human development, the Joint Programme contributes to the achievement of Sustainable Development Goal (SDG) 5: Achieve gender equality and empower all women and girls, and specifically SDG target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by 2030.

Building on the achievements of Phase II (2014–2017), including 24,611,443 individuals in 8,963 communities making public declarations of FGM abandonment, the Joint Programme Phase III (2018–2021) was launched in 2018 with an emphasis on strengthening accountability mechanisms to deliver on the international community's obligation to eliminate FGM. As a result, the Joint Programme reaffirmed its global convening role by mobilizing regional intergovernmental organizations, governments, civil society organizations (CSOs), social movements, local community and religious leaders, the media, the private sector and communities to renew their commitment to protecting the rights of girls and women to live free from violence and discrimination.

In 2018, the Joint Programme partnered with the African Union (AU) to galvanize sustained, country-driven interventions. An international conference on FGM organized by the AU, UNFPA and UNICEF in Ouagadougou, Burkina Faso, attracted more than 400 participants from 34 countries. Countries shared their experiences in addressing FGM and supported the adoption of the 'Ouagadougou Call to Action on Eliminating Female Genital Mutilation', and an action plan for the 2019 roll-out of the AU Campaign on Ending FGM. The AU campaign marks a strengthened commitment to the elimination of FGM in Africa and worldwide. The AU also announced it will adapt and adopt the Joint Programme's innovative social marketing campaign, the Saleema Communication Initiative in the Sudan, across the continent. The Saleema approach has proven successful in positively influencing social norms that lead to long-term, sustainable behaviour change in support of the elimination of FGM.

At the national level, the Joint Programme prioritized countries for programmatic and financial investments for Phase III by adopting a tiered approach based on a set of criteria that included demographic trends, FGM prevalence and rate of change (particularly the rate of acceleration towards FGM elimination by 2030), and national commitment. The result was the development of three tiers. In 2018, the Joint Programme was implemented in eight Tier I countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan. Technical support was provided to Tier II and III countries: Eritrea, the Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Somalia and Uganda.

Working with the Tier 1 countries, the Joint Programme strengthened key interventions based on strategic review involving a participatory and consultative process that engaged key stakeholders at the global, regional, national and community levels in reflecting on good practices and lessons learned in the Joint Programme. In 2018, the Joint Programme's concerted effort to replicate and scale up proven interventions – as well as introduce innovations to enhance programme impact – paid off, as evidenced by the following accomplishments:

- 131 arrests, 123 cases brought to court and 30 convictions and sanctions;
- 2,455 communities made public declarations of abandonment of FGM;
- 83,068 girls benefited from a capacity-building package and, in 4,258 communities, girls became agents of change after completing this package;
- 560,271 girls and women received health services related to FGM, 231,375 receive social services and 83,812 receive legal services.

To address trends related to cross-border FGM (i.e., crossing borders to undergo FGM and avoid prosecution), the Joint Programme facilitated collaboration between the governments of Ethiopia, Kenya, Uganda and the United Republic of Tanzania. Through this collaboration, the Joint Programme will support efforts towards a regional declaration and action plan on cross-border FGM in Eastern Africa.

While the Joint Programme made significant progress in advancing the global campaign to eliminate FGM, implementation of the programme was not without its challenges. Funding limitations resulted in a reduced number of countries receiving funding support from the Joint Programme. Several countries also faced gaps in resources or capacity among stakeholders, while other countries experienced complex political and security environments that affected programme implementation. In response to such challenges, the Joint Programme continues to make adjustments to ensure stakeholders remain on track as they support communities in eliminating FGM.

The accomplishments of the Joint Programme in 2018 created a solid foundation to strengthen and establish partnerships for programme priorities in 2019. These include the roll-out of the AU Campaign on Ending FGM and the launch of the Spotlight Initiative – a European Union (EU) and United Nations global, multi-year initiative focused on eliminating all forms of violence against women and girls including FGM. The Joint Programme is partnered with the World Health Organization (WHO) and produced a brief to address the rising trend of medicalization. Additionally, following a successful year of resource mobilization, the Joint Programme is working in 16 countries (Yemen was not included this year due to the security situation), and technical support has been expanded to include Indonesia, Liberia, the Niger, and the United Republic of Tanzania as new countries.

As the global community grapples with population growth in all 30 FGM-prevalent countries, which may result in a significant increase in the number of girls at risk of FGM, the launch of Phase III of the Joint Programme came at a critical time. On behalf of the girls and women, and their families and communities served by the Joint Programme, UNFPA and UNICEF would like to thank our donors: the EU, Iceland, Italy, Luxembourg, Norway, Spain, Sweden and the United Kingdom of Great Britain and Northern Ireland. Without their generous support, many of the achievements in 2018 would not have been possible.



© UNFPA/Luca Zordan, Ethiopia

INTRODUCTION

A renewed commitment: Launch of Phase III of the Joint Programme on Female Genital Mutilation

While continuing to embrace a holistic and comprehensive approach to creating an enabling environment through policy and legislation, supporting access to comprehensive services, and empowering communities to drive social change, Phase III of the Joint Programme on Female Genital Mutilation: Accelerating Change (2018–2021) focuses on strengthening interventions:

- Partnering with regional intergovernmental organizations to create mechanisms for holding governments accountable for meeting their obligations to eliminate female genital mutilation (FGM);

- Strengthening interventions that support the rights, needs and agency of girls and women;
- Expanding the engagement of men and boys in promoting and achieving gender equality and the elimination FGM;
- Improving community surveillance and response mechanisms for monitoring and reporting FGM cases following public declarations of FGM abandonment;
- Creating opportunities and formal mechanisms for young people to proactively engage with governments to inform FGM policies and programmes;
- Capturing good practices and lessons learned, and creating a space for knowledge sharing and learning;
- Developing a framework and toolkit for measuring changes in social norms;
- Increasing the Joint Programme's value proposition as related to economy, efficiency, effectiveness and equity; and
- Improving interventions to combat rising trends such as the medicalization of FGM (i.e., when FGM is performed by a health-care provider) and cross-border FGM (i.e., girls and women undergo FGM in neighbouring countries to avoid prosecution at home).

In addition to integrating the recommendations from the strategic review of programme interventions, the Joint Programme also introduced a fourth objective in its theory of change focused on building a high-quality evidence base that captures and facilitates learning about effective FGM policies and programmes, and a fifth objective of seeking to further maximize and sustain the programme's value proposition.

The implementation of Phase III began with a contextualization process that involved country-specific assessments and the development of a context-based theory of change that aligns with the results framework based on country-specific priorities. As a result of the contextualization process, the Joint Programme is better equipped to develop and sustain interventions that address context-specific needs and targets for accelerating the abandonment of FGM. The Joint Programme also supported improvements in monitoring and evaluation by establishing clear baselines and targets; piloting a social norms measurement framework and toolkit in Ethiopia and Guinea; and introducing more rigorous studies on the drivers of FGM as a way to enhance the effectiveness of interventions.



© UNFPA/Luca Zordan

1 Key Accomplishments

1.1 Global achievements

Resolutions on FGM

The Joint Programme supported drafting resolutions on FGM which were passed by the Human Rights Council and at the United Nations General Assembly (UNGA), resulting in a strengthened commitment by the international community to eliminate FGM. Both resolutions are important steps towards recognizing the need for increased resources as population growth in countries where FGM is practised means that increasing numbers of girls are and will be at risk of FGM between now and 2030.

In July 2018, the Human Rights Council adopted a Resolution on ‘Elimination of female genital mutilation’.¹ In addition to calling for governments to provide comprehensive support for the elimination of the practice, the resolution requests the United Nations High Commissioner for Human Rights (UNHCR), the United Nations Population Fund (UNFPA) and other stakeholders to hold a two-day meeting in 2019 with experts to discuss progress, gaps and challenges in the prevention and elimination of FGM in different contexts.

In December 2018, the UNGA adopted the Resolution on ‘Intensifying global efforts for the elimination of female genital mutilation’,² which emphasizes the need to support policies and programmes that contribute to meeting obligations on FGM elimination. The Joint Programme provided technical input in support of the resolution, including language specifically calling on United Nations Member States to address alarming trends, such as the medicalization of FGM and cross-border FGM. The resolution also calls on the international community to strongly support Phase III of the Joint Programme as well as national programmes focused on the elimination of FGM, including through increased financial contributions.

International Day of Zero Tolerance for FGM

On the International Day of Zero Tolerance for FGM (6 February), UNFPA, UNICEF, the Inter-African Committee on Traditional Practices (IAC), the Office of the High Commissioner for Human Rights (OHCHR; UN Human Rights) and WHO, with support from Burkina Faso, Ethiopia, the European Union (EU), Italy, the Netherlands, Norway, Portugal, the United Kingdom and UN Women, organized an event at the United Nations in Geneva. The event marked the 15th anniversary of the International Day of Zero Tolerance for FGM, with many of the participants stressing the need to challenge harmful social norms and attitudes, the importance of community engagement in support of policies and legislation criminalizing FGM, and the empowerment of girls and women as a way to amplify their voices at the community and national levels. The event received significant media coverage, with 60 articles in newspapers and magazines.

1 United Nations General Assembly, ‘Elimination of female genital mutilation’, Human Rights Council, Thirty-eighth session, 2 July 2018, A/HRC/38/L.9, <<https://undocs.org/A/HRC/38/L.9>>, accessed 19 July 2019.

2 United Nations General Assembly, ‘Intensifying global efforts for the elimination of female genital mutilation’, Seventy-third session, 15 January 2019, A/RES/73/149, <<https://undocs.org/en/A/RES/73/149>>, accessed 19 July 2019).

New global estimate of girls at risk

UNFPA issued new estimates showing that 68 million girls are or will be at risk of FGM between 2015 and 2030. The new numbers are the result of a more robust estimation method to generate age-specific risk data. The data were then combined with United Nations world population estimates to project overall risk. The new figures now also include data from Indonesia, where the revised method captured the approximately 1 million girls facing FGM in their first year of life. The new figures project that the current estimates of 3.9 million girls mutilated each year will rise to 4.6 million by 2030, unless efforts are massively scaled up to urgently prevent that from happening. The increase is due to projected population growth in communities that practise FGM.

Support for country offices in the contextualization of the global theory of change and result framework

For Phase III of the Joint Programme, the theory of change and strategic focus areas were developed in close consultation with regional and country offices during the 2017 annual consultation. Moreover, an in-depth contextualization process took place from January to April 2018 to adapt the global framework to the country context and better reflect the local context and priorities. A new process was used to adapt the global Joint Programme to country contexts, which improved the local ownership of the Joint Programme. The baseline technical assistance mission dialogue with Tier I country teams, and appointing FGM focal points and monitoring and evaluation (M&E) officers from both agencies, led to a common understanding of the concepts behind the Joint Programme global results framework and field-level contextual factors. It also provided opportunity to discuss strategic issues such as accelerating change, being catalytic and the role of the Joint Programme in developing sustainable national capacity to eliminate FGM.

A Results-Based Management and Learning Guide was developed to guide all stakeholders through the ‘Managing for FGM Results’ yearly and during the four-year cycles. The outcome of the technical assistance missions were:

- High-quality results frameworks based on specific country context with accurate baseline and target data;
- High-quality, relevant workplans for 2018–2019;

- Motivated country teams of FGM and M&E staff with deeper understanding of the FGM Joint Programme in their context;
- Focus on results and acceleration strategies strengthened.

Commission on the Status of Women 2018

An interactive session titled ‘Harmful Practices Event at the 62nd Session of the Commission on the Status of Women: Accelerating Efforts to Eliminate FGM and Child, Early and Forced Marriage in Africa by 2030’ was convened by the governments of Canada, Ethiopia, Italy, Uganda and Zambia, with support from the African Union, UNFPA, UNICEF and UN Women, and featured civil society organizations (CSOs) and young people. The overarching message of the session was that,

while corresponding investments at the country level have yielded positive results, and both FGM and child marriage continue to decline, work is required to address the systematic and underlying factors such as poverty, lack of education particularly for girls, and the need to improve the legal and policy environment to protect the rights of children. The

event provided an opportunity for Africa Union Member States to renew their commitments and accelerate efforts to eliminate FGM and child marriage in Africa by 2030.



At the interactive session on Harmful Practices during the 62nd session of the Commission on the Status of Women. © UNFPA, New York



High-level representatives at the International Conference on Female Genital Mutilation in Burkina Faso. © UNFPA Burkina Faso

1.2 Regional achievements

African Union Initiative for the Elimination of FGM

Population growth rates are especially high in Africa, where an estimated 50 million girls are and will be at risk of FGM between now and 2030. Therefore, the Joint Programme prioritized its partnership with the African Union (AU) to hold governments accountable for meeting their obligations to eliminate FGM based on international and regional human rights frameworks. In October 2018, UNFPA, UNICEF and the AU co-hosted the International Conference on Female Genital Mutilation in Ouagadougou, Burkina Faso, with the theme ‘Galvanising political action to accelerate the elimination of female genital mutilation by 2030’. More than 400 participants, including government, civil society and donor representatives from 33 countries, shared their experience in addressing FGM and supported the adoption of the ‘Ouagadougou Call to Action on Eliminating Female Genital Mutilation’³ and an action plan for the 2019 roll-out of the AU Initiative on Ending FGM. The conference successfully engaged high-level political champions in galvanizing and amplifying regional and national commitments, while the call to

3 African Union, ‘The Ouagadougou Call to Action on Eliminating Female Genital Mutilation’, AU, Addis Ababa, 23 October 2018 <<https://drive.google.com/file/d/1vO4VueGdL5qXeeDqc8jO6fiGid1VFyio/view>>, accessed 16 July 2019.

action marked a critical juncture in efforts to accelerate the elimination of FGM in Africa and around the world. The AU Initiative on Ending FGM will also launch a continent-wide social marketing initiative drawing on the success of the Saleema Communication Initiative in the Sudan,⁴ which encourages communities to abandon FGM through targeted messages in mass media, and branded tools such as clothing, drama and theatre.

Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM

The Ouagadougou Call to Action on Eliminating Female Genital Mutilation

As previously stated, the Joint Programme worked with the AU to develop an action plan that includes the roll-out of the AU Campaign on Ending FGM. The adoption of the ‘Ouagadougou Call to Action on Eliminating Female Genital Mutilation’ was a critical step towards strengthening the accountability of AU member states, based on regional normative frameworks and global human rights treaties, by establishing a functional peer-review mechanism to systematically monitor national-level actions and progress in the elimination of FGM, and following up on the fulfilment of AU member states’ reporting obligations on issues related to FGM.

Addressing emerging issues and alarming trends

Cross-border FGM

The last decade has seen a rise in cross-border FGM, as more people try to avoid prosecution in their own countries by travelling to neighbouring countries seeking FGM for girls and women. Recognizing that stopping cross-border FGM requires a regional approach and the engagement of intergovernmental organizations, the Joint Programme supported multilateral collaboration on policies and legislation, and the development of joint communication strategies that discourage individuals and families from crossing borders for FGM. The need for increased cooperation between the governments of Kenya, Uganda and the United Republic of Tanzania was discussed during a side meeting at the Ouagadougou conference.

Programmatic interventions in 2018 by the Joint Programme included border

4 http://saleema.net/saleema_initiative.php

community exchanges to share information and raise awareness about the harmful effects of FGM, provision of support for the collection of data on the incidence of cross-border FGM, and capacity-building for law enforcement officers and social workers to enhance prevention and response services in border communities.

Medicalization of FGM

To address the increasing medicalization of FGM – the growing number of health-care providers performing FGM – in 2018 the Joint Programme bolstered efforts to support the development of national policies and guidelines to prohibit the medicalization of FGM in countries where it is widespread, such as Egypt, Nigeria and the Sudan, while also working with health-care providers to increase their awareness about the medicalization of FGM as a violation of medical ethics. The Joint Programme also supported efforts to integrate ethical health-care guidelines into the education and training curricula used for health-care providers.

The Joint Programme, in partnership with WHO, created a brief on the medicalization of FGM, which reaffirms that FGM is a form of violence against women and girls and a violation of human rights, and provides a series of recommendations that calls on governments, policymakers, health-care providers, and legal and religious authorities – at both national and regional levels – to stop the medicalization of FGM.⁵

1.3 Country level achievements

The goal of Phase III of the Joint Programme is to accelerate efforts towards the reduction of FGM, fulfilling the rights of girls and women by realizing social and gender norms transformation by 2021.

During 2018, the Joint Programme accomplished progress toward the outcomes of the results framework: **Outcome 1**, countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards; **Outcome 2**, girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM; **Outcome 3**, girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care; and **Outcome 4**, countries have better capacity to generate and use evidence and data for policymaking and improving programming.

5 United Nations Population Fund, United Nations Children's Fund, World Health Organization, 'Calling for the End of the Medicalization of Female Genital Mutilation', UNFPA, UNICEF, WHO, 2018, <https://www.unfpa.org/sites/default/files/resource-pdf/FGM_Policy_Brief_On_Medicalization_Brochure_-_PDF_June_18.pdf>, accessed 16 July 2019.



The International Conference on Female Genital Mutilation in Burkina Faso. © UNFPA Burkina Faso

OUTCOME 1

Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards

Introducing and implementing legislation criminalizing FGM

A legal framework that clearly states FGM is unacceptable can contribute to ending the practice. In some countries, despite having legislation criminalizing FGM, enforcement is weak, or a fear of punishment has resulted in the practice going underground. The Joint Programme works with governments, civil society and communities to develop, introduce and implement legislation in ways that contribute to a social change process that ultimately supports communities in abandoning the practice. This is achieved by ensuring the enactment of laws while facilitating community education sessions about FGM policies and legislation.

With the exception of the Sudan, seven of the eight Tier I countries have national legislation in place criminalizing FGM. In the Sudan, progress was made in 2018 in securing an endorsement from the Council of Ministers for Article 141, an amendment of the Criminal Act (1991) that bans FGM. Political riots in the Sudan delayed the approval of Article 141.

FIGURE 1.1

Number of FGM-related arrests, cases brought to court, and cases of convictions and sanctions in all Tier 1 countries, 2018



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

Kenya accounted for 75 per cent of the total number of arrests, 80 per cent of the total number of cases brought to court, and 50 per cent of the total number of convictions reported. In Kenya, the Joint Programme has been successful in supporting the implementation of legislation banning FGM using a comprehensive approach to capacity development of the judicial system, including strengthening community surveillance mechanisms for reporting cases of FGM, establishing mobile courts, training law enforcement officers and social workers in handling cases of FGM, as well as ensuring access to pro bono legal services for girls and women at risk of and affected by FGM – all of which may have contributed to the country's success in enforcing the law against FGM.

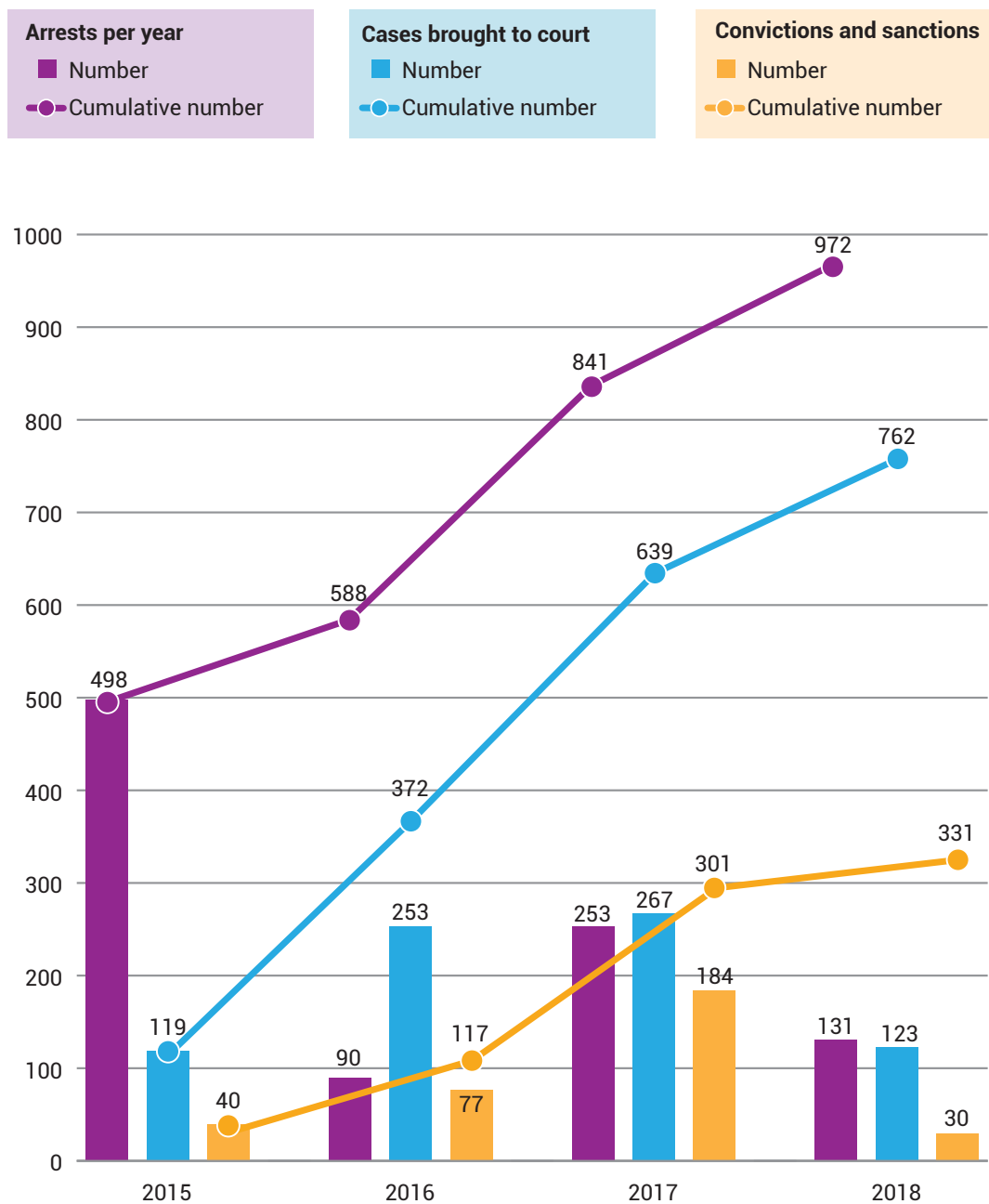
The Joint Programme supports governments in ensuring a continuum of services within the justice system when dealing with cases of FGM, including strengthening reporting, making arrests, building evidence to be presented in court cases, ensuring fair trials, and convicting perpetrators of FGM. In 2018, there was a significant rise in the number of law enforcement staff trained in enforcing FGM-related legislation as part of Phase III's continued efforts to strengthen implementation of legislation prohibiting FGM (see Figure 1.3).

Increased national capacity for the development, enactment and implementation of FGM laws and policies

A strong political commitment to eliminating FGM must translate into financial, technical and advocacy support for the development and implementation of national action plans and strategies including coordination among key stakeholders and target communities. National action plans should be accompanied by a national budget line that ensures adequate resources are available for strategy

FIGURE 1.2

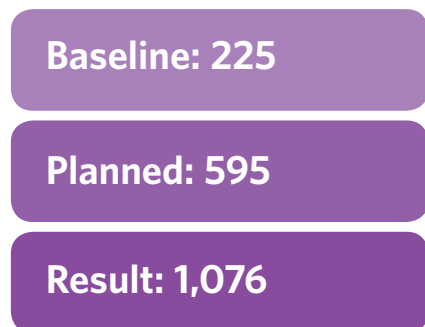
Trend of the number of arrests, cases brought to court, and convictions and sanctions related to female genital mutilation, Tier 1 countries, 2018



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 1.3

Number of law-enforcement staff trained in enforcing legislation related to FGM, Tier 1 countries, 2018



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

implementation. The Joint Programme also works with governments to mainstream FGM in national action plans of other sectors such as gender, sexual and reproductive health, education, justice and child protection, as well as national poverty reduction strategies.

In 2018, the Joint Programme supported the Government of Egypt in a consultative process that solicited input from civil society and the private sector in developing a new national action plan on maternal and child health that includes a strong FGM

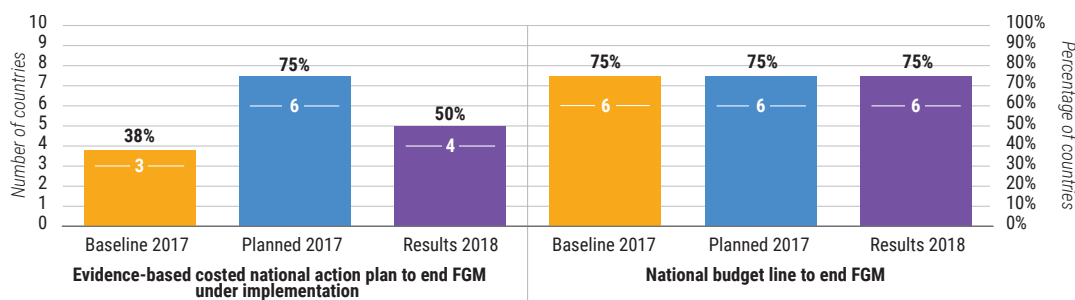
component. The Joint Programme also supported the Government of Djibouti in mainstreaming the abandonment of harmful practices in national guidelines on child protection, as well as in the national child protection system.

The Joint Programme met its target for the number of countries with a national budget line to end FGM, but did not meet the target for countries with an evidence-based costing national action plan (see Figure 1.4). While there were plans in Kenya and Senegal to update their national FGM frameworks, Kenya's national action plan is pending approval while Senegal's national strategy is still under development.

The proportion of countries with national FGM data increased from 38 per cent in 2017 to 50 per cent (four out of eight Tier I countries) in 2018 (see Figure 1.5). Only Kenya includes reported FGM data in the national information management system; these data are reported monthly through an automated system called the Child Protection Information Management System (CP IMS), which has been rolled out in 15 counties to capture and track information related to FGM and other rights violations against children. In strengthening the existing government-owned platforms and structure, the Joint Programme will continue to advocate with the Department of Children's Services and other stakeholders to roll out this system to the 32 remaining counties in Kenya. Indicators measured include: (1) number of girls and women who have received health services related to overall violence against children including FGM; (2) number of girls and women who have received social

FIGURE 1.4

Number and Proportion of Tier 1 countries with a evidence-based costing national action plan to end FGM under implementation by all government sectors, civil society organizations, faith-based organizations and other actors, and number and proportion of Tier 1 countries with a national budget line to end FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

services related to overall violence against children including FGM; and (3) number of girls and women who have received legal services related to overall violence against children including FGM.

All eight Tier 1 countries have a national coordinating body that coordinates the implementation of FGM interventions among key stakeholders. Government-led national coordinating mechanisms may be bodies focusing solely on FGM or part of a national coordination mechanism targeting gender-based violence (GBV) and harmful practices more broadly, including FGM. In 2018, six countries conducted an annual implementation review of FGM programmes, which is a regular assessment of progress made towards the results of these programmes, including the identification and analysis of bottlenecks, risks and emerging issues, and facilitating factors and lessons learned.

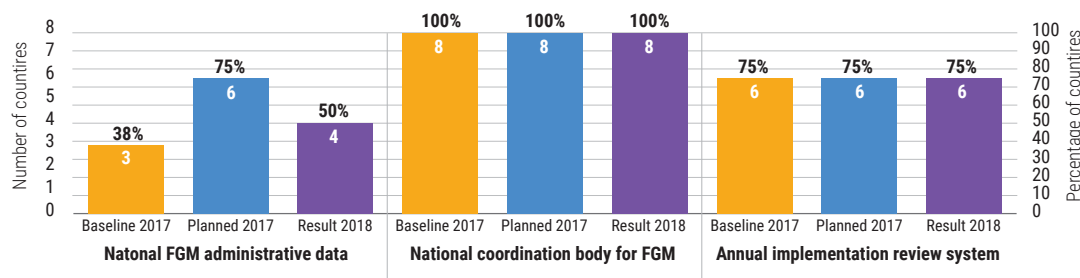
Increased engagement of civil society and young people with policymakers for the elimination of FGM

Recognizing the critical convening role the Joint Programme plays in bringing together key stakeholders to ensure coordination, leverage resources and expertise, and build accountability mechanisms for addressing FGM, the programme supports engagement between the government and civil society, especially CSOs representing young people. In 2018, the Joint Programme supported capacity-building for the Government of the Sudan in participatory and consultative approaches for engaging with civil society on policies and programmes related to FGM, which resulted in the

KEY ACCOMPLISHMENTS

FIGURE 1.5

Number and Proportion of Tier 1 countries with national FGM data, national coordinating body, and annual review of FGM programmes



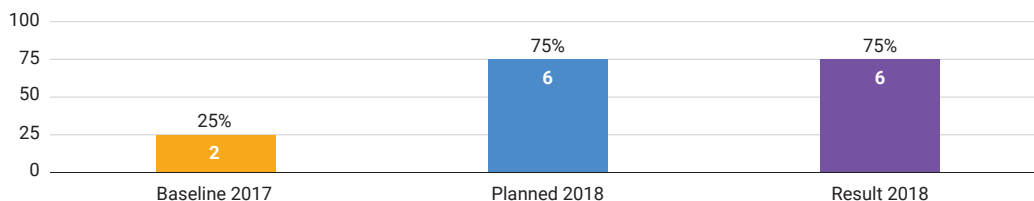
Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

expansion of CSO membership, from three to six members, on the National Task Force on FGM and Child Marriage. In Senegal, the Joint Programme supported youth training in advocacy techniques and communication tools, which led to the development of a memorandum for state authorities with recommendations for eliminating FGM.

In 2018, a total of 11 CSOs and young people's networks in five countries (Burkina Faso, Djibouti, Nigeria, Senegal and the Sudan) produced annual progress reports providing recommendations for the elimination of FGM, which were shared with policymakers (see Figure 1.6). The number of countries supporting the development of annual progress reports by CSOs more than doubled in 2018 compared with 2017. This is a result of the Joint Programme's technical capacity strengthening for CSOs and youth networks in cultivating partnerships, improving coordination, conducting evidence-based advocacy for programming, and resource mobilization.

FIGURE 1.6

Number and Proportion of Tier 1 countries where civil society organizations and young people's networks produced annual progress reports with recommendations for the elimination of FGM presented to policymakers to influence policy direction and implementation



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.



@ Luca Zordan for UNFPA, Egypt

OUTCOME 2

Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM

Communication for Development in support of FGM abandonment

In seeking to shift social norms in support of FGM abandonment, the Joint Programme employs the UNICEF Communication for Development (C4D) approach to social and behaviour change communication. Part of the approach is the assumption that facilitating social and behavioural change, in this case for the abandonment of FGM, is more likely to be successful if individuals hear mutually reinforcing messages from a variety of communication channels over time, with messages that resonate with their reality. Communication channels used by the Joint Programme vary from country to country and can include: interpersonal communications; mass media, such as television, radio, print and social media; and performing arts, such as music, poetry, dance and theatre. The use of communications in the Joint Programme is to present stories about alternative social norms that resonate with target audiences so they understand that people who in many respects look and think like them are taking the decision to abandon FGM.

In Senegal, the Joint Programme continued to support #TouchePasAMaSoeur (Don't Touch My Sister), a communication campaign targeting youth. In 2018, popular Senegalese musicians performed music for youth audiences, including Amadou Ndong who performed a poetry slam – a type of poetry that reflects social commentary and is typically accompanied by hip-hop music. Ndong's poem, which was filmed and uploaded on Facebook, highlights the harmful consequences of FGM and calls for the implementation of Law No. 99-05 that criminalizes FGM in Senegal.

In Egypt, the Joint Programme produced docudramas that will be used by religious leaders as an entertainment and education tool to harmonize messages at the local and national levels, and launched the 360-degree Edutainment Programme which combines inclusive community-based awareness-raising campaigns using television, radio and social media coupled with on-the-ground community mobilization activities, such as peer education facilitated by youth and community leaders and educators.

Strengthened girls' and women's assets and capabilities to exercise their rights

In Phases I and II of the Joint Programme, support for shifts in social norms focused on structures or institutions such as policies and legislation as well as services, and community-level change processes. In Phase III, in seeking to transform gender norms, the Joint Programme is strengthening its focus on building girls' and women's agency to claim their rights. The Joint Programme mainstreamed FGM or introduced asset- and capability-building packages for in- and out-of-school girls, primarily through girls' clubs that empower girls by giving them the opportunity to develop different competencies through comprehensive sexuality education programmes, training in human rights, Alternative Rites of Passage (ARP), professional development training and life-skills training. A key objective in building girls' assets is supporting them to be agents of change in their communities in support of FGM abandonment. The Joint Programme supports women-led income-generating activities (IGAs) with the aim to improve livelihoods, expand women's networks, build self-confidence, and increase their participation in decision-making processes at the household and community levels.

In Ethiopia, the Joint Programme reached 3,960 adolescent girls in the Afar Region through community dialogues about harmful practices facilitated by adolescents who had received training from the programme. In Kenya, 1,600 girls participated in the ARP programme that celebrate a girl's life transition into womanhood

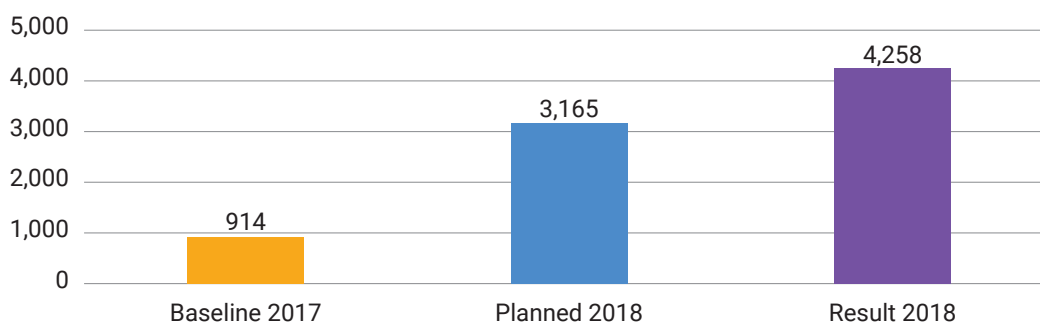
through public ceremonies that do not involve FGM. Under the ARP programme, girls participated in school clubs, school-based exchange programmes, child-led community dialogue sessions with children, community outreach sessions, and life-skills and mentorship programmes.

In Kenya, 22 Sanchawa women in Kuria participating in community dialogue sessions participated in IGAs and set up a savings group, along with 27 girls who have not undergone FGM, saving approximately US\$2,500. During a monitoring visit, the women were lauded by their families for earning incomes that led to improvements in housing and nutrition, and money to pay for school fees for their children. The women also claimed increased decision-making in their households which led to 27 girls being saved from FGM. Given that the intervention proved to be a promising practice, the Joint Programme is supporting the Sanchawa women in setting up and leading similar IGAs in five neighbouring villages.

The Joint Programme managed to exceed its target in the number of communities where girls completed a capacity-development package (which, depending on the context, may include a comprehensive sexuality education programme, training in human rights, ARP, professional development training and life-skills training) that enables them to advocate for their rights, including the elimination of FGM (see Figure 1.7).

FIGURE 1.7

Number of communities where enablers of social norm change are in place: girls become change agents after completing a capacity-development package, Tier 1 countries



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

Crowning Nigeria's most powerful frowns

Ola Oluwatosin was beaming as she crossed the stage to accept her award in November 2018, before an audience of some 1,200 people, mostly young, assembled in an auditorium at the University of Lagos.

Her bright smile belied the nature of her distinction: as the winner of Nigeria's Frown Challenge, Ola was being acknowledged for the power of her frown, a frown directed squarely at FGM.

The award, she says, has given her a stronger platform from which to advocate against FGM in her home in Oyo State, which still has one of the highest rates of FGM in the country.

In the audience of the Frown Award was Erelu Bisi Fayemi, wife of the governor of Ekiti State, who was honoured for her role in helping to pass the 2013 bill in the state against gender-based violence, which specifically calls out FGM. The crowd also included representatives of various media, women's and men's groups, as well as teachers, health workers and community leaders – people from the many sectors of Nigerian society who are engaged in changing the social norms around FGM.

The award ceremony was the culmination of the first season of the wildly successful Frown Challenge. It was complemented by an advocacy training session, the showing of a

documentary on ending FGM in Nigeria and a discussion session. During the ceremony, the many community service organizations that have been working on the issue received recognition, as did all of the other 11 monthly finalists.

Since her coronation, Ms. Oluwatosin has been organizing dialogues in her community in Ibadan City in Oyo State, working especially with mothers and grandmothers who

she says are the main influencers on whether or not young girls experience FGM. When people in

her community call her 'the Frown Ambassador', she says she is quick to explain the story behind her expression – a strong distaste for FGM.

Culmination of a year of wide participation and visibility

The Frown Challenge, created by the Joint Programme and its dynamic team of social media advocates, was launched on 8 May 2017. It encouraged Nigerians to post a frown photo, along with authentic thoughts about FGM, on Twitter or Instagram. Each month, a winner of the 'most powerful frown' is selected based on 'likes' from viewers, as well as the acceptability of their message as decided by the social media team at www.endcuttinggirls.org.

An acceptable message, the website states, is one that talks about FGM without being rude, judgemental or blaming a particular sector of society, religion or ethnic group. Each monthly winner receives a certificate of recognition, an opportunity to be trained as a social media advocate against FGM and a chance to represent their powerful frown at the grand finale.

The Lagos Metropolitan Area Transport Authority helpfully supported the campaign, allowing 'frown photo booths' at public transport stations across the city. The participation of well-known Nigerian personalities and models stimulated wider participation. With



Funke Akindele, an A-list Actress in Nigeria participating in the Frown Photo Campaign. © EndCutting Girls Campaign

participants providing the content, and social networks amplifying the message, the campaign cost very little to implement.

A broad yet targeted reach

Within six months of its May 2017 launch, the campaign had reached more than half a million Nigerians and engaged 30 celebrities and participants from around the world. The campaign has been so successful that Nigeria's team of social media advocates are well into Season 2, with plans to scale up to a global audience.

The campaign is reaching a critical audience: Nigeria is home to 20 million girls and women who have already had FGM, one tenth of the global total. Another 10 million Nigerian girls are estimated to be at risk of FGM in the next decade. The social media networking is particularly tailored to a country with a large young population – 44 per cent of Nigeria's 200 million people are under age 15 – with strong penetration of mobile phone. Followers of the campaign are overwhelmingly aged 18–34 years, the years during which they are most likely to bear children. In Nigeria, girls are typically subjected to FGM at a very young age, so reaching new parents is important.

Collecting stories of survivors

Over its first season, the campaign garnered widespread visibility, action and stories. It has generated a digital archive of hundreds of testimonies that give clarity and nuance to the many forms of misery caused by the practice. The Frown Challenge platform allows survivors a public

but non-threatening space in which to share their unique, and often uniquely horrendous, experiences with FGM. Like the global #MeToo campaign, which empowers women to come forward with stories of sexual abuse, the Frown Campaign helps de-stigmatize discussion of this intimate issue. "It helped me to express myself more," says Ola.

As the organizers explain, "the Frown Campaign empowers people who may be shy to come out openly on the Internet to share their experiences with FGM. As people speak out on this platform, more people become aware that FGM is still being practised. Innocent parents are aware of why they have to protect their children against FGM."

The testimony of one monthly winner, for example, told how confused she was about her own lack of sexual responsiveness, until she discovered its roots in the FGM she had been subjected to as a child.

Another finalist, Akande Adeola of Ekiti State, wrote about the agony of trying to urinate following the procedure. "It is like an open wound rubbed with salt or hot chili. And then you realise your wee is not coming out the way it used to come ... You have a psychological block because the only thing you associate with that part of you is pain. The other part is trauma."

And the December finalist, Anthonia Negedu of Lagos, shared her pain and sense of violation: "No injections to ease the pain. The traumatizing pain that left you numb



Ola Oluwatosin, winner of the Frown Challenge Campaign

for the rest of your life. Slicing off my precious parts. I lost my precious jewel. I lost ME."

Matching the social context of FGM in Nigeria

The diversity of testimonies collected by the Frown Challenge matches the Nigerian social context, where the practice itself, the social dynamics surrounding it and the justifications for FGM vary widely from one community to the next. As participants share their different experiences, the online community is engaged in exchange of knowledge and ideas, and is learning new reasons why FGM must be abandoned.

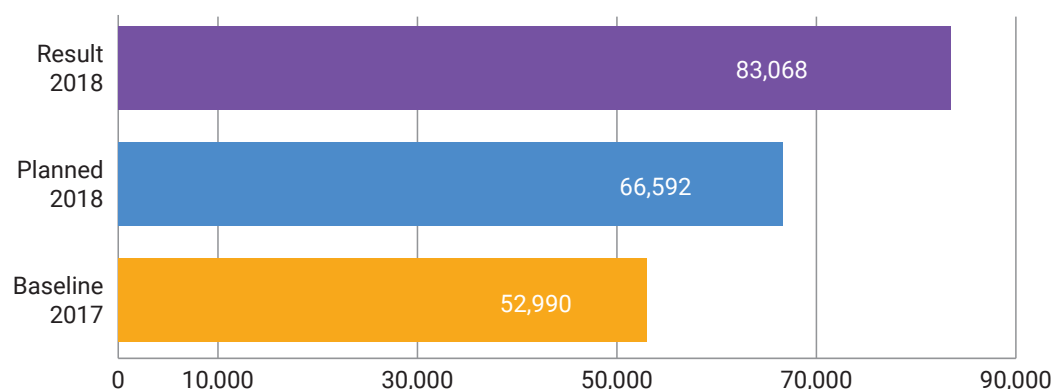
With Nigerians supplying the content on free platforms, the campaign is an extremely cost-effective and targeted modality of social change. And the frown itself, with its automatic association with disapproval or distaste, has become a signifier, a kind of branding, for the changing social norm around FGM in Nigeria.

KEY ACCOMPLISHMENTS

The Joint Programme exceeded its target with 83,068 girls benefiting from asset- and capability-building packages (see Figure 1.8). This was a new indicator that was introduced in Phase III. As a result, the baseline and target numbers were estimates, not based on previous experience in monitoring the number of girls targeted by capacity-development interventions.

FIGURE 1.8

Number of girls in Tier 1 countries that benefited from a capacity-development package



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

Increased engagement of men and boys on changing social and gender norms

As part of the Joint Programme's efforts to sustainably influence and change social and gender norms, men and boys are actively engaged in interrogating and challenging power dynamics in their own lives, as well as in their communities and societies more broadly. The Joint Programme expanded and replicated interventions that were identified as promising practices, including men and boys facilitating education sessions and community dialogues, peer-to-peer awareness-raising about the harmful consequences of FGM, as well as youth participation in information and awareness campaigns involving mass and social media and popular culture, such as music and interactive theatre.

Through the Joint Programme's partnership with the MenEngage Alliance, networks and coalitions engaged men and boys in gender equality and the elimination of

FGM, including stopping the medicalization of FGM. Through the use of various interventions to promote positive masculinity and improved health across the community, networks and coalitions were introduced and expanded in five countries: Burkina Faso, Ethiopia, Kenya, Nigeria and Senegal. Men's and boys' networks and coalitions actively advocated for the elimination of FGM in 108 Joint Programme intervention areas exceeding the target for 2018 (see Figure 1.9). Given that this was a new indicator, the baseline and planned target numbers were estimates rather than interventions that had been tracked in previous years.

Enablers of social norm change

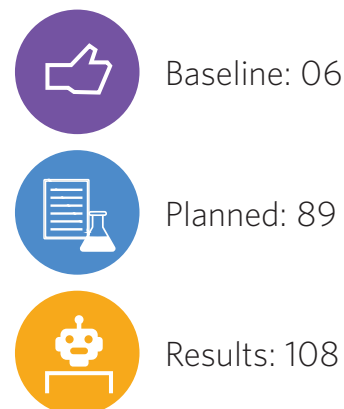
As previously stated, respected members of the community, including religious and community or traditional leaders, can play a key role in achieving community buy-in for the abandonment of FGM. The Joint Programme slightly exceeded targets on religious leaders and community or traditional leaders as enablers of social norm change (see Figure 1.10).

Public declarations of FGM abandonment

The Joint Programme supports change of social norms through interventions that target and empower communities to critically reflect on FGM as a violation of girls' and women's rights and explore the benefits of FGM abandonment. Opinion leaders and role models, such as community and religious leaders, play a pivotal role in catalysing norm change by taking a public position in calling for the elimination of FGM. Education sessions, community dialogue, value deliberations and organized diffusion of information about alternative social norms that keep girls and women complete, without FGM helps communities work towards reaching a 'critical mass' and agree to participate in a collective public declaration of FGM abandonment to amplify the change of norm.

FIGURE 1.9

Number of Joint Programme intervention areas where men's and boys' networks and coalitions actively advocate for the elimination of FGM, in five countries*



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

* Burkina Faso, Ethiopia, Kenya, Nigeria and Senegal

Rapping for change in Senegal

In a video that has been viewed 52,000 times (and counting), Baaba Maal, the Senegal superstar singer, raises his distinctive voice against FGM.¹ The setting is humble – a makeshift outdoor arena in the northern part of the country, a hand-held microphone and a rudimentary sound system playing the lilting sounds of the 21-stringed kora. A couple of hundred people, mostly women, sit in folding chairs under tarpaulins for shade. But Baaba Maal looks almost radiant, his sky-blue boubou flowing to the dusty ground. And when he sings in defence of the rights of women and girls, as he often does, his power shines through.

Maal's music fuses traditional African music with elements of pop, jazz and reggae. The result has such widespread appeal that it served as the score for the 2018

Oscar-winning blockbuster movie, *Black Panther*. In some of the most dramatic sequences of the film, Maal's spirited vocals soar above the magical African country of Wakanda. In his advocacy work against FGM, Maal also makes room for rap and slam artists, genres that have been picked up by Senegalese young people as a force for change. Opening hearts and minds across generations

Maal typically performs and records in Pulaar, a dialect spoken by almost 4 million people across the continent. Thus his reach, both linguistic and emotional, is broad: With songs like 'Cri de Cœur' ('Cry of the Heart', which has been viewed about 33,000 times on YouTube alone),² he denounces violence against women and girls, making a compelling case for rejecting FGM and other forms of cruelty. Like his role models, the griots, he packages important messages through stories and melodies.

Across West Africa, the griots – a kind of historian/troubadour/storyteller/entertainer – play an important role in keeping alive local narratives and cultural traditions. Throughout the continent, this tradition is being used to spread opposition to FGM.

Music clearly resonates with the Senegalese regardless of whether they are rural or urban, wealthy or poor, man or woman. It can sometimes dislodge rigid or traditional cultural constructs by speaking directly to the emotions and touching the soul. The songs can be compelling, memorable and often haunting. Despite the harsh realities the lyrics describe, the music can give them an uplifting quality, perhaps because they also reveal, or galvanize, an emerging consensus to end the pain.

"Language is a weapon," Maal has said. "I'm not using it to destroy but to build bridges and bring people together. I am a messenger of the people, so everyone's voice can be heard."

A mash-up of old and new

At one point in his arena performance, Baaba Maal stops singing and raises his hand to encourage another voice, a young man rapping against the injustice of FGM to an insistent beat. In the video version of 'Cri de Cœur', as well, a slam poet is also given the microphone.

This mash-up of musical styles, cadences, words and beats parallels the Joint Programme's approach to ending FGM in Senegal and West Africa: The task is multigenerational



Baaba Maal. Photo © UNFPA Senegal

1 <https://www.facebook.com/unfpasenegal/videos/879491552226519/>

2 <https://www.youtube.com/watch?v=XrWABcEinrA>

and multipronged. Getting through to the younger generation in a way they can really hear is particularly important in this country, where 43 per cent of the population is under age 15. Thousands of young Senegalese are using the edgy and verbally sophisticated musical genres of rap, hip-hop and slam poetry to express their creativity, frustrations and dreams of a better life. And the Joint Programme is taking full advantage of this medium, which in Senegal is also associated with political and social change.

The Joint Programme's partnership with Parole Aux Jeunes (Youth Talk) has been especially successful in this regard. This youth-led group created the long-running, effective #TouchePasAMaSoeur (Don't Touch My Sister) campaign, which mobilizes people from all walks of life against both FGM and child marriage. Each year during the annual campaign against gender-based violence, hundreds of photographs of celebrities (Baaba Maal among them), officials, politicians and ordinary women, men, youth and children posing with banners warning "Don't Touch My Sister" are posted on Twitter, Instagram and Facebook.

Finding creative ways to reach out to law-makers

In 2018, Parole Aux Jeunes also produced, along with a more formal report with recommendations, a Mémorandum Slammé (Slam

Memorandum) video for state authorities.³ These messages to law-makers, with their distinctly different styles, were created following an advocacy training organized by the Joint Programme for 30 young leaders from three districts where FGM remains prevalent.

The Slam Memorandum uses hip-hop to get the attention of law-makers (and others). In it, Amadou Ndongo, a young rapper and founder of Slam News, lays out the issue of FGM very directly. As he raps, leaning against the trunk of a tree, he writes and flips through a series of posters that present the statistics and harmful consequences of the practice. He refers to FGM as an outdated practice, but one that persists against a backdrop of silence. He asks law-makers to listen to the voices of youth and talks about his dream of ending FGM, referencing Martin Luther King Jr. The memorandum also calls for the implementation of the law banning FGM, which is rarely enforced. The young people plan to continue their advocacy on this subject by challenging candidates in the next hotly contested presidential election to gauge their support for FGM abandonment.

Many kinds of entertainment, including rap and slam poetry, are



Mémorandum Slammé video

also featured in the youth caravans that target the border areas of Senegal, where FGM prevalence rates tend to be high and where girls are often transported to avoid arrest. The caravans include a dedicated team of young actors, musicians and social advocates who typically spend a full day in small towns. After fanning out across the community for outreach activities during the day, they then take their message against FGM to an evening performance, as shown in another video shared on social media.⁴ A crowd gathers as the presentation unfolds, and they roast maize (corn) over an outdoor fire for snacks. A slim rapper, who goes by the name of Milk Gun, wears the universal rap uniform, a backwards baseball cap and shades, his expressive hands working overtime.

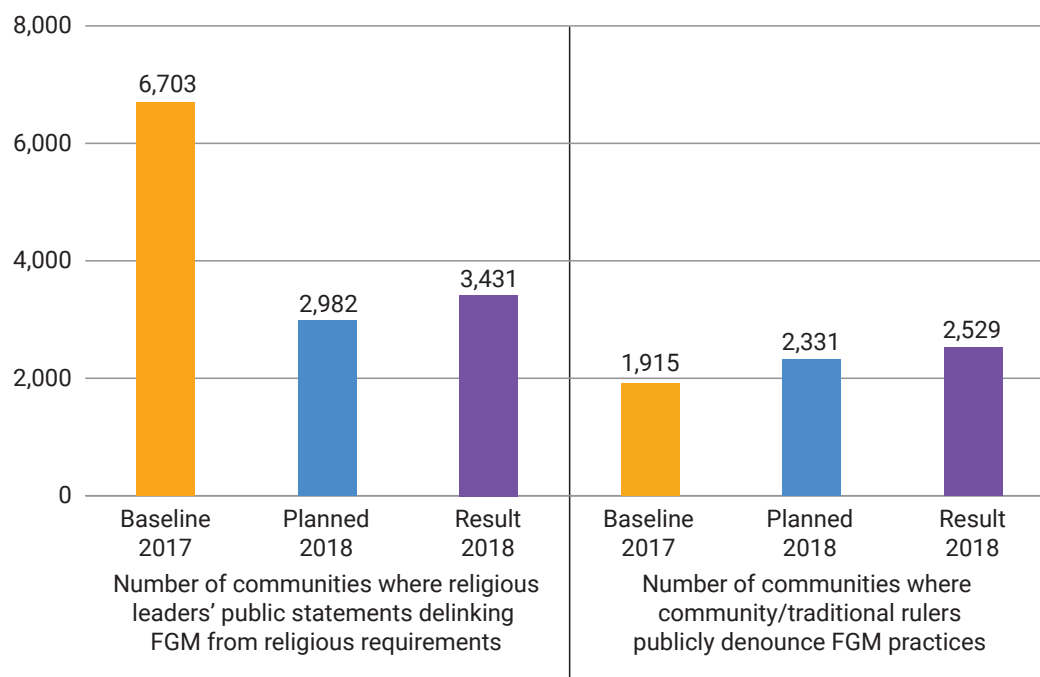
3 <https://www.facebook.com/watch/?v=1805705936208325>

4 <https://www.facebook.com/laparoleauxjeunesdumonde/videos/227906394544697/>

KEY ACCOMPLISHMENTS

FIGURE 1.10

Number of communities where enablers of social norm change are in place: religious leaders' public statements delinking FGM from religious requirements; and community/traditional rulers publicly denounce FGM practices, Tier 1 countries



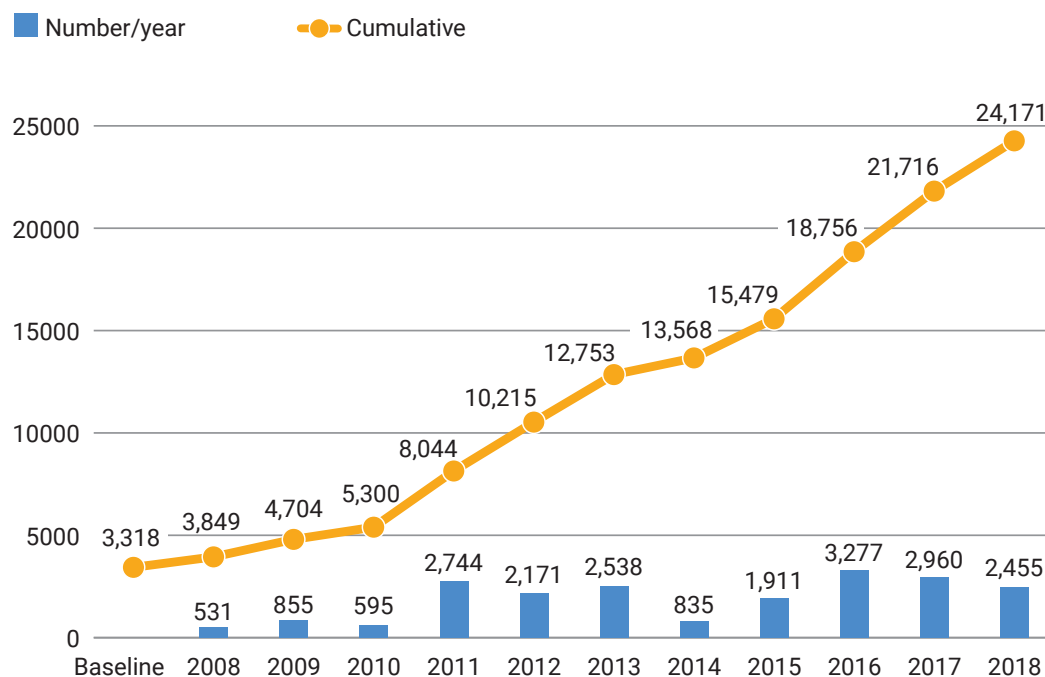
Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

In 2018, some 2.8 million people in 2,455 communities across all eight Tier I countries participated in public declarations of FGM abandonment (see Figure 1.11). Figure 1.11 provides the cumulative number of public declarations of FGM abandonment made from the launch of the Joint Programme in 2007 to Year 1 of Phase III (2018), showing the continued progress being made by working with communities to shift social norms in favour of FGM abandonment. Since Phase I, the Joint Programme has supported 20,853 communities to publicly declare that they have abandoned the practice of FGM. Nowadays, a cumulative number of 24,171 communities have made public declarations of abandonment of FGM.

FIGURE 1.11

Number of communities that have made public declarations of FGM abandonment per year and cumulative number



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Post-public declaration community surveillance

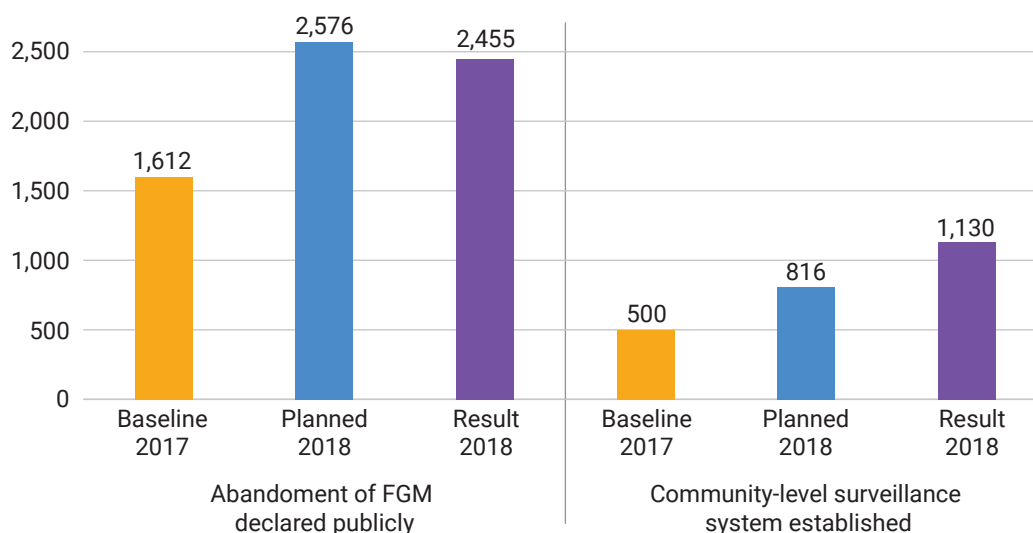
Building on a gap identified in Phase II in post-public declaration community follow-up and support, in 2018 the Joint Programme worked towards establishing or strengthening post-declaration mechanisms such as community-level surveillance systems, child protection committees, and support networks for vulnerable girls. Depending on the country context, post-public declaration mechanisms have included support from community leaders, women's or youth groups, social workers or law enforcement for service referrals and reporting cases of FGM for prosecution where laws exist criminalizing FGM.

KEY ACCOMPLISHMENTS

Slightly less than half (46 per cent) of the total number of communities that made public declarations of FGM abandonment established community-based surveillance to monitor compliance with their commitments (see Figure 1.12). While the Joint Programme fell slightly short of meeting its target for establishing community-level surveillance mechanisms for monitoring and reporting cases of FGM, the number of communities with surveillance mechanisms tripled compared with 2017. The Joint Programme will continue to make a concerted effort to ensure communities are supported following public declarations of FGM abandonment.

FIGURE 1.12

Number of communities that made public declarations of abandonment of FGM, and number of communities that made public declarations of abandonment of FGM that have established a community-level surveillance system to monitor compliance with commitments made during public declarations, Tier 1 countries



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.



@ Luca Zordan for UNFPA, Egypt

OUTCOME 3

Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care

Improved availability and quality of FGM services in Joint Programme intervention areas

Through extensive work with governments and civil society, the Joint Programme ensures girls and women at risk of and affected by FGM can access quality, comprehensive services for prevention, protection and care. Comprehensive services are multisectoral and include health-care, education, police and justice services, and social services, as well as a system that can effectively coordinate comprehensive service delivery. Services can also contribute to promoting positive social norms that keep girls and women healthy and complete. In 2018, the Joint Programme worked with government ministries in all eight Tier 1 countries to deliver high-quality service competencies and skills of service providers through pre-service and in-service training. A range of service providers received training, including health-care professionals, teachers and school administrators, law enforcement, social workers, and prosecutors, to ensure that services are responsive and appropriate.



© GBELL for UNFPA Tanzania

In Ethiopia, 210 service delivery points received capacity-development support from the Joint Programme to provide quality prevention and response services for girls and women on handling cases of FGM, child marriage and other types of violence, as well as strengthening the tracking and reporting system and linkages to service providers. The Joint Programme provided training to 940 staff from 309 service delivery points composed of prosecution, courts, police, militia and the community surveillance mechanism. These services are key for case processing and for providing legal counselling and aid.

In Kenya, the Joint Programme trained service providers including 2,140 men and 2,320 women on overall child protection, prevention of FGM medicalization, gender-based violence, basic psychosocial support, case management, child-friendly case recording, evidence preservation, prosecution and referral pathways. As indicated in some of the community dialogue sessions, there are improved relationships, reception and demand for FGM-related services at the police 'child and gender desks', and health service points.

The Joint Programme exceeded its targets for numbers of girls and women accessing health, social and legal services (see Figures 1.13–1.15). This can be attributed to the Programme's continued emphasis on comprehensive support services so that the needs and rights of girls and women at risk of or affected by FGM are met.

FIGURE 1.13

Number of girls and women who received health services related to FGM, including prevention services, Tier 1 countries

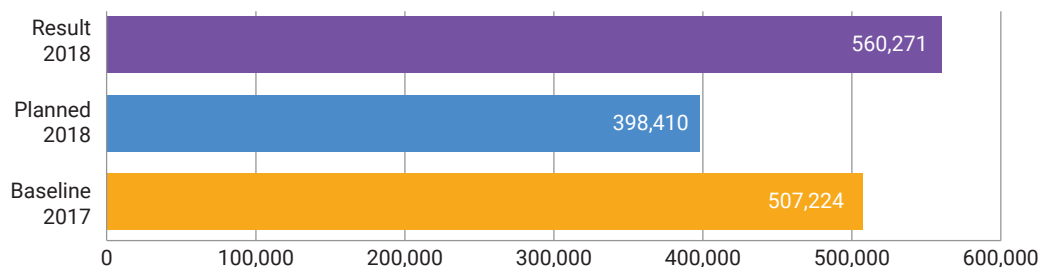


FIGURE 1.14

Number of girls and women who received social services related to FGM, Tier 1 countries

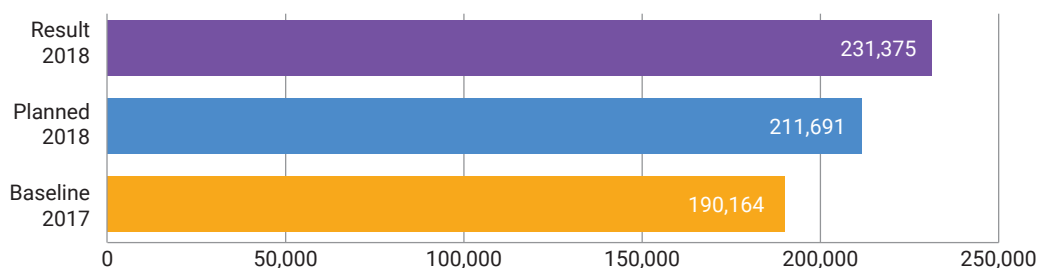
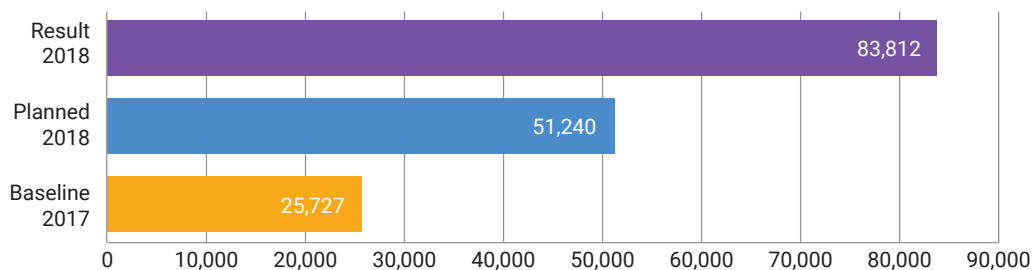


FIGURE 1.15

Number of girls and women who received legal services related to FGM, Tier 1 countries



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

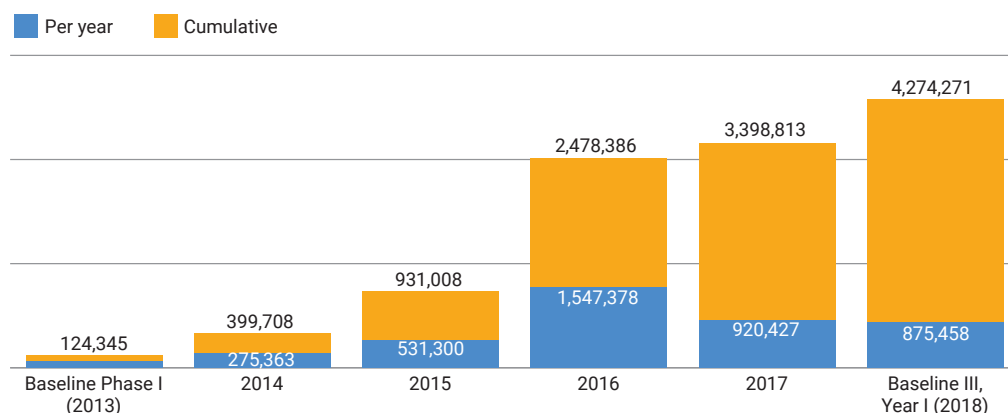
Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

KEY ACCOMPLISHMENTS

In 2018, 875,458 women and girls received health, social and legal services related to FGM, bringing the total number of girls and women who received services since Phase I to 4,274,271 (Figure 1.16).

FIGURE 1.16

Number of girls and women who received health, social and legal services related to FGM per year and cumulative number



Source: UNFPA-UNICEF Joint Programme database, 2018

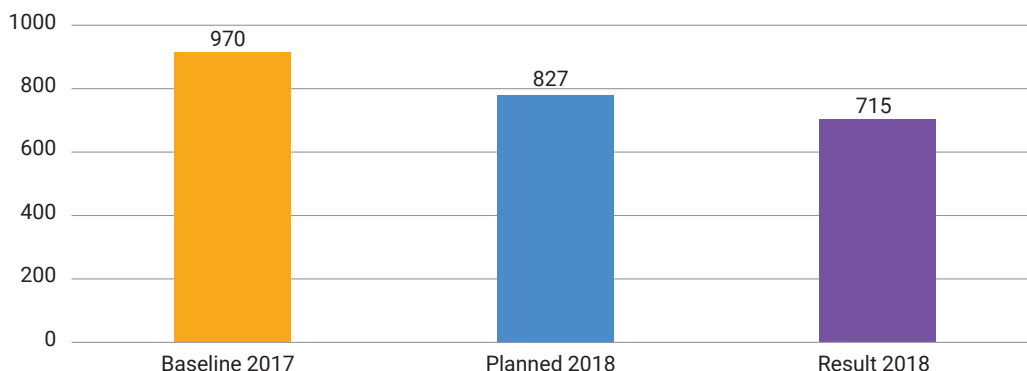
As part of the Joint Programme's efforts to integrate FGM services into broader health-care systems, capacity-building in FGM prevention, protection and care, and the application of FGM case management protocols is provided to staff at health service delivery points. The Joint Programme was slightly below its targets in this area, which can be attributed to context-specific factors such as public health emergencies and changed political situations resulting in a shift of priorities (see Figures 1.17 to 1.19).

Existence of a cadre of advocates among FGM service providers, including social workers, teachers, midwives, nurses and doctors

Recognizing that service providers are also subject to social norms that sustain FGM as a practice, in all eight Tier I countries the Joint Programme mainstreamed FGM into training programmes for service providers to improve their knowledge and skills related to the harmful practice, as well as to empower social workers, teachers, midwives, nurses and doctors to serve as community role models, counsellors and advocates who champion the elimination of FGM.

FIGURE 1.17

Number of health service delivery points in Joint Programme intervention areas that provide FGM-related services to girls and women, Tier 1 countries

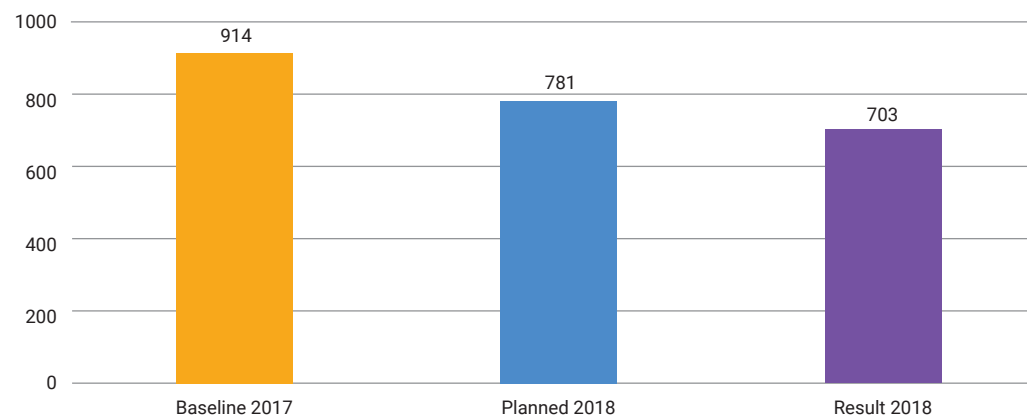


Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

FIGURE 1.18

Number of health service delivery points in Joint Programme intervention areas where at least one health-care provider is trained in FGM prevention, protection and care services, Tier 1 countries



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

Challenging the medicalization of FGM in Egypt

Although she grew up in Upper Egypt at a time when FGM was practised on nearly all girls, Dr. Eman Hashim, now 37, was spared.

Her mother had suffered so badly from the procedure that she refused to put her daughter through it. “She was cut twice. It was quite traumatic so she fought my father on it.”

That was before FGM was officially banned in Egypt. That ban was enacted a few years after the 1994 International Conference on Population and Development (ICPD) in Cairo rocked the world with its powerful messages on reproductive health and rights. However, a loophole that allowed for “medically necessary circumcision” to be performed in state hospitals was only eliminated in 2008. This questionable loophole – FGM is never medically necessary – gave doctors legal cover to continue the practice.

The good news is that FGM, once almost universally practised in Egypt, is declining. More than 92 per cent of ever-married women aged 15–49 in Egypt have undergone FGM, compared with only 61 per cent of girls aged 15–17 years, according to the 2014 Demographic and Health Survey (DHS). The prevalence is believed to be significantly lower still among younger girls.

Medicalization on the rise

The bad news is that medicalization of the procedure is on the rise, with

more than 80 per cent of FGM now being performed by medical professionals, including doctors and nurses.

Part of the problem seems to be the continued taboo about frank discussion of female sexuality. The subject of FGM was not raised throughout her many years studying public health and gynaecology, said Dr. Hashim, who has worked with UNFPA in Upper Egypt on gender-based violence (GBV) including FGM. “There was a course in sexology,” she recalls. “But it was not well respected. It was more for the ‘bad girls and boys’.”

The relationship between FGM and female sexuality is rarely discussed even among female doctors, she added. “They don’t know about their own bodies – medical graduates! I used to have some assumption that they would know more, but they know nothing.” She said she had to explain to a colleague that her lack of sexual responsiveness was likely related to FGM.

Breaking the silence in medical schools

The Joint Programme, along with Egypt’s National Council on Population, has been working to change this situation. In 2017, after years of lobbying and developing an appropriate curriculum to end FGM, the Supreme Council of Universities granted approval to integrate FGM into the curriculum. After being piloted in several universities, work is ongoing to mainstream the curriculum throughout the country’s

medical education programmes. “It’s a start,” said Dr. Hashim.

Dr. Mostafa El Sheikh, who graduated from medical school just three years ago, said he, too, had learned “very, very little about FGM” in his courses on obstetrics or internal medicine. His knowledge about FGM-related complications came from training with UNFPA and other non-governmental organizations, as well as from his clinical practice in Upper Egypt, where FGM remains widespread, despite legal sanctions against it.

In Upper Egypt, doctors try not to perform FGM, as they don’t want to lose their licences, he said. But he pointed to a tacit understanding that the nurses working for them will do the procedure. “The doctors accept for the nurses to do it,” he said. “They don’t stop it.”

It has become harder to find doctors who perform FGM in Cairo, both doctors reported, unless one knows where to look. “In Cairo, it is strictly ‘under the ladder,’” said Dr. Hashim. FGM is performed in secrecy, possibly after hours, with cash payments, often in the more marginalized parts of the city. But in Upper Egypt, custom and the opinion of others in one’s community hold more sway than the law, she said, and it is not hard to find a willing medical practitioner.

Both doctors said that problems associated with FGM are now

well known throughout Egypt. To emphasize this point, the health cards issued to all newborn babies now carry anti-FGM messaging. Stronger legal sanctions against FGM Stronger penalties against FGM were enacted in Egypt following the death of a 13-year-old girl who underwent the procedure in a rural hospital in 2013. Many were outraged that the doctor, the first ever to be convicted of performing FGM, was released after serving only three months in jail.

As a result of intensive advocacy and lobbying, in August 2016, FGM was elevated from a misdemeanour to a felony, with penalties ranging from five to seven years, or up to 15 years if the practice leads to death or permanent disability. In addition, any person who accompanies the girl to undergo the procedure could receive a sentence of one to three years in prison.

However, the strict new penalties are set against continued social tolerance for FGM, as underscored by the case in 2017 of a 12-year-old admitted to a hospital for treatment of severe vaginal bleeding following FGM performed by a doctor at a public health clinic in a rural village.

The FGM Task Force expressed shock that the doctor and father were initially released. According to its press statement, “the release of the doctor sends a tacit message of encouragement to all other doctors who perform FGM and allows him the opportunity to

flee the jurisdiction to avoid legal accountability, as we have seen in similar cases.” The statement also said that “disregard for the social aspects of the practice leads to continued laxity in enforcement of the law and impunity for perpetrators of this crime.”

A fatwa issued in May 2018 by Egyptian Dar Al-Iftaa is a step in the direction of changing the social norms surrounding FGM. The fatwa stated that FGM is forbidden due to its harmful effects on the body. “This act has no religious origin,” the ruling said. “It only dates back to inherited traditions and customs.” Work to get religious leaders to speak out against the practice has been a key strategy of the Joint Programme since its inception.

Medicalization undermines real progress

The Permanent Representative of Egypt to the United Nations speaking at a United Nations panel, said he has heard of doctors taking on FGM patients out of a sense that if they don’t do it, it will be done by someone less qualified. The doctors claim to make only a minimal cut, with the aim of satisfying the parents, without harming the girls.

But that is counterproductive, according to Joint Programme experts. “When performed in a clinical setting, FGM violates medical ethics and may confer a sense of legitimacy to FGM or give the impression that it is without health consequences,” said

Nafissatou Diop, coordinator of the Joint Programme. “It can undermine efforts towards abandonment.”

Having integrated FGM into the medical curriculum, and succeeded in strengthening the law against it, the UNFPA–UNICEF Joint Programme has more recently emphasized enforcement. In 2018, some 360 prosecutors were trained on GBV. In collaboration with the Ministry of Justice, specialized professionals in the justice system learned how to handle cases with child victims, including survivors of FGM. Training was also provided by the Joint Programme to 175 judges and 18 social workers on how to implement children’s law and the laws criminalizing FGM. The Joint Programme also supported an effort to activate child protection committees and strengthen their coordination with public prosecutors.

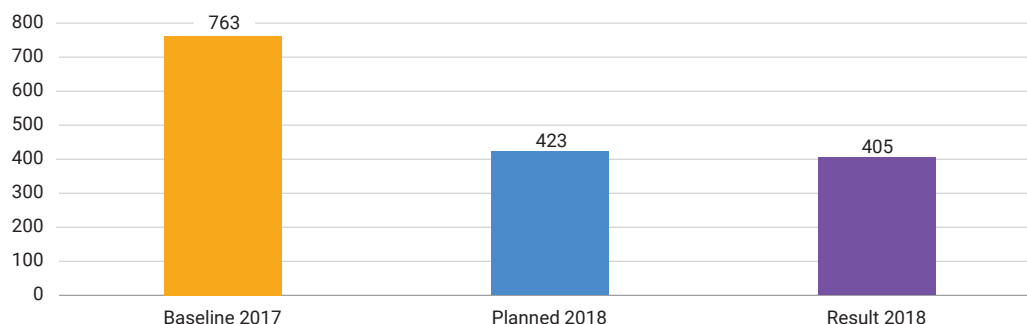
A rigorous, peer-reviewed study from 2013¹ suggests that the real answer to ending FGM in Egypt may lie in the demand side of the equation and the intergenerational impact of girls’ education. Analysis of the available data showed that a mother’s educational attainment, along with her economic status, may be the most important factor in whether a daughter is spared or not. Because Egyptian girls are usually subjected to FGM by age 12, the analysis said investments in girls’ education may have had echo effects on girls’ FGM risk a generation later.

1 <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-921/open-peer-review>

KEY ACCOMPLISHMENTS

FIGURE 1.19

Number of health service delivery points in Joint Programme intervention areas where health-care staff apply FGM case management protocols, Tier 1 countries



Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

Note: There are eight Tier 1 countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan.

In Burkina Faso, the capacity of service providers was strengthened with the integration of FGM prevention in other sectors such as health and education. The Joint Programme's efforts reached more than 12,600 service providers in health posts, schools, youth centres, mosques and mahadras (Islamic schools). Sixty-two midwives in the Centre-Ouest region (Boulkiemdé, Sanguié, Sissili and Ziro) and 75 social workers from the Centre region participated in conferences organized by the Joint Programme to raise their awareness about their roles in promoting the elimination of FGM. Two statements of commitment were signed by the members of these professional associations to promote the abandonment of FGM in their respective localities.

In partnership with the Centre for Population and Reproductive Health, College of Medicine, University of Ibadan in Nigeria, 13 medical professional associations signed a declaration stating that medicalization of FGM is unethical. The 13 medical associations committed to establishing surveillance systems to track health-care professionals who violate the declaration.



Participants at the technical session during the International Conference on FGM in Burkina Faso. © UNFPA Burkina Faso

OUTCOME 4

Countries have better capacity to generate and use evidence and data for policymaking and improving programming

Measuring results in the Joint Programme

In 2018, the Joint Programme developed the Results-Based Management and Learning Guide to facilitate global progress reporting while taking into consideration the local socio-political and cultural context, service delivery capacities, and progress in changing social norms towards the abandonment of FGM. The guide supports a participatory process involving stakeholders in adapting the global theory of change and results framework into context-specific results statements, indicators, baseline and target information, and means of verification.

Improvements in country-level data collection and analysis

FGM data collection and analysis are essential parts of the Joint Programme's efforts in health, social protection and justice system strengthening. Data collection systems are specifically designed to support government planning, management and decision-making.

KEY ACCOMPLISHMENTS

FIGURE 1.20

Proportion of Tier I countries that have improved data and evidence-based equity and effectiveness programming in 2018



All eight Tier 1 countries reported using data and evidence to improve policies and programmes targeting FGM elimination



75% of countries reported having conducted researches, studies, in-depth analyses and evaluations on FGM



In all countries, the Joint Programme Interventions includes those areas “left behind” (vulnerable and marginalized) where FGM is prevalent (EQUITY)



All eight Tier 1 countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS)

Source: UNFPA-UNICEF FGM Joint Programme database, 2018.

In Senegal, the Ministry of Health was supported in the process of integrating FGM indicators into the health management information system (DHIS2). The reporting tools have been revised to include guidelines for health workers at the grass-roots level for reporting information collected in relation to FGM. In partnership with Georgetown University, in Washington, D.C., the Joint Programme is developing a methodological guide and community intervention tools to enhance the quality and impact of community interventions.

To measure the evolution of changes in community perceptions and attitudes, including the transformation of social norms, the Joint Programme set up the MALIKA Social Innovation Project in Mauritania. The MALIKA project, implemented in partnership with the National Office of Statistics, is expected to improve data sources and data analysis on FGM abandonment, and collect real-time data to monitor the implementation of activities for Phase III of the Joint Programme. In Ethiopia, the Joint Programme worked on partners' systems for administrative data collection, analysis and application, in particular the Bureau of Women,

Children and Youth and the Bureau of Justice in Afar and Southern Nations, Nationalities, and Peoples' regions. A data-flow mapping exercise was done for the Afar Region and reporting templates were reviewed to ensure they capture key indicators that address the data needs of the Government as well as other partners.

Supporting the development and analysis of national surveys

The Joint Programme provides technical guidance to governments conducting national surveys and plays a key role in analysing data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). In 2018, the Kenyan National Bureau of Statistics included indicators on social norms in the FGM section of the national and regional surveys conducted annually, which will ensure timely data that informs FGM programming.

In addition to providing technical support to conduct research projects analysing DHS data, the Joint Programme partners with key stakeholders to develop thematic studies, and guidelines in support of improved interventions related to policy and legislation, service provision or community-based change of social norms. In Ethiopia, UNICEF, with support from the Data and Analytics Section at UNICEF, conducted further analysis of the 2016 Ethiopia DHS (EDHS) data on FGM to understand the situation of FGM at the national and regional levels to inform programmatic and policy advocacy initiatives. The data covered include patterns and trends of FGM across regions, the observed annual rate of change, and required acceleration to meet national and global targets. Based on the findings of the EDHS further analysis, a statistical brochure on the situation of FGM in Ethiopia will be developed and disseminated in 2019.

With contributions from the Joint Programme, biomedical research protocols for measuring the prevalence of FGM in Burkina Faso were developed in consultation with Burkina Faso's Health Research Ethics Committee. The study is expected to be launched in 2019. Following consultations between the Permanent Secretariat of the National Council for the Fight against the Practice of Excision (Comité National de Lutte contre la Pratique de l'Excision), the National Institute for Statistics and Demography (Institut National de la Statistique et de la Démographie, INSD) and the Joint Programme, terms of reference were prepared in 2018 for the development of a thematic report on FGM and child marriage based on the results of the 2015 Continuous Multisectoral Survey (Enquête Multisectorielle Continue). The report will be issued by the INSD in 2019.

Mapping hot spots to help runaways from FGM

When Valery (*not her real name*) age 13, ran from an intolerable forced marriage in West Pokot, Kenya, she could have used a map.

Instead, she headed out with no clear sense of where she was going through scrubby forests, dry riverbeds and fields of maize. When recognized by neighbours, she said she was looking for her goats. By the time she reached safety, she had travelled for weeks, and covered hundreds of kilometres.

Valery hadn't been powerful enough to resist when three people held her down and cut her genitals, as a prelude to marriage to an older man who brought gifts to her family.

But she was strong enough and brave enough to seize an opportunity to leave when her husband's family left her alone one day.

That first day, she kept going until the sun went down, sleeping alone under the stars. At sunrise, she kept moving quickly, heading south through the steep terrain towards more settled areas.

She stayed for a few nights with one fairly well-off family who told her about the Morpus rescue centre and boarding school – even offered to take her there as it was still quite a distance away. But when a few days passed with no action, Valery set off again by herself. Eventually she reached the high school, and authorities there took her to the nearby rescue centre that took in girls running away to claim their rights.

Although Valery was not able to take advantage of it, an open-source mapping initiative, described below, is helping other rescue centres and girls in need of help to find each other.

A long and lonely journey

The assistant principal of the school reports that Valery is thriving at the centre, excelling in her studies. She is a star in a local dance troupe and is keen to become a role model and ambassador against FGM and child marriage. Still, after bravely recounting her journey in detail to a visiting group, she broke down, sobbing, head in hands, recalling the trauma.

According to several sources, Valery's story, while extreme, echoes the experiences of many other girls in the region who have also run away from FGM. In Kenya, as well as Uganda, the United Republic of Tanzania and other places where FGM typically occurs around puberty, girls are old enough to understand the harm caused by FGM and to mount resistance, although they are not always successful. Increasingly,

these young girls – at least the ones who are in school – understand the dangers of and laws against FGM and are empowered with a sense of their own human rights.

Some 1,000 centres and safe houses are believed to be in operation in Kenya to address the needs of desperate runaways. They were instrumental in the rescue of some 5,030 girls in 2018. Although these places are not an ideal or long-term solution to FGM, clearly they are filling a temporary need and serve as one prong of the Joint Programme's multifaceted and multisectoral approach.

The power of maps

A map – of the landscape, physical infrastructure, services and areas that are home to various cultural groups – is an invaluable tool for solving a host of development challenges in many contexts. Mapping is proving useful in the fight to end FGM, helping to address questions such as: Where are the pockets of resistance? What are the social power structures? What services are available? Where can runaway girls seek safety? Information is power, and maps are an efficient way of adding the spatial dimension to knowledge that currently may reside only in the minds of local people. The data collection alone can also serve to bring attention to an issue.

Maps are especially useful in very rural districts like West Pokot in Kenya, and in areas across the



borders in Uganda and the United Republic of Tanzania where roads are few and far between. But open-source, smartphone technology is allowing local people to identify villages and roads on previously unmapped territory.

An event during the 2018 United Nations General Assembly, organized by Crowd2Map, UNFPA and YouthMappers, focused attention on this new technology and its power. “We are building a global network to unite people from across the world,” said Janet Chapman, founder of Crowd2Map in the United Republic of Tanzania,¹ speaking at a ‘mapathon’ hosted by UNFPA on 28 September. Since 2015, the organization has coordinated a network of volunteers to fill in the blank spaces on rural maps of the United Republic of Tanzania, using OpenStreetMap,² an open-source mapping application – so that activists on the ground can better protect girls.

Archiving local knowledge

The process starts when local activists identify areas to be mapped. Then, volunteers around the world fill them in via the Humanitarian OpenStreetMap Team’s online platform.³ Finally, local

volunteers add details such as the names of neighbourhoods, schools, clinics or streets.

During September’s mapathon, over 6,000 volunteers in over 60 countries mapped more than 49,000 buildings and nearly 7,000 kilometres of roads.⁴ The data they generated will help a range of FGM-related services and outreach programmes to reach the girls, families and communities that need them most.

As more and more communities abandon FGM, programming needs to zero in on remaining hot spots, says Joint Programme coordinator Nafissatou Diop. Since household surveys offer regional-level data at best, district-level data generated through the mapping project are indispensable for identifying the

communities where FGM is still practised.

Rhobi Samwelly, herself a survivor of FGM, runs two safe houses for girls in the Butiama and Serengeti districts of the United Republic of Tanzania’s largely rural Mara Region. She doesn’t want other girls to go through the ordeal she experienced at age 13, when she nearly bled to death. “During the seasonal cutting,” she explains in a video, “girls who are educated are running to the safe house.”⁵

But Rhobi explained that even when child protective services know of girls at risk, sometimes they can’t figure out how to get to the small villages and get the girls to safety. These volunteers are doing more than mapping the landscape, they are changing it.



FGM Mapathon at UNFPA, New York. © UNFPA

1 <https://crowd2map.wordpress.com/>

2 <https://www.openstreetmap.org/about>

3 <https://www.hotosm.org/>

4 Chapman J, ‘Mapathon at the United Nations’, Crowd2Map Tanzania, 2018, <<https://crowd2map.wordpress.com/2018/10/01/mapathon-at-the-united-nations/>>, accessed 16 July 2019.

5 [INSERT URL FOR THE VIDEO]

Country-specific studies and evaluations

In addition to capturing and analysing data as part of the Joint Programme's ongoing M&E, countries will launch specific studies or evaluations intended to deepen their understanding of the drivers of FGM that sustain the practice, as a way to ensure that interventions effectively support change of social norms by addressing prevailing attitudes. In 2018, the following studies were completed with technical and financial support from the Joint Programme.

In Kenya, UNICEF completed the Baseline Study Report: Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya, published in 2018.⁶ The study shows the influence of border countries/communities on the continuation of harmful practices by those who provide the service and those who demand it. The study received an award at UNICEF for being one of the year's best research studies produced by the organization.

- To better understand the drivers of FGM, a study was commissioned by UNFPA in Guinea-Bissau and conducted by the National Institute for Studies and Research (Instituto Nacional de Estudos e Pesquisa). The findings of the study will be used to improve Joint Programme interventions, including ensuring social norms activities are designed to address the perceived benefits of FGM, improving materials describing the health consequences associated with the practice, and educating communities on legislation related to FGM in Guinea-Bissau. Similar studies were carried out in Djibouti and Guinea.
- In Egypt, the Joint Programme is part of a UNFPA-supported multi-country study being conducted by Johns Hopkins University, Baltimore, United States of America, on child marriage in emergency settings. The study includes looking at whether refugee populations are undergoing FGM in Egypt due to prevalent social norms related to marriageability.
- In partnership with a youth-focused organization, there was a review and validation of a study on the current status of FGM programming in Nigeria in the five Joint Programme target states, intended to better guide programming.

⁶ United Nations Children's Fund, 'Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya', UNICEF, Nairobi, 2017, <http://antifgmboard.go.ke/wp-content/uploads/2018/12/KE_2017_Summary_Baseline_Report_on_FGM_and_Child_Marriage.pdf>, accessed 19 July 2019.

- In the Sudan, small-scale mapping in targeted and proposed communities was conducted, and a Simple Spatial Survey Method (S3M) data survey carried out in 17 states. Findings including information at the household level were reported and analysed. The Joint Programme and WHO carried out an implementation research project focused on patient-centred communication to end FGM.

Learning and knowledge sharing

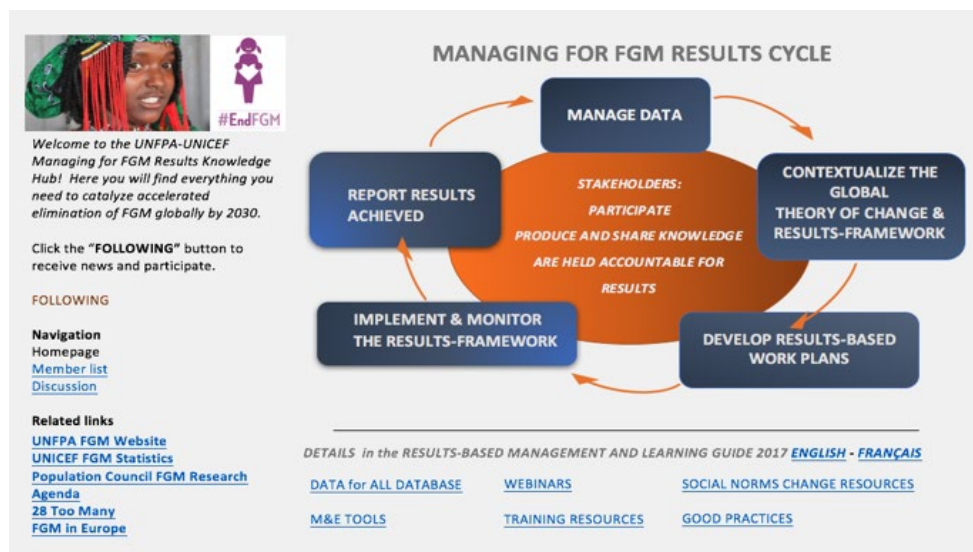
The AU International Conference on Female Genital Mutilation, organized with UNFPA and UNICEF in October 2018 in Ouagadougou, Burkina Faso, included a two-day technical dialogue which served as a forum for learning and knowledge sharing on good practices in eliminating FGM. With approximately 400 participants including Joint Programme staff, government representatives, civil society and donors, the technical dialogue covered topical issues such as the medicalization of FGM, cross-border FGM and population movement.

The knowledge-management hub was built during in 2018 with two main interfaces:

- The UNFPA–UNICEF Managing for FGM Results Knowledge Hub (see Figure 1.21)
- The Community of Practice (CoP) on FGM.

FIGURE 1.21

Homepage of the UNFPA–UNICEF Managing for FGM Results Knowledge Hub



Source: UNFPA-UNICEF FGM Joint Programme, 2018

In partnership with Associazione italiana donne per lo sviluppo (AIDOS), Equilibres & Populations, and Group for the Abolition of FGM in Belgium, the Joint Programme supported the Community of Practice on FGM (CoP FGM),⁷ an online network of professionals (researchers, policymakers, health-care providers, technical experts, and civil society) from Africa and Europe who share learning about efforts to eliminate FGM. The CoP FGM seeks to: facilitate knowledge sharing across different sectors at local and international levels; provide access to materials, tools and information; identify good practices for improving the quality of programmes addressing FGM; and share information with policymakers at national and international levels.

In 2018, AIDOS launched eight online videos produced by young activists trained in storytelling techniques and using their voices to speak out against FGM. The training videos were supported by the Joint Programme. The videos have been used as tools for training and awareness-raising events in Belgium, Burkina Faso, Italy, Senegal, Spain and the United Kingdom.

The Joint Programme is managed to achieve maximum, sustained economy, efficiency, effectiveness and equity

The United Nations is committed to the best use of resources to attain desired results through the Joint Programme. The Joint Programme's value proposition includes four elements: economy, efficiency (cost), effectiveness and equity. The elements are represented by interventions targeting the most vulnerable/marginalized populations such as minority groups and rural populations, and by joint planning and coordination of the interventions between the Joint Programme and key stakeholders such as government, civil society and donors, as well as by the high budget utilization rate and savings achieved.

All eight Tier I countries reported targeting rural, remote and hard-to-reach areas with vulnerable populations considered 'left behind', where FGM is prevalent. Women, girls, rural dwellers, indigenous peoples, ethnic minorities and people with

⁷ Available at: <https://copfgm.org/a-propos/about/community/>

disabilities are among those systematically excluded by economic, political, social and cultural barriers. These categories of people are disproportionately affected by such barriers and left behind. Using relevant criteria such as poverty indicators, FGM prevalence, the number of girls at risk and other social indicators, the Joint Programme has examined who has been excluded and why and focused on those communities that have the highest levels for indicators of deprivation among children and women and which also have FGM prevalence above the national FGM prevalence level.

Looking at the effectiveness of interventions, the Joint Programme assessed whether UNFPA, UNICEF and other FGM stakeholders conducted joint planning, monitoring, review and reporting. All eight Tier I countries conducted joint activities in 2018. The Joint Programme in consultation with FGM stakeholders organized quarterly, mid-year and annual planning and review meetings at which the development of situational analyses on FGM was deliberated and finalized, the global theory of change and results framework were contextualized (including setting the baseline and targets for 2018–2021), and annual workplans were established.

UNFPA, UNICEF and other key stakeholders conducted joint monitoring and supportive supervision in the intervention areas; however, monitoring has been less well coordinated, mostly due to weak planning, but also political unrest and instability in some countries such as Ethiopia. Common surveillance systems are currently under study, especially in the common intervention areas, and the Joint Programme continued strengthening governmental capacities to coordinate actions to end FGM.

Although delays in releasing funds from headquarters to country offices and implementing partners and in the contextualization, process affected implementation of the workplan, joint planning, monitoring, review and reporting between UNICEF and UNFPA increased the power of the two organizations to convene, influence and cut costs related to programming and administrative issues.

1.4 Monitoring and evaluation

Monitoring

Monitoring and evaluation (M&E) under the Joint Programme has continued to improve, despite the different contexts in which the programme is being implemented in terms of the capacity of the monitoring systems of government and civil society partners. Some countries-initiated efforts to strengthen implementing partners' systems for administrative data collection, analysis and utilization. This includes the incorporation of FGM indicators into sectoral statistical yearbooks, as a way to provide incidence data. The UNFPA Global Programming System allows implementing partners to include Joint Programme indicators in their annual workplans. Partners are supported in reporting against planned indicators with quantitative data and narrative reports. The system covers both programmatic and financial reporting on a quarterly basis.

Based on the global results framework, countries have developed M&E plans with quarterly monitoring and reporting of progress at the field level by the respective implementing partners. The monitoring framework also includes regular programme reviews that involve key stakeholders.

In Ethiopia, the Joint Programme on FGM and the Global Programme on Child Marriage conducted an initial mapping and review of the existing system of partners, data flow, identification of the information needs of partners, and the reporting requirements of the Joint Programme. The next step is to build consensus on the list of indicators that address the information needs of key stakeholders; and develop a brief M&E guide including the indicator definition, data source/means of verification, time frame and responsible body within each agency, and quality assurance/data cleaning. A briefing will then be organized for responsible staff.

In response to the need to develop a unified approach and toolkit for measuring change in social norms, the ACT measurement framework is being developed in partnership with Drexel University, in Philadelphia, United States. Testing of the framework is taking place in 2019 in Ethiopia and Guinea.

Community-based surveillance systems, a critical monitoring mechanism for preventing FGM, may also be used to gather information about community-based interventions related to FGM. In Djibouti, community management committees responsible for such surveillance received training in collecting data on girls saved from FGM and children (girls and boys) protected from any form of violence.

Enhancement of 'Data for All'

The 'Data for All' (DFA) platform, a results-based planning, monitoring and reporting platform, was updated for use in 2018, the first year of Phase III of the Joint Programme. Country, regional and global plans were developed based on the Phase III Results Framework and uploaded into the system. The contextualization process and training webinars were organized to equip focal points with the required skills for the utilization of the DFA. All Tier I countries used DFA to set baselines, plan targets and report achievements. As a result, the Joint Programme has strengthened its results-based management approach, being able to monitor progress based on baselines, targets and achievements.

Evaluation

An external evaluation of Phase II (2014–2017) of the Joint Programme was conducted in 2018 with the final report completed in 2019. Findings from the evaluation will be used to guide programme interventions in the remaining years of Phase III.

1.5 Challenges

Global challenges

With the launch of Phase III in 2018, the Joint Programme continued to face two global challenges: high rates of population growth in affected areas resulting in a significant increase in the number of girls at risk of FGM; and difficulties measuring decreases in FGM prevalence rates using national-level surveys (e.g. DHS and MICS), which do not reflect local or community-based realities – these surveys tend to measure national and regional prevalence whereas the Joint Programme’s work often targets smaller areas.

Programme-specific challenges

- **Insufficient national budget allocation:** While most countries have national action plans and budget lines addressing FGM in place, the level of budgetary allocation is low and insufficient to support meaningful programme implementation; moreover, fewer countries realize these budgets. Systems are not yet in place to closely monitor and report on the actual budget allocation and expenditure. The AU Campaign on Ending FGM is expected to put in place an accountability mechanism to monitor national resource allocation by governments.
- **Weak data management systems:** In some countries, weak data management systems are the result of a lack of computerized databases for real-time data collection and reporting. To address these issues, the Joint Programme will continue advocating for and strengthening the capacity of national data systems to mainstream FGM indicators, conduct behavioural and social norms studies, and develop innovative solutions such as RapidProtection in Senegal, which provides for real-time data collection on cases of FGM. Mapping of the existing system and creating synergies with other programmes could also be an opportunity for partnership and to avoid duplication of effort.
- **Need for increased investments to scale up interventions:** Larger countries such as Ethiopia and Nigeria require a significant increase in investments for scaling up interventions intended to accelerate the elimination of FGM.

- **Staff turnover in government institutions:** The high level of turnover of staff among government institutions can create implementation gaps and compromise the quality of service provision. The Joint Programme and implementing partners are prioritizing improvements in record systems and flow of information within institutions to ensure sustainability and smooth handover, as needed.
- **Lack of clear policies or guidelines on the medicalization of FGM:** Health-care professionals facing requests to perform FGM often lack clear policies or guidelines regarding the medicalization of FGM or do not understand that health-care providers performing FGM does not reduce the health risks associated with the harmful practice. The Joint Programme is working with professional associations and the trade union of health service providers in Nigeria to adopt internal disciplinary rules prohibiting their members from engaging in FGM, as well as strengthening health associations in the monitoring and surveillance of health-care providers. In Egypt, the Joint Programme is developing guidelines and training for health-care professionals about the health risks associated with FGM.
- **Reporting of cases of FGM remains low:** Despite having policies and legislation in place prohibiting FGM, reporting and prosecution of cases remain a challenge in most countries. In Ethiopia, a plan has been developed to initiate, in partnership with the Federal Supreme Court, a quick assessment of the barriers and enabling factors to accessing legal services, including reporting of cases at the community and service provider levels, in order to inform programming efforts based on evidence and to contextualize initiatives depending on the local social dynamics. In addition, further strengthening of the community-level surveillance mechanisms is expected to contribute to improving the tracking and reporting of cases.

Weak referral system: There is a poor referral system linking community members to FGM-related services (i.e., health, social and legal) and to the agencies implementing the campaign to end the practice. The Joint Programme has started mapping out strategic interventions as part of its systems-strengthening approach as a way to institutionalize and sustain service provision related to FGM.



© UNFPA, Luca Zordan, Burkina Faso

2 Priorities for 2019

Regional initiatives

Priorities in 2019, year two of Phase III of the Joint Programme, include launching the AU Campaign on Ending FGM, and the Spotlight Initiative in Africa, each of which is described below.

African Union Campaign for the Elimination of FGM

During the Ouagadougou conference in 2018, the AU nominated His Excellency Roch Marc Christian Kaboré, President of the Republic of Burkina Faso, to champion the elimination of FGM in Africa and globally. President Kaboré was invited to organize a high-level event at the AU Summit in 2019 to officially roll out the AU Campaign on Ending FGM, including a continent-wide social marketing campaign based on the Joint Programme's Saleema Communication Initiative. AU member states will commit to implement the communication initiative with a focus on social norms and the cultural dimensions of FGM, address cross-border FGM and stronger implementation of existing legislative frameworks, allocate domestic financial resources, promote the use of evidence and data, regularly report their progress in the elimination of FGM, and increase their engagement with civil society and community groups in ending FGM.

Spotlight Initiative in Africa

UNFPA and UNICEF developed a proposal for the Spotlight Initiative in Africa, a partnership between the EU and the United Nations that seeks to eliminate all forms of violence against women and girls worldwide, including FGM, by strengthening political support and introducing a functional accountability mechanism at the regional level to enhance a multisectoral national response to address FGM. With the launching of the Spotlight Initiative in 2019, UNICEF and UNFPA will build partnerships and increase engagement between the AU and regional-level women's rights groups, autonomous social movements, and civil society and faith-based organizations, including those representing youth and groups facing multiple and intersecting forms of discrimination and marginalization.

Monitoring and evaluation

M&E priorities in 2019 will focus on reflecting on the findings and recommendations of the joint evaluation of Phase II, including developing a management response to take actions as deemed appropriate. The annual consultation to be organized in 2019 will be used as an opportunity to broadly engage focal points of the Joint Programme at country, regional and global levels.

Enhancement of the DFA platform will continue, including creating an innovative and interactive dashboard, and data storytelling will be developed for the visualization of data analysis.



© UNFPA, Luca Zordan, Ethiopia

3 Country profiles

The country profiles that follow provide snapshots of the key achievements and lessons learned in the eight Tier 1 (top-priority) countries supported by the first year of the third phase (2018–2021) of the Joint Programme (Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan).

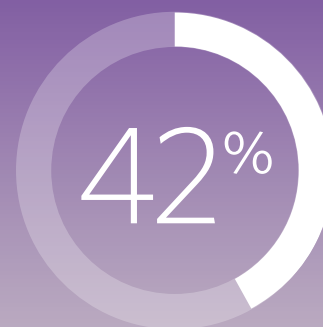
The country profiles are mainly based on the annual reports received from the countries with some additional information from the global-level initiatives.

The profiles include detailed descriptions from each country with regard to the prevalence of FGM, timeline of key national initiatives, local issues and context, and programmatic achievements under the different outcome areas of the Joint Programme.

The country profiles here reflect the intensity of Joint Programme interventions in 2018, which varied from country to country depending on the national context and local priorities. The country profiles also reflect some of the innovative approaches, as well as enhanced monitoring and evaluation techniques, undertaken in 2018.

BURKINA FASO	56
DJIBOUTI.....	62
EGYPT	66
ETHIOPIA	70
KENYA	76
NIGERIA.....	82
SENEGAL.....	88
SUDAN.....	94

Burkina Faso

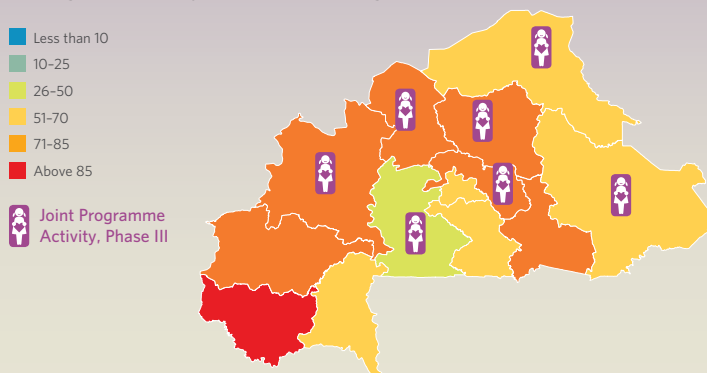


of girls and women aged 15 to 19
have undergone FGM



FACTS

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



Source: EMC 2015

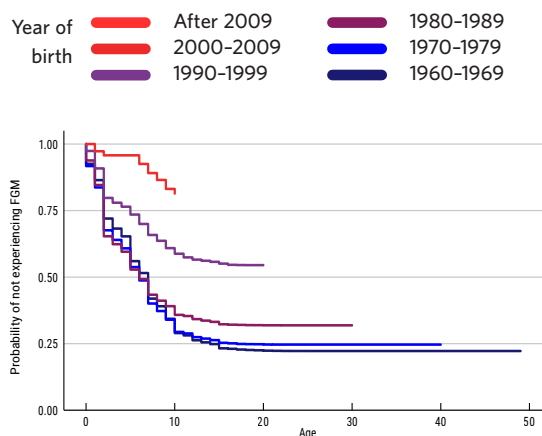
- 11 per cent of girls aged 0-14 years have undergone female genital mutilation (FGM).¹
- 42 per cent of girls and young women aged 15-19 years have undergone FGM.¹
- 68 per cent of girls and women in Burkina Faso aged 15-49 years have undergone FGM.¹

Figure 3.1 depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s. Starting from cohorts born in the 1960s, the curves are stacked on top each other with younger cohorts on top of older cohorts. This demonstrates the decline in risk of experiencing FGM over the last three to four decade.

The data also seems to show a slight decrease in age at cutting, as for older cohort (1960-1969) 25% of girls have been undergoing FGM by age 2 and 50% by age 5, while for younger generation (2000-2009), 25% of girls are cut by age 1 but 50% still being cut later by age 6. However, this difference should be confirmed by a statistical significance testing.

FIGURE 3.1

Probability of not experiencing FGM for women and girls aged 0-49 years in Burkina Faso



Source: UNFPA 2018

1 Source: EMC (2015).

Recent estimations indicate that about 957,000 girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.2).

FIGURE 3.2: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Burkina Faso

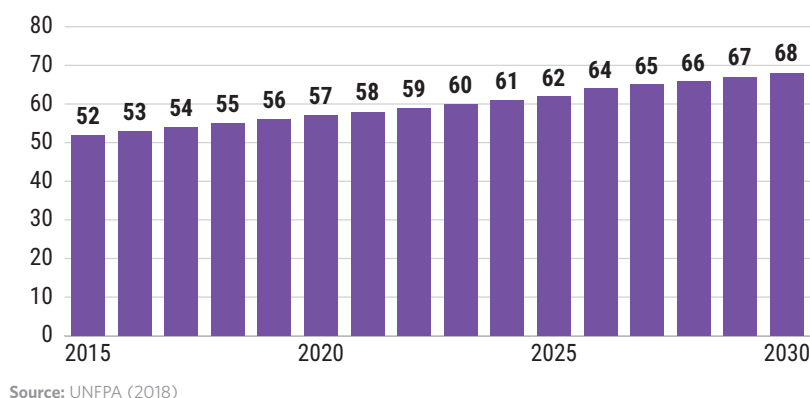
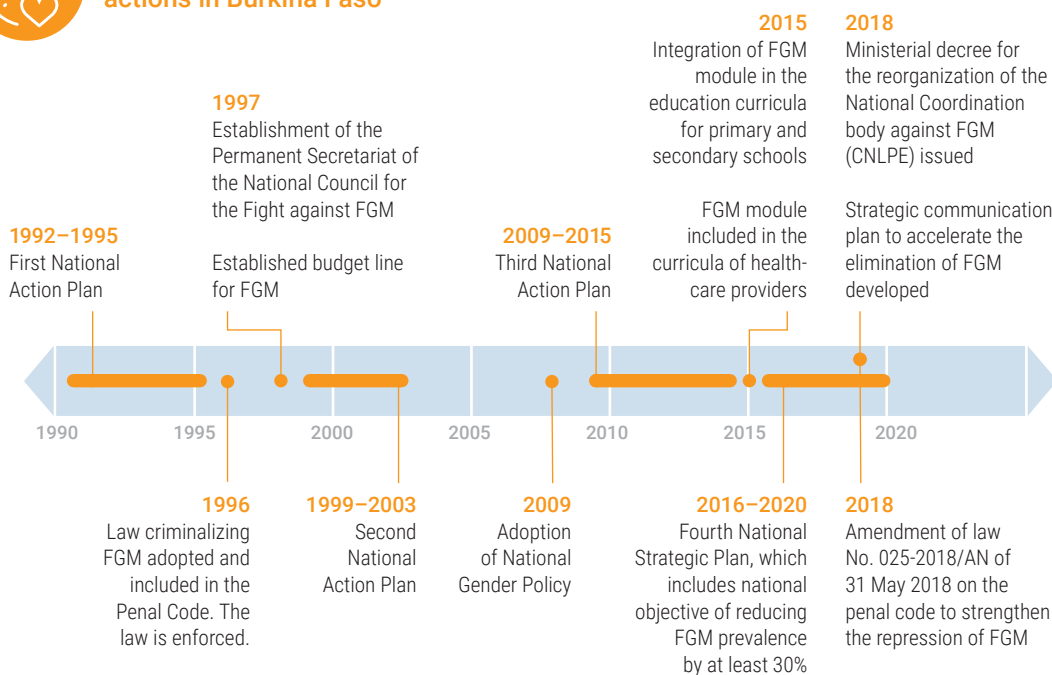


FIGURE 3.3



Timeline of key initiatives and actions in Burkina Faso



National Achievements in 2018

Over the years, Burkina Faso has consistently reinforced implementation of national legislation that criminalizes FGM through initiatives such as the mobile courts. In 2018, the Government

undertook further steps by amending the penal code to strengthen sanctions against the perpetrators and to reorganize the National Coordination body against FGM (CNLPE).

Enabling environment for the elimination of FGM

Advocacy initiatives were undertaken as part of commemoration of the International Day of Zero Tolerance for FGM (6 February 2018). Advocacy towards political decision makers at subnational level resulted in increased commitments to:

- Integrate FGM into local development plans in accordance with the Charter of Mayors signed on 6 February 2014;
- Report any case of actual or attempted FGM to the authorities, then follow up to learn the outcome;
- Refer survivors of FGM to relevant services (Ministry of Women, National Solidarity and Family and Ministry of Health).

FIGURE 3.4: **Number of arrests, cases brought to court and convictions, 2018**



Arrests: 10
(2015–2018 total: 188)



Cases brought to court: 10
(2015–2018 total: 161)



Convictions and Sanctions: 10
(2015–2018 total: 119)

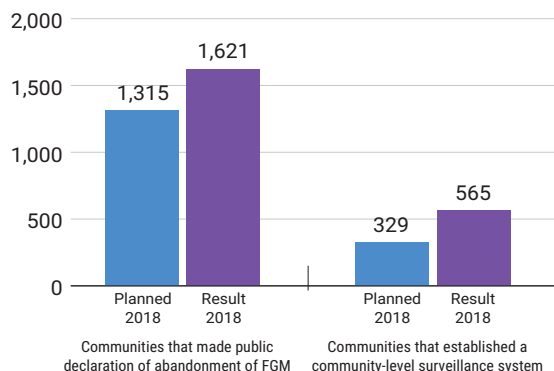
Transforming social and gender norms to eliminate FGM

- 1,621 communities made public declarations of FGM abandonment in 2018 involving 451,520 people.
- 1,884 communities that have made public declaration of abandonment of FGM established a community-level surveillance system to monitor compliance with commitments.
- 11 men's associations (total 330 members) in the intervention villages were sensitized to include activities on the abandonment of FGM in their 2019 action plans.
- 978 communities implemented a capacity-development package for 2,265 clubs made up of 56,954 girls in Centre, Plateau-Centre, Sahel,

Centre-Nord, Nord, Boucle du Mouhoun, Est and Centre-Ouest regions.

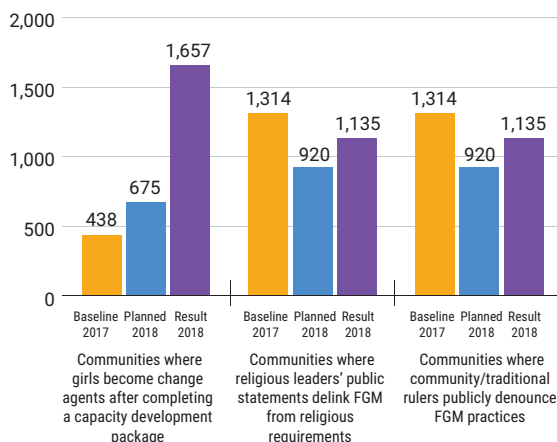
The Joint Programme supported the National Institute for Training Social Workers (INFTS) to develop a gender-sensitive parenting education module. This module will serve as a basis for building the capacity of social workers to empower families and communities on the rights of children and women and on gender-sensitive parental education ('gender parenting') to address the negative consequences of FGM and child marriage.

FIGURE 3.5: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Burkina Faso



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.6: Number of communities with enablers of social norm change in place



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Access to quality FGM-related services for women and girls

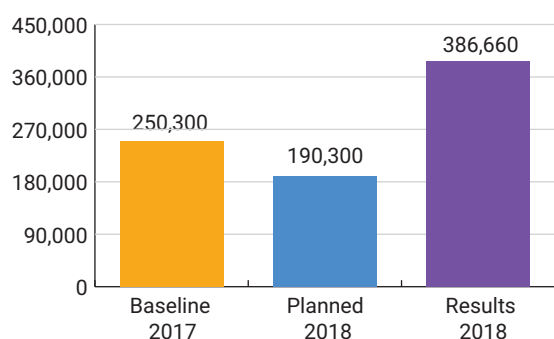
Provision of services for women and girls at risk or affected by FGM is an important focus area for the Joint Programme. In 2018, Burkina Faso achieved the following.

- 387,088 women and girls received health, social and legal services related to FGM (see Figures 3.7, 3.8 and 3.9).
- 56,954 girls were directly reached with FGM prevention interventions.
- 40 social workers, members of associations, gendarmes, police officers and penitentiary security guards in the Joint Programme intervention areas were trained on psychosocial and legal care for girls and women victims of FGM complications.
- 3,275 community health workers (CHWs) including 999 women were trained. The strengthening of the skills of the CHWs was provided by the District Health Officials and the Provincial Directorates for Women under the

supervision of the National Coordination Body (CNLPE). CHWs, whose role includes promoting the health of populations, are expected to use the knowledge received to sensitize their communities on FGM, to integrate aspects related to FGM in their daily activities, to promote preventive denunciation of cases of FGM, and to refer survivors to appropriate care services.

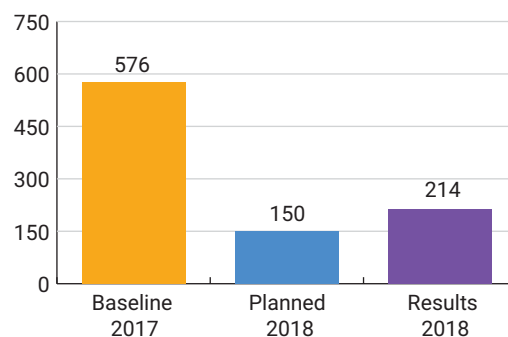
Some 62 midwives from Centre-Ouest Region (Boulkiemdé, Sanguié, Sissili and Ziro) and 75 social workers from the Centre Region participated in conferences with the contribution of victims of FGM, the Association Burkinabe des Sages-femmes and the Centre d'Études et d'appui-conseil en travail social. The purpose of these conferences was to increase the provision of services for the prevention and care for victims of FGM, and to raise the awareness of these actors on their role in promoting the elimination of FGM.

FIGURE 3.7: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.8: Number of girls and women who received social services related to FGM



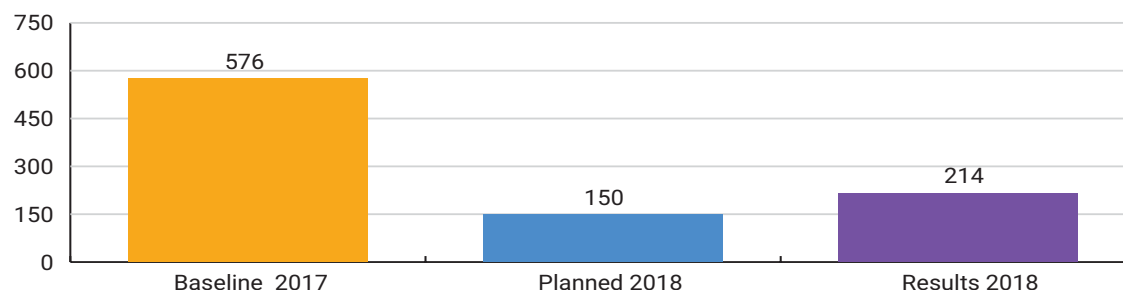
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Data and evidence

Data and evidence are generated to inform advocacy and programming. The following were achieved in 2018.

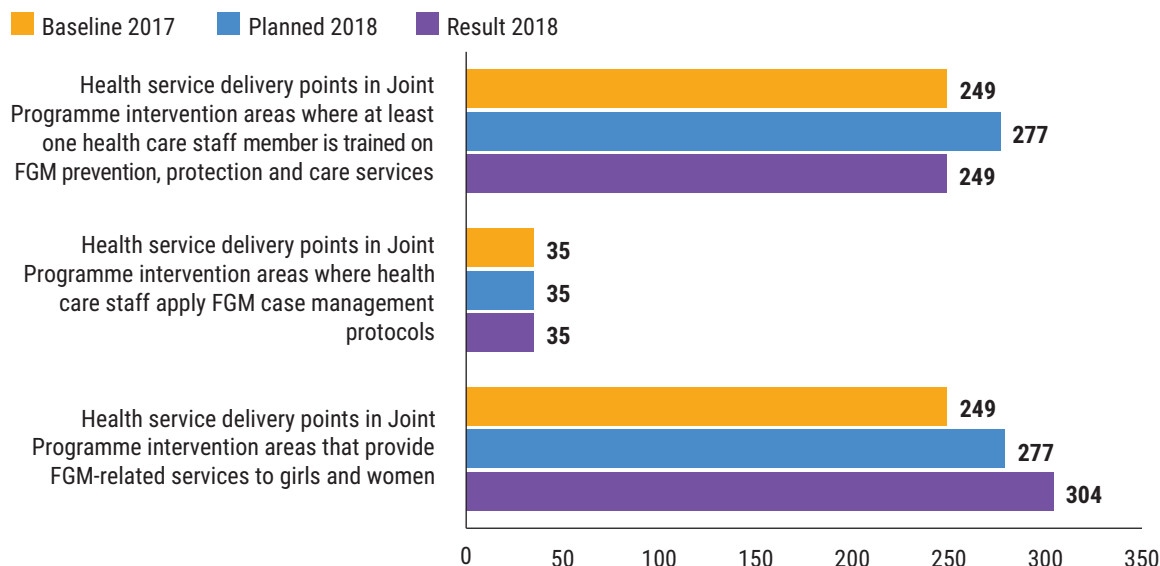
- Completion of the mid-term review report of the National Strategic Plan for the Elimination of FGM (2016–2020).
- Completion of a draft biomedical research protocol on the prevalence of FGM.
- The statistical yearbook of social action, health and justice includes FGM-related indicators and provides sectoral data on the Joint Programme's interventions. However, the data relates only to clinical cases and does not provide data on the prevalence of the practice.

FIGURE 3.9: Number of girls and women who received legal services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.10: Number of health service delivery points where FGM services are mainstreamed

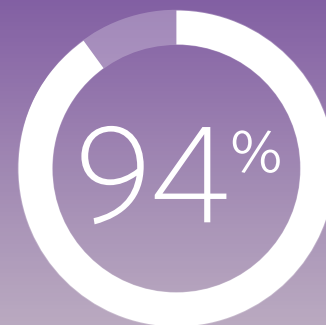


Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Challenges

1. Implementing partners had challenges in accessing the most affected areas due to increasing insecurity. To address this challenge, the Joint Programme strengthened the involvement of community-based actors and local associations as change agents to continue to deliver services for the construction of a social consensus in favour of eliminating FGM practice.
2. Inadequate budgetary allocation for the emergency management of survivors in the event of denunciation.
3. Absence of a surgical protocol for the management of medical emergencies also remains a challenge.

Djibouti

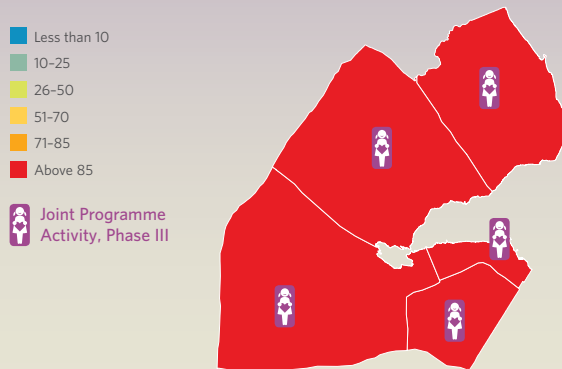


of girls and women aged 15 to 49
have undergone FGM



FACTS

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



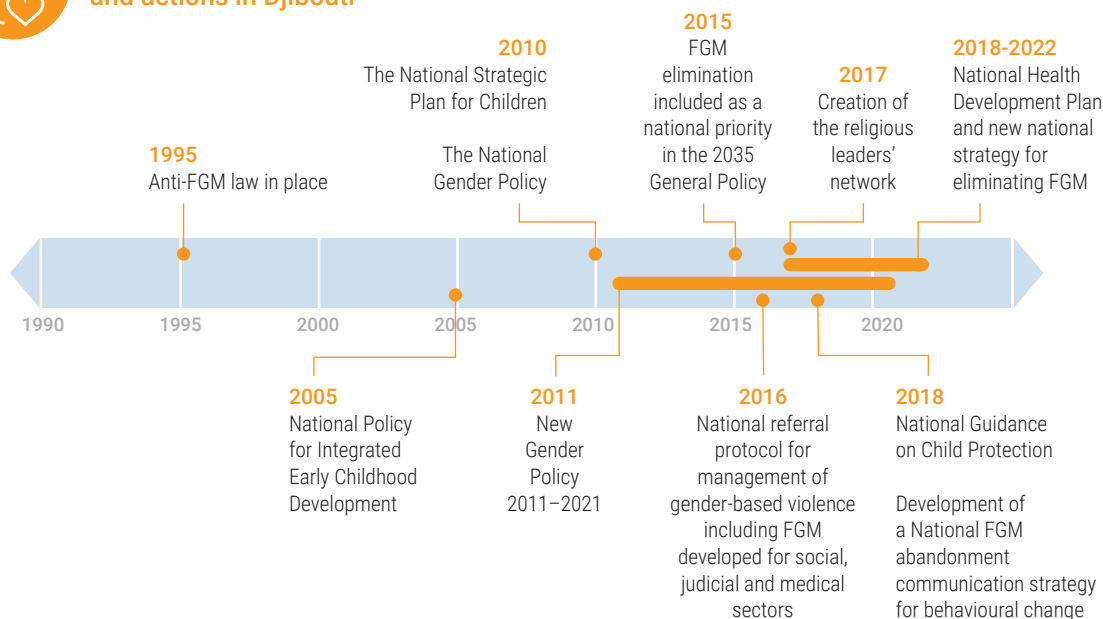
Source: EDIMS 2006

- Female genital mutilation (FGM) remains widespread in Djibouti: nearly 9 in 10 adolescent girls aged 15-19 years have undergone FGM—only slightly lower than older women.¹
- Evidence of a slight reduction in the prevalence of FGM in Djibouti over the past three decades: 88 per cent prevalence among adolescent girls aged 15-19 years cf. 98 per cent of women aged 45-49 years.
- More than 9 out of 10 adolescent girls and women live every day with the consequences of the practice; 62 per cent of girls in Djibouti undergo FGM between the ages of 5 and 9 years old.
- More than one in five girls underwent FGM before the age of 5 years as reported by their mothers.

FIGURE 3.11



Timeline of key initiatives and actions in Djibouti



1 PAPFAM 2012

An integrated multisectoral approach in Djibouti

In Djibouti, the Joint Programme adopted an integrated, multisectoral approach that promotes the adoption of positive social norms and practices with a focus on two critical life stages when girls are the most at risk of undergoing FGM: the first 1,000 days (from conception to age two) and adolescence. The approach is integrated into the sectors of health, nutrition, education and child protection.

The State Secretariat for Social Affairs set up the National Family Solidarity Programme which integrates a parent effectiveness service – parent education modules for the development and expansion of knowledge, skills and appropriate attitudes in support of early childhood development (ECD). It also promotes demand for and the use

of services. Families receiving cash transfers are expected to participate in community dialogues facilitated by community management committees on the essential package of integrated ECD services and support. Through its life-skills programme, UNICEF targets in- and out-of-school adolescents with the aim of empowering them with skills in critical thinking, negotiation and decision-making. This is designed to boost self-esteem and increase the ability to take responsibility for making healthier choices, resisting negative pressures and avoiding risky behaviours. The life-skills programme works to improve knowledge and sensitize adolescents on FGM, HIV/AIDS transmission, drug and alcohol consumption, as well as identifying and challenging gender stereotypes and discriminatory behaviours.

National Achievements in 2018

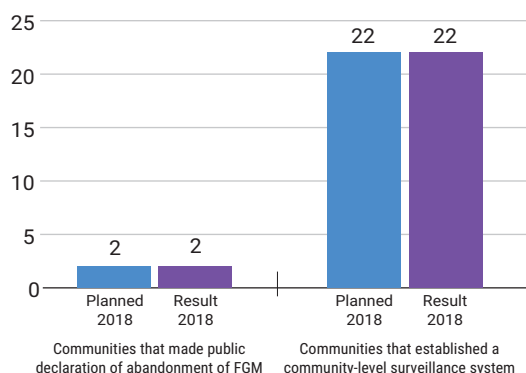
Enabling environment for the elimination of FGM

- The National Human Rights Commission has contributed to strengthening the judicial system by building capacity among judges and judicial police officers. The Joint Programme has also worked on a planned outreach strategy for judicial services on the denunciation of FGM. This is expected to enhance enforcement of
- legislation, which is currently weak, with only two cases of arrest in 2018.
- Development of a child protection guidance document, which includes a strategic focus on the abandonment of harmful traditional practices including FGM to ensure Joint Programme interventions are integrated into the national child protection system.

Transforming social and gender norms to eliminate FGM

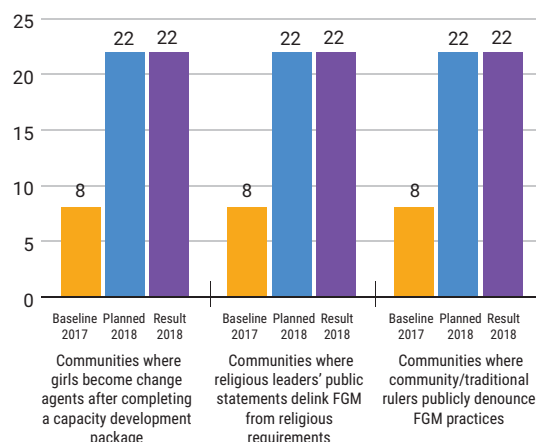
- A communication strategy was developed for sustainable behaviour change for the abandonment of FGM implemented through the use of advocates such as young girls, traditional and religious leaders.
- The Ministry of Muslim Affairs established the religious leaders network (Shamikat) to reach consensus on the position of Islamic teachings with regard to FGM. The Shamikat also conducts community outreach dialogues.
- Two public declarations of FGM abandonment involving 284 people were made with civil society, the media, religious leaders and parliamentarians to put an end to FGM.
- 396 community dialogues promoting FGM abandonment using a pool of 33 religious leaders and community management committees reached 33,128 people.
- 160 of the 414 girls at risk of undergoing FGM were identified and saved from the practice by the surveillance committees established at community level.
- 7,717 adolescents and young people (3,410 girls, 4,307 boys) were reached through a life-skills programme.

FIGURE 3.12: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Djibouti



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.13: Number of communities with enablers of social norm change in place



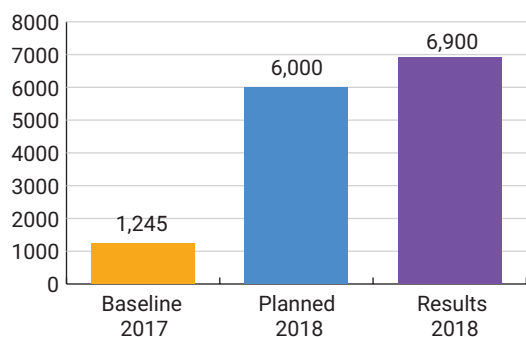
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Access to quality FGM-related services for women and girls

As part of strengthening service provision, different capacity-building initiatives were undertaken in 2018, resulting in the following.

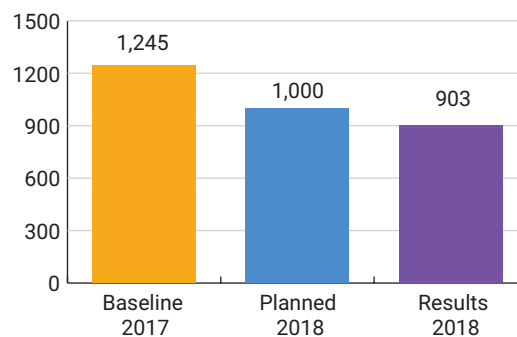
- 7,803 girls and women have received health and social services.
- The protocol and standards of essential sexual and reproductive health / FGM package was updated; the standards were incorporated into the curriculum of the midwifery schools.
- In line with the national child protection guidance document, capacity of social workers in charge of child protection, social affairs and youth, from different ministries, were enhanced. The social workers now support child survivors of violence and FGM.
- The National Human Rights Commission trained 25 judicial police officers and magistrates to serve as advocates in the justice systems.

FIGURE 3.14: Number of girls and women who received health services related to FGM



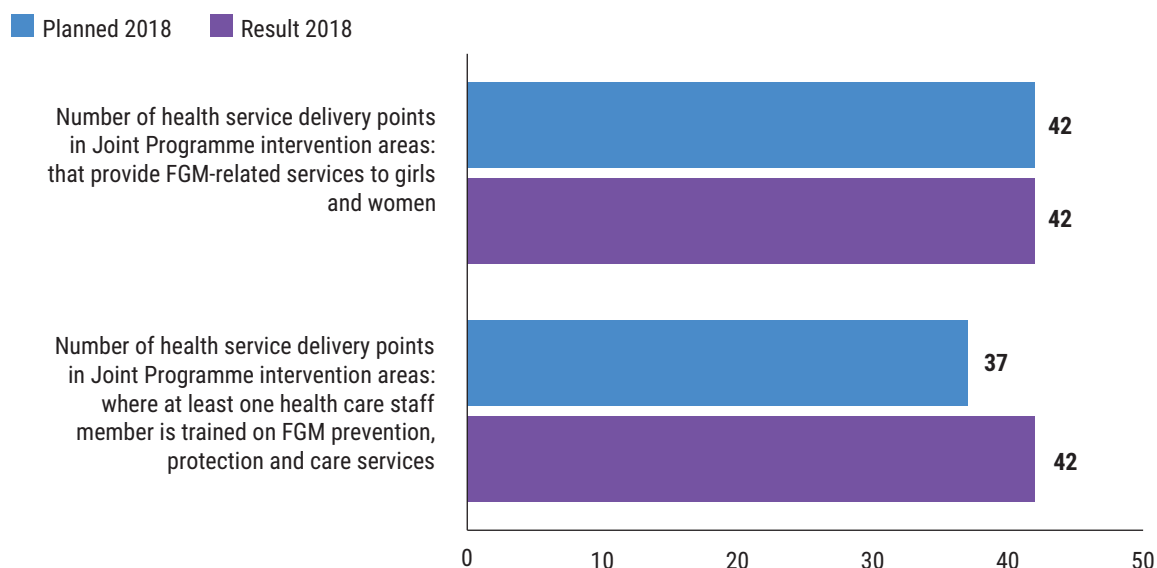
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.15: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.16: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Challenges

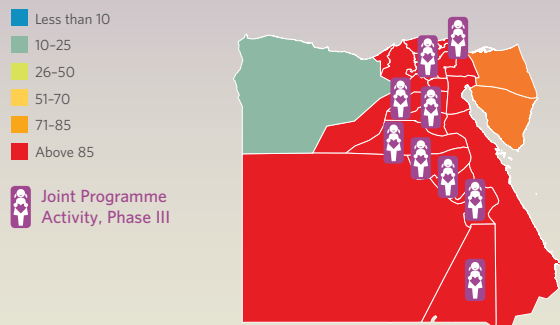
1. Difficulties in obtaining reliable data limit capacities to programme effectively. Currently, the capacity of government institutions responsible for data collection are being strengthened.
2. Although full abandonment of FGM is the vision for all programmes on FGM, communities tend to present change of practice from type III to type I as an achievement. This presents a challenge to efforts being made toward zero tolerance and full abandonment of FGM.

Egypt

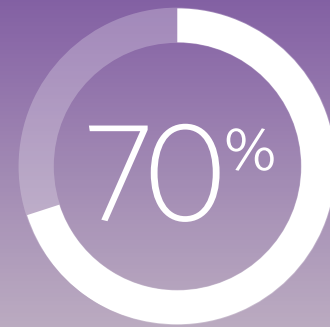


FACTS

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



Source: DHS 2014



of girls and women aged 15 to 19 have undergone FGM

- 70% of adolescent girls aged 15–19 years have undergone female genital mutilation (FGM).
- 97% of women aged 45–49 years have undergone FGM.
- A decrease in the prevalence has been observed in the ages 15–17 from 74% in 2008 to 61% in 2014.
- Almost all girls and women in Egypt (96%) underwent FGM before age 12 years, with the majority of girls (64%) undergoing FGM between ages 9 and 12.
- Girls' and women's attitudes towards FGM have been slowly shifting, whereas boys' and men's attitudes have demonstrated no significant change.

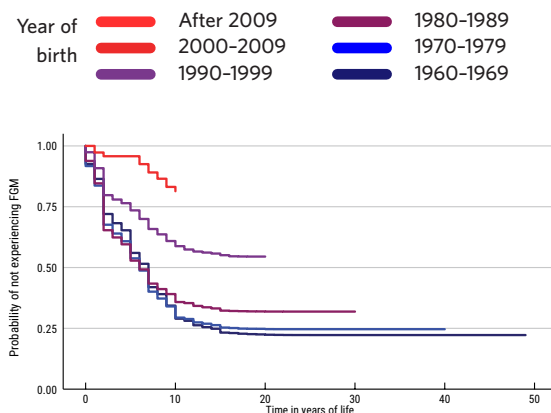
FIGURE 3.17 depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as older cohorts (born 1960–1969), 25% of girls had been undergoing FGM by age 8 and 75% by age 11, while for younger generation (born after 2009), 25% of girls are cut by age 1 and 75% are cut by age 2. However, this difference should be confirmed by a statistical significance testing.

In Egypt, estimations indicate that about 7.1 million girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.18).

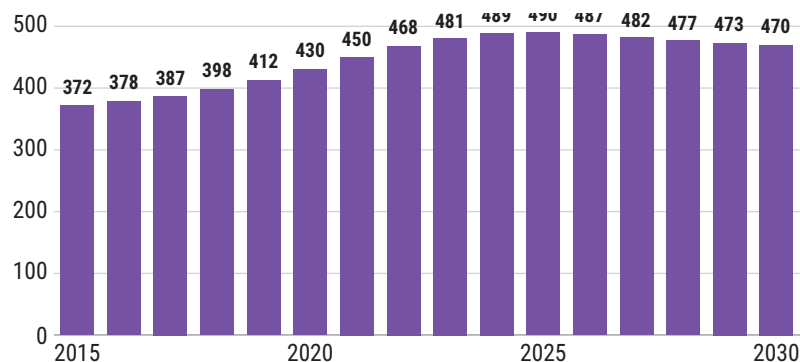
FIGURE 3.17

Probability of not experiencing FGM for women and girls aged 0–49 years in Egypt



Source: UNFPA 2018

FIGURE 3.18: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Egypt

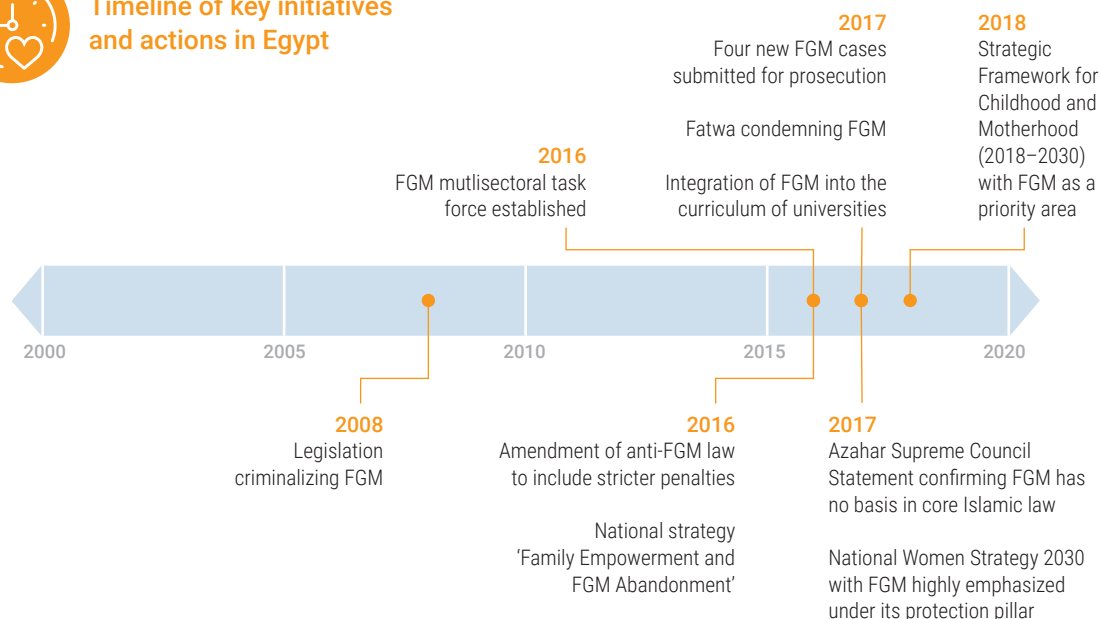


Source: UNFPA (2018)

FIGURE 3.19



Timeline of key initiatives and actions in Egypt



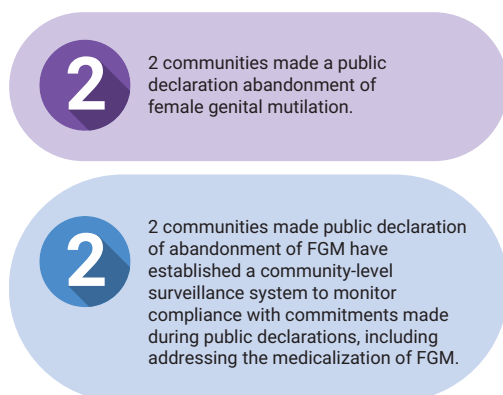
National Achievements in 2018

Enabling environment for the elimination of FGM

- The Government of Egypt's National Council for Childhood and Motherhood launched the Strategic Framework for Childhood and Motherhood (2018–2030) which emphasizes FGM as a priority area. The strategy includes five pillars with performance indicators: health, education, child protection, child poverty and maternal health.
- A new circular by the Prosecutor General was issued to strengthen coordination between public prosecutors and the Child Protection Committees to respond to all cases of children at risk, including FGM.
- To enhance the enforcement of the FGM legislation, FGM and gender-based violence were mainstreamed in law enforcement capacity-building programmes with the aim of increasing the number of cases detected and referred for prosecution. In 2018, some 360 prosecutors, 175 judges and 18 social workers were trained.

Transforming social and gender norms to eliminate FGM

FIGURE 3.20: **Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Egypt**



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.21: **Number of communities with enablers of social norm change in place**



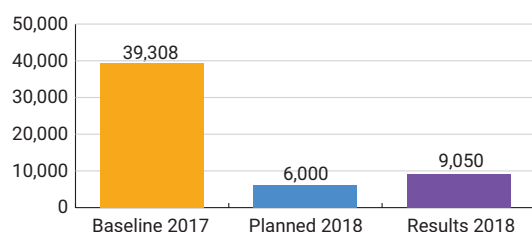
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

- About 8,361 community members were reached through community dialogue, interactive theatre and adult learning programmes that led to public declarations of FGM abandonment involving 2,215 families. Public declarations were held in Sedfa and Assiut districts.
- Egypt launched the 360-degree Edutainment Programme, which combines inclusive community-based awareness-raising campaigns using television, radio and social media, as well as on-the-ground community mobilization activities such as education sessions facilitated by youth, community leaders and educators.
- Y-PEER (youth peer education network) held 23 outreach camps in partnership with 18 universities, 15 high schools and 125 local NGOs, and reached 2,018 young people. In 2018, some 1,490 peers acquired skills and knowledge needed to train their peers on FGM and reached out to 6,281 peers.
- The Joint Programme supported the Egyptian Youth Initiative in collaboration with the National Population Council and MoHP to establish a network of 1,200 students in 12 universities. The network managed to reach 27,200 peers and 62,800 community members in addition to documenting best practices at the community level and creating a dedicated digital platform.
- 1,215 religious leaders were trained on issues related to violence against children, gender-based violence, population issues and harmful practices in 17 governorates.
- 1,020 staff members from implementing partners were trained on the involvement of men and boys through the Champions of Change modules for boys in the governorates of Assiut, Qena and Sohag.

Access to quality FGM-related services for women and girls

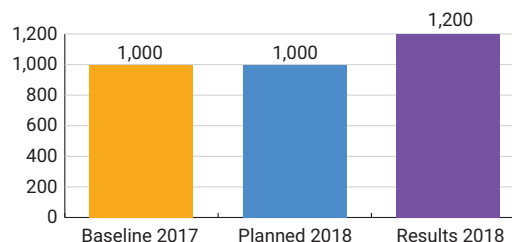
- 10,250 women and girls received health and social services.
- The capacity of 51 youth-friendly clinics was built by training service providers on youth-friendly services and communication skills on dealing with FGM.
- All health cards for newborn girls have messages related to FGM prevention and protection. With current population growth rate, 1.5 million families are expected to have access to these awareness messages every year.

FIGURE 3.22: Number of girls and women who received health and prevention services related to FGM



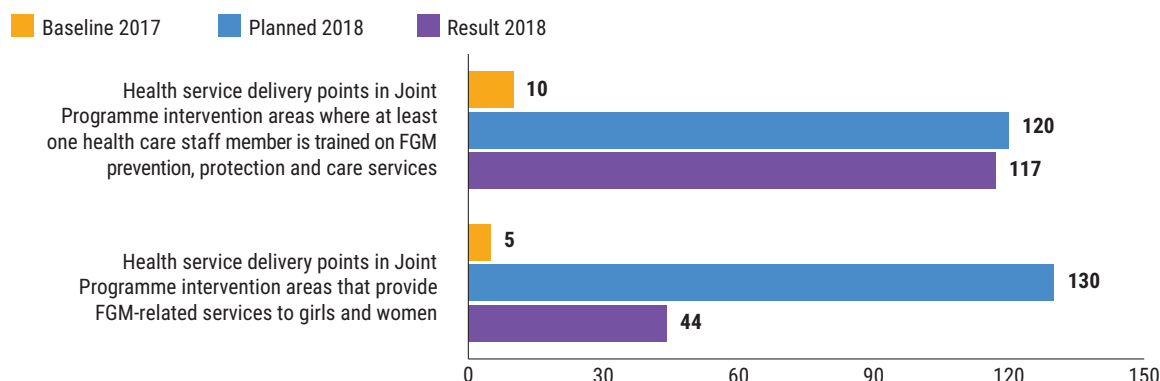
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.23: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.24: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Innovative approach

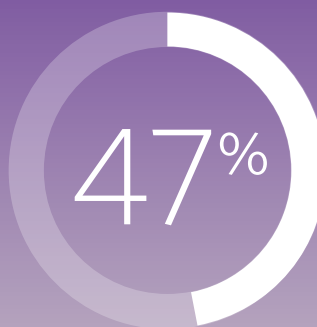
An initiative called 'Music for Development' with a strong focus on FGM was implemented. The idea is to develop songs and engage young underground bands to deliver messages related to population growth, FGM and early marriage in a youth-friendly manner which can be repeated without seeming

repetitive and didactic. Involving young singers has been a key element in reaching out to young people and promoting positive role models to combat harmful practices and involve youth in community development and prosperity.

Challenges

1. There were changes in the national response to FGM structure, funding and leadership that had implications for the anti-FGM campaign in the country.
2. An absence of clear policies and guidance for medical professionals. Monitoring of providers and clinics is also essential for the protection of girls at risk. The programme engages with the Medical Syndicate as well as the ministry of health to ensure their regulatory role over practitioners. Supporting the 'Doctors Against FGM' initiative should continue and sensitization of medical professionals is recommended. Media campaigns should address FGM from a rights-based approach, not only health risks.
3. Most efforts around FGM abandonment are fragmented and not documented. Supporting the National FGM Taskforce in coordinating initiatives and implementing national strategies is recommended.

Ethiopia

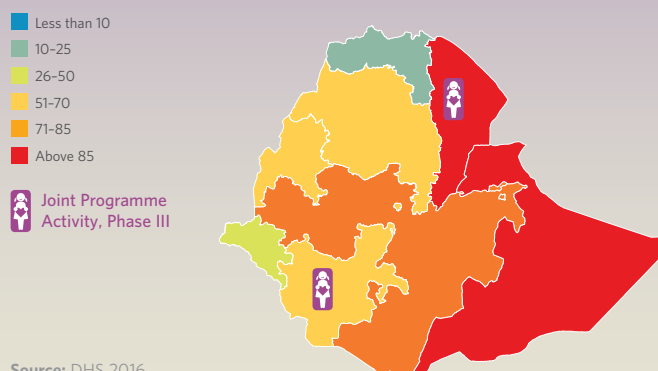


of girls and women aged 15 to 19 have undergone FGM



FACTS

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



Source: DHS 2016

The practice of female genital mutilation (FGM) is changing, with fewer adolescents having undergone FGM compared with older generations. 75% of women aged 35-49 years have undergone FGM compared to 47% for girls aged 15-19 years.

Age at FGM: FGM is performed throughout childhood. Half of girls and women aged 15-49 in Ethiopia underwent FGM before they reached the age of 5 (49%), while 22% of them underwent FGM between the ages of 5 and 9. The age of FGM varies, with two basic patterns and a dichotomy between the north and the south. In northern Ethiopia, it tended to be carried out shortly after birth, whereas in southern Ethiopia it usually linked to marriage between the ages of 16 and 20.

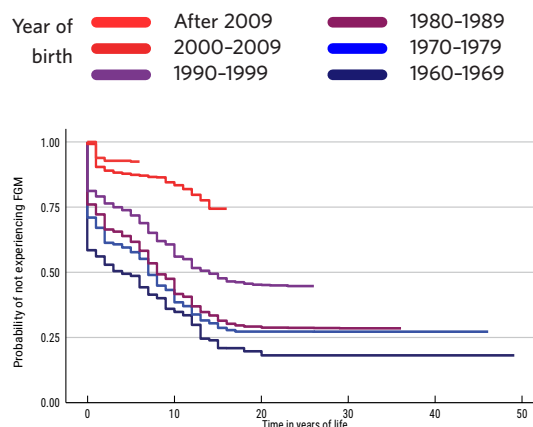
Figure 3.25 depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969), 75% of girls have been undergoing FGM by age 9, while for younger generation (after 2009), the same proportion are cut by age 1. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that nearly 6.3 million girls will be at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.26).

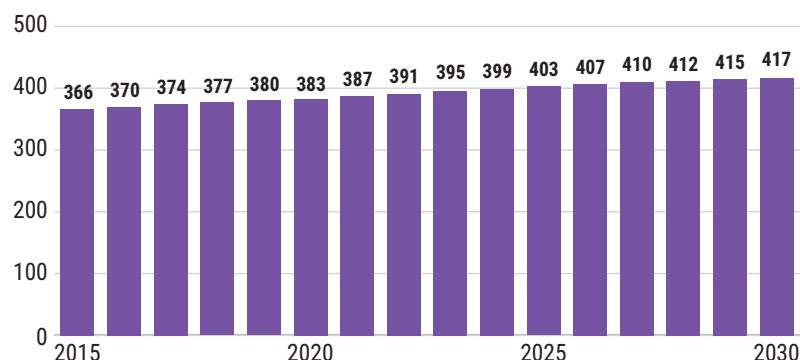
FIGURE 3.25

Probability of not experiencing FGM for women and girls aged 0-49 years in Ethiopia



Source: UNFPA 2018

FIGURE 3.26: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Ethiopia



Source: UNFPA (2018)

FIGURE 3.27



Timeline of key initiatives and actions in Ethiopia



Strengthened national enabling environment

Ethiopia has put in place a number of critical milestones in terms strengthening the national enabling environment for addressing FGM and other harmful practices. Alongside with the political commitments and measures, efforts are also under way in terms of widely sensitizing the public at large on issues related to FGM. This is

being done through various approaches, including engaging communities in a dialogue process to reach consensus towards the abandonment of the practice of FGM, building consensus with religious leaders in delinking FGM from religious requirements, and empowerment of girls.



National Achievements in 2018

Enabling environment for the elimination of FGM



Arrests: 13
2015–2018 total: 293



Cases brought to court: 9
2015–2018 total: 86



Convictions and Sanctions: 4
2015–2018 total: 6

In partnership with the Federal Supreme Court, an assessment of the barriers and enabling factors for implementation of legislation on FGM will be undertaken to better inform programming at the country level.

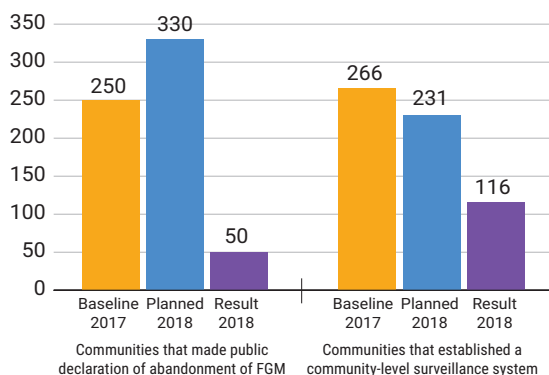
- The development of a national costed road map to end harmful practices significantly progressed in 2018 and passed through different consultative processes (expected to be finalized in 2019). The road map includes comprehensive situation analysis, federal- and regional-level plans, and a monitoring and evaluation framework.
- The National Alliance to end FGM and child marriage, the national coordinating body within the Ministry of Women Children and Youth, continued to successfully lead several national initiatives. In addition, regional-level coordination mechanisms in the Afar and Southern Nations, Nationalities, and Peoples (SNNP) regions have been put in place to help coordinate the effort of stakeholders working at subnational level.
- The Annual National Girls summit was organized, serving as a structured nationwide mechanism to review progress, share experience and deliberate on the way forward.
- Continued engagement with members of parliament at both national and regional levels to strengthen accountability, particularly the initiative with Women and Children's Affairs Standing Committee (see above).

- The Ministry of Women, Children and Youth developed a checklist to assess and identify districts where at least one third of the *kebeles* (lowest administrative unit) are free from FGM; such districts will be given a white flag as a visible landmark. This will help to encourage and also challenge neighbouring districts to follow.
- The Government has introduced a new reporting and accountability mechanism that requires all sectors to present their plans for the coming 100 days. At the end of the 100 days they report back what they have achieved and their challenges. This is also benefiting the work on FGM as it is one of the priority issues.

Transforming social and gender norms to eliminate FGM

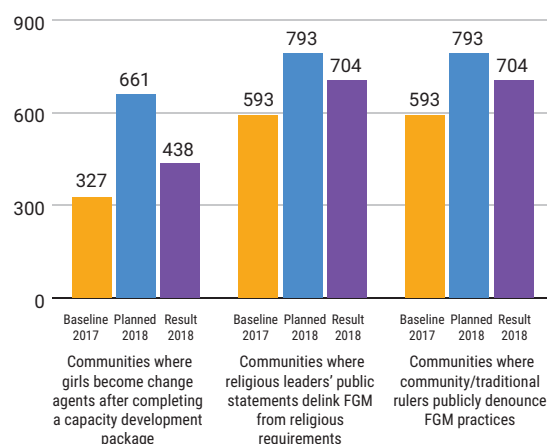
- 50 communities have made public declaration of abandonment of FGM involving 15,200 individuals.
- 595,362 community members were reached through educational interventions to build a critical mass to support the change in social norms. Some 246,521 people in Afar and SNNP regions were reached through media in the target *woredas* (districts). In addition, more than 121,160 people were estimated to have listened to TV or radio broadcasting across the two target regions beyond the target districts.
- 14,140 adolescent girls participated in girls' platforms (cut and uncut girls club and life skills), which mainly focus on self-awareness, problem-solving, decision-making, reproductive cycle management, and sexual and reproductive health issues.
- 740 religious leaders were trained and took part in the consultative consensus-building sessions and publicly denounced the practice of FGM.
- 660 girls were saved from undergoing FGM thanks to the involvement of communities, including through the community surveillance mechanism.
- A new initiative of recognizing and awarding women who have not subjected their daughters to FGM and kept them in school was started in 2018. These women in turn now travel from village to village to raise awareness in their respective communities to stop FGM, in close coordination with community-based structures. They are playing a key role in their communities to create groups of advocates against FGM and other harmful practices.

FIGURE 3.28: **Numbers of communities that:**
(a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Ethiopia



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.29: **Number of communities with enablers of social norm change in place**



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Intermediate markers of progress

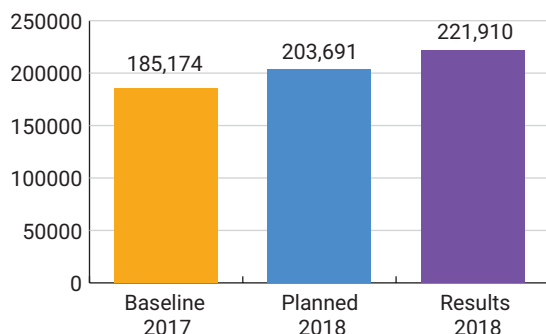
- Girls who have not undergone FGM have begun to speak publicly about the harmful effects of FGM, breaking the traditional belief: 1,969 such girls have been voluntarily registered to work with different community groups to end FGM.
- Schools set rules to discipline those who verbally abuse/insult non-FGM girls.
- There is increasing intermarriage of men from the Afar Region with young women from surrounding non-Afari communities who either have no or a less severe type of FGM. This confirms the view that, for some communities, FGM is no longer considered as a primary requirement for marriageability. More research is needed to further understand the context and reasoning behind such a move at community level.

Access to quality FGM-related services for women and girls

Efforts to provide services for women and girls were further strengthened in the year and the following results were achieved in Ethiopia.

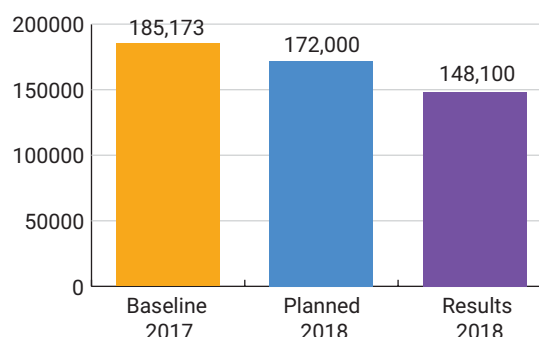
- 453,485 girls and women received health, social and legal services.
- More than 47 health-care facilities were supported to integrate FGM in their service provision and health education system, and also had their capacity strengthened for case identification and management.
- 210 service delivery points providing social services were supported to provide quality prevention and response services. The services provided include information about available services, referral linkages and case management, provision of initial guidance and advice, support and encouragement to women and girls at risk of and/or survivors of FGM to seek other services such as medical and legal services.
- 286 midwives and 709 health extension workers were trained on their role of FGM prevention and

FIGURE 3.31: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.30: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

care.

FIGURE 3.32: Number of girls and women who received legal services related to FGM in 2018

Source: UNFPA-UNICEF FGM Joint Programme database, 2018

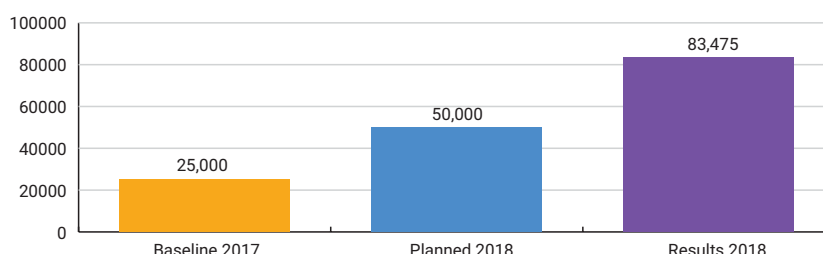
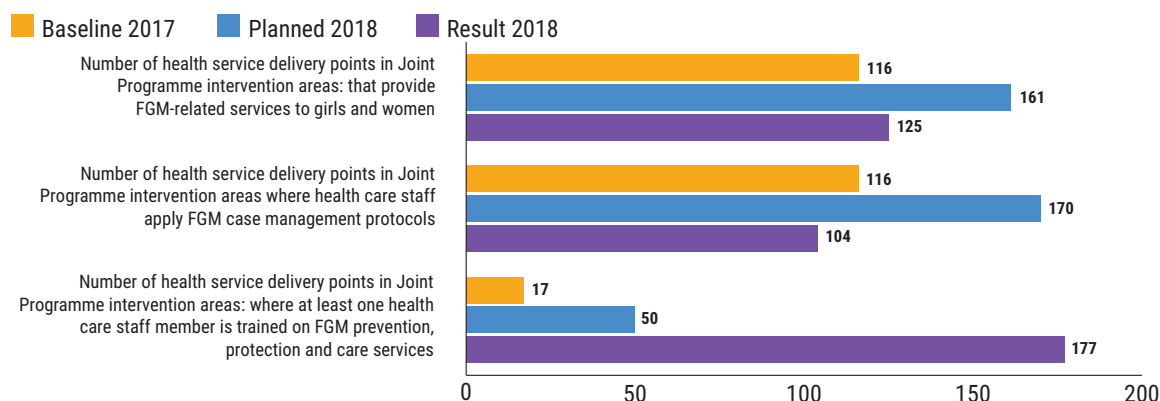


FIGURE 3.33: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Data and evidence

In-depth analysis was carried out of the 2016 EDHS (Ethiopian Demographic and Health Survey) findings on FGM. The analysis covers patterns and trends of FGM at regional level, observed annual rate of change, and required rate of change

to achieve nationally and globally set goals of elimination. Results from the analysis informed the costed national road map (under finalization), policy dialogue and programming efforts.

Innovation

The community surveillance team started registering newborn girls and making house-to-house regular follow-up on the status of girls. This has strengthened the effort to protect children at

the household level, and has opened the discussion on the need to collaborate with various agencies working on vital events registration.

Challenges

1. Given the significant and growing number of internally displaced persons and refugees being hosted in Ethiopia, the programme strategies and interventions need to be able to adapt to this context to reach the affected populations.
2. Law enforcement agents are not adequately reaching remote and less accessible rural communities located far from the centre, making

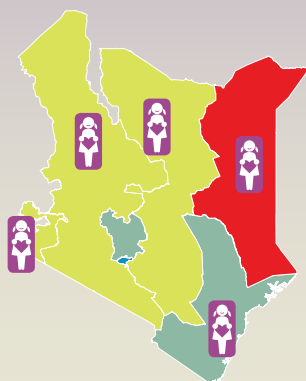
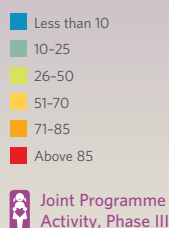
- girls and women more vulnerable to the practice of FGM. There is also a tendency for parents to take girls to neighbouring districts to undergo FGM.
3. Women and girls who have undergone FGM have limited access to services due to the low awareness level of health-care professionals in identifying and treating cases of FGM.

Kenya

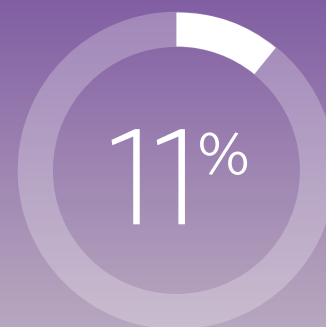


FACTS

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



Source: DHS 2014



of girls and women aged 15 to 19 have undergone FGM

- 21% of girls and women in Kenya aged 15-49 years have undergone female genital mutilation (FGM).
- 43% of girls aged 15-19 years underwent FGM between the ages of 10 and 14 years.
- In Kenya, the prevalence of FGM as a harmful practice varies across the country and is concentrated in some regions.
- Evidence shows FGM is being performed on younger girls: 28 per cent of women aged 20-24 experienced FGM between 5 and 9 years of age, as compared with 17 per cent of those aged 45-49. Communities who still want to practise FGM want to avoid resistance and denunciation.

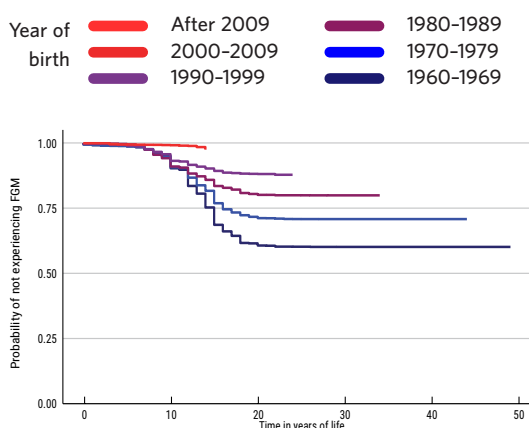
FIGURE 3.34 depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969) 25% of girls have been undergoing FGM by age 11 and 50% by age 14, while for younger generation (after 2009), 75% of girls are cut by age 2. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that 813,159 girls are at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.35).

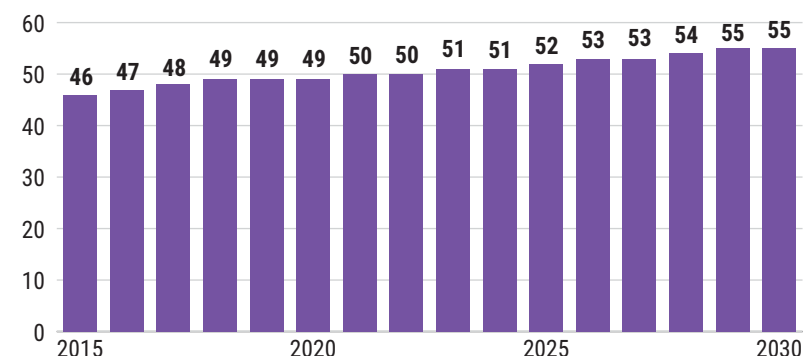
FIGURE 3.34

Probability of not experiencing FGM for women and girls aged 0-49 years in Kenya



Source: UNFPA 2018

FIGURE 3.35: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Kenya

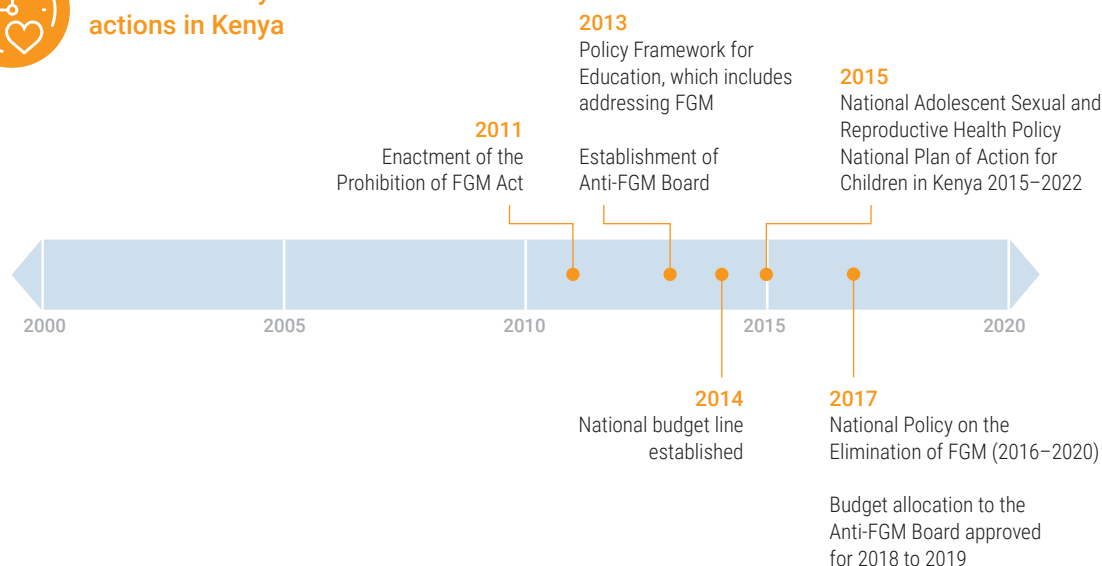


Source: UNFPA (2018)

FIGURE 3.36



Timeline of key initiatives and actions in Kenya



National Achievements in 2018

- Kenya held an End FGM Conference in February of 2018 with a resolution affirming commitment by both state and non-state actors to eliminate FGM in Kenya. At this conference, which brought

together a total of 500 stakeholders, the United Nations Joint Programme on Elimination of FGM was recognized and awarded the 'best joint programme' on ending FGM in Kenya.

Enabling environment for the elimination of FGM

- An ongoing case in court filed by a medical doctor is challenging the Prohibition of FGM Act 2011 and the establishment of the Anti-FGM Board. While the constitution of Kenya supports protection and enjoyment of individual cultural rites, FGM law has been introduced to prohibit (harmful) cultural rites on girls and women. The Joint Programme supported the

state and pro bono lawyers dealing with the court case to strategize a way forward. Further, the Joint Programme has supported the issuance of a public statement concerning the case by the Anti-FGM Board through the radio and television stations. The case has been cited as a constitutional matter and, because of this, the

FIGURE 3.37: Number of arrests, cases brought to court and convictions



Chief Justice has established a three-judge bench to determine the case.

- Kenya developed and launched key policy-related documents, including Resource Mobilization Strategy, guidelines for Alternative Rites of Passage (ARP) and Community Dialogue, as well as the elimination of FGM Resource Handbook. This was possible because the Joint Programme built

the capacities of 130 individuals (85 male and 45 female) from civil society organizations and youth networks; and targeted 50 members (35 male and 15 female) of the County Assemblies (MCAs) from focus counties. Such advocacy forums with MCAs often resulted in action plans with clear road maps for the development of county-specific policies on elimination of FGM and child marriage, including budget allocation.

Transforming social and gender norms to eliminate FGM

Some 83,773 people (40,051 male and 43,722 female) were directly reached through community dialogues, provision of services, training, community and school-based exchange programmes, community theatres to end FGM and commemoration of international calendar days.¹ Additionally, 400,000 persons (180,000 male and 220,000 female) were indirectly reached through community radio stations and talk shows. This was as a result of the following.

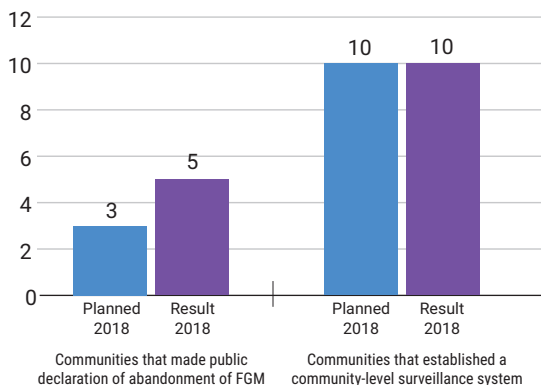
- Sustained community conversations/dialogue. During the reporting period, there were 820 community dialogue sessions delivered across the Joint Programme focus counties. A total of 63,806 people (26,240 male and 37,566 female) were directly reached.
- 2,300 girls were identified as at risk of undergoing FGM due to family history and area of residence. These girls are tracked and regularly supported by trained community monitors including men, youth, women and other girls.
- 5,030 girls rescued from FGM and assisted to access services for counselling, safe temporary shelter, education, health and legal aid. This was possible because the Joint Programme directly engaged 87,957 (40,899 male and 47,058 female) people and indirectly 400,000

(180,000 male and 220,000 female) through community dialogue, provision of services, lifeskills and mentorship training, alternative rites of passage and outreach programmes, as well as community-based radio stations and talk shows.

- 110 active excisors were identified, trained and engaged during programme implementation. As part of prevention measures their details were shared with the Nyumba Kumi members (local security committees), as well as the government security agencies for surveillance, including tracking them and preventing them from carrying out FGM. The reformed excisors were also engaged in community outreach activities and were able to additionally reach 1,450 women and female youth in the target villages.
- In Kuria, there are 50 community-owned safe homes (locally registered with the local chiefs) to protect girls who escape from their families during the FGM season. This is part of a Joint Programme intervention to strengthen community-based protection structures and reduce institutionalization of rescued girls. In 2018, some 28 girls were rescued and sheltered in safe homes and later reunited with their families at the end of the FGM season. The programme is geared towards showcasing this

¹ International Day of Zero Tolerance to FGM; 16 days of activism; International Day of the Girl Child.

FIGURE 3.38: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Kenya



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

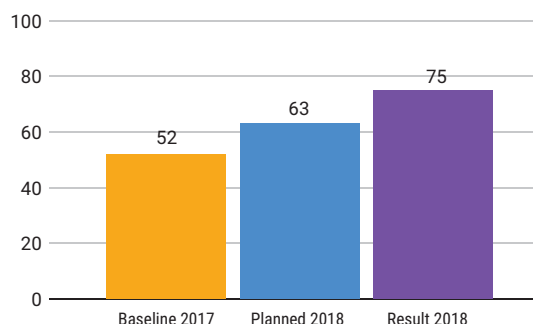
innovative community-based intervention and raising its visibility.

- 620 members of Nyumba Kumi (390 male and 230 female) participated in the community dialogue sessions and were trained on the adverse effects of FGM. The trained members were also linked with FGM community monitors to strengthen detection, prevention and response to FGM cases.
- 210 religious leaders (180 male and 30 female) were trained in Garissa, Kisii, Kuria, Tana River and Wajir on the negative effects of FGM. They were engaged during the programme implementation and facilitated to hold six sensitization meetings. In Garissa, Tana River and Wajir, a religious and traditional leaders' dialogue forum for 230 men supporting anti-FGM interventions and those that support FGM was organized to discuss FGM and Islam. The idea was to influence and convince the religious leaders and elders (men) to declare that FGM has no basis in the Islamic faith or any other faith.
- Community and school-based exchange programme: 10 community and school exchange programmes were carried out reaching 2,565 people (1,387 male and 1,178 female).² This

² Abagusii, Abakuria, Masaai, Orma, Pokot, Rendille, Samburu, Somali (2 sites) and Wardei.

³ Egesa, Kalya FM, Nossim, Serian, Star FM, Togotane FM and Wajir community radio.

FIGURE 3.39: Number of communities where girls become change agents after completing a capacity development package

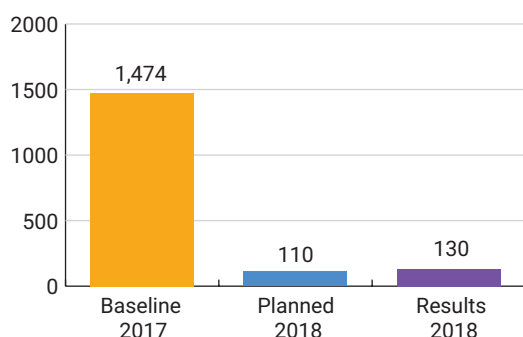


Source: UNFPA-UNICEF FGM Joint Programme database, 2018

amplifies the voices of communities through sharing of best practices.

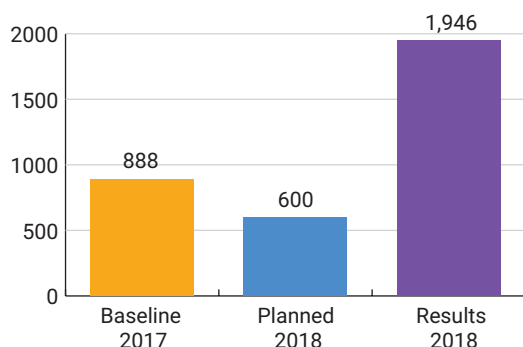
- Communication for Development: The programme has continued to the use and benefit from Communication for Development to amplify women's and girls' voices, facilitate meaningful participation, and foster social change within FGM-practising communities. The programme revealed underlying attitudes and traditional wisdom, and helped to develop, test and spread new social messages related to FGM to an estimated 400,000 people (180,000 male and 220,000 female) through seven community radio stations³ and talk shows.
- Established and strengthened nine male engagement networks: Through culturally sensitive and gender-responsive approaches, men and boys have been engaged during programme implementation to discuss issues that are considered taboo in some communities. Discussions take six months until the members participating in the dialogue sessions on FGM are free to openly express their opinions. A total of 1,200 men and 1,200 boys are engaged to ensure their primary prevention initiatives lead to a significant advance in the overall reduction of

FIGURE 3.40: Number of girls and women who received health and prevention services related to FGM



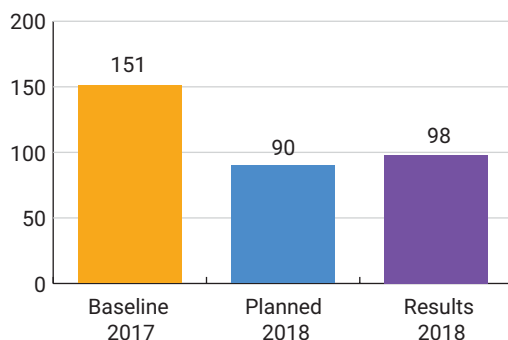
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.41: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.42: Number of girls and women who received legal services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FGM and increased awareness of the negative societal impacts of violence (including FGM) against women and girls.

Access to quality FGM-related services for women and girls

Some 5,030 girls received essential services including access to safe temporary shelter, education, health and psychosocial support. This was as a result of the following:

- Enhanced capacities of 322 (203 male and 119 female) members from service providers at national and county levels.
- 57 health service providers were reached and 30 (14 male and 16 female) of their staff trained to provide health services to girls with complications arising from FGM.
- 19 paralegals from focus counties were trained on FGM case management and mediation. The paralegals provided legal aid services to 533 community members in Baringo, Elgeyo Marakwet, Narok, Samburu and West Pokot focus counties. Some 30 cases (including early child marriage, 7; FGM, 4; custody and maintenance; eviction, 3; and succession, 2) were referred to FIDA Kenya for further legal follow-up and support with court cases where necessary.
- Other capacity-building initiatives for service providers provided by the Joint Programme included training of 4,460 police, journalists and health officials (2,140 male and 2,320 female) on overall child protection, prevention of medicalization of FGM, gender-based violence, basic psychosocial support, case management, child-friendly case recording, evidence preservation, prosecution and referral pathways.
- 576 (376 male and 200 female) focal points were trained and activated resulting in the rescue and linking to services the said 5,030 girls.

Intermediate markers of progress

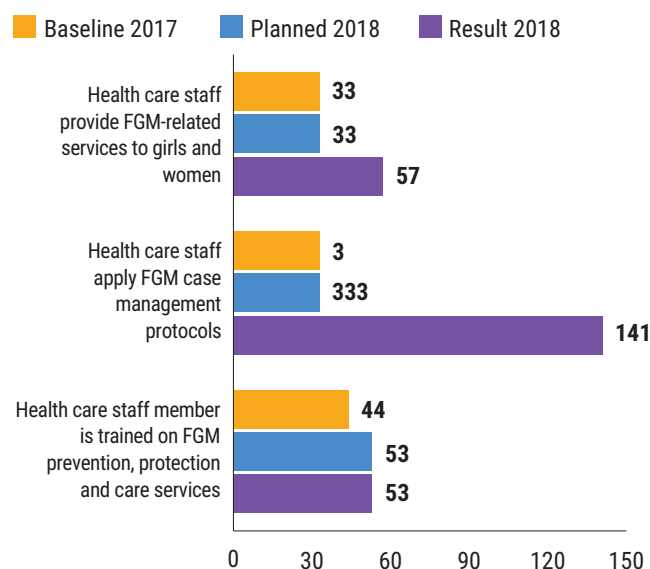
Positive changes have been reported during many community dialogue sessions, including improved relationship, reception and demand for services for FGM at the police child and gender desks and health service points.

The year also witnessed an overall increase in reporting (Joint Programme media monitoring indicates 57 occasions) of FGM cases and discussions in newspapers, on the radio and on television.

Formal evaluations and studies

The 2018 UNICEF study on FGM and child marriage⁴ shows the influence of border countries/communities on the continuity of harmful practices by those who provide the service and those who demand it. The findings show approximately 60 per cent from Ethiopia, 14 per cent from Somalia, 71 per cent of respondents from Uganda and 17 per cent from the United Republic of Tanzania had visited Kenya for FGM services. Specifically, approximately 4 per cent of surveyed women indicated that they had visited Kenya only once, 8 per cent had always visited Kenya when in need of FGM services and 30 per cent stated that they have visited Kenya occasionally to seek FGM services. Some 54 per cent of surveyed women from Ethiopia, 50 per cent from Somalia and 22 per cent from Uganda had visited Kenya at least three times to seek FGM services. The affordability and availability of excisors and leniency of the relevant laws addressing FGM, increase cross-border FGM incidents.

FIGURE 3.43: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Challenges

As indicated above, an ongoing case in court filed by a medical doctor, challenging the Prohibition of FGM Act 2011 and the establishment of the Anti-FGM Board, challenges the very core of the effort to eliminate FGM in Kenya. While the constitution of Kenya supports protection and enjoyment of individual cultural rites, FGM law has been introduced to prohibit (harmful) cultural rites on girls and women. The national response supported the state and pro bono lawyers dealing with the court case to strategize a way forward and will continue its advocacy efforts to challenge such views.

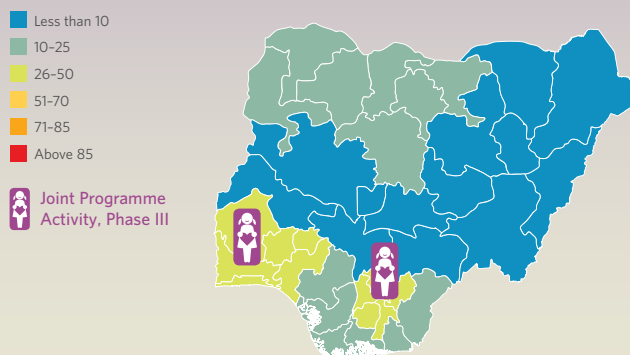
4 United Nations Children's Fund, *Baseline Study Report: Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya*, UNICEF, New York, 2017, <<http://uni.cf/2E7m5JN>>, accessed 17 July 2019.

Nigeria

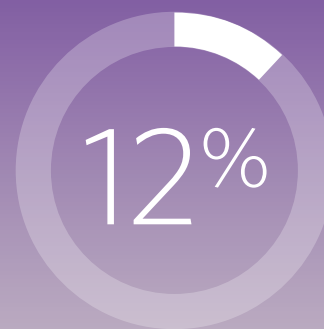


FACTS

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



Source: MICS 2016-2017



of girls and women aged 15 to 19 have undergone FGM

- 12% of girls and women in Nigeria aged 15 to 19 years have undergone FGM.
- 18% of girls and women in Nigeria aged 15 to 49 years have undergone FGM.
- 14,808,519 girls are at risk to be cut between 2015 and 2030 (UNFPA 2018)
- FGM prevalence among women aged 15-49 years consistently decreased in the FGM Joint Programme intervention states from 2007 to 2016-17.

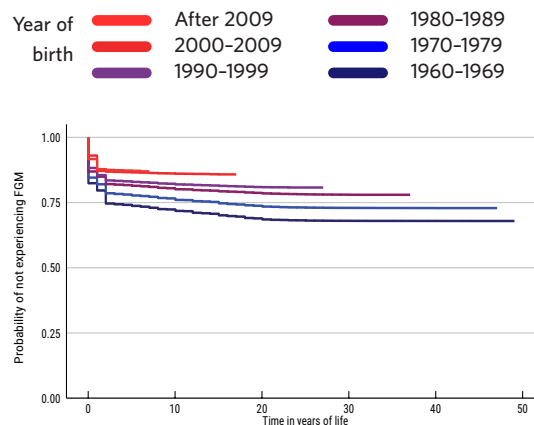
Figure 3.44 depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a slight decrease in age at cutting, as for older cohort (1960-1969), 75% of girls have been undergoing FGM by age 2, while for younger generation (2000 -2009), 75% of girls are cut by age 1. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that 14,808,519 girls will be at risk of female genital mutilation (FGM) between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.45, page 85).

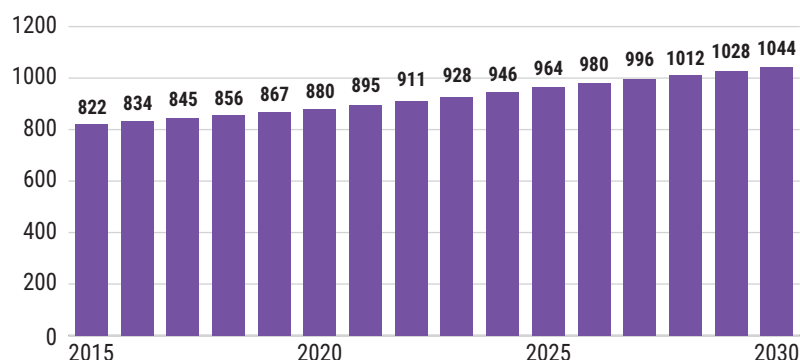
FIGURE 3.44

Probability of not experiencing FGM for women and girls aged 0-49 years in Nigeria



Source: UNFPA 2018

FIGURE 3.45: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Nigeria

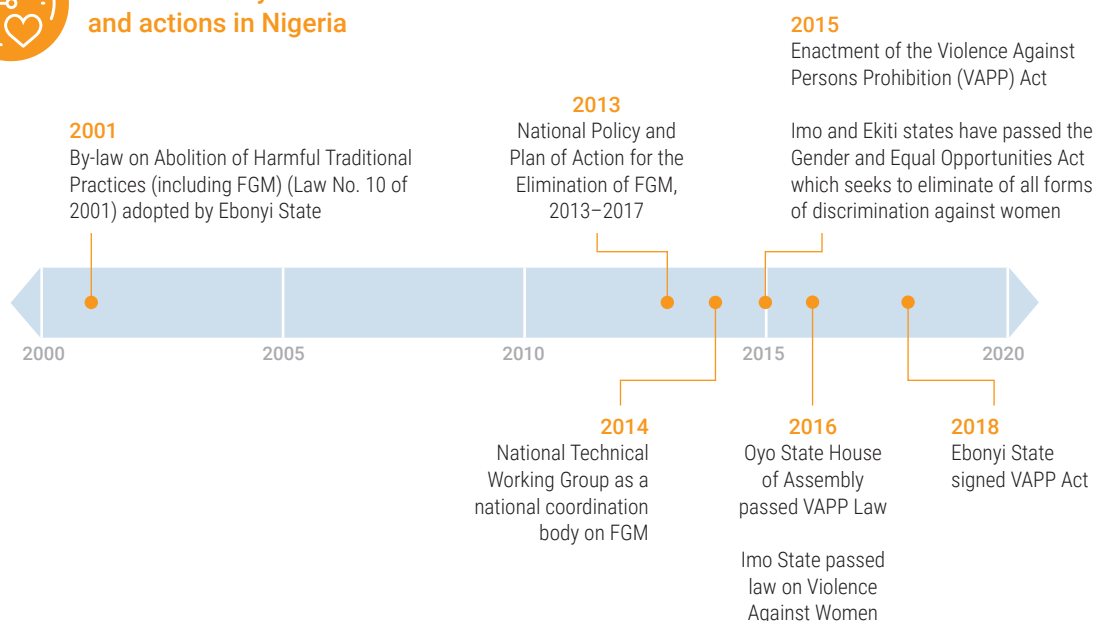


Source: UNFPA (2018)

FIGURE 3.46



Timeline of key initiatives and actions in Nigeria

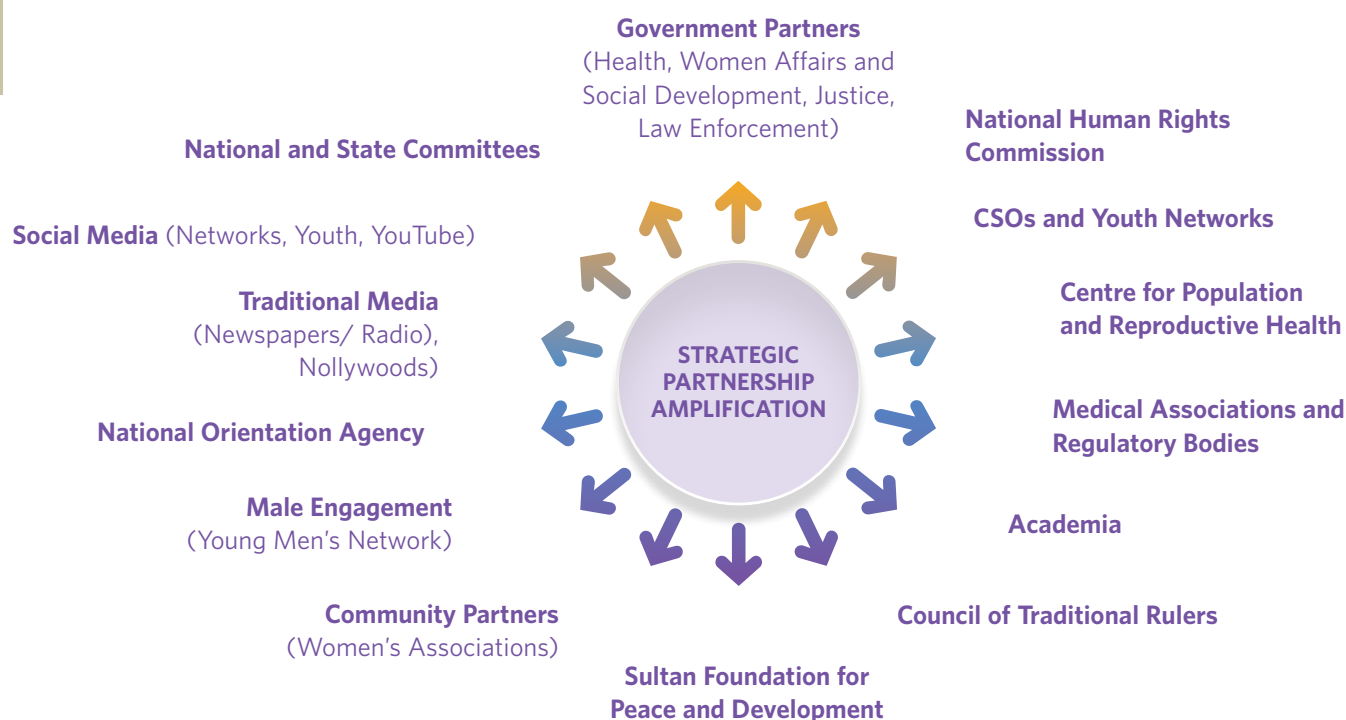


Strategic partnership and amplification

The national context in Nigeria, particularly the large size of its population and relatively large number of girls at risk of FGM, calls for an approach to reach a large number of individuals, communities and institutions. The work of the Joint Programme is appropriately responding to this context. There is strong strategic partnership with various institutions and associations and this has facilitated policy advocacy, institutionalization of

FGM in various work streams, leveraging support from different actors and reaching out meaningfully groups of communities. Deliberate effort has also been made to utilize various traditional and social media channels effectively (including movies, radio drama, Twitter, Facebook, WhatsApp and edutainment) to have a wider reach in creating mass awareness and expand the resonance effect and amplification of different initiatives.

FIGURE 3.47: **Strategic partnership and amplification in Nigeria**



National Achievements in 2018

Enabling environment for the elimination of FGM

Efforts to strengthen the policy legal environment continued in 2018 with the following initiatives and achievements.

- Violence Against Persons Prohibition Act, which was nationally enacted in 2015, was signed by Ebonyi State in 2018. Enforcement of legislation remains low in the country, with only seven cases of arrests in 2018.
- In collaboration with the Federal Ministry of Health and Center for Population and Reproductive Health, the Joint Programme mobilized 13 medical regulatory bodies for a discussion on medicalization of FGM leading to the signing of a declaration that FGM performed by health-care providers is an unethical practice.
- Efforts to include FGM indicators in the National Health Management Information System (NHMIS) are ongoing.
- The Joint Programme ensured the continued reflection and emphasis of FGM in high-level advocacy events organized both at national and global levels. FGM was recognized as gender-based violence (GBV) in the first ever National GBV Conference, hosted by the Vice President of Nigeria.

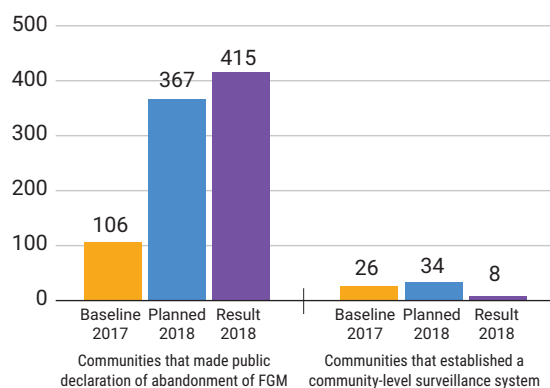
Transforming social and gender norms to eliminate FGM

- 415 communities have made public declaration of abandonment of FGM involving 2 million individuals.
- FGM education has been mainstreamed into cultural festivals: In partnership with the Councils of Traditional Rulers, FGM awareness is included in the revered annual celebration of the 'New Yam Festival' in South East Nigeria. The event is a very important occasion where every member of the community is expected to be present, along with invited guests including the governor of the state. This is a cost-effective way of reaching the entire community and also provides the platform for key stakeholders to denounce FGM in front of the entire community and invited guests.
- The partnership with the National Orientation Agency and the women's associations in the intervention communities has sustained the inclusion of FGM as one important discussion in the Annual Women's Home and Abroad Meeting (called the August Meeting).
- The programme established coalitions of boys' and men's groups, including Men Engage Alliance to end FGM, in 60 communities across the five target states.
- 5,094 girls were reached through various capacity-building and empowerment approaches: sensitization of girls in primary and secondary schools (e.g., on weekly moral instruction days), partnership with existing school clubs to mainstream FGM in their regular sensitization, and providing life-skills training to in- and out-of-school girls and empowering them as change agents among peers.
- 5,682,676 individuals reached through radio and TV programmes and social media interactions on issues related to FGM.
- 133 girls were saved from undergoing FGM with the involvement of communities, including through the community surveillance mechanism.

Intermediate markers of progress

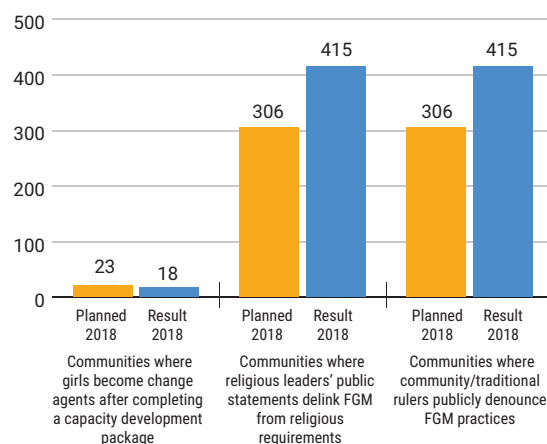
- Celebration that formerly accompanied FGM is no longer seen in communities in the intervention areas, especially in Izzi Clan where it was once a rite of passage.
- Communities and individuals have started reporting cases of FGM to the authorities, which was not the case in the past.
- Communities that publicly declared abandonment of FGM have started putting sanctions on those who continue practising FGM despite their commitment during public declaration.

FIGURE 3.48: **Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Nigeria**



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.49: **Number of communities with enablers of social norm change in place**



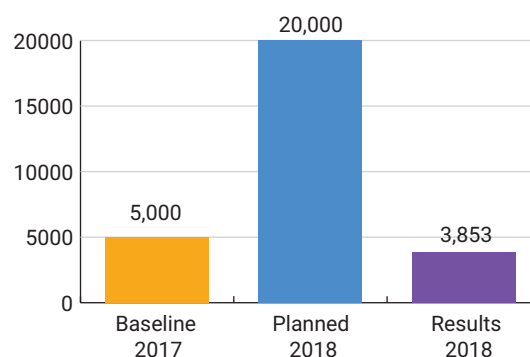
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Access to quality FGM-related services for women and girls

In Nigeria, emphasis was placed on capacitating institutions and systems that deliver services to women and girls at risk of or affected by FGM. The following were the specific achievements.

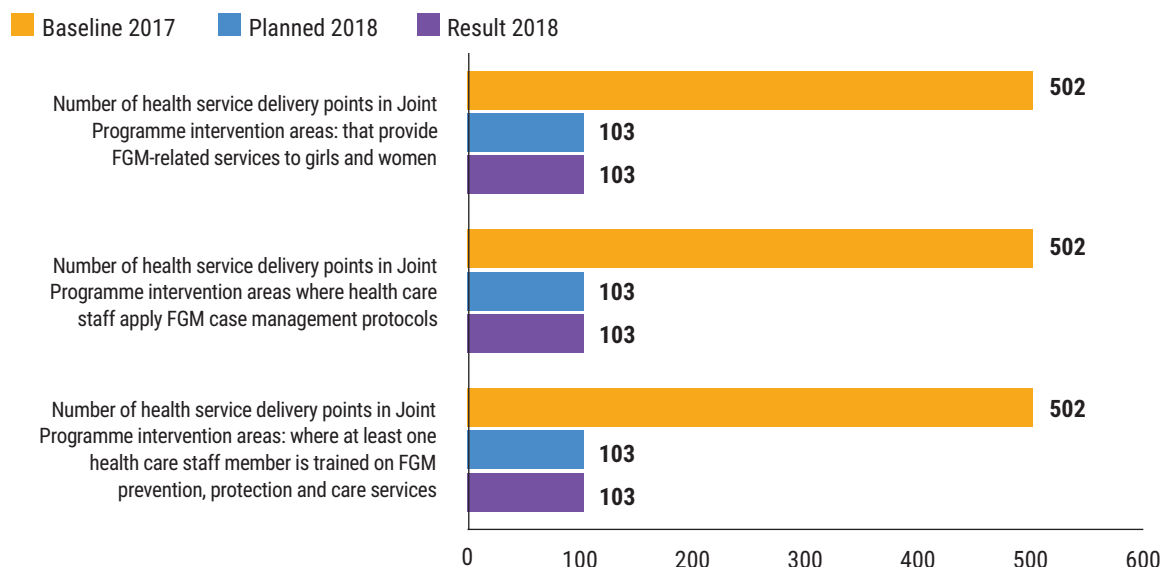
- 3,903 girls and women received health, social and legal services (see Figures 5.50, 5.51 and 5.52).
- Integrating FGM into gender-based violence and sexual and reproductive health programming: the programme supported the integration of FGM into the minimum package of services and standards for adolescents and young people, which was finalized by the Federal Ministry of Health in 2018.
- The programme reviewed and harmonized the FGM protocol with the updated World Health Organization (WHO) clinical handbook for management of FGM complications.
- 253 health workers (36 male, 217 female) selected from 103 health-care facilities across the five operational states of the Joint Programme have been trained to provide FGM-related health services to girls and women.
- 89 organizations providing social and legal services to girls and women at risk of or affected by FGM were mapped and a database of these providers will be created and circulated to all stakeholders.

FIGURE 3.50: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.51: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Innovation

- Real-time reporting of activities on social media: To increase the number of people interacting on issues related to FGM on social media, the 'endcuttinggirls' campaign commenced 'real-time reporting' of activities using three social media platforms (Instagram, Facebook and Twitter), reaching 3,682,676 individuals on issues related to FGM.
- The social media advocates assisted community members to open social media accounts and join the ongoing conversations using the hashtag #endcuttinggirls. By the end of 2018, there are 2,271 followers on this hashtag. This enabled other stakeholders, especially community members outside the venue of the activity, to join the conversation and contribute to the discussions.

Challenges

1. Health workers are performing FGM on newborn babies before they taken home to avoid detection by the community surveillance system.
2. Negative peer pressure is forcing adolescent girls to seek FGM to the extent of paying for it by themselves. The Joint Programme will prioritize engagement with young people for a collective abandonment of the practice.
3. Reluctance among communities to drop the practice of massaging/pressing the clitoris with hot water or other substances to desensitize it, as they do not consider it as FGM because flesh is not removed, and the child may not bleed.
4. Data collection by implementing partners to inform the monitoring and evaluation system.

"You can't be telling the local or traditional people to stop the practice, and you a doctor or nurse then begins to engage in it. By medicalising it, you are rolling back the gains of stopping female genital mutilation"

Professor Oladosu Ojengbede,
Executive Director of the Centre for
Population and Reproductive Health,
University of Ibadan

Senegal

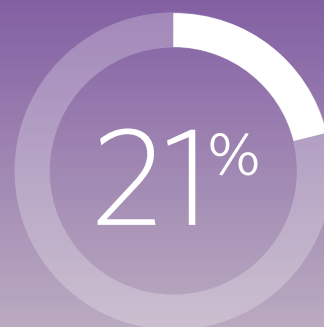


FACTS

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



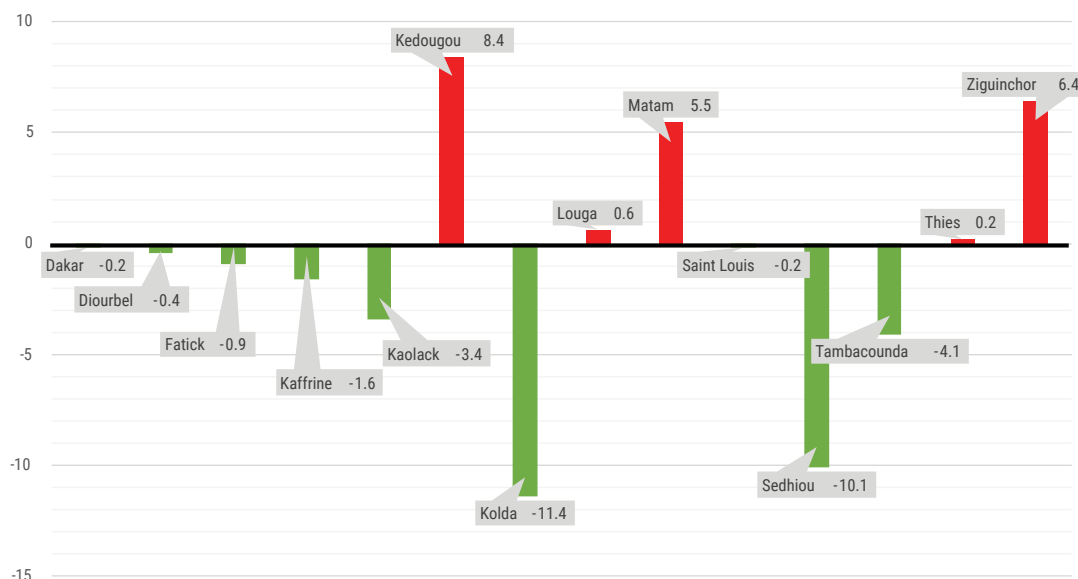
Source: DHS 2016



of girls and women aged 15 to 19 have undergone FGM

- 24% prevalence rate of female genital mutilation (FGM) in 2017.
- 26% of women 45-49 years age have undergone female genital mutilation against 21% for girls aged 15-19 years old
- FGM rate¹ among girls under 14 years of age dropped in the Joint Programme target areas of Kolda (11%), Sedhiou (10%) and Tambacounda (4%), while there was an increase in Matam by 4%.

FIGURE 3.52: Variation rate of U15 FGM prevalence by regions of Senegal between 2016 and 2017



Source: UNICEF and UNFPA Senegal

1 EDS Continues 2016 and 2017.

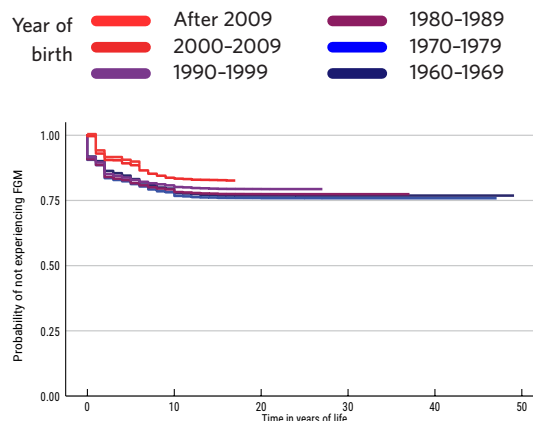
FIGURE 3.53 depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960–1969), 50% of girls have been undergoing FGM by age 2 and 75% by age 6, while for younger generation (after 2009), 50% of girls are cut by age 1 and 75% by age 2. However, this difference should be confirmed by a statistical significance testing.

In Senegal, recent estimates indicate that almost 700,000 girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.54).

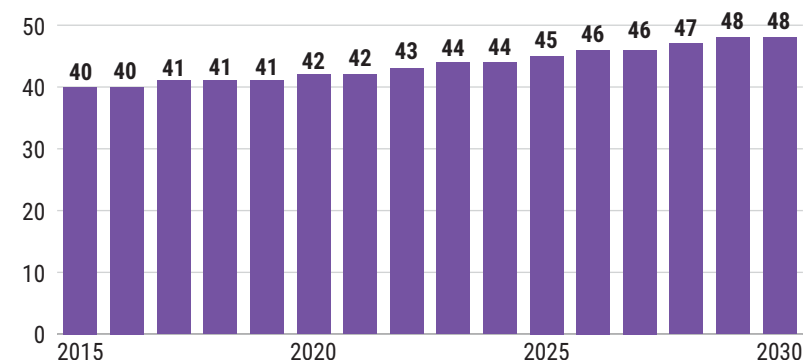
FIGURE 3.53

Probability of not experiencing FGM for women and girls aged 0–49 years in Senegal



Source: UNFPA 2018

FIGURE 3.54: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Senegal

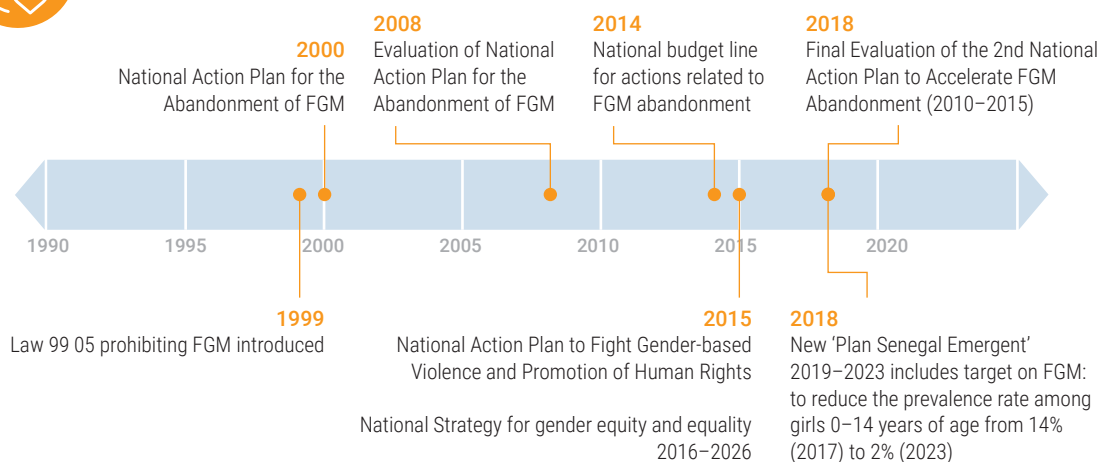


Source: UNFPA (2018)

FIGURE 3.55



Timeline of key initiatives and actions in Senegal



National Achievements in 2018

Enabling environment for the elimination of FGM

- The national development framework now includes FGM, with a target to decrease the prevalence from its current level of 14 per cent to 2 per cent by 2023 for girls aged 0–14 years.
- At the decentralized level, capacity-building has made local authorities more aware of issues related to harmful practices. For example, nearly 400 local representatives were trained on human rights, child protection including FGM, and child-sensitive participatory budgeting for a better positioning of FGM and child marriage issues among the priorities of the Territorial Communities, through local development plans and budgets.
- A reference document for the detection and management of school girls at risk, including cases of FGM, has been adopted by the Ministry of National Education. This document provides specific guidance and instructions for FGM case reporting to social and judicial institutions. The guide encourages strong collaboration between the various sectors involved.
- The development of a multisectoral national strategy and an action plan initiated to accelerate the abandonment of FGM in Senegal based on participatory and inclusive approach, including traditional and religious leaders, civil society organizations and youth organizations.
- 30 young girl and boy leaders from high-prevalence regions (Kolda, Sedhiou, Tambacounda) have been trained in advocacy/communication and prepared to engage in dialogue on harmful practices with policymakers and authorities at community level. As a result of this training, an advocacy report for authorities was produced, accompanied by a slam memorandum² and recommendations for the elimination of FGM.
- In spite of these policy gains, law enforcement remains a critical challenge. Only seven arrests and one conviction were reported in 2018.

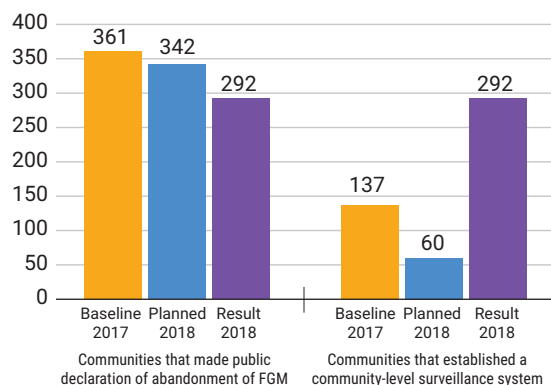
Transforming social and gender norms to eliminate FGM

Mobilizing and engaging communities for collective abandonment has continued, and in 2018 Senegal achieved the following:

- 292 communities made public declaration of abandonment of FGM involving 146,786 people, including 2,201 religious, traditional and community leaders;
- 108,341 people participated in community dialogue sessions promoting the elimination of FGM;
- 3,043 girls benefited from a capacity-development programme;
- 290 leaders trained on the human rights approach;
- Audience of 10,000 for radio and TV programmes on FGM in Joint Programme target areas;
- 2,219 people reached by caravans made by young people;
- 60 religious leaders trained on the religious argument to stop practising FGM to serve as peer educators and to sensitize members of their communities during religious activities/events;
- 108,958 people interacted on social media through the #TouchePasAMaSoeur campaign on the abandonment of FGM;
- 285 married couples were trained through the 'Ecoles des Maris' (Husband School) initiative and conducted 129 chats involving 4,796 individuals (youths and adults).

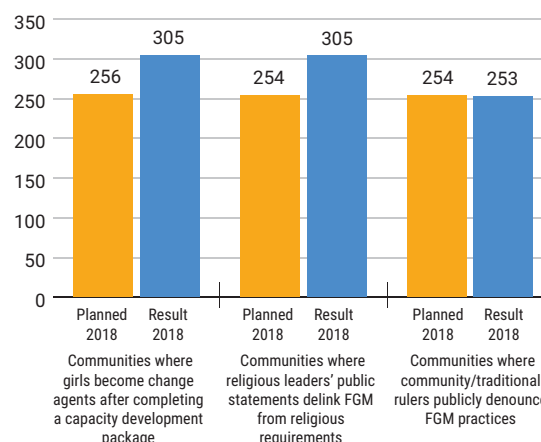
2 https://www.facebook.com/laparoleauxjeunesdumonde/videos/1805705936208325/?_rdc=1&_rdr

FIGURE 3.56: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Senegal



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.57: Number of communities with enablers of social norm change in place



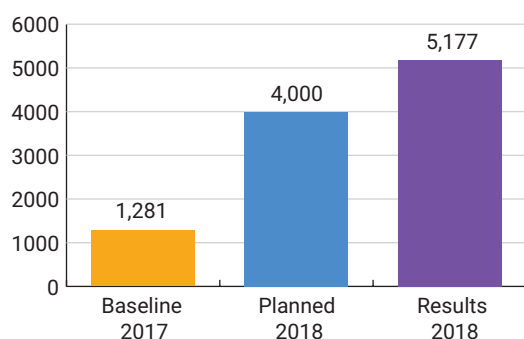
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

In the Region of Tambacounda, the advocacy carried out by the Regional Chief Medical Officer and the seven District Chief Medical Officers targeting community leaders (imams, church representatives, ward leaders) resulted in the appointment of FGM focal points in Kidira and Tambacounda districts, as well as in the regional hospital; it also enhanced the commitment of the gendarmerie (Arrond. D. Bakel) and the police (Kouthiagaïdy D. Koumpentoum). Integration of FGM in the reproductive health outreach activities has also been effective in the Region of Tambacounda through the 'Ecoles des Maris' and the commitment of the health authorities.

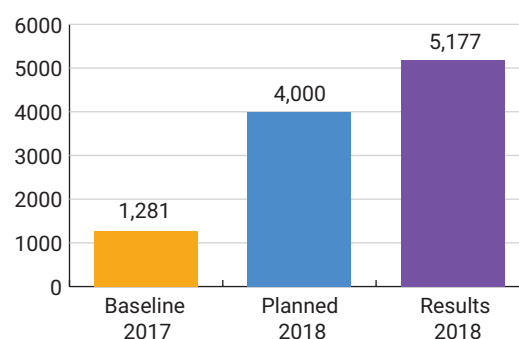
Access to quality FGM-related services for women and girls

- Integration of FGM in reproductive health services (Health Service Delivery – Tambacounda Region) via community-based intervention ('Ecole des Maris').
- Capacity-building of health-care providers and judicial system actors, advocacy and knowledge management.
- 400 teachers trained on the curriculum for 'life skills' in schools.
- 100,000 young people (boys and girls) in and out of school had access to information on FGM, reproductive health and gender-based violence, through educational sessions, sensitization and social mobilization.
- 109,000 young people reached with information through social media campaigns on FGM: Twitter (#TouchePasAMaSoeur) and Facebook.

FIGURE 3.58: Number of women and girls who received (a) health and (b) social services related to FGM

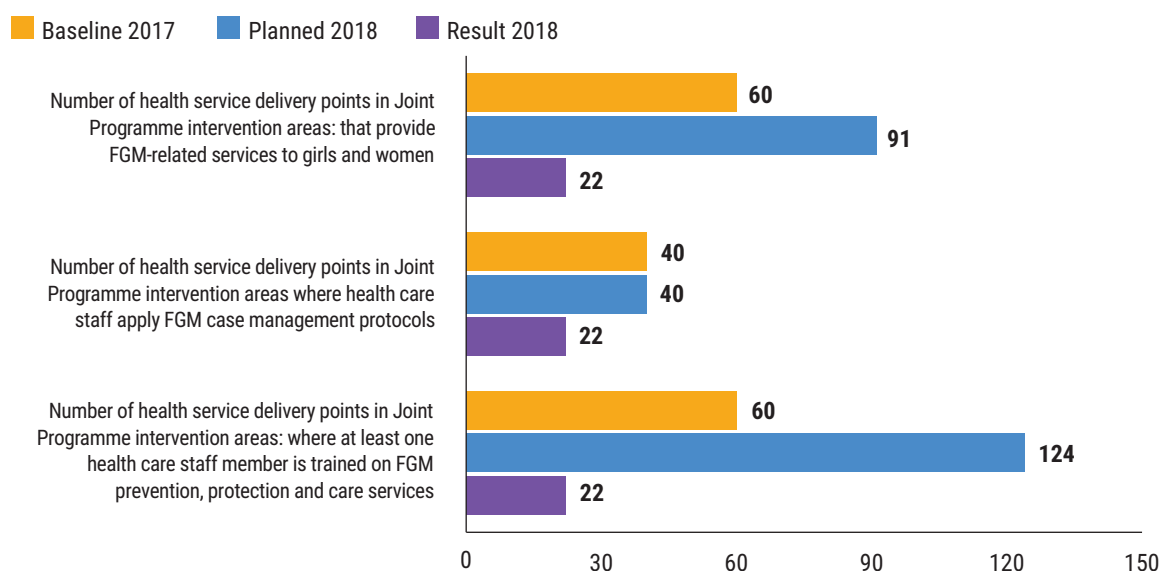


Source: UNFPA-UNICEF FGM Joint Programme database, 2018



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.59: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Data and evidence

- Final evaluation of the implementation of the second National Action Plan to accelerate FGM abandonment (2010–2015) of Senegal was conducted.
- Integration of FGM indicators into the health management information system (DHIS2) initiated. Reporting tools and guidelines developed for health workers at the health-care facility level for reporting on FGM.
- Development of a methodological guide and community-based intervention tools initiated in partnership with Georgetown University.
- 15 Comités Départemental de la Protection des Enfants (CDPE, Child Protection Department

Committee) regularly monitor protection including child protection, FGM and gender-based violence by completing an incident monitoring sheet developed and validated at national level by the Government and its partners since 2016. In 2018, some 9,015 cases of child protection were detected and reported, including 7 cases of FGM.

- A tool for measuring social norms and behaviour in child protection was developed in 2016 by Columbia University, in collaboration with the National School of Social Workers (ENTSS) of Dakar. This tool generates evidence, based on a population survey, on norms and protective behaviours, including FGM. The results will serve as reference data at the level of the departments concerned to measure future changes.

Innovation

A SYSTEM OF ALERT AND CASE REPORTING

A real-time data collection tool (RapidProtection), using the Rapid Pro platform on mobile phones, has been developed to facilitate the reporting of protection cases, including FGM, and to connect communities with identified child protection service focal points and access to services, while enabling real-time monitoring of the incidence of cases. It is an accessible tool (limited cost, based on SMS), is easy to use and guarantees the confidentiality of cases as well as the identity of the 'signalling reporters'. RapidProtection has been successfully piloted in Pikine département of Dakar Region, and is to be deployed in the Kolda Region in the south of the country. In Pikine, the Child Protection District Committee set up a network of more than 730 volunteer focal points (community actors, representatives of decentralized services, members of associations), who have been trained

on the detection and management of cases at the departmental level, as well as on the use of the RapidProtection reporting tool.

Real-time data on 1,192 child protection cases (from July 2018) are available through a dashboard. The online dashboard allows aggregation and visualization of data in real time; access is given to local authorities as well as to the social services.

GREEN LINE-'GINDIMA'

Some 4,432-people received information on FGM thanks to a Green line 'Gindima' (Phone number: 200,365). The green line offer the population complete and adapted information about adolescent and youth sexual and reproductive health (including FGM); it is supported by the Joint Programme through the Ministry of Youth and Citizen Construction.

Challenges

Apart from the data from the Demographic and Health Survey (DHS), Senegal lacks data and evidence on the social and cultural determinants that favour the persistence or change of FGM practice. It is therefore necessary to strengthen data collection for monitoring and to conduct in-depth

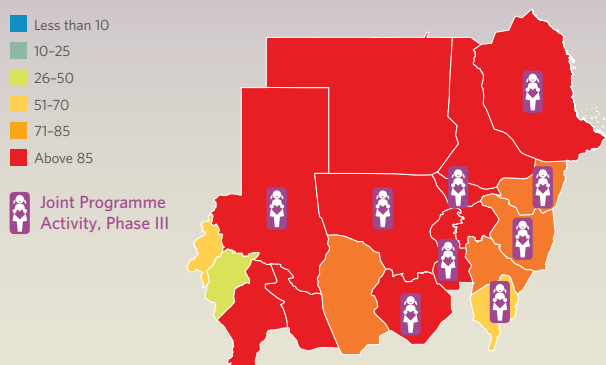
studies to gain a better understanding of the gender roles that affect FGM and the characteristics of social groups that can influence FGM decision-making which can shape or modify the change dynamics of FGM.

Sudan

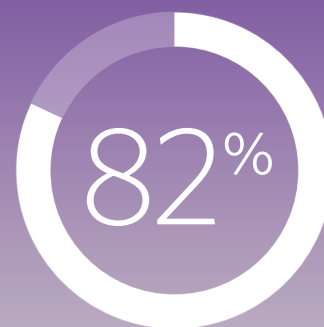


FACTS

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



Source: DHS 2016



of girls and women aged 15 to 19 have undergone FGM

- 82% of adolescent girls aged 15-19 years have undergone female genital mutilation (FGM).
- The practice of FGM is slowly changing: fewer adolescents have undergone FGM than previous generations: 82% of 15-19-year-olds compared with 92% of women aged 45-49.

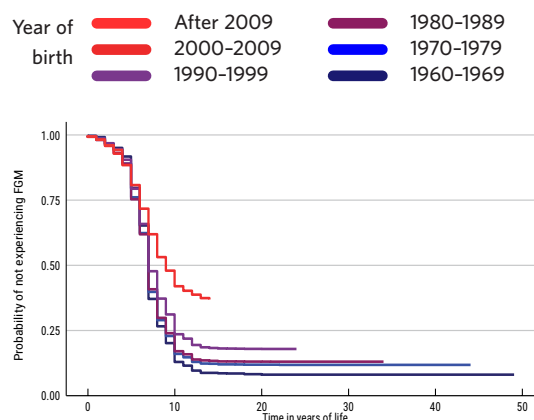
FIGURE 3.60 depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969), 25% of girls have been undergoing FGM by age 6 and 75% by age 8, while for younger generation (after 2009), 25% of girls are cut by age 1 and 75% by age 3. However, this difference should be confirmed by a statistical significance testing.

Estimates show that approximately 4.5 million girls will be at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.61).

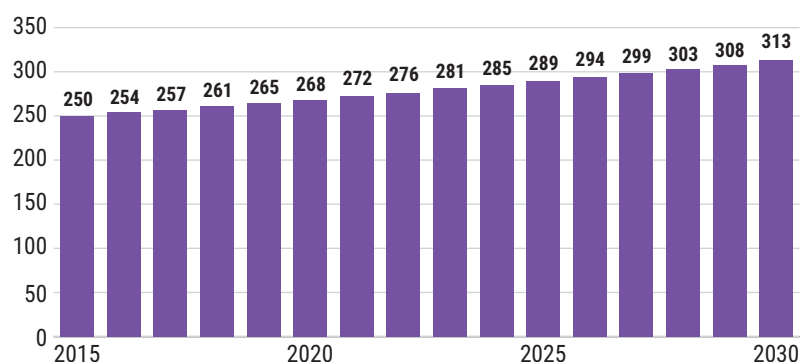
FIGURE 3.60

Probability of not experiencing FGM for women and girls aged 0-49 years in Sudan



Source: UNFPA 2018

FIGURE 3.61: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Sudan



Source: UNFPA (2018)

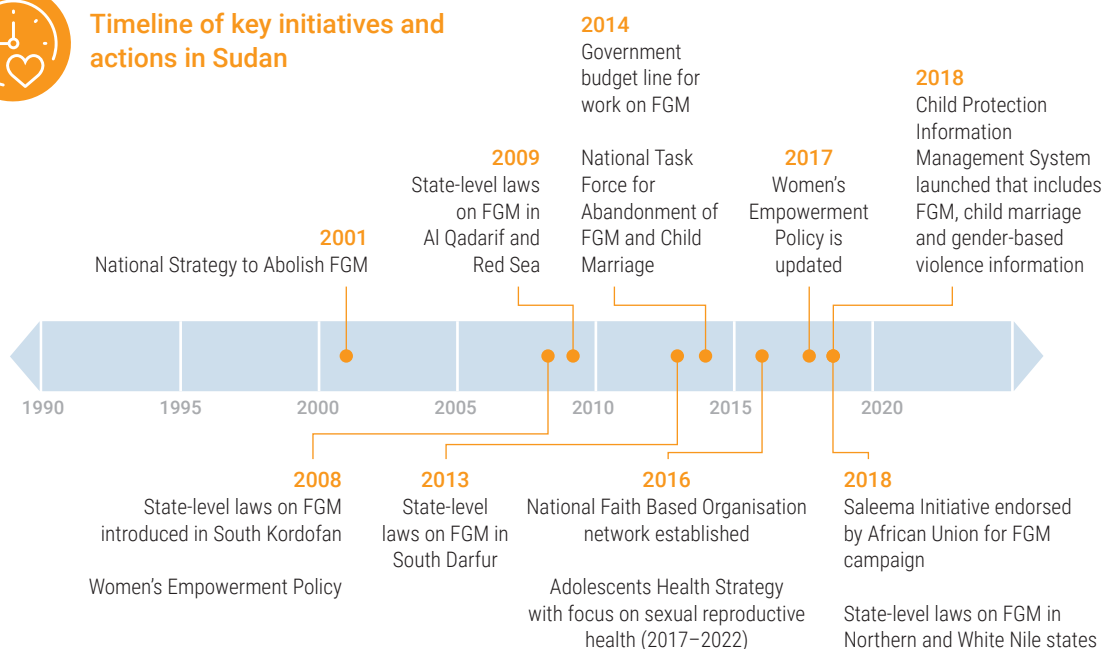
After 20 years of work, the Sudan's efforts to reduce FGM have gained traction as communities begin to place trust in the Saleema Initiative and states introduce laws banning the practice. In the last 10 years, a total of 6 of the country's 18 states (Al Qadarif, Northern State, Red Sea, South Darfur, South Kordofan and White Nile) now have anti-FGM laws in a country where FGM is practised across all states. As a result of these changes, fewer

adolescents have undergone FGM than previous generations: 82 per cent of girls aged 15–19 years have experienced FGM compared with 92 per cent of women aged 45–49 years ten years ago. Further analysis of the Sudan's data, however, shows that the country needs to accelerate its efforts by a factor of more than five to achieve another 10 per cent reduction in the prevalence of FGM over the next 10 years.³

FIGURE 3.62



Timeline of key initiatives and actions in Sudan



3 UNICEF Global Databases, 2016; Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS) 2004–2015.

National Achievements in 2018

In 2018, UNFPA and UNICEF continued their joint effort, integrating complementary interventions under a new phase of the Joint Programme. The joint actions built on lessons learned and are linked to Sustainable Development Goal target 5.3, and are aligned with the Sudan Government's national strategies. The Joint Programme also worked in close collaboration with grass-roots community organizations and other key stakeholders, backed by the latest social science research. Major results were achieved as follows.

- The National Council of Child Welfare (NCCW), National Information Centre and Central Bureau of Statistics (CBS) launched the Child Protection

Information Management System that includes FGM, child marriage and gender-based violence information. A protocol document was also signed by the three stakeholders to guarantee ownership of information, consistency and authentication.

- North Kordofan and Northern states endorsed FGM laws. White Nile state submitted a state law banning FGM to the Legislative Council in White Nile for endorsement, after comprehensive debate between the state stakeholders.

The following section highlights Joint Programme achievements by theme in the Sudan for 2018.

Enabling environment for the elimination of FGM

The Sudan prioritized enactment of legislation to criminalize FGM in 2018 and the following were achieved in 2018.

- National criminalization of FGM took an important step forward with the endorsement by the Council of Ministers of a new article (141) in the Criminal Act to ban FGM, which was presented to the spokesperson of the National Assembly (Parliament) who has referred it to the Health and Legal Committee for revision.
- The action plan for the gender-based violence policy, which reflects FGM as one element, was drafted and validated.
- At state level, laws were developed and endorsed in North Kordofan and Northern states; and advocacy continued in Blue Nile, North Darfur and White Nile states, with legislation advancing to draft level in all states.

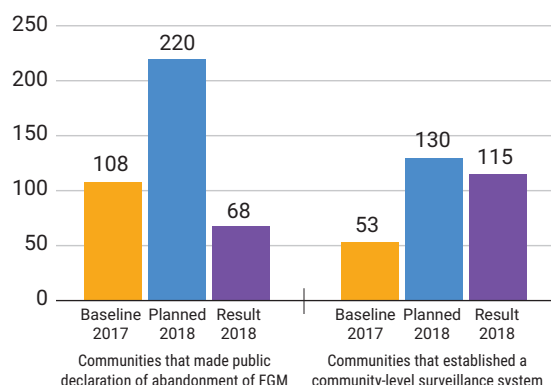
These achievements were made possible because the Sudan invested in national capacity for the development and enactment of FGM laws and policies and increased engagement of civil society and young people with policymakers.

For instance:

- Parliamentarian Women Caucus received several capacity-building interventions to accelerate the endorsement of the article (141) on FGM criminalization;
- Advocacy and orientation sessions on women's empowerment policy and action plan: 140 policy and decision makers of the four states.
- Political unrest presented challenges to the national programme and affected the passage of laws designed to criminalize FGM. With the support of the Joint Programme, implementing partners will continue to lobby National Assembly committee members and other stakeholders.

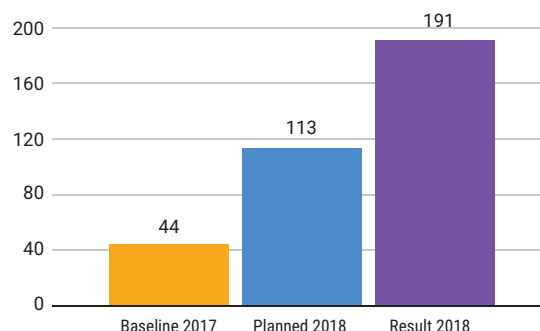
Enforcement of laws at state level, where they have been passed, remained elusive. Advocacy efforts will continue to ensure political commitment at state level to enforce laws through localities and administrative units.

FIGURE 3.63: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Sudan



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.64: Number of communities where girls become change agents after completing a capacity development package



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Transforming social and gender norms to eliminate FGM

- Over 100,000 community members, including 12,010 male students 10,097 female students, 400 youths/adolescents (150 male and 250 female) and women religious leaders (Da'ayat and Hakamat), were reached through different community engagement and mobilization approaches, including community/intergenerational dialogues and community dialogues, public events and awareness sessions in the focus states.
- A media campaign, 'Khaloha - Leave her' was launched with production of audiovisual materials, songs, TV and radio spots, animations, articles and publications. Several TV and radio shows were produced as a result of training activities involving 60 media representatives.
- State youth mechanisms/forums were established in five states to advocate for FGM elimination. More than 1,000 young people from different parts of the Sudan attended the forums.
- About 68 communities (18 from Blue Nile, 18 from North Darfur, 13 from South Kordofan and 19 from White Nile) publicly declared abandonment of FGM. An additional 57 communities have been reached and are being prepared for future declarations.

Access to quality FGM-related services for women and girls

In a context where FGM cases are not reported to police, family or child protection units, and where reporting is done through community protection group committees and community facilitators who work closely with community members to abandon FGM, the national response prioritized building of a cadre of advocates among FGM

service providers, including social workers, and traditional birth attendants. By end of 2018, 598 advocates have been trained on social norms, protection and service delivery, sociocultural determinants and case management.

401 women and girls received health services related to FGM in 2018.

Innovations supporting FGM elimination in the Sudan

Focusing on addressing existing values and amplifying these cultural beliefs towards positive change through the 'Almawada wa Alrahma' ('Fashion and Mercy') campaign paved the way for the communities to acknowledge their rights and understand all types of violence under the umbrella of a religious discourse.

Similarly, the 'Wa Man Ahyaha' ('And who revived it'); a local initiative, paved way for communities to acknowledge and understand women's and girls' rights and harmful practices that affect their reproductive health, focusing on their own positive perceptions and needs.

Formal evaluations and studies

Saleema campaign evaluation: Mid-term results from an independent evaluation by George Washington University of the Saleema campaign in the Sudan, a critical component of a social norms work in the country, pointed to preliminary evidence that suggests change in FGM outcomes is generally positive when respondents have higher levels of exposure to the campaign. The FGM programme in the Sudan will therefore continue to use the Saleema approach in its social norms change work. The Saleema campaign promotes the concept of the girl who is "natural, as God made her", and (therefore) free from FGM. An article entitled 'The Saleema Initiative in Sudan to abandon female genital mutilation: outcome evaluation and dose response effects' will be published in 2019.

Other studies and research efforts of the Sudan are as follows:

- NCCW is leading an evaluation of the National Strategy to Abandon FGM after completing 10 years of operation, to inform future updating and planning;
- Implementing partners in Al Qadarif, Kassala, Khartoum, North Kordofan and Tutii reached 840 households to verify their level of understanding of the FGM campaign; in Al Qadarif alone, 93.3 per cent of the households were verified;
- The joint programme undertook a Simple, Spatial, Survey Method (S3M) survey, and preliminary findings on FGM have been reported and analysed from 17 states; information at household level will be available in the next report.

Challenges

1. As noted earlier, political unrest presented challenges to the programme and affected the passage of laws designed to criminalize FGM. With the support of the Joint Programme, implementing partners will continue to lobby National Assembly committee members and other stakeholders (see '*Enabling environment for the elimination of FGM*' above).
2. Enforcement of laws at state level, where they have been passed, remained elusive. Advocacy efforts will continue to ensure political commitment at state level to enforce laws through localities and administrative units.

FGM cases are not reported to police, family or child protection units. Communities prefer to report through community protection group committees and community facilitators who work closely with community members to abandon FGM. This challenges service provision and implementation of laws. The national response will continue to prioritize building of a cadre of advocates among FGM service providers, including social workers, and traditional birth attendants to facilitate referral for services.



© UNFPA, Luca Zordan, Kenya

4 Financial report

In 2018, the Joint Programme received a total contribution of US\$14,387,090.93 from its donors (see Table 4.1). Part of the contributions received in early and mid-2018 was used for programming in 2018, while funds received towards the end of 2018 were carried forward for programme implementation in 2019.

Based on available funds for programming in 2018 (i.e., the balance of unspent funds at the end of 2017 plus new contributions received from donors in early and

mid-2018), the Joint Programme advanced funds to all eight Tier 1 (top-priority) countries: Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan. In addition, Mali and Uganda – which are among the countries targeted by the Spotlight Initiative in Africa – received some funding in the second half of 2018 to maintain programme momentum until the Spotlight Initiative begins programme implementation in those countries in 2019.

Table 4.1: Donor funds received, 2018, US\$

Iceland	200,000.00
Italy	2,122,641.51
Luxembourg	119,474.31
Norway	2,927,057.72
Spain	455,062.57
Sweden	8,243,570.02
United Kingdom	319,284.80
Total	14,387,090.93

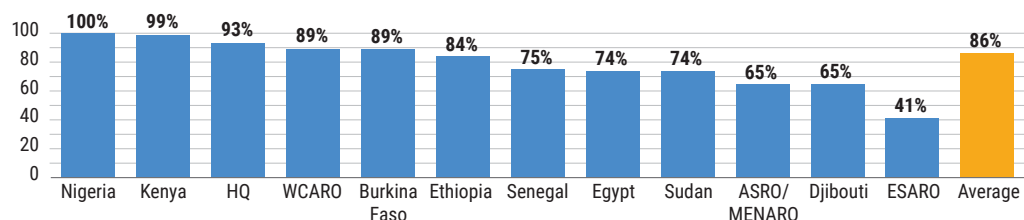
Total funds advanced for programme implementation by UNFPA and UNICEF for the eight Tier 1 countries, regional offices and headquarters in 2018 amounted to US\$11,806,482. Total expenditure from these offices in 2018 was US\$10,200,949 – an overall expenditure rate of about 86 per cent (see Table 4.2). Staff turnover, change of structure within government coordination bodies and the political situation in some of the countries had an impact on the level of programme implementation and financial utilization.

Unlike previous years, the total expenditure for 2018 shows an unusual pattern of Outcome 1 and Outcome 2 having almost the same level of investment (see Figure 4.2): 36.2 per cent of the total expenditure was used to support Outcome 1 and 36.5 per cent was used to support Outcome 2. This is due to the fact that:

- The engagement with the African Union in terms of strengthening regional and country accountability – FGM has been integrated in the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) activities; a high-level international conference on FGM and the launch of a campaign on FGM were reported under Outcome 1 in 2018;
- At country level, the contextualization of the global framework and the results framework led to the organization of review and planning processes with stakeholders, which were also reported under Outcome 1;
- Launch of an online campaign and travel exhibition on FGM was another important initiative under Outcome 1.

FIGURE 4.1

Expenditure rate per unit (headquarters, regional and country offices)



ASRO: Arab States Regional Office (UNFPA);
 ESARO: Eastern and Southern Africa Regional Office;
 HQ: headquarters;

MENARO: Middle East and North Africa Regional Office (UNICEF);
 WCARO: West and Central Africa Regional Office

It is expected that, from 2019, investment level will be higher in Outcome 2, which is the primary focus area for the Joint Programme in terms of approach and programming. Regarding the remaining outcome areas, 16.4 per cent was used to support Outcome 3 and 10.9 per cent to support Outcome 4.

FIGURE 4.2

Percentage distribution of expenditure per outcome

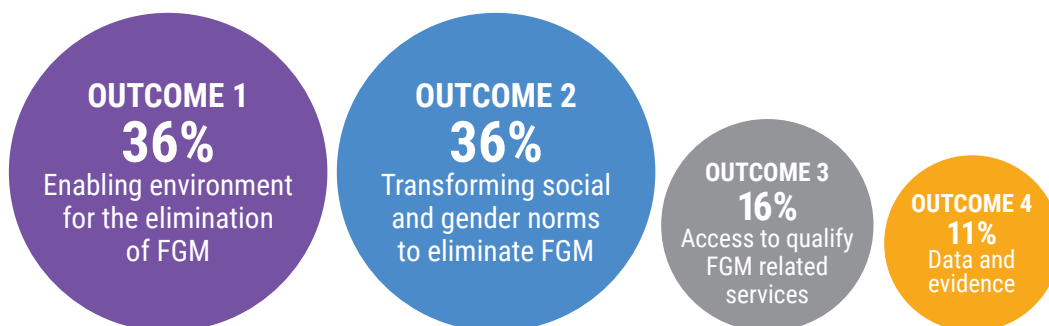


Table 4.2. Budgets, expenditures (US\$) and expenditure rates (%), by region, tier 1 countries

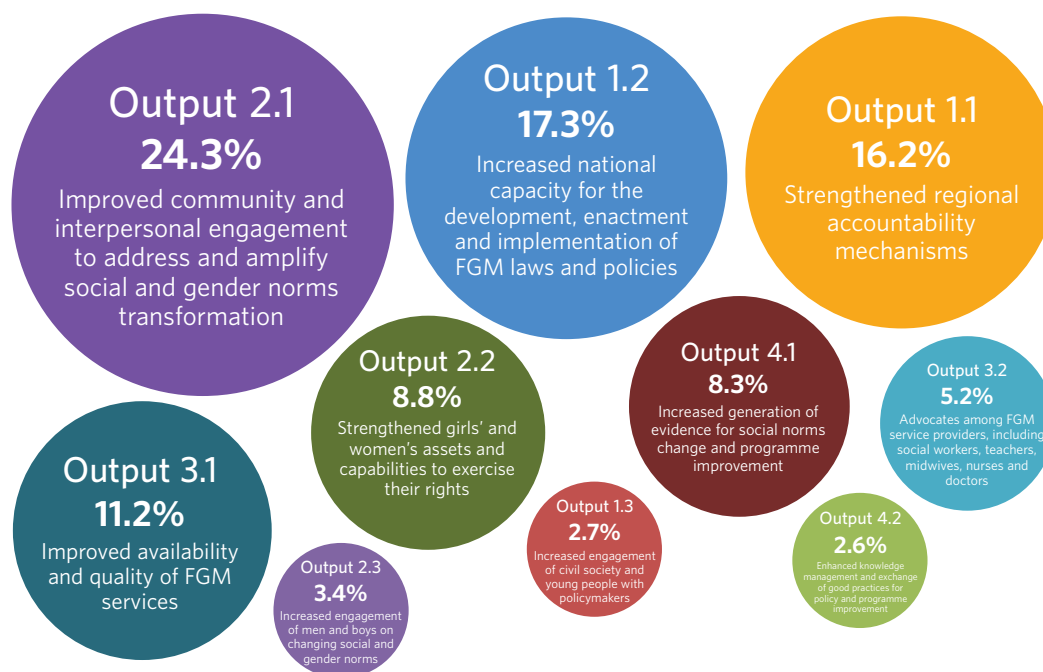
	UNFPA			UNICEF			UNFPA + UNICEF		
	BUDGET	EXPENDITURE	EXP. RATE	BUDGET	EXPENDITURE	EXP. RATE	BUDGET	EXPENDITURE	EXP. RATE
Headquarters	3,186,954	2,926,775	92%	685,193	685,193	100	3,872,147	3,611,968	93
Arab States/Middle East and North Africa	150,000	132,157	88	140,000	55,014	39	290,000	187,171	65
Eastern and Southern Africa	75,000	74,154	99	160,000	22,432	14	235,000	96,586	41
West and Central Africa	235,000	182,996	78	250,716	250,716	100	485,716	433,712	89
SUBTOTAL	3,646,954	3,316,082	91	1,235,909	1,013,355	82	4,882,863	4,329,437	89
Tier 1 countries									
Burkina Faso	500,000	478,423	96	500,000	410,036	82	1,000,000	888,459	89
Djibouti	200,000	186,206	93	200,000	73,262	37	400,000	259,467	65
Egypt	400,000	349,436	87	400,000	244,434	61	800,000	593,871	74
Ethiopia	500,000	410,455	82	500,000	428,453	86	1,000,000	838,908	84
Kenya	500,000	490,427	98	542,184	542,184	100	1,042,184	1,032,611	99
Nigeria	500,000	497,043	99	538,635	538,635	100	1,038,635	1,035,677	100
Senegal	500,000	479,047	96	500,000	270,042	54	1,000,000	749,089	75
Sudan	242,800	238,881	98	400,000	234,549	59	642,800	473,431	74
SUBTOTAL	3,342,800	3,129,918	94	3,580,819	2,741,594	77	6,923,619	5,871,513	85
GRAND TOTAL	6,989,754	6,446,000	92	4,816,728	3,754,949	78	11,806,482	10,200,949	86

Note: In addition to the funds received from the pooled fund, UNICEF separately mobilized additional funding in the amount of US\$5 million for 2018 Joint Programme implementation. The additional funds were a key contribution as the funds from the existing donors at the beginning of 2018 were insufficient to support programme implementation in all the Tier 1 (top-priority) countries. This additional contribution explains the difference between the expenditure reported in the certified financial statement for 2018 and the expenditure presented in this table. The certified financial statement only captures funds that pass through the pool funding mechanism.

Figure 4.3 presents financial reporting by output. Output 2.1 (improved community and interpersonal engagement to address and amplify social and gender norms transformation) claimed the highest level of investment among the 10 output areas (24.3%) is an expected trend as the Joint Programme puts much emphasis here.

FIGURE 4.3

Percentage distribution of expenditure per output



Increased national capacity for the development, enactment and implementation of FGM laws and policies (Output 1.2) and strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM (Output 1.1) had the next highest levels of investment, taking 17.3% and 16.2% of the annual expenditure, respectively. As indicated above, advocacy and engagement with regional and national bodies to have a stronger political commitment and an accountability mechanism and advocacy initiatives are the reasons for the investment in these areas.



United Nations Populations Fund
605 Third Avenue
New York, NY 10158
www.unfpa.org



United Nations Children's Fund
Three United Nations Plaza
New York, NY 10017
www.unicef.org