



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

ANNUAL REPORT 2019

EMPOWERING

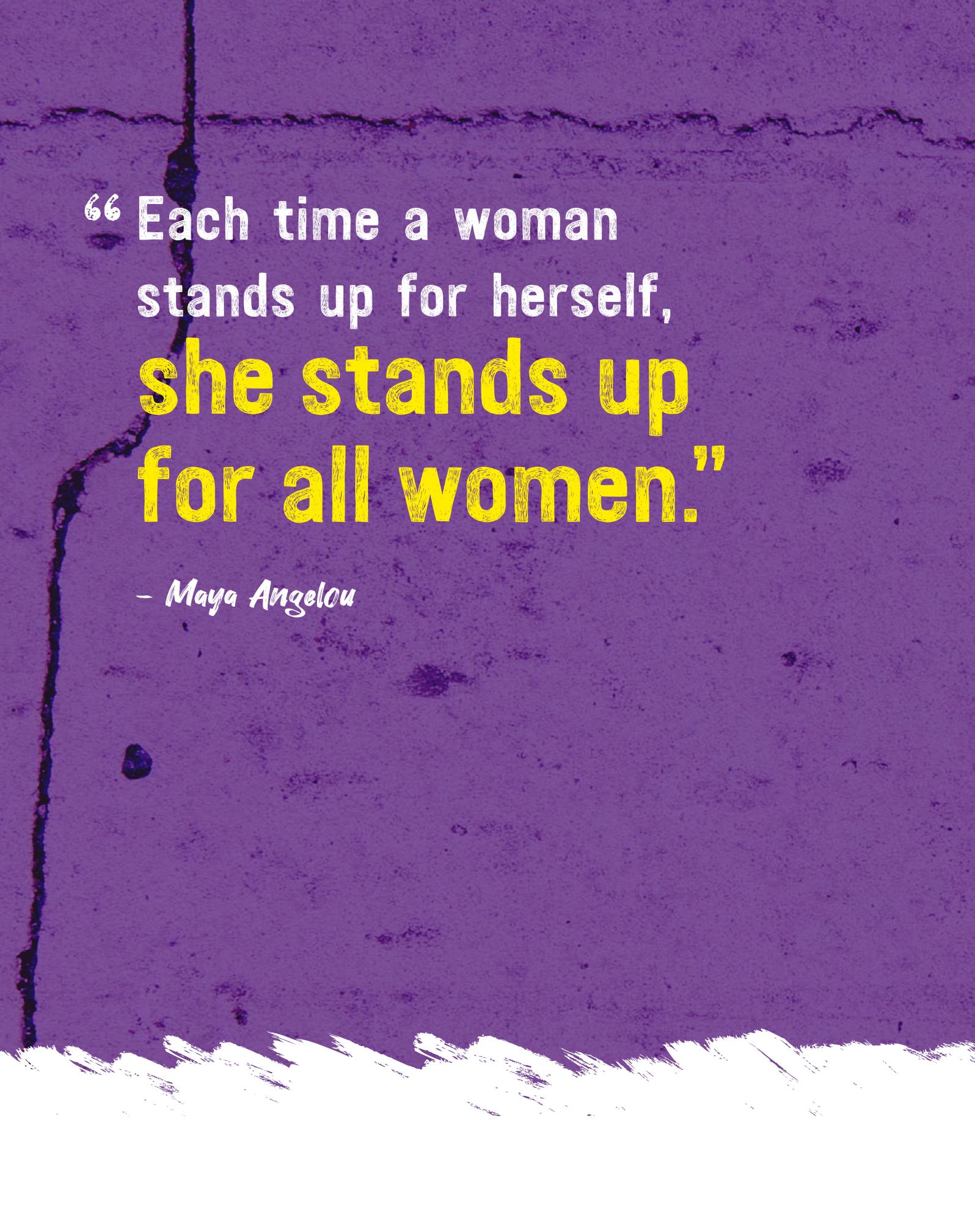
Girls and

Women to

LEAD

CHANGE





“ Each time a woman
stands up for herself,
**she stands up
for all women.”**

- Maya Angelou



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ACKNOWLEDGEMENTS

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

This report was produced by the Joint Programme Global Coordination Team with technical leadership from Nafissatou J. Diop and Nankali Maksud. Authors of the report include Thierno Diouf and Stephanie Baric with contributions from Berhanu Legesse, Harriet Akullu, Mar Jubero, Ramz Shalbak, Yasmine Sinkhada, Sofia C. Pereda, and Wanda Rodríguez.

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This year's Annual Report is dedicated to the girls and women who are leading change by championing gender equality and the empowerment of girls and women to say "no" to female genital mutilation.

Remembering Bogaletch Gebre

She was a scientist, an activist, a community organizer, a survivor of female genital mutilation and the first girl from her remote village to get more than a primary school education. When she died in 2019, Bogaletch Gebre, or “Boge” as she was called, left a powerful legacy that demonstrates how much one person can impact her world.



“If I could save a single girl from a dreadful life, from practices that numb, crush the spirit and rob women of their dignity, I would have done my life’s mission.”

she once said.

But her accomplishments far surpassed that goal.

A brilliant child from what is now Ethiopia’s Kembatta-Tembaro zone, Boge secretly attended an informal school while recovering from the consequences of female genital mutilation. She later convinced her father to allow her to attend the local mission school, which was a springboard to scholarships to study microbiology, physiology and epidemiology in England, Israel and the United States of America. Boge left her doctoral

studies and the prospect of a very comfortable life in the United States to return to her homeland, which was embroiled in conflict and poverty. She was determined to help end female genital mutilation, a practice that had killed one of her 13 siblings and nearly claimed her own life, as well as other harmful practices such as child marriage and bride abduction. She used her own experiences and her intimate knowledge of her community to change hearts and minds.

In Kembatta, she pioneered a programme of social change based on addressing local needs and initiating “Community Conversations”, a model widely replicated across the country and elsewhere. “To make people understand the harm that comes to their children, you can’t come in and tell them, ‘You are doing bad and must stop’,” Boge said in a 2013 interview.

“It has to come from inside the community. It has to be discussed over and over again, in the African tradition. That’s how change comes.”

Boge’s work was carried out through KMG-Ethiopia, the organization she founded with her sister. She will be remembered for her determination, her intelligence and her ability to create solutions that work. Female genital mutilation went from being nearly universal to being almost completely abandoned a decade later in some of the communities where she worked.

And she never forgot her broader mission: to empower girls, women and communities.

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Acronyms and abbreviations

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

Executive Summary



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In 2007, a United Nations **interagency statement** called on governments, international and national organizations, civil society and communities to uphold the rights of girls and women, and end female genital mutilation. Today, a global movement has emerged. It recognizes that enabling girls and women to fulfil their potential in dignity and equality, and achieving the 2030 Sustainable Development Goals (SDGs) require the elimination of harmful practices, including female genital mutilation. As the largest global programme on this issue, the UNFPA–UNICEF (United Nations Population Fund and United Nations Children’s Fund) Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change (the Joint Programme) targets the most vulnerable and marginalized girls and women, who face multiple and intersecting factors that increase their risk of undergoing the practice.

Phase III of the Joint Programme began in 2017 with a commitment to expanding a gender-transformative approach to eliminating female genital mutilation. In 2019, results in the 16 countries covered by the Joint Programme included:

- More than **2.8 million people** participated in public declarations of female genital mutilation abandonment in **3,362 communities**, marking a **10 percent increase** in the number of such communities compared to 2018.
- The number of communities establishing surveillance structures to track girls at risk of female genital mutilation following public declarations of abandonment **doubled compared to the previous year**.
- Since 2017, there has been a **50 percent rise** in the number of communities building girls' capabilities and assets so they know and can claim their rights.
- **Three times as many** networks of men and boys were established compared to 2018, enabling men and boys to challenge discriminatory gender norms.

Efforts to increase accountability and strengthen high-level political will resulted in the African Union launching the Continental Initiative to End Female Genital Mutilation, governments in East Africa adopting a Statement and Action Plan to address cross-border cutting, and the governments of Egypt, Ethiopia and Kenya announcing bold initiatives to meet their commitment to SDG target 5.3 on the elimination of female genital mutilation by 2030.

The 2019 Annual Report shows the many ways that the Joint Programme is empowering girls and women to lead change. Creating an enabling environment through policies and legislation, providing access to an essential package of services, and shifting social and gender norms through community-driven efforts are critical in accelerating the elimination of female genital mutilation. But equally as important is empowering girls and women as agents of change.

In many countries, the COVID-19 pandemic is now negatively and disproportionately affecting girls and women, and threatens to disrupt SDG target 5.3. The Joint Programme will continue to work in partnership with governments, civil society, women's and youth groups, religious and traditional leaders, and communities to promote and protect girls' and women's rights including the right to health and bodily autonomy, safety and security, and freedom from discrimination and violence.

Finally, the Joint Programme recognizes that its 2019 results would not have been possible without the generous support of the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, AECID (Spain), Sweden and the United Kingdom, and the European Union.

“ There is no
force equal to
A WOMAN
determined to
RISE.”

- W.E.B. Du Bois

Chapter 1

Introduction



Before the 1990s, the international community did not consider female genital mutilation a subject of international law.¹ Violence against girls and women was widely viewed as a private act or domestic matter, and female genital mutilation was initially placed beyond the scope of international human rights law.² This changed in the 1990s with the global women's movement against female genital mutilation.³ Feminist activists ushered in a new era where international and regional frameworks recognized female genital mutilation as a human rights violation.⁴ The practice was placed within a broader gender justice agenda that emphasizes the responsibilities of governments to realize girls' and women's rights, including their right to be free from gender discrimination and violence.⁵

The global women's movement against female genital mutilation demonstrates that when girls and women are empowered to lead change, structural and social changes happen. The last two decades have seen a doubling in the proportion of girls and women who oppose the practice despite living in countries with high prevalence rates.⁶ The Joint Programme, now in Phase III, prioritizes transforming unequal power relations, structures and norms that sustain gender inequality and harmful practices.

For the Joint Programme, *empowerment is an investment in voice, choice and agency* that enables girls and women, as individuals and through collective action, to say "no" to female genital mutilation.



As a result of this commitment to a gender-transformative approach, and Joint Programme partnerships with governments, civil society, women's and youth groups, religious and traditional leaders, and communities across 16 countries, in 2019:

- **7,696 communities supported 109,951 girls** in building their capabilities and assets to know and claim their rights; and
- **2,832 communities**, following public declarations of female genital mutilation abandonment, established surveillance systems **that protected 213,774 girls from undergoing the practice.**

Despite these significant gains, the COVID-19 pandemic presents new challenges. The Joint Programme has been adapting interventions to respond to the crisis, and ensuring the integration of female genital mutilation in humanitarian and post-crisis response plans. But according to **UNFPA estimates**, the pandemic may result in a one-third reduction in progress towards ending female genital mutilation by 2030, or 2 million cases that would otherwise have been averted. **New analysis** released by UNICEF shows the number of children living in poor households could increase by 15 percent by the end of 2020, with nearly two thirds in sub-Saharan Africa and South Asia. With 13 Joint Programme countries already classified by the United Nations as **least developed countries**, rising poverty presents additional barriers to the elimination of female genital mutilation.

In 2020, the global community ushered in a Decade of Action to deliver the SDGs by 2030, even as addressing inequalities and “leaving no one behind” by reaching the most vulnerable and marginalized groups has become more challenging. Through the end of Phase III in 2021, the Joint Programme will continue its focus on strengthening accountability for the elimination of female genital mutilation from the global to the grassroots level; building the resilience of girls and women and their communities to reduce the impact of humanitarian crises; developing a global research agenda that addresses key gaps in knowledge; and, most importantly, empowering girls and women to lead change.

“The most
subversive thing
a **WOMAN** can do
is talk about her life
as if it really matters.”

– Mona Eltahawy

Chapter 2

The Joint Programme's Global Numbers in 2019



For the Joint Programme, empowerment is both a process and an outcome that involves expanding girls' and women's abilities to make strategic life choices. This process includes transforming structures and power relations through changes in formal laws and policies, access to a continuum of services, and shifts in harmful social and gender norms. It also means increasing access to resources and opportunities by building girls' and women's skills and knowledge, social capital and networks so they can work individually and collectively towards social change.

No one left behind: an intersectional approach to expanding girls' and women's voice, choice and agency

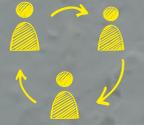
With the adoption of the SDGs, United Nations Member States pledged to ensure “no one will be left behind” and to “endeavour to reach the furthest behind first”.⁷ Girls and women are left behind when they lack voice, choice and agency to participate in and benefit from development progress due to social, political and economic constraints. The Joint Programme seeks to understand and address factors that intersect and contribute to increased vulnerability to female genital mutilation. These may include discrimination based on gender, age, race, sexuality, disability or indigenous status, among other aspects; geography such as hard-to-reach locations; weak governance characterized by a lack of accountability or limited participation of girls and women in decisions that affect them; socioeconomic status, including poverty and lack of access to services; and shocks and stresses stemming from conflict, climate change, political instability or epidemic outbreaks that often have a disproportionate impact on girls and women.⁸ Typically, girls and women who are left behind, and particularly those furthest behind, face intersecting disadvantages stemming from more than one factor.

The Joint Programme's commitment to an intersectional approach and “leaving no one behind” expanded in Phase III from *9 countries in 2017 to 14 in 2019*. More countries are using vulnerability and equity indicators, such as female genital mutilation prevalence rates, the number of girls at risk, poverty rates, and education levels, as criteria for selecting target communities.

TRANSFORMING STRUCTURES AND POWER RELATIONS



Community mobilization: In 2019, more than 2.8 million people in 3,362 communities in 16 countries made public declarations to abandon female genital mutilation. 2,832 communities established community-based surveillance committees, which prevented 213,774 girls from undergoing the practice.



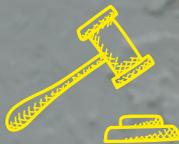
Engaging religious leaders: In 3,843 communities, religious leaders made public statements delinking female genital mutilation from religious requirements.



Men and boys as allies: Men and boys can be critical contributors to the empowerment of girls and women as fathers, partners, peers, activists, and religious and community leaders. 483 men's and boys' networks actively advocated for the elimination of female genital mutilation.



Access to services: A continuum of services allowed 643,420 girls and women to access prevention, protection and care services related to health, social services and justice. This expanded their choice and voice, including the right to remain healthy and intact. It meant survivors could reach the services they need.



Policies and legislation: Policies and legislation that shift structures and systems help ensure girls' and women's access to resources. In 2019, 14 countries had legislation prohibiting female genital mutilation. With Sudan formally ratifying legislation criminalizing female genital mutilation in July 2020, 15 Joint Programme countries have legislation in place. 10 countries have an evidence-based costed national action plan to end female genital mutilation, 11 countries have a comprehensive functional national female genital mutilation monitoring mechanism that includes: (i) national female genital mutilation administrative data, (ii) a national coordination body/committee for female genital mutilation programmes, and (iii) an annual implementation review system.

INCREASING CAPABILITIES AND ASSETS FOR GIRLS



School and community-based girls' clubs: In 3,724 communities, 109,951 girls received life skills training, building their knowledge and skills, confidence and self-efficacy, as well as developing stronger social networks and access to supportive adults.

“

WE CANNOT

ALL SUCCEED

*when half of us
are held back.”*

– Malala Yousafzai

Chapter 3

Global Trends in Female Genital Mutilation

Progress towards eliminating female genital mutilation has occurred across the world. This includes generational changes in prevalence rates and growing opposition to the practice. Yet advances have been uneven. In some countries, the practice remains nearly universal. Each year, more than 4 million girls⁹ are at risk of undergoing female genital mutilation, many living in some of the poorest countries in the world. Additionally, understanding trends such as medicalization, age of cutting and cross-border dimensions is critical in identifying drivers of female genital mutilation and developing appropriate programmes to accelerate elimination.

Generational change in prevalence rates and growing opposition to the practice

An encouraging global trend is that countries with at least two surveys show girls aged 15 to 19 years old are less likely to have been subjected to female genital mutilation. This may indicate a generational shift.

In countries affected by female genital mutilation, 7 in 10 girls and women think the practice should end. Adolescent girls in Egypt and Guinea are at least 50 percent more likely than older women to oppose it.¹⁰ Even among communities that practice female genital mutilation, there is a notable level of opposition. Five in 10 girls and women who have experienced female genital mutilation think it should end.¹¹

Medicalization of female genital mutilation:

Around 1 in 4 girls and women who have undergone female genital mutilation, or 52 million survivors worldwide, were cut by health-care providers.¹²

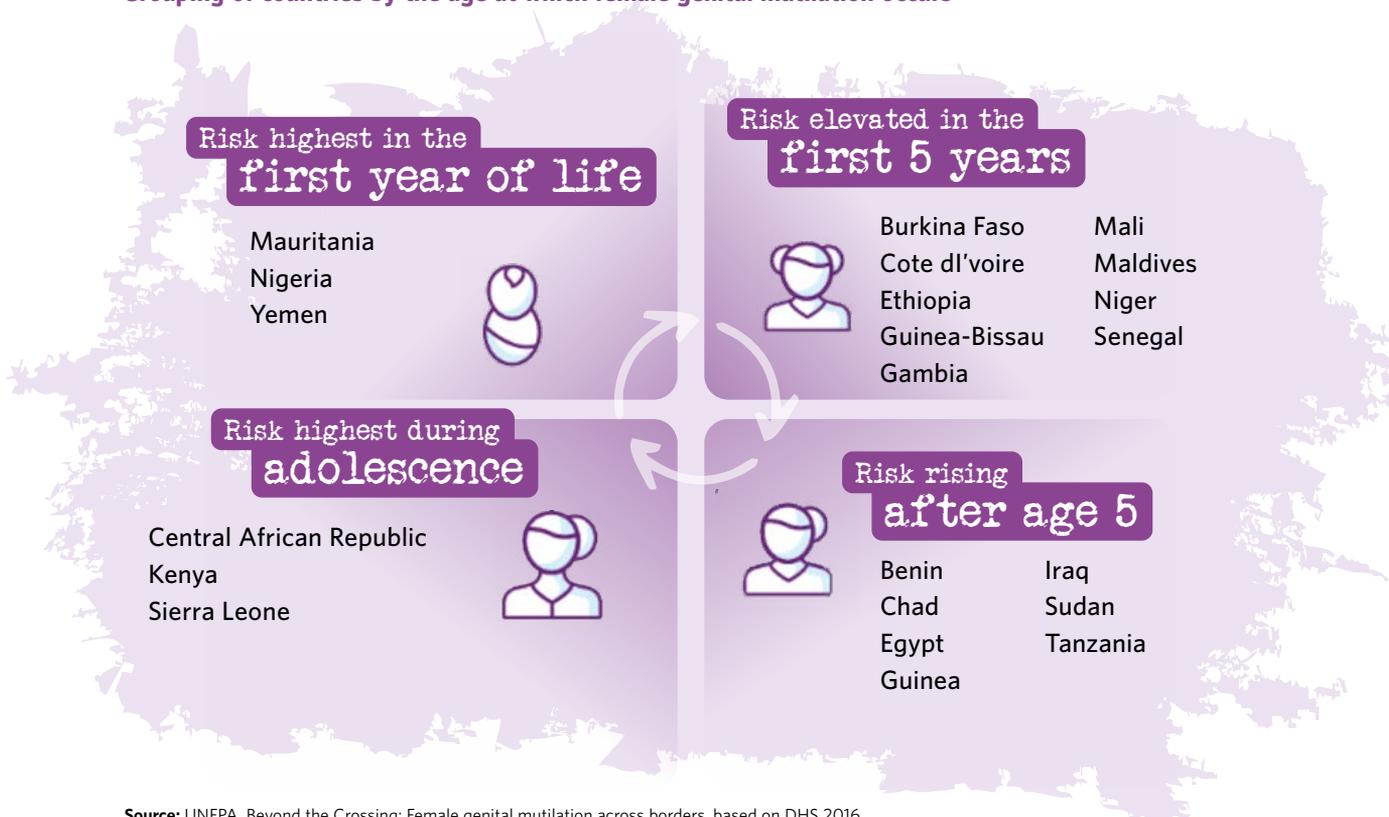
This proportion is twice as high among adolescents: 34 percent of victims aged 15 to 19 years have undergone medicalized female genital mutilation, compared to 17 percent of victims aged 45 to 49, indicating growth in medicalization.¹³ This approach is extremely common in Egypt and Sudan, for example, where almost 8 in 10 girls are cut by health-care providers.¹⁴ Medicalization is an alarming trend as it may confer a sense of legitimacy or give the impression that female genital mutilation is without health consequences, which can undermine abandonment efforts.

Girls undergoing female genital mutilation at younger ages

In nearly half the countries with nationally representative survey data that include information on the age of female genital mutilation, the majority of girls were cut before age 5.¹⁵ Even in countries where girls undergo female genital mutilation at a later age, the age of cutting appears to be falling.¹⁶ UNFPA's **Tailoring Steps to End Female Genital Mutilation Based on Age** points to the need to understand the age at which girls undergo the practice as one of the specific characteristics that shape the context for it. When girls are at a young age, parents and family are the target of the protection system. Adolescent girls can react in a different manner because of their age and interactions with family members, peers, a school community and the community at large. In short, age is critical in understanding the decision-making structures behind the practice.¹⁷ Knowing the year-by-year structure of female genital mutilation is also important in estimating the number of girls at risk of female genital mutilation. The Joint Programme has started using survival analysis to determine the annual risk structure. This takes into account girls and women who have not yet experienced the practice but are still at risk at a later age.¹⁸

FIGURE 1

Grouping of countries by the age at which female genital mutilation occurs



Source: UNFPA. Beyond the Crossing: Female genital mutilation across borders, based on DHS 2016.

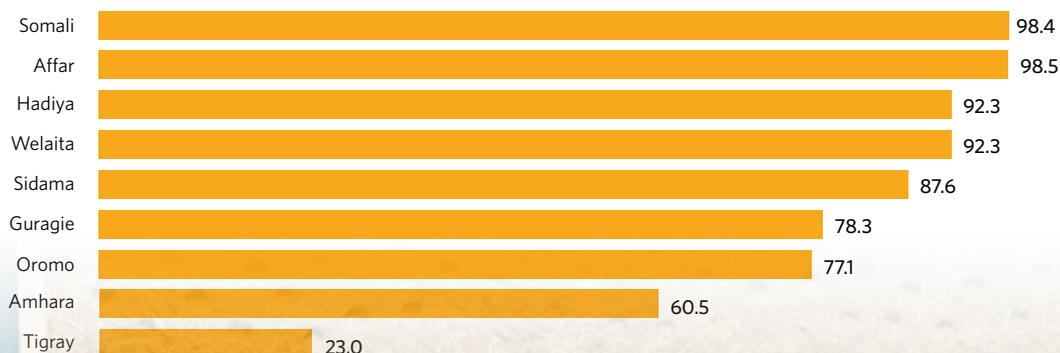
Cross-border female genital mutilation

In Africa, national borders were drawn arbitrarily during colonial times, dividing people of the same ethnic group. It is often among these divided ethnic groups that female genital mutilation continues across two or more countries.¹⁹ As presented in UNFPA's report *Beyond the Crossing: Female Genital Mutilation Across Borders*, while many ethnic groups reside in East Africa, not all practice female genital mutilation. Geographic distribution of the practice is linked to distinct patterns of ethnicities. Among practicing ethnic groups, there are also vast subnational differences with respect to age patterns.

As an example, in Ethiopia, female genital mutilation is universal among Somalis, whereas among the Tigray, prevalence is significantly lower at 23 percent.

FIGURE 2

Percentage of women age 15-49 who have undergone female genital mutilation, by ethnicity (%), Ethiopia



Source: UNFPA. *Beyond the Crossing: Female genital mutilation across borders*, based on DHS 2016. <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>



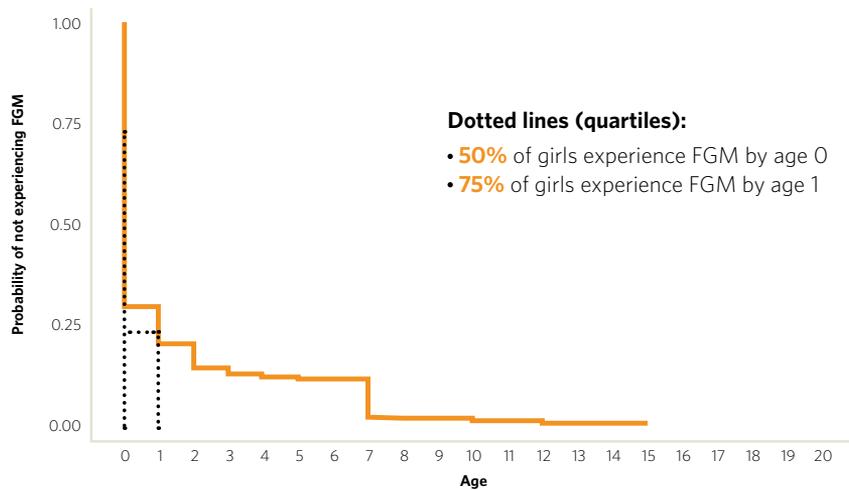
« Zahra, a mother, female genital mutilation survivor and advocate for the elimination of the harmful practice in her community in Afar, Ethiopia.

© Sara Elgamal for UNFPA

The age of cutting also differs. Among the Affar, 75 percent of girls will be cut by age 1, whereas among the Hadiya, 75 percent of girls are cut by age 10.

FIGURE 3

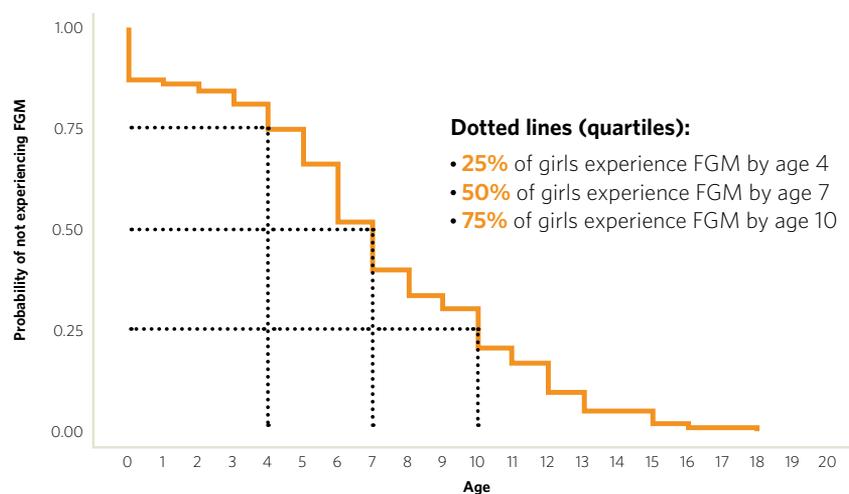
Single year risk of female genital mutilation, among women and girls who will eventually undergo female genital mutilation, Affar ethnic group, Ethiopia



Source: UNFPA. *Beyond the Crossing: Female genital mutilation across borders*, based on DHS 2016. <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>

FIGURE 4

Single year risk of female genital mutilation, among women and girls who will eventually undergo female genital mutilation, Hadiya ethnic group, Ethiopia



Source: *Beyond the Crossing: Female genital mutilation across borders*. UNFPA, 2019, based on DHS 2016. <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>

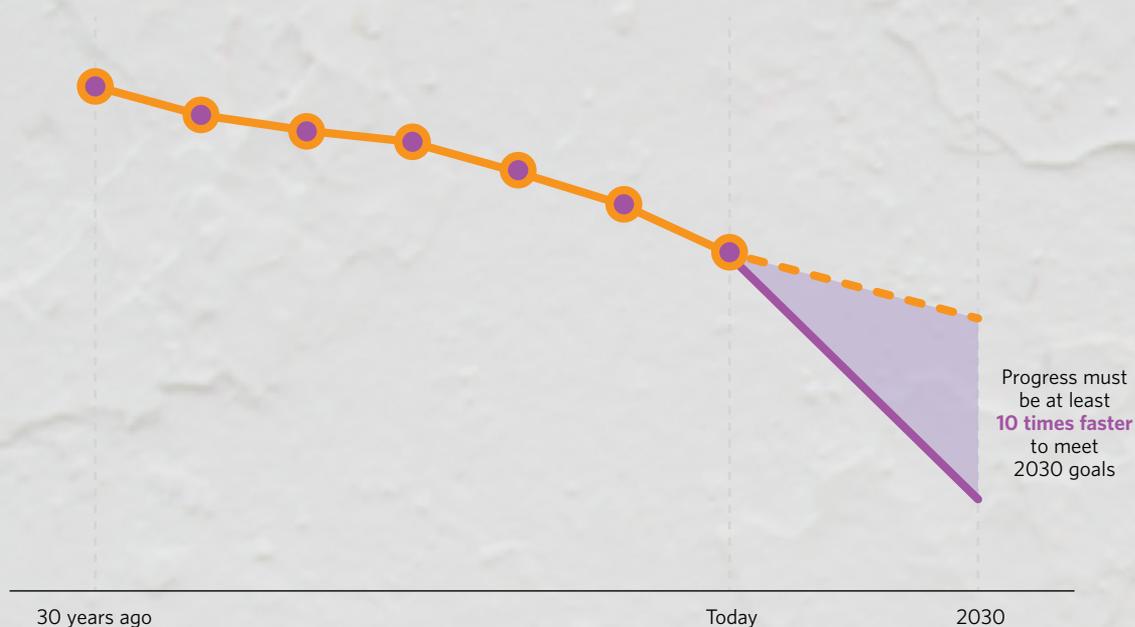
Clarifying variations based on ethnicity is critical in understanding the practice within a specific context and designing appropriate interventions.

Will the global community meet SDG target 5.3?

Prior to the COVID-19 pandemic, according to UNICEF's "A New Generation Calls for Ending an Old Practice", meeting the SDG target of eliminating female genital mutilation by 2030 would require progress to be at least 10 times faster.

FIGURE 5

Percentage of adolescent girls 15-19 years who have undergone female genital mutilation in countries with a decline in prevalence, observed, projected and required for elimination



Notes: The trend line represents a population-weighted average of the prevalence in countries with at least a 5 per cent prevalence and that have seen a decline in the past 30 years. The acceleration required for elimination is compared to progress observed in the past 15 years. For statistical purposes, 'elimination' is defined as a prevalence of less than 1 per cent.

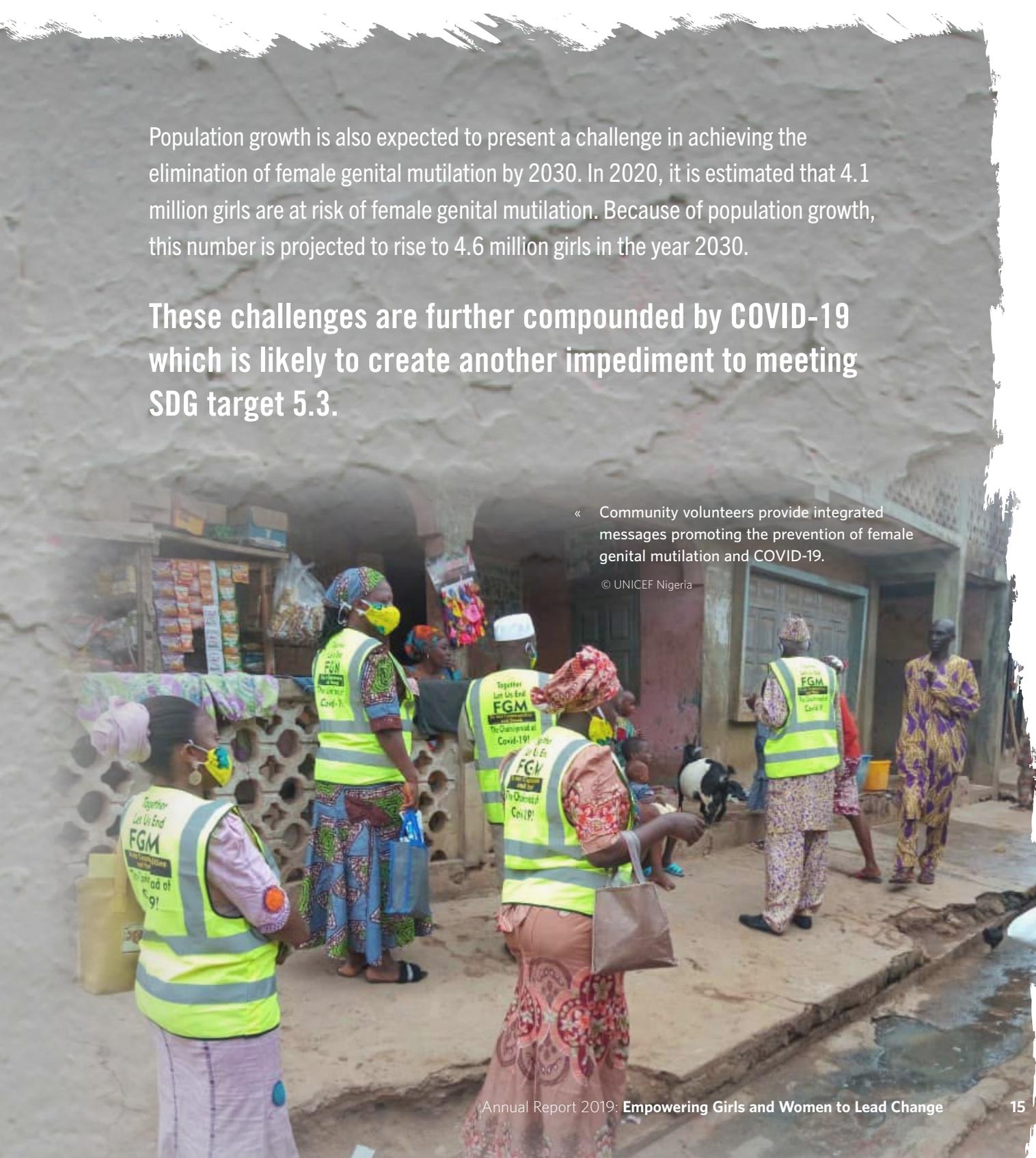
Source: United Nations Children's Fund, *Female Genital Mutilation: A New Generation Calls for Ending an Old Practice*, UNICEF, New York, 2020.

Population growth is also expected to present a challenge in achieving the elimination of female genital mutilation by 2030. In 2020, it is estimated that 4.1 million girls are at risk of female genital mutilation. Because of population growth, this number is projected to rise to 4.6 million girls in the year 2030.

These challenges are further compounded by COVID-19 which is likely to create another impediment to meeting SDG target 5.3.

« Community volunteers provide integrated messages promoting the prevention of female genital mutilation and COVID-19.

© UNICEF Nigeria



“ There’s really
no such thing as
the ‘voiceless.’
THERE ARE ONLY
the deliberately silenced.
OR THE
preferably unheard.”

—Anundhati Roy

Chapter 4

Who Answers to Girls and Women?



The 2030 Agenda for Sustainable Development includes commitments to greater accountability to girls and women at the global, regional and national levels, and to corresponding mechanisms for implementation and follow-up. This kind of political will can accelerate and sustain efforts to end female genital mutilation. In 2019, the Joint Programme continued to advocate for global, national and local accountability. From youth social accountability, to the development of national and local action plans shaped by girls and women, to girls and women heading community dialogues, to community surveillance led by women's groups, the Joint Programme fosters transparent and inclusive processes. These engage girls and women in making decisions to eliminate female genital mutilation, and influencing social and structural change.

Global and regional accountability

The African Union launched its Continental Initiative to End Female Genital Mutilation. It will act as a “force multiplier” that holds governments accountable for ending female genital mutilation by implementing strong legislative frameworks; allocating domestic financial resources; promoting the use of evidence and data; and engaging women's rights, civil society and community groups.

Governments will report on progress through African Union instruments, including the African Committee of Experts on the Rights and Welfare of the Child, and the African Commission on Human and People's Rights. The initiative also kicked off a continental social marketing campaign adopting UNICEF's **Saleema initiative**. It will amplify the voices of young African women and empower communities to abandon female genital mutilation.

At the first inter-ministerial regional meeting on female genital mutilation in 2019, held in Mombasa, Kenya, government ministers from Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania **adopted the Eastern African Declaration and Action Plan**. It calls for improving regional coordination on policies and legislation, communications and advocacy, data collection and programmes reaching vulnerable communities along borders.



Participant from the “Born Saleema” campaign workshop for ending female genital mutilation in North Kordofan State. © UNICEF Sudan

During ICPD+25, UNFPA released a cost study on female genital mutilation. According to UNFPA²⁰, the estimated cost of ending female genital mutilation in 31 countries from 2020 to 2030 is \$2.4 billion, or less than 3 cents per year for every person in the world. Government donors are projected to provide \$300 million.

Total additional investment needed?
\$2.1 billion.

During the **Nairobi Summit to mark the 25th anniversary of the International Conference on Population and Development (ICPD+25)**, one out of every five commitments made by political and other leaders focused on gender-based violence and harmful practices, including female genital mutilation. This galvanized momentum behind efforts to eliminate the practice, and strengthened the Joint Programme's role in ensuring female genital mutilation is prioritized in the global development agenda, and no girl or woman is left behind.

National accountability

The Joint Programme has advocated for accountability and an enabling environment for eliminating female genital mutilation since it began in 2007. Advocacy over the years paid off in 2019, with the governments of Egypt, Ethiopia and Kenya announcing bold visions for elimination.

President Abdel Fattah El-Sisi has committed to championing gender equality in Egypt by appointing a renowned women's rights activist to head the National Council for Women. In 2019, the National Committee for the Eradication of Female Genital Mutilation under the National Council for Childhood and Motherhood was launched, an important milestone in positioning elimination within a gender equality agenda. In partnership with the Joint Programme, the National Committee launched the "Protect Her from Female Genital Mutilation" campaign, which reached over 3 million people through radio and television spots, and a door-to-door campaign using trained rural outreach workers. Campaign messages were reinforced by local religious leaders and child protection committees.

In Ethiopia, a commitment to eliminate child marriage and female genital mutilation by 2025, announced at the Girl Summit in London in 2014 by Deputy Prime Minister Demeke Mekonnen, became a national roadmap in 2019. It outlines key strategies and interventions by the Government of Ethiopia and its partners to eliminate harmful practices by 2024, at a cost of \$94 million. “The will to end child marriage and FGM exists,” said President Sahle-Work Zewde. “I am delighted that we now have a plan which is a clear demonstration of the Government’s commitment to make harmful practices history in Ethiopia.” Funding for the roadmap comes from the government’s sectoral budgets, commitments from development partners, the private sector and community-based initiatives.

Kenya, long a leader in the global campaign to end female genital mutilation, set an ambitious goal of eliminating the practice by 2022, eight years ahead of the SDG target. President Uhuru Kenyatta restated his commitment at ICPD+25, which Kenya hosted. “I commit to provide the leadership necessary to ensure female genital mutilation ends within this generation,” he said. Kenyan community elders and religious leaders from 22 counties most affected by female genital mutilation also resolved to end the practice by 2022. The President tasked the ministries of gender, education and health to take the lead in championing government efforts across the country.



President Uhuru Kenyatta of Kenya committing to ending female genital mutilation by 2022 © UNFPA



Local accountability

Public declarations constitute an intermediate milestone in the social change process leading to the abandonment of female genital mutilation. The declarations reflect a readiness to publicly name, discuss and condemn the practice. They provide a basis for holding both leaders and perpetrators accountable, and are indicators of progress towards full abandonment. Equally important is establishing community surveillance mechanisms. These ensure that commitments to abandonment are met, and protect girls at risk by reporting cases.

In 2018, the Joint Programme conducted a **survey on public declarations** in Burkina Faso that called for establishing community surveillance committees. The Joint Programme introduced an integrated approach that proved successful in tracking girls at risk that involved community surveillance committees supporting positive parenting, working with community and religious leaders to support social norms change, and facilitating adolescent clubs.

Tracking tools for community surveillance were developed and piloted in five counties in Kenya following girls' participation in alternative rites of passage which mark a girl's transition to womanhood. In Sudan, a tracking tool is being piloted in three states where community surveillance groups operate.

Last year, *175,724 girls in Burkina Faso were prevented from undergoing female genital mutilation* as a result of community surveillance committees tracking girls at risk.

“The problem
with gender is it
prescribes how we
should be rather
than recognizing
HOW WE ARE.”

– Chimamanda Ngozi Adichie

Chapter 5

Joint Programme
2019 Achievements:

Five Stories of Change



STORY 1:

Building capabilities and assets to transform structures of power

Girls' clubs open opportunities

Combined with community dialogues and education campaigns, the Joint Programme's girls' clubs provide in- and out-of-school girls with opportunities to build capabilities and assets. Life skills training encompasses comprehensive sexuality education to support girls in analysing their own lives, making their own decisions, and taking action individually or in groups. Interventions also include alternative rites of passage, mentoring by caring adults, opportunities for civic action and safe spaces for girls to express themselves.

The number of communities with girls becoming change agents after building leadership skills through the girls' clubs more than doubled in 2019. As shown in Figure 6, the Joint Programme exceeded the planned number of 1,588 communities. Figure 7 shows it has also reached and gone beyond the cumulative target of 6,570 communities for Phase III.

FIGURE 6

Number of communities where girls become change agents

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

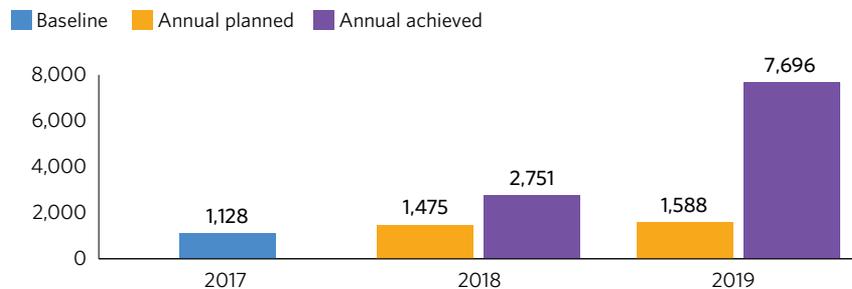
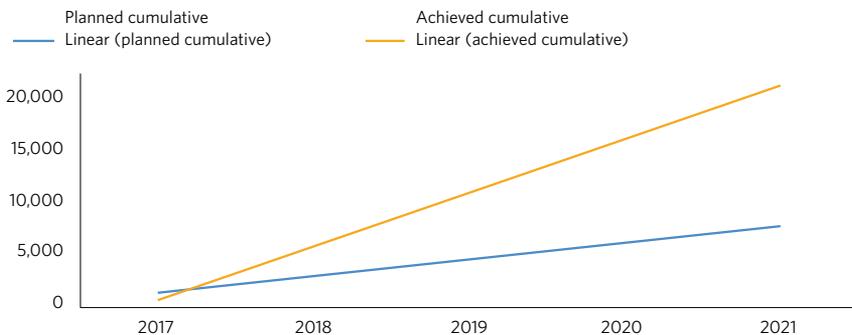


FIGURE 7

Projections of the number of communities where girls become change agents, based on actual performance in 2018 and 2019, compared to planned targets

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



The Joint Programme’s performance on this indicator shows strengthened commitment and increased investment by families and communities in providing girls with opportunities to build their capabilities and assets. The results are significant given that adolescent girls, compared to adolescent boys, generally shoulder a disproportionate burden of domestic work, have less mobility outside their homes and have fewer opportunities to participate in extracurricular activities.

With an increase in the number of communities supporting girls in developing leadership skills, there was also a marked rise in the number of girls “graduating” from capacity development programmes. As seen in Figure 8, the Joint Programme has exceeded 2018 and 2019 targets.

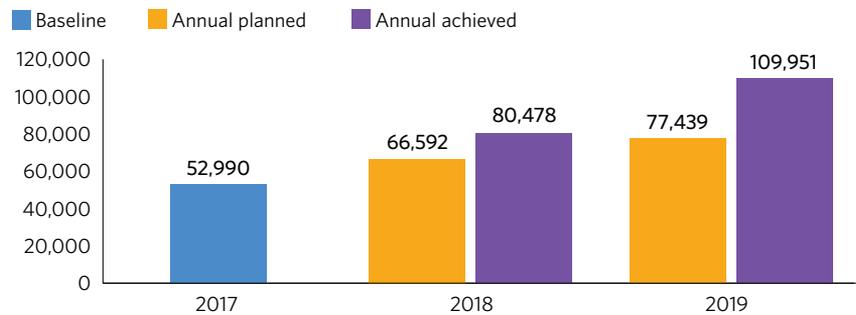
What are capabilities and assets?

For the Joint Programme, building girls’ capabilities and assets enables them to set and achieve their own goals. They gain information, skills and support networks to become change agents, individually and collectively.

FIGURE 8

Number of girls graduating from capacity development programmes

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

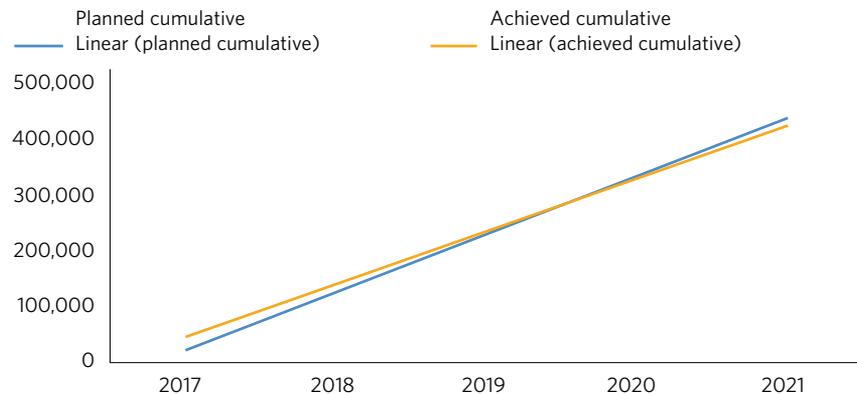


Based on projections for Phase III, Figure 9 shows the Joint Programme is on track for achieving the target of 421,174 girls graduating by 2021.

FIGURE 9

Projections for the number of girls graduating from capacity development programmes, based on actual performance in 2018 and 2019, compared to planned targets

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019





Snapshot of the Joint Programme in Action

Guinea: A Woman, An Image

A girls' club and an artists' organization collaborated on an art exhibition in Conakry combining painting, music and public outreach. It promoted social justice and gender equality by using artistic expression to address girls' empowerment and challenge harmful social norms, including around female genital mutilation.

>> *Ensembles nous disons non à l'Excision!!!
Together we say "no" to FGM!!!*

© UNFPA Guinea

Having leadership skills helps girls lead healthy lives. They acquire knowledge and the ability to make informed decisions about their health, develop self-awareness and confidence, and find tools to access opportunities and resources, including education, decent work and healthy partnerships. All of these gains help them say “no” to female genital mutilation.

Youth leadership for social accountability

Youth-led, bottom-up, demand-driven social accountability initiatives can enhance government accountability and foster active citizenship. For adolescents, girls specifically, championing social accountability strengthens their voice through greater participation and representation in political decision-making as well as collective organizing. It provides opportunities to express their interests and concerns, and create social and structural change.

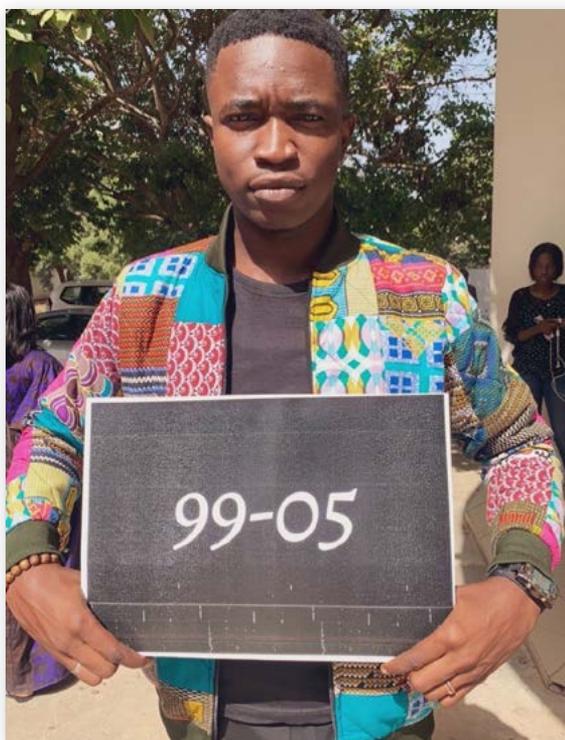
In 2019, the Joint Programme supported 21 civil society organizations and young people's networks to produce reports making recommendations to governments on national action plans and the elimination of female genital mutilation. Almost all countries supported by the Joint Programme took steps to promote youth leadership for social accountability. Eritrea,

Mali, Somalia and Sudan were exceptions, due to political instability or security issues. The Joint Programme will meet its target for 2019.

The Joint Programme's growing investment in youth participation programming in Phase II strengthened policy advocacy on girls' and women's rights, including the elimination of female genital mutilation.²¹ The Joint Programme expects to support more than 100 civil society organizations and young people's networks by the end of Phase III.

Men and boys catalyzing change

Men and boys can catalyze change by helping to expand choice and voice for girls and women. A community-wide approach that engages men and boys can transform gender relations, social and gender norms, and systems that sustain gender inequality. Through comprehensive sexuality education that promotes human rights and addresses gender stereotypes, the Joint Programme supports enhanced knowledge and understanding of the consequences of female genital mutilation. The practice affects girls' and women's physical, mental and sexual health, and abilities to reach opportunities and realize their rights. Consequences are also felt by their intimate partners. By working with men and boys as allies, the Joint Programme supports families and communities in shifting attitudes so that female genital mutilation is no longer strictly a "women's issue".



Snapshot of the Joint Programme in Action

The Movement 99-05 youth advocacy initiative in Senegal, which refers to Law 99-05 prohibiting female genital mutilation, calls on judicial authorities to implement the law and end the practice.



© UNFPA Guinea

Snapshot of the Joint Programme in Action

“The Gambia We Want” (excerpt)

With 2019 marking the 30th anniversary of the Convention on the Rights of the Child, the Joint Programme supported the Children National Assembly in preparing and submitting a declaration on the rights of children in Gambia that includes the need to eliminate female genital mutilation.

“We, the (105) elected members of the Children National Assembly of The Gambia representing children from all the regions of The Gambia hereby encourage the Government of Gambia to fulfill its commitments and take action on child rights.

Recalling further the obligation of the State as the primary duty-bearer for the protection and fulfilment of our rights;

Conscious of the fact that the United Nations Convention on Rights of the Child (UNCRC) was adopted 20th November, 1989 and this year 2019 marks its 30 years of existence;

We commit ourselves to advocate for every child, every right.

Adopted at the second sitting of the Children National Assembly of Gambia held at the National Assembly Chambers on 23 November 2019.

Recognizing the fact that despite the progress made, we request the Government of The Gambia to commit to the following:

Respect, protect and fulfil the rights of every child in The Gambia irrespective of background, religion, ethnicity, disability or any other consideration or status;

Adequately and effectively implement and enforce the Children’s (Amendment) Act 2016 which prohibits child marriage and the Women’s (Amendment) Act 2015 which prohibits female genital mutilation and other harmful practices and diligently prosecute those who violate these laws.

Ensure children have access to SRH information and services which are friendly and non-stigmatizing.

Provide a budget line in the national budget for the effective functioning of the Children National Assembly of The Gambia.

© UNICEF Gambia



>>

Phase III's gender transformative approach includes replicating and scaling up good practices in engaging men and boys. In 2019, this resulted in more than three times the expected number of men and boys networks and coalitions advocating for the elimination of female genital mutilation, as shown in Figure 10.

As the Joint Programme continues expanding partnerships with men and boys networks and coalitions, as seen in Figure 11, it is likely to reach 1,200 intervention areas, again exceeding planned targets. Whether men and boys become supportive partners in decision-making to prevent girls from undergoing female genital mutilation, or become agents of social change advocating for gender equality and the elimination of the practice, the increased number of networks and coalitions is a critical step towards shifting gender inequitable norms.

FIGURE 10

Number of Joint Programme intervention areas where men and boys networks/coalitions actively advocate for the elimination of female genital mutilation

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

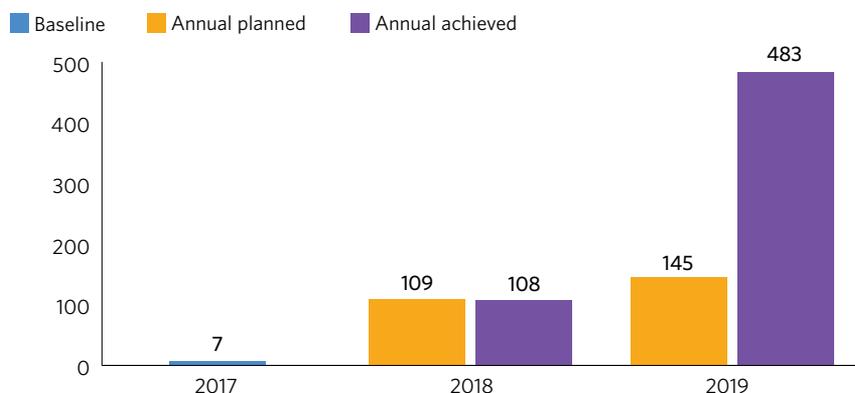
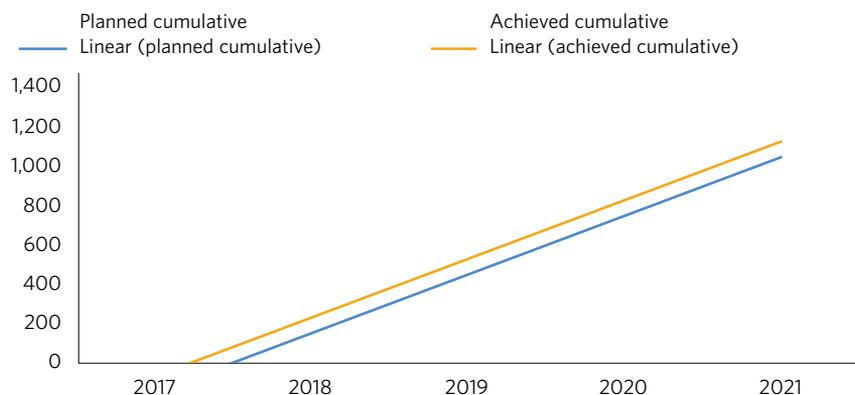


FIGURE 11

Projections of Joint Programme intervention areas where men and boys networks/coalitions actively advocate for the elimination of female genital mutilation

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



Engaging community, traditional and religious leaders as allies

Since launching in 2008, the Joint Programme has underscored transforming informal power structures to redirect community decision-making and behaviours. Community, traditional and religious leaders can be important allies in this regard, as role models and opinion leaders who are well positioned to promote norms to keep girls intact.

In communities where female genital mutilation is perceived as a religious requirement, the Joint Programme mobilized religious leaders in delinking the two and surpassed annual targets. Figure 12 indicates that the Joint Programme will probably exceed the cumulative target for Phase III in 2021.

As seen in Figure 13, the Joint Programme is also exceeding annual and cumulative Phase III targets for the number of community or traditional leaders advocating for the elimination of female genital mutilation.



In Egypt, Father Mekarios is a key advocate for families abandoning female genital mutilation. © Luca Zordan for UNFPA

FIGURE 12

Projection of the number of communities where religious leaders made public statements delinking female genital mutilation from religious requirements, based on actual performance in 2018 and 2019, compared to planned targets

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

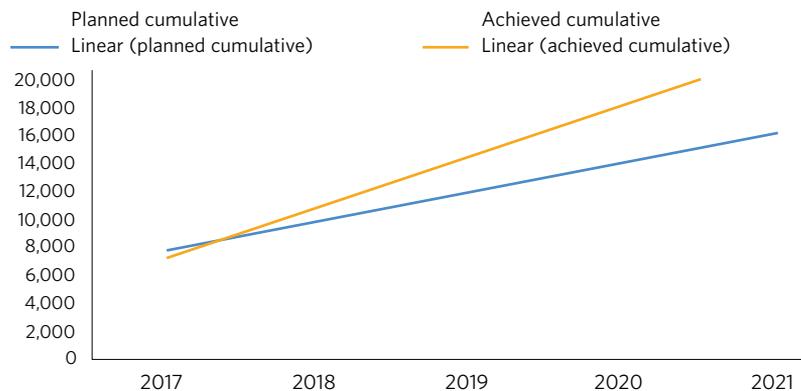
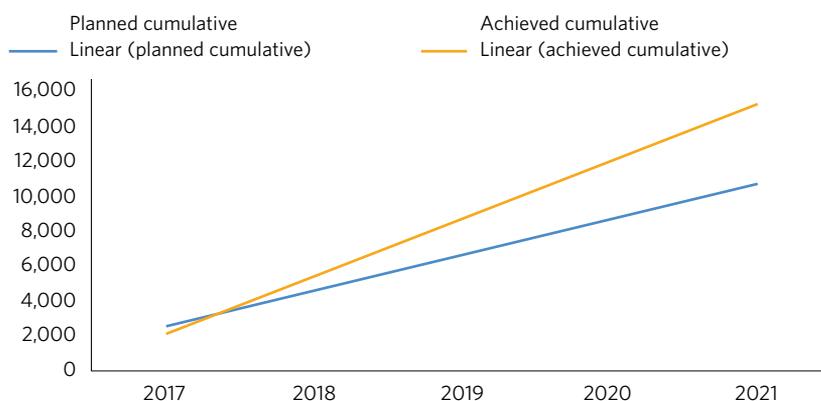


FIGURE 13

Projection of the number of communities where community/traditional rulers publicly denounce female genital mutilation based on actual performance in 2018 and 2019, compared to planned targets

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



Expanding voice and choice: community-led abandonment of female genital mutilation

As a proven approach to mobilizing communities to shift social and gender norms that sustain female genital mutilation, the Joint Programme supports a process that stimulates individual and collective reflection about harmful practices through community dialogues and education sessions. Community-led interventions provide girls and women with platforms to express their interests and concerns, as well as gain greater influence and control over key decisions affecting their lives and those around them. Community dialogue and education sessions also serve as moments to engage girls and women, and develop critical consciousness about gender inequality and harmful practices. Men and boys gain chances to reflect on and challenge harmful gender norms and stereotypes.

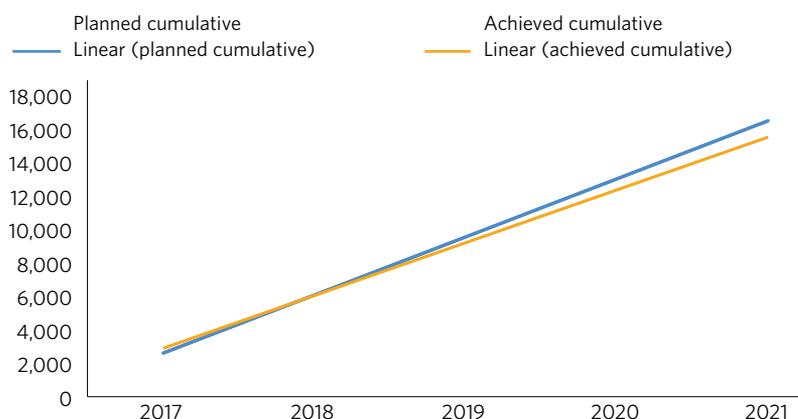
Once enough community members establish a critical mass through this collective process, they are ready to adopt a new social norm, one that keeps girls and women intact. The collective shift is marked by a community pledge – a public declaration to abandon female genital mutilation.

While a public declaration is largely symbolic or ceremonial, it is also a powerful public demonstration of the transformation of power structures and relations. Figure 14 suggests the programme is on track to reach the 2021 target for Phase III.

FIGURE 14

Projection of the number of communities that have made a public declaration of abandonment of female genital mutilation, based on actual performance in 2018 and 2019, compared to planned targets

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



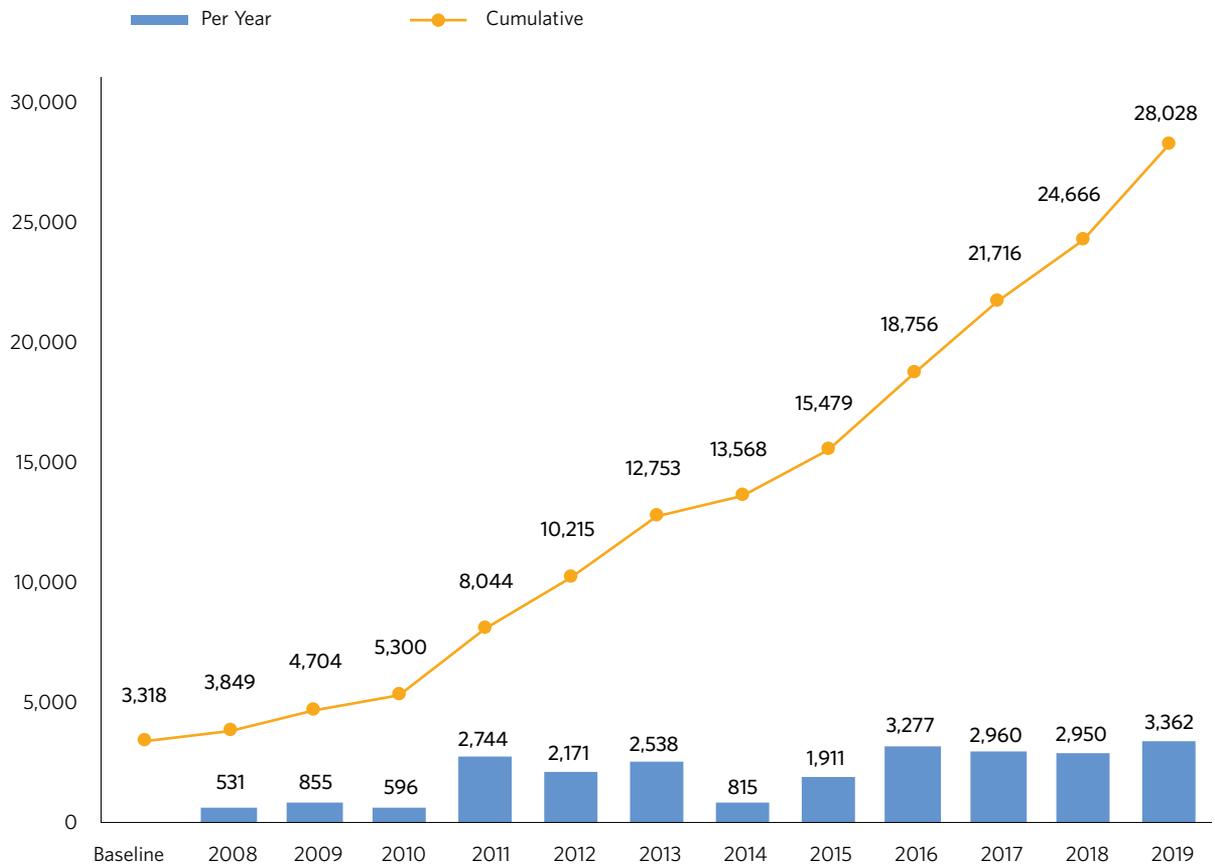
In 2019,
2,804,813 people in
3,362 communities
 made public declarations
 to abandon female
 genital mutilation.

© UNFPA Guinea

Figure 15 presents the evolution in the number of communities making a public declaration of abandonment in all three phases of the Joint Programme, pointing to a positive trend in creating a community accountability mechanism that protects at-risk girls and women.

FIGURE 15

Number of communities that have made a public declaration of abandonment of female genital mutilation



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

» STORIES OF IMPACT

Keeping Girls Safe During the Cutting Season in Kenya

In many traditional communities of the Kuria, a mainly agricultural people who live on both sides of Kenya's border with the United Republic of Tanzania, girls typically undergo female genital mutilation as a prelude to child marriage. In a number of such places, a combination of awareness-raising, community surveillance and safe houses is enabling girls to safely run away from the practice. With child protection and family reconciliation mechanisms in place, many later return to their communities and provide models of success.

Monica and her elder sister Neema escaped from their village in Kuria West Constituency when they found out they were to be cut the next day. "We had been trained both at school and church on the dangers of female genital mutilation," says Monica. "When the whispers in our village became louder that we would be cut, we made a promise to run away from home to Tabitha's home because she would protect us."

Tabitha Boke and her husband Samuel Marabe are well known locally for providing a safe refuge for girls who are aware of their rights and refuse to undergo female genital mutilation.

The "Safe Stay Homes" initiative they champion allows girls to live with a family, rather than being placed in a more institutionalized setting. In Kuria, there are 50

such homes registered with the local chiefs and recognized by the community.

"When the girls turn up at my doorstep, my first duty is to inform the chief and the elders to send the message back to the girl's homes that they are at my place," Tabitha says, adding that it takes about a fortnight before discussions begin to reunite the girls with their families. "We wait until the female genital mutilation season is over. Then we arrange a meeting with the parents, and convince them that female genital mutilation is illegal and a violation of a child's right."

Tabitha herself created a rift with her family when she refused female genital mutilation years ago. "I had attended training sessions in our church that taught us that female genital mutilation is illegal and unnecessary," she says. She stuck to her belief, later marrying a man who agreed with her.

Over the past six years, Tabitha, has trained to become a community health volunteer with support from the Adventist Development and Relief Agency and the Joint Programme.

She and her husband have become leading advocates against female genital mutilation in their community. Tabitha has also garnered the respect and support of the local administration, which includes the council of elders and the chief.

It took a while for Monica and Neema's conservative father, Samson, to come around. But after discussions about the harmful effects of female genital mutilation and its legal prohibition, he was persuaded. When his daughters returned home, he agreed to support their decision. The older daughter, 20-year old Neema, is now a first-year student at a college in nearby Rongo.

"Today, my daughter is the shining star in the village, and I am proud of her," Samson says.

"We are happy that dad accepted and took us back to school," says Monica, who aspires to become an accountant. "We will make him proud one day."

In some parts of Kenya where there are fewer child protection resources, girls escaping female genital mutilation may end up in rescue centres. While these can be helpful in providing

temporary protection, they also can create a rupture between the girl and her family. Under the Safe Stay Homes alternative, reconciliation is the goal.

In order to qualify to host girls, a family must reject all forms of violence, including female genital mutilation, and should have at least one daughter who remains uncut. Caregivers are trained on parenting skills and specific ways to help girls placed under their care. While the family is not remunerated for taking in girls, they benefit from trainings and recognition through the Joint Programme as champions and role models.

The Safe Stay Homes concept is spreading throughout Kenya, including in Tana River, West Pokot and Samburu counties under the Joint Programme. Plans call for further extending this community-based protection mechanism in Garissa, Kisii, Wajir, Kajiado and Marsabit counties.



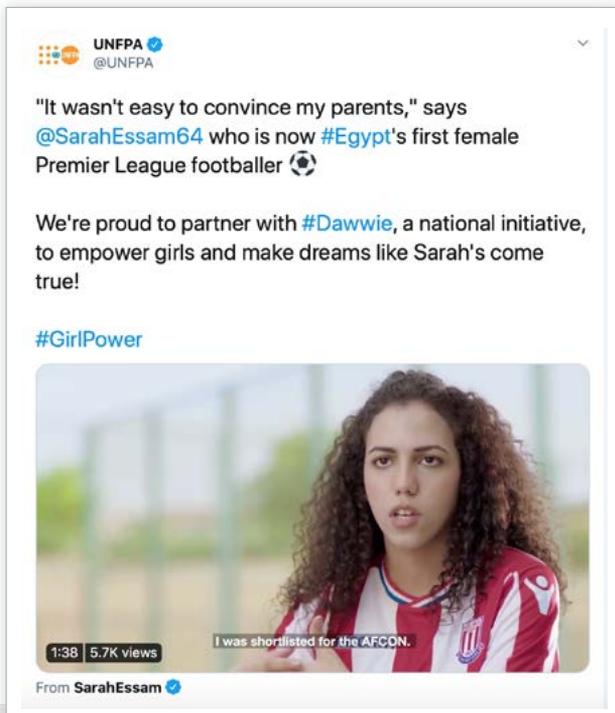
Tabitha Boke with her family in Kuria village of Kenya. ©UNICEF Kenya

STORY 2:

Communicating a gender transformative narrative

Marketing a new social norm: the amplification effect

The Joint Programme uses an innovative approach to communications that combines diffusion, amplification and resonance. All three approaches are interrelated and mutually reinforcing, and effective in catalyzing changes in social norms by provoking interpersonal and public dialogue.



What is the amplification effect?

Through "organized diffusion", participants create and share information, whether it is person to person and/or community to community, to reach mutual understanding or consensus about adopting a new social norm.

Drawing on social norms marketing, "amplification" involves spotlighting champions of positive behaviours, often opinion leaders and respected members of the community. They support the abandonment of female genital mutilation and demonstrate that a positive social norm already exists by sharing personal stories, such as of parents who refuse to cut their daughter. Amplification helps people realize they are not alone in hoping for abandonment.

"Resonance" promotes social norms change leading to abandonment by connecting people with relatable real-life stories. Through drama, music or theatre, resonance provides accounts of human struggle that audiences can identify with. It exposes individuals, families and communities to narratives about people like themselves who are modelling positive social norms, and normalizing behaviours such as keeping girls intact. In reflecting on these stories, they begin to adopt the new norm and abandon female genital mutilation in their own lives.



The assumption is that attitudinal and behaviour change are more likely if individuals hear mutually reinforcing messages from a variety of communications channels over time, including through community education sessions, mass media (radio and television), and social media.

Social norms brings marketing organized diffusion to scale at a relatively low cost. In Phase III, the Joint Programme is increasingly providing youth with communications tools and resources to develop critical consciousness, and drive collective action and social movements. Youth can play critical role in challenging and transforming social and gender norms, and in speaking out against female genital mutilation as a harmful practice.



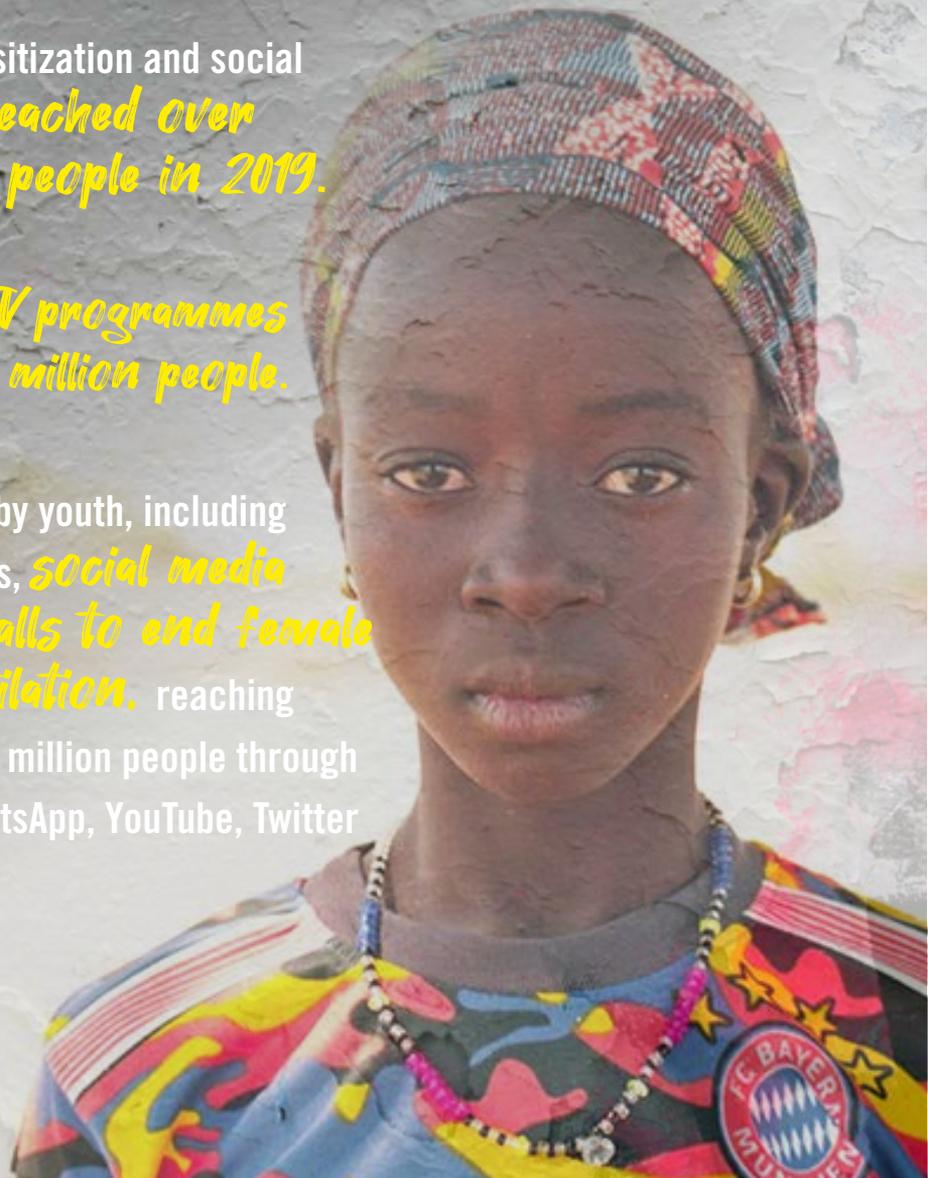
Education, sensitization and social mobilization *reached over 5.4 million people in 2019.*



Radio and TV programmes *reached 10.6 million people.*



Largely driven by youth, including adolescent girls, *social media amplified calls to end female genital mutilation,* reaching more than 11.8 million people through Facebook, WhatsApp, YouTube, Twitter and Instagram.



» STORIES OF IMPACT

Sealing a New Deal in Senegal

In the shade of a leafy tree in her village of Mampatim, in the Kolda region of Senegal, Mariama Bâ makes an impassioned speech to a small group of girls. They are young – ages 11 to 15. A French videographer captures her words on film and, impressed, asks her age. “I’m 11,” she replies, leaning into her mother, suddenly shy.

Despite her youth, Mariama is one of many new faces championing the Senegalese Government’s efforts to empower girls in terms of their sexual and reproductive health. She’s president of her local girls’ club. In fact, she’s the youngest girls’ club president in all of Senegal. The mission behind her heartfelt speech? To convince her peers to put off childbearing until they reach their majority. Girls’ clubs such as Mariama’s are an important component of Senegal’s New Deal, a bold initiative launched in 2014 to address the country’s high rate of teen pregnancy. Among girls aged 15 to 19, 16 percent have already given birth. In the Tambacounda region, about two hours north of Mariama’s village, the share approaches 30 percent.

Teen pregnancy is not the only reproductive health concern that girls like Mariama must confront, however. Throughout Senegal, many families still condone female genital mutilation, in spite of the fact that the practice puts girls at risk of haemorrhage, chronic pain and even death. It also violates their human rights.

Acceptance of female genital mutilation runs deep, however. Traditional excisors²² usually perform the procedure on girls aged 2 to 5.²³ As shared by the Joint Programme, 24 percent of Senegalese women and girls aged 15 to 49 have been cut, and in some regions, like Kolda and Tambacounda, rates can reach as high as 49 percent to 61 percent.²⁴

Under the New Deal, girls have greater agency around decisions that directly affect their well-being, upending deeply ingrained traditions. The initiative’s premise is simple: Parents agree not to marry their daughters before they reach 18, and girls promise not to get pregnant until after marriage. These formal agreements, supported by participation in girls’ clubs, seem to go a long way towards changing expected gender roles and reducing negative outcomes for girls.

According to the Joint Programme, not one of the 8,125 girls who signed New Deal agreements have become pregnant outside of marriage. Additionally, data suggest that these agreements encourage girls to finish their education, enhancing their employability and opening up other life options. In 2019, all of the girls in member clubs in Mariama’s region completed their baccalaureate examinations, and 14 are pursuing a university education. In addition, 156 girls are enrolled in vocational training centres. These numbers are encouraging for another important

reason, there is a strong and direct correlation between secondary education and declines in female genital mutilation throughout Joint Programme-supported countries.

Through the clubs, girls learn about the risks of female genital mutilation and receive referrals to health-care services that could address these risks. Each year, the number of girls who make use of referrals for issues related to the practice doubles, a powerful indication of growing understanding of the harmful consequences.

“The New Deal...effectively contributes to the empowerment of women,” says Céline Compaoré Zoungrana, UNFPA Resident Representative in Senegal. “It helps in the fight against basic violence and ensures effective access to reproductive health services. Also, as a community initiative that promotes and integrates [new] social norms and practices, it is most effective in curbing harmful behaviour.”

Because of the initiative’s success in small villages, last December, the Ministry of Youth committed to work with the Joint Programme on expanding it. This expansion – from “a New Deal to a Big New Deal,” according to Moussa Faye, Assistant Representative of UNFPA in Senegal – affirms the three “zeros” that UNFPA is working towards by 2030: zero preventable maternal deaths, zero unmet needs for family planning, and zero incidents of gender-based violence and other harmful practices, including female genital mutilation and child marriage.

In this, Senegal joins 1,253 other public and private entities that set similar goals at ICPD+25. The next step is to keep the momentum going.

Mariama is only too willing to do her part. “I am sure that my commitment to my peers will definitively solve the problems that girls [in Senegal] face,” she says.

STORY

3

It takes a village: community protection mechanisms

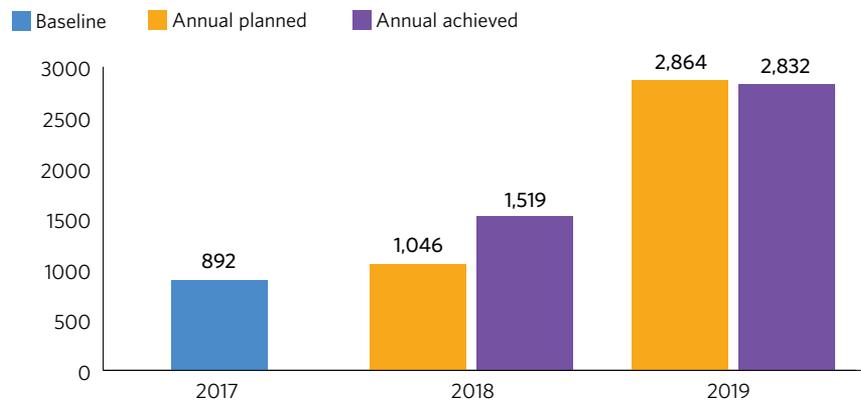
Local surveillance systems sustain commitment

After public declarations of abandonment, establishing or strengthening local surveillance systems, such as community-based child protection committees or social networks for vulnerable girls, are critical to sustaining collective commitment to abandonment. They hold communities accountable for protecting the rights of girls to remain healthy and intact. Community surveillance systems entail tracking girls at risk, reporting cases and creating support networks for vulnerable girls.

In 2019, as seen in Figure 16, the number of communities with surveillance systems in place almost doubled compared to 2018.

FIGURE 16

Number of communities that made public declarations of abandonment of female genital mutilation and established a community-level surveillance system to monitor compliance



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



While public declarations are critical in normative or behavioural change, and reflect a readiness to condemn female genital mutilation by leaders and community influencers, community surveillance systems demonstrate that communities recognize that girls and women have the right to live free from female genital mutilation.

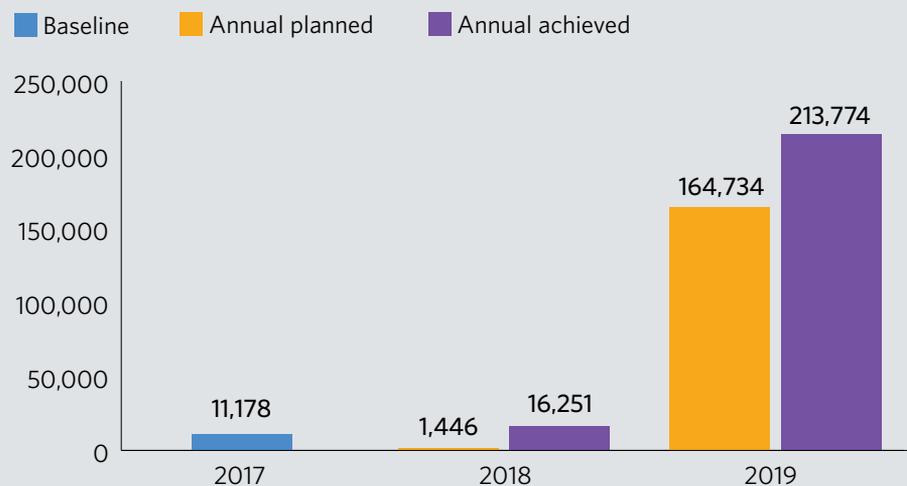
Tracking girls at risk

In 2019, the Joint Programme introduced an indicator on the number of girls “saved” or protected from female genital mutilation, based on data captured by community surveillance committees. The committees are equipped to identify and track girls aged 0 to 14 and 15 to 19 years old who are at risk of female genital mutilation. Currently, community surveillance committees in Burkina Faso, Djibouti, Ethiopia, Guinea, Kenya, Mali and Nigeria are tracking girls at risk.

Figure 17 shows a positive trend that is expected to increase annually as more countries adopt community-based tracking.

FIGURE 17

Number of girls saved from female genital mutilation



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

» STORIES OF IMPACT

Uncut Girls Draw Strength from One Another in Ethiopia's Domboya District

Once ridiculed for her decision to avoid female genital mutilation, Tadelech Ermias, 23, is now happily married, the mother of a child, a community health worker, a civil servant, a college student and a model for other girls in her community. Ms. Ermias attributes her firm stand against female genital mutilation to her participation in the Uncut Girls' Club, supported by the Joint Programme through its partner KMG-Ethiopia.

"I knew only that female genital mutilation was a customary practice in my community. The teachings I received in discussions on the harms it caused were revealing to me, and (so) I got married uncut," Ms. Ermias says. The support of her husband has been crucial, and is one of the reasons the Joint

Programme works to educate and empower men and boys as well as girls and women.

In her community and many others in Ethiopia, female genital mutilation is considered a rite of passage to adulthood. But activists have now introduced an alternative rite. At the annual "Wimetta" – or 'I Am Whole' – celebration, girls who have refused to undergo female genital mutilation are publicly recognized and given a silver pendant.

Ms. Ermias' example, what is sometimes called "positive deviance" from the social norm, and her advocacy has led to another 40 women within her network getting married without having first undergone the painful and harmful procedure. Ms. Ermias now coordinates a forum that brings together uncut unmarried girls and married women in her district to build awareness of the harms caused by the practice, to support others who reject it and to serve as a springboard to bring about change in communities.

Domboya is one of 15 districts in the Kembatta–Tembaro Zone of the Southern Region of Ethiopia in which Phase III of the Joint Programme is being implemented through KMG-Ethiopia, Norwegian Church Aid, and the bureaus of justice and women's and children's affairs of the Southern Region. The programme has a strong social mobilization component. Communities raise issues in conversations across generations, and between women and men, to identify challenges and define solutions.



Tadelech Ermias refused FGM before she married. © UNFPA Ethiopia: Mulugeta Wolde

Uncut Girls' Clubs form a network of support and a safe place for girls to speak up for their rights, including in airing questions and concerns about rape, child marriage, and every aspect of sexual and reproductive health. Groups of uncut girls are becoming agents of social change in their communities, including by contributing to community surveillance mechanisms to monitor girls at risk of female genital mutilation.

The clubs offer training in life skills that give girls confidence and courage to stand up for their decision to remain intact. "It is not always easy for us that everyone knows we are uncut," says 15-year-old Birtukan. "Some people think that we are not clean." As they challenge the social norm in the community, the girls are bolstered and empowered by support from their uncut peers. Another girl talked about how "everything connected to female genital mutilation felt intimidating, but the club has given me the courage to say no."

"I am no longer embarrassed. I dare to speak out about the perils of female genital mutilation and being uncut," added a 13-year-old. Encouraging girls to assert their rights and display their knowledge is part of the transformation of gender relations that is central to the Joint Programme's approach.

The Uncut Girls Clubs are just one aspect of a multipronged effort to end the practice in Domboya District. "We are doing anti-female genital mutilation work, coordinating with other community structures, law enforcement bodies and the local administration, in all 20 localities in our district," says Ms. Ermias.



© UNFPA Ethiopia: Mulugeta Wolde

Community Conversations, an idea pioneered by the women's rights champion Bogaletch Gebre who died in 2019, are held twice a month, focusing on female genital mutilation and other forms of gender-based violence.

Things are changing for the better due to raised awareness in the community, Ms. Ermias says. But the challenge has not been easy. "We cover a lot of ground. Some localities are inaccessible to transportation, which makes our work even more challenging," she says. The police assist in bringing violators to justice, now that the practice has been criminalized and is punishable by imprisonment.

"Our hard work has paid dividends as we are seeing tangible results," she says.

STORY 4

Creating an enabling environment for girls and women to realize their rights

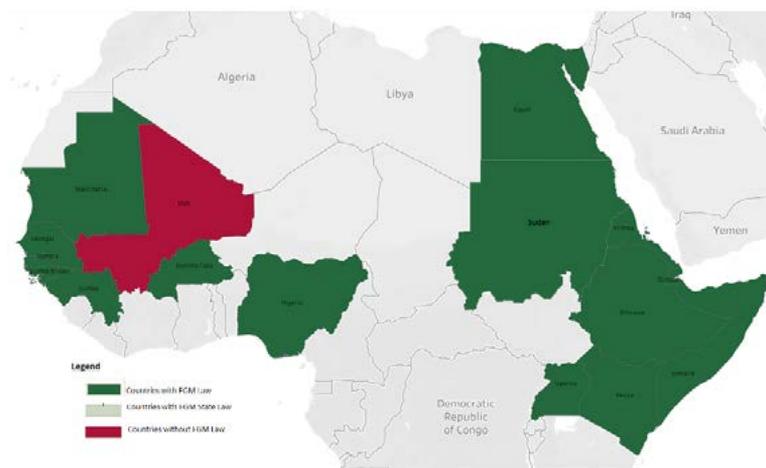
Legislation as a pathway to empowerment

There are many pathways to girls' and women's empowerment. Important enabling conditions include legislation that is a supportive rather than punitive tool. It should help forge consensus on the abandonment of female genital mutilation. The Joint Programme supports countries to strengthen legal, policy and accountability frameworks so girls and women exercise their rights and are protected from female genital mutilation. Bolstering the enforcement of legislation and capacity development for law enforcement, social workers and the judiciary are key strategies.

Since its launch in 2008, the Joint Programme has successfully advocated and provided technical support for legislation that builds on international and regional normative frameworks. As seen in Figure 18, as of 2020, 15 of the 16 Joint Programme countries have legislation banning the practice. Following years of policy advocacy by the Joint Programme and its civil society partners and women's rights activists, Sudan ratified legislation criminalizing female genital mutilation on 10 July 2020. Mali is the only Joint Programme country without legislation criminalizing female genital mutilation.

FIGURE 18

Countries supported by the Joint Programme with legislation criminalizing female genital mutilation



Source: Database of UNFPA-UNICEF Joint Programme on FGM

No Law, No Freedom

Although Mali has ratified international conventions and the African Charter on the Protection of Children’s Rights, it has not applied these to laws to prevent female genital mutilation. Resistance among religious and traditional leaders poses a major obstacle to the adoption of a law prohibiting the practice and raising the minimum age of marriage from 16 to 18 years.

Civil society organizations working with the Joint Programme advocated for a law against gender-based violence that would criminalize female genital mutilation. These organizations have also lodged a complaint against Mali with the African Court on Human and People’s Rights, on the grounds it is failing to legislate against female genital mutilation. On 11 May 2018, the Court recognized the merits of the complaint and ordered Mali to comply with obligations arising from legal instruments ratified by the country.

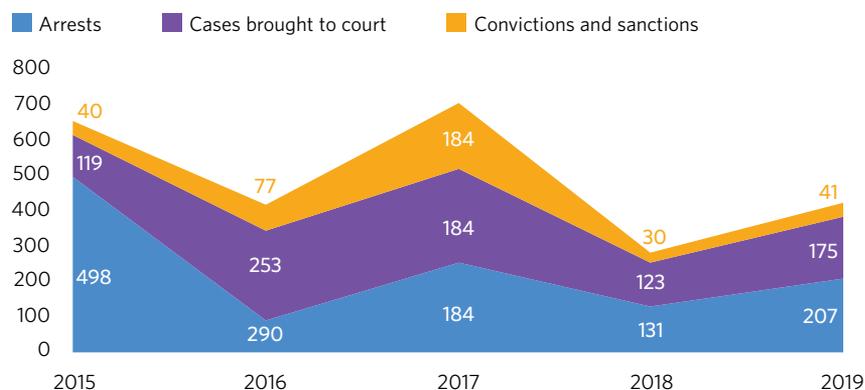
As a follow-up action in 2019, the Government of Mali was also brought to the Economic Community of West African States (ECOWAS) Court of Justice for the non-adoption of a law prohibiting female genital mutilation and other forms of gender-based violence. The ECOWAS Court of Justice also called on the Government to take urgent actions to harmonize national legislation with agreements ratified by the country.

In a report published by the Committee on the Elimination of Discrimination against Women (CEDAW) on 24 June 2020, Mali was criticized for failing to criminalize female genital mutilation as millions of girls and women continue to be subjected to “grave and systematic violations of rights.” The report provided 31 recommendations for action including adopting legislation against gender-based violence and setting up a national dialogue on female genital mutilation.

In 2019, as seen in Figure 19, enforcement of legislation on female genital mutilation improved compared to 2018. The number of arrests increased by 58 percent, the number of cases brought to court by 42 percent, and the number of convictions and sanctions by 37 percent. These achievements stem from capacity development for members of the justice sector, especially law enforcement, and mobile courts in Burkina Faso and Guinea. Recognizing that enforcement of legislation is critical in protecting the rights of girls and women, and ensuring access to justice, the Joint Programme doubled its capacity development support in 2019.

FIGURE 19

Enforcement of legislation criminalizing female genital mutilation - evolution in the number of arrests, number of cases brought to court, and number of convictions and sanctions from 2015 to 2019

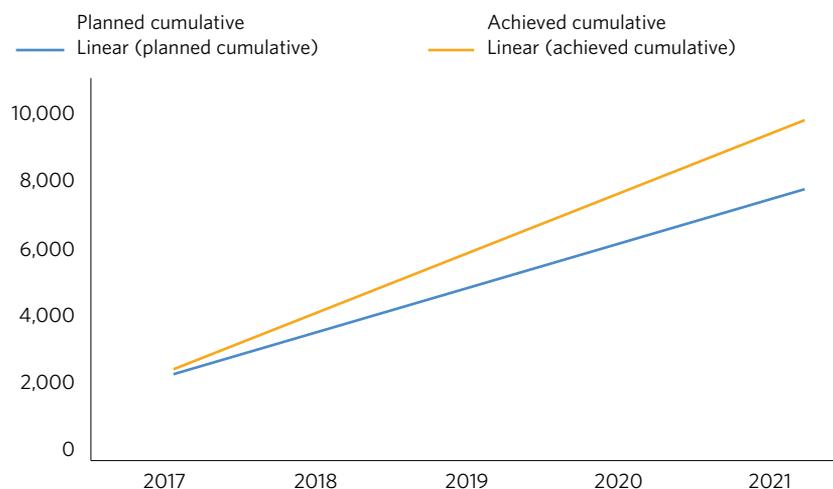


Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

As seen in Figure 20, the Joint Programme’s support for building the technical capacities of law enforcement officials at the national and subnational level rose significantly from 2018 and 2019.

FIGURE 20

Projections of the number of law enforcement officials, including police, prosecutors and judges, competent to apply legislation criminalizing female genital mutilation, based on actual performance (2018 and 2019), compared to planned targets



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

Harnessing the power of data and coordination

Costed national action plans: One major barrier to eliminating female genital mutilation is persistent and chronic underinvestment. The Joint Programme provides technical support in developing evidence-based, costed national action plans, designed in close consultation with women’s rights groups. This helps to establish well-targeted policies and laws, backed by appropriate resources.

Fifteen of the Joint Programme countries are implementing a costed national action plan that includes allocating domestic resources for programmes on female genital mutilation. Guinea-Bissau has a national action plan but does not have a national budget line due to political instability. In Mauritania and Senegal, programmes are funded, including coordination, salaries and equipment, but without a current action plan. Senegal’s launch of a new plan was delayed by the presidential election. Mauritania has developed a national strategy that will be followed by an action plan as an operational framework to fund and implement proposed interventions.

Administrative data: The importance of administrative data is well recognized. Decision makers increasingly demand high-quality, highly disaggregated and timely (“real-time”) data to inform planning and service delivery required for meeting national and international targets for female genital mutilation, including under the SDGs. The Joint Programme works with governments and partner agencies to ensure routine data collection systems can generate trusted and reliable data.

A chance for change: eliminating female genital mutilation through restorative justice

A cross-border [study](#) completed in 2020 by the Population Council looked at two neighbouring countries, Burkina Faso, which has a strong law prohibiting female genital mutilation, and Mali, which has no law banning the practice. The study assessed attitudes towards legislation and sustaining the practice, and whether laws are effective in eliminating female genital mutilation. One finding was that the Joint Programme's approach to enforcing legislation in Burkina Faso was "a noteworthy model".

According to the study, much sensitization and training has been done in the various elements of the criminal justice system. Judicial hearings are not held in the capital but rather conducted by mobile tribunals near the community where the case originates. Prosecution and sentencing are public. Before hearing the cases, the judges discuss female genital mutilation and answer questions from the public. The courts promote discussion and dialogue on the practice and strengthen the connection of formal law to the local community. Those found responsible are counselled by the courts, which results in some defendants becoming agents of change. Such methods are consistent with the ideas of restorative justice which is a recent approach to penal theory and ethics not frequently encountered in discussions of the criminalisation of female genital mutilation.

The study described the Joint Programme's approach as preserving "the safety and dignity of all", and that it results in more cases reported through the Helpline, where police are trained to refer girls and women to health services.

The study also highlighted partnerships with media organizations that amplify court proceedings. The study concluded that "the Government of Burkina Faso should sustain its innovative approaches" and encouraged the Government of Mali to "move forward to adopt and enforce a specific law criminalizing FGM and [...] learn from the experience of Burkina Faso".

© Luca Zordan for UNFPA, Burkina Faso



A growing number of countries supported by the Joint Programme use data and evidence to inform interventions.

81% have integrated indicators on female genital mutilation.

15 countries have set up mechanisms to coordinate interventions.

Having administrative data and monitoring mechanisms in place points to national ownership of efforts to **achieve SDG target 5.3.**

Since work on female genital mutilation spans a range of policy areas, mechanisms are needed to coordinate it across government ministries. Such mechanisms can also include civil society, the private sector and research institutes. The Joint Programme provides technical support for developing efficient and effective national coordination bodies or committees. They conduct annual assessments to identify issues, gaps and good practices; set priorities for future implementation; and develop a reporting, monitoring and evaluation system. In measuring the effectiveness of national coordination, the Joint Programme tracks how well UNFPA and UNICEF work together in supporting key stakeholders to efficiently implement



Two student at Morpus Primary School in Kenya. © UNICEF Kenya

policies to eliminate female genital mutilation. Almost two thirds of Joint Programme countries have a comprehensive monitoring mechanism.

How does the Joint Programme define “functional” national monitoring mechanisms?

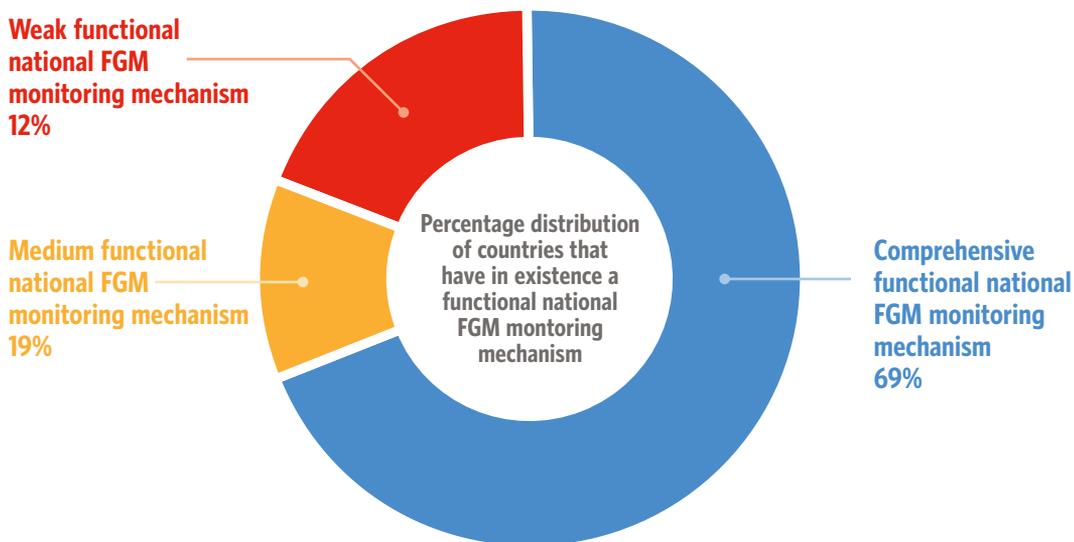
Comprehensive means a country has national administrative data on female genital mutilation, a national coordination body or committee, and an annual implementation review system.

Medium means two of the three components of a functional national monitoring mechanism are in place.

Weak means that the country has only one or none of the three components of a functional national monitoring mechanism.

FIGURE 21

Share of countries with a functional national mechanism to monitor female genital mutilation



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

» STORIES OF IMPACT

Building knowledge and skills among “girl heroes” of Osun State in Nigeria

Osun is a culturally rich, densely populated state of some 3.4 million people in south-western Nigeria. Like the rest of the country, it is youthful, with a median age of 18. Aiming to become a digital hub, the state has established e-learning sites in five cities and hosts a coding academy.

Osun also has a high prevalence of female genital mutilation – at 45.9 percent among women between the ages of 15 to 49, the rate is about two times higher than in Nigeria as a whole. Also worrisome: 40 percent of women aged 15 to 49 years of age favour continuation of the practice, according to the 2016-2017 Multiple Indicator Cluster Survey.

BUILDING A DIGITAL ARMY

Given this confluence of factors, it only makes sense to couple the energy and engagement of young people with the power of digital technologies to end a practice that puts so many at risk. That was the aim of a two-day digital training workshop for 216 girls in secondary and tertiary schools in November 2019.

“We want to build an army of girls who will use their digital skills to help eradicate the scourge, says Costly Aderibigbe, the Executive Director of the Value Females Network. It hosted the training and is a member of the Youth Participatory Platform, which also provided support. The girls received training and useful applications for posting on Facebook, Twitter, Instagram and WhatsApp.

AMPLIFYING THE MESSAGE

They also had a chance to test out newfound skills. A Twitter snapshot from one 12-hour period during the workshop showed there were 100 tweets generated to #SMSkillsforgirls with a potential reach of over 26,000 impressions. That is the kind of amplification of messaging that will accelerate abandonment of female genital mutilation, as called for by the international commitment to end the practice by 2030.

“The world is now a global village, and we want these girls to use the skills acquired to reach out to their peers, and talk to people in their communities with the use of digital skills,” Aderibigbe continues. “You can imagine the rate at which the message will be spread.”

“You are going to be agents of change,” Dr. Somefun Esther, a gender and reproductive health analyst with UNFPA, told the trainees.

CHARTING A NEW WAY FORWARD

It’s likely that most of the girls in the training had been cut as infants, as is customary in Osun. With no conscious recollection of it, some may not even know their status. As talking about the practice is still taboo in some circles, much of the information in the training is new to some. These young women are a critical group to reach, as once they have children, they may be pressured by family members to mutilate their young girls. And this could happen soon, as adolescent pregnancy is high in Osun. According to



In many communities in Ethiopia, the practice of FGM is used as a rite of passage to adulthood. © UNFPA Ethiopia: Mulugeta Wolde

the 2013 Demographic and Health Surveys, girls aged 15 to 19, 5.6 percent are already mothers, and 2.1 percent are pregnant with their first child. Rural teenagers are three times more likely to have begun childbearing than urban teenage women.

Before they left the training, the girls, dressed in vibrant orange and black “Join Me to End FGM” T-shirts, were paired with female-led organizations that will mentor them and encourage their continued advocacy against female genital mutilation, on social media platforms and in their communities. The Joint Programme and the Youth Participatory Platform provided participants with vests, apps and other materials.

“We expect these participants to return to their communities and start creating awareness on social media,” says Elizabeth Talatu, the UNFPA and Youth Participatory Platform Coordinator.

TAKING THE MESSAGE HOME

Many of the participants seem to be doing just that, often in girls’ clubs. Sixteen-year-

old Aluko Tolulope wrote a note of thanks to UNFPA for the programme and sent an update on what had followed: “I was inspired to talk to my peers about why female genital mutilation is bad,” she wrote. “So far, I have spoken to peers in five schools, reaching an estimate of 800 girls. I hope to do more after my exams. Thanks for coming to Osun!”

A BOOT CAMP FOR GIRL HEROES

The following month, in December 2019, the Value Females Network, with the Joint Programme, organized another major training. The 2019 Adolescent Boot Camp was the third and largest edition of this popular intervention. The free, three-day event drew together 550 girls aged 13 to 19, some in school, some not, from a wide variety of backgrounds, including from cities and more remote rural areas.

Like the digital training, the boot camp aimed to inspire and equip “girl heroes” with information and skills to shape their decisions and conversations with friends and family members. They were urged to become positive disruptors – individuals capable of shaking up social convention with regard to patriarchal attitudes within Nigerian society, harmful traditions, and the right to sexual and reproductive health.

The notion that these young people are girl heroes was woven throughout the training. Child protection advocate Alhaji Lateef Kehinde encouraged them to get involved in politics, and start that by being active from the very beginning, without making gender a barrier.



Building a resilient system for a continuum of services

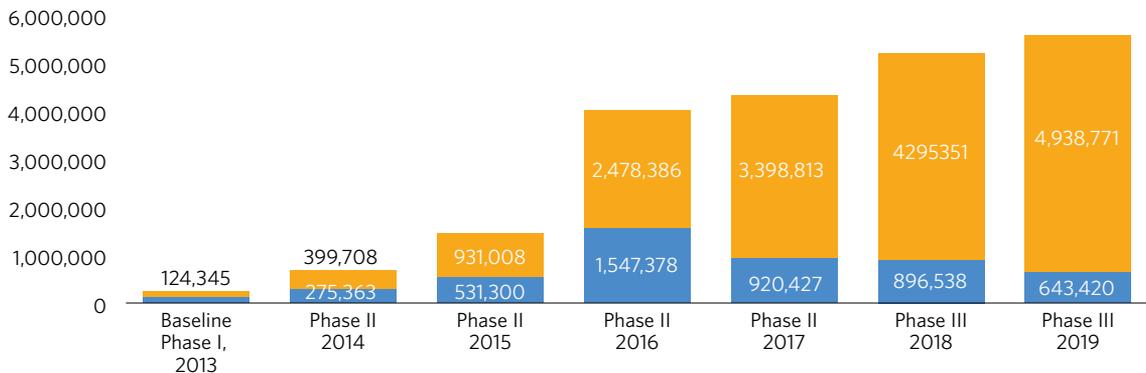
The essential services package: health care, social services and justice

Ensuring access to health care, social services and justice is part of expanding girls’ and women’s choices. With female genital mutilation occurring between 0 to 15 years of age, the Joint Programme works across ministries to ensure the integration of female genital mutilation in health care including sexual and reproductive health, and maternal and newborn health. The Joint Programme also supports governments and civil society in establishing comprehensive social services models that include access to crisis information and counselling, helplines, and links to law enforcement. Access to justice for girls and women is critical for achieving substantive equality, human rights and sustainable development. Girls and women who confront multiple and intersecting forms of discrimination are typically at the back end of justice service delivery. The Joint Programme supports pro bono legal advice and builds the capacity of law enforcement and members of the justice sector to apply anti-female genital mutilation legislation and conduct investigations for prosecutions.

As shown in Figure 22, since Phase I of the Joint Programme, almost 5 million girls and women have benefited from the essential services package for prevention, protection and response services. The significant growth in girls and women accessing services is a testament to the effectiveness of the Joint Programme’s support for multisectoral coordination including the capacity development

FIGURE 22

Number of girls and women who received health, social and legal services related to female genital mutilation (cumulative and annual)



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019



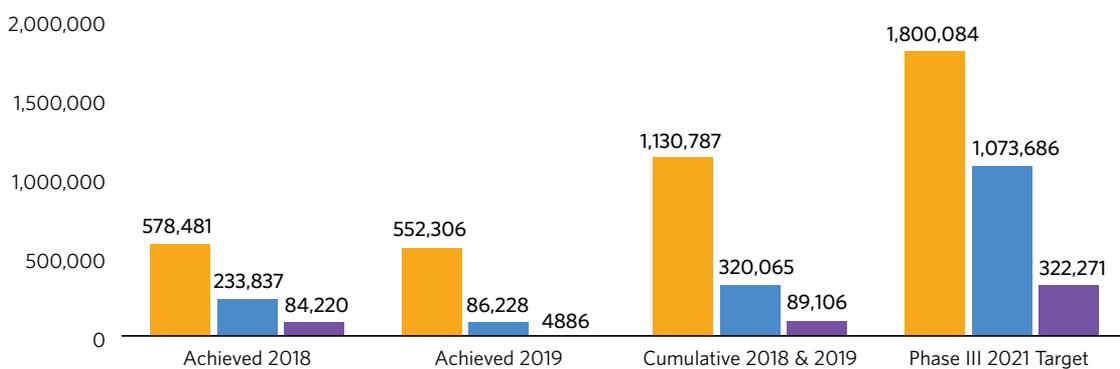
Om Mahmoud and her two daughters participate regularly in seminars advocating against FGM in the Upper Egyptian governorate of Assiut. © UNFPA-UNICEF

of service providers, increasing availability of information about the risks of female genital mutilation and the strengthening of referral systems.

In 2019, as seen in Figure 23, 552,306 girls and women received health care services, 86,228 accessed social services, and 4,886 sought legal services. While the Joint Programme exceeded targets on health care services, the number of girls and women who received social and legal services appears to be significantly lower than planned targets. This is due to revisions in the metadata of indicators on services, which were intended to improve the quality of data.

FIGURE 23

Girls and women who received health, social and legal services related to female genital mutilation, per year and cumulative



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

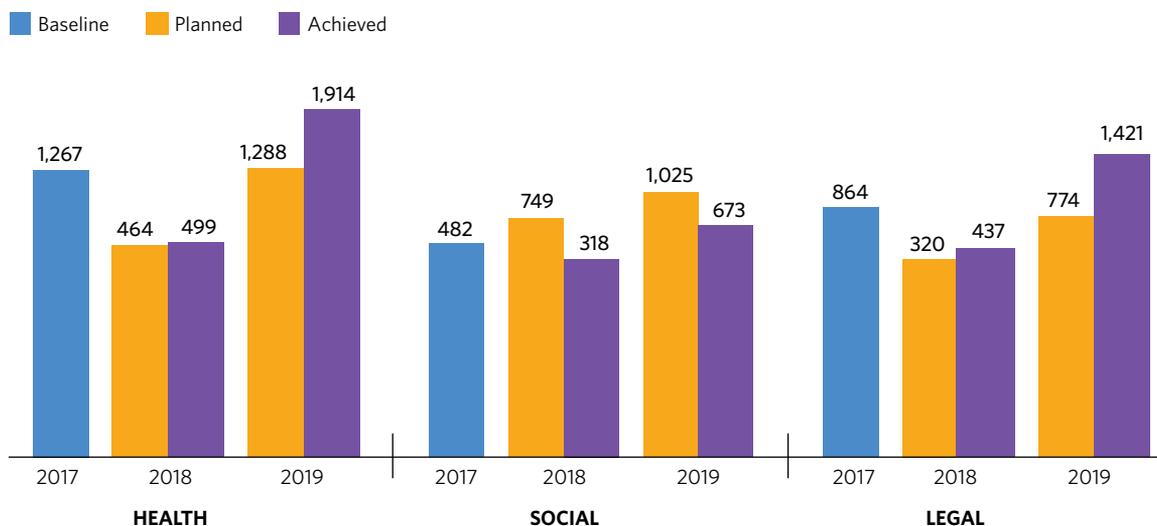
The Joint Programme expects that reporting on these services will improve in 2020. Based on projections of the cumulative number of girls and women who will benefit from social and legal services, the Joint Programme is likely to reach the final Phase III target of 3 million in 2021.

As presented in Figure 24, the Joint Programme is exceeding planned targets on the continuum of services, and in 2019 actually achieved double the target for legal services.

Joint Programme support for a continuum of quality services is especially crucial following the COVID-19 crisis. The Joint Programme has increasingly focused on building the resilience of systems. This includes developing the capacity of service providers and institutions to effectively prepare for and respond to any crisis. Ensuring access to prevention, protection and care services in humanitarian crises mitigates the risk that emergencies will compound existing gender inequalities, and increase gender-based violence and female genital mutilation.

FIGURE 24

Number of health service delivery points, number of organizations (governmental, non-governmental, and private sector) that provide social services related to female genital mutilation, and number of organizations (government, non-governmental, and private sector) that provide legal services for cases related to female genital mutilation in intervention areas



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2019

A human rights-based approach to ending the medicalization of female genital mutilation

The Joint Programme continues to prioritize ending the medicalization of female genital mutilation which may also undermine the achievement of target 5.3. Medicalization suggests to practicing communities that female genital mutilation is acceptable when done by health care providers, and legitimizes the practice even though it counters medical ethics, national criminal justice systems, and international conventions. The death of a girl in Egypt in February of 2020 who was cut by a health care provider is a reminder that medicalized female genital mutilation is no less risky and can also be fatal.



The United Nations in Egypt is deeply saddened by the recent tragic death of 12-year-old Nada in Assiut Governorate while undergoing Female Genital Mutilation (FGM) at the hands of a doctor.

01 February 2020

The United Nations in Egypt is deeply saddened by the recent tragic death of 12-year-old Nada in Assiut Governorate while undergoing Female Genital Mutilation (FGM) at the hands of a doctor.

We are outraged that such senseless deaths still occur in 2020, despite progress made to eradicate this violent practice.

We welcome the statement by the National Committee for the Eradication of FGM denouncing the dreadful incident and, while respecting the ongoing investigation and independence of the judicial process, we echo its call for the maximum punishment for the perpetrators.

The crime was reported on Thursday through the National Child Helpline (16000), administered by the National Council for Childhood and Motherhood, and both the doctor and the victim's father were reportedly arrested.

While there has been a decline in the practice's prevalence in the age group 15-17 years old by more than 13 percent from 2008 to 2014 (Demographic Health Survey 2014), efforts to abandon FGM should be accelerated, as a matter of urgency.

According to the Demographic Health Survey 2014, medicalization of the FGM practice is most common in Egypt, where eight out of ten girls who are cut were cut by medical personnel. The United Nations acknowledges the Government of Egypt's commitment to eliminating FGM demonstrated in 2019, through the establishment of the National Committee for the Eradication of FGM, under the leadership of the National Council for Women and National Council for Childhood and Motherhood.

The United Nations is committed to accelerate efforts to eliminate FGM by 2030. We hope that Nada's tragic death sheds light on the need to protect girls from this harmful practice as a matter of urgency.

“*Every girl*
deserves to dream
big and to have an
honest chance of
making her
dream come
true.”

– *Amina J Mohammed*

Chapter 6

Monitoring, Evaluation and Learning

« Meskerem Muleta, 16, and her mother Muleta Obse. Meskerem has been successful in not only changing her parents' attitudes towards Female Genital Mutilation but her neighbors and peers as well.

© UNICEF Ethiopia

Given the gap in research studies and impact evaluations on policies and programmes supporting the elimination of female genital mutilation, monitoring and evaluation and learning are core components of the Joint Programme's results-based management approach. By facilitating continuous assessments and reflections on progress in achieving expected results, the Joint Programme is well positioned to spot bottlenecks and highlight unintended effects on the programme, both positive and negative. In 2019, the Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017) was completed, providing an opportunity for critical reflection on what works, and which programme areas should be adjusted to improve effectiveness. The validation exercise for the ACT Framework, developed to measure social norms change related to female genital mutilation, was finalized in 2019 as well. The ACT toolkit will be available in 2020.

The joint evaluation's key finding was that the Joint Programme is essential for sustaining positive change at the global, regional and national level

The evaluation recommended that the Joint Programme play a leadership role in advancing a global research agenda. The evaluators pointed out that the Joint Programme had contributed to social change which was not captured as the programme focused on ending the practice rather than breakthroughs along the way. It also recommended the programme build on its comparative advantage in being gender-responsive and in developing a formal communications strategy. The evaluation recommended that the Joint Programme play a leadership role in advancing a global research agenda. Finally, the report encouraged the programme to develop a strategy for promoting sustainability of interventions beyond Phase III.

A **management response** was developed based on the recommendations of the evaluation and includes 21 actions to implement in Phase III. All three actions prioritized for 2019 were completed.



« Dr. Nafissatou J. Diop, former Joint Programme Coordinator, during a donor visit to Ethiopia.

Translating a decade of learning into a decade of action: reflections on the joint evaluation

Dr. Nafissatou J. Diop, Chief of Gender and Human Rights at UNFPA, spent over 10 years as the Joint Programme's coordinator. Much of the social norms approach that informs the Joint Programme's work is based on operational research Dr. Diop conducted to test and evaluate programmes, including the Tostan Community Empowerment Programme (CEP) in Senegal, which was implemented in partnership with the Government of Senegal and UNICEF.

Given your long-standing experience with the Joint Programme, what was the most interesting finding from the joint evaluation?

With the evaluation looking at Phases I and II, which began in 2008 and ended in 2017, it provided an opportunity to reflect on the piloting phase of the Joint Programme in integrating the social norms perspective in eliminating female genital mutilation. This included the consultative processes that were adapted across countries based on the CEP model. It was interesting to see the evolution of the programme, which involved piloting and then scaling up the social norms approach.

Were you surprised by any of the findings?

The need for a long-term vision has shifted the way we think about the Joint Programme, especially within the SDG Decade of Action. While the Joint Programme is linked to the UNICEF and UNFPA strategic plans, four-year plans can be limiting. The Decade of Action requires a 10-year vision for the programme, which includes introducing intermediate milestones as we work towards zero female genital mutilation by 2030.

What did you think of the recommendation calling for the placement of the Joint Programme within a gender-responsive framework?

We strengthened our gender-transformative approach in the programme during the design and launch of Phase III. The recommendation definitely provided us with an opportunity to further enhance gender-responsiveness, but the COVID-19 pandemic has also forced us to think about the humanitarian-development-peace nexus. For the last five years, the global community has witnessed an increase in political instability, climate change crises,



conflict, population movements and insecurity. As an example, formal protection mechanisms, which had taken years to develop, fell apart during the current pandemic crisis as schools and shelters closed. There is also the issue of rising poverty as a result of the pandemic, which is a driver of female genital mutilation because some families think it enhances marriageability, which becomes a negative coping strategy for dealing with the financial stresses brought on by the pandemic. The Joint Programme is now building resilient systems at the local level along with local governments, grass-roots civil society organizations and community activists to ensure the protection of girls and women, and provide access to services. We must also build girls' and women's resilience, recognizing that resilience is often rooted in power and gender dynamics.

What did you think of some of the key Joint Programme assets identified by the evaluation?

Youth engagement was identified as a key asset, and youth play a critical role in social accountability. Part of our work involves building girls' agency, but we also have youth activists, many of whom are leaders or members of strong youth networks, who are committed to upholding the human rights and bodily autonomy of adolescent girls and the girl child.



UNFPA Egypt Community members of the Upper Egyptian governorate of Qena sign a public declaration to abandon FGM. © UNFPA Egypt Roger Anis

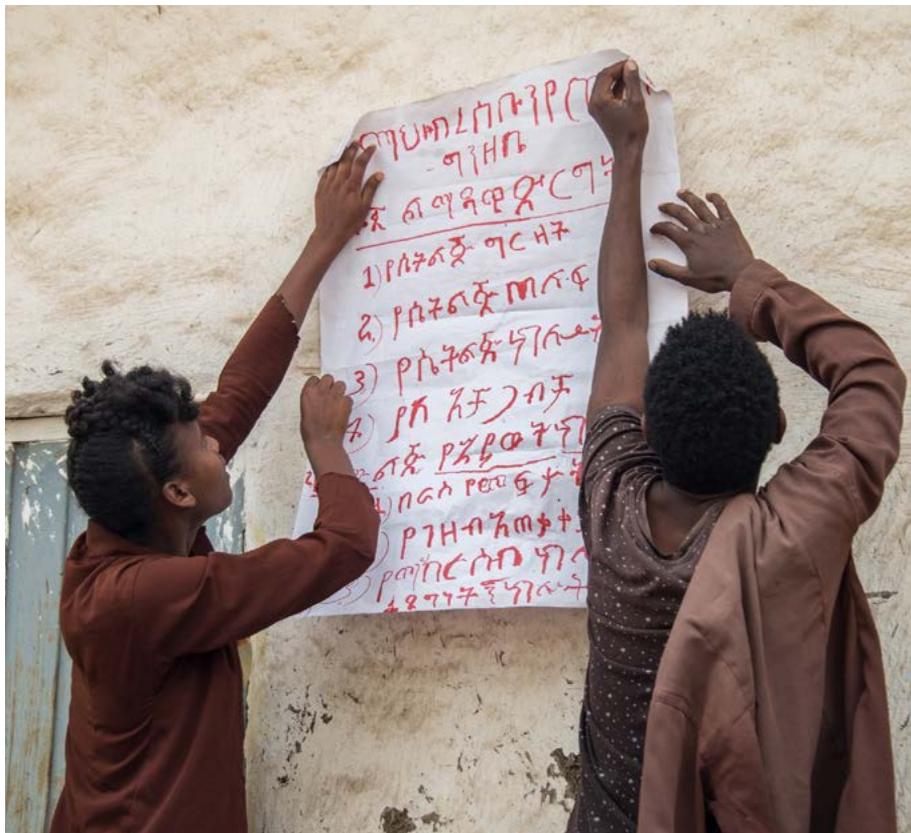


Girl participates in a discussion about female genital mutilation between children, parents and the local government. © UNICEF Sudan

Social norms measurement: the ACT Framework

The **ACT Framework**, released by UNICEF in June of 2020, builds on recent work in social norms. It provides a comprehensive, practitioner-grounded approach to measurement, especially of norms around female genital mutilation. It can be adapted to other issues as well.

To be accessible and practical for programme planners, and adaptable to local contexts, the ACT Framework offers a step-by-step implementation guide; a participatory toolkit; evaluation measures and instruments, both qualitative and quantitative; and conceptual guidance. All were validated in two countries (Ethiopia and Guinea), and further refined through local consultations and global workshops.



Meskerem Muleta, 16, grade 7 hangs a poster she prepared about FGM to discuss it with her school mates at Koshe Primary School. Mareko Woreda, SNNPR © UNICEF Ethiopia



Regional Chief of Communication Juliette Touma on a field visit to Genina, West Darfur field office. © UNICEF Sudan

It takes a multimethod, hybrid approach that reflects the important effects of gender and power, and locates social norms within the two-way relationship between knowledge and affective factors, and social networks and social support. A set of clearly defined, measurable indicators helps track the progress of communications activities towards social and behavioural change, and guides the expanded use of communications-based approaches for social norms change. The ACT Framework complements many other recent social norms guides, like *The Flower for Sustained Health*²⁵ and *Everybody Wants to Belong. A Practical Guide to Tackling and Leveraging Social Norms in Behavior Change Programming*.²⁶

“ If you want to
change the world.

**HELP THE
WOMEN.”**

– Nelson Mandela

Chapter 7

Introspection, Reflection and Planning for the Future



Challenges in 2019

Each year, countries supported by the Joint Programme report specific challenges, often related to disasters and complex emergencies. In 2019, more than two thirds of the 16 countries – including Burkina Faso, Egypt, Eritrea, Ethiopia, Guinea-Bissau, Kenya, Mali, Mauritania, Somalia, Sudan and Uganda – experienced political instability, extreme weather events and climate change, armed conflict and threats to human security, or refugee situations. In terms of business continuity, the Joint Programme has managed over the years to implement programme interventions despite these challenges, but COVID-19 containment measures have forced a rethink of the imperative to build resilient systems, and enhance the resilience of girls and women.

The Joint Programme is moving towards operating across the humanitarian-development-peace nexus, which means addressing female genital mutilation along the spectrum from humanitarian action, including emergency preparedness, response and early recovery, to ongoing social and structural development. Activities will be underpinned by a paradigm that mitigates risk and fragility. Many lessons from 2019 are being applied in responding to the COVID-19 pandemic, such as adapting community outreach activities and using new channels of communication, ensuring access to a continuum of services including psychosocial support through digital technology, and identifying new partners with experience in delivering community-based interventions in hard-to-reach areas.

Rather than continue with “business as usual”, the Joint Programme is reworking its approach to gender and resilience as part of the nexus. This entails bolstering prevention measures and programme responses, and increasing the space for girls and women to negotiate with power holders in designing and implementing humanitarian preparedness and response plans. Priorities include addressing gender inequalities that limit access to information, supporting meaningful participation in decision-making in humanitarian preparedness and response both locally and nationally, and ensuring equitable access to resources helping girls and women adapt to shocks and stresses, and reduce their vulnerability to female genital mutilation.

Responding to the COVID-19 crisis and priorities for 2020

In 2020, the Joint Programme will continue to focus on developing and implementing COVID-19 response plans at all levels. It will leverage partnerships with governments and civil society, and advocate for including female genital mutilation in national- and local-level crisis response plans. It will also help build community resilience to cope with adverse shocks and stresses, strengthen local systems to provide essential services, and take measures to prevent and prepare for future crises.

Girls and women as agents of resilience: Drawing on lessons from previous crises, the Joint Programme will mainstream a nexus approach with a focus on gender and resilience. This will develop girls' and women's assets to help them absorb shocks and adapt to stresses, and address gendered power relations that present either challenges or opportunities. It will help devise solutions to the economic, political and social constraints that shape girls' and women's vulnerabilities to female genital mutilation, especially in emergency situations.

Conduct high-level advocacy with the African Union: In 2020, the focus will be on implementing the African Union's Continental Initiative on Ending Female Genital Mutilation, including the peer review mechanism for holding governments accountable for meeting their commitments to the elimination of female genital mutilation.

Global research agenda: The Joint Programme is designing a global research agenda that builds an evidence base of effective programmes and policies to eliminate female genital mutilation. A sector-wide approach to synthesizing evidence, identifying gaps and building consensus on research questions is a top priority.



A community education session during COVID-19 that also promoted an end to carrying out female genital mutilation on infants. © UNFPA Kenya

“

WHAT WE DO

IS MORE

IMPORTANT

than what we say

or *what we say*

we believe.”

– bell hooks

Chapter 8

Financial Report

In 2019, the Joint Programme received a total contribution of \$25,778,648 from donors (see Table 1). Austria and France joined as donors to the Joint Programme in 2019.

Contributions received in early to mid-2019 were used for programming in 2019, while funds received towards the end of 2019 were carried over to 2020. Based on available funds for programming in 2019 (the balance of unspent funds at the end of 2018 plus new contributions received from donors in early to mid-2019), the Joint Programme advanced a total of \$21,412,411 to all 16 countries – Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan and Uganda – as well as three regional offices, and UNFPA and UNICEF headquarters (see Table 2).

Total expenditure in 2019 was \$17,564,246, with an overall expenditure rate of about 82 percent. Political instability, humanitarian crises and staff turnover affected programme implementation in some countries. Share of expenditures based on result areas of the Joint Programme appear in Figure 26 (outcome-level) and Figure 27 (output-level).

As expected, Outcome 2, girls and women are empowered to exercise and express their rights, has the highest share of total annual expenditure (45 percent), as it is the main focus area. It is followed

TABLE 1

Funds received from donors in 2019

Donor	Amount (USD)
Austria	1,111,111.11
France	148,514.85
Iceland	200,000.00
Italy	1,969,365.43
Luxembourg	109,890.11
Norway	10,899,182.56
Spain	550,055.01
Sweden	10,463,304.27
United Kingdom	327,225.13
Total	25,778,648.47

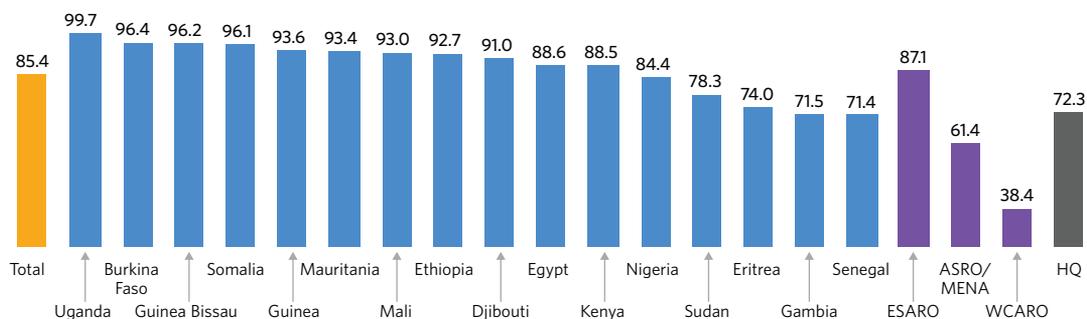
TABLE 2

Budgets, expenditures and expenditure rates (%) for 2019, \$USD

Offices	UNFPA			UNICEF			UNFPA + UNICEF		
	Budget	Expenditure	Rate (%)	Budget	Expenditure	Rate (%)	Budget	Expenditure	Rate (%)
HQ	3,275,814	2,926,245	89	2,171,635	1,010,468	47	5,447,449	3,936,713	72
ASRO / MENA	240,000	209,476	87	240,000	85,308	36	480,000	294,785	61
ESARO	56,634	18,362	32	240,000	240,000	100	296,634	258,362	87
WCARO	202,229	130,134	64	240,000	39,698	17	442,229	169,832	38
Burkina Faso	600,000	557,015	93	600,000	600,000	100	1,200,000	1,157,015	96
Djibouti	350,000	309,700	88	350,000	327,262	94	700,000	636,962	91
Egypt	750,000	726,405	97	750,000	602,014	80	1,500,000	1,328,419	89
Eritrea	68,057	25,926	38	350,000	283,396	81	418,057	309,322	74
Ethiopia	600,000	564,355	94	713,282	653,051	92	1,313,282	1,217,406	93
Gambia	371,400	353,433	95	350,000	162,271	46	721,400	515,704	71
Guinea	350,000	350,000	100	515,259	460,277	89	865,259	810,277	94
Guinea Bissau	151,751	147,491	97	250,000	239,159	96	401,751	386,650	96
Kenya	1,426,350	1,363,957	96	600,000	429,655	72	2,026,350	1,793,612	89
Mali	250,000	214,831	86	250,000	250,000	100	500,000	464,831	93
Mauritania	350,000	303,550	87	350,000	350,000	100	700,000	653,550	93
Nigeria	600,000	550,996	92	600,000	461,281	77	1,200,000	1,012,277	84
Senegal	600,000	499,785	83	600,000	357,080	60	1,200,000	856,865	71
Somalia	250,000	244,192	98	250,000	236,141	94	500,000	480,333	96
Sudan	500,000	441,268	88	500,000	341,565	68	1,000,000	782,833	78
Uganda	250,000	248,499	99	250,000	250,000	100	500,000	498,499	100
Total	11,242,235	10,185,619	91	10,170,176	7,378,627	73	21,412,411	17,564,246	82

FIGURE 25

Total expenditure rates (%) at Headquarters, Regional and Country Office



Source: UNFPA

by Outcome 1, countries have an enabling environment, at 23 percent. Joint Programme support for the ICPD+25 summit, the African Union Initiative on the Elimination of Female Genital Mutilation – Saleema Initiative, and the East African Cross-Border Initiative contributed to expenditures reported under Outcome 1. Outcome 3, girls and women receive prevention, protection and care services, and Outcome 4, countries have better capacity to generate and use evidence and data for policymaking and improve programming, had shares of 13 percent and 19 percent of total expenditure, respectively. The ACT Framework, which involved a validation exercise with global consultations and pilot testing in two countries, and research on cross-border dynamics in five East African countries, contributed to expenditures reported under Outcome 4.

In 2018, there was almost a similar level of expenditure on Outcome 1 and 2 due to more programmatic emphasis and expenditure incurred in supporting interventions under Outcome 1. This included the launch of the African Union Continental Initiative to End Female Genital Mutilation, country level contextualization of the global framework and launch of an online global advocacy campaign and travel exhibition on female genital mutilation. However, this is not a normal fund allocation scenario for the Joint Programme as Outcome 2 is expected to claim a relatively higher level of resource allocation. In 2019, Outcome level expenditure returned to the normal trend and more investment was allocated to fund various interventions under Outcome 2 as presented in Figure 26. Compared to 2018, there is more investment on Outcome 4 in 2019 due to enhanced efforts in areas of evidence generation as explained above. This is an important focus area for the Joint Programme based on its years of experience as the largest global programme addressing female genital mutilation.

Data presented in Figure 27 indicate output-level expenditure that reflect and align with the outcome-level priorities of the Joint Programme as captured in Figure 26. Interventions under Output 2.1, improved community and interpersonal engagement to address and amplify social and gender norms transformation, claimed a significant percentage of total annual expenditure, 36 percent, as this is a priority area at the national level. Output 1.1, strengthened regional accountability mechanisms

for ensuring increased national commitment to end female genital mutilation; Output 3.1, improved availability and quality of female genital mutilation services in Joint Programme intervention areas; and Output 4.1, increased generation of evidence for social norms change and programme improvement, were other areas with higher expenditure.

FIGURE 26

Share of the total annual expenditure per outcome (%)

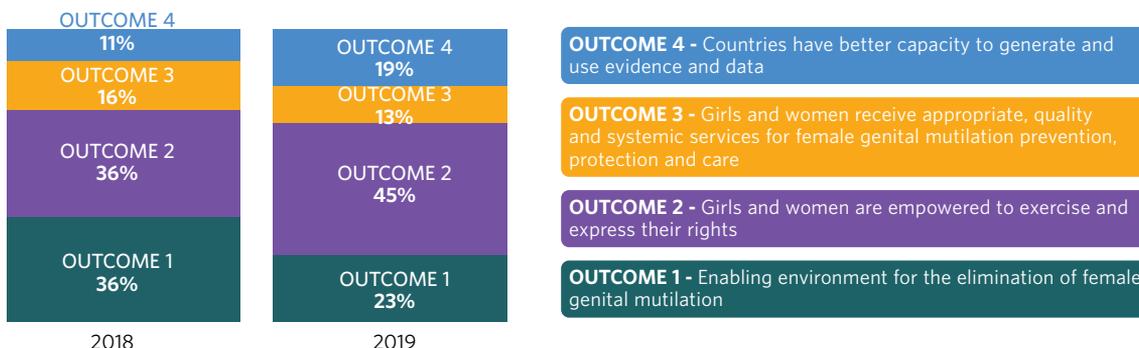
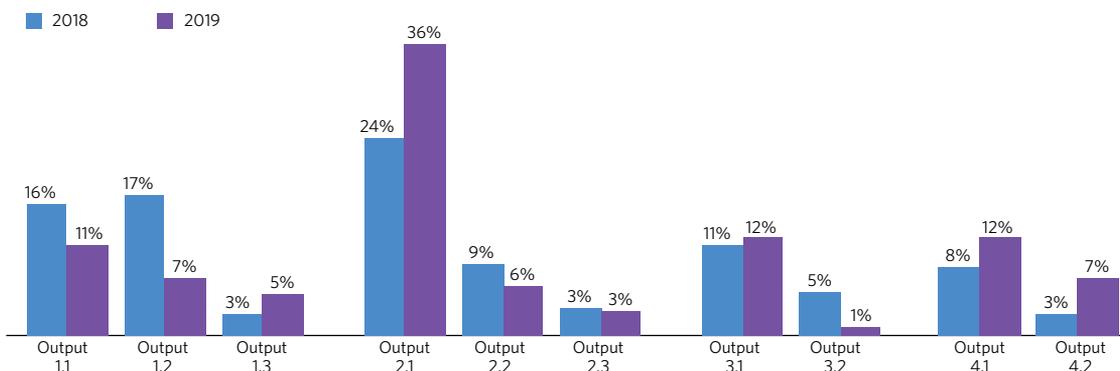


FIGURE 27

Share of total annual expenditure per output (%)



OUTCOME 1

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

Output 1.1
Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM

Output 1.2
Increased national capacity for the development, enactment and implementation of FGM laws and policies

Output 1.3
Increased engagement of civil society and young people with policymakers for the elimination of FGM

OUTCOME 2

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

Output 2.1
Improved community and interpersonal engagement to address and amplify social and gender norms transformation

Output 2.2
Strengthened girls' and women's assets and capabilities to exercise their rights

Output 2.3
Increased engagement of men and boys in changing social and gender norms

OUTCOME 3

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

Output 3.1
Improved availability and quality of FGM services in Joint Programme intervention areas

Output 3.2
Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses and doctors

OUTCOME 4

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

Output 4.1
Increased generation of evidence for social norms change and programme improvement

Output 4.2
Enhanced knowledge management and exchange of good practices for policy and programme improvement

Annexes

Annex 1

The Joint Programme Results Framework

The Results Framework includes baselines, targets and actual values on the main indicators of Phase III and provides an overview of performance, including at the country level.

Results	Indicators	Baseline 2017	Planned 2018	Planned 2019	Planned 2020	Planned 2021	Phase III target	Result 2018	Result 2019
OUTCOME 1 Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards	Number of countries having in existence features of an enabling environment for FGM elimination: Existence of legislation criminalizing FGM	13	13	14	15	16	16	14	14
	Enforcement of FGM legislation: number of arrests	255	282	308	321	367	1,278	166	207
	Enforcement of FGM legislation: number of cases to court	267	243	266	289	298	1,096	154	175
	Enforcement of FGM legislation: number of convictions and sanctions	182	159	158	135	171	623	34	41
	Number of countries with evidence-based costed national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors	5	11	13	16	16	16	8	10
	Number of countries with a national budget line for FGM	9	10	12	14	16	16	9	10
	Number of countries with at least 50 per cent of the national government budget line for FGM is utilized	8	8	11	13	15	15	8	10
	Existence of a functional national FGM monitoring mechanism characterized by: National FGM administrative data	4	10	14	15	15	15	8	13
	Existence of a functional national FGM monitoring mechanism characterized by: National coordination body/committee for FGM	10	11	15	16	16	16	12	15
	Existence of a functional national FGM monitoring mechanism characterized by: Annual implementation review system	9	11	15	16	16	16	11	12
OUTPUT 1.2 Increased national capacity for the development, enactment and implementation of FGM laws and policies	Existence of a costed national action plan addressing FGM	7	8	13	16	16	16	6	11
	Number of law enforcement staff (police, prosecutors, judges) competent to apply the FGM law	2,675	595	1,638	1,187	1,988	5,408	1,096	2,612
OUTPUT 1.3 Increased engagement of civil society and young people with policymakers for the elimination of FGM	Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people's networks and presented to policymakers to influence policy directions and implementation	23	13	20	19	25	77	18	21
	Number of medical and paramedical associations declaring FGM performed by health professional an unethical practice	6	4	14	16	18	52	16	20



Results	Indicators	Baseline 2017	Planned 2018	Planned 2019	Planned 2020	Planned 2021	Phase III target	Result 2018	Result 2019
OUTCOME 2 Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM	Number of communities that have made public declaration of abandonment of FGM	2,960	2,960	3,426	3,108	4,600	14,094	2,950	3,362
	Number of people engaged in public declaration that they will abandon the practice of FGM	6,180,223	6,358,233	8,787,588	6,584,806	10,189,328	31,919,955	2,815,365	2,804,813
	Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance	892	1,046	2,864	2,872	3,711	10,493	1,519	2,832
	Number of communities where enablers of social norm change are in place: Girls become change agents after completing a capacity development package	1,128	1,475	1,588	1,570	1,937	6,570	2,751	7,696
	Number of communities where enablers of social norm change are in place: Religious leaders' public statements delinking FGM from religious requirements	7,343	3,182	1,594	1,752	2,348	8,876	3,516	3,843
	Number of communities where enablers of social norm change are in place: Community/traditional rulers publicly denounce FGM practices	2,397	2,611	1,585	1,784	2,507	8,487	2,711	3,852
	Number of girls saved from FGM	11,178	1,446	164,734	390,523	562,246	1,118,949	16,251	213,774
OUTPUT 2.1 Improved community and interpersonal engagement to address and amplify social and gender norms transformation	Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM	2,643,867	1,769,717	4,522,818	1,193,100	4,803,000	12,288,635	2,514,310	5,469,599
	Number of listeners to radio/TV programmes on FGM in Joint Programme target areas	2,031,735	10,000,558	7,136,204	18,494,823	20,509,823	56,141,408	4,939,864	10,600,652
	Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme	7,681,526	1,078,883	2,564,722	3,732,918	3,968,604	11,345,127	3,813,746	11,804,035
	Number of community-to-community dialogues on abandonment of FGM (within the country / cross-border)	62,338	11,078	10,959	13,144	8,700	43,881	25,592	13,131
OUTPUT 2.2 Strengthened girls' and women's assets and capabilities to exercise their rights	Number of communities implementing a capacity package for girls related to FGM elimination	1,176	1,293	1,002	2,332	2,582	7,209	1,619	3,724
	Number of girls graduated from a capacity development package	52,990	66,592	77,439	122,263	154,880	421,174	80,478	109,951
OUTPUT 2.3 Increased engagement of men and boys on changing social and gender norms	Number of Joint Programme intervention areas where men and boy's networks/coalitions actively advocate for the elimination of FGM	7	109	145	405	566	1,225	108	483
OUTCOME 3 Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care	Number of girls and women who have received health services related to FGM	919,901	402,431	459,289	459,046	479,318	1,800,084	578,481	552,306
	Number of girls and women who have received social services related to FGM	193,913	214,587	273,027	287,836	298,236	1,073,686	233,837	86,228
	Number of girls and women who have received legal services related to FGM	25,730	51,496	64,865	80,417	125,493	322,271	84,220	4,886
	Number of countries where FGM is mainstreamed into the curricula of medical and paramedical schools	10	12	13	12	15	15	12	13



Results	Indicators	Baseline 2017	Planned 2018	Planned 2019	Planned 2020	Planned 2021	Phase III target	Result 2018	Result 2019
OUTPUT 3.1 Improved availability and quality of FGM services in Joint Programme intervention areas	Number of health service delivery points in Joint Programme intervention areas: that provide FGM-related services to girls and women	1,267	464	1,288	1,110	981	3,843	499	1,914
	Number of health service delivery points in Joint Programme intervention areas where health care staff apply FGM case management protocols	890	298	891	857	1,020	3,066	346	642
	Number of health service delivery points in Joint Programme intervention areas: where at least one health care staff member is trained on FGM prevention, protection and care services	1,458	844	1,680	1,059	1,053	4,636	639	1,244
	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide social services to girls and women	482	749	1,025	309	350	2,433	318	673
	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women	864	320	774	288	321	1,703	437	1,421
OUTPUT 3.2 Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses and doctors	Number of doctors and midwives who sign up to become members and support the cause of the 'Doctors and Midwives against FGM Initiatives'	703	1,233	561	962	3,245	6,001	956	1,219
OUTCOME 4 Countries have better capacity to generate and use evidence and data for policymaking and improving programming	Number of countries using data and evidence to improve policies and programmes targeting FGM elimination	10	14	15	16	16	16	13	15
									
OUTPUT 4.3 Increased generation of evidence for social norms change and programme improvement	Researches, studies, in-depth analyses and evaluations that fill key knowledge gaps conducted and disseminated to inform policy making and programming for the abandonment of FGM	9	9	10	11	17	47	10	11
OUTPUT 5 The Joint Programme is managed to achieve maximum, sustained economy, efficiency, effectiveness, and equity	The extent to which the Joint Programme interventions include those areas "left behind" (vulnerable and marginalized) where FGM is prevalent (EQUITY)	9	13	14	15	15	15	13	14
	Number of countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS)	9	10	11	14	14	14	10	13
									

Annex 2

Studies and Evaluations

In 2019, the Joint Programme completed six studies and evaluations including:

Progress Report on the Abandonment of Female Genital Mutilation, and the Participation, Engagement and Recommendations of Youth in Djibouti:

Based on focus group discussions with participants from the Youth Connect initiative, which seeks to strengthen the skills of young peer educators in the fight against female genital mutilation, this report presents their recommendations on the participation and engagement of young people in community-led female genital mutilation abandonment processes.

Report on Adolescent Sexual and Reproductive Health and Female Genital Mutilation Programmes in Senegal:

This report provides an assessment of interventions by Le Groupe pour l'Étude et l'Enseignement de la Population (Group for the Study and Teaching of Population), an NGO implementing partner. It works with the Ministry of Education in providing life skills training in secondary schools through Family Life Education Clubs. The training includes information on eliminating gender-based violence and female genital mutilation.

The Role of Grandmothers as Leaders in the Process of Female Genital Mutilation in Senegal: This study looks at the effectiveness of the Grandmother Project, an NGO implementing partner that works with communities to strength intergenerational relationships.

A Qualitative Analysis Documenting Community Dynamics Related to Community Surveillance Following Public Declarations of Female Genital Mutilation Abandonment in the Kolda Region in Senegal:

This report provides recommendations for strengthening community surveillance interventions to monitor commitments to eliminating female genital mutilation.

Child Marriage and Female Genital Mutilation in Burkina Faso: Thematic Report Based on a Secondary Analysis of DHS and EMC 2010 and 2015:

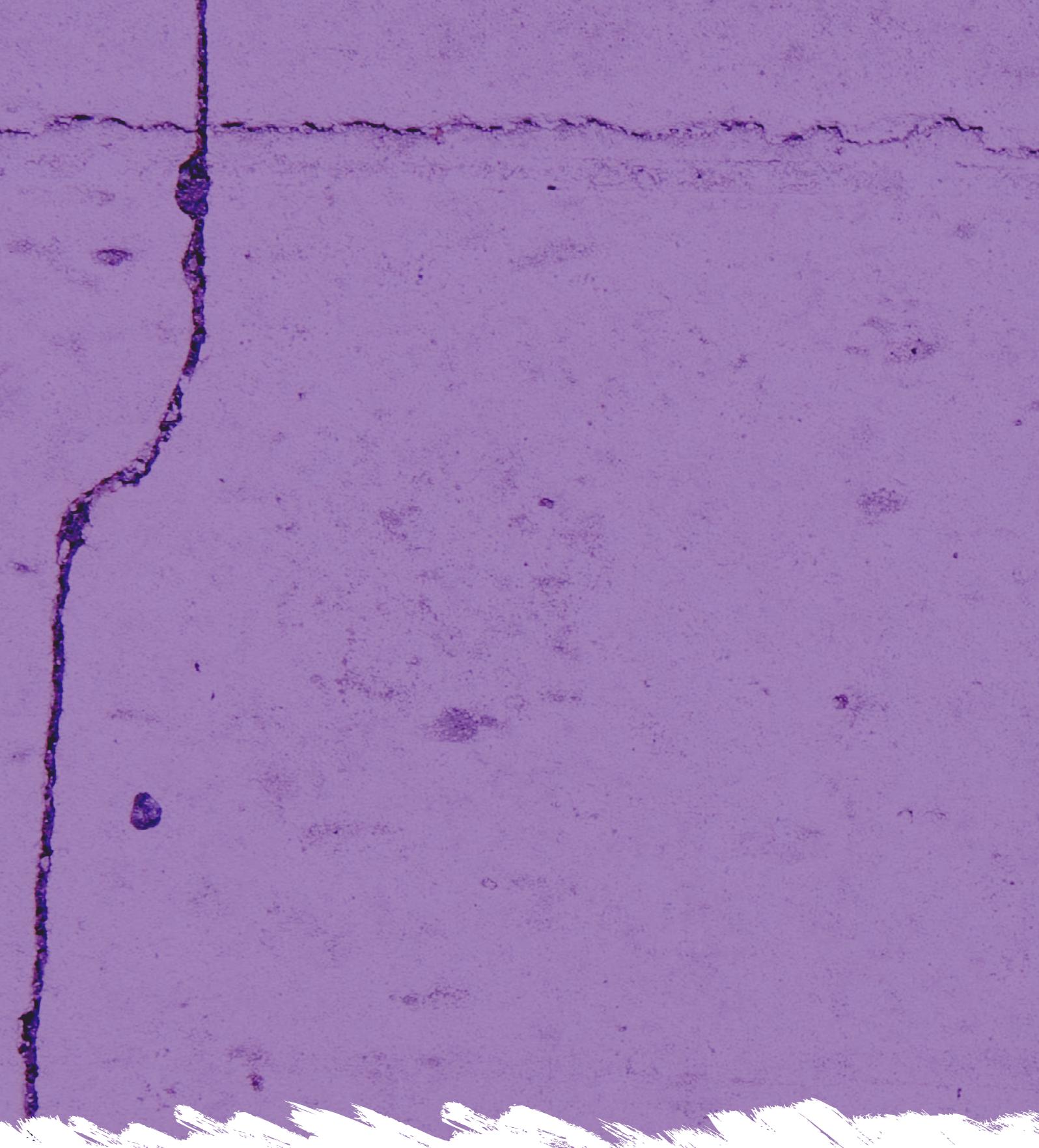
Drawing on data from the 2010 Demographic and Health Survey, and the 2015 Enquête Multisectorielle Continue – Module Démographie et Santé (Continuous Multisectoral Survey and Demography and Health Module), this study has three objectives: determine the prevalence of female genital mutilation and child marriage by analysing data from the 2015 survey, estimate changes in attitudes and practices related to harmful practices between 2010 and 2015, and identify women's attitudes towards female genital mutilation.

National Survey on Female Genital Mutilation and Violence Against Women in Djibouti:

This is the first survey in Djibouti covering all aspects of violence against women. Previous Pan Arab Project for Family Health surveys only included questions about female genital mutilation and women's perception of violence.

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