UNFPA-UNICEF

Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change

ANNUAL REPORT 2012

SCALING UP A COMPREHENSIVE APPROACH TO ABANDONMENT IN 15 AFRICAN COUNTRIES

Acknowledgments

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Cover photo: UNFPA Ethiopia

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UNFPA Senegal

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Acronyms

ACAD	Childhood Development Association (Egypt)
AIDOS	Italian Association for Women in Development
ARP	Alternative Rites of Passage
AU	African Union
BEmOC	Basic Emergency Obstetric Care
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEP	Community Empowerment Programmes
CHW	Community Health Worker
CNAPN	National Committee to Fight Harmful Practices
CPA	Child Protection Advocate
CPC	Child Protection Committees
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
DFID	UK Department for International Development
DHS	Demographic and Health Survey
EPHS	Eritrea Population and Health Survey
FGM/C	Female Genital Mutilation and Cutting
FIGO	International Federation of Gynecology and Obstetrics
HQ	Headquarters
ICN	International Council of Nurses
ICRH	International Centre for Reproductive Health
JP	Joint Programme
KEMEP	Kenya Media Network on Population and Development
M&E	Monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MOWDAFA	Ministry of Women Development and Family Affairs (Somalia)
MWIA	Medical Women's International Association
NACAF	National Committee on Abandonment of FGM/C (Kenya)
NCP	National Congress Party
NGO	Non-Governmental Organization
PSA	Public Service Announcement
TBA	Traditional Birth Attendant
UN	United Nations
UNFPA	United Nations Populations Fund
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWomen	United Nations Entity for Gender Equality and the Empowerment of Women
WGK	Wassu Gambia Kafo
WHO	World Health Organization
WMA	World Medical Association
WUN	World-wide Universities Network

Executive Summary

In 2012, the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change continued to strengthen the momentum toward ending FGM/C in one generation. Since 2008, UNFPA and UNICEF have worked together as one to achieve this goal, in partnership with other UN Agencies, cooperation/development partners and leading NGOs. In 2012, the Joint Programme's fifth year of implementation, its novel, culturally sensitive human rights-based approach, strategically leveraging social dynamics in favour of abandonment, was implemented in 15 African countries: **Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan** and **Uganda.**

Building on evidence-based strategies identified by the 2008 Inter-Agency Statement on the elimination of FGM/C, the Joint Programme supported 10 complementary outputs in 2012:

1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C

2. Local-level commitment to FGM/C abandonment

3. Media campaigns and other forms of communication dissemination organized and implemented to support and publicize FGM/C abandonment

4. Partnerships with religious groups and other organizations and institutions consolidated and new partnerships identified and fostered

5. FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming

6. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation

7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners

8. Strengthened regional dynamics for the abandonment of FGM/C

9. Strengthened collaboration with key development partners on the abandonment of FGM/C

10. Existing theories on the functioning of harmful social norms further developed and refined with a view to making them applicable to the specific realities of FGM/C.

During 2012, the Joint Programme's programmatic and strategic contributions gained greater visibility in a number of **global forums**. As the year began, Zero Tolerance Day (February 6th) was celebrated by an event at the US State Department. Then US Secretary of State Hillary Clinton acknowledged the Joint Programme's contributions in the global effort to accelerate social change and pledged US support for a Pan-African Centre of Excellence in Nairobi, Kenya.

In March, the Joint Programme's ongoing work featured prominently once again during a high-level side event on FGM/C organized by the governments of **Italy**, **Burkina Faso** and **Egypt** at the 56th Session of the Commission on the Status of Women. Furthermore, the Secretary General's Report, "Ending Female Genital Mutilation" (E/CN.6/2012/8), describing global progress made in implementing the 2010 CSW Resolution 54/7, highlighted the Joint Programme's work and applauded its overall approach.

By December, over two years of work with No Peace Without Justice and the Inter-African Committee on Traditional Practices Affecting Women and Children's Health to support Members States culminated in The **United Nations General Assembly** unanimously adopting Resolution 67/146, *Intensifying global efforts toward the elimination of female genital mutilations*. The resolution urges all Member States to take the required

measures to eliminate the practice: to pass and enforce legislation against FGM/C, to raise awareness and to allocate adequate resources to protecting women and girls from this form of violence. The contents of the resolution once again reaffirmed the Joint Programme's contributions, especially its social norms perspective and rights-based, culturally sensitive, and holistic approach. Notably, paragraph 18 of the Resolution enjoined Member States to provide financial support to both national efforts and the Joint Programme's second phase of implementation.

Progress was also made in enhancing **national legislation** and changing social norms (Chapter 2). Changing **social norms** requires the participation of the entire community and social network to come to a consensus to abandon FGM/C collectively, ensuring that no individual family is disadvantaged by the decision. As this process of social change must originate with the communities themselves, a one-size-fits-all model of implementation is inappropriate.

As this report makes clear, FGM/C is perceived by practicing communities as a fundamental part of cultural group identity. It is an important symbolic step in the construction of gender identity and thus an integral part of the socialization process necessary to prepare girls for adulthood, wifehood, womanhood and motherhood. Put simply, FGM/C is a social norm for practicing communities.

Throughout 2012, activities designed to **empower communities, girls and women** to take this decision continued, resulting in 1,839 communities representing 6,337,912 individuals, collectively making public declarations of the decision to abandon the practice. In **Kenya**, for example, four years of consensus-building activities culminated in five ethnic groups – representing over 2 million people – taking action toward the complete elimination of the practice.

And when such public celebrations capture the attention of the **local and national media**, it creates a ripple effect. By debunking myths and misconceptions and giving a voice to those committed to social change, media coverage can radically transform the public discourse around FGM/C. In 2012, the Joint Programme supported this process by building the capacities of 378 TV and radio journalists. Moreover, **religious and traditional leaders** formally opposed to FGM/C also joined the campaign, buttressing the movement by issuing a total of 730 religious edicts delinking FGM/C and religion.

All forms of FGM/C were banned in **Somalia's** constitution, adopted in mid-2012 – a great feat in a country where FGM/C is nearly universal and government institutions remain fragile. In **The Gambia**, the Joint Programme's support improved the coordination of national actors who, united by a National Steering Committee, drafted a bill[1] banning FCM/C and an action plan. **Mauritania** too proposed draft legislation banning FGM/C in 2012 and is on the verge of passing a bill to that effect. In **Ethiopia, Guinea-Bissau** and **Kenya**, National Committees worked to improve the implementation and enforcement of recent legislative measures by drafting coordinated, multi-sectoral action plans. Furthermore, where legislation exists, cases of FGM/C were reported to the authorities in seven countries and prosecuted in four.

As part of its holistic approach, the Joint Programme continued to strengthen **linkages with national health, education and social protection** systems, as described in Chapter 3. In nearly all Joint Programme countries, health policies now include provisions on the treatment of FGM/C. For example, in **Mali**, where an estimated 86 per cent of women have undergone FGM/C, 864 women and girls received treatment in 2012, and the demand for treatment continues to outstrip supply. To mitigate such gaps, the Joint Programme has invested heavily in the training of health workers: 2,690 were trained in treatment and 60 in prevention in 2012. In one example, the **Eritrean** Ministry of Health exercised great leadership in integrating FGM/C prevention messages into pre- and post-natal and immunization services at all health facilities – a crucial step in any country where FGM/C is commonly performed at infancy. Prevention was also introduced into the education systems in **Egypt, Senegal** and **Ethiopia** while in **Somalia** a community-based child protection mechanism was further strengthened.

Improving **monitoring and evaluation** at both the global and country levels has been one of the Joint Programme's key objectives over the last three years. Now equipped with an M&E framework that better reflects the Joint Programme's unique approach, in 2012 the Joint Programme focused on building the

capacity of those on the ground to use this tool to its fullest potential, a process that has already begun to inform programming and improve accountability. This report highlights how recent evaluations have driven programming in both **Ethiopia** and **Eritrea**. Investing in the Pan-African Centre of Excellence, a proposed 15-year collaboration, represents the next chapter of this work: to build the capacity of local researchers and champions to develop, refine and promote strategies for FGM/C abandonment.

By investing in evidence-based strategies and demonstrating what is possible in the area of social change, the Joint Programme and its partners have successfully put the issue of FGM/C on the global agenda (Chapter 5). Having witnessed the impact of the Joint Programme's approach in **Senegal** during 2012**,** the UK's Department for International Development subsequently became a donor of the Joint Programme.

Although the momentum has been tipped in favour of abandoning FGM/C in many communities, there is still more work to be done. In this spirit, the 2012 Annual Report of the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change not only highlights achievements but also identifies challenges and areas for greater focus and investment to ensure the continued growth of this movement beyond 2013.

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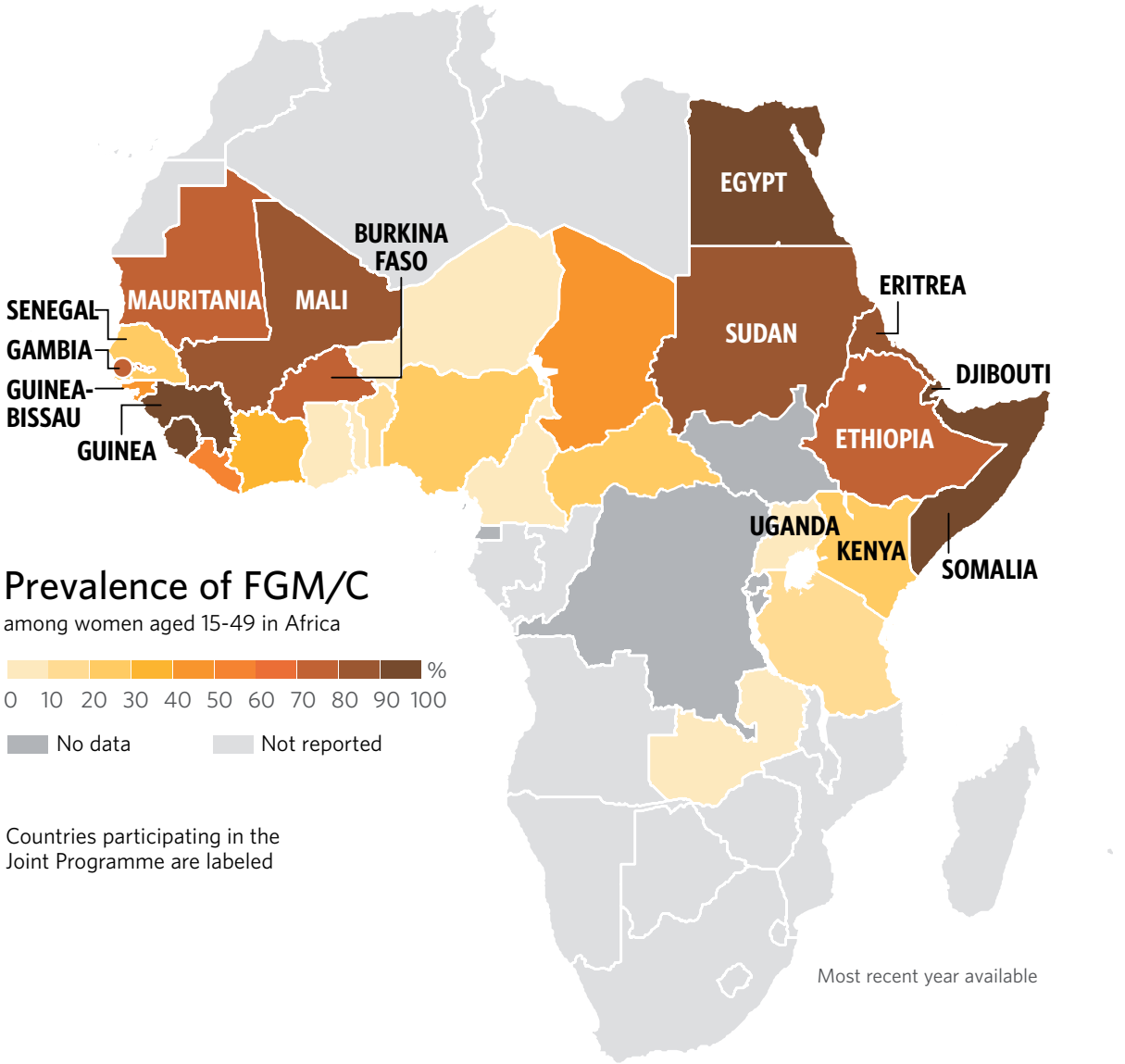
Introduction

FGM/C Prevalence

An estimated 125 million women and girls living today have undergone FGM/C in the 29 countries where data exist. Of these, about half live in two countries: **Egypt** and **Ethiopia**. Another estimated 3 million girls are considered to be at risk of experiencing FGM/C each year.[2] Figure 1 highlights national prevalence estimates for countries currently being targeted by the Joint Programme. It should be noted that FGM/C is highly correlated with ethnicity. Therefore, while some countries, such as **Senegal** and **Uganda,** have low national prevalence, a number of minority ethnic groups within these country practice FGM/C at high rates.

2 *WHO, 2008*

Figure 1: National FGM/C prevalence across the region



Accelerating Change

To accelerate the abandonment of female genital mutilation/cutting (FGM/C) within one generation, UNFPA and UNICEF established the Joint Programme on Female Genital Mutilation and Cutting: Accelerating Change, launched at the global level in 2007 and in eight countries in 2008. The primary objective was to make tangible progress over five years, defined as a reduction in FGM/C prevalence by 40 per cent among girls aged 0-15, expanding to 17 countries[3], with at least one country declaring total abandonment by 2013.

Under the leadership of national actors and in partnership with civil society, religious leaders, communities and other key stakeholders, the Joint Programme has aimed to be a catalyst for change by supporting existing programmes at the regional and national levels. The Joint Programme's novel, culturally sensitive human rights-based approach, strategically leveraging social dynamics in favour of abandonment, is designed to spark and fuel a process of positive social change.

In alignment with evidence-based strategies identified in the 2008 Inter-Agency Statement on the elimination of FGM/C, the Joint Programme is designed to support, in a holistic manner, 10 distinct yet complementary outputs in 2012:

Joint Programme Outputs

1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C

2. Local-level commitment to FGM/C abandonment

3. Media campaigns and other forms of communication dissemination organized and implemented to support and publicize FGM/C abandonment

4. Partnerships with religious groups and other organizations and institutions consolidated and new partnerships identified and fostered

5. FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming

6. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation

7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners

8. Strengthened regional dynamics for the abandonment of FGM/C

9. Strengthened collaboration with key development partners on the abandonment of FGM/C

10. Existing theories on the functioning of harmful social norms further developed and refined with a view to making them applicable to the specific realities of FGM/C.

In 2012, the Joint Programme continued to disseminate and incorporate the social norms perspective into global-level policies and country-level programming in 15 high-prevalence countries, providing both financial and technical support to **Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan** and **Uganda,** and purely technical support to **Tanzania, Sierra Leone, Niger and Yemen** (Figure 1). This report documents the progress made in the 15 programme countries in 2012, the Joint Programme's fifth year of implementation, as well as its impact globally.

3 Due to limited funding, the activities have only been sponsored by the Joint Programme in 15 priority countries.

A Word About Terminology

Female genital mutilation, also referred to as "female genital cutting," has been defined by the World Health Organization (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" (WHO 2008)***. Once characterized as "female circumcision," the word "mutilation" was adopted both to distinguish it from male circumcision and to stress the severity of the act*** (WHO, UNICEF, UNFPA 1997)***. A hybrid term – "female genital mutilation/cutting" – was coined by the UNFPA-UNICEF Joint Programme to underscore the importance of using non-judgmental terminology with practicing communities while emphasizing the fact the female genital mutilation/cutting constitutes a violation of the human rights of women and girls.***

chapter

GLOBAL AND NATIONAL INSTRUMENTS FOR THE ABANDONMENT OF FGM/C

UNFPA/UNICEF Senegal

Political commitment, coupled with a supportive legal environment, is an important element of promoting and sustaining FGM/C abandonment. Continuous and effective communication, advocacy and policy dialogue to increase political mobilization at the global, regional and national levels are vital to meet this goal, reflected in ***Output 1: the effective enactment, enforcement and use of national policy and legal instruments to promote abandonment.***

As part of the Joint Programme's commitment to human rights-based programming, a critical aspect of which is accountability and the rule of law (UNFPA 2006), the following progress was achieved in 2012.

The Ratification of and Adherence to Relevant International Conventions

Since its launch, the Joint Programme has supported and tracked the ratification of, and adherence to, relevant international conventions protecting the rights of women and children: these include the Convention on the Elimination of Violence Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the African Charter on Human and People's Rights.

UNFPA Djibouti

CEDAW, adopted in 1979 by the UN General Assembly, has been heralded as an international bill of rights for women. At its 9th session in 1990, the CEDAW Committee issued General Recommendation No. 14, advising "that States parties take appropriate and effective measures with a view to eradicating the practice of female circumcision" (Division for the Advancement of Women 2000-2009). In 2002, the General Assembly called upon Member States to ratify or accede to CEDAW as part of the resolution on traditional or customary practices. With the exception of **Sudan** and **Somalia**, which have neither signed nor ratified CEDAW, all Joint Programme countries have heeded this recommendation. Somalia has also lagged behind other Joint Programme countries in ratifying the CRC. Recommendations on FGM/C from the states parties reports are used regularly for advocacy purposes to encourage implementation.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, known as the "The Maputo Protocol" was adopted by the African Union in July 2003 in Maputo, Mozambique. Article 5 on the Elimination of Harmful Practices obligates states to take all necessary steps to eliminate such practices, including creating public awareness through outreach and education; prohibiting through legislation all forms of FGM/C, scarification, medicalization and para-medicalization of FGM/C; supporting victims and protecting women at risk. As of 2012, 10 of the 15 Joint Programme countries had ratified or acceded to the Maputo Protocol (Table 1).

Table 1: Ratification of international instruments relevant to FGM/C by Joint Programme countries

Country	Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)		Convention on the Rights of the Child (CRC)		Maputo Protocol			African Charter on Human and People's Rights
	Neither signed nor ratified	Date of ratification/ accession (a)	Signed, but not ratified	Date of ratification/ accession	Neither signed nor ratified	Signed but not ratified	Date of ratification/ accession	Date of ratification/accerssion
Burkina Faso		14 Oct 1987 a		31 Aug1990			9 June 2006	7 June 1984
Djibouti		2 Dec 1998 a		6 Dec 1990			2 Feb 2005	11 Nov 1991
Egypt		18 Sept 1981		6 July 1990	X			20 Mar 1984
Eritrea		5 Sept 1995 a		3 Aug 1994		25 April 2012		14 Jan 1999
Ethiopia		10 Sept 1981		14 May 1991		1 June 2004		15 June 1998
The Gambia		16 April 1993		8 Aug 1990			25 May 2005	8 June 1983
Guinea		9 August 1982		13 July 1990			16 April 2012	16 Feb 1982
Guinea-Bissau		23 Aug 1985		20 Aug 1990			19 June 2008	4 Dec 1985
Kenya		9 Mar 1984 a		11 Dec 1995			13 Oct 2010	23 Jan 1992
Mali		10 Sept 1985		20 Sept 1990			13 Jan 2005	21 Dec 1981
Mauritania		10 May 2001 a		16 May 1991			21 Sept 2005	14 June 1986
Senegal		5 Feb 1985		31 July 1990			27 Dec 2004	13 Aug 1982
Somalia	X		X			22 Feb 2006		31 July 1985
Sudan	X			31 July 1991		30 June 2008		18 Feb 1986
Uganda		22 July 1985		17 Aug 1990			22 July 2010	10 may 1986
TOTAL	**2**	**13**	**1**	**14**	**1**	**4**	**10**	**15**

2012 Milestone: The UN General Assembly Resolution Eliminating FGM/C

"Ending violence against women remains a priority for the United Nations."

Spokesperson for the UN Secretary General, regarding the UN General Assembly Resolution against FGM/C

20 December 2012 was a proud day in the global campaign for FGM/C abandonment. The United Nations General Assembly unanimously passed Resolution 67/146, condemning FGM/C and related harmful practices and urging Member States to take measures to accelerate its elimination: to pass and enforce legislation banning the practice, to raise awareness about the effects of FGM/C and to allocate adequate resources to protecting women and girls from this form of violence. The Resolution also showcased the Joint Programme's contributions to abandonment, namely its holistic, culturally-sensitive, and rights-based approach, and called on Member States to provide financial support to the Joint Programme's second phase of implementation. Acknowledging the leadership of the Group of African States, working with other Member States, the UN and civil society to develop and present the resolution, Kate Gilmore, UNFPA's Deputy Executive Director, Programme Division, stressed the importance of the Resolution as "a critical tool for [The Joint Programme] as we continue to raise awareness about, and step up our resource mobilization efforts in support of this work."

The process leading to the adoption of the General Assembly Resolution benefitted from the Joint Programme's partnership with Member States and with NGO partners No Peace Without Justice (NPWJ) and the Inter-African Committee (IAC). The process started in October 2009 when NPWJ, supported financially by the Joint Programme, organized Parliamentary hearings in several African countries, followed by an Inter-parliamentary Conference on FGM/C and the AU resolution (Decision Assembly/AU/Dec. 383 (XVII) – Assembly/AU/12(XVII Add.5). A pivotal step was the high-level side-event on FGM/C during the 56th Session of the Commission on the Status of Women in March 2012, organized by the governments of **Italy, Burkina Faso** and **Egypt**. At this momentous event, assembling over 100 activists, government and media representatives made communication towards a resolution, UNFPA and UNICEF presented the on-going programmatic work underlying the social norms perspective and the holistic, human rights-based approach and progress thus far.

The Joint Programme also supported a second, highly visible side event during the UN General Assembly in September 2012. Hosted by First Ladies of **Benin**, Madame Chantal Boni Yayi, and **Burkina Faso**, Madame Chantal Compaore, this event was an overt manifestation of support for the resolution from first ladies.

The UN Secretary General's Report on "Ending Female Genital Mutilation"

Also in 2012, the Joint Programme's work was extensively described in the Secretary General's Report, to the Commission on the Status of Women (CSW) "Ending Female Genital Mutilation" (E/CN.6/2012/8). The report, summarizing progress made on Resolution 54/7, was presented to the 56th Session of the CSW. In addition to reporting on activities and results within the UN system and measures taken by UN Member States to address female genital mutilation, the report highlighted the contributions of the Joint Programme in the areas of legislation and policy development, community-based efforts and the development of an evidence base on effective strategies.

The Association of European parliamentarians for Africa (AWEPA)

One vehicle for strengthening legislation against FGM/C is the Association of European parliamentarians for Africa (AWEPA), an international NGO founded by European parliamentarians to reduce poverty and protect human rights by supporting the effective functioning of parliaments in Africa and by keeping Africa on the political agenda in Europe. As a partner of the Joint Programme, AWEPA believes that parliamentarians have an important role to play in the effort to end FGM/C. Through its network and partnerships, AWEPA engages MPs with an interest in gender issues (e.g., violence against women and FGM/C) in **Burkina Faso, Senegal** and **Mali** with the aim of supporting their ongoing work, raising their awareness of FGM/C and ultimately catalyzing national and transnational alliances among them.

In Mali, the persistent lack of legislation against FGM/C has created the risk of becoming a refuge for those from neighbouring countries determined to have the practice performed. To discuss this pressing issue and develop a set of recommendations, in 2012 AWEPA convened two workshops for parliamentarians from Burkina Faso and Mali and representatives from **Côte d'Ivoire, Niger** and **Togo**. In addition to the enactment of legislation (where applicable) and the dissemination of legal texts in local languages, a key outcome of the meetings was the recommendation that additional efforts in the form of vigilance committees and parliamentary focal points be put in place in border communities. The workshop culminated with the institutionalization of a network of parliamentarians opposed to violence against girls and women and committed to harmonizing national legislation against FGM/C.

To enhance the capacity of African and European parliaments to exercise oversight as well as representative and legislative functions with regard to FGM/C, AWEPA developed guideline for parliamentarians on FGM/C legislation, implementation and enforcement, finalized in 2012 and disseminated.

National Legislation Banning FGM/C

In 2012, after years of resistance, great strides were made on the legislative front as the Joint Programme continued to support the development of national legislation banning FGM/C in **The Gambia, Guinea** and **Mauritania** as well as in Puntland and Somaliland, two regions of **Somalia**. In countries where legislation had already been passed – **Ethiopia, Kenya, Guinea** and **Guinea-Bissau** – the focus remained on the use and enforcement of the laws via national coordination bodies. The sponsorship of strong alliances among key national actors has enabled the development of national strategic and action plans to support legislation. Nevertheless, as an example of the challenges inherent in enforcing such legislation, while cases of FGM/C were reported in seven countries, such cases were only prosecuted in four.

In both **The Gambia** and **Mauritania**, draft bills were submitted to legislatures. In The Gambia, despite provisions opposing harmful traditional practices in both the 2005 Children's Act and the 2010 Women's Act, there was no specific guidance on enforcement. The improved coordination of stakeholders through the Gambian Steering Committee against FGM/C, which met 12 times in 2012, resulted in the finalization of both a draft Bill and a National Action Plan against FGM/C. The proposed bill was developed through a collaborative effort involving 7,000 people from the grassroots level, including women, men and youth, religious and traditional leaders and security officials, before being validated by the National Assembly. Likewise, in **Mauritania**, a third draft of the law criminalizing FGM/C was validated by 70 stakeholders during a workshop organized by the Parliamentary Network for Population and Development with support from the Joint Programme. The draft law was submitted to the Ministry of Social Affairs. It is scheduled to be submitted to the Ministry of Justice and Counsel of Ministries for approval and then to Parliament in 2013.

Somalia: A New Chapter

The year 2012 was a momentous year in **Somalia,** where an estimated 98 per cent of women have undergone FGM/C.[4] On 20 August, a new constitution enshrining a number of fundamental human rights and outlawing the practice of FGM/C was adopted. "Circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture. The circumcision of girls is prohibited," declared Paragraph 4 of Article 15 on the liberty and security of the person.

Meanwhile, in semi-autonomous Puntland, a previous attempt to ban FGM/C had been circumvented by a 2011 law that *permitted* the practice of "Sunna" or Type I FGM/C. In response, the Ministry of Women's Development and Family Affairs (MOWDAFA) and the Ministry of Justice, Religious Affairs and Rehabilitation led on-going advocacy efforts against all forms of FGM/C. In collaboration with 200 prominent Sheikhs, the Ministry of Justice, Religious Affairs and Rehabilitation drafted revised legislation outlawing all forms of FGM/C in October 2012. This draft legislation was validated by the Ministries of Health, Justice, Religious Affairs and Rehabilitation, Information, Education, and Interior, as well as with stakeholders including policy makers, religious leaders, and members of youth and women's groups.

In **Somaliland**, pending the passage of specific legislation, policies against FGM/C were finalized with the support of UNFPA. In Puntland, the FGM/C draft policy was finalized and is now being validated by key stakeholders.

4 *UNICEF, 2013*

A President's Steadfast Commitment to Ending FGM/C in Puntland

"Let this [2012] be the last year that we hear of the circumcision of girls in Puntland," pronounced President Dr. Abdurrahman Mohamed Mahmoud during his presentation at the launch of the Saxarla National Communication Campaign for FGM/C Abandonment in Bosasso. Speaking to a crowd of 500 guests, Dr. Mahmoud reiterated his belief that FGM/C was not a religious obligation and that girls should remain untouched. Recognizing that changing social norms was a lengthy process, the President called for sustained and consistent support to the initiative, adding that his government was committed to ensuring continuity of the process. As part of the ceremony, an eight-year-old girl, Mushtak Mustafe (in photo), appealed to the President to end FGM/C, triggering an emotional reaction from the crowd. Overcome, some elderly women wept, perhaps remembering their own suffering at the hands of circumcisers. "

National Policies On FGM/C Abandonment: Translating Legislation into Action and Improving Coordination through National Committees

Legislation is only a first step. To respond to legislative developments, including new constitutions and other emerging mechanisms critical to FGM/C abandonment, strategic and action plans have been developed to operationalize these advances. With Joint Programme support, this process has often been coordinated through national committees composed of key stakeholders. Examples from **Ethiopia, Guinea, Guinea-Bissau** and **Kenya** of these improved coordination efforts are highlighted below.

In **Ethiopia**, a National Coordination Body housed in the Ministry of Justice was tasked with implementing the recently approved, integrated and multi-sectoral strategy and action plan to effectively prevent and respond to violence against women and children, including FGM/C. In **Guinea**, a National Strategic Plan for the Acceleration of FGM/C Abandonment (2012-2016) was finalized and adopted in 2012. Similarly in **Guinea-Bissau**, the National Strategy and Action Plan for the Abandonment of Harmful Practices was revised and budgeted. It is poised for publication and dissemination to key stakeholders in 2013.

Following the passage of the FGM Prohibition Act in 2011 in **Kenya** (see story page 14), the National Committee on the Abandonment of FGM/C (NACAF) met to review the second draft of the sessional paper, developed to operationalize the *National Policy on the Abandonment of Female Genital Mutilation*. The main objective of the paper was to secure funding from the government for the implementation of the FGM Prohibition Act. The fact that the Ministry of Gender, Children and Social Development drafted this paper outlining the funding requirements of FGM/C abandonment programmes was a strong indicator of the lead role that the government will take will take in the implementation of the prohibition.

Enforcement of Legislation Prohibiting FGM/C and the Number of Cases Taken to Court

Prosecutions fulfill many functions other than simple punishment. In the case of FGM/C, they are one way to make visible governments' commitments to ending the practice, which is considered a main result indicator by the Joint Programme. It is expected that the existence of a law, the capacity-building of law enforcement agents, the establishment of a national policy and plan of action will result in more cases taken to court. Media coverage of prosecutions can further inform people about legislation and the government's will to enforce it. In 2012, **Burkina Faso, Eritrea, Ethiopia, Kenya** and **Uganda** reported varying degrees of enforcement.

In **Burkina Faso** where the law punishing FGM/C has been in place since 1996, seven cases of FGM/C involving 33 girls aged 0-15, four of whom had died, were recorded during 2012. Three traditional cutters and their nine assistants were arrested. Following four hearings, all of the cutters and five of their accomplices were sentenced to between one month and a year of imprisonment plus two months of parole. The other accomplices are currently awaiting their sentences.

By far the most aggressive application of the law was seen in **Eritrea**, where 155 cutters and parents were convicted and fined. In **Guinea-Bissau** and **Kenya** following the passage of national legislation in 2011, and in **Uganda** where legislation was passed in 2010, there was evidence of swift enforcement. In **Guinea-Bissau**, five cases were reported in the high-prevalence regions of Bafata and Gabu. Of these five cases, only one has yet to be prosecuted and the perpetrator sentenced. In **Kenya**, three arrests were made in Kuria and Kisii. However, in the Meru district, the prosecution of parents who performed FGM/C on their daughter has stalled due to a lack of witnesses.

Table 2 below captures the progress made on legislation against FGM/C in a number of Joint Programme countries.

Table 2: The enactment, enforcement and use of legislation and national policies to promote FGM/C abandonment in 2012

Country	Legislation Banning FGM/C	Year Passed	Reported Enforcement in 2012	Number of People Trained on the Enforcement of the Law	Number of People Informed about the Law
Burkina Faso	Y	1996	Y	0	143,108
Djibouti	Y	1995, 2009	N	10	1,600
Egypt	Y	2008	N	0	N/A
Eritrea	Y	2007	Y	683	N/A
Ethiopia	Y	2004	Y	150	10,800
Gambia	making progress		N/A	N/A	7,000
Guinea	Y	1965, 2000	Y	120	6,984
Guinea Bissau	Y	2011	Y	370	N/A
Kenya	Y	2001, 2011	Y	1200	15,647
Mauritania	making progress		N/A	N/A	
Senegal	Y	1999	N	250	
Somalia	Y	2012	N	0	200,000
Uganda	Y	2009	Y	228	15,388

Capacity Building to Enforce Legislation

In recognition of the challenge of enforcing legislation, the Joint Programme has supported interim activities in eight countries that build the capacities of professionals in the justice system to effectively implement and enforce these provisions. In 2012, more than 3,000 judges, prosecutors, lawyers, magistrates, local leaders and members of civil society organizations were informed about laws prohibiting the practice of FGM/C and, in some cases, trained in their enforcement in **Djibouti, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal**, and **Uganda**.

In **Guinea**, two workshops in Kankan and Conakry were held to inform 120 magistrates and police officers from 33 prefectures about legal texts punishing the act of FGM/C. These workshops enabled the officials to fully commit themselves to the campaign for FGM/C abandonment by identifying appropriate strategies to encourage the application of the law. As a result of these workshops, the Office of Child Protection stopped, questioned and arrested two perpetrators of FGM/C and their accomplices.

To address the poor enforcement of the law in **Senegal**, a work plan was developed by the Ministry of Justice to inform the public and better apply the law in collaboration with key stakeholders across 14 regions. Furthermore, the Ministry of the Family organized workshops across the country to encourage the application of the law, attended by administrative authorities, local elected officials, and representatives of community -based organizations.

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Informing the Public About the Illegality of Performing FGM/C

To ensure that people understand the implications of the new laws, the Joint Programme sponsored campaigns to raise awareness about the legal status of FGM/C, especially targeting regions where prevalence is suspected to be persistently high. In 2012, over 400,527[5] people were informed about legal restrictions on the practice of FGM/C in eight Joint Programme countries, mainly through community based activities, discussed in greater length in Chapter 2.

5 Through inter-personal activities. However the dissemination through media reaches more people.

Ethiopia: Sustaining progress through enforcement and media coverage

The Ambari district of Ethiopia's Afar region proclaimed its abandonment of FGM/C in 2010. In 2012 a traditional cutter and the parents of six girls were arrested, tried and penalized. The excisor received a three-month prison sentence and the parents were each fined 500 Birr or US $27.

Moreover, the case was widely broadcast on Ethiopian television, acting as a deterrent to potential violators. From the encouraging responses received, the television programme functioned as an awareness-raising tool for the public, law enforcement officials and the judiciary, ensuring better enforcement of the criminal law against the practice of FGM/C in the future.

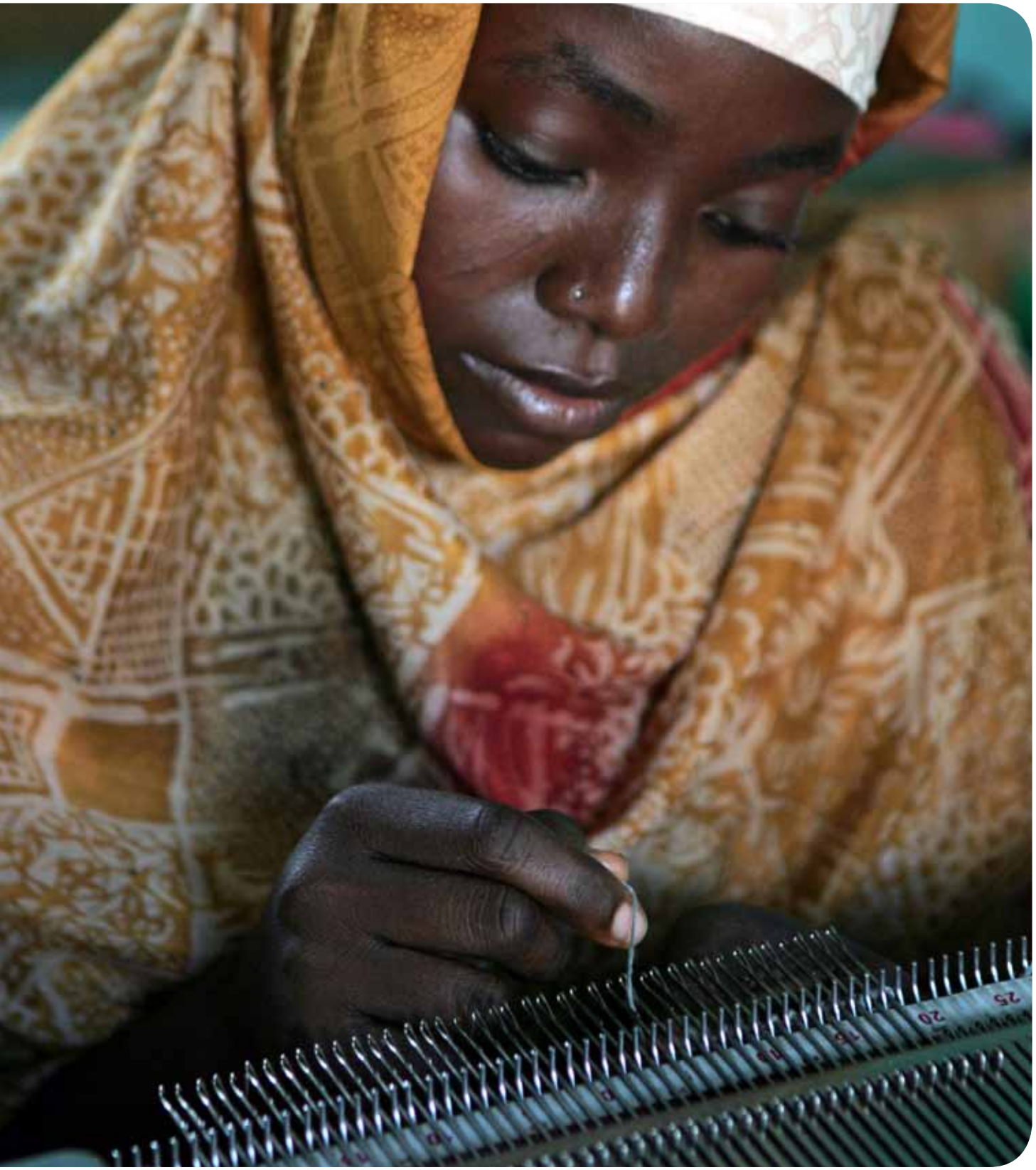
Kenya: Supporting Legislation that Criminalizes the Practice of Female Genital Mutilation/Cutting

In 2008, UNFPA provided technical and financial assistance to the Ministry of Gender, Children and Social Development to conduct a national study on FGM/C that led to the creation of an FGM/C National Secretariat. The Secretariat played a pivotal role in coordinating the efforts of various stakeholders and in the formulation of a national policy on FGM/C that paved the way in the drafting of the Prohibition of FGM Bill 2010. On October 7, 2011, Kenya's President signed into law the Prohibition of FGM Act 2011, which for the first time unequivocally criminalized FGM/C in Kenya.

The journey to passing the FGM/C Act was long and involved employing a number of strategies: advocacy and mobilization of parliamentarians, community and religious leaders, women lawyers, medical professional associations and youth; high visibility of and active support given by male parliamentarians; personal testimony by women parliamentarians from practicing ethnic groups; education workshops and dialogues between communities, civil society and Government entities; and widespread media campaigns that stressed the human rights aspects and adverse health consequences of FGM/C.

Lessons Learned

- The active support of female and male legislators, including the chairpersons of key committees that control the budget, was critical in the passage of the bill that was enacted into law.
- The provision of capacity-building, technical assistance, guidance and coordination of FGM/C abandonment campaigns by local UNFPA staff to the national coordinating body was helpful in facilitating the legislative process.
- The role of highly respected and influential community leaders, such as the Council of Elders, religious leaders and medical professionals, is crucial to making a compelling case against FGM/C.
- The role of the media is important in raising awareness and preparing the public for the new law criminalizing the practice.
- Community advocacy forums that focus on the proposed bill against FGM/C are necessary to enable legislators to get support from their constituencies.
- It is important to develop and disseminate popular versions of the legislation to ensure that everyone is aware of its content and how it impacts their lives.
- Although legislation that explicitly addresses FGM/C is necessary, it is by no means sufficient. Concerted efforts of various stakeholders that include awareness raising, education, dialogue with communities and public statements are also essential in abandoning the practice.



UNFPA

chapter

CHANGING SOCIAL NORMS AT THE COMMUNITY, NATIONAL, REGIONAL AND GLOBAL LEVELS

UNFPA Uganda

The centuries-old practice of FGM/C is a social norm, buttressed by underlying gender structures and power relations and deeply rooted in tradition. The decision to stop FGM/C must come from within a community; it must be made by women, men and community leaders who together can affect and sustain this profound social change. The Joint Programme aims to set this process in motion by engaging communities in self-examination and discussions and encouraging them to act collectively.

Joint Programme activities that bring this about vary depending on the different motivations and power dynamics in each community.[6] However, all activities share a holistic, culturally sensitive approach that actively seeks the participation of all community members through education, dialogues, discussions, workshops, and respectful communication within communities. These activities – which may last for over two years – often culminate in public pledges or declarations whereby a community takes a collective, coordinated decision to abandon the practice of FGM/C, a process that allows communities to become active agents in their own social change. The public, collective pledges are a main result indicator for the Joint Programme. They exemplify communities' readiness to change the norm of cutting to a norm that puts more value on the rights of women and girls.

6 *Even the notion of community varies greatly across Joint Programme countries, making a 'one size fits all' solution inappropriate. In* ***Kenya*** *where FGM/C is practiced among certain ethnic groups, communities have been virtually defined by the practice, whereas in* ***Burkina Faso*** *and* ***Ethiopia*** *a community is understood in terms of geography and usually represents a single village.*

LESSON: Explore the function that a traditional practice serves within a culture, and the way it is perceived and discussed, before trying to change it.

Joint Programme Approach Based on Groundbreaking Social Norms Research

The theory of self-enforcing social conventions, first hypothesized by Thomas C. Shelling in 1960 and applied by Gerry Mackie in 1996 to both foot binding in China and FGM/C in Africa, has provided insight into why such practices persist and has aided the development of community-based strategies for FGM/C abandonment.[7] Mackie and LeJeune further refined this theory, developing a conceptual foundation for programmes designed to encourage the abandonment of FGM/C while promoting human rights and respecting the culture and values of local communities. Three society-level variables – patriarchy, culture (ethnicity and religion) and marriageability – help perpetuate FGM/C within communities. Deviation by one family is virtually impossible, as they will incur harsh sanctions from the community. Strategies supporting abandonment must encourage a significant number of families within a community (a critical mass) to make a collective, coordinated choice to abandon the practice so that no single girl or family is disadvantaged by the decision.[8] (UNICEF 2005)***.***

7 *Mackie, G. and LeJeune, J.,* Social Dynamics of Abandonment of Harmful Practices, UNICEF, Innocenti Research Centre, 2009.

8 UNICEF, 2005

Aligning with Local Cultures to End Female Genital Mutilation and Cutting

If there is one thing that decades of effort to end female genital mutilation and cutting (FGM/C) have made clear, it is that direct assaults on practices laden with cultural significance are doomed to fail.

The lesson dates back to the early part of the last century, and has been repeated countless times since. In 1929, for example, the Church of Scotland Mission, which had a long and successful history with the Kikuyu in Kenya, launched a campaign to eradicate FGM/C. While other well-intentioned efforts had been successful, this one backfired dramatically. The Kikuyu left the church in droves, and the perceived attack on local culture became a rallying cry in Kenya's independence movement.

Over the ensuing years, FGM/C remained remarkably persistent in many African countries, despite its often dire consequences – including death, disability, sexual dysfunction and complications during childbirth – and various attempts to end it. But new strategies, which take a more nuanced, "culturally sensitive" are working.

Shifting Social Norms

An analysis by UNICEF, to be published in 2013, suggests that in the 29 countries in Africa and the Middle East where FGM/C is concentrated, 36 per cent of girls aged 15 to 19 have been cut, compared to an estimated 53 per cent of women aged 45 to 49[9].

The most successful approaches use facts and human rights principles to empower communities to decide for themselves to abandon the practice. This instills a sense of autonomy and avoids the perception that they are being coerced or judged.

"There is a limit to what you can impose on communities," said Nafissatou J. Diop, coordinator of the UNFPA-UNICEF Joint Programme on FGM/C. During the 1990s and early 2000s, Ms. Diop evaluated development projects in her native Senegal, including those that addressed FGM/C. What she and other researchers found was that education and information about the practice were important, but were not sufficient to stop it. (Diop 2003; Diop 2006). Even in areas where attitudes towards the procedure had changed, among both men and women, prevalence was not decreasing. Why? Social conventions and norms that held communities together made it difficult for individual girls or even individual families to defy tradition without feeling ostracized. Uncut girls, it was feared, would not receive offers of marriage.

The key, researchers have found, is to stimulate a shift in the social expectations of a community as a whole, and in networks of intra-marrying communities. Such a shift can occur in different ways, but what all of them share is a process of dialogue, involving everyone in the community, that avoids a blanket condemnation of FGM/C. Rather, the reasons behind the practice, along with its pros and cons, are dissected and debated in light of traditional values and universal principles of human rights. Working through traditional and religious leaders, through existing cultural practices, and through any available communication channel can facilitate the process of change.

LESSON: Shifts in social norms occur when communities collectively realign around new ways of thinking about traditional practices and behaviour.

Dr. Mackie, who had read about the work of a NGO, Tostan, with Senegalese communities that abandoned FGM/C, argued that because the practice is considered a prerequisite for marriage within a given ethnic group, it will only end when intra-marrying communities decide, *all at once*, to end the practice together. Foot-binding in China ended through a series of interventions, including public declarations, which he proposed would also work for ending FGM/C. In both cases, many members of the respective communities already had doubts about the practices, but they needed the support of others to shrug off such firmly entrenched traditions.

The Road to Public Declarations: Empowerment through Education and Dialogue

Educational activities and community dialogues create a non-threatening space where people can reevaluate their own beliefs and values regarding FGM/C. They

9 *UNICEF and UNFPA, 2013, Fewer Girls threatened by Female Genital Mutilation. Available: http://www.unicef.org/media/media_67714.html*

serve to impart new communication skills and knowledge to participants and to start a discussion about the practice within the community.[10] Similarly, community discussions bring people together to openly discuss and reflect on issues relevant to FGM/C, such as women's rights and health and the motivations behind the practice. The goals of these engagements vary, depending on the context, but broadly, they seek to bring about recognition of the value of women to the community and help people reach a consensus to abandon FGM/C. A key function has been observed: public community discussions incite and stimulate private discussions within families, ultimately affecting the decision to carry out FGM/C on a child.[11] In all Joint Programme countries, a total of 81,145 community discussions and education sessions have been held . In four countries (**Burkina Faso, Egypt, Kenya** and **Mali**), these activities were complemented by 13,478 home visits, counseling, theatre/film and an alternative rite of passage for girls.

6.3 Million People Participate in 1,839 Public Declarations Abandoning FGM/C

In 2012, over 1,839 communities representing more than 6.3 million people across the 15 Joint Programme countries made public declarations to abandon FGM/C. After years of engagement and consensus building, these public affirmations constitute a bottom-up, rather than top-down, manifestation of change. According to an evaluation in **Senegal**, one of the first countries to make a series of public declarations, these events are perhaps the most critical step on the path to abandonment. Findings showed that 77 per cent of those who committed to abandon FGM/C publically had indeed abandoned the practice and maintained their decision ten years later.[12]

Table 3: Community-based interventions to build consensus to abandon FGM/C

Country	Community-based interventions	
	Community Discussion & Education Sessions	Home visits, alternative rites of passage, film/ theatre screenings, counselling
Burkina Faso	4,522	568
Djibouti	72	-
Egypt	171	9,707
Eritrea	63	-
Ethiopia	234	-
Gambia	94	-
Guinea	43,969*	-
Guinea Bissau	451	-
Kenya	54	1 ARP of 380 girls
Mali	1,405	3,202
Mauritania	1,078	-
Senegal	28,800*	-
Somalia	132	-
Sudan	1,280	-
Uganda	100	-
Total	**81,145**	**13,478**

** Tostan Community Education Programme*

10 *WHO, 2008*

11 *Draege, T.L, Thesis: The role of men in the maintenance and change of female genital cutting in Eritrea. Norway, 2007.*

12 *UNICEF, 2008.*

Table 4: Number of community declarations in 2012

Countries	Public Declaration 2012	# of people involved
Burkina Faso	25	31,425
Djibouti	17	1,400
Egypt	2	527
Eritrea	30	287,145
Ethiopia	60	20,683
Gambia	pending 2013	NA
Guinea	3	790
Guinea-Bissau	157	40,856
Kenya	5	2,461,181
Mali	133	831,250
Mauritania	12	47,040
Senegal	600	300,000
Somalia	104	31,200
Sudan	640 + al taga	2,235,000
Uganda	51	49,415
Total	**1,839**	**6,337,912**

Figure 2: Number of people declaring the abandonment of FGM/C in Kenya

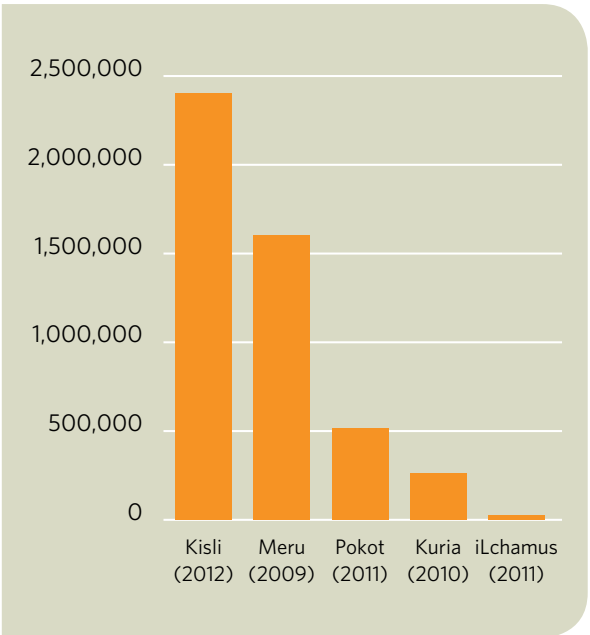
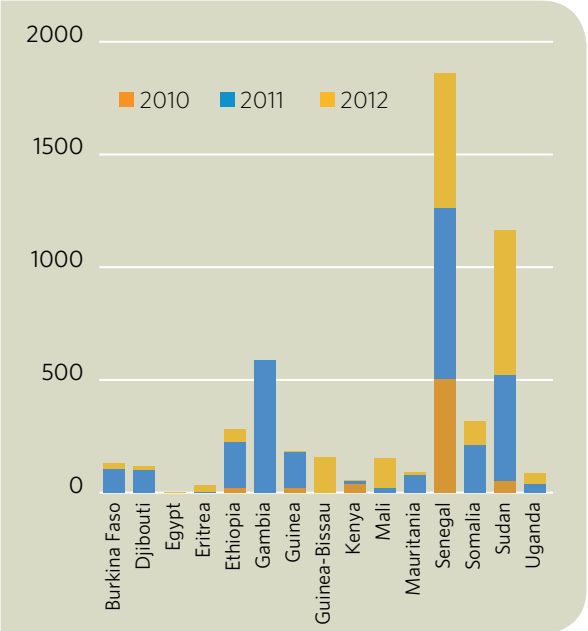


Figure 3: Number of communities declaring the abandonment of FGM/C in 2010-2011-2012



Tostan's Community Empowerment Programme

With support from the Joint Programme, Tostan has rolled out or expanded coverage of its Community Empowerment Programme (CEP) in seven countries. The CEP is a three-year non-formal education and community-led development programme aimed at improving the health and well-being of communities through FGM/C abandonment and other outcomes. The model incorporates education and "organized diffusion," through which new ideas are spread organically from person to person and from community to community. For every direct participant, an additional ten individuals are potentially reached through word of mouth. The programme is divided into two phases. The Kobi centers on a discussion of the principles of democracy, human rights, problem-solving and health and hygiene, and provides the platform for discussing the effect of harmful practice like FGM/C on health. The Aawde focuses on literacy and numeracy trainings, project management, and micro-credit.

Lesson: Information and dialogue concerning human rights can lead a community to question certain behaviours, and propel it towards self-directed change.

In **Senegal**, five workshops, bringing together 450 participants, were carried out in 2012 following the education programme. Participants had the opportunity to voice their concerns about harmful practices. Having decided to abandon FGM/C, they agreed on an action plan to both inform and mobilize their communities. Furthermore, as part of Tostan CEP, six education sessions were carried out each week (three for adults and three for youth) over a period of months targeting 200 villages. In **Mauritania**, in the first half (18 months) of the CEP, four inter-village meetings were organized involving 108 target communities and 755 educational sessions were held, reaching 29,424 people. For 160 communities in **Guinea** and 331 in **The Gambia**, 2012 marked the second year of engagement in the Tostan CEP. There, 491 communities representing approximately 174,166 people are slated to make the collective, coordinated choice to abandon FGM/C in 2013.

Lesson: Public declarations can signal the building of a critical mass, after which change tends to accelerate.

Other Community-based Activities in Collaboration with local NGOs

In **Mali**, the integrated mass communication strategy, started in 2009 and comprising theaters, forums, traveling films and both local and national radio, was strengthened by "Interpersonal Communication" via National NGOs involved in working for the abandonment of FGM/C. The *Association Malienne* pour le Suivi et l'Orientation des Pratiques Traditionnelles *(AMSPOT)* and Tagné, "To move forward," implemented activities in 30 villages in Kayes and 30 villages in Koulikoro with the support of UNFPA. Meanwhile, UNICEF's collaboration with the NGO Sini Sanuman continued in 2012, carrying out activities in four neighborhoods in one of the counties of Bamako. Collaborations with these three NGOs resulted in a total of 1,405 community discussions plus 3,202 additional community-based interventions.

In **Egypt's** Assiut Governorate, community-based activities commenced in six districts. To date, through small and large-scale awareness-raising events, the project has reached over 6,000 people, 194 of whom have joined 11 student volunteers from Assiut University, Faculty of Social Service. Under the coordination of the National Congress Party (NCP), local NGO ACAD (Childhood Development Association), has worked in collaboration with UNICEF through the UNFPA-sponsored project YPeer to design a manual for advocacy leaders on changing harmful practices through peer education using the latest techniques and youth-specific messages.

In **Puntland** and **Somaliland** Child Protection Committees (CPCs) and Child Protection Advocates (CPAs), who work within communities as volunteers and social workers engaged over 300,000 community members and stakeholders in FGM/C abandonment dialogues The dialogue sessions focused on the health implications of FGM/C, de-linking FGM/C from Islam, and the roles that different community members can play in advocating for FGM/C abandonment.-Furthermore, 295 Community Champions (175 in Puntland and 160 in Somaliland) and 180 traditional leaders were trained in facilitating community dialogues on FGM/C abandonment. The Community Champions worked closely with the CPCs to hold dialogue sessions involving 10,000 community members.

LESSON: In many conservative societies, the endorsement of religious leaders and other 'custodians of culture' may be needed before a shift in social norms can occur.

Up to a few years ago in **Sudan**, only pejorative terms were used to refer to women who had not been cut. Today, the word "*saleema*" – meaning whole – has been promoted through a social marketing campaign designed to remove the stigma of remaining uncut by casting it in a positive light. The Born Saleema Campaign continued to flourish in 2012. As one of the four major components of this campaign, 800 facilitators were trained in using the campaign's guide to carry out community discussions about FGM/C and another 980 facilitators were taught to train other facilitators. In conjunction with other activities, the Born Saleema Campaign incited 1,280 community discussions, held in six Sudanese states.

Alternative Rites of Passage: Imparting Tradition without FGM/C in Kenya

In many communities, FGM/C is performed as a rite of passage, a time for imparting traditional values and marking a girl's transition into womanhood. It is also a time for celebration accompanied by food, drinks and dancing. In an effort to fulfil all of these functions, Alternative Rites of Passage have been developed as a substitute. In Kenya, 380 girls from Kuria, Mt. Elgon and Meru went through an Alternative Rite of Passage from December 9-15, 2012 under UNFPA leadership. The community provided food for the girls for a week of seclusion where they were taught about positive interaction with boys, the importance of excelling at education for a successful future, life skills and the negative consequences of FGM/C and child marriage. In a final celebration with their parents and relatives, they celebrated mass at a local church where they were blessed and awarded certificates of recognition for committing to stay uncut. Girls who have graduated from these Alternative Rites continue to play an important role in their communities.

"No to FGM/C and Yes to education!" proclaimed 250 girls in Meru, Kenya, during a procession to mark the community's collective decision to abandon FGM/C with the support of UNFPA. Surrounded by their families, community and revered elders, the girls had gone from being recent graduates of an Alternative Rite of Passage (ARP) ceremony to becoming fierce advocates leading the march against FGM/C. In Kenya, this was but one success story. In 2012, after four years of community dialogues and engagement in collaboration with District Departments of Gender and Social Development, Religious and secular organizations, five ethnic groups representing 2,461,181 people made public declarations in support of the abandonment of FGM/C at festive events attended by community elders, religious leaders, chiefs, government officers, men, women and youth.

LESSON: Build on the positive aspects of culture to promote new social rules and practices.

Creating a Ripple Effect: The Role of Media at the National Level

UNFPA/UNICEF Senegal

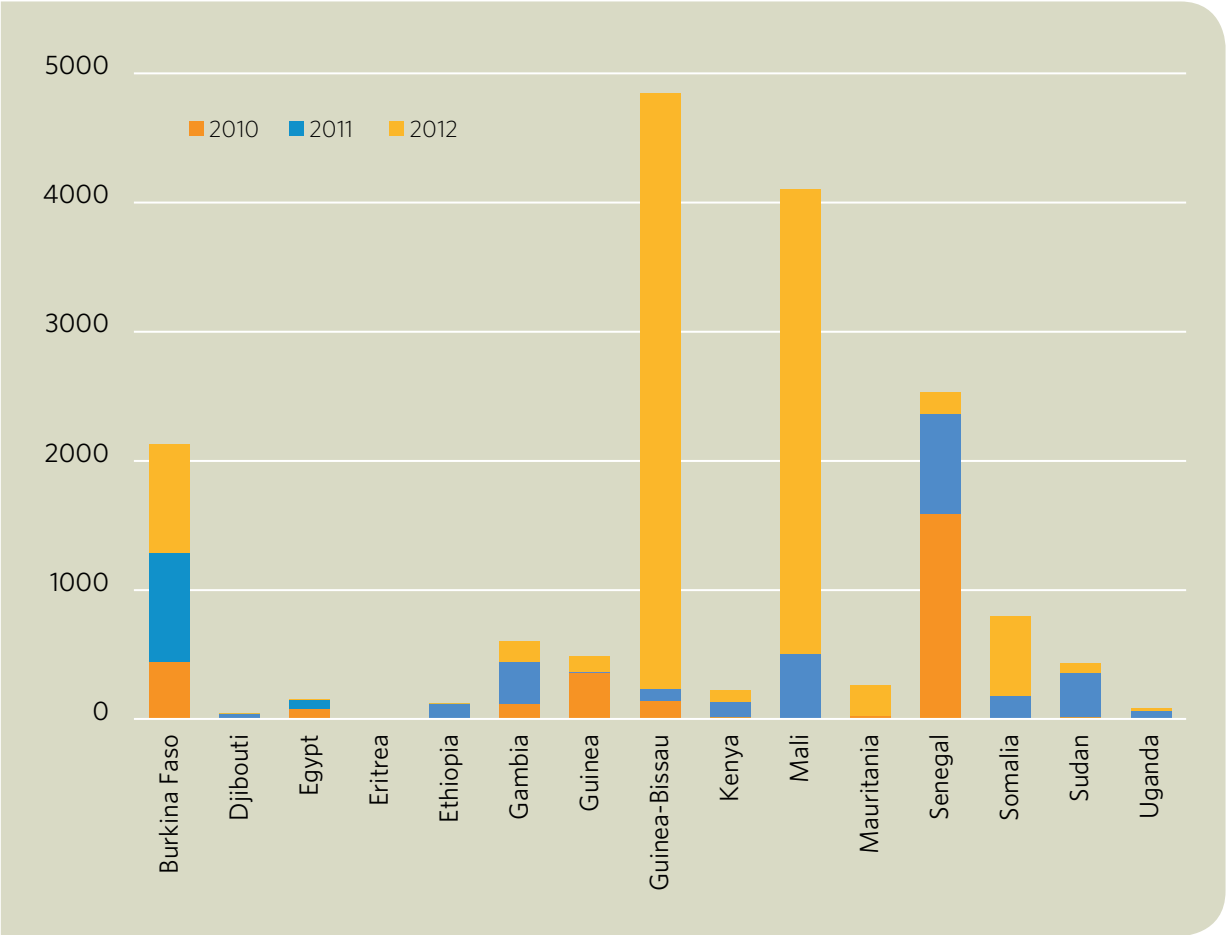
***LESSON: Work through village elders and other community* 'gatekeepers', who can ignite a process of change from within.**

There is significant evidence that the power of the national and local media can be harnessed to shift the narrative about harmful traditional practices, to transmit new information and to spark a discussion about otherwise taboo subjects. As part of its holistic approach, the Joint Programme has supported the development and launch of innovative media campaigns and other forms of communication to promote and publicize FGM/C abandonment.

Three indicators have been used to track progress in this area: the number of press releases and TV and radio programmes supporting the abandonment of FGM/C; the content of media coverage on the FGM/C abandonment process and the number of media personnel trained to report on FGM/C.

In 2012, a record 10,538 media events were carried out in target countries. The intensity of media coverage increases before and after the passage of a new law or the development of a new policy, the prosecution of cases of FGM/C in court or public declarations of abandonment. In 2012, the content of the media events included information about the law, health consequences of FGM/C, advertising the availability of reconstructive care, delinking FGM/C and religion, testimonies of victims of FGM/C, publicizing a toll-free number for reporting cases of FGM/C, coverage of prosecution and finally community interventions and programmes. The implementation of community-based activities and subsequent public declarations drew the attention of the national media. In **Somaliland**, for example, where the practice of FGM/C is nearly universal, representatives from 28 communities in the Maroni Jeex region held a televised event in the capital, Hargeisa to declare their intention to abandon FGM/C. An estimated 5,000 people attended, including senior government officials such as the President's Advisor on Women's and Minority Affairs and religious and traditional leaders.

Figure 4: Number of press releases and tv or radio programmes on FGM/C in 2010, 2011, 2012



In **Sudan**, despite the absence of a national law prohibiting FGM/C, the *Born Saleema* social marketing campaign has trained 35 celebrities, singers, musicians, poets, actors and religious and community leaders as ambassadors. Having been featured on all seven national television channels and all 15 radio channels, the work of the communications company Tariq Nour has reached a wide audience.

Figure 5: Media coverage on FGM/C in the 15 countries

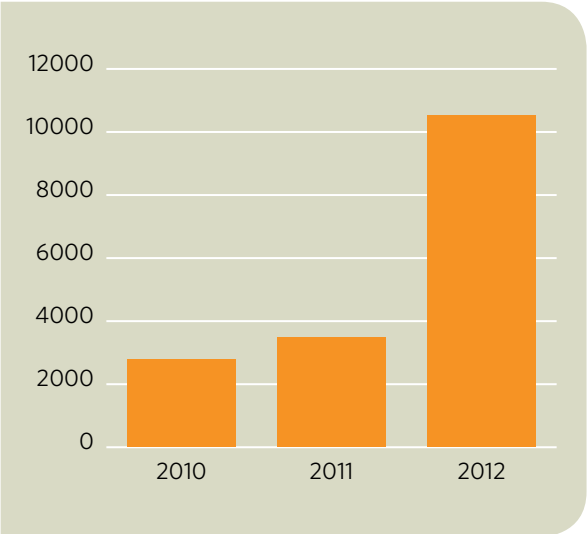


Figure 6: Number of media personnel trained in 2011 and 2012

Building the Capacity of Media Personal

Given the complicated nature of, and frequent misinformation about FGM/C, building the capacity of those in the media to cover the subject accurately and compellingly has become a major priority for the Joint Programme which, in partnership with local NGOS, continued to sponsor a variety of activities to meet this objective.

In partnership with the Italian international NGO AIDOS, The Joint Programme produced a guide on the production of audio-documentaries to accompany training workshops for radio journalists. These audio-documentaries aim to create a socio-cultural environment conducive to male participation and the elimination of harmful practices including FGM/C by depicting the ongoing process on the ground and openly discussing the justifications for the practice. The audio-documentary format not only gives a voice to many people in communities who are rarely portrayed in the media, but also documents the growing support for the abandonment of FGM/C among affected populations. In partnership with local radio stations in **Burkina Faso** and **Mali**, a total of 12 audio documentaries on FGM/C were produced and broadcast in 2012.

In **Kenya**, The Kenya Media Network on Population and Development (KEMEP), which supports the coverage of issues relating to reproductive health and gender, trained 23 journalists. In conjunction with UNFPA, KEMEP presents annual awards for the best reporting in these areas. To ensure an effective media campaign against abandonment, in early 2013, UNICEF Kenya hired a media firm to produce TV and radio spots on the issue for broadcast later in the year.

In **The Gambia**, weekly radio call-in programmes proved a useful forum for broadcasting the full range of opinions about FGM/C and stimulating on-air discussions with expert panelists. As part of UNICEF's media capacity -building for reporting on children and women's issues, a group of journalists visited a rural community in the Upper River Region where Tostan has been working for three years and interviewed village leaders and women about the changes that have taken place.

Zero Tolerance Day 2012

"On the International Day of Zero Tolerance of Female Genital Mutilation/Cutting, I call on the global community to join us in this critical effort. Together, we can end FGM/C in one generation and help millions of girls and women to live healthier, fuller lives, and reach their potential."

Dr. Babatunde Osotimehin, UNFPA Executive Director

February 6th, 2012 marked the 9th annual Zero Tolerance Day. It commemorates the brave declaration by African First Ladies against the practice of FGM/C during a conference organized by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Addis Ababa, Ethiopia in 2003. Across the world, governments, civil society, UN agencies and communities observed Zero Tolerance Day through awareness-raising events, meetings, film showings, and discussions at dozens of venues, including Dakar, Ouagadougou, Nairobi, Bamako, Paris, London and New York. The US State Department observed Zero Tolerance Day with remarks by then US Secretary of State Hillary Clinton and a panel discussion.

Hillary Clinton speaks out against FGM/C on Zero Tolerance Day 2012

In observance of the International Zero Tolerance of FGM/C Day 2012, then US Secretary of State Hillary Clinton delivered remarks to a crowd of 200 people at the US State Department, emphasizing that FGM/C is a violation of human rights and cannot be ignored as a personal or cultural issue.

"We're elevating this issue [FGM/C], but it's part of our overall elevation of the role of women and girls in our foreign policy economically, strategically, politically. Every aspect of our policy is intending to highlight and promote the role of women" said Clinton.

Now former Ambassador-at-Large for Women's Issues Melanne Verveer, who introduced Clinton, then moderated a panel of experts that included Nafissatou Diop, the Coordinator of the UNFPA-UNICEF Joint Programme on FGM/C. UNICEF Deputy Executive Director, Geeta Rao Gupta, gave closing remarks that emphasized the importance of partnership in bringing an end to this practice in one generation.

Across Joint Programme countries, Zero Tolerance Day created yet another space to make visible the growing support for abandoning FGM/C. In **Djibouti,** the Minister of Women reiterated the Djiboutian state's commitment to ending the practice and underlined her belief that FGM/C is "a form of violence against women with no justification whatsoever." In **Somalia**, 30,000 people honored Zero Tolerance Day for the first time in 2012. Members of government ministries attended public debates, community dramas and other events, reaffirming their commitment to ending the practice. In **Ethiopia's** Afar region, 6 February 2012 was celebrated in the presence of two state Ministers of the Ministry of Women, Children and Youth Affairs, high-level officials, and heads of Islamic Affairs. Both cut and uncut women shared testimonies: the former spoke of the permanent physical, mental and health damages while the latter recounted their successful and healthy pregnancies and childbirths. Religious leaders were also invited to inform their followers that FGM/C was not a religious obligation but rather a deeply rooted culture and social norm. As different regional and national media outlets covered the event, those outside the Afar region heard the speeches.

Working in Partnership with Religious and Traditional Leaders

"We have in the past supported the practice out of ignorance but now we declare as a Council of Elders – expected to safeguard the traditions of the community – that FGM must stop."

Mr. Matundura Arasa, Chairman, Council of Elders, Gusii Community, Kenya

The Joint Programme has placed particular emphasis on reaching out to religious and traditional leaders because of the tremendous influence they exert on the mores of the community. Over the past four years, the Joint Programme has supported the establishment of partnerships of religious leaders and other traditional groups opposed to FGM/C. In an effort to channel their opposition to the practice, the Joint Programme supported these networks through dialogue sessions, peer-to-peer discussions, study visits to neighbouring countries, home visits, etc. As a result, religious leaders are issuing edicts, "Fatwas" or public statements during a sermon, or at awareness sessions, conferences, seminars, debates on television and other media events."

As in past years, this strategy continued to be successful in 2012. Engagement with religious leaders was a prominent feature of the work in nearly all Joint Programme countries. Following several activities to sensitize and mobilize religious leaders, a total of 4,095 religious and traditional leaders made public declarations de-linking FGM/C from religion. Furthermore, 730 edicts were issued in support of abandonment in eight Joint Programme countries in 2012.

In **Guinea-Bissau**, the National Committee for the Abandonment of Harmful Practices (CNAPN), with support from the Joint Programme, disseminated sensitization and communication tools to 600 Imams (members of a network of religious leaders established in 2011) to assist them in preparing sermons that promote the abandonment of FGM/C. Partner organizations Rede de Ajuda and Senim Mira Nasseque facilitated the creation of two additional networks of religious leaders grouping 40 Imams in the Quinara Region.

Under the auspices of the Joint Programme, the CNAPN also supported Imams in issuing religious edicts that support the abandonment of FGM/C. On October 4, 2012, the Islamic Supreme Council proclaimed the "Dec-

laration of Imams of Guinea Bissau against FGM/C" at the end of a two-day conference that brought together 200 Imams from all regions of the country and their counterparts from **Egypt, The Gambia, Mali, and Senegal.**

Table 5: Number of supportive religious or traditional leaders and edicts issued

Country	Number of Religious or Traditional Leaders delinking FGM/C from religion publically	Edicts in support of Abandonment Issued
Burkina Faso	6	
Djibouti	33	2
Egypt	28	-
Eritrea	190	4
Ethiopia	101	85
Gambia	487	331
Guinea	28	16
Guinea Bissau	640	225
Kenya	123	1
Mali	132	-
Mauritania	51	17
Senegal	760	50
Somalia	1070	-
Sudan	400	-
Uganda	129	-
Total	4178	731

In **Eritrea**, where leaders from all four major faiths have made a commitment to FGM/C abandonment, 170 religious leaders and 20 elders (traditional leaders) are now community advocates on FGM/C abandonment, de-linking FGM/C from religion. Furthermore, during Zero Tolerance Day, six Muslim and six Christian religious leaders publicly addressed their communities, stating that FGM/C is not recommended in their respective holy scriptures. Similarly, in **Ethiopia's** Afar region, 101 Muslim leaders from 74 kebeles[13] attended a consensus-building workshop, culminating in the preparation of an action plan.

In **Kenya's** Gusii community, where rates of FGM/C are among the highest in the country (96 per cent), community elders made a public declaration on the abandonment of FGM/C in June 2012. As part of this event, traditional circumcisers ceremonially "downed" their tools during the function. This illustrates that when the support of village elders and other community "gatekeepers" can be won, a process of change from within can be accelerated.

13 A kebele is the smallest administrative unit of Ethiopia.

Promoting the Social Norm Perspective at the Regional and Global Levels

Regional Activities

The Joint Programme has been instrumental in encouraging cross-border partnerships, reflected in Output 8: Strengthened Regional Dynamics for Abandonment. As FGM/C often correlates with ethnicity, practicing communities often transcend national borders. In recognition of this phenomenon, the Joint Programme has supported joint declarations by regional groups or communities and the development of joint consensus documents by regional stakeholder groups. In 2012, there was notable collaboration between two Joint Programme countries: **Somalia** and **Sudan.**

Following the success of **Sudan's** social marketing initiative, Saleema, documents were shared with neighbouring Joint Programme countries. As a result, Somalia has decided to adopt a similar strategy. As part of its development, UNICEF in Sudan two hosted colleagues from **Somalia**, staff members from zonal offices of Somaliland and Puntland. They met with their Sudanese counterparts and discussed the process of mainstreaming Saleema and lessons learned. The team observed that while Saleema appears to have sparked a social movement and shift in norms, "Saxarla", a reference to an uncut girl, adopts a model based on positive deviance.[14] Concerns were raised about whether this would impose a change in social norms rather than promoting its evolution organically. As a result of this South-South exchange, the Somali team is currently reviewing the Saxarla' Initiative's methodology.

The Fifth Annual Consultation on the UNFPA-UNICEF Joint Programme

The 5th Annual Consultation on the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, held from 11-13 June in Dakar, Senegal, brought together colleagues from the 15 country offices of both UNFPA and UNICEF, regional offices and Headquarters. Two members of the Joint Programme's Steering Committee and a representative from UK Department for International Development (DFID) also participated in the final day of the consultation. The meeting served as a forum for colleagues from Joint Programme countries to share their experiences, reflect on how the social norms perspective has improved programming, and discuss the preparation for the upcoming Joint Evaluation of the Joint Programme. Following the consultation, additional meetings were arranged between donor representatives, UNFPA, UNICEF, implementing partners and government officials from key national ministries.

A Donor Field Visit

Donors were able to experience the programme in action through a field visit to two villages in Senegal's Fouta region that have declared their intention to abandon FGM/C.

12th Annual Meeting of the Donors' Working Group

In December 2012, DFID hosted the 12th annual meeting of the Donors Working Group on FGM/C. As acting Secretariat of the group, UNICEF facilitated the strengthening of the coordination of donors including several UN agencies, cooperation and development agencies and private foundations. The meeting had many positive outcomes. Not only did participants discuss engaging the international development community on FGM/C as part of a broader agenda of work on adolescent girls and reproductive health; they also re-endorsed the use of a social norms perspective to design and implement programmes aimed at positive social change. Finally, DFID announced it would launch a multi-million Pound, five year programme on FGM/C, the details of which were subsequently unveiled on 8 March, International Women's Day 2013.

14 Positive deviance refers to a strategy of promoting uncommon but successful behaviours or strategies that enable people to find better solutions to a problem than their peers.

UNICEF Somalia

chapter

LINKAGES TO PUBLIC SYSTEMS AND CROSS-SECTORAL COLLABORATION

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To institutionalize the prevention of FGM/C and, where possible, to mitigate its often devastating health consequences, the Joint Programme has supported cross-sectoral collaborations with the health, education and social protection systems.

As one of the key complementary measures, the Joint Programme has supported the formulation and implementation of national health policies and action plans that adequately address FGM/C and the training of health workers in its prevention and management.

GAMCOTRAP The Gambia

Integrating FGM/C Prevention and Care into Health Policy Documents and Coordinated Action Plans

In 2012, 12 Joint Programme countries reported adequate health policies and laws that address FGM/C. In both **Senegal** and **Guinea Bissau,** progress was made on producing Manuals for Norms,Procedures and Protocols on Reproductive Health in connection with FMG/C. In **Senegal,** a workshop was held on the topic for the head doctors at both regional and district hospitals. The Department of Reproductive Health and Child Survival organized another workshop for all members of the National Steering Committee on the implementation of the action plan. Similarly in **Guinea-Bissau,** the MoH validated and disseminated the manual and also integrated FGM/C into two other key documents, *the Strategic Plan for the Elimination of Obstetric Fistula* and the *Peer Educators' Manual on Reproductive Health.*

Table 6: Existence of adequate health policies and laws that address FGM/C

Country	Y/N	Type of Policy	Number of Health Care Training Programmes that include FGM/C in the curricula	Type of Programme
Burkina Faso	Y	Article 22 of the Law on Sexual and Reproductive Health	2	The National School of Public Health
		Axis 5 of the National Policy on Gender		Training Programme for midwives, birth attendants, nurses aides
Djibouti	N	National Strategy to Reduce Maternal Mortality	1	A module on taking care of the medical and psyco-social consequences of FGM for all health professionals
Egypt	Y	Law and Policy 2011	All	FGM/C is covered in all preservice training of medical cadres
Eritrea	Y	A component of Eritera's Reproductive Health Policy	Some	Discussed in some subjects at the college of health sciences
Ethiopia	Y	National Reproductive Health Strategy (2006-2015)	2	Semera Health Science College
Gambia	Y	Reproductive Health Policy 2007-2014		Medical doctors, Nurses and Midwifery Training
Guinea	Y	Road Map for the reduction of maternal and infant mortality	N/A	
		The 2012 National Reproductive Health Guidelines	3	Three specific modules/ Modules on FGM/C were integrated into 8 schools of health
		National Guidelines Health System Development	N/A	
Guinea Bissau	Y	Manual for Norms and Procedures for Reproductive Health	1	FGM/C Manual for Health Care Workers
		Strategic Plan for the Elimination of Obstetrical Fistula	2	A curriculum was included in the health schools
		Peer educators Manual on Reproductive Health which integrates FGM/C		A part of primary school
Kenya	Y	National Reproductive Health Policy 2007	1	One module was integrated into the foundational training of nurses and midwives
		National Policy for the abandonment of FGM/C	Y	N/A*
			1	BeMOC
Mali	Y	Action Plan 2010- 2014 of PNLE for the prevention and care of FGM	All	Medical doctors, Nurses and Midwifery Training
Mauritania	Y	The National Strategy on Sexual and Reproductive Health	1	Midwifery training
Senegal	Y	Policies, Norms and Protocols on Reproductive and Sexual Health	3	Medical doctors, Nurses and Midwifery Training
Somalia	making progress	Draft Anti-Medicalization Strategy		
Sudan	Y	Medical council prohibits medical personnel from practicing FGM/C; Reproductive Health Policy		Medical doctors, Nurse and Midwives
TOTAL	**11**		*** Curriculum was integrated into junior high schools and high schools**	

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Addressing FGM/C-Related Health Complications

In **Sudan, Somalia** and **Egypt**, where FGM/C is increasingly being carried out by health workers, medical councils have been instrumental in stopping this trend. In **Mali, The Gambia,** and **Senegal**, the Ministries of Health have taken on a leadership role, developing national guidelines and building the capacities of health workers to respond to the consequences of FGM/C. In 2012, a total of 2,690 health professionals were trained in the management of FGM/C complications. An additional 60 health professionals in **Mauritania** were sensitized about FGM/C in an effort to prevent medicalization.

Building the Capacity of Health Workers to Deliver Quality Services

In **Mali**, 350 health care workers (90 doctors, 110 obstetric nurses and midwives, and 150 supervisors and nurses' aides) were trained to manage the physical and psycho-social consequences of FGM/C. Following the training, a Malian NGO, *Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles*, monitored the implementation of the treatment protocol in a sample of 19 community health centres in Kayes, in the southwest of the country. After an evaluation of medical records, prescriptions and dosages, it was determined that community health centres were successfully adhering to the treatment protocols. However, managers also reported being burdened by the demands of women suffering from maladies not linked to FGM/C. The increased capacity of health workers (see Table 7) coupled with improved supervision and access to much needed supplies facilitated the treatment of 799 women and girls in Kayes plus an additional 20 in Bamako and 45 in Koulikoro. As a result, many have become allies in the prevention of FGM/C.

The Joint Programme Provides Medical Commodities in Mali

In Mali, the Joint Programme provided 2,880 anesthesia, operating and post-op kits to the Ministry of Health and Ministry of the Promotion of the Family, Children and Women, the entity at the helm of the Campaign against FGM/C, for the treatment of FGM/C complications.

UNFPA/UNICEF Senegal

In **The Gambia**, the Ministry of Health, with the support of the Joint Programme and its implementing partners, successfully integrated FGM/C into the training curriculums of nurses, midwives and other health professionals in all 60 public health facilities and BAFROW, a private health care. This collaboration resulted in a three-day session on identifying and managing the health complications of FGM/C and counselling, sensitizing, and advocating for FGM/C abandonment, led by local NGO Wassu Gambia Kafo (WGK), in collaboration with the Ministry of Health and Social Welfare, and attended by 202 nurses, midwives and other health care professionals.

In **Egypt**, according to the 2008 Demographic and Health Survey, over three-quarters of girls are cut by health workers. Hence, working with medical professionals is of critical importance. Over the past two years, eight governorates – four in Upper Egypt and four in Greater Cairo – were targeted by the Ministry of Health. The MoH trained a total of 2,199 health workers (1,003 physicians, 1,196 nurses and community health workers) through 78 workshops.

In places where there is an acute shortage of human resources for health, such as **Ethiopia's** remote Afar region, the Joint Programme has supported task-shifting arrangements. For example, Ethiopia's Health Extension workers are trained to treat common complications of FGM/C. In 2012, in addition to undertaking health promotion activities related to reproductive health, Extension Workers help to identify women and girls experiencing difficulties passing urine or menstrual blood. They give first-line treatment and, if needed, refer the girls to health centres or hospitals.

Medicalization: A threat to Abandonment

The term "medicalization" was adopted to describe cases where FGM/C was performed by medical providers, irrespective of location, in the first WHO/UNICEF/UNFPA Joint Statement in 1997 and reaffirmed in the 2008 Interagency Statement endorsed by 10 UN agencies. Despite contradicting the World Medical Association's Declaration of Helsinki, 1964, in many Joint Programme countries medicalization has constituted one of the greatest threats to abandonment. To address this alarming trend, UNFPA and UNICEF collaborated with WHO and International Medical Councils with the formulation and dissemination of "The Global strategy to stop health-care providers from performing female genital mutilation" in 2010 (UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, MWIA, WCPA, WMA 2010), clearly stating that health care providers that perform FGM/C are not only violating girls' and women's human rights but a fundamental ethical principle: "Do no harm." Nevertheless, in Egypt, a 2012 survey of health professionals revealed that medicalization still poses a major threat to the abandonment of FGM/C. The questionnaire found that health care providers appeared to still be susceptible to the traditional mythology surrounding the practice rather than current scientific evidence. As demand persists, health care providers are also tempted by the additional income.

Looking Forward: Preventing FGM/C

In some countries, as a large proportion of girls are cut between the ages of 0-5, the integration of the prevention of FGM/C into antenatal and neonatal care and immunization services has been prioritized. These services have also been targeted, since this may be one of the only times a women comes into contact with the health system. Ideally, the authority of health care providers can be leveraged and they can serve as vocal advocates against the practice. Yet this model relies on health workers who fully understand the risks and human rights implications of FGM/C, thus making their training in this capacity an imperative step. In 2012, a total of 70 health cadres were trained in the prevention of FGM/C.

In **Eritrea** where, according to the 2002 DHS, two-thirds of girls were cut during infancy, with half at or before the age of one month, the Ministry of Health has responded by integrating FGM/C messages into all pre- and postnatal care health education and counselling. In 2012, 50 health workers were trained in this subject. Furthermore, the MoH has also taken steps to institute a systematic clinical assessment system for girls under 5 as both a means of collecting data systematically and of bolstering prevention activities. As of 2012, this system had been integrated into regular care in 12 facilities.

Kenya too has integrated FGM/C prevention into prenatal, neonatal and immunization services in 47 county hospitals and eight provincial hospitals, representing nearly 100 per cent of public health facilities. Other Joint Programmes countries also made progress in 2012, with such services in over half of public health facilities in **Guinea-Bissau** (62, or 54 per cent) and 35 per cent in **Burkina Faso.** A total of 42 health facilities in **Djibouti** and in 60 in **Guinea** have also implemented prevention measures. In **The Gambia**, previously trained health workers continued to include FGM/C complications and its implications for the reproductive health of women in their health education talks conducted during antenatal and post natal services across the country.

In **Sudan**, as part of the Saleema Campaign, the advertising company Tariq Nour was commissioned to produce a number of PSA spots, including a five-minute video featuring seven of the Saleema Campaign's celebrity ambassadors, destined to be featured in waiting rooms in nine health facilities in the capital.

In regions where facility-based deliveries are low, like the Afar region of **Ethiopia**, other cadres such as Traditional Birth Attendants (TBAs) and Community Health Workers (CHWs), known in Ethiopia as Women Health Extension Workers, have been recruited to the campaign

to eliminate FGM/C. A recent study found that of the 478 women sampled from the region, 83.3 per cent gave birth to their youngest child at home; 370 (92.5 per cent) were assisted by TBAs.[15] Working in collaboration with the Government Health Bureau, TBAs and CHWs have been tasked primarily with health promotion activities, including, but not limited to, the prevention of FGM/C. Together with more skilled health workers, they deliver some antenatal and postnatal care. In 2012, the Afar Pastoralist Development Association implemented a registration system for pregnant women, recording their medical history, including pre-partum, intrapartum and post-partum care. This system is designed as a follow-up mechanism for the newborn child. TBAs register all girls born in the community and they follow them up for four years in order to protect them from FGM/C; after four years, the girls are followed by their teachers. In support of this system, 150 TBAS were trained in the consequences of harmful traditional practices such as FGM/C and in health promotion: clean delivery care, antenatal and postnatal care and the referral of expectant mothers to health centres for delivery. To ensure that appropriate health services are delivered to the community, the performance of TBAs and CHWs is monitored through spot checks and refresher courses.

Linkages with the Other Systems

The Joint Programme has also supported the integration of FGM/C awareness activities into education systems. Thus far, progress has been made in integrating prevention activities into school curriculums in **Senegal, Ethiopia** and **Egypt.** In **Somalia**, in the absence of strong institutions, community-based child protection mechanisms have been developed.

In **Senegal**, prevention activities have been integrated into elementary school or junior high school curriculums, a model that seeks to empower young people with education. While in **Ethiopia**, 20 elementary school teachers underwent training, facilitated by health and legal professionals, on the consequences of FGM/C and on existing laws and policies. After the training, participants reached a consensus: to include the issue in their daily teaching sessions and to mobilize the whole school community.

In **Egypt**, with the aim of integrating a social norms perspective into a school-based model, a coalition of NGOs opposed to FGM/C was formed to carry out community-based interventions in the greater Cairo area. The coalition held 39 awareness-raising seminars focused on FGM/C, health, and violence against women and children in three governorates,[16] involving 975 children, parents, decision makers, and health professionals.

In **Somalia**, the lack of government protection mechanisms has led to a community-based model of accountability that relies on the vigilance of Child Protection Committees (CPCs) and Child Protection Advocates (CPAs) working within communities as protection volunteers and social workers respectively. In 2012, 502 girls were prevented from undergoing FGM/C by CPC/CPA interventions (392 in Somaliland and 110 in Puntland) after these managed to successfully convince their parents to abandon the practice. The advocacy by CPCs has been instrumental in positively changing the attitudes of communities on FGM/C abandonment.

15 Mekonnen, GM et al. Determinans of Delivery Practices among Afar Pastoralists in Ethiopia, Pan-African Medical Journal, 2012.

16 Cairo, Giza, Qaliobia

chapter

MONITORING & EVALUATION AND RESEARCH

UNICEF Burkina Faso

In 2012, Joint Programme activities continued to promote a culture of monitoring and evaluation at the country level, reflected in ***Output 4: the use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.***

The development and implementation of an improved monitoring and evaluation tool, as well as preparation for the Joint Evaluation of the Joint Programme (2008-2011) fostered greater interaction between HQ and country colleagues. Moreover, countries continued to use new evidence from evaluations, audits and population-based surveys to inform their programme activities and resource allocation. Nevertheless, further effort is still required to improve the reliability of the indicators, particularly in cases where a denominator is required.

Improvements were also witnessed in the tracking of programme benchmarks and achievements of programme partners by country offices. An overwhelming majority received timely reports from implementing partners; however, the quality of these reports varied.

Building an M&E System for Global Reporting

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

In 2012, UNFPA and UNICEF assisted country offices in the implementation of the new framework. After a revised monitoring and evaluation tool, and guidance on its implementation, were shared with country programmes, colleagues from eight Joint Programme country offices attended a workshop in Kampala, Uganda, for further training in its use. Over the course of six interactive Webinars, all 15 countries were given the opportunity to provide feedback on the status of implementation, clarify misunderstandings and discuss any problems that they faced given the social and institutional context behind the revisions. During these Webinars, guidance was also provided on updating a specially tailored Excel database, designed to enable easy tracking and updating of the indicators of the revised framework. Additional technical support was provided to country offices through collaboration with Makerere University in Kampala and Johannesburg regional office.

The Joint Evaluation: 2008-2013

In 2012, a joint external evaluation of the Joint Programme was undertaken to assess the extent to which the programme has contributed to the abandonment of FGM/C in programme countries since 2008. The evaluation provides an opportunity to ensure accountability to donors and other stakeholders and to foster learning among Joint Programme participants at all levels. The evaluation follows criteria of efficiency, effectiveness and sustainability. Furthermore, the evaluation will provide recommendations for the future direction of FGM/C policies and programmes at country and national levels. Finally, it will give UNFPA and UNICEF insights into the successes and challenges of conducting joint programming.

In 2012, in preparation for the Joint Programme's external evaluation, coordinators from both agencies developed a concept note for the evaluation; formalized a collaboration between UNFPA Division of Oversight and UNICEF Evaluation Office; and contributed to the development of the Terms of Reference and selection of an external evaluation firm. Staff assisted the external consultants with the selection of case study countries and compiled all the documents produced by the Joint Programme at country and global level into a data-

base. HQ Staff also facilitated the evaluation process by encouraging colleagues at the local level to establish "National Reference Committees" in preparation for visits by consultants. Following the completion of the first case study in **Kenya**, the HQ team discussed the results with consultants, better informing the Inception Report.

M&E at the National level

Country offices have also put in place their own monitoring and evaluation systems. In **Guinea-Bissau**, the Joint Programme assisted the National Committee Against Harmful Practices in developing a common reporting tool for the 18 civil society organizations (CSOs) currently working on FGM/C abandonment. After validating the country indicators on FGM/C and updating the National Action Plan for the Abandonment of Harmful Practices, CSOs were trained to use the monitoring and reporting tool from 11-13 December 2012.

Evidence-based Programming

Eritrea's evaluation of the UNICEF-UNFPA 2007-2011 Joint Programme was concluded in March, 2012. The results of this evaluation matched those of EPHS 2010, which found a decrease in FGM/C prevalence among girls under 5 and under 15, estimated at rates of 12.9 per cent and 33 per cent respectively. Unfortunately, as noted in the EPHS, an increase in prevalence was documented in the Southern Red Sea Regions. To respond to this alarming trend, the country programme plans to scale up mobilization activities in remote and hard-to-reach communities in these sub regions. However, this process may be hampered by a lack of resources.

In **Ethiopia**, the Ministry of Finance and Economic Development and UNICEF Ethiopia commissioned an external evaluation of 10 woredas (districts) that had declared abandonment of FGM/C. The resulting report, "Progress in Abandoning Female Genital Mutilation/ Cutting and Child Marriage in Self-Declared Woredas," found a decline in the number of households in favour of the practice, perhaps demonstrating that efforts to raise awareness of the health implications of FGM/C and those de-linking it from religion have had their desired effect. Despite this positive finding, a number of potholes in the road to social change were identified. Interviews corroborating the complications witnessed by health care providers indicate a continuation of the practice underground. The report added to the body of evidence on the power dynamics within the communities, particularly the disproportionate influence of elders, religious leaders and men, finding that both could undermine progress if not successfully reached by the campaign. The report recommended a special approach specifically targeting men to rectify this potential bottleneck. Aside from these observations, the evaluation concluded that all methods currently being used to create attitudinal change were having a positive effect and should be continued. However, greater coordination among stakeholders is needed to reinforce these individual efforts.

In **Burkina Faso**, the results of M&E and the evaluation were shared with partners during annual and trimestrial meetings. Based on these findings, the National Strategic Action Plan for Zero Tolerance for FGM/C 2009-2013 was revised in 2012.

The Joint Programme's progress in encouraging evidence-based programming was observed in the use of DHS and MICS data to inform programming in all 15 programme countries. In **Djibouti**, the preliminary results from the 2012 DHS carried out by the Ministry of Health in partnership with UN Agencies suggested a decrease in FGM/C prevalence from 93 per cent in 2006 to 78 per cent in 2010. In-depth analysis of DHS-MICS data from 2011 is currently being undertaken in **Senegal**, the results of which will be used to adjust Joint Programme activities.

Research

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

Research at the Regional Level: Pan-African Centre for Excellence

Envisioned as a 15-year project in collaboration with WHO, UNFPA, UNICEF, the University of Nairobi (UON), ICRH (Ghent University), the University of Washington (USA), the University of Sydney, the Africa-Australia Universities Network and the World-wide Universities Network (WUN), the Centre would serve to build the capacity of African leaders and champions to promote actions towards the abandonment of FGM/C in Africa and beyond through innovative research, leadership training and networking and creating synergies among various approaches in the campaign.

Research at the Country Level

In **Kenya**, the Joint Programme commissioned a socio-cultural study of the Samburu and Il Chamus communities in 2012 to identify social norms that perpetuate FGM/C. Samburu is a vast, insecure district with a high illiteracy rate that has had little exposure to FGM/C awareness campaigns. Future strategies will include working more closely with schools and increasing the number of community dialogue sessions. The Il Chamus community has been exposed to a sustained awareness campaign, but still perceives a strong link between cultural rituals and circumcision status. Future strategies will continue community dialogues with a particular emphasis on the inclusion of elders.

UNFPA

chapter

CHALLENGES, LESSONS LEARNED AND THE WAY FORWARD

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Challenges and Lessons Learned

Despite making significant progress in 2012, the Joint Programme wrestled with a number of challenges:

Political Change, Lack of Legislation and Failed Prosecution

Whenever countries become unstable, progress on the abandonment of FGM/C is at risk. In 2012, improving accountability by holding duty-bearers responsible for protecting the rights of women and girls proved to be challenging in the face of political change and conflict in several countries. Despite improved coordination of stakeholders through National Committees and the development of strategic and action plans in several Joint Programme countries, **Uganda, Egypt, Djibouti** and **Senegal** reported some challenges in enforcing legislation on FGM/C.

In **Egypt**, to ensure the continuation of the 2007 ban on FGM/C and mitigate potential backlash, the Joint Programme worked tirelessly throughout 2011 to negotiate and advocate for continued commitment to FGM/C elimination with emerging political factions. Supported by civil society, the media and government agencies, the Joint Programme, in conjunction with national partners, advocated for the preservation and extension of past gains.

Four Joint Programme countries, **Mali, The Gambia, Mauritania** and **Sudan**, still lack national legislation banning FGM/C. In Sudan, campaigners experienced a setback when Article 13 banning FGM/C was dropped from the National Child Act. Despite this political reversal, there were a number of promising developments in 2012 reflecting changing attitudes on this issue.

Reports from 2012 suggest that successfully prosecuting those who violate laws against FGM/C is difficult. Even in cases where law enforcement officials make arrests, they often fail to collect the necessary evidence. There was one successful prosecution of a traditional circumciser in **Uganda**. After four months imprisonment, she stated her intention to reform and pronounced abandonment. However, her good intentions were short-lived. As of December 2012, she was suspected of secretly mutilating 11 girls and is wanted by the police. Also in **Uganda**, 15 other cases were dismissed for want of prosecution. In **Egypt**, cases of FGM/C reported in the first half of 2012 were not pursued by the Prosecutor's Office. In **Djibouti,** despite a long-standing law prohibiting FGM/C, there has been little evidence of enforcement.

Detractors of Social Change: Deconstructing Traditional Hierarchies

In 2011, in nearly all Joint Programme countries, the movement for positive social change was challenged by a small group of conservative opponents. However, in 2012, far fewer countries reported strong opposition. Nevertheless, in **The Gambia** it was reported that despite using culturally-sensitive approaches and involving all key members of the community in the decision to abandon FGM/C, reducing the influence of traditional hierarchies remains challenging. Some Gambian families who are seen as "spiritual guides" continue to have a "monopoly on knowledge." Members of the community blindly follow these families, making the re-evaluation of harmful traditional practices especially difficult. Furthermore, a popular and very influential Imam at the State House Mosque has vehemently opposed FGM/C abandonment.

Data Collection and Monitoring Systems

Despite the revision and launch of the Joint Programme's Global Monitoring and Evaluation framework and the establishment of strengthened data collection plans across all countries, data on key indicators remains incomplete and its collection unsystematic. While the upcoming final evaluation of the programme will document emerging results overall, continuous monitoring and evaluation to inform progress and decision-making are critical. Regular and systematic monitoring systems ensure accountability and a clearer understanding of the process of change. One major challenge remains that while the information on the participation of programme beneficiaries is accessible, it is often extremely difficult to obtain information on indicator denominators – such as the total number of girls at risk or the total number of families in a programme area. While these data are critical to understanding the impact of the programme in a given context, mobilizing resources and capacities can be a challenge.

A second important challenge remains the integration of the Joint Programme's indicators into other frameworks, such as government information management systems and UNICEF and UNFPA country programme frameworks. This is an ongoing process.

Finally, demonstrating progress in the process of social change is one of the key elements for sustaining momentum in terms of community-level commitment, political will and donor support. This is among the reasons why a robust monitoring system needs to ensure clarity of programme implementation.

Funding

Country offices were affected by the lack of predictable funding across years and by delays in the receipt of funding allocations. Many country offices reported insufficient funding to continue certain activities. In some cases, activities were postponed to the following fiscal year. Others complained of delays in the disbursement of funds which led to interruptions in programming.

The Way Forward

As 2012 came to a close with the General Assembly's clear call to action for an intensification of efforts to end FGM/C, the community of practitioners, government and United Nations agencies working to end the practice felt a new phase was at hand. After gaining broad-based global consensus that more needs to be done to eliminate the practice, the Joint Programme can now turn to documenting the lessons learned from these past five years and designing an evidence-based plan for the launch of a second five-year phase. While the evidence that validated the theory of social change used in much of the Joint Programme's community -based work has been critical in bringing the movement to this point, it is clear that additional documentation and consolidation of programme experiences are critical to achieving the Joint Programme's goal of making FGM/C obsolete.

Measuring change and building capacity of actors across Joint Programme countries are central priorities of the final year of the Joint Programme – 2013 – and beyond into its second phase. A centerpiece activity of this effort will be the ongoing final evaluation of the Joint Programme in which UNFPA, UNICEF, governments and implementing partners from all 15 countries will be involved over the course of 2013. In four countries, **Burkina Faso, Kenya, Senegal** and **Sudan**, in-depth case studies will be conducted that will engage national reference groups and build their experience with evaluative exercises. The Joint Programme will use the evidence

and documentation generated from the final evaluation to inform the design of country and global interventions for phase two. Establishing and supporting a research agenda with the Pan-African Centre of Excellence in 2013 and beyond will help strengthen the evidence base.

One of the emerging lessons from programmatic experiences across a wide variety of contexts is the importance of fine-tuning the relative weight and mix of the 10 human rights-based and culturally-sensitive strategies that form the Joint Programme's approach to accelerating social dynamics for abandonment. While every country applies some degree of each strategy in their programmes, the particularly successful countries have built on their past achievements and placed a focus on the interaction and synergy of the 10 components. For example, **Guinea-Bissau** has built on the evidence of social change efforts to accelerate the adoption of a new law and policy against the practice. The case of **Egypt** shows that effective media, religious and political commitment to opposing the practice can stem the tide of a conservative movement seeking to repeal progress. Having invested in long-term change in partnership with governments, UNFPA and UNICEF are keenly aware of a variety of investments and triggers, both big and small, that can lead to results. Over the next year, the Joint Programme will further document this and incorporate insights from successful programme designs into the next phase of work.

After five years of implementation, it is clear that the proverbial winds of change have swept from **Senegal** to **Djibouti**. These winds are the voices of girls chanting for their future; compassionate religious leaders leveraging their pulpits and mimbars; brave elders breaking with tradition; undaunted advocates campaigning for adequate legislation and better enforcement; and proactive teachers, health and social workers speaking up and out before it is too late. For those 120 million girls and women who have already been affected, the capacities of parents, leaders, health workers and the girls themselves must be strengthened to eliminate this suffering. Disturbing trends toward medicalization and regressive and patriarchal resistance to change are perhaps the greatest threats to progress. To challenge these and keep the momentum moving forward, two critical things are needed. First, further scaling up is necessary. The programmes must reach those who have not yet been part of the process. Second, these processes must be sustained for more time. Alongside accelerating change, countries must sustain change until the world marks the very last case of FGM/C in history.

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Table 7: Donor contributions

Donor	Contribution Committed (In Local Currency)	Contribution Received (in US$)	Total 2007
Ireland	500,000 EUR	737,463.13	
Norway	20,000,000 NOK	3,642,987.25	**$4,380,450**
			Total 2008
Austria	100,000 EUR	155,763.24	
Italy	2,000,000 EUR	2,590,673.58	
Norway	20,000,000 NOK	2,865,329.51	**$5,611,766**
			Total 2009
Norway	20,000,000 NOK	3,577,817.53	
Switzerland	101,849.84 USD	101,849.84	
Private/Individual	1,635.00 USD	1,635.00	**$3,681,302**
			Total 2010
Italy	1,000,000 EUR	1,360,544.22	
Norway	20,000,000 NOK	3,373,819.16	
Switzerland	100,000 CHF	103,305.79	
Private/Individual	162.97 USD	162.97	**$4,837,832**
			Total 2011
Italy	1,000,000 EUR	1,314,060.44	
Luxembourg	700,000 EUR	937,081.65	
Switzerland	100,000 CHF	110,424.31	
Iceland	24,230,000 ISK	210,145.68	
Private/Individual	282.04 USD	565.74	
Norway	20,000,000 NOK	3,411,805.84	**$5,984,084**
			Total 2012
Luxembourg	1,600,000 EUR	2,139,052.72	
Norway	20,000,000 NOK	3,531,073.45	
Ireland	130,000 EUR	168,831.17	
Italy	290,000 USD + 100,000 EUR	422,802.12	
Private/Individual	443.92 USD	443.92	**$6,262,203**
Total 2007 - 2012			**$30,757,638**

Table 8: Financial report

Country Offices, Global Techincal and Regional Partners	Budget	Expenditures	Estimated balance	Implementation rate
Burkina Faso	414,062	341,331	72,730	82%
Djibouti	327,490	319,919	7,571	98%
Egypt	280,857	242,864	37,994	86%
Eritrea	188,275	108,962	79,312	58%
Ethiopia	248,654	205,579	43,074	83%
Gambia	295,094	228,332	66,762	77%
Guinea	231,854	192,935	38,919	83%
Guinea-Bissau	239,061	233,076	5,985	97%
Kenya	344,989	232,379	112,609	67%
Mali	206,395	116,503	89,892	56%
Mauritania	201,288	199,045	2,243	99%
Senegal	548,271	490,456	57,815	89%
Somalia	363,736	336,303	27,432	92%
Sudan	569,850	483,980	85,869	85%
Uganda	399,648	324,809	74,839	81%
Regional Implementing Partners	368,326	309,359	58,967	84%
Headquarters	1,073,328	920,909	152,419	86%
TOTAL	**6,301,175**	**5,286,741**	**1,014,434**	**84%**

† Figures calculated as of December 2012 and do not include pending invoices
** Due to a Government decision, UNFPA Eritrea was not allowed to implement FGM/C activities*
** HQ Allocation 2012 includes external evaluation costs*

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local, national, regional, international

planning

evidence-building

integrated holistic approach

culturally sensitive

human rights

reporting

synergistic

social change approach

joint programming

women and girls empowerment

gender mainstream

child protection

multi level action

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