

**UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting:
Accelerating Change Phase II**

Provisional Highlights of Progress in 2014



The President of Puntland hears a girl's commitment to end female genital mutilation/cutting during the launch of the Puntland Zero Tolerance Policy

Prepared for the Joint Steering Committee - 27 January 2015

1. Background

UNFPA and UNICEF are leading the largest global programme to protect girls and women by accelerating abandonment of female genital mutilation/cutting (FGM/C) and providing care for its consequences since 2008 in line with the UN's common "Eliminating female genital mutilation: an interagency statement." In 2014, the UNFPA-UNICEF Joint Programme on FGM/C (hereafter "the Joint Programme") launched a second phase that will run until 2017 in line with both agencies' strategic plans.

The Joint Programme leverages political commitments and favourable social dynamics to accelerate the elimination of female genital mutilation/cutting with a specific focus on 17 of the 29 countries where FGM/C is concentrated. Targeted regional action in Africa and the Middle East and global activities have expanded global consensus that female genital mutilation/cutting must end with this generation.

A series of political achievements have raised the profile of FGM/C on the global development agenda from the Commission on the Status of Women and the African Union to the United Nations Human Rights Council and most recently a second UN General Assembly Resolution in 3 years. In 2014, the seminal report of the Open Working Group on the Post-2015 development agenda proposed the elimination of harmful practices such as child marriage and FGM/C as a target for a proposed goal on gender equality.

As 2015 unfolds, this momentum must be seized to establish the necessary conditions for an irreversible movement to end the practice with this generation. Yet, as data released in 2014 indicate, even with a doubling of the rate of decline in the prevalence of FGM/C, the impact of population growth would leave the absolute numbers of girls affected by the practice at today's levels, an estimated 130 million. This is why efforts from all actors need to be accelerated and commitments realised.

The UNFPA-UNICEF Joint Programme on FGM/C seeks to make an important contribution to these efforts. Achievements in 2014 have simultaneously expanded commitments and brought additional urgency to efforts on the ground.

2. Global highlights: From Commitments to Action

The past year has brought unprecedented attention to the movement to end female genital mutilation/cutting around the world. Once viewed as a problem limited to a particular region of the world, there is increasing attention to the universality of the issue across a diverse range of societies. While the Joint Programme focused on 17 countries in 2014, it has been effective in bringing insights about the social dynamics surrounding the practice to bear in analysis about the increasingly globalized nature of the practice. In 2014, Joint Programme reports, evaluations and analysis derived

from national data collection has informed the formulation of global policy that may set the development agenda for the next 15 years.

Policy Development

In December 2014, the United Nations General Assembly (UNGA) adopted Resolution 69/150 on 'Intensifying global efforts to eliminate female genital mutilations' without a vote. This second UNGA Resolution since 2012 followed on the heels of a global summit, the Girl Summit, dedicated to ending harmful practices and the announcement by the Open Working Group of Experts on the Post-2015 Agenda that FGM/C should be considered in the next round of global targets.

This second global Resolution reiterated the commitment of Member States to take concrete actions towards realizing a world free from FGM/C by the next generation. The operational paragraphs provide specific guidance to States on the design of prevention, response and care measures to address the practice. UNFPA, UNICEF and UN Women provided Secretariat support to the facilitator of the draft Resolution negotiations, Burkina Faso, and provided technical inputs upon request of States on specific areas such as definitions, data, and service provision standards.

The Resolution also acknowledged that intensifying efforts for the elimination of female genital mutilations is needed and, in this regard, the importance of giving the issue due consideration in the elaboration of the Post-2015 development agenda. The Open Working Group final outcome document (68/970) included as a target of its proposed Goal 5 'Achieve gender equality and empower all women and girls' the 'elimination of harmful practices such as female genital mutilation and child, early and forced marriage. As we enter the official period of negotiation on the Post-2015 agenda, the strength of the available data and established programming on FGM/C will contribute favourably to its consideration as a target in the new agenda.

In June 2013, the Human Rights Council heard a multi-country statement on FGM/C recalling the 2012 UNGA Resolution and urging Member States to increase their actions toward its elimination. In September 2013, the Human Rights Council adopted HRC Decision 24/117, proposed by the African Group, requesting OHCHR to hold a High-Level Panel on ending FGM/C during the Human Rights Council session in June 2014. Throughout this process, UNFPA and UNICEF provided technical inputs and information to the council through OHCHR and the Joint Coordinator of the Joint Programme spoke during the June 2014 High-Level Panel. A second HRC Resolution was adopted in the 2014 session.

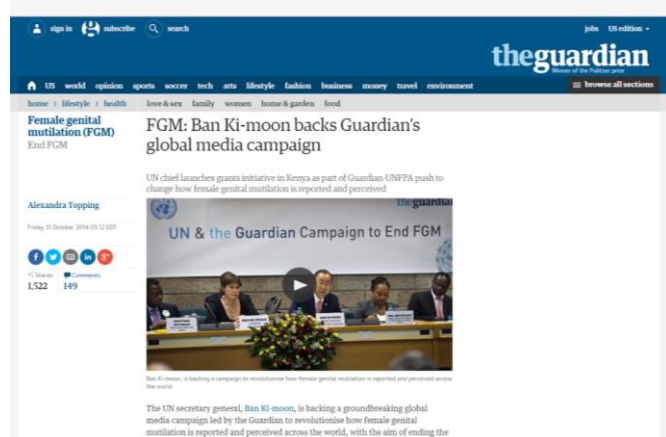
Positioning of FGM/C as a priority issue

The Joint Programme's high-level advocacy since 2008 and further intensified in 2014 has raised the profile of female genital mutilation/cutting on the global agenda. On 6 February, International Day of Zero Tolerance of FGM/C, United Nations officials called for a complete end to genital mutilation/cutting to ensure the dignity, health and well-being of every girl, noting that despite a century of efforts, millions of girls worldwide are still threatened by the horrible practice. Secretary-General Ban Ki-Moon and UNFPA Executive Director Babatunde Osotimehin issued calls to

communities and Governments to take immediate actions to stop FGM/C. Secretary-General Ban Ki-moon, in his message for the Day, highlighted the need to “strive to preserve the best in any culture, and leave harm behind,” in a reference to the year’s theme for the Day. There is no developmental, religious or health reason to cut or mutilate any girl or woman, he noted.

Across the 17 countries, 6 February events were held and provided opportunities for national actors to come together and issue unified calls to leaders at all levels to take their responsibilities for protecting girls and women from the practice.

The UN Secretary General engaged against FGM



In late October, a groundbreaking event put the issue of FGM on the top of all media headlines. The UN Secretary-General Ban Ki-Moon launched the Global Media Campaign against FGM in Kenya. This event drew the attention to the issue of FGM around the world as more than 120 newspapers disseminated the launch. TV and radio around the world made investigation on the issue of FGM, hearing testimony, analyzing data, etc. During the event he announced the launch of a new capacity building for journalists to cover FGM issues and

stories. A Kenya initiative to support journalists investigation and an Pan-African award excellence in FGM-related reporting is the new initiative co-funded by UNFPA and the *Guardian*.

High-Level Events in 2014

In New York, the Joint Programme continued its tradition of supporting Member States in organizing High-Level Side Events to further strengthen visibility and commitment to ending FGM/C. In March 2014, the Missions of Italy and Burkina Faso co-organized a high-level side-event to the Commission on the Status of Women in New York. Attended by over 200 people representing some 30 Governments, UN agencies and civil society organizations, the meeting featured remarks from the First Lady of Burkina Faso, Ministers and other Government officials, and the Deputy Executive Directors of UNFPA and UNICEF on their concrete actions to advance policy and programmes to end FGM/C taken in line with the UNGA Resolution. Representatives from UNESCO, la Francophonie, and the Inter-African Committee also contributed statements on global and national efforts.

In July 2014, UNICEF and the UK Government co-hosted the Girl Summit in London. The Prime Minister of the UK, the Executive Directors of UNFPA, UNICEF and UN Women as well as other high-level personalities such as Nobel Peace Prize Winner Malala Yousafzai and The Elders spoke about the global community’s obligations to end child marriage and FGM/C and the urgency of expanding opportunities for girls. Some 20 Governments made commitments at the Girl Summit, both financial

and programmatic, towards ending child marriage and FGM/C. The commitments have directly brought additional resources to the Joint Programme's work in 17 joint program countries.

The global community must continue to actively harness the energy and momentum of the Girl Summit in support of national and grassroots level movements, in particular through the Joint Programme. Throughout this year, the UN partners will continue to support Member States in promoting progress and monitoring achievements toward the realization of the Girl Summit Commitments.

Support to Treaty Body Monitoring



In November 2014, the Committee on the Rights of the Child (CRC) and the Committee on the Elimination of Discrimination against Women (CEDAW) released the first-ever joint General Comment/General Recommendation. The topic was the elimination of harmful practices with a particular emphasis on female genital mutilation and child marriage. General Recommendation 31 of CEDAW and General Comment 18 of the CRC issued a comprehensive interpretation of the obligations of States to prevent and eliminate harmful practices inflicted on women and girls, such as female genital mutilation, crimes committed in the name of so-called honour, forced and child marriage, and polygamy.

“Harmful practices are frequently justified by invoking social or religious customs and values often embedded in patriarchal cultures and traditions. They are deeply rooted in attitudes that regard women and girls as inferior to men and boys. They are also often used as a means of ‘protecting’ the honour of women, children and their families and as a way of controlling women’s choices and expressions, in particular their sexuality,” said Violeta Neubauer from the Committee on the Elimination of Discrimination against Women (CEDAW).

“Harmful practices are found across the world. They have become increasingly common in some countries where they did not used to exist, mainly as a result of migration, while in some regions, especially those affected by conflict, they had declined but are now re-emerging,” said Hiranthi Wijemanne from the Committee on the Rights of the Child (CRC).

The ICPD Follow-Up Process

In 2014, UN Member States reviewed the progress and achievements of the goals set out in the landmark International Conference on Population and Development (ICPD). In 1994, 179 governments reached a remarkable consensus in Cairo, that investing in the dignity, equality, and human rights of

every individual ultimately leads to sustainable development, which is reflected in the forward-looking, 20-year Programme of Action.

Throughout the sessions of the Commission on Population and Development it was highlighted by Member States that:

The human rights of women and girls must be respected, protected and fulfilled, and all discriminatory and harmful practices, including child, early and forced marriage and female genital mutilation or cutting, should be eliminated.

Respecting and promoting the human rights of women and girls was recognized by many States as central to the eradication of poverty and the achievement of sustainable development. The need to eliminate discriminatory and traditional practices that thwart the human rights and lifelong opportunities of women and girls, with serious harmful consequences, was broadly addressed. States reported that, while many harmful traditional practices were being tackled through legislation and specific measures, progress had been slow. The need to improve girls' educational opportunities, including by ensuring that child, early and forced marriage and/or pregnancy did not force girls to drop out of school, was widely emphasized (ICPD Index Report 2014).

Capacity Development

Additional partnerships were pursued in 2014 including with WHO, UN Women, The Girl Generation, AIDOS, the INTACT Network, and AWEPA. Additional details on these partnerships will be included in the annual report.

An FGM and Midwifery Initiative was also developed by UNFPA in 2014 and is to be launched on the International Day of Zero Tolerance to Female Genital Mutilation on 6 February 2015. Building on their expertise and



networks, UNFPA, in the context of the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change and the UNFPA Midwifery Programme are coming together to mobilize midwives in the Global Campaign to End FGM. Given the increasing trend of medicalization of FGM it is essential to strengthen the capacity of midwives to resist social and economic pressure to perform FGM, to provide care for girls and women that have undergone FGM and to serve as champions in FGM prevention and care. The initiative will strengthen midwives' capacity to serve as role models, counsellors and advocates through education, skills strengthening and coordinated advocacy.

While the list of global policy developments is impressive, the Joint Programme recognizes the importance of national appropriation and implementation of the commitments, policy guidelines and obligations contained in these documents. In 2014, the Joint Programme country focal points redoubled efforts to ensure that such global policy was made widely available and disseminated to Government, civil society and community stakeholders. In addition, the Joint Programme provided technical support to requests for country reporting triggered by these global processes, including the Report of the Secretary-General on Female Genital Mutilations (A/69/211) and the forthcoming report of the Human Rights Council on 'Good Practices to End Female Genital Mutilation.' Significant challenges remain in ensuring Governments fulfil their obligations in terms of reporting and enactment of recommendations from global policy forums.

3. Country-level highlights: Empowering people to end FGM/C

The Joint Programme places the majority of its financial and technical support resources in the 17 countries in order to drive progress toward the three outcomes of the programme by the end of 2017:

- Enhanced Policy environment for FGM/C Elimination
- Increased use of quality services
- Increased acceptance of elimination of the norm of FGM/C

Country offices provided annual progress reporting on 15 January 2015 and below is an initial synthesis of national and cross-border efforts for the period of 1 January to 31 December 2014 in the areas of legal and policy enactment, strengthening of services, community mobilization, work with leaders and the media, data collection and analysis and youth mobilization.

With the start of Phase 2, Nigeria and Yemen became the newest countries to join the global programme platform. The addition of Nigeria has significantly increased the potential coverage of Joint Programme efforts in terms of absolute numbers of girls and women affected. At least 2 countries (Burkina Faso and Ethiopia) have reported scaling up efforts to eliminate FGM/C by expanding partnerships into new districts (3 in Ethiopia with a combined population of nearly 250,000 people).

A) LEGAL AND POLICY ENACTMENT



A critical element in the effective articulation of global policy changes into national action is the extent to which countries appropriate and enact these policy recommendations in national frameworks. A review conducted by UNFPA in 2013 studied this articulation in terms of the Universal Periodic Review (UPR) at the Human Rights Council. Since the initiation of the UPR at the Human Rights

Council in 2008, in the first cycle of reviews from 2008 to 2012, 211 recommendations were issued on FGM. In session 13-19 of the second cycle of reviews, 201 recommendations on FGM have been registered in a global database of human rights maintained by the Sexual Rights Initiative.

In 2013, UNFPA conducted a preliminary analysis of 56 countries who had reported to the second cycle reviews in session 13-16. A total of six countries reported on the issue of FGM in this limited list of countries: Cameroon, Benin, Ghana, Burkina Faso, Mali and Djibouti. While the Joint Programme actively supports 17 countries and notes much more progress than noted by the States themselves, it is important to underline the importance of continually encouraging states to report on progress through the formally established statutory reporting obligations.

As of 2014, 13 of the 17 countries in the Joint Programme disposed of either national or state-level laws criminalizing FGM/C practices. In particular, Gambia and Mali continued to advocate for a national law while Somalia, Nigeria, Sudan, Yemen and Mauritania advocated for new or strengthened national laws.

In **Mauritania**, a five-year National Action Plan against Gender-Based Violence was adopted in 2014 and advocacy efforts for the adoption of a law against GBV, including FGM, resulted in a pledge to adopt the law in 2015 was made.

Burkina Faso continued to demonstrate strong leadership in the enactment of a model system of legal and policy enforcement to end FGM/C in spite of its political crisis. For example, in 2014, the Government of Burkina Faso received a special distinction from the World Future Council: its 1996 Anti-FGM Law and subsequent enforcement efforts were bestowed the 2014 Future Policy Silver Award, recognizing it as a model law for other countries (http://www.worldfuturecouncil.org/fpa_2014.html). In **Burkina Faso**, the Joint Programme supported training of 80 judicial and law enforcement personnel, health professionals and human rights defenders on legal measures to protect girls and women from FGM/C. The state issued two judgements, one of which through a public hearing, condemning two 'Cutters' and eight accomplices for carrying out female genital mutilation/cutting.

In **Yemen**, the National Dialogue Conference agreed on setting the minimum age of marriage at 18 and strengthening the criminalization of FGM/C. UNFPA and UNICEF provided technical support and advocacy efforts were made to ensure that these agreed upon outcomes of the NDC were reflected in the draft Constitution. Two draft laws (amended child rights law and law to protect women from violence) are in place and under review. A mapping was conducted to identify parliamentarians positions on laws on FGM and identified opponents will be targeted with workshops and other advocacy efforts. Efforts were also made to strengthen the capacity of the Judiciary to prevent and respond to FGM via the Supreme Judiciary Council with the inclusion of child rights/child protection including 20 trainers (selected judges and prosecutors) who then trained 125 of their peers. Capacity strengthening efforts were also made at the Police Academy where a Training of Trainers package on

child rights/child protection was developed and a pilot training for 60 trainers was completed and 125 trainees were completed the training on child rights/child protection.

Guinea-Bissau's FGM/C law enforcement continued to be strengthened with capacity building of law enforcers and accurate dissemination of the legislation at community level. 410 religious and traditional leaders as well as opinion leaders from 140 communities received accurate information and have shared their views on how to improve law enforcement. For the first time, in Bissau, the trial sessions of a FGM/C case involving three girls between 5 and 7 years old took place, in the presence of civil society organizations. Despite the strong pressure to stop the legal case (by attempts to influence General-prosecutor, government and even president of Republic), parents and the *fanateca* (*women who perform FGM/C*) involved in the process were sentenced up to 3 years imprisonment.

Somalia is one step closer to a 'ZERO TOLERANCE FGM POLICY' in 2014. The Puntland zero tolerance policy was launched banning all forms of FGM in Puntland. The finalization and approval of the zero tolerance FGM policy in Somaliland is still being negotiated with strategic policy dialogues and advocacy with prominent and influential religious leaders. The Ministry of Health is also promoting the perspectives of the reproductive health implications of women and girls, and the violation of the human rights of the victims/survivors as well. In Central South Somalia ongoing consultations which just began on the adaption of the Puntland policy are yielding fruits. The Federal Government is reaching out to the general population for wider perspectives on the policy to see areas that could be possibly strengthened in context of South Central realities. A constitutional amendment to the Somalia Federal Constitution in 2012 made all forms of FGM/C illegal in the country.

In **Sudan**, one of the achievements made by the National Law Committee has been the finalization of a model FGM law that is now being used as reference to guide the process for legal reform at state level. Taking this further the Women Centre for Human Rights has commissioned advocacy sessions in legislative assemblies in five states; North Kordofan, Blue Nile, White Nile, South and North Darfur. In the state of River Nile a law to ban FGM/C was drafted, presented to the State Legislative Assembly. Endorsement is expected to happen in early 2015. No national law on FGM/C exists.

Sudan also acted in 2014 to upgrade the National Action Plan on Gender Based Violence which was adopted by the State in 2010, to a national policy. The first draft of the National Policy for Combating Gender Based Violence is completed. It reflects the State's commitments to international and regional conventions and protocols pertaining to FGM and other issues on gender based violence. In addition, the National Taskforce on FGM is functioning to streamline coordination of national actors on FGM abandonment to create synergies between the different programmes, approaches donors, CBOs and even other sectors that can be potential actors such as the private sector as they are developing a wider interest in social issues as a part of their corporate responsibility.



Finally, **Uganda's** President Museveni signed the Girl Summit charter and reiterated his high-level commitment to ending FGM/C during the 19th annual Sabiny cultural day.

B) Enforcement of Anti-FGM/C Laws and Policies

In light of strong progress in Phase I to criminalize FGM/C, a greater emphasis has been placed on the enforcement of anti-FGM/C laws and policies in Phase 2. During the reporting period, countries

used the law to both arrest perpetrators of the practice as well as educate entire communities as a preventative measure.

Kenya has gone from having a weak FGM/C law to adopting a stand-alone law in 2011 and quickly and firmly enforcing it. The Kenya Government's commitment to efforts aimed at accelerating abandonment of FGM/C is highlighted by the implementation of the FGM Prohibition Act 2011 and operationalization of the Anti-FGM Board by allocating resources. The Board is charged with advising the Government on matters relating to FGM/C and the implementation of the Anti FGM Act; design and formulate a policy on the planning, financing and coordinating of all activities relating to FGM. Kenya Government's commitment to supporting interventions to accelerate abandonment of FGM/C is seen through the allocation of *Ksh 42 million (USD 460,000)* to the Anti-FGM Board.

Collaboration between the Joint Programme, the Kenya Anti-FGM Board and the Director of Public Prosecution Office, led to the establishment of the Anti-FGM and Child Marriages Unit which is fast-tracking the prosecution of FGM and child marriage cases. Currently there are over 50 cases awaiting prosecution by the Director of Public Prosecution's office.

The Kenya Women's Parliamentary Association (KEWOPA) held consultative forums with members of the National Assembly and Senate to identify champions of the operationalization and implementation of the Prohibition of FGM Act as well the support for oversight. Forty-three (35 female and 8 male) participants from both assemblies were present. KEWOPA members committed to lobby for more allocation of funds for the Anti-FGM Board in the 2015/2016 budget.

Ethiopia's national commitment to ending FGM/C entails building the capacity of its law enforcement officials throughout its vast territory. In 2014, Bureau of Justice conducted a three-day capacity building training on FGM/C and child marriage for 12 (five females, seven males) judges, prosecutors, police and the Women, Children and Youth Affairs office heads from the three joint program woredas

(districts), namely Mille, Chifra and Ada'ar. A similar three-day training was conducted for 30 experts (3 female and 27 male) in Afambo district. Topics covered were: international, national and regional legal instruments, frameworks and provisions, health and psychosocial consequences of the harmful traditional practices. A training manual/guideline has also been prepared and has been distributed to the trainees. In the same target districts, four special investigation and prosecution units have been established with the active involvement of police investigators and prosecutors. In addition, the Joint Programme established or strengthened women and children desks within nine police stations.



The Joint Programme in **Sudan** conducted a law enforcement assessment in four states (Northern, South Kordofan, South Darfur and West Darfur), and the recommendations for the development of national action plans were shared with the National Committee for Law Reform, the Women's Centre for Human Rights and ten Legislative Councils including those in River Nile, Blue Nile, Red Sea, North Kordofan, North Darfur, and East Darfur.

Senegal has had a law on FGM/C since 1999 and the government also has a National Action Plan for the abandonment of FGM/C for the period of 2010-2015. In 2014, a high-level meeting with presidents of commissions and members of the National Assembly was held with the aim of further strengthening the legislative and regulatory framework on FGM/C. At the end of the meeting, a Memorandum of Commitment for better inclusion of FGM/C in policies and programmes was signed by the policy-makers.

Enforcement of the 2010 Prohibition of FGM Act in **Uganda** was strengthened in 2014 with at least 50 arrests recorded across the six districts of Moroto, Bukwo, Kapchorwa, Amudat and Nakapiripirit unlike before when Moroto was the only active district recording arrests. The charges were ranging from carrying out FGM/C, procuring, abetting, aiding, coercing and participating in events leading to FGM/C, and stigmatization of a female who has not undergone FGM/C. Of these, 14 were sentenced to imprisonment of between three to 10 years, five were fined between 100.000 to 500.000 Uganda Shillings (\$35-175 US) depending on the case, and two were dismissed and others released on bail. An analysis of court rulings showed that magistrates are passing sentences provided or under the law instead of cautions and community service.

As a result of the FGM Act, Implementing Partners in **Uganda** have reported that FGM/C is increasingly happening underground and being practiced in secret and across the Kenyan border. Cases are reported mainly by trained community monitors and community volunteers, while community members are fearing the law and the consequences of reporting. Efforts are being made to protect witnesses' privacy and confidentiality and in 2015 the dissemination of the law should further address

this issue. There have also been cases where girls that have survived FGM/C plead having mutilated themselves in order to cover up for aiders and abettors, especially their parents. Some offenders, especially women who have gone through FGM/C themselves, have also ran away from health centres where they were referred for corrective surgery pending court hearing.

A National Strategy on FGM/C Abandonment for the period from 2014 to 2018 was developed in **Egypt** in 2014, a process that was lead by the National Population Council. The strategy was drafted in collaboration with civil society, the Ministry of Health and Population, the Prosecution Office, UNFPA, UNICEF and UNDP. Government ownership of the FGM/C abandonment programme remains a challenge and the Joint Programme will continue to support advocacy efforts aiming to strengthen implementation of the National Strategy, including the establishment of a monitoring mechanism and budget mobilization.

Egypt banned FGM/C in 2008, but no perpetrators have been convicted. The court case of 13-year-old Soheir El Batei, who died in June 2013 from FGM/C performed by a medical doctor, was the first prosecution in Egyptian history. The court case resulted in both the medical doctor and the father being acquitted in November 2014. The case was dismissed as an act of medical malpractice in which both accused reached a settlement, and on the basis that the forensic report did not conclude that FGM/C was performed on Soheir. Legal representation by the National Population Council and civil society was ensured throughout the process with close follow-up by the Joint Programme. The Prosecution Office managed to secure another appeal, however the prospects for a change of verdict are dim. The outcome of the case demonstrates the need to strengthen collaboration between relevant stakeholders through a common platform and continue advocacy efforts for zero tolerance to FGM/C and enforcement of the law on FGM/C. The verdict coincided with the start of the training of prosecutors nationwide on the different aspects of FGM/C and the implementation of the law.

C) EXPANSION OF THE CAPACITY OF SERVICE PROVIDERS & SERVICE DELIVERY POINTS TO END FGM/C & MANAGE ITS CONSEQUENCES

Expansion of quality services that contribute to awareness of the harms of the practice and actively intervene to protect and care for girls and women affected by FGM/C depends on a knowledgeable and skilled work force. Additionally, service delivery points must apply tools developed to align their standards of care and track use of the services through management information systems and case supervision tools.

In **Mauritania**, 130 health professionals in seven regions were trained and sensitized on FGM/C in 2014. The effective integration of the FGM/C module in the health curriculum also continued in the five schools of public health in the country. The Association of Midwives in the country also organized a National Campaign to End FGM/C, which resulted in the *Declaration of Midwives of Mauritania against FGM/C* (see photo).



In **Yemen**, education and communication materials on GBV including FGM were produced to target health workers and field educators. Implementing partner YFCA conducted 40 sessions (10 to 15 participants each) reaching approximately 500 community members in rural areas. Training for health providers on the health consequences of FGM was conducted in 4 governorates and a mapping exercise was conducted to determine the capacity of service providers, journalists, media outlets and public leaders.

In 2014, **Burkina Faso** has invested significantly in strengthening of service providers' capacities to spread prevention messages and deliver services towards the protection and care of girls and women against FGM/C. The Joint Programme supported NGOs to enhance the capacities of 227 community-based workers and 18 social workers on women's health, FGM/C, hygiene and techniques of facilitation. Additionally, 10 radio hosts and 42 secondary school students learned about techniques to spread educational messages about abandonment of FGM/C. A national campaign initiated by the Ministry of Health resulted in nearly 300 health workers in the Regions of Hauts-Bassins, Sahel and Centre Sud receiving advanced in-service training on techniques for treating the consequences of FGM/C. In 2014, 242 girls and women received treatments for FGM/C-related health consequences in Burkinabe health services.

In **Kenya**, the African Coordinating Center for Abandonment of FGM (ACCAF) trained 29 health care providers (see photo above) from Narok, Samburu, Elgeyo Marakwet, West Pokot and Baringo Counties on prevention and management of complications as a result medicalization of FGM. Medicalization of FGM has been on the increase as some communities are responding to Anti-FGM campaigns which have effectively raised awareness on the health complications associated with the practice. This training enhanced health care provider's understanding on the role they play towards accelerating the abandonment of FGM. It is expected that this will led to Anti-FGM issues being integrated and expanded into reproductive health policies, planning and programming. As of end

2014, Cases of FGM complications are being treated at the 47 county hospitals and 198 health providers have undergone training with support from the Joint Programme.

Ethiopia enhanced the responsiveness of the health services and to better equip health professionals through in-service trainings. Through a three days training on FGM/C and child marriage and their health impacts, 30 participants (20 female and 10 male) comprising of 16 HEWs from seven kebeles, five district health staffs and nine Traditional Birth Attendants (TBAs) from three kebelles learned the following content:

- concepts of FGM/C and child marriage
- the probable reasons of the practices and their social, health, and rights impacts
- Federal constitution and laws against FGM/C and child marriage
- the Afar region's proclamation against harmful customary practices

In addition, the FGM/C Joint Programme trained and deployed 39 frontline health workers, 48 women extension workers, and 175 trained TBAs. The Joint Program is enhanced by having health workers and women extension workers whose primary objective is to mobilize and promote that those affected by FGM/C are treated. In 2014, Government trained 40,000 Health Extension Workers and deployed them to rural households. One module on FGM included in the training manual of midwives

The following services were extended by the trained health professionals in **Ethiopia** in 2014:

- Overall health education reached 111,307; Awareness on safe motherhood provided to 4,387;
- Treated, counselled and assisted those affected by FGM 48,837;
- Counselling and assistance to those affected by child/forced marriage 5759; Antenatal care 605; Delivery 478; Postnatal care 571;
- Medical supplies and equipment procured and distributed to the maternity hospital which is fully engaged in assisting mothers who are victims of FGM.

Mali also invested in developing the capacities of service providers. 440 health and social workers in the regions of Kayes and Koulikoro were trained in psychosocial support for gender-based violence survivors, including FGM/C. In the same regions, 3,267 survivors of FGM/C and child marriage received medical, psychosocial and legal support. 2,000 medial kits for FGM/C care were distributed to the Ministry of Health.

Somalia experienced better integration of FGM issue in the health sector, with incorporation of FGM/C in the midwifery training curriculum in South Central, Puntland and Somaliland was enhanced. Dissemination of guidelines for FGM/C integration for health workers, and integration of FGM prevention in antenatal care, neonatal care and immunization services at 4 health facilities. 140 health personnel were trained on clinical management of rape as well as management of FGM complications and in advocating for abandonment of all forms of FGM. Health sector capacity development to respond to FGM-related complications is on progress, and in 2014, 150 survivors were referred for medical care services at the health facilities.

Forty-three actors from the Justice Law and Order Sector and community leaders were trained on the FGM legal framework in **Uganda**, as well as 32 Community Human Rights Volunteers from the six districts where FGM/C is practiced. They developed action plans and commitments to catalyze efforts to end FGM/C. Resource materials with information on the laws and roles of stakeholders were also developed to guide FGM interventions and response by partners, and a documentary on FGM/C and legal processes is in the process of being produced. A telephone hotline for survivors and victims of FGM/C was established, where they can receive legal advice.

40 traditional birth attendants from Amudat district in **Uganda** were also sensitized on FGM/C and the legal framework in order to increase their knowledge on the implications of the law. Furthermore, 80 health workers from districts where FGM/C is practiced were trained on the FGM laws and were encouraged to participate in community sensitization activities. They were also trained to manage FGM/C cases. In the two districts of Bukwo and Kween, 30 Village Health Team members were trained on the practice of FGM/C, its effects and on prevention strategies to enable them to address community perceptions of FGM/C.

A persisting challenge that continues to hamper the acceleration of FGM/C abandonment in **Egypt** is the weak reporting and surveillance system, especially in the health sector. To address this challenge, new national medical guidelines for the management of Gender-Based Violence cases, including FGM/C, were developed and launched in 2014. The guidelines set new standards and course of actions to be performed by health service providers that encounter cases of GBV. The manual addresses the identification of FGM/C cases, provision of services to victims and survivors of FGM/C and the reporting of cases to authorities. A capacity building programme targeting all public hospitals is to be launched.

UNFPA in collaboration with the National Population Council and the office of the General Prosecutor also developed a training programme for 800 prosecutors on FGM/C in **Egypt** that was launched in December 2014. The aim is to raise awareness on all issues related to FGM/C and to identify gaps in the current legal proceedings and to provide prosecutors with appropriate tools to avoid falling into the legal loopholes. There is also a need to increase the reporting of FGM/C cases, even suspected cases, and improve documentation, which requires dedicated lawyers engaging with actors in the field to file reports and to provide support in forwarding them to law enforcement agencies for investigation.

In **Eritrea**, 145 health workers from the six regions of the country benefited from a training on how to deliver FGM/C messages in health facilities. The health workers were able to reach 6500 pregnant and lactating mothers with messages on the negative consequences of FGM/C during antenatal and postnatal consultations. The majority of the women declared that they will not cut their daughters. The health workers also informed the women about the legal implications if the proclamation is violated. The training further strengthened the integration of FGM/C into the reproductive health programme and FGM/C is now a part of the health education sessions that are provided in all health facilities to patients and their caretakers. The health facilities in Eritrea play a crucial role as a source

of information on FGM/C for the population. Indeed, the health facilities under the Ministry of Health were considered to be the most important source of knowledge on FGM/C by 72.3% of the respondents in a recent study, followed by the National Union of Eritrean Women (40,4%) and the mass media (37.1%).

D) MOBILIZING COMMUNITIES TO EXPAND ABANDONMENT OF FGM/C

A major investment of the Joint Programme consists of working directly with communities to bring about a sustainable change in attitudes, social norms and behavior on FGM/C. As of 2013, over 12,000 communities had publicly declared abandonment of FGM/C. In 2014, new public declarations to abandon FGM/C took place in 704 communities. Below are specific developments in countries.

In **Mauritania**, the Joint Programme collaborated with the National Theatre and organized a tour in five high prevalence Regions of the country. Two theatre troupes visited towns and villages and sensitized communities on FGM/C and child marriage. A large number of other sensitization activities were also carried out in collaboration with partner NGOs. A total of 93,334 people were sensitized on FGM/C in the targeted provinces, and 76,850 of them took a stand against FGM/C.

In **Yemen**, several tools were developed for community mobilizers including a Communication for Development manual on child protection and included technical guidance on facilitating dialogues and conducting focus group discussions, developed in 2014, to be printed and distributed in 2015. During this reporting period, key life-saving, care and protective behaviours for mothers and children (including child marriage) were provided to at least 1,249,794 individuals (918,489 mothers, 236,285 men, 51,651 girls, 43,369 boys); and 328,587 households through 126,252 inter-personal communication (IPC) sessions, over 12,000 community meetings/events, 137 Friday prayer sermons, 16 wall paintings and 21 theatre/puppet shows. 13 local, national and INGOs implemented these activities in 63 districts of 19 governorates of Yemen.

Nigeria is one of ten focus countries of the Girl Generation: a Social Change Campaign to End FGM/C that was launched on 6 February 2014. The five-year campaign is run in partnership with the UK based NGO Options and supported by the UK Department for International Development (DFID). The campaign aims to bring about a cultural transformation in attitudes towards FGM/C through using a wide range of social communications approaches at multiple levels. The joint analysis and strategy design process in Nigeria has resulted in the development of a communications strategy that envisages to galvanize a national movement to end FGM/C in Nigeria.

In **Burkina Faso**, from 2009-2014, 482 communities have committed to abandon female genital mutilation/cutting through public declarations, of which 78 new communities declared in 2014. Between 2009-2014, 2,734 leaders (association leaders, customary leaders, religious leaders, local elected officials and ex-cutters) have said no to FGM/C and further committed to educating people about its harms. Long-term mechanisms need to be in place in community to support them to keep

their promises. A rigorous monitoring process has been put in place in 2014 in order to render the commitments sustainable.

In **Ethiopia**, the community conversation sessions are facilitated twice in a month in three sites; namely, *Allasabolo*, *Humudoyta*, and *Mego* and a total of 210 (86 female & 124 male) community members (70 members per site) from various sections of the community (clan & religious leaders, FGM/C practitioners, women, men, kebele chairpersons and youths) have participated and been sensitized on causes and implications of FGM/C and child marriage. Similar sessions were conducted in 12 sites in *Erebt* district which involved 840 (with 50 per cent female participation) community members (70 members per site) from various sections of the community (clan and religious leaders, FGM/C practitioners, women, men, kebele chairpersons and youths).

Due to the sustained engagements and discussions with the different religious institutions, the Ethiopian Orthodox Church, the Evangelical Church and recently in August 2014, the Ethiopian Islamic Supreme Council have officially and formally declared that FGM/C has no basis in religion. They have also pledged to integrate relevant messages into their religious teachings and to ensure that marriages are concluded between consenting adults, meeting, at least, the minimum age requirement. This national level workshop will continue and will be cascaded to the regional levels to engage key societal forces that influence and dictate the community's behaviour at grass-root level.

In **Guinea-Bissau**, the Joint Programme further coordinated responses at community level to address FGM/C and other social norms affecting negatively girls and women. During 2014, 140 communities were engaged in educational dialogues promoting abandonment of FGM/C and related adverse gender norms. 12,503 participants were involved (3,205 women, 2,464 men, 2,416 adolescents and young boys and 2,294 adolescents' girls).



In **Kenya**, community-based efforts supported by the Joint Programme reached community and religious leaders, adolescents and parents across multiple countries including Mt. Elgon, Baringo, West Pokot, Bungoma, and Marakwet. The focus of the educational efforts focused on promoting knowledge of the Anti-FGM Law and its enforcement by the authorities. Kenya launched a toll-free nationwide phone number to report cases of FGM/C.

The Joint Programme's partner NGOs in **Mali** carried out 13,282 community discussions on FGM/C, child marriage and other forms of gender-based violence in the regions of Kayes and Koulikoro in

2014, reaching as many as 193,069 people. More than 23,000 communications materials were distributed in the communities. Throughout the year, 46 new villages signed the convention on abandonment of FGM/C and child marriage, bringing the number of villages that have committed to abandon FGM/C to 1,088.



A Malian woman that used to be a cutter declares that she is now promoting the rights of women and girls by saying NO to FGM/C.

In **Somalia**, effective mobilization of key stakeholders, including over 500 religious leaders, 200 community gatekeepers and 5,000 youth, has contributed to the building of enabling environment to initiate positive societal and behavioural changes in terms of abandoning the practice. The JP continues to support the integration of FGM topics in the community health talks across the country. The trained religious leaders have organized dialogue sessions and group discussions on FGM issues, reaching over 250,000 community members in 2014. Through these community dialogues and discussions, knowledge of benefits of abandoning FGM/C as well as negative effects of FGM can be said to be increased, especially as observed in the FGM situational analysis conducted this year. In 2014, 550,000 community members were educated on the benefits of abandoning of FGM, 100 girls who escaped the 'cut' were counselled and trained in life skills. 200 FGM practitioners were engaged in advocacy activities and 100 of them abandoned this practice and continue to support advocacy for FGM abandonment.



This has been facilitated also by the popularization of religious ‘Fatwa’ in Puntland though the need to widen coverage for this dissemination is critical for 2015. Community dialogues and engagement on abandonment of all forms of FGM/C led to 177 communities in Somalia declaring abandonment of all forms of FGM. Educating community members and religious leaders on the benefits of abandoning FGM/C has led inter-generational dialogues on abandonment of all forms of FGM/C. Religious and traditional leaders advocacy on abandonment of FGM/C including dissemination of ‘FATWA’ and public declarations by religious leaders, and civil society, including young people have created an enabling environment for community members to publicly discuss FGM in public which favorable for total abandonment by the wider community.

Sudan marked over 340 new communities reached by the Saleema Initiative’s community dialogue activities and approximately 95 communities’ organized public FGM abandonment declarations using the Saleema Al Taga. Overall 126 FGM abandonment public declarations have been reported within the reporting period for a total of 806 FGM public declarations recorded since 2008.

121 communities in **Senegal** publicly declared abandonment of FGM/C and other harmful practices in 2015, bringing the total number of communities declaring abandonment to 5,935. This has come about as a result of political will and strong mobilization of civil society, the women’s movement and development partners, as well as children and young people. In 2014, sensitization campaigns on FGM/C, child marriage and human rights were carried out in a number of departments, including Matam, Kanel and Podor, as well as in the region of Tambacounda reaching more than 2,800 people. Three inter-village meetings were also organized with the aim of uniting communities to find common ways to achieve positive social change and to encourage participants from different communities to share experiences and sensitize each other on FGM/C and the rights of children. The three inter-village meetings also saw the involvement and support of local administrative and religious authorities.

In **Uganda**, the Joint Programme strengthened support to innovative approaches to community education on FGM/C and the legal framework on FGM, including the use of music, dance and drama. This resulted in 17 more communities making public declarations on FGM abandonment. During a community meeting in the district of Nakapiripirit, two former cutters testified in public and committed to abandoning the practice. One of them declared that: *'I thank God for saving me and have realized that I was cutting girls something which is against God's will. I will never do it again.'*

The Kamla campaign that was launched in 2013 in **Egypt** reached 2100 people in 2014 through events held in 10 governorates. During the events, people were sensitized on the medical, religious and legal aspects of FGM/C through community dialogues and community theatre. In December, the Kamla online portal was launched in collaboration with UNFPA, serving as a resource base on FGM/C, gender-based violence and other gender issues. To visit the portal go to: <http://www.banatkamla.net>

In **Eritrea**, 424 dialogue sessions on FGM/C were conducted in the six regions of the country. During the sessions, the perceived advantages and disadvantages of FGM/C were discussed, as well as proposed solutions to the problems that were identified and the role of different actors in tackling FGM/C. Religious and regional leaders were involved in all the sensitization sessions. Participants from 112 villages were also asked to participate in a small-scale survey on FGM/C. More than 84% of the respondents accepted the delinking of FGM/C from religion, whereas 15.6% stated that they did not oppose FGM/C due to religious beliefs.

E) MOBILIZING THE MEDIA

Giving visibility to leaders and using the power of the media to spread information about the elimination of FGM/C and promote social and behaviour change continued to be a core Joint Programme strategy in 2014.

A training for journalists on FGM/C and children's rights was held in **Djibouti** and by the end of the training, the 19 participating journalists developed Action Plans for their respective media channels. As a result of the training, the pool of journalists published more than 10 articles in the press on FGM/C and three round tables were organized and broadcasted on TV.

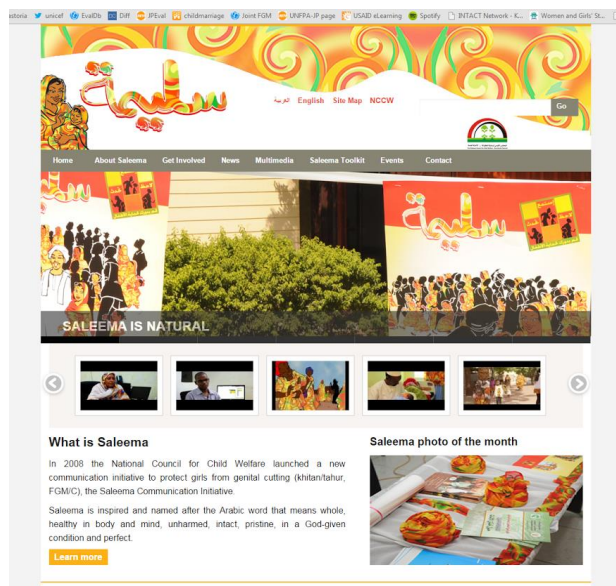
In 2014, **Burkina Faso** expanded public awareness of FGM/C's harms and efforts to promote its elimination through media, including 189 interactive radio programmes, 87 public service announcements on treatment of FGM/C-related health consequences, 90 songs and 9 'radio game shows' to educate people about FGM/C and its harms. As part of these efforts, the Joint Programme collaborated with the Network of Journalists against the Practice of FGM/C (RJLPE) to train 35 journalists from 23 press outlets on reporting techniques.

During the launch of the *Guardian* and UNFPA Media Campaign in October 2014, **Kenya's** Cabinet Secretary for Devolution and Planning, Ms. Ann Waiguru said, "The government is committed to the United Nations resolutions to accelerate efforts to end FGM. It is also part of Kenya's Vision 2030".

The campaign recognizes the critical role of media around the world in adding their voices to reach and help end FGM, in a generation: and five joint UNFPA-Guardian FGM Reporting Grants will be awarded to a number of Kenya's leading media houses to help support their reporting on FGM.

The Joint Programme in Kenya also supported the *Girl Generation launch* in Uasin Gishu County – Eldoret on the 10th of December 2014 which is also the International Day of Human Rights. The launch was strategically placed to coincide with the last day of 16 days of activism which was organized by the Gender Directorate, Ministry of Devolution and planning with assistance from various development partners including DFID.

In **Sudan**, a new TV Public Service Announcement has been produced and broadcasted nationwide within the period 15 September – 15 November for a total of 545 spots broadcasted nationwide on BN TV, Sudan TV, Alshoroog TV, and Goan TV. Additional 200 spots have been broadcasted for free. The media campaign using national TV is targeting women and men within the age group 30 - 55 years old. The TV PSA objective is to generate opportunities for discussions among different generations but also between husband and wife. The TV PSA 2014 is building on the PSA broadcasted in 2013.



For the first time a Saleema website has been established (www.saleema.net) and multimedia content has been produced. In particular, 15 multimedia stories portraying Saleema voices and a video-clip for the new Saleema song has been produced and posted on the website. The website is targeting mainly the young and urban generation between 15 and 30 years who can be potentially ready to discontinue the practice.

The strategic involvement of the media against FGM/C in **Uganda** led to increased media coverage of FGM/C events and activities in 2014. 21 radio talk shows on FGM/C were broadcasted, as well as over 100 radio spots, 6 TV programmes and over 21

articles in print media with coverage at national level and across the six districts.

In **Egypt**, the Joint Programme launched a 2-year National Media Campaign against FGM/C in collaboration with the National Population Council. Four TV spots have been produced and will be aired in 2015. According to the EDHS 2008, women and men in Egypt are primarily exposed to information about FGM/C through television, which is why this media channel has been given priority. A *Communication for Development Forum* was also established under the leadership of the National Population Council and in partnership with the German Development Agency. The forum gathers

media experts and social development specialists to form a common platform to raise awareness on protection issues such as FGM/C using different media channels.

Anti-FGM/C messages were produced for radio, TV and print media in **Eritrea** following a training on message development for 26 officers working for the Ministry of Health. An open discussion forum among different stakeholders, including former cutters, was aired on TV in four episodes. Eritrean TV also broadcasted an educational and consultative program on FGM/C facilitated by health, law and human rights professionals and an educational session with questions and answers facilitated by a health professional was aired on national radio.

F) MOBILIZING RELIGIOUS AND TRADITIONAL LEADERS TO EXPAND ABANDONMENT OF FGM/C

A key component of the Joint Programme is to work with religious and traditional leaders in order to raise awareness on the harmful consequences of FGM/C and to engage them and their communities in the global campaign to end FGM/C. In **Mauritania**, 304 Imams were sensitized on FGM/C and many of them also participated in national workshops to promote the abandonment of FGM/C where they contributed to the development of a guide on the Rights of Children in Islam.

In **Yemen**, a road map was developed for institutional strengthening of the Ministry of Endowment which would support key public leaders, i.e. religious leaders to take a strong stance against FGM/C. 100 religious leaders were targeted in Ibb Governorate and as an outcome of this training the religious leaders delivered speeches at mosques and issued a document that criminalize and encourage local communities to ban FGM. In collaboration with the Ministry of Endowment and the Higher Council for Motherhood and Childhood (HCMC), a training manual on reproductive health and FGM/C was developed for religious leaders in consultation with other religious leaders from different backgrounds. The draft manual is almost ready, and will be published soon.

Yemen supported Sheikh Jabri to participate in a religious leaders call for action on sexual and reproductive health and rights at UN HQ and he hosted a program on UN radio to discuss FGM/C which was broadcasted in seven languages. He also represented Yemen at the Girl Summit and at the Saleema Regional Forum.

Religious and community leaders were also sensitized on FGM/C and the rights of women and girls in **Djibouti**, where the Joint Programme is collaborating with the Ministry of Muslim Affairs. 33 community-based religious leaders and 40 religious leaders from the High Islamic Council were trained. The religious leaders from the High Islamic Council endorsed the joint statement that was issued by religious leaders in 2013 on the promotion and protection of the rights of children and women, including the abandonment of FGM/C. A communication platform was established between the religious leaders of the High Islamic Council and other groups of religious leaders. UNFPA has since 2011 also supported the Ministry of Muslim Affairs for the development of a preaching guide on sexual and reproductive health and FGM/C. In 2014 the guide was used during Friday sermons in five

mosques in urban areas reaching between 500 and 1,000 men. The sermons were also filmed and DVDs were disseminated in the community.

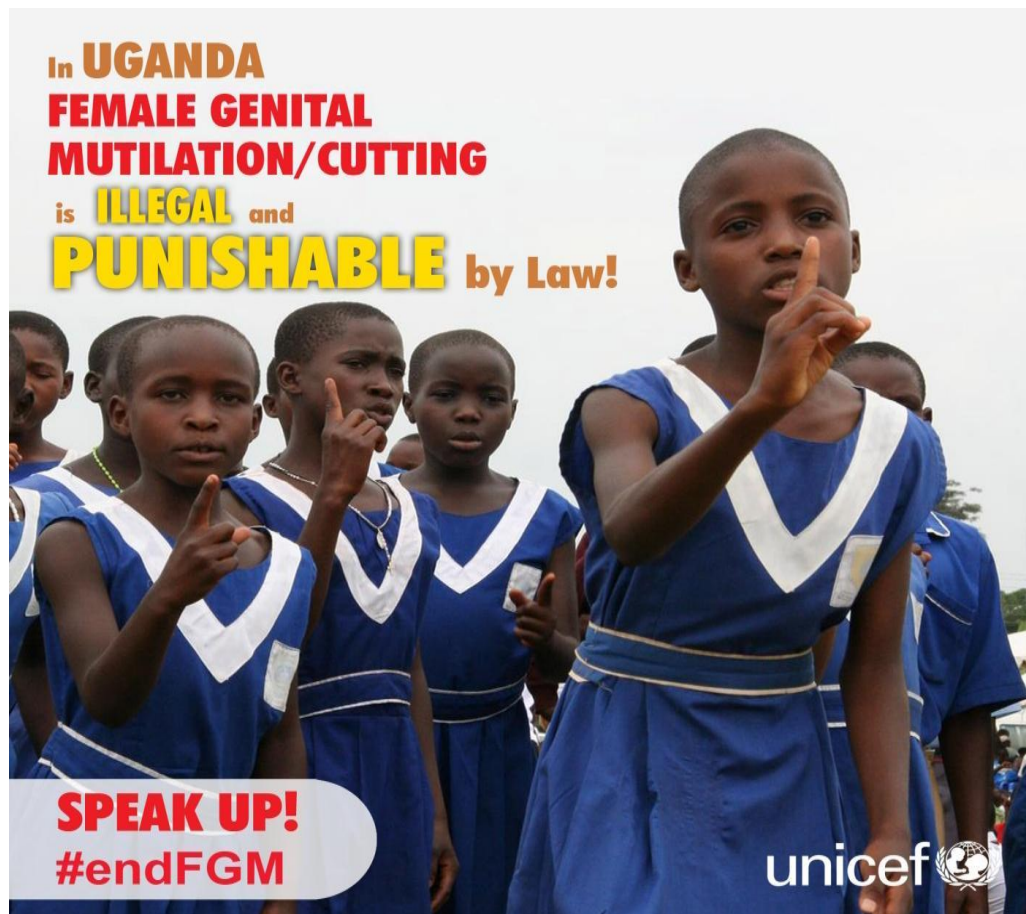
Burkina Faso advocated with 218 local officials resulting in their signature of a charter committing them to ending FGM/C. Following advocacy efforts during the 'Month of the Family', more than 1,200 leaders gave their commitments to education and ending female genital mutilation/cutting across 33 communes of the provinces of Séno, Boulkiemdé, Passoré, Bam, Namentenga, Ganzourgou and Sanmatenga.

Guinea-Bissau saw strong statements of public support in 2014, mostly by political parties and presidential candidates standing for elections, by influential leaders and communicators and by the new Government (including current prime-minister and president, new attorney-general and new appointed minister of women and family and minister of justice). With the signature of the National Agenda for Children, by candidates and new elected authorities, FGM/C and child marriage are among key issues to be followed by the National child/youth movement "Republica di Mininus hoje", a national child & youth advocacy movement for child rights. Key national musicians and media were fully involved on cultural events to advocate for FGM/C abandonment. For the first time, the country has a national ambassador for FGM/C abandonment, who is a singer truly engaged in the cause and appreciated by all.

As influential figures public leaders within the context of the **Sudanese** society religious leaders have been the target of two forums organized by NCCW with state high council of Dawa to enhance the role of religious leaders, 76 Imams and 84 daieat have been trained to become communicators and advocates for the abandonment of FGM. Furthermore in the three states of White Nile, Gadarif and Kassala 124 midwives have been trained as advocates for abandonment of FGM and have been engaged in the program activities and community outreach.

In **Egypt**, 330 priests, pastors and other church leaders from the Coptic, Evangelical and Catholic churches were trained on Gender-Based Violence including FGM/C. The objective is to strengthen the capacities of religious leaders to change behaviors and attitudes on GBV in the communities that they serve, with specific emphasis on FGM/C. In 2015, UNFPA will start a collaboration with Al-Azhar through a capacity building programme for preachers, and a manual on GBV and FGM in Islam will be developed.

G) MOBILIZING YOUTH TO EXPAND ABANDONMENT



Youth Mobilization on FGM/C in Uganda

An event for young people was held ahead of the Girl Summit in London – #YouthforChange – in order to make the voices of young people heard. The objective was to spark an international youth movement for girls and women’s rights, a movement strong enough to hold all stakeholders accountable for their commitments to end FGM/C and child, early and forced marriage in a generation. Young people throughout the world shared information and contributed to the debate on FGM/C using social media like Facebook and Twitter. Just in **Nigeria**, as many as 398,660 social media accounts were reached with messages on FGM/C and other harmful practices through the #YouthforChange campaign during one week in July.

In **Djibouti**, more than 500 young people were mobilized to become engaged in the Global Campaign to end FGM/C through education sessions on sexual and reproductive health and FGM/C. 30 young girls were also trained to become youth peer educators for the abandonment of FGM/C in their respective communities.

In **Guinea-Bissau**, UNICEF supported the youth-led advocacy Movement *Republica di Mininus Hoje (RdMH)* in the preparation and delivery of a proposal of National Child Rights Agenda to the President of the Republic, the Vice President of the National Assembly and the Prime-Minister. This document is a strategic and programmatically sound roadmap to guide the new Government towards the transformation of the country, where the rights of all children are protected and promoted. The Child Rights agenda has highlighted a particular attention to FGM/C and child marriage as well as to abuse and sexual exploitation of girls.

The movement played an important role during the 2014 legislative and presidential elections with the *RdMH manifesto* signed by all political leaders/candidates. *The Movement RdMH* is led by the National Child Parliament and National Youth Council, bringing together more than 350 child and youth organizations representing all regions of the country. The President of the Republic gave assurances that he would use his high office to influence the adoption and implementation of the proposed National Agenda for the Bissau-Guinean Child and to monitor its implementation. All public leaders, including the new elected ones, have publicly condemned FGM/C and child marriage and gave their promise to support programmes promoting its abandonment.

County governments in **Kenya** in collaboration with World Vision facilitated training of 1,666 girls and 349 boys on life skills for FGM prevention and abandonment in five counties (Baringo, West Pokot, Narok, Samburu and Elgeyo Marakwet). This local level advocacy targeted children especially girls since they are agents of change in the community because they are the ones mostly affected by FGM. They were empowered to have a voice and reject FGM and convince others not to accept. It is envisaged that these girls will continue with education and will not be lured to early marriage. Boys were incorporated for life skills training to understand the effects of FGM. Empowering boys is important because they will begin to support awareness campaigns against FGM and that when they grow up they will have no problem marrying girls who have not undergone the cut.

In **Somalia**, approximately 300 Somali youth have been actively engaging in activities to end FGM, and a positive trend has emerged of many male youth pronouncing the preference for young girls who have not undergone FGM as wives. The use of social media has been particularly effective in engaging the large number of young people, including the diaspora, which can further accelerate the positive changes in society. For example, 5,667 youth are subscribing to the Somaliland Y-PEER Facebook page and 333 for Somaliland FGM Facebook page as of July 2014, actively sharing their views and ideas on the issue of FGM. Community attitudes are positively changing to abandon the practice of FGM through extensive participatory community dialogues, advocacy sessions, awareness-raising and community mobilization efforts, which reached out to about 100,000 stakeholders in 2014 in South Central, Puntland and Somaliland.

In **Senegal**, 30 young girl leaders were trained by Afri Yan Girl, a partner NGO, on how to use social media such as Facebook, Twitter and YouTube to promote the abandonment of FGM. Educational sessions on life skills, violence, FGM/C and adolescent and unwanted pregnancies were also organized for young people in 113 Education Clubs for Family Life in the regions of Saint-Louis, Matam,

Tambacounda, Kolda and Sédhio by the Group for the Study and Teaching of Population Issues (GEEP).

Four Anti-FGM Clubs were formed in **Uganda** and training on prevention, response and management of FGM/C and the law was held in secondary schools in the Sebei region. Sensitization sessions targeting primary school pupils were also organized using team sports such as football and volleyball. In the community of Tepeth, a sports competition was organized under the theme '*Kick FGM Out of Tepeth Community*' reaching more than 500 young people.

In **Egypt**, the Y-PEER network was further strengthened in 2014. The network consists of organizations engaged in youth peer education to promote healthy lifestyles of young people focusing on sexual and reproductive health. A Training Manual for Peer Educators on FGM/C abandonment has been developed, providing youth peer educators with a comprehensive tool on FGM/C and the methodology of social change. The aim is to roll out the handbook to 500 peer educators in 10 governorates.

H) DATA COLLECTION AND ANALYSIS TO ENHANCE PROGRAMMATIC EFFECTIVENESS

At country level, the major activity in terms of data collection and analysis has been baseline studies to launch phase two. While the activities are ongoing, initial information from countries is being received and synthesized to ensure quality information is being generated.

Nigeria completed its first year of implementation in 2014, and a situational assessment on FGM/C and a Knowledge, Attitudes and Practices survey were initiated in five high prevalence states and one low prevalence state. 150 research assistants were recruited to collect data on FGM/C at the community level. Community support for the study was secured through advocacy efforts and consultative dialogues with 280 traditional, community and religious leaders, 120 female traditional birth attendants and 200 health care providers. This was crucial in order to facilitate access to the communities for the researchers. The findings of the baseline process will be critical to setting a strong foundation for measuring the Joint Programme's results in the country in the coming years.

As a result of the Joint Programme's partnership with the Ministry of Health in **Mauritania**, FGM indicators for children aged 0-5 years were included in the National Health Information System (NHIS) in 2014. This partnership will continue in 2015 to ensure regular collection of data in health centers in the programme intervention areas.

In **Guinea-Bissau**, information and data on FGM/C was generated from 8 monitoring systems (CNAPN, 5 NGOs, IMC, General-Prosecutor office/courts and judicial police). The baseline study for the phase II of the JP was conducted with the full participation of key partners, who have validated programme results framework and target for the 3 coming years. MoH, CNAPN, Institute of Women and Child and NGOs have participated in the process.

With support from the **Somalia** Joint UNFPA-UNICEF Programme and other sources, the abandonment of FGM has focused on leveraging social dynamics towards the abandonment of all forms of FGM within selected communities in Somaliland, Puntland and recently South Central Somalia. The Joint UNFPA/UNICEF second phase baseline was conducted and has been instrumental for informing the 2015 planning process. Also, a situational analysis conducted in mid-2014 in the Joint Health and Nutrition Program geographical areas of interventions with support from DFID identified positive change in the community attitudes towards abandonment of the practice. According to the analysis, in Somaliland and in Puntland, efforts over the past few years have raised awareness and engagement on FGM total abandonment at both community and policy levels. There exists a political will to end FGM, and the government stance is zero tolerance.

Sudan has expanded its data collection systems in 2014. For the first time, the MICS 2014 collected information on the language used as indicator of behavioural change. The question “how do you call an uncut girl” has been added in the MICS 2014 questionnaire, paving the way for a meaningful baseline to monitor the impact of the Saleema Initiative. The Saleema Initiative M&E Framework which will measure the Saleema Initiative’s impact in re-shaping the language and the popular discourse on FGM/C in Sudan has been designed and a national implementing partner has been identified. A Rapid Assessment conducted in Khartoum and other six states, before and after the Saleema Initiative social marketing interventions, proved 1) an increase, ranging between 2 and 77 per cent - depending on the states - in the use of the word Saleema to describe an uncut girl, 2) an increase, ranging between 3 and 50 per cent, in the knowledge of Saleema colours among the tested population and 3) an increase, ranging between 16 and 44 per cent, in the knowledge of the Saleema ground message. To improve and increase the availability of quality data on children, especially girls, the NCCW is working on establishing an integrated Information Management System (IMS) that accommodates a suite of harmonized databases to effectively monitor multiple child protection indicators - such as early marriage, FGM, GBV and others - which will allow analysis of the prevailing trends and ensure timely referrals are made for the appropriate support services.

The Ministry of Economy, Finance and Planning in **Senegal** conducted a study on the practice of FGM/C in the country revealing that:

- 1) Mothers that are themselves survivors of FGM/C are more inclined to perpetuate the practice
- 2) The FGM/C status of the mother, her region of residence, her ethnicity, her age, her attitude towards FGM/C and her religious beliefs are the main driving factors behind the practice
- 3) Ethnicity and the refusal to consider FGM/C to be a religious requirement are protective factors

UNFPA has started working with a number of NGOs and teachers in **Egypt** on developing schoolgirl profile sheets to be updated on a yearly basis with the girls individually. The girl profile sheet aims to institutionalize closer monitoring and documentation of the socio-economic, health and education status of the girl, while at the same time focusing on early detection of issues such as FGM/C, early, child and forced marriage and school dropout.

4) REGIONAL COLLABORATIONS

During Phase II, the Joint Programme has renewed its commitment to working through Regional Offices to increase the cross-border dynamics and strengthen the regional movement. Among the important moments in 2014 for regional sharing and exchange was the Girl Summit in London where leaders from West and East Africa, among others, came together to share insights and lessons learned from girl-focused programming.

Another major South-South exchange opportunity arose during with the first Saleema Regional Forum has been hosted in Khartoum on 20-22 October 2014. More than 300 participants from different States of Sudan and over 20 panellists coming from Sudan, Egypt, Ethiopia, Djibouti, Yemen, Somalia, United States, Switzerland, Austria and Senegal gathered in Khartoum. Over 40 young people participated in the Saleema Youth Working Group; more than 30 moderators and rapporteurs attended, and 40 volunteers and several media representative worked hand in hand with the organizers, the National Council for Child Welfare.

Though not in the Joint Programme, Benin took a regional leadership role in 2014, organizing a Regional Meeting on Gender-Based Violence, FGM/C, child marriage and adolescent pregnancy and other gender issues. Several West African countries participated including **Benin, Mauritania, Togo, Nigeria** and **Burkina Faso** with the aim of sharing experiences. **Burkina Faso and Mali** have also collaborated on anti-FGM/C efforts at the border in Finkolo (Hèrèmakono Mali) in 2014.

5. COMMON CHALLENGES

New strategic environment

- Both agencies started the implementation of new Strategic Plans for 2014-2017, which required an assessment of Implementing Partners (IPCAT), several administrative requirements, and development of new administrative and programmatic frameworks. This delayed the country and IP workplan development, which led to a lower implementation rate.
- Several global advocacy events demanded extraordinary mobilization of governments and civil society partners, gathering of results, stories and good practices.
- Several country programmes were disrupted by crises (Ebola and political changes)

Result-based management

- Following several consultative processes between the global and country level, the RBM was amended and shared with all countries. Several capacity building activities took place, however countries communicated difficulties in collecting the data. A simplified version of the RBM has been developed with a reduced number of indicators. Several countries faced human resources constraints to conduct their baseline study, which delayed the process.

National implementation challenges

- Need for consistent methods of holding public declarations to ensure similar levels of commitment across communities;

- Long-term follow up on the commitments to end the practice, especially through services and systems;
- Need to ensure participation from all sectors of society, especially men and youth;
- Lack of communications materials on FGM/C and child marriage in local languages;
- Protection of girls who escape from FGM/C: Protection services such as shelters are lacking in the districts to meet the demand for girls. Most of the girls take refuge in schools and local leader's homes, with little capacity in terms of food, sanitation, clothing, security and protection;
- Limited capacity of the police and justice sectors in terms of human resources, logistics and protection facilities.
- Lack of resource allocation to FGM/C programmes from national and sub-national governments
- Need to develop a comprehensive communication strategy on FGM/C with key messages for various audiences in order to address the deeply entrenched cultural beliefs
- Lack of infrastructure sometimes makes it difficult to reach remote communities and villages
- The pastoralist lifestyle of some communities represents a challenge for community mobilization and education on FGM/C

Human Interest Story

Ltaramatua's (a moran from Samburu) Story - Kenya Country Office



FGM is one of the harmful cultural initiations yet culturally accepted as an important rite of passage in Samburu County. It is a form of gender based violence (GBV) that continues despite the harmful side effects. The Samburu community believes the female cut determines maturity in girls after which they are forcibly married off and initiated to motherhood. Girls as young as 10 years are cut and sometimes with blessings from their own parents. Many Samburu girls have died while undergoing the cut and as a result of infections among other complications. This shatters their dreams of

*becoming potential leaders. However, despite all this, there are heroes in Samburu who are fighting to save girls in Samburu. For example, **Ltaramatua Leorto** (picture with his wife) is a beneficiary of JP programme in Samburu. Just like any other young man (moran) from the community, he looked forward to undergoing the rites of passage popularly known as **Muratare e Layiok**, getting married and starting a family of his own. He became an ambassador for the anti-FGM campaign in his community at an early age, as he witnessed firsthand what FGM, early pregnancies, abortion and teenage marriage could do to girls. His classmate was impregnated by a teacher and because she refused to have an abortion, she was sent home where she was forced to undergo FGM and in the process bled to death. Leading by example among his peers, Leorto, despite protest from family and his fellow morans, he married a girl who was not cut. By doing so, he has proved that an uncut girl also has value. The two are now proud parents. He continues to rescue girls from FGM and create awareness not only among his peers but also Samburu community as a whole.*