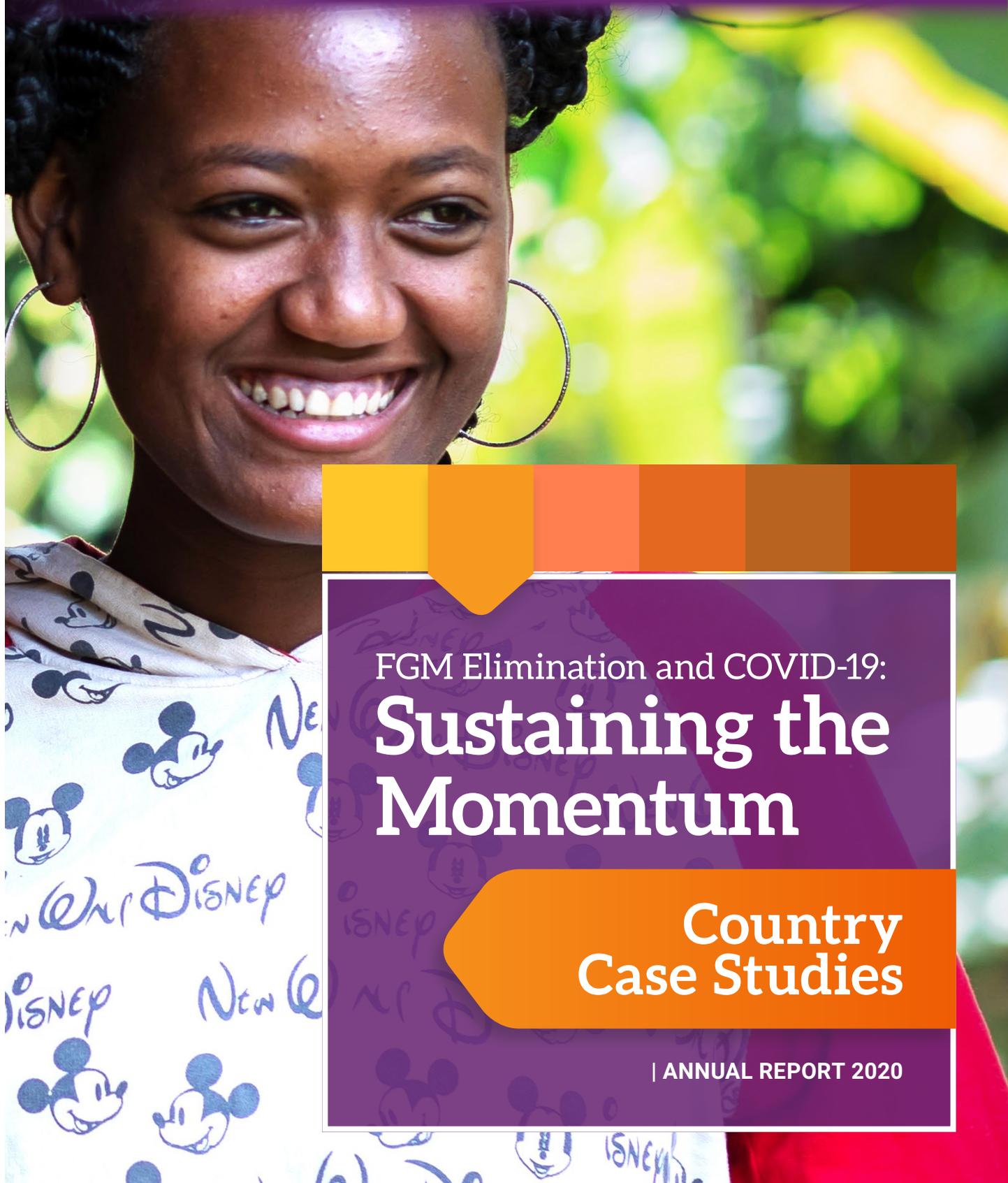




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UNFPA-UNICEF Joint Programme
on the Elimination of Female Genital
Mutilation: Accelerating Change



FGM Elimination and COVID-19:
**Sustaining the
Momentum**

**Country
Case Studies**

| ANNUAL REPORT 2020



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



Country Case Studies:

Progress in the Elimination of Female Genital Mutilation

| ANNUAL REPORT 2020

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



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ACKNOWLEDGMENT

On behalf of the UNFPA, the United Nations Population Fund and UNICEF, the United Nations Children's Fund, the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, wish to acknowledge the support and collaboration of its various stakeholders for the successful implementation of its work. Particularly, the Joint Programme recognizes the support of SIARP of European Union and the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden, the United Kingdom and the United States of America. The support has helped to strengthen efforts towards the elimination of FGM in the 17 countries where the Programme is implemented.

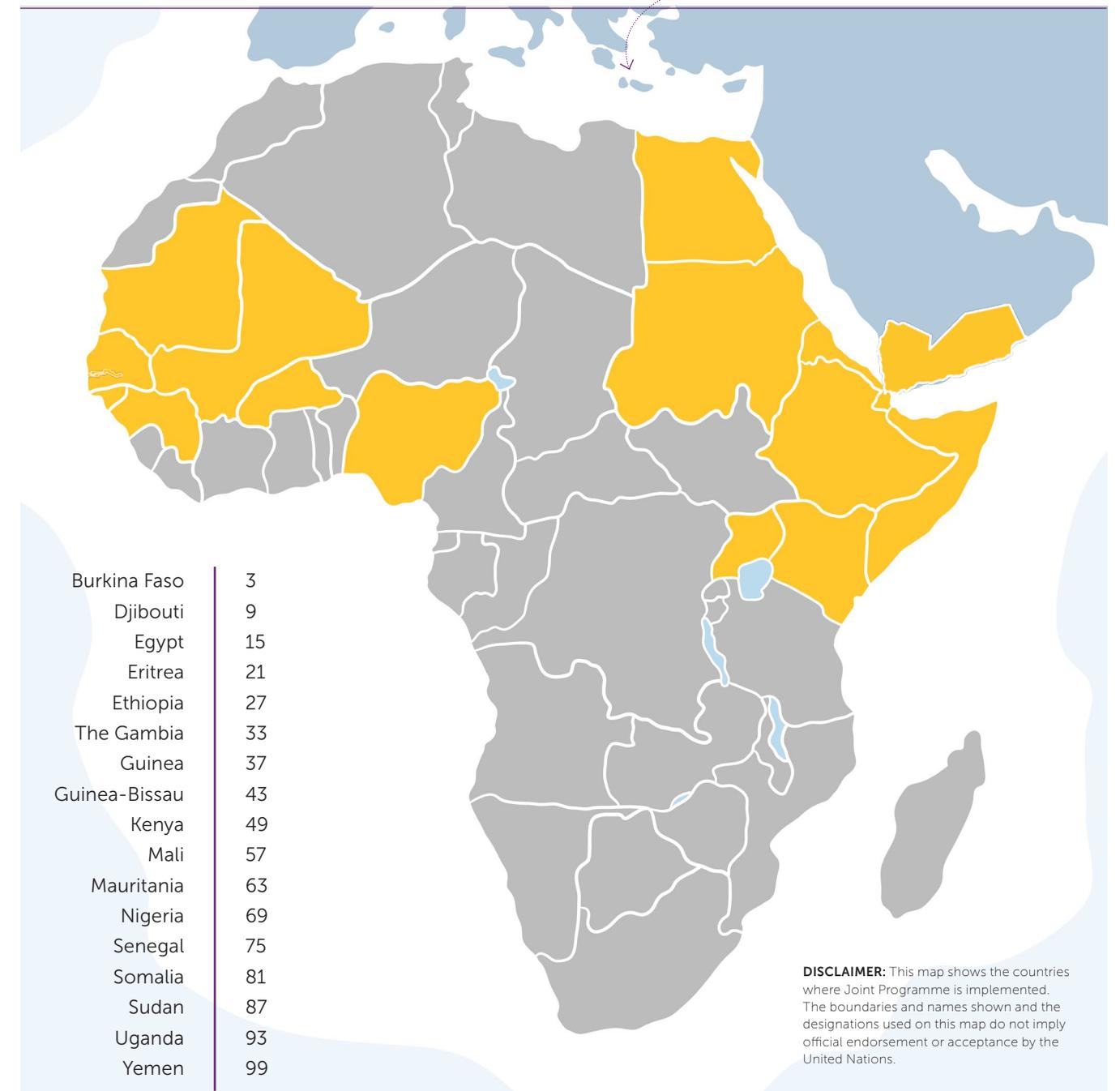
We also express our gratitude to members of the Joint Programme's Steering Committee for their support and technical guidance. We recognize the commitment and leadership of the national and sub national governments in all our implementing countries including civil society organizations, regional institutions and other partners for their commitment despite the challenges posed by the COVID-19 pandemic during the year. As the world continues to grapple with the impact of COVID-19, we will continue to count on the support of our partners and other stakeholders to sustain the momentum on eliminating FGM by 2030.

This report was produced by the Joint Programme Global Coordination Team with technical leadership from Mirelle Tushiminina and Nankali Maksud. Authors of the report include Thierno Diouf and Stephanie Baric with contributions from Berhanu Legesse, Fahmia AL-FOTIH, Meltem Agduk, Harriet Akullu, Julie Dubois, Paola Pileri, Lamin Massaquoi, Ramz Shalbak, Yasmine Sinkhada, and Menbere Legesse.

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Acronyms and Abbreviations

ARPs	Alternative Rites of Passage
CBOs	Community-Based Organizations
CEDAW	Convention on Elimination of All forms of Discrimination against Women
SP/CNLPE	Secretariat Permanent du Comite National de Lutte contre la Pratique de l'Excision
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IDPs	Internally Displaced Persons
LQAS	Lot Quality Assurance Sampling
MICS	Multiple Indicators Cluster Survey
NGO	Non-Governmental Organization
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAPP	Violence Against Persons (Prohibition) Act





Introduction

To accelerate the elimination of FGM, in 2008, UNFPA, United Nations Population Fund and the United Nations Children's Fund (UNICEF) launched the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change. The Joint Programme is implemented in 17 countries in Africa and in Asia and is currently in Phase III. Interventions under the Joint Programme are premised on the realization that the elimination of FGM requires coordinated and systematic efforts at different levels, including engagement of communities through a holistic focus on human rights and gender equality. Commendable achievements have been made through global, national and community interventions for the promotion of gender equality and elimination of FGM, guided by approaches that balance culturally sensitive actions with an emphasis on the human rights of women and girls.

©UNFPA Guinea

The declaration of COVID-19 as a global pandemic in March 2020 and its impact on political and socio-economic spheres of life did not spare interventions aimed at the elimination of FGM. The pandemic is deepening pre-existing inequalities and exposing vulnerabilities in social, political and economic systems, threatening to overturn the progress made over the years in the promotion of gender equality and elimination of FGM. The pandemic has amplified risks against women and girls in the contexts of fragility, conflict, and emergency settings where social cohesion is already undermined, and institutional capacity and services are limited. Emerging evidence shows that as the pandemic deepened economic and social stress, containment measures that resulted in restricted movement and social isolation, increased the risk of girls and women undergoing FGM.

More than two thirds of the countries where the Joint Programme is implemented are least developed countries (LDC) and categorized as fragile contexts.¹ These countries were experiencing humanitarian crises before the onset of COVID-19, and are likely to face rising poverty rates due to the pandemic. Therefore, these country case studies have been developed to provide more insight into the context and prevalence of FGM. Information on the enabling environment is provided, including the country's efforts towards implementing policies and legislation to end FGM. Country specific data on FGM and gender inequality is provided, in addition to achievements in 2020 towards the elimination of FGM. The case studies are also a reminder that if no action is taken to counter the regressive effects of COVID-19, girls and women at risk of and affected by FGM will be the furthest behind.



¹The World Bank. Classification of Fragile and Conflict-Affected Situations. Available at <https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>

Country case studies



Burkina Faso

The past two years have seen a sharp deterioration in the security situation across Burkina Faso's Northern and Eastern regions due to the presence of non-state armed groups.³ Violence has led to the displacement of more than one million people in just two years and has left 3.5 million people in need of assistance, a 60 percent increase from Jan 2020 to Jan 2021.⁴ More than half of the female internally displaced persons (IDPs) are girls less than 14 years of age who face a heightened risk of FGM. The Burkina Faso Child Protection Sub-Cluster reported an increase of FGM, as access to health, sexual and reproductive health and rights (SRHR) and protection services continued to decrease. Economic pressure to marry in Burkina Faso as one of the push factors for the continued practice of FGM, as the practice is considered to improve a girls' perceived marriageability. In addition, Burkina Faso continues to face protracted crises, including COVID-19, climate change, insecurity, conflict and food insecurity. The most affected regions by the security crisis are the intervention areas of the Joint Programme where the practice is most prevalent, and with the current COVID-19 crisis, the significant progress made over the past decade in the elimination of FGM.

○ Trends in the practice:

In Burkina Faso, there has been a decrease in FGM prevalence over the past 15 years for girls aged zero to 14 years from 23 percent in 2003 to 13 percent in 2010 to 11 percent in 2015.⁴ The latest estimates indicate that 51 percent of communities have publicly pledged to end FGM, increasing from 754 villages in 2017 to 4,176 in 2020. Only 9.3 percent of girls and women as well as 10 percent of boys and men aged 15 to 49 years favour maintaining the practice. Most girls undergo the practice before the age of five, while cross-border FGM continues to be an issue as Burkinabé continue to cross into countries where laws against the practice do not exist or are weakly enforced.



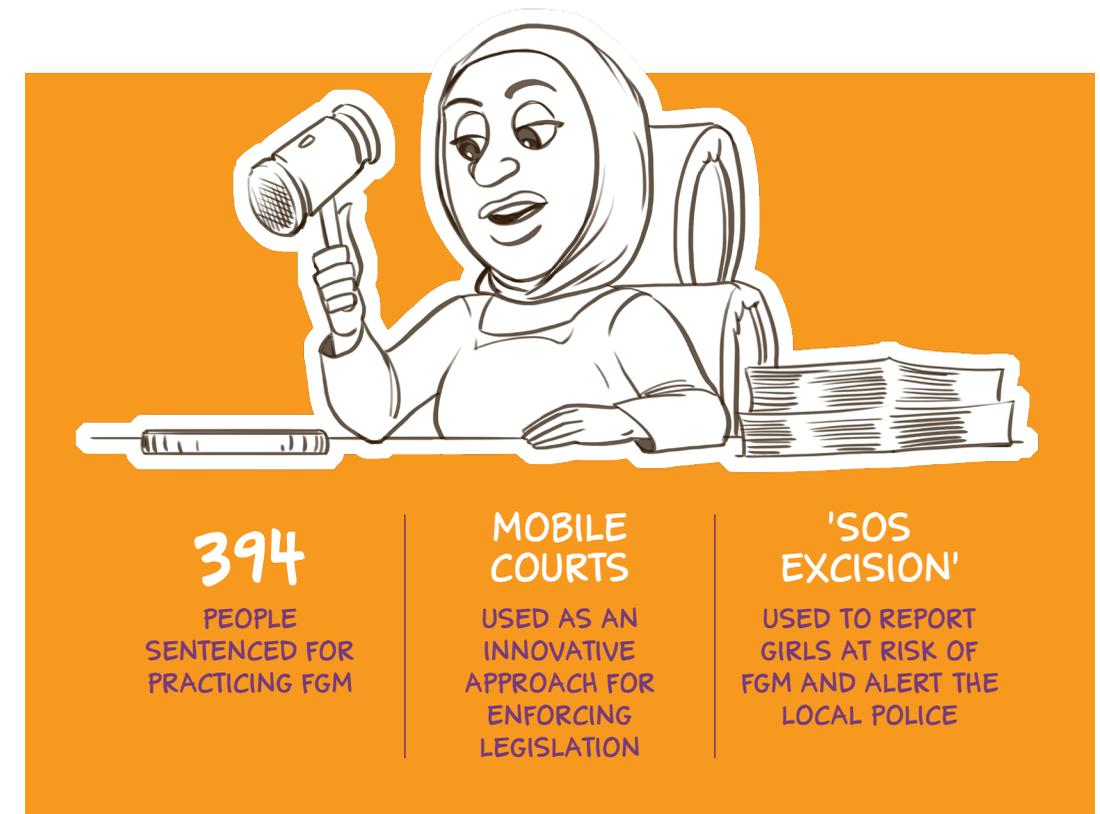
² OCHA (2021). Burkina Faso: Situation Report. Available at <https://reports.unocha.org/en/country/burkina-faso/>

³ <https://reports.unocha.org/en/country/burkina-faso/>

⁴ UNFPA-UNICEF FGM Joint Programme Burkina Faso 2020 Country Annual Report

○ Creating an enabling environment:

Article 380 of the 1996 Penal Code defines and criminalizes FGM, while Articles 381 and 382 provide penalties for FGM, including practices carried out by a medical practitioner. Thus far 394 people have been sentenced for practicing FGM. Mobile courts are used as an innovative approach for enforcing legislation by taking cases of FGM to practicing communities to raise awareness about the law. The hearings are usually widely covered by the local media, contributing to increased awareness about the impact and consequences of FGM. A study in 2020 described the mobile courts as adopting a restorative justice approach to mobilizing support for ending the practice.⁵ In May 1990, the government of Burkina Faso established the Permanent Secretariat of the National Council for the Fight against Female Genital Mutilation (Secrétariat Permanent du Conseil National de Lutte contre la Pratique de l'Excision - SP/CNLPE), which is responsible for implementing strategies for the elimination of FGM. The parliament adopted the 2016-2020 'National Strategic Plan for the Promotion of the Elimination of Female genital Mutilation', reaffirming the government's commitment to end FGM. The CNLPE runs a 24-hour free telephone hotline, called 'SOS Excision,' used to report girls at risk of FGM and alert the local police. The Ministry of Education integrated FGM into the formal and informal education curriculum.



⁵ Wouango et al. (2020)

Table 1: Indicators on FGM, Women's Empowerment and Gender Inequality in Burkina Faso

PROTECTIVE FACTORS FOR FGM IN BURKINA FASO INCLUDE URBAN RESIDENCE, EDUCATIONAL ATTAINMENT, AND HOUSEHOLD WEALTH			
FGM prevalence among girls and women aged 15 to 49 years FGM prevalence among girls aged zero to 14 years	68%	Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers) by mothers' attitudes about whether the practice should continue: Daughters whose mothers think FGM should continue: 54% Daughters whose mothers say it depends/are not sure: 24% Daughters whose mothers think FGM should stop: 11%	
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 15% Urban: 7%	Education No education: 14% Primary Education: 8% Secondary or higher: 2%	Household Wealth Quintile Poorest: 16% Richest: 8%
44% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
10% of women 20 to 24 years were married or in union before age 15 52% of women 20 to 24 years were married or in union before age 18			
84% of the population does not have access to the internet (2020 Human Development Report, UNDP)			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018: (UNFPA 2021 SWOP) Power to say no to sex: 62% Power to decide on contraception: 91% Power to decide on health care: 32%			
The 2021 World Economic Forum's Global Gender Gap report positions Burkina Faso at 124 out of 156 countries			
According to WHO's FGM Cost Calculator, the projected financial health care costs associated with FGM in Burkina Faso, assuming the prevalence rate does not change, is as follows: 2019 USD 4.9 million and by 2048 USD 9.57 million			

Source: EMC 2015, UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021
<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

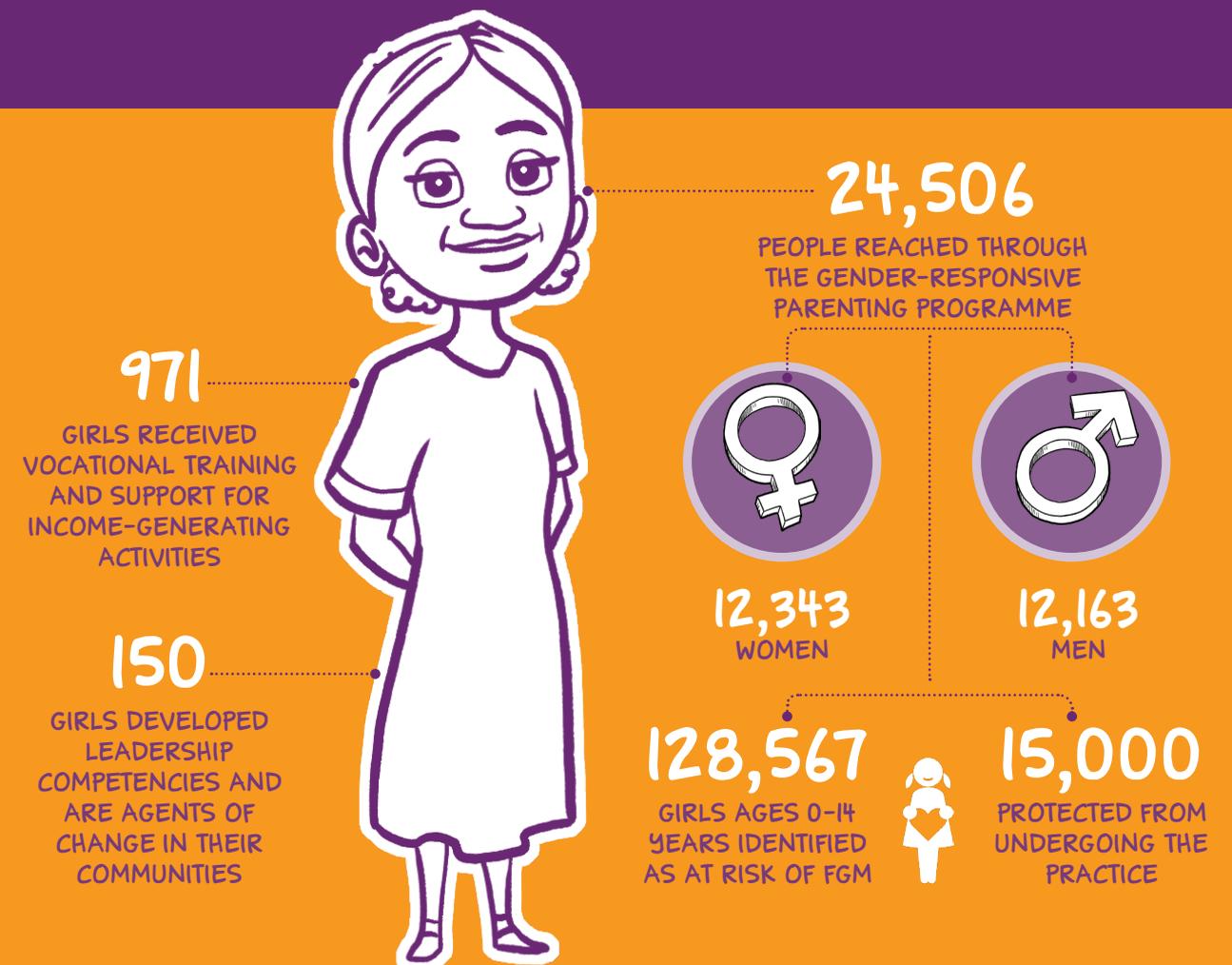
Spotlight on the Joint Programme achievements in 2020

ECONOMIC EMPOWERMENT FOR ADOLESCENT GIRLS:

971 adolescent girls received vocational training and support for income-generating activities, while 150 adolescent girls developed leadership competencies and are agents of change in their communities. Empowering adolescent girls through livelihoods opportunities and leadership skills to speak out about FGM can potentially protect future generations of girls from the practice and ensure more equitable outcomes.

POSITIVE GENDER SOCIALIZATION:

Through the gender-responsive parenting programme, 24,506 people, including 12,343 women and 12,163 men, were supported in taking an active role in ensuring their daughters and other girls in the community at risk of FGM are protected. During the year under review, 128,567 girls ages 0-14 years were identified by the parents who participated in the parenting programme as at risk of FGM with approximately 15,000 protected from undergoing the practice.





President Roch Marc Christian Kabore, champion in the African Union for the elimination of FGM passes the torch to a new generation:

As Burkina Faso commemorated the 17th International Day of Zero Tolerance for Female Genital Mutilation and the 20th National Day against FGM, President Kabore asked: “30 years of fighting against the practice in Burkina Faso, what are the prospects for the new generation?”. In his capacity as the champion of the African Union on the elimination of FGM, President Kabore encouraged youth “to be the torchbearers in the fight against FGM”.⁶



©UNFPA-Burkina Faso



⁶ Promotion de l'élimination des Mutilations Génitales Féminines (MGF) au Burkina Faso. Available at <https://burkinafaso.unfpa.org/fr/news/promotion-de-l%27%C3%A9limination-des-mutilations-g%C3%A9nitales-f%C3%A9minines-mgf-au-burkina-faso-le-pr%C3%A9sident>



©UNFPA Burkina Faso



Djibouti has experienced increasing and consecutive climate shocks over the last decade, coupled with economic challenges and poverty, that have had a devastating impact on the lives and livelihoods of Djiboutians. Conflict, insecurity and extreme hardship in neighbouring countries have driven refugees and migrants into Djibouti. According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the country is host to over 30,000 refugees and asylum-seekers (one in 30 Djiboutians), mainly from Somalia and Ethiopia, but also from Eritrea and Yemen.

○ Trends in the practice:

According to a 2019 national survey on FGM and violence against women funded by the Joint Programme, Djibouti has experienced a significant drop in FGM prevalence rates among girls age zero to 10 years from 94 percent to 21 percent between 1994 and 2019. The decline was largely in urban than in rural areas, where the rate was recorded to have fallen from 94 percent to 13 percent. Infibulation is almost no longer practiced, dropping from 57 percent to two percent between 1994 and 2019, although 94 percent of cases of FGM today are FGM type 1.⁷ Mothers typically drive the practice, although the 2019 survey shows that women are slightly more likely to adhere to public declarations to end the practice (68 percent of men and 70 percent of women).

○ Creating an enabling environment:

In Djibouti, FGM has been criminalized since the revision of the Penal Code in 1995. Specifically, Article 333 of the Penal Code prohibits all forms of violence and prescribes that, violence imposed by FGM is punishable by imprisonment for five years and a fine of one million Djiboutian francs (almost USD 5,000). In addition, a law was passed in 2009 allowing organizations addressing FGM to represent in court cases of FGM for survivors who are unable to seek justice, a commendable move towards ensuring justice for survivors of the harmful practice.



⁷According to the World Health Organization, FGM type 1 the partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Table 2: Indicators on FGM, Women's Empowerment and Gender Inequality in Djibouti

PROTECTIVE FACTORS FOR FGM IN DJIBOUTI INCLUDE URBAN RESIDENCY, HOUSEHOLD WEALTH AND MATERNAL EDUCATION			
FGM prevalence among girls and women aged 15 to 49 years	94%	Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers) by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	43%	Daughters whose mothers think FGM should continue: 62% Daughters whose mothers say it depends/are not sure: 57% Daughters whose mothers think FGM should stop: 38%	
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 50% Urban: 41%	Education No education: 18% Primary Education: 15% Secondary or higher: 5%	Household Wealth Quintile Poorest: 48% Richest: 37%
44% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
9% of women 20 to 24 years were married or in union before age 15 32% of women 20 to 24 years were married or in union before age 18			
According to WHO's FGM Cost Calculator, the projected financial health care costs associated with FGM in Djibouti, assuming the prevalence rate does not change, is as follows: 2019 USD 33 million and by 2048 USD 39 million			
44.3% of the population does not have access to the internet			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

Spotlight on the Joint Programme achievements in 2020

SOCIAL AND GENDER NORMS CHANGE LED BY GATEKEEPERS:

In partnership with the national network of religious leaders, the Joint Programme supported the recruitment of 30 female preachers. The preachers addressed FGM by stating Islam’s position against the practice and the health consequences associated it. Since the launch of the Joint Programme in 2008, religious leaders as community influencers or gatekeepers have played a significant role in facilitating community dialogues, de-linking FGM from religion, and leading public declarations of FGM elimination in communities. The Joint Programme evaluation of Phase I (2008 to 2012) found engaging religious leaders is a successful intervention at the national and community level in Kenya, and a promising approach in Sudan, hence its replication in Djibouti.

ORGANIZED DIFFUSION THROUGH COMMUNITY TO COMMUNITY DIALOGUES:

The Community Management Committees organized community-to-community dialogues to share their experiences in ending FGM, including post-public declaration surveillance committees and innovative approaches to identifying and protecting girls at risk of FGM. The empowered surveillance committees have developed communication strategies tailored to the practices of ethnic groups to protect girls at risk of FGM. By carrying out home visits and building trust with families, 12 monitoring committees prevented 764 girls from being subjected to FGM. The community to community dialogues are also known as “organized diffusion,” a concept first developed by the Joint Programme’s partner in Senegal, Tostan. Organized diffusion is the sharing of knowledge about FGM and a strategy for increasing community discussions which support social norms change. A quantitative case study examining Tostan’s work in Mali found that organized diffusion increased positive behaviors and showed a decrease in approval of the practice.⁸



764

FROM
GIRLS SAVED FROM
FGM AS A RESULT
OF EMPOWERED
COMMUNITY
SURVEILLANCE
COMMITTEES



Who deserves this fate? A mini-series on FGM in Djibouti

In partnership with Buuti.tv, the Joint Programme produced a mini-series #QuelEtreHumainMeriteCeSort (who deserves this fate) as part of the commemoration activities for 16 Days of Activism. The video that was posted to Facebook talked about the multiple forms of violence that women and girls face on a daily basis, including FGM. Analysis shows a total of 84,600 people were reached by the series, including three other mini-series on gender-based violence (GBV). The Facebook post which accompanied the video shares the health consequences of FGM, including it being a violation of the human rights of girls and women. The video also publicizes Djibouti’s hotline for reporting cases of FGM.



©Buuti.tv



⁸Cislaghi B, Denny EK, Cissé M, Gueye P, Shrestha B, Shrestha PN, Ferguson G, Hughes C, Clark CJ. Changing Social Norms: the Importance of “Organized Diffusion” for Scaling Up Community Health Promotion and Women Empowerment Interventions. 2019. Available at





Egypt was one of the fastest-growing emerging markets before COVID-19, but the pandemic has shifted policy priorities. The country continued to provide social protection during the height of the pandemic in 2020 and committed to a minimum level of spending on health and social programmes to ensure the availability of resources for basic services.⁹ The partial lockdown and the imposition of COVID-19 preventive measures, such as closing of schools, staying indoors, and practicing social distancing, have rendered young girls and women more isolated, vulnerable, and susceptible to being subjected to FGM.¹⁰ Over the years, the government of Egypt has taken critical steps to end FGM, including the launch of the National Committee for the Eradication of FGM. With support from the Joint Programme, the Committee, under the guidance of the National Council for Women and the National Council for Childhood and Motherhood, seeks to end FGM in Egypt.

○ Trends in the practice:

In Egypt, 87 percent of girls and women aged 15 to 49 years have undergone FGM, most of which were cut between ages 10 and 14 years (seven in 10 girls). Seven out of ten Egyptian girls and women aged 15 to 19 and nine out of 10 among married women aged 15 to 49 have undergone FGM, and more than seven million girls in Egypt are at risk of being exposed to FGM between 2015 and 2030.¹¹ While the FGM prevalence rate is high across many population groups, the practice is more common in rural areas, especially in less wealthy households and among girls and women with less education. According to the Egypt Health Indicators Survey data from 2015, 69.8 percent of women and girls age 15 to 49 in the highest wealth quintile in Egypt have experienced FGM compared to 94.4 percent of women and girls in the same age range in the lowest quintile. Furthermore, girls in the highest wealth quintile are only 5.4 percent likely to undergo FGM, whereas girls in the lowest quintile are 22.8 percent likely to undergo the practice. FGM in Egypt has become increasingly medicalized, with four in five girls under age 15 having experienced FGM at the hands of a medical professional, compared to fewer than one in five women aged 45 to 49 years. More than half of girls and women, as well as boys and men support the continuation of FGM and almost half of Egyptians think FGM is required by religion. While there is evidence of a decline in the prevalence of the practice, particularly after 2000, with the strongest progress in the urban governorates in Lower Egypt, progress would need to be about 15 times faster to eliminate it by 2030.¹²

⁹ IMF Country Focus: Egypt Takes Proactive Approach to Limit the Pandemic’s Fallout 2020. Available at <https://www.imf.org/en/News/Articles/2020/07/09/na070920-egypt-takes-proactive-approach-to-limit-the-pandemics-fallout>

¹⁰ Radi Sherinhan. 2020. “The Impact of COVID-19 on FGM in Egypt”. Available at <https://kujenga-amani.ssrc.org/2021/02/25/the-impact-of-covid-19-on-female-genital-mutilation-in-egypt/>

¹¹ Female Genital Mutilation (FGM). UNICEF Egypt Data Snapshot – Issue 2, June 2019. Available at [https://www.unicef.org/egypt/media/5311/file/FGM%20\(English\).pdf](https://www.unicef.org/egypt/media/5311/file/FGM%20(English).pdf).

¹² UNICEF. Female genital mutilation in Egypt: Recent trends and projections (2020). Available at <https://data.unicef.org/resources/female-genital-mutilation-in-egypt-recent-trends-and-projections/>



○ Creating an enabling environment:

National legislation banning FGM was introduced in 2008. In 2021, following the death of 12-year-old Nada Hassan Abdel Maqsood as she was undergoing FGM, Egypt’s cabinet toughened the law imposing jail terms of up to 20 years for perpetrators. It is the second time that government of Egypt has approved amendments to the legislation banning FGM. Five years ago, the law was strengthened to make it a criminal offence to request or carry out the harmful practice.

Table 3: **Indicators on FGM, Women's Empowerment and Gender Inequality in Egypt**

PROTECTIVE FACTORS FOR FGM IN EGYPT INCLUDE MATERNAL EDUCATION, RESIDING IN URBAN AREAS, AND HOUSEHOLD WEALTH.			
FGM prevalence among girls and women aged 15 to 49 years	87%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers’ attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	14%	Daughters whose mothers think FGM should continue: 19% Daughters whose mothers say it depends/are not sure: 11% Daughters whose mothers think FGM should stop: 6%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 77% Urban: 93%	Education No education: 98% Primary Education: 97% Secondary or higher: 85%	Household Wealth Quintile Poorest: 94% Richest: 70%
37% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
The 2021 World Economic Forum’s Global Gender Gap report positions Egypt 129 out of 156 countries			
2% of women 20 to 24 years were married or in union before age 15 17% of women 20 to 24 years were married or in union before age 18			
According to WHO’s FGM Cost Calculator, the projected financial health care costs associated with FGM in Egypt, assuming the prevalence rate does not change, is as follows: 2019 USD 38.41 million by 2048 USD 55.54 million			
53.1% of the population does not have access to the internet			

Source: Egypt HIS, 2015, UNICEF Database. <https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021. <https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021.

Spotlight on the Joint Programme achievements in 2020

POSITIVE GENDER SOCIALIZATION:

Over 23,360 parents and community members participated in docu-drama and dialogue clubs to end harmful practices resulting in a 50 percent increase in knowledge and understanding of gender-responsive parenting, legislation criminalizing FGM and available prevention, protection and care services for FGM. Parents attended three viewings and dialogue sessions with trained facilitators and religious leaders on FGM, sexual harassment, domestic violence, child trafficking, and gender equality.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

The number of public declarations of FGM elimination has increased from 30 in 2017 to 216 in 2020. Given the FGM prevalence rate in Egypt, this is progress in the right direction.

THE “#احميها_من_الختان” (PROTECT HER FROM FGM) MULTI-MEDIA CAMPAIGN was launched in collaboration with the National Committee for the Eradication of FGM. It had an engagement rate of 9 percent (1.1 million people) and was rolled out through social media, seminars, interactive theatre, TV and radio spots, as well as two Public Service Announcements featuring the stories of parents protecting their daughters from FGM.

THE DOOR KNOCKING CAMPAIGN, aimed at raising awareness on FGM utilizing a face-to-face methodology through house visits to ensure inclusion of women and girls in undereprivileged and rural areas, reached 12,993,061 people in 26 governorates.

THE DAWWIE DIGITAL LITERACY TRAINING was launched through free online sessions with minimum data requirements and reached 6,583 participants (3,582 girls and 3,001 boys). Post-training surveys showed a 50 percent improvement in self-awareness, interactions with others, and understanding of concepts around gender equality.



23,360

PARENTS AND COMMUNITY MEMBERS PARTICIPATED IN DOCU-DRAMA AND DIALOGUE CLUBS

12,993,061

PEOPLE REACHED THROUGH THE DOOR KNOCKING CAMPAIGN AIMED AT RAISING AWARENESS ON FGM

IN 26

GOVERNATORATES

50%

INCREASE IN KNOWLEDGE AND UNDERSTANDING OF GENDER-RESPONSIVE PARENTING

6,583

PARTICIPANTS IN THE DAWWIE DIGITAL LITERACY TRAINING



216

PUBLIC DECLARATIONS AGAINST FGM ELIMINATION IN 2020



3,582
GIRLS



3,001
BOYS

1.1 million

PEOPLE REACHED THROUGH THE 'PROTECT HER FROM FGM CAMPAIGN'

50%

IMPROVEMENT IN SELF-AWARENESS, INTERACTIONS WITH OTHERS, AND UNDERSTANDING OF CONCEPTS AROUND GENDER EQUALITY



Nehad's story on FGM in Egypt receives 7 million views

Artists and advocates created plays and shows about the dangers of FGM. One popular show, Hekayat Nehad (Nehad's Stories), backed by the Joint Programme and Dr. Nehad Aboul Komsan, Egyptian Center for Women's Rights Chair, discusses GBV including FGM. In just one month, the show's Facebook page received 7 million views.

EMPOWERMENT THROUGH INDIRECT AND SIMPLE NARRATIVES



مقاومة
فيروس كورونا
مش بالكlor
والكحول فقط

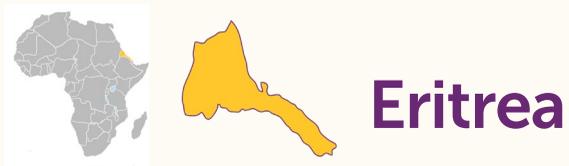
اعملوا اشتراك في الصفحة
NEHAD ABOUL KOMSAN

'Fighting Coronavirus Is Not Just Through Chlorine or Alcohol': A video to combat domestic violence.

© UNFPA - A scene from the show Hekayat Nehad (Nehad's Stories)



©UNFPA Egypt



Poverty remains pervasive in Eritrea, as the working poor (with incomes below \$3.10 a day) are estimated to account for 75 percent of total employment.¹³ Eritrea was affected by a locust invasion and the COVID-19 pandemic, which combined to impede economic activities in 2020. In Eritrea, the participation of women in political and public decision-making has been notable and promising in general. In the National Assembly, for example, women held 22 percent of the seats of 150 representatives according to the 2020 Convention on Elimination of All forms of Discrimination against Women (CEDAW) report.¹⁴

○ Trends in the practice:

The government of Eritrea has made significant progress towards ending FGM, including banning the practice in all its forms. According to the 2010 Eritrean Population Health Survey, the country has historically had one of the highest rates of FGM in the world, with a prevalence of 83 percent among women and girls aged 15 to 49. However, owing to sustained interventions, including those supported by the Joint Programme, opposition to the practice has been building. It is reported that majority of Eritreans (82 percent of women and girls and 85 percent of men and boys aged 15 to 49 years) believe that the practice should not be continued. Analysis of the prevalence of FGM according to age also suggests a decline in the practice. In 2010, prevalence among women aged 45 to 49 was 93 percent, compared to 69 percent among younger women aged 15 to 19.¹⁵

○ Creating an enabling environment:

The government of Eritrea outlawed FGM in 2007 through Proclamation No. 158/2007, which abolished the practice in all its forms. Since then, the government has led various campaigns through community and media mobilization, capacity building and sensitization seminars, among stakeholders across the country. The establishment of anti-FGM committees throughout the nation at the grassroots level since 2006 has been an innovative strategy towards the elimination of harmful practices. According to the Government CEDAW report (para. 48): “the assessment on the prevalence rate of FGM made among all women and girls in 1995 was 95 percent, the same approach that followed in 2002 resulted in 89 percent.” In 2014 selected mapping conducted in 135 villages of FGM prevalence among girls under the age of five showed a dramatic drop of 90 percent.

Table 4: Indicators on FGM, Women's Empowerment and Gender Inequality in Eritrea

PROTECTIVE FACTORS FOR FGM IN ERITREA INCLUDE URBAN RESIDENCY, HOUSEHOLD WEALTH, AND MATERNAL EDUCATION.			
FGM prevalence among girls and women aged 15 to 49 years	83% ¹⁶	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	33%	Daughters whose mothers think FGM should continue: 59% Daughters whose mothers say it depends/are not sure: 52% Daughters whose mothers think FGM should stop: 30%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 37% Urban: 25%	Education No education: 40% Fundamental Education: 32% Secondary or higher: 13%	Household Wealth Quintile Poorest: 41% Richest: 22%
51% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
13% of women 20 to 24 years were married or in union before age 15 41% of women 20 to 24 years were married or in union before age 18			
98.7% of the population does not have access to the internet			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

¹³African Development Bank. African Economic Outlook 2021. From Debt Resolution to Growth: The Road Ahead for Africa. Available at <https://www.afdb.org/en/countries/east-africa/eritrea/eritrea-economic-outlook>

¹⁴UNFPA and UNDP Policy Brief No.1. COVID-19 and Gender: Building Forward Better on Gender Equality and Women Empowerment in Eritrea. Available at https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_and_gender_building_forward_better_on_gender_equality_women_empowerment_in_eritrea.pdf

¹⁵UNICEF. Female Genital Mutilation Country Profiles. Available at <https://data.unicef.org/resources/fgm-country-profiles>

¹⁶Eritrea 2010. Population and Health Survey



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TOOL FOR DETERMINING READINESS TO BECOME AN FGM-FREE COMMUNITY:

With the support of the Joint programme, guidelines for the community mapping and surveillance mechanism were finalized. The guidelines outline a process for determining readiness to become an FGM-free community. It is one of the critical enablers for reaching the five-year strategic target of 1,450 communities/villages in Eritrea declared free of FGM by 2024.

DATA COLLECTION FOR PLANNING:

Lot Quality Assurance Sampling (LQAS) was piloted in Anseba zone, the first of its kind conducted in the country to identify administrative areas with acceptable and unacceptable performance levels on country key indicators for future planning. The target population for the survey are the mothers of daughters aged five to 15 and covered 90 administrative Kezabis (residential areas). The findings of the LQAS were shared and discussed with each respective community and used to develop specific work plans for 2021.

FGM PREVENTION AND RESPONSE SERVICES DURING THE COVID-19 CRISIS:

FGM-related service provision was strengthened through in-service training of health personnel on FGM case management in 295 health facilities, which resulted in 1,697 women and girls receiving FGM-related preventive counselling and advice.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

The number of public declarations of FGM abandonment increased from zero to 41 between 2019 and 2020, a notable progress.

1,450
COMMUNITIES/
VILLAGES DECLARED
FREE OF FGM BY 2024
AS THE FIVE-YEAR
STRATEGIC TARGET

90
ADMINISTRATIVE
RESIDENTIAL AREAS
TARGETED BY
THE SURVEY



295
HEALTH FACILITIES
GAVE FGM-RELATED
PREVENTIVE
COUNSELLING AND
ADVICE FOR
1,697
WOMEN AND GIRLS

41
PUBLIC
DECLARATIONS
FOR FGM
ELIMINATION
IN 2020



Community mapping for tracking reductions in FGM

In 2020, community mobilizers conducted home visits with 7,836 heads of households, of which 12 percent were men. The knowledge on harmful effects of FGM among the visited households was almost universal and interestingly men's and women's knowledge were recorded at 99 percent and 98 percent respectively. In addition, 99 percent of men and 98 percent of women believed that FGM should be discontinued while 97 percent of men and 95 percent of women believed their community wanted it to be discontinued. Other indicators like persons who believe that FGM has no benefit, FGM is not required by religion and commitment to abandon FGM is collectively above 97 percent for both men and women. Access to information, as well as prevention and response services, have played a critical role in shifting attitudes towards the harmful practice.



7,836
HOME VISITS



98%
OF THE WOMEN
VISITED HAD
KNOWLEDGE ON
HARMFUL EFFECTS
OF FGM



99%
OF THE MEN
VISITED HAD
KNOWLEDGE ON
HARMFUL EFFECTS
OF FGM



97%
OF THE MEN AND
WOMEN VISITED
MADE PUBLIC
DECLARATIONS TO
ABANDON FGM





Over the past decade, Ethiopia has made a noticeable improvement in its socio-economic indicators, with its economic growth, averaged at 8 percent. However, the current insecurity and violence across several parts of the country, coupled with the impact of the COVID-19 pandemic, pose a serious challenge to the country’s development ambitions, including slower economic growth, rising poverty levels, and burden on the basic services infrastructure. According to the International Monetary Fund, due to COVID-19 disruptions, it was estimated that Ethiopia’s economy would grow only at 1.9 percent in 2020. The United Nations (UN) also estimates that as many as five million more people may fall into poverty, which if no drastic measures are put in place, there is likely to be a regression in progress made over the years. Also, the humanitarian situation in Ethiopia is complex, with the population in need of humanitarian assistance doubling between January 2020 and the present (at the time of publishing this report) from 8.4 million people to 19.2 million people currently.¹⁷

The overall country’s political and socio-economic outlook notwithstanding, the Ethiopian government remains committed to eliminate FGM. The National Costed Roadmap to End Child Marriage and FGM (2020–2024) launched in 2019 embraces a multi-sectoral approach and sets out priorities for implementation with a national coordination mechanism. Although Ethiopia’s progress towards reducing the prevalence rate for FGM has been faster than in other high-prevalence countries in East and Southern Africa, realizing the Sustainable Development Goal (SDG) target of eliminating the practice by 2030 requires the country to accelerate progress eight times faster than in the past 15 years. With 25 million girls and women having undergone FGM, Ethiopia has one of the largest absolute numbers globally.

○ Trends in the practice:

Over 65 percent of girls and women aged 15 to 49 years have been subjected to FGM and the corresponding figure for adolescent girls aged 15 to 19 years is 47 percent.¹⁸ FGM is less common today than in previous generations: affecting five in 10 adolescent girls aged 15 to 19 years compared to nearly nine to 10 around 1970. Almost half of all cut women underwent FGM when they were younger than five years old, whereas nearly three in 10 were cut after age 10.¹⁹ If progress in the past 15 years continues, the prevalence of FGM could fall to beneath 30 percent by 2030.²⁰



¹⁷ UNICEF Ethiopia (2020). Annual Report.

¹⁸ UNICEF. A Profile of FGM in Ethiopia. 2020. Available at <https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-ethiopia/>

^{19,20} Ibid

○ Creating an enabling environment:

In 2004, the Government of Ethiopia passed a law making it a criminal offence to perform FGM in the country. Thus far, 111 arrests have been affected, 41 cases brought to court and 10 convictions made. In Ethiopia, FGM is regarded as a major public health issue that causes maternal mortality and adverse birth outcomes.²¹

Table 5: **Indicators on FGM, Women’s Empowerment and Gender Inequality in Ethiopia**

PROTECTIVE FACTORS FOR FGM IN ETHIOPIA INCLUDE RESIDING IN URBAN AREAS, WEALTHIER HOUSEHOLDS AND MORE EDUCATION.			
FGM prevalence among girls and women aged 15 to 49 years	65%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers’ attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	16%	Daughters whose mothers think FGM should continue: 32% Daughters whose mothers say it depends/are not sure: 21% Daughters whose mothers think FGM should stop: 15%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 68% Urban: 65%	Education No education: 73% Fundamental Education: 62% Secondary or higher: 50%	Household Wealth Quintile Poorest: 65% Richest: 57%
78% of the population does not have access to the internet			
58% of women and 31% of men age 15 to 49 are illiterate			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018: Power to say no to sex: 53% Power to decide on contraception: 94% Power to decide on health care: 85%			
The 2021 World Economic Forum’s Global Gender Gap report positions Ethiopia 97 out of 156 countries			
According to WHO’s FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Ethiopia, assuming the prevalence rate does not change, will increase from USD 78.21 million in 2019 to USD 123.41 million in 2048			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021.
<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021.

²¹Koski A, Heymann J. Thirty-year trends in the prevalence and severity of female genital mutilation: a comparison of 22 countries. *BMJ Glob Health.* 2017; 2: e000467. Pmid:29225952; Hussein MA, Adem AA, Mohammed MA. Knowledge, attitude and practice of female genital mutilation among women in Jijjiga Town, Eastern Ethiopia. *Gaziantep Med J.* 2013; 19: 164–168; Gebremicheal K, Alemseged F, Ewunetu H, Tolossa D, Ma’alin A, Yewondwessen M, et al. Sequela of female genital mutilation on birth outcomes in Jijjiga town, Ethiopian Somali region: a prospective cohort study. *BMC Pregnancy Childbirth.* 2018; 18: 305. pmid:30029634

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SOCIAL CHANGE THROUGH POPULAR CULTURE:

The Joint Programme partnered with Jano Band, a famous Ethiopian Rock Band comprising both male and female musicians, to raise awareness on International Day of Zero Tolerance for Female Genital Mutilation. This included a public service announcement aired on local radios and televisions. In addition, the Joint Programme, in collaboration with national partners, published several posts on social media platforms, including Facebook, to call for action against FGM on Women’s Day, the International Day of the Girl and during the 16 Days of Activism against GBV. As a result, 510,000 people were reached through radio, television and social media, in addition to 602,000 impressions and 10,724 engagements on Facebook.

POPULARIZATION OF THE NATIONAL COSTED ROADMAP:

To improve the implementation of laws and policies on the elimination of FGM, the Joint Programme contributed to enhancing the enabling environment through the popularization of the National Costed Roadmap (launched in 2019). This was done at different levels and with key stakeholders, including policymakers and religious leaders. Nationwide radio broadcasts in collaboration with Fana Broadcasting Corporation were used, reaching 13.5 million people.

AMPLIFYING ROLE MODELS:

450 mothers who did not have their daughters undergo FGM were honoured with their daughters as role models in Afar Region. These role models transmit messages against FGM during market days and public gatherings using megaphones and community FM radios.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

Although the COVID-19 pandemic, natural disasters and political instability in the country slowed down the Joint Programme implementation in 2020, the cumulative number of public declarations for the elimination of FGM in 2020 was recorded at 460, compared to 250 in 2017.



510,000

PEOPLE WERE REACHED THROUGH RADIO, TELEVISION AND SOCIAL MEDIA

13.5 million

PEOPLE WERE REACHED THROUGH FANA BROADCASTING CORPORATION

450

MOTHERS WHO DID NOT HAVE THEIR DAUGHTERS UNDERGO FGM WERE HONOURED



460

PUBLIC DECLARATIONS FOR FGM ELIMINATION IN 2020



Life skills and change agents in Ethiopia

Following participation in life skills programmes organised through girls’ clubs facilitated by adolescent girls, 5,319 girls became change agents in their communities. The life skills interventions aimed to increase girls’ knowledge of harmful practices and strengthen their self-efficacy, confidence, self-esteem and leadership and problem-solving skills. Since then, these girls have raised awareness amongst their peers on the consequences of FGM, initiated discussions on FGM within their families and supported the reporting of FGM cases to community structures leading to an increased number of arrests compared to last year. The intervention has successfully strengthened adolescent girls’ resilience and confidence to speak out against FGM, as reported during interviews conducted with UNICEF staff in December 2020. When asked what she learned, Asayech Abagero (18 years old, from Guza Kebele, Esera woreda, Southern Nations, Nationalities and Peoples region) said, “I am very lucky to be engaged in the life skill sessions from which I learned about the misconceptions by the community about FGM and gender norms that are harmful to women.” She also added that, “as an adolescent girl there are many pressures and influences and I am now well aware of how to cope with peer pressure and understand what I can do today to shape my future.”

The government of Ethiopia is committed to eliminate FGM by 2025.







Similar other countries, the COVID-19 pandemic in The Gambia had a damaging impact on the country's economy, education, social, health, and development efforts. As part of the containment measures, the Government declared a state of emergency with restrictions through a semi-lockdown of all essential services, including nightly curfews and the closure of all schools. This resulted in a total of 708,484 children and adolescents being out of school for six months, while the slowdown of several economic activities led to the consequential deepening of household food insecurity and poverty levels, with many parents having lost their livelihoods. The containment measures also worsened other risks to violence, abuse and exploitation of girls and women as families were forced to stay home to abide by the government's protocols. Reports also indicated girls being transported across the borders to Senegal and in remote villages upcountry to undergo harmful practices, including FGM.

○ Trends in the practice:

According to the 2018 Multiple Indicators Cluster Survey (MICS), there has been no significant change in the prevalence of FGM in the past decade, with 76 percent of women aged 15 to 49 having undergone FGM in The Gambia, compared to 78 percent as recorded in the 2005-2006 MICS. Seven in ten adolescent girls who underwent FGM were cut before the age of 5 and significant portions of the population (44 percent of girls and women aged 15 to 49) continue to believe that the practice should be continued.²²

○ Enabling environment:

Although a law against FGM was enacted in 2015, very few violations of the law have been prosecuted. Notably, in Phase III of the Joint Programme only one arrest has been made this far.



²² UNICEF. Female Genital Mutilation Country Profiles. Available at <https://data.unicef.org/resources/fgm-country-profiles/>

Table 6: Indicators on FGM, Women's Empowerment and Gender Inequality in Gambia

PROTECTIVE FACTORS FOR FGM IN THE GAMBIA INCLUDE MATERNAL ATTITUDES TOWARDS THE PRACTICE.			
FGM prevalence among girls and women aged 15 to 49 years	76%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	21%	Daughters whose mothers think FGM should continue: 75% Daughters whose mothers say it depends/are not sure: 52% Daughters whose mothers think FGM should stop: 60%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 48% Urban: 52%	Education No education: 52% Fundamental Education: 55% Secondary or higher: 45%	Household Wealth Quintile Poorest: 42% Richest: 41%
50% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007-2018: Power to say no to sex: 64% Power to decide on contraception: 84% Power to decide on health care: 71%			
The 2021 World Economic Forum's Global Gender Gap report positions Gambia at 127 out of 156 countries.			
8% of women 20 to 24 years were married or in union before age 15 26% of women 20 to 24 years were married or in union before age 18			
80.2% of the population does not have access to the internet			
According to WHO, the projected financial health care costs associated with FGM in Gambia, assuming the prevalence rate does not change is: 2019 USD .66 million by 2048 USD 1.28 million			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021.
<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021.

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COSTED NATIONAL STRATEGY FOR ELIMINATING FGM:

The Joint Programme provided technical support for the Development of the Costed National FGM Strategy and Plan of Action for the Elimination of FGM in The Gambia (2020-2025). The government's leadership of FGM programming was also strengthened through support to coordination meetings of the National Technical Committee, National Steering Committees, and working with the Non-Governmental Organization (NGO) consortium. This led to the inclusion of FGM indicators into the 2020 version of the National Health Management Information System, thereby institutionalizing the collection of FGM data by health workers at the primary health facilities across the country.



Use of media to end FGM:

In 2020, monthly jingles on FGM were produced and aired on selected radio stations and social media platforms in The Gambia, with young FGM survivors narrating their stories and experiences, challenging the practice, as well as suggesting ways to end it. Over 10,000 people were reached through the radio programmes, while over 23,000 comments, reactions and impressions were recorded on social media platforms, including Facebook, Instagram and Twitter.





Guinea

Guinea remains one of the poorest countries in Sub-Saharan Africa. Even before COVID-19, 55 percent of the population was living in poverty, and 21 percent was food insecure. Enrollment rates continue to fall short of universal primary and secondary education goals; 58 percent of girls are not enrolled in upper secondary school compared to 38 percent of boys.²³ Due to the pandemic, the real GDP growth decreased from 6.2 percent in 2018 to 3.2 percent in 2020.²⁴ A study by the Ministry of Economy and Finance in partnership with UNICEF, the United Nations Development Programme (UNDP) and the World Bank found a 20 percent increase in child abuse due to COVID-19-related confinement in the home and loss of household income.²⁵ As a fragile context, Guinea faces the recurrent threat of epidemics, food insecurity, natural disasters, and socio-political unrest and violence, which have increased girls' and women's protection risks. In 2021, Guinea is again facing a resurgence of Ebola, which between 2014 and 2016 resulted in 2,543 deaths.²⁶

○ Trends in the practice:

According to UNICEF, Guinea has the second-highest FGM prevalence rate in the world, and there has been no significant change in the practice. Over the past two decades, in Guinea, there has been a very small (but statistically significant) decline in the overall FGM prevalence among women aged 15 to 49 (from 98.6 percent in 1999 to 94.5 percent in 2018). Current research on FGM shows that marriageability, linked to financial security and social inclusion, perpetuates the practice.²⁷ A 2017 report by UNFPA on GBV found that 20 percent of girls and women who experience FGM suffer from several health problems.²⁸

○ Creating an enabling environment:

The government of Guinea has had legislation prohibiting FGM since 1965, in addition to the Children's Code and the Criminal Code enacted in 2008 and 2016 respectively. In March of 2020, the country adopted a new constitution, which banned FGM (Article 8). Also the revised Children's Code that was published in April of 2020, describe FGM as a children's rights violation. Although the laws are in place criminalizing GBV and prohibiting all forms of FGM, there is an overwhelming consensus that survivors of GBV in Guinea do not seek justice partly because they are unaware of their rights under law, especially on issues related to FGM.²⁹ Also, the health system in Guinea is not equipped to respond to the country's high prevalence of FGM.³⁰ To address these among other challenges, Guinea adopted a National Strategic Plan for the Abandonment of FGM/C, which runs from 2019 to 2022. If successfully implemented, the plan is likely to positively impact the prevalence rate in the country.



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²³ Institut National de la Statistique. 2012. "Base de Données." République de Guinée; Available at <https://en.unesco.org/news/girls-education-and-covid-19-new-factsheet-shows-increased-inequalities-education-adolescent>; <https://data.unicef.org/topic/education/primary-education/>

²⁴World Bank. 2019. The World Bank in Guinea. Washington, DC: World Bank Group.

²⁵Etude d'impact du COVID-19 sur l'économie guinéenne from ministry of Economy and Finances, June 2020 ²⁶Center for Disease Control and Prevention. 2014-2016 Ebola Outbreak in West Africa. Available at <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html#:~:text=Guinea%20was%20finally%20declared%20Ebola-free%20in%20June%202016.,in%20the%20United%20States%20during%20the%202014-2016%20epidemic>

²⁷R. Elise B. Johansen, Nafissatou J. Diop, Glenn Laverack, Els Leye. 2013. "What Works and What Does Not: A Discussion of Popular Approaches for the Abandonment of Female Genital Mutilation." *Obstetrics and Gynecology International*, vol. 2013, Article ID 348248.

²⁸UNFPA. 2017. Enquête Nationale sur les Violences Basées sur le Genre en Guinée.

²⁹Key Stakeholder Interview/Survey, August 2020. Laura Groggel, Aissatou Billy Sow, and Raymond-Marie Augustin Gnimassou. USAID/Guinea CDCS Gender Analysis Report. Prepared by Banyan Global. 2020.

³⁰Ibid



Table 7: Indicators on FGM, Women's Empowerment and Gender Inequality in Guinea

PROTECTIVE FACTORS FOR FGM IN GUINEA INCLUDE: AREA OF RESIDENCE, MATERNAL ATTITUDES TOWARDS THE PRACTICE, EDUCATION AND MEDIA EXPOSURE			
FGM prevalence among girls and women aged 15 to 49 years	95%	Percentage of girls and women aged 15 to 49 years who have undergone FGM, and % of girls and women aged 15 to 49 years who have heard about FGM and think practice should continue: 65%	
FGM prevalence among girls aged zero to 14 years	39%		
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers) by mothers' attitudes about whether the practice should continue: Daughters whose mothers think FGM should continue: 45% Daughters whose mothers say it depends/are not sure: 39% Daughters whose mothers think FGM should stop: 23%			
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 41% Urban: 35%	Education No education: 42% Fundamental Education: 27% Secondary or higher: 28%	Household Wealth Quintile Poorest: 40% Richest: 35%
Reports estimate that reducing gender inequality in Guinea could accelerate per capita GDP growth by up to 0.6 percentage points per year, or 10.2 percent overall by 2035. ³¹			
17% of women 20 to 24 years were married or in union before age 15 47% of women 20 to 24 years were married or in union before age 18			
60% of women and 44% of men have received no formal education			
78% of the population does not have access to the internet			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018: Power to say no to sex: 55% Power to decide on contraception: 85% Power to decide on health care: 61%			
The 2021 World Economic Forum's Global Gender Gap report positions Guinea at 118 out of 156 countries			
According to WHO, the projected financial health care costs associated with FGM, assuming the prevalence rate does not change is: 2019 USD 8.48 million by 2048 USD 14.6 million			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

³¹ Wodon, Quentin, Doerte Doemeland, Sebastian M. Essl, Yele Maweki Batana, Luc Razafimandimby, Aly Sanoh, Olivier Bégué, et al. 2018. Disrupting the Gender Divide in Mali, Chad, Niger, and Guinea. Special Topic in the 2018 AFCW3 Economic Update. Washington, DC: World Bank Group.

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ADOPTION OF NEW CONSTITUTION AND BAN ON FGM:

In Guinea, the new constitution adopted in March of 2020 includes the country's ban on FGM (Article 8), while the revised Children's Code published in April 2020 describes FGM as a children's rights violation.

PRO BONO LEGAL ASSISTANCE FOR GIRLS AT RISK OF FGM

A partnership was established with the National Order of Lawyers of Guinea to provide pro bono legal assistance to girls at risk of FGM. Lawyers from the National Order joined juvenile judges across the country in receiving capacity building for prosecuting cases involving FGM.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

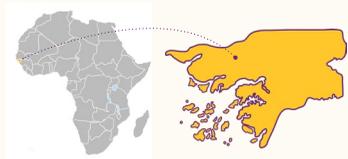
The number of public declarations of FGM abandonment increased from 369 to 381 between 2019 and 2020, showing sustained progress towards the elimination of FGM in Guinea.



My shooting game: sports to prevent FGM

Launched during 16 Days of Activism against GBV, through sports, My Shooting Game used athletes, social influencers and testimonials from survivors to raise awareness and mobilize support for FGM elimination. According to Kadiatou Konaté, Interim President of the Club of Young Girls Leaders of Guinea, "Men are starting to take an interest in [FGM], which shows us that men and women should lead the fight."





Guinea-Bissau

Since gaining independence in 1974, Guinea-Bissau has experienced chronic instability, armed conflict, and socio-economic challenges. Prior to COVID-19 pandemic, two in every three Bissau-Guineans lived in multidimensional poverty, with the majority of the population living on less than US\$1.90 a day.³² Conditions for the majority of people also include lack of basic infrastructure and absence of services such as health care, social welfare and justice.³³ Girls and women face gender-based restrictions on their access to scarce resources, education and double the burden of unpaid care work.³⁴

○ Trends in the practice:

The FGM prevalence rate has not shifted over the past four decades across the country, with the exception of the Bolama/Bijagós region, where prevalence has dropped substantially.³⁵ If current trends continue, half of the country's girls will still experience FGM in 2030,³⁶ which would make the realization of the SDG target of eliminating FGM by 2030 practically impossible for Guinea-Bissau. According to recent statistics, 81 percent of girls and women are opposed to the practice. According to a national study conducted in 2018, FGM is generally performed at an early age, although adolescent girls between the ages of 1zero to 14 are the highest group at risk of the practice (43 percent). This shows FGM is still associated to the transitional period of puberty, meaning that the cultural ceremony to womanhood is still relevant for the communities performing FGM. Currently, an estimated 17 percent of all girls below five undergo the practice.

○ Enabling environment:

The main law relating to FGM in Guinea Bissau is the Federal Law to Prevent, Fight and Suppress Female Genital Mutilation passed in 2011 (Law No. 14/2011).³⁷ The Government of Guinea Bissau has supported the implementation and enforcement of the law, including other efforts to end FGM through partnership programmes and committees. The coordination of the work to end FGM is undertaken by the National Committee for the Abandonment of Harmful Practices and the Woman and Child Institute (under the Ministry of Woman, Family and Social Solidarity).³⁸ According to Article 9 of Law No. 14/2011, movement across borders for FGM is a criminal offence subject to punishment. This law also applies to cases where a woman or girl is taken to be cut in another country. In a 2016 report, women activists claimed that while they had successfully advocated for legislation banning FGM in 2011, the law has not been disseminated or enforced.³⁹ As a result, through the Joint programme, initiatives are undertaken to support the dissemination and enforcement of the law towards eliminating FGM in Guinea-Bissau.

Table 8: Indicators on FGM, Women's Empowerment and Gender Inequality in Guinea-Bissau

PROTECTIVE FACTORS FOR FGM IN GUINEA-BISSAU INCLUDE EDUCATION, RESIDING IN URBAN AREAS, AND MATERNAL ATTITUDES TOWARDS THE PRACTICE			
FGM prevalence among girls and women aged 15 to 49 years	52%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	29%	Daughters whose mothers think FGM should continue: 70% Daughters whose mothers say it depends/are not sure: 65% Daughters whose mothers think FGM should stop: 52%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 34% Urban: 21%	Education No education: 40% Primary Education: 17% Secondary or higher: 5%	Household Wealth Quintile Poorest: 13% Richest: 18%
27% of children complete primary school; 8% of girls and 14% of boys complete upper secondary school			
42% of women 15 to 49 years think that a husband/partner is justified in hitting/ beating his wife/partner under certain circumstances 29% of men (aged 15 to 49 years) think that a husband is justified in hitting or beating his wife for at least one of the specified reasons			
Projected financial health care costs associated with FGM according to WHO if prevalence rates are not reduced 2019: USD 0.34 million 2020: USD 0.59 million			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Guinea-Bissau, assuming the prevalence rate does not change, will increase from USD 860,000 in 2019 to USD 1.44 million in 2048			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

³² UNDP (2019). Human Development Report 2019. Available at <http://hdr.undp.org/en/countries/profiles/GNB>

³³ African Development Bank: Country Gender Profile for Guinea-Bissau, 2014. Available at https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/Guinea-Bissau_-_Country_gender_profile.pdf

³⁴ Ibid

³⁵ UNFPA, Female Genital Mutilation in Guinea-Bissau: Insights from a statistical analysis, UNICEF, New York, 2021.

³⁷ República da Guiné-Bissau (2012) Coletânea Fundamental de Direito Penal e Legislação Complementar, p.223. Available at <http://www.mpf.mp.br/atuacao-tematica/sci/normas-e-legislacao/legislacao/legislacoespertinentes-da-africa/legislacao-guine-bissau>

³⁸ Guinea Bissau: The Law and FGM, 2018. Available at [https://www.28toomany.org/static/media/uploads/Law%20Reports/guinea_bissau_law_report_v1_\(august_2018\).pdf](https://www.28toomany.org/static/media/uploads/Law%20Reports/guinea_bissau_law_report_v1_(august_2018).pdf)

³⁹ African Development Bank: Country Gender Profile for Guinea-Bissau, 2014. Available at https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/Guinea-Bissau_-_Country_gender_profile.pdf

Spotlight on the Joint Programme achievements in 2020

PROGRAMME CONTINUITY DURING THE PANDEMIC:

Five national NGO partners continued to engage with communities in six out of nine target regions despite restrictive containment measures. Ten community facilitators were trained in conducting door-to-door outreach to mobilize adolescent support for the elimination of FGM. Community dialogues on FGM and child marriage, and other violations of girls' and women's rights, as well as COVID-19 prevention strategies reached 108,951 people (of which 36,384 women and 28,878 men).

ALTERNATIVE EDUCATION AND LIFE SKILLS:

With 300,000 students affected by school closures in 80 communities, girls' agency was strengthened through participation in alternative education and life skills programmes. Alternative learning pathways have been critical for girls who are twice as likely to be out of school in crisis situations and face greater barriers to education and vulnerabilities such as FGM when not in school.⁴⁰

FGM CASE MANAGEMENT:

Service providers received training for improving FGM case management protocols and coordination among different actors in health care, social welfare, and justice to ensure continuity of services. As a result of these efforts, 83,448 girls and women received health care, and social workers supported 70,159.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM

The number of public declarations of FGM abandonment increased from 22 to 31 between 2019 and 2020, bringing the total cumulative number of public declarations for elimination the elimination of FGM from 2017 to 160.



108,951
REACHED THROUGH
COMMUNITY
DIALOGUES ON FGM



36,384
WOMEN



28,878
MEN



31

PUBLIC
DECLARATIONS FOR
FGM ELIMINATION
IN 2020

300,000

STUDENTS STRENGTHENED
THROUGH PARTICIPATION IN
ALTERNATIVE EDUCATION
AND LIFE SKILLS
PROGRAMMES

83,448

GIRLS AND
WOMEN RECEIVED
HEALTH CARE

22

PUBLIC
DECLARATIONS FOR
FGM ELIMINATION
IN 2019

70,159

SOCIAL
WORKERS
SUPPORTED

160

TOTAL CUMULATIVE
NUMBER OF PUBLIC
DECLARATIONS FOR
ELIMINATION OF FGM
FROM 2017



⁴⁰Education Cannot Wait. COVID-19 and Education in Emergencies. Available at <https://www.educationcannotwait.org/covid-19/>

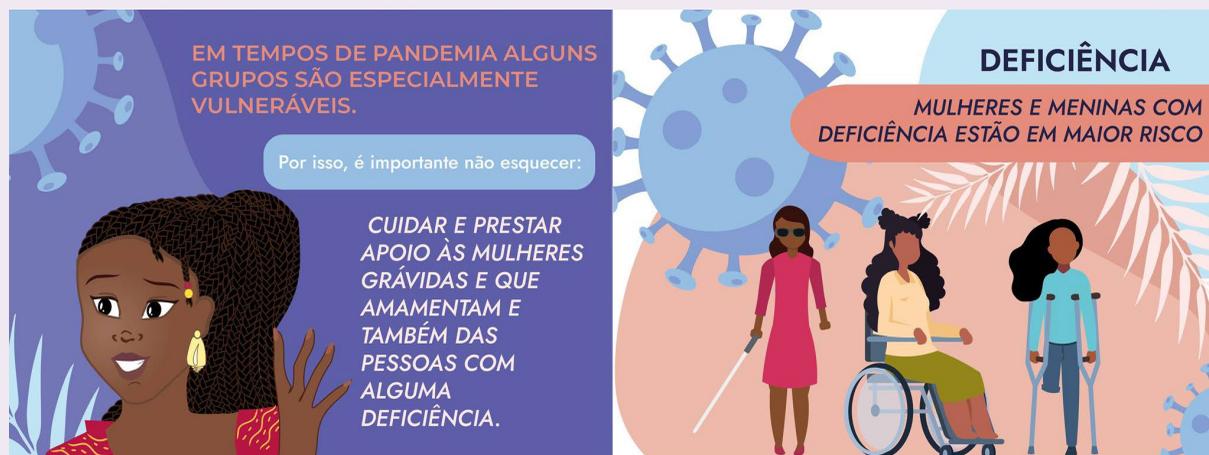


A national platform in Guinea-Bissau for FGM prevention and response

The Joint Programme, in partnership with the Ana Pereira Foundation and RENLUV, launched Plataforma Bioksan to protect girls' and women's rights during the COVID-19 pandemic in Guinea-Bissau by:

- Raising girls' and women's awareness through radio, TV, and social media about protection mechanisms for addressing the rise of GBV and FGM during the COVID-19 pandemic;
- Disseminating information related to SRHR, laws against GBV, and free trainings to address protection gaps caused by school closures;
- Providing referrals to health care and access to justice; and
- Encouraging communities to report cases of FGM.

The project developed FGM prevention messages and information on referral services that were integrated into COVID-19 prevention messages, delivered door-to-door and through radio adverts, theatres, as well as videos and songs shared through online platforms and WhatsApp groups. The project raised awareness, reaching 72,566 girls and women, on the need for the elimination of FGM and other harmful practices, and provided information about COVID-19 prevention to 139,436 people.



©Plataforma Bioksan



©UNFPA-Guinea Bissau



Kenya

Kenya has made significant political and economic reforms that have contributed to sustained economic growth, social development, and political stability gains over the past decade. However, its key development challenges still include poverty, inequality, climate change, continued weak private sector investment, and the economy's vulnerability to internal and external shocks. Also, COVID-19 containment measures, including school closures, restrictions on movement, bans on social gatherings, and limitations on economic activities have hit Kenya's socio-economic life, creating negative consequences, such as income losses and increased food insecurity, which has been exacerbated by a locust invasion.⁴¹ Relatedly, several assessments that were conducted in 2020 pointed to an increase in girls' risk of undergoing FGM. For instance, an Assessment of the Gendered Effects of the COVID-19 Pandemic on Households in Kenya by UN Women, UNFPA, Oxfam, Care International, the Ministry of Public Service and Gender, and Kenya National Bureau of Statistics found that more than one-fourth of respondents (both male and female) answered that they know someone who experienced GBV including FGM during the pandemic. In addition, a rapid assessment conducted by the Government of Kenya in 22 FGM hotspot counties, in support of the launch of the Presidential Acceleration Plan to End FGM by 2022, provided not only baseline data for the roadmap but also identified good practices, hotspots within the FGM high prevalence counties, key stakeholders, barriers and drivers of eradication of FGM, and finally priority interventions that could facilitate the achievement of the presidential plan.

○ Trends in the practice:

The national prevalence of FGM among women and girls aged 15 to 49 years declined from 27 percent in 2008/2009 to 21 percent. In-depth analysis of the Kenya Demographic and Health Survey (DHS) 2014 showed a decrease in FGM prevalence among adolescent girls with a drop from five in 10 girls to one in 10 girls who have undergone FGM over last three decades. In Kenya, more than four million girls and women have undergone the practice.⁴²



⁴¹World Bank. 2021. Socioeconomic Impacts of COVID-19 in Kenya on Households: Rapid Response Phone Survey, Round 1. World Bank, Washington, DC. World Bank. Available at <https://openknowledge.worldbank.org/handle/10986/35173>

⁴²UNICEF global databases, updated for women FGM on February 2021 and for girls FGM on June 2021

○ Creating an enabling environment:

The Prohibition of Female Genital Mutilation Act No. 32 of 2011 became law on 4 October 2011. According to this law, a person who commits an offence under this Act is liable, on conviction, to imprisonment for a term of not less than three years, or to a fine of not less than two hundred thousand shillings, or both.⁴³ This law was a result of many years of activism by civil society alarmed over increases in FGM practice in Kenya. The country is witnessing a growing trend in cross-border FGM where girls and women are taken to Uganda, Tanzania, Ethiopia and Somalia to undergo the practice, as perpetrators attempt to circumvent the laws and systems that have been put in place to end FGM.

In 2017, a constitutional petition filed by a health care provider in Kenya challenged the constitutionality of the anti-FGM law on grounds that Sections 5, 19, 20, and 21 of the Prohibition of Female Genital Mutilation Act were unconstitutional. Section 5 of the Act establishes the Anti-FGM Board, which is tasked with coordinating and leading efforts designed to end FGM on behalf of the government of Kenya. In March 2021, Kenya's Supreme Court ruled the law is not unconstitutional and cited survivors' testimonies which disclosed the devastating and harmful effects of FGM, and were not convinced that any girls or woman would consciously and freely consent to the practice, including noting that there is no conceivable benefit in the practice.⁴⁴ The judges added that Kenya has, by ratifying numerous international treaties including CEDAW and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), made notable regional and international commitments to protect the rights of women and girls including the freedom from discrimination, cruel, inhuman, and degrading treatment, as well as harmful practices and attaining the highest standards of health. Thus far, opposition to the practice has risen, with the largest increase among the Kisii. This is significant given that prevalence rates for girls and women ages 15 to 49 within this ethnic group is near universal at 84 percent.⁴⁵

⁴³Kenya National Council for Law Reporting. PROHIBITION OF FEMALE GENITAL MUTILATION ACT. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf, accessed 09/02/2021

⁴⁴ Kenya Law. Constitutional Petition 282 of 2017. <http://kenyalaw.org/caselaw/cases/view/174230/>, accessed 09/02/2021

⁴⁵Kenya DHS 2014. Available at <https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>

Table 9: Indicators on FGM, Women's Empowerment and Gender Inequality in Kenya

PROTECTIVE FACTORS FOR FGM IN KENYA INCLUDE LIVING IN URBAN AREAS, HOUSEHOLD WEALTH, AND GIRLS' EDUCATION.			
FGM prevalence among girls and women aged 15 to 49 years	21%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	14%	Daughters whose mothers think FGM should continue: 26% Daughters whose mothers say it depends/are not sure: 7% Daughters whose mothers think FGM should stop: 4%	
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 26% Urban: 14%	Education No education: 13% Fundamental Education: 2% Secondary or higher: 1%	Household Wealth Quintile Poorest: 40% Richest: 12%
42% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
4% of women 20 to 24 years were married or in union before age 15 23% of women 20 to 24 years were married or in union before age 18			
The 2021 World Economic Forum's Global Gender Gap report positions Kenya at 95 out of 156 countries			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018:			
Power to say no to sex: 77% Power to decide on contraception: 89% Power to decide on health care: 81%			
11% of upper secondary school aged girls are out of school compared to 9% of boys			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Kenya, assuming the prevalence rate does not change, will increase from USD 19.06 million in 2019 to USD 31.68 million in 2048			
82.2% of the population does not have access to the internet (HDR 2020)			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021



Spotlight on the Joint Programme achievements in 2020

A SHIFT IN PARTNERSHIP APPROACH:

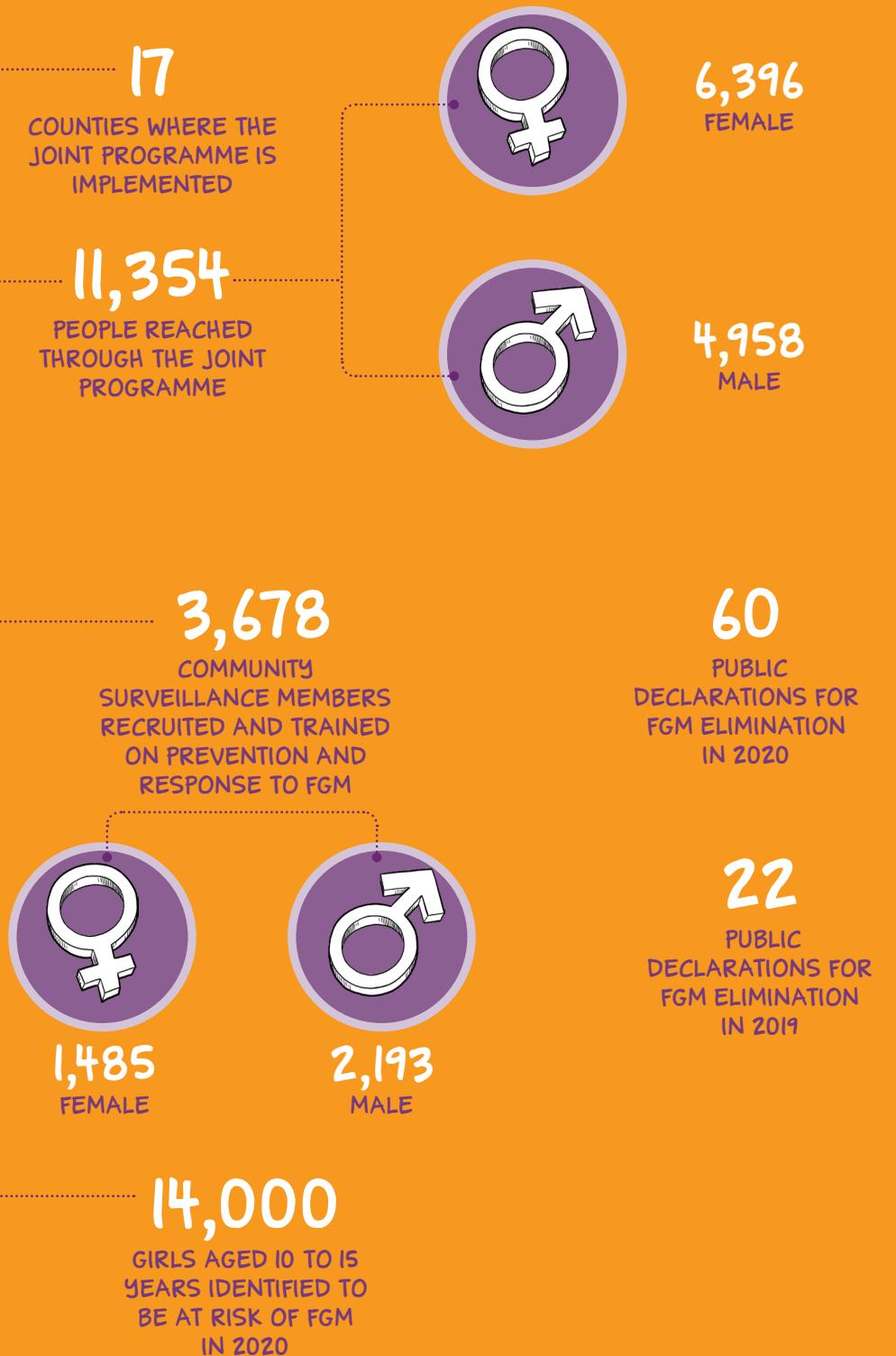
The Joint Programme continues to embrace community-owned and led interventions geared towards eliminating FGM in Kenya. Across the 17 counties where the Joint Programme is implemented, the Programme works with over 11,354 (6,396 female and 4,958 male) community champions/role models, including uncut girls/women, survivors, parents, religious leaders, policymakers, academics, and professionals from the education, health, social and justice sector, among others. 30 community-based organizations (CBOs) were supported in 22 FGM hotspot counties. The CBOs were able to reach girls and women at a grassroots level, beyond what larger organizations could have done with the pandemic restrictions. This is part of the wider strategy to disrupt and eliminate the continuation of FGM through community-based partnerships.

COMMUNITY SURVEILLANCE INTEGRATED INTO FORMAL COMMUNITY POLICING INITIATIVE:

3,678 (2,193 males and 1,485 females) community surveillance members were recruited and trained on prevention and response to FGM at the community level. They are connected to the Nyumba Kumi committee, a local surveillance committee that tracks and reports cases of FGM. In 2020, community members identified 14,000 girls aged 10 to 15 years to be at risk of FGM, referred them to different service providers (e.g., law enforcement's Gender and Children's Desk), and reported 1,892 girls who had undergone FGM.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

The number of public declarations of FGM abandonment in Kenya increased from 22 to 60 between 2019 and 2020, further showing communities' commitment to end the harmful practice.

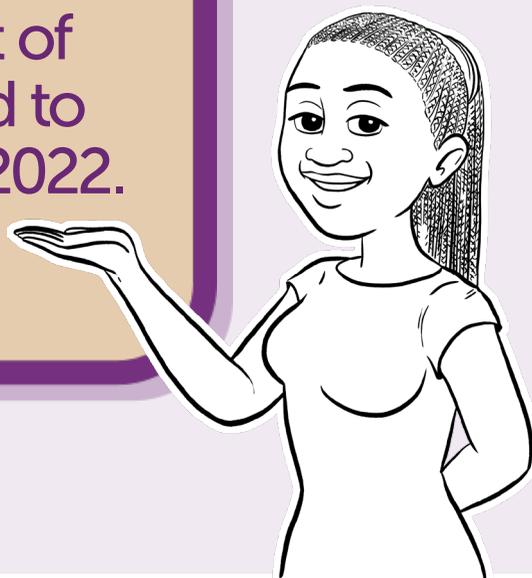




Tracking tool for post-public declarations:

The Joint Programme developed a simple localized tracking tool that was used in five pilot counties where public declarations were made to follow up on girls who participated in alternative rights of passage (ARPs) in 2018 and 2019. The purpose of the tool is to monitor access to services for community members who pledged to end FGM, and track girls who are at risk of the practice. The tool includes participatory techniques for data collection. It was administered monthly through home visits by 216 para-social workers (124 females and 92 male), ensuring the girls' confidentiality, safety and security. Working with 2,875 households, initial results show that among the 8,011 girls who graduated in ARPs in 2018 /2019, only 36 girls age 8 to15 were identified as having, unfortunately, undergone FGM in 2019 and 2020. The girls are from Kisii, Migori, Samburu, West Pokot and Kajiado. Based on this report, the Joint Programme identified reasons why girls were subjected to FGM, including peer pressure and to increase their marriageability. Those who did not undergo FGM felt they were well recognized, appreciated, seemed to be committed and accountable to their pledge to end FGM through their work and actions in community dialogue sessions, community to community exchange programmes, and in community surveillance committees through support from the Joint Programme.

The government of Kenya committed to eliminate FGM by 2022.





Mali

The ongoing crises in Mali have led to increased levels of socio-economic disruption and displacement at an unprecedented scale. The situation in the country is said to have been aggravated by political crises, decades of drought, structural food insecurity, climate change, high rates of poverty, and high rates of youth unemployment. In many areas, traditional livelihoods have been usurped by political conflict or drought, causing extremely high displacement and food insecurity rates. Since 2017, there have been significant increases in violent attacks and rates of displacement, and the crisis continued to grow in scope and scale into 2020. According to UNOCHA, in 2020, the humanitarian crises in Mali worsened due to the immediate multifaceted effects of conflict and violence, radicalized armed groups and criminality. The number of vulnerable people who need assistance due to pervasive poverty, the COVID-19 pandemic and the chronic effects of climate change is estimated at 7.1 million people. The protection of vulnerable groups remains worrisome, with 4,411 cases of GBV reported since January 2020, of which 61 percent concern girls.

○ Trends in the practice:

Mali is one of the countries with very high FGM prevalence rates in the world, with 89 percent of girls and women aged 15 to 49 years and 76 percent of girls are aged zero to 14 years, having undergone the practice. Historically, FGM has most commonly been practiced on girls between 14 to 15 years old to prepare them for marriage. While this remains true in Kayes, Dogon, and Senoufo, where girls between 13 to 14 years are pulled out of school and undergo FGM as a rite of passage in preparation for marriage, there has been a shift and decrease in the average age of this practice. Currently, 89 percent of girls who undergo FGM are under five years old. This is attributed to several different factors, including the belief that wounds heal faster at an earlier age and the ability to conceal the practice among young girls. More alarmingly, such thinking has led to infants as young as 20 days old being subjected to FGM.

○ Creating an enabling environment:

Starting in the 1990s, the government of Mali, in partnership with several women's organizations has reinforced the ongoing advocacy against the harmful practice of FGM. In 2002, the Government established 'the National Programme to Fight the Practice of Excision', which serves as a platform for all stakeholders throughout the country. Focal points and Local Action Committees have been installed as part of this national programme. Mali has not yet legislated on the prohibition of FGM like some neighboring countries. However, advocacy instruments exist against the practice, such as the circular letter sent out in 1999 by the Ministry of Health to ban the practice of FGM in medical facilities. Another powerful tool is the law regarding SRHR, which includes provisions that can be used to condemn the practice of FGM.

Table 10: Indicators on FGM, Women's Empowerment and Gender Inequality in Mali

PROTECTIVE FACTORS FOR FGM IN MALI INCLUDE URBAN RESIDENCE, EDUCATIONAL ATTAINMENT, AND HOUSEHOLD WEALTH			
Protective factors for FGM in Mali include urban residence, educational attainment, and household wealth			
Among daughters of cut girls and women, the percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:			
Daughters whose mothers think FGM should continue: 83 Daughters whose mothers say it depends/are not sure: 74 Daughters whose mothers think FGM should stop: 58			
FGM prevalence among girls and women aged 15 to 49 years	89%	16% of women 20 to 24 years were married or in union before age 15	
FGM prevalence among girls aged zero to 14 years	73%	54% of women 20 to 24 years were married or in union before age 18	
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 72% Urban: 74%	Education No education: 73% Fundamental Education: 74% Secondary or higher: 72%	Household Wealth Quintile Poorest: 71% Richest: 76%
79% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
The 2021 World Economic Forum's Global Gender Gap report positions Mali at 149 out of 156 countries			
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018:			
Power to say no to sex: 31% Power to decide on contraception: 77% Power to decide on health care: 22%			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Mali, assuming the prevalence rate does not change, will increase from USD 8.36 million in 2019 to USD 16.88 million in 2048			
87% of the population does not have access to the internet			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

Spotlight on the Joint Programme achievements in 2020

PROTECTING PEERS FROM FGM:

In the regions of Kayes, Koulikoro, Sikasso, Ségou, and the District of Bamako, 60,016 adolescent girls increased their knowledge and skills in the prevention and care of FGM, among other forms of GBV. At least 50 percent of girls have carried out actions to prevent FGM within their families and communities to protect their peers from the practice and other forms of GBV, as well as refer survivors to appropriate care services, including health centers and One-Stop Centers. These actions have been primarily made possible due to the capacity building support these adolescent girls have been receiving in schools or student clubs.

PUBLIC DECLARATIONS FOLLOWED BY COMMUNITY SURVEILLANCE:

All the 317 villages that made a public declaration of FGM abandonment have established community early warning and alert committees to ensure the declaration is upheld. These community mechanisms build on existing protection structures such as Student Clubs and Child Protection Committees. Despite the myriad of challenges Mali faces, 317 villages made public declarations for the elimination of FGM in 2020.

1,450
 ADOLESCENT GIRLS
 INCREASED THEIR
 KNOWLEDGE AND
 SKILLS IN THE
 PREVENTION AND
 CARE OF FGM

50%
 OF GIRLS HAVE
 CARRIED OUT ACTIONS
 TO PREVENT FGM
 WITHIN THEIR FAMILIES
 AND COMMUNITIES



317

VILLAGES MADE PUBLIC
 DECLARATIONS FOR
 THE ELIMINATION OF
 FGM IN 2020



Study on the impact of a protracted humanitarian crisis on FGM prevalence rates in the Timbuktu

The impact of emergencies on FGM is largely under-researched, although it would appear prevention programmes are disrupted in humanitarian settings. Studies show that FGM is often deprioritized during emergencies because prevention programmes generally entail shifting social norms that take time and may not show immediate results. The study funded by UNFPA in Mali found an increase in FGM prevalence rates in Timbuktu due to the country's protracted crisis and disruptions in prevention programmes.

Since 2012, Mali has experienced protracted crises involving violent conflict, extreme poverty, climate shocks, and the COVID-19 pandemic. In 2020, UNFPA supported the government in conducting research on FGM in the Timbuktu region. The study compared DHS data from 2006 and 2018 and also included interviews and focus group discussions. The study concludes there were two reasons for the increase in FGM: 1) the IDP population that resettled in Timbuktu includes ethnic groups with higher FGM prevalence rates than the host communities, and 2) violent extremism exacerbated gender inequality as government services and civil society prevention programmes were forced to shut down due to the security situation. The significance of the study is that this is the first piece of research that shows how devastating neglecting or halting FGM prevention and response programmes can be to FGM prevalence rates.

Direction Nationale de la Population (DNP) Mali and UNFPA (2020). Étude sur les mutilations génitales féminines (MGF) dans la région de Tombouctou. (Not yet published).





Mauritania

The COVID-19 crisis has disrupted economic activity in Mauritania, causing growth to fall from 5.9 percent in 2019 to -1.5 percent in 2020.⁴⁶ COVID-19 has had a particularly severe impact on the well-being of households, three quarters of which have reported a drop in income.⁴⁷ Over 25 percent of the population is facing high levels of food insecurity.⁴⁸ These conditions have exacerbated children's vulnerability to child marriage, FGM, child labor and violence against children. According to a Ministry of Social Affairs survey, 94 percent of respondents claim GBV increased as a result of COVID-19 containment measures introduced in 2020, and 44 percent of those surveyed specifically mentioned FGM. In terms of gender, the country needs to strengthen its efforts towards addressing maternal mortality ratio (death per 100,000 live births) which is high, at 602; school enrollment rate for girls, given that the mean years of schooling for females is 2.6 years; and continued reduction in the FGM prevalence rate, considering that 66.6 percent (15 to 49 years) girls and women between the ages of 15 and 49 years have already been subjected to FGM.

○ Trends in the practice:

Mauritania has shown significant results in recent years in reducing FGM prevalence rates among girls and women (aged 15 to 49 years old) with a decrease from 72 percent (MICS 2007) to 66.6 percent (MICS 2015). On the other hand, the prevalence rate among girls ages zero to 14 years is high at 51 percent. Two thirds of girls undergo the practice before they turn five⁴⁹. A 2019 report from the UN Human Rights Committee expressed concern about the high prevalence rates in some regions among some ethnic groups⁵⁰.

According to a regional survey conducted by the National Statistics Office in 2020 in the wilaya of Hodh Charghui funded by UNICEF and GIZ, Enquete Regional sur Le Suivi des Indicateurs de Performance (ERSIP), the vast majority of women (92 percent) and men (82 percent) have heard of FGM. When asked what they perceived the practice's advantages, they cited social inclusion, fulfilling a religious requirement, and reducing female sexual desire. Over half of both male and female respondents reported that there are no disadvantages to the practice of FGM (53

⁴⁶World Bank. 2020. Quatrième rapport sur la Situation Économique en Mauritanie : Un meilleur avenir : accélérer la relance économique en misant sur le potentiel des femmes.

⁴⁷Ibid

⁴⁸UNICEF. 2020. Humanitarian Action for Children 2021. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/2021-HAC-Mauritania.pdf>

⁴⁹UNICEF Female Genital mutilation Country Profile. Available at <https://data.unicef.org/resources/fgm-country-profiles/>

⁵⁰United Nations Human Rights Committee (2019) International Covenant on Civil and Political Rights: Concluding observations on the second periodic report of Mauritania, 23 August.



percent of women and 58 percent of men), while the majority of both female (64 percent) and male (70 percent) respondents favored the continuation of the practice. The results show that in Hodh Charghui, opinions are slightly in favor of ending FGM. Indeed, more than one in two women (55.8 percent) believe that the practice of FGM should end, while 43.1 percent think it should continue. In rural areas (55.1 percent) and urban areas (57.6 percent), most women are in favor of stopping the practice of FGM. By age, women under 35 years are overwhelmingly in favor of abandoning FGM. On the other hand, the opinions of those aged between 40-49 years seem to be divided between opposition and support for the continuation of the practice. Support for the continuation of the practice of FGM varies greatly by level of education. Support for FGM is higher among women (40 percent) with lower levels of education and even more overwhelmingly among those at Quranic/Mahadra level (66 percent) than those with secondary and higher education (17 percent). Women from the wealthier households are less likely to support the continuation of the practice than those from the poorest households. Women who have experienced FGM are more likely to support the continuation of the practice (12.8 percent) than those who have not undergone this practice (46 percent). Regardless of a woman's level of education, her FGM status or household wealth, the main reason given for ending FGM is "it is bad for your health."

In addition, a study in 2013 found there was a discordance between male and female beliefs that the opposite sex desired the continuation of the practice, with 37 percent of women reporting that they thought that males wanted to continue the practice and 55 percent of men reporting that women wanted to continue the practice of FGM. Married women were almost one and half times more likely than women not married to have experienced FGM.⁵¹ On the other hand, working women were 1.80 times more likely than non-working women to have experienced FGM.⁵² Interestingly, older women (ages 45–49 years old) were less likely to report experiencing FGM compared to women 15–19 years old.⁵³

○ Creating an enabling environment:

The General Child Protection Code (2018) builds on Article 12 of Law No. 2005–015 on the Criminal Protection of the Child (2005) that criminalizes FGM. Over the last few years, the government has attempted to proactively address the issue by adopting national strategies, including establishing national and regional councils on GBV and FGM to eliminate this harmful practice.⁵⁴ For instance, in 2020, a national strategy and a draft law on GBV were adopted, including specific FGM provisions. Also, the Ministry of Social Affairs and Family and its partners prompted doctors to adopt a national declaration condemning the adverse effects of FGM. On the other hand, Islamic scholars issued a "fatwa" (a religious edict that provides a non-binding

⁵¹Ouldzeidoune N, Keating J, Bertrand J, Rice J (2013) A Description of Female Genital Mutilation and Force-Feeding Practices in Mauritania: Implications for the Protection of Child Rights and Health. PLoS ONE 8(4): e60594. <https://doi.org/10.1371/journal.pone.0060594>

^{52,53} Ibid

⁵⁴Human Rights Watch Submission to CEDAW Review of the Islamic Republic of Mauritania's periodic report for the 80th PreSession. February 2021 Available at https://www.hrw.org/sites/default/files/media_2021/02/202102mena_mauritania_CEDAW_80_0.pdf

legal interpretation of Sharia), declaring that the practice lacked a religious basis. However, gaps in legal enforcement against FGM and a lack of public awareness of its harms remain.⁵⁵ There are no records of any prosecutions for cases of FGM performed in recent years. Freedom House in 2020 reported the law against FGM is “rarely enforced.” Moreover, according to the 2020 ERSIP survey, only about half of women and girls aged 15 to 49 years who have heard of FGM think the practice should stop.

Table 11: **Indicators on FGM, Women's Empowerment and Gender Inequality in Mauritania**

PROTECTIVE FACTORS FOR FGM IN MAURITANIA INCLUDE LIVING IN URBAN AREAS, MATERNAL EDUCATION, AND MATERNAL ATTITUDES TOWARDS THE PRACTICE.			
FGM prevalence among girls and women aged 15 to 49 years	45%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	49%	Daughters whose mothers think FGM should continue: 70% Daughters whose mothers say it depends/are not sure: 65% Daughters whose mothers think FGM should stop: 52%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 34% Urban: 21%	Education No education: 40% Primary Education: 17% Secondary or higher: 5%	Household Wealth Quintile Poorest: 13% Richest: 18%
42% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
Gender inequalities in human capital cost Mauritania 19% of its national wealth ⁵⁶			
The 2021 World Economic Forum's Global Gender Gap report positions Mauritania at 146 out of 156 countries			
6% of women 20 to 24 years were married or in union before age 15 24% of women 20 to 24 years were married or in union before age 18			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Mauritania, assuming the prevalence rate does not change, will increase from USD 4.56 million in 2019 to USD 7.97 million in 2048			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

⁵⁵Ibid

⁵⁶World Bank (2021). Quatrième rapport sur la Situation Économique en Mauritanie : Un meilleur avenir : accélérer la relance économique en misant sur le potentiel des femmes.

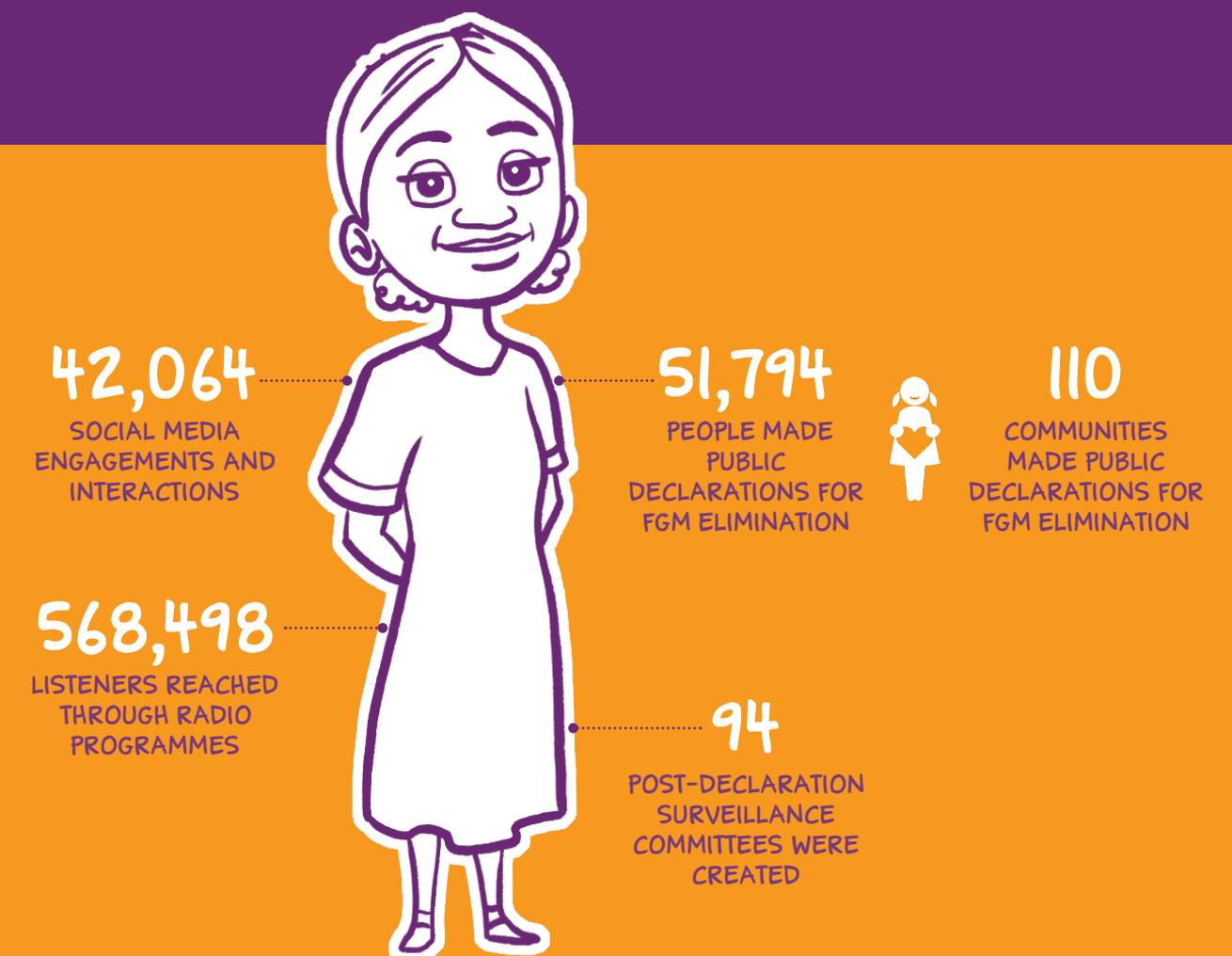
Spotlight on the Joint Programme achievements in 2020

LEVERAGING MEDIA TO CREATE AWARENESS ON THE ELIMINATION OF FGM:

Social media and radio were used for risk communication and community engagement-RCCE. Through social media engagements there were 42,064 interactions and radio programmes reached 568,498 listeners.

COMMUNITY ACTION:

Public declarations were made by 51,794 people in 110 communities, and 94 post-declaration surveillance committees were created. Communities in the region of Assaba (Kiffa and Kandra) and Hodh El Gharbi (Devaa, Gogui and Ain Farba) decided to allocate a budget line for the benefit of surveillance committees to facilitate their work.





Peer educators in Mauritania

Their names are Fatimetou, Mariam, Mama Assa, Oum Keltoume or Ousmane. They are middle school and high school students and for several months “peer educators”. Their mission? Raise awareness among youth in their school about the risks of harmful practices such as FGM, violence against women and children, and early marriage. Meet the new generation change agents!

“From the start, I volunteered to complete the ‘peer educator’ training,” explains Mariam, 18, a high school student in Kaédi. I wanted to learn more about these practices because I myself was cut as a child. We are poorly informed about these issues; we are always told that “it is tradition”. Now, I can in turn inform and educate my peers so that this does not happen again.”



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Nigeria

After its first confirmed COVID-19 case, Nigeria's Federal and State governments implemented lockdowns across most cities and states. This included closing all borders and many non-essential businesses. Nigeria also faced declining remittances and export demand caused by the global recession. The steep decline in oil prices and the adverse impact of the pandemic on economic activity will profoundly impact Nigeria's economy.⁵⁷ Nigerian women are particularly vulnerable to economic recession as they are over-represented in insecure lower paid jobs in the informal sector and mainly operate small and micro enterprises to ensure their day-to-day survival⁵⁸. While government-imposed restrictions on movement were necessary to mitigate the spread of COVID-19, the measures increased women's burden of household care, leaving them with less time to access or choose potential livelihood options. This continues to create multiple economic disadvantages for women, heightening their overall vulnerability to the pandemic, particularly from occupational epidemiology and mental health perspectives.

○ Trends in FGM:

Nigeria has been experiencing a steady decline in FGM. In 2007, the prevalence rate for girls and women aged 15 to 49 was 26 percent, which dropped to 19 percent in 2018. There is evidence of significant generational change in practice as women aged 45 to 49 are more than twice as likely to have undergone FGM than girls aged 15 to 19. While there has been a sharp decline in FGM prevalence rates among girls and women aged 15 to 49, the practice still presents a risk to girls aged zero to 14.⁵⁹ There are also significant variations in prevalence rates between states. Nigeria is one of the five countries with the highest rates of FGM medicalization, with a prevalence of 12.7 percent among girls and women aged 15 to 49 years. Unlike other countries in Africa, where maternal education and household wealth are predictors of FGM, as shown in the table below, the prevalence rate for Nigerian women with 'no education' is the same as women with 'secondary or higher' education. To provide contrast, Senegal, like Nigeria, has not shown significant change towards the practice over time. Still, education is a predictor; 16 percent of Senegalese women with 'no education' have undergone FGM versus 6 percent of women with secondary or higher education.



⁵⁷Potential socio-economic impacts of coronavirus on West Africa* UNECA Brief, 18 March 2020

⁵⁸Women and Men in the Informal Economy: A Statistical Picture, ILO, 2018

⁵⁹Nnanatu CC, Atiola G, Komba P, Mavatikua L, Moore Z, et al. (2021) Evaluating changes in the prevalence of female genital mutilation/cutting among 0-14 years old girls in Nigeria using data from multiple surveys: A novel Bayesian hierarchical spatio-temporal model. PLOS ONE 16(2): e0246661. <https://doi.org/10.1371/journal.pone.0246661>

○ Creating an enabling environment:

The Violence Against Persons (Prohibition) Act, 2015 (the VAPP Act), which came into force on 25 May 2015, is the first federal law attempting to prohibit FGM across the whole country. The VAPP Act aims to eliminate GBV violence in private and public life by criminalizing and punishing acts including rape (but not spousal rape), incest, domestic violence, stalking, and harmful practices including FGM. However, the VAPP Act, as a federal law, is only effective in the Federal Capital Territory of Abuja, and, as such, the remaining states must pass mirroring legislation to prohibit FGM across the country. Prior to the VAPP Act, several states had already enacted state laws dealing with child abuse, child protection issues, violence against women and girls and criminalizing the practice of FGM, requiring harmonization of laws. Also, the VAPP Act does not explicitly address FGM carried out by health care providers or in a medical setting; the broad nature of the law, however, would suggest that any member of the medical profession who performs or assists in FGM would also be guilty of a criminal offence and punished accordingly. The most recent Nigeria Demographic and Health Survey (2013) indicates that 11.9 percent of girls aged zero to 14 and 12.7 percent of women aged 15 to 49 who have had FGM in Nigeria were cut by a health care provider (mostly by a 'nurse/midwife').

In addition, Nigeria has nationwide and health sector-specific laws/policies that integrate prevention and response to FGM. However, corresponding plans of action and guidelines are obsolete or lacking. There is no awareness of and/or limited access to these instruments by those in a position to implement them on the ground, rendering the policy implementation process ineffective. These gaps are corroborated with studies on medicalization and the health system's response to FGM that showed limited awareness of policies and a lack of integration, documentation, and guidelines/tools to support health providers in offering prevention and response services to girls and women with complications.



Table 12: Indicators on FGM, Women's Empowerment and Gender Inequality in Nigeria

A PROTECTIVE FACTOR FOR FGM IN NIGERIA IS MATERNAL ATTITUDES TOWARDS THE PRACTICE.			
FGM prevalence among girls and women aged 15 to 49 years	19%	Among daughters of cut girls and women, percentage of girls aged six months to 14 years who have undergone FGM (as reported by their mothers), by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	13%	Daughters whose mothers think FGM should continue: 79% Daughters whose mothers say it depends/are not sure: 56% Daughters whose mothers think FGM should stop: 23%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by household wealth quintile, residence, education and age	Residence Rural: 14% Urban: 12%	Education No education: 11% Primary Education: 13% Secondary or higher: 11%	Household Wealth Quintile Poorest: 12% Richest: 11%
Proportion of girls and women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018:			
Power to say no to sex: 70% Power to decide on contraception: 90% Power to decide on health: 68%			
28% of women 15 to 49 years think that a husband/partner is justified in hitting/beating his wife under certain circumstances			
The 2021 World Economic Forum's Global Gender Gap report positions Nigeria at 139 out of 156 countries			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Nigeria, assuming the prevalence rate does not change, will increase from 2019 USD 48.94 million in 2019 to USD 90.67 million in 2048			
58% of the population does not have access to the internet			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

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STRENGTHENING LINKAGES BETWEEN HUMAN RIGHTS RELATED TO FGM, NATIONAL HUMAN RIGHTS INSTITUTIONS AND PUBLIC INQUIRIES

The Joint Programme supported the training of Staff of the National Human Rights Commission on Human Rights Framework for Addressing FGM in November 2020. The training aimed at building in-country capacity for reporting as Nigeria is a signatory to several international and regional human rights instruments that obliges state parties to eliminate FGM, using a range of legislative, executive, administrative and judicial measures. The Nigerian periodic report does not include reliable and disaggregated data on FGM as required by these treaty bodies. The training of 30 staff of the Commission drawn from all the departments highlighted other related specialized instruments relevant to FGM such as the Convention on the Rights of the Child – Article 19, Article 1 of CEDAW, the African Charter on Human and Peoples Rights, Maputo Protocol and African Charter on the Rights of the Child and Welfare of the Child. The training clarified that the Institutional Framework for Human Rights Reporting required state reports in Nigeria and the National Human Rights Institutions and CSOs to submit independent reports to the various Treaty Bodies.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

The number of public declaration of FGM abandonment increased from 135 to 501 between 2019 and 2020.



135
PUBLIC
DECLARATION FOR
FGM ELIMINATION
IN 2019



501
PUBLIC
DECLARATION FOR
FGM ELIMINATION
IN 2020



Advocating for ending medicalized FGM in Nigeria

The Joint Programme in Nigeria is committed to addressing the medicalization of FGM which currently stands at around 12 percent. As such, advocacy/stakeholders meetings on curbing the medicalization of FGM and sanctioning of health care providers were held in Ebonyi and Imo States in 2020. The one-day meeting sought to sensitize leadership of state level health regulatory bodies and associations on medicalized FGM and garner their support towards its elimination. The meeting was attended by 21 medical and paramedical regulatory bodies attended (10 in Imo and 11 in Ebonyi). Government representatives, health regulatory bodies and associations, such as Community Health Practitioners Regulatory Board of Nigeria, Society of Gynecologist and Obstetrics of Nigeria, Paediatrics Association of Nigeria, National Association of Community Health Practitioners, Society of Public Health Practitioners of Nigeria, Association of Public Health Physicians of Nigeria, Association of Medical Officers of Health in Nigeria, National Association of Nigerian Nurses and Midwives, Medical Woman Association of Nigeria, Nigeria Medical Association, Nigerian Association of Resident Doctors, Medical and Health Workers Union of Nigeria, signed written declarations to end FGM and its medicalization in the states during the advocacy/stakeholders meetings.



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Senegal

Before the onset of COVID-19, Senegal was among the fastest growing economies in Africa. Having achieved one of the lowest poverty rates in western Africa, COVID-19 threatens to reverse these gains by increasing the incidence of poverty.⁶⁰ Economically, Senegalese women were the hardest hit by the COVID-19 crisis, as the majority work in the informal sector. According to UN Women, 81 percent of employed women reported having experienced a decrease or a total loss of their income, compared to 78 percent of employed men due to containment measures.⁶¹ A study by UNOCHA on the impact of COVID-19 on GBV showed a 28.3 percent increase in cases of violence against Senegalese girls and women during the pandemic.⁶²

○ Trends in the practice:

Opposition to FGM in Senegal is high, including in practicing communities, with 88 percent of men and 82 percent of women expressing support for the elimination of the practice. While attitudes have shifted, there is a stagnation of the risk of FGM. According to DHS data, prevalence rates declined between 2005 and 2010-11, but have remained static from 2010-11 to 2017. Uncut girls or women, and their families in Senegal, often report experiencing ostracization from their communities.⁶³ Findings from studies show that a woman's decision-making power, economic opportunities, mobility, and exposure to mass media are associated with FGM prevalence and a woman's belief that FGM should continue and that it is required by religion.⁶⁴

A country analysis showed significant variations in FGM prevalence by geographic and socio-demographic characteristics, with some regions of high FGM prevalence in early survey years, such as Kolda, experiencing a general decline among both girls and women, while trends in other regions such as Kedougou showed an increase in FGM rates for both women and girls. The proportion of girls and women who were cut was substantially higher in rural areas in all surveys, while that of women who want FGM to continue reduced only minimally, from 18 percent in 2005 to 15 percent in 2017. Results on readiness to change among cut women show that the percentage of women who support FGM's continuation and who had, or planned to, have their daughters cut reduced from 2005 to 2017. On the other hand, the proportion of women supporting FGM's continuation but who would not have it performed on their daughters, along with women who favor abandonment and who would not have FGM performed on their daughters, increased over the years.

In Senegal, persons providing FGM services are mostly traditional practitioners, and most mothers and daughters experience forms of FGM other than infibulation. Results also reveal inter-generational changes in FGM: most girls and women in Senegal who were cut experienced the procedure before their first birthday, but daughters are now cut at a much younger age than

their mothers were. Senegal shares borders with other countries where FGM prevalence remains high and the existence and enforcement of laws varies widely, including Guinea, Guinea Bissau, Mali, Mauritania and The Gambia. The movement of families and traditional practitioners across borders to perform FGM and avoid prosecution remains a problem for Senegal, and girls living in communities in the south of the country are particularly vulnerable.

○ Creating an enabling environment:

In January 1999, a law was passed in Senegal banning FGM. The law modifies the Penal Code to make the practice a criminal act, punishable by a sentence of one to five years in prison. Law enforcement appears to be weak, with very few cases brought to court since legislation was introduced.



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⁶⁰OCHA. 2021. Cadre des Nations Unies pour la réponse socio-économique immédiate à la COVID-19: Contextualisation au Sénégal. Available at <https://reliefweb.int/report/senegal/cadre-des-nations-unies-pour-la-r-ponse-socio-conomique-imm-diate-la-covid-19>

⁶¹UN WOMEN. 2020. Enquête rapide sur les effets de la COVID-19 au Sénégal: Une perspective genre. Available at <https://data.unwomen.org/publications/enquete-rapide-sur-les-effets-de-la-covid-19-au-senegal-une-perspective-genre>

⁶²Association des Juristes Senegalaises (AJS). 2020. Études sur la situation des violences basées sur le genre dans ce contexte de Covid-19 au Sénégal. Available at <https://femmesjuristes.org/?p=1204>

⁶³Cislaghi, B., Gillespie, D. and Mackie, G. (2016) Values deliberation and collective action: community empowerment in Rural Senegal. New York: Palgrave Macmillan

⁶⁴Ibid



Table 13: Indicators on FGM, Women's Empowerment and Gender Inequality in Senegal

PROTECTIVE FACTORS FOR FGM IN SENEGAL INCLUDE HOUSEHOLD INCOME, URBAN RESIDENCY, AND MATERNAL ATTITUDES TOWARDS THE PRACTICE			
FGM prevalence among girls and women aged 15 to 49 years	24%	Percentage of girls and women aged 15 to 49 years who have undergone FGM, and % of girls and women aged 15 to 49 years who have heard about FGM and think practice should continue:	
FGM prevalence among girls aged zero to 14 years	14%	DHS 2005: 18% DHS/MICS 2010-11: 17% DHS 2014: 16% DHS 2015-16: 17% Continuous DHS 2017: 15%	
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 19% Urban: 7%	Education No education: 16% Primary Education: 11% Secondary or higher: 6%	Household Wealth Quintile Poorest: 26% Richest: 3%
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers) by mothers' attitudes about whether the practice should continue:			
Daughters whose mothers think FGM should continue: 68% Daughters whose mothers say it depends/are not sure: 31% Daughters whose mothers think FGM should stop: 22%			
The 2021 World Economic Forum's Global Gender Gap report positions Senegal at 104 out of 156 countries			
45% of women 15 to 49 years think that a husband/partner is justified in hitting/ beating his wife/partner under certain circumstances			
Proportion of women aged 15 to 49 years who make their own decisions regarding health care, contraception and sex with their husbands or partners, most recent data by country, 2007–2018:			
19% have the power to say no to sex 85% have the power to decide on contraception 31% have the power to decide on health care			
The 2021 World Economic Forum's Global Gender Gap report positions Senegal at 104 out of 156 countries.			
Projected financial health care costs associated with FGM according to WHO if prevalence rates are not reduced: 2019 USD 8.48 million by 2048 USD 14.6 million			
54% of the population does not have access to the internet			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

Spotlight on the Joint Programme achievements in 2020

CAPACITY OF LAW ENFORCERS STRENGTHENED:

120 actors in the justice sector in high prevalence regions (Matam, Tambacounda, Kédougou, Kolda, Sédhiou, and Ziguinchor), including 52 magistrates and 23 judicial police officers, received training on enforcing the law on FGM.

MONITORING AND REPORTING OF FGM CASES:

Girls' clubs created 144 peer surveillance groups to monitor and report cases of FGM or GBV.

LEADERSHIP OF YOUTH MOVEMENTS AS AGENTS OF CHANGE:

The Joint Program has supported several awareness-raising and social dialogue activities initiated by young girls, in particular through "Girls' clubs" implemented by the "Centres Conseils Adolescents" of the Ministry of Youth. One of the significant innovations of young people was the digital campaign on FGM in the context of COVID-19, which reached 1,822,836 people. The campaign enables young people to raise awareness, challenge law enforcement authorities, and act as watchdogs in their communities.

16 DAYS OF ACTIVISM:

In Senegal, 822,836 people were reached through a digital campaign during the 16 Days of Activism against GBV. The virtual communication campaign included advocacy for the elimination of FGM, leveraging social media platforms including Facebook and YouTube. Several well-known Senegalese production houses with millions of subscribers broadcasted public service announcements on GBV and FGM pro bono during the 16 Days of Activism against GBV campaign.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

The number of public declarations for the elimination of FGM increased from 361 in 2017 to 698 in 2020.

120

ACTORS IN THE JUSTICE SECTOR IN HIGH PREVALENCE REGIONS

144

GIRLS' CLUBS CREATED PEER SURVEILLANCE GROUPS

822,836

PEOPLE WERE REACHED THROUGH A DIGITAL CAMPAIGN DURING THE 16 DAYS OF ACTIVISM



698

PUBLIC DECLARATION FOR FGM ELIMINATION IN 2020





Grandmother project – change through culture: girls' holistic development program quantitative research report

The Girls' Holistic Development Program in Senegal developed by the Grandmother Project through support from the Joint Programme promotes social norms change related to girls' education and FGM by empowering girls and creating an enabling environment for families and communities to support change for girls. A realist evaluation funded by The United States Agency for International Development (USAID) under the Passages project found considerable positive effects on intergenerational dialogue and support, self-efficacy of girls, caregivers, and grandmothers, and social norms related to FGM and girls' education.

Key findings from the evaluation included:

- Reduced incidence of FGM: Fewer daughters in the intervention group (26.3 percent) compared with the control group (56 percent) have had FGM performed on them.
- Greater adolescent girl involvement in decision-making to stay in school: Girls exposed to the intervention were significantly more likely than those not exposed to believe that their opinion will be considered when making a decision about leaving school (86 vs. 62 percent) and more believed they will stay in school as long as they want (79 vs. 63).
- Grandmothers in intervention sites were significantly more likely to feel like valued parts of the community and to be providers of advice and support to adolescent girls and their caregivers.





Somalia's prolonged humanitarian crisis is characterized by ongoing conflicts, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms. Since the beginning of 2020, three additional shocks have contributed to a deterioration of humanitarian conditions: extensive floods, desert locust infestations, and the COVID-19 pandemic. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty and decades of armed conflict and insecurity. COVID-19 directly impacted the lives of Somalis, worsening patterns of vulnerability. This came on top of ongoing disease outbreaks such as cholera, measles and, recently, vaccine-derived poliovirus.

○ Trends in the practice:

Somalia has the highest rate of FGM in the world. According to the 2020 Somali DHS, 99 percent of women between the ages of 15 to 49 have been subjected to this extremely harmful and unacceptable practice. There are various forms of FGM practiced and two out of three Somali women have undergone the most extreme type of FGM of either pharaonic or infibulation. Healthcare systems in urban and rural Somaliland, as an example, have limited capacity to prevent, diagnose and manage FGM.⁶⁵ There is a need to strengthen health care workers' skill deficits through training and addressing gaps in the health care system by incorporating girls and women with FGM-related complications into primary healthcare services through multi-sectoral collaboration, coordination, and enacting policies to prevent the medicalization of the practice.⁶⁶

○ Creating an enabling environment:

There is no legislation banning FGM in Somalia. In collaboration with national stakeholders and partners, the Joint Program continues to advocate for a law banning FGM as one of the ways of affirming commitment by the government of Somalia to eliminate the practice in the country.



⁶⁵Yussuf, M., Matanda, D.J. & Powell, R.A. Exploring the capacity of the Somaliland healthcare system to manage female genital mutilation / cutting-related complications and prevent the medicalization of the practice: a cross-sectional study. BMC Health Serv Res 20, 200 (2020). <https://doi.org/10.1186/s12913-020-5049-2>

⁶⁶Ibid

Table 14: Indicators on FGM, Women's Empowerment and Gender Inequality in Somalia

PROTECTIVE FACTORS IN SOMALIA FOR FGM INCLUDE ATTITUDES TOWARDS THE PRACTICE.			
FGM prevalence among girls and women aged 15 to 49 years	99%		
FGM prevalence among girls aged zero to 14 years	Not available		
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 45% Urban: 48%	Education No education: 47% Fundamental Education: 44% Secondary or higher: 55%	Household Wealth Quintile Poorest: 49% Richest: 48%
Percentage of cut girls and women aged 15 to 49 years who have at least one daughter who has undergone FGM, by mothers' attitudes about whether the practice should continue:			
Daughters whose mothers think FGM should continue: 48% Daughters whose mothers say it depends/ are not sure: 45% Daughters whose mothers think FGM should stop: 42%			
76% of ever-married women 15 to 49 years old think that a husband/partner is justified in hitting/beating his wife under certain circumstances			
N/A % of the population does not have access to the internet			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Somalia, assuming the prevalence rate does not change, will increase from USD 9.82 million in 2019 to USD 19.37 million in 2048			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

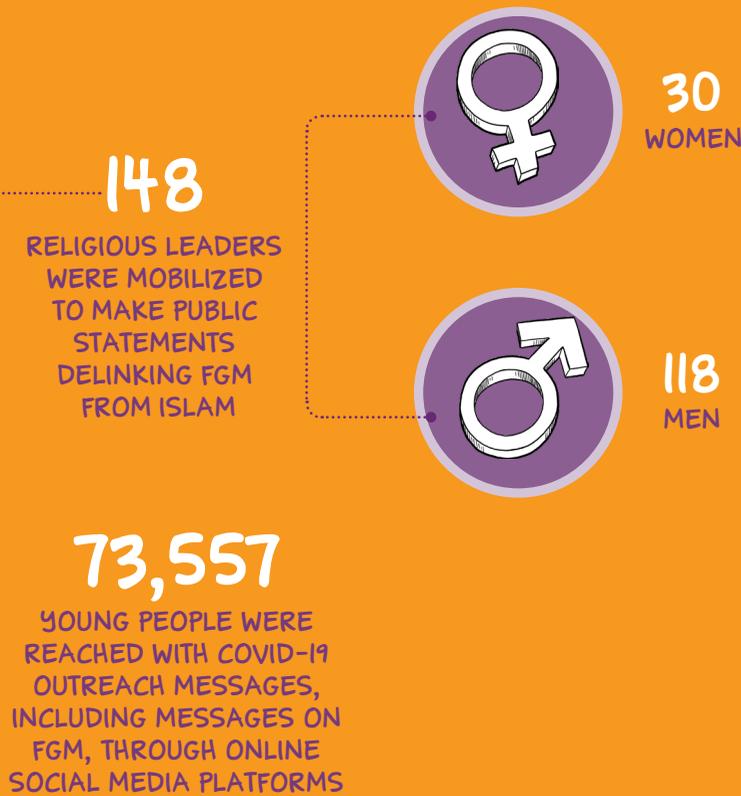
Spotlight on the Joint Programme achievements in 2020

PUBLIC STATEMENTS ON THE ELIMINATION OF FGM:

148 religious leaders (30 women and 118 men) were mobilized to make public statements delinking FGM from Islam.

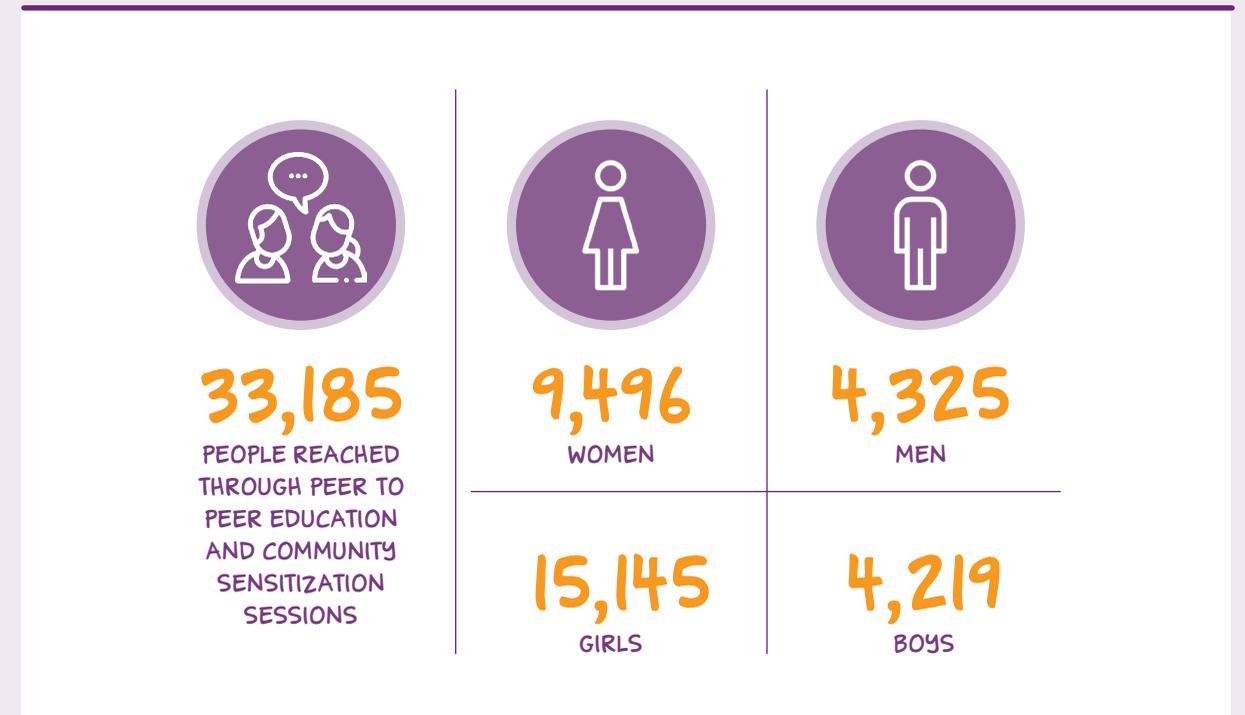
USING MEDIA TO CREATE AWARENESS ABOUT FGM:

Through the Joint Programme supported initiatives, 73,557 young people were reached with COVID-19 outreach messages, including messages on FGM, through online social media platforms.



Adolescent girls and young women campaign to end FGM

The Joint Programme strengthened efforts to engage young girls and women as front runners of the campaign to end FGM. Young women and girls' voices were amplified in the campaign and demand to end FGM in Somalia. In collaboration with young persons from Youth Peer Education Network, Somalia, the young girls organized peer to peer education and community sensitization sessions that reached 33,185 persons (9,496 women, 4,325 men, 15,145 girls and 4,219 boys) with messages on FGM elimination through peer education and community sensitization. As a result, the Joint Programme benefitted from greater participation of young girls as campaign agents and contributed to the achievement of a core of adolescent girls and young women in Somalia willing to challenge the status quo of FGM.







Sudan

A year after Sudan’s political transition and the signing of a peace agreement, humanitarian needs continue to rise across the country, primarily driven by poverty, conflict and climate change. According to Sudan’s Humanitarian Needs Overview for 2021, 13.4 million people - 7.6 million girls and women are in need of humanitarian assistance.⁶⁷ This marks an increase of 4.1 million people compared to 2020, the highest reported number in the past decade. Existing gender inequalities were further compounded by the disruption of essential services and the deterioration of economic structures due to COVID-19 crisis containment measures. Anecdotal evidence suggests that FGM not only continued but may have been exacerbated due to these measures. Specifically, community-based interventions were temporarily suspended due to restrictions in movement, including Saleema, a communications initiative that has proven effective in shifting social norms that perpetuate FGM.⁶⁸

○ Trends in FGM:

Despite five decades of campaigns to eliminate FGM, Sudan still has one of the highest prevalence rates in the world at 87 percent, according to 2014 MICS survey. The drivers of FGM included enhanced marriageability, moving from rural to urban settings where the practice is more prevalent, a perceived male preference for cut girls, and fear of stigma.⁶⁹ The MICS secondary analysis report showed an increase in the medicalization of the practice where the percentage of women aged 15 to 49 years cut by a trained midwife increased over time from 69 percent between 1990-1999 to 76 percent in 2000- 2014.⁷⁰

○ Creating an enabling environment:

FGM was criminalized in 2020 and the first reported case of FGM - case No. 2902 under Article 141 of the Criminal Code is currently under trial. The complainant stated that the accused (the father) and his wife (the child’s mother) cut his eight-year-old daughter. The Child Court in Umbada, Khartoum state, was the first court to receive an FGM case following the endorsement of Article 141. To further monitor FGM cases in Sudan, the National Council for Child Welfare and UN partners approved a standardized tracking and reporting matrix for FGM cases to be used by national and state-level partners.

⁶⁷<https://www.unicef.org/sudan/media/6131/file/Gender%20.pdf>

⁶⁸Johnson, Andrea & Evans, Doug & Barrett, Nicole & Badri, Howida & Abdalla, Tamador & Donahue, Cody. (2018). Qualitative evaluation of the Saleema campaign to eliminate female genital mutilation and cutting in Sudan. *Reproductive Health*. 15. 10.1186/s12978-018-0470-2.

⁶⁹Bedri, N., Sherfi, H., Rodwan, G., Elhadi, S., and Elamin, W. 2018. Medicalisation of Female Genital Mutilation/Cutting in Sudan: Shift in Types and Providers. *Evidence to End FGM/C: Research to Help Girls and Women Thrive*. New York: Population Council.

⁷⁰UNICEF 2016



Table 15: Indicators on FGM, Women's Empowerment and Gender Inequality in Sudan

PROTECTIVE FACTORS FOR FGM IN SUDAN INCLUDE MATERNAL ATTITUDES TOWARDS THE PRACTICE.			
Protective factors for FGM in Sudan include maternal attitudes towards the practice.			
FGM prevalence among girls and women aged 15 to 49 years	87%	Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers) by mothers' attitudes about whether the practice should continue:	
FGM prevalence among girls aged zero to 14 years	30%	Daughters whose mothers think FGM should continue: 39% Daughters whose mothers say it depends/are not sure: 35% Daughters whose mothers think FGM should stop: 30%	
Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by wealth quintile, education, residence and age	Residence Rural: 47% Urban: 28%	Education No education: 55% Fundamental Education: 47% Secondary or higher: 23%	Household Wealth Quintile Poorest: 62% Richest: 23%
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 31% Urban: 27%	Education No education: 31% Fundamental Education: 32% Secondary or higher: 25%	Household Wealth Quintile Poorest: 29% Richest: 30%
34% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
12% of women 20 to 24 years were married or in union before age 15 34% of women 20 to 24 years were married or in union before age 18			
According to WHO's FGM Cost Calculator, the projected annual financial health care costs associated with FGM in Sudan, assuming the prevalence rate does not change, will increase from USD \$276.57 million in 2019 to USD \$465.08 million in 2048			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

Spotlight on the Joint Programme achievements in 2020

SUCCESSFUL ADVOCACY TOWARDS THE CRIMINALIZATION OF FGM:

Following years of advocacy, the transition government adopted legislation in July of 2020 criminalizing FGM. The Joint Programme has been supporting a gender-responsive rollout of a legislative roadmap that includes raising awareness about the law; capacity building of law enforcement and health care providers, and religious leaders; a communications campaign for disseminating information about the legislation; and strengthened referral and tracking systems for cases of FGM. The new legislation is expected to serve as a deterrence factor for FGM practices in Sudan.

MEN AND BOYS AS ADVOCATES FOR THE ELIMINATION OF FGM

70,179 men and boys (24,307 adolescents) participated in Saleema community dialogues and sensitization sessions. Through these sessions, men and boys reaffirmed their commitment towards the elimination of FGM in Sudan.



70,179

MEN AND BOYS
PARTICIPATED IN
SALEEMA COMMUNITY
DIALOGUES AND
SENSITIZATION
SESSIONS

24,307

WERE
ADOLESCENTS



Community-based risk tracking in Sudan

In a partnership with Entishar, a local NGO, a community-based risk mapping mechanism (early warning system) was established for FGM in Khartoum state. The NGO trained a group of 30 system reporters, three in each of the ten target communities. The early warning system creates WhatsApp groups for all system reporters and representatives from related authorities. Regular meetings take place to share experiences and for technical support. System reporters will report a girl at risk of FGM and share these cases with Entishar through text messages. The local intervention task force consists of the three system reporters and three community leaders in each village. There is also a state intervention task force composed of the State Council for Child Welfare, the State Ministry of Health, the Family and Child Protection Units, the Health Professional Council in Khartoum (responsible for midwives), UNICEF and Entishar.⁷¹



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⁷¹UNICEF Sudan: Gender 2020. Available at <https://www.unicef.org/sudan/media/6131/file/Gender%20.pdf>





Before the onset of COVID-19, 41 percent of Uganda’s population was living on less than USD 1.90 a day.⁷² During the COVID-19 crisis in 2020, Uganda introduced highly restrictive measures that effectively contained the virus but caused significant damage to the economy.⁷³ In addition to COVID-19, Uganda is facing other emergencies, including a locust invasion and flooding that could have a significant negative impact on the country’s food security situation.

○ Trends in FGM:

Uganda has one of the lowest FGM prevalence rates in East Africa, with 0.3 percent of girls and women aged 15 to 49 have undergone the practice. Commendable progress has been made over the years in eliminating FGM. According to the Uganda DHS, prevalence rates among girls and women aged 15 to 49 years decreased from 0.6 percent in 2006 to 0.3 percent in 2016. While the national prevalence rate is low, FGM is mostly practiced in the Karamoja and Sebei subregions in Eastern Uganda, where the average prevalence rate is 26.6 percent.⁷⁴ Eastern Uganda is the poorest region in the country, and in Karamoja, 61 percent of the total population of 1.2 million are living in poverty.⁷⁵ The proponents of the practice argue that, FGM increases girls’ marriageability and financial security, and bride prices are higher among girls who have undergone the practice.⁷⁶ While 95% of women in eastern Uganda oppose FGM, because undergoing the practice is considered a rite of passage, girls and women who do not undergo FGM are ostracized.⁷⁷ Women who have undergone FGM are less supportive of elimination than women who have not and more likely to support their sons’ marriage only with girls who have undergone FGM.⁷⁸ With most girls experiencing FGM in adolescence as a precursor to marriage, mothers also play a key role in influencing their daughters’ decision to undergo the practice. This may result in some form of intergenerational perpetuation of FGM.⁷⁹ Cross-border FGM in the region is a risk among communities along the border, with Ugandans crossing into Kenya to undergo FGM and avoid prosecution in Uganda.⁸⁰

⁷²UNICEF, and Uganda Bureau of Statistics. 2019. “The Extent and Nature of Multidimensional Child Poverty and Deprivation.” Vol. 1. Kampala.

⁷³Socioeconomic impact of Covid-19 in Uganda: how has the government allocated public 35 expenditure for FY2020/21?

⁷⁴2016 UDHS.

⁷⁵Republic of Uganda 2017 “Uganda National Household Survey 2016/2017, Uganda Bureau of Statistics, Kampala Uganda

⁷⁶Shell-Duncan, B. (2008) ‘From Health to Human Rights: Female Genital Cutting and the Politics of Intervention’ American Anthropologist 110(2): 225-236.

⁷⁷Uganda Bureau of Statistics and UNICEF (2020).

⁷⁸Uganda Bureau of Statistics and UNICEF (2020).

⁷⁹Ibid

⁸⁰UNICEF Kenya and the Anti-FGM Board of Kenya (2017). Baseline Study Report: Female Genital Mutilation/ Cutting and Child



Table 16: Indicators on FGM, Women’s Empowerment and Gender Inequality in Uganda

PROTECTIVE FACTORS FOR FGM IN UGANDA INCLUDE MOTHER’S FGM STATUS, EDUCATIONAL ATTAINMENT, ACCESS TO MASS MEDIA, HOUSEHOLD FINANCIAL SECURITY, AND LIVING IN URBAN AREAS.			
Protective factors for FGM in Sudan include maternal attitudes towards the practice.			
FGM prevalence among girls and women aged 15 to 49 years	DHS 2016 0.3% DHS 2006 0.6%	According to a U-Reporter poll conducted in Uganda in September of 2020, 66% of respondents believe there is an increase in FGM due to school closures, and 38% attribute the higher risk to economic pressure on parents. ⁸¹	
FGM prevalence among girls aged zero to 14 years	1% ⁸²		
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother’s education and household wealth quintile	Residence Rural: 1% Urban: 1%	Education No education: 1% Fundamental Education: 2% Secondary or higher: 0.4%	Household Wealth Quintile Poorest: 2% Richest: 1%
49% of girls and women aged 15 to 49 years old think that a husband/partner is justified in hitting/beating his wife under certain circumstances			
Less than half (40%) of students are literate at the end of primary school, and only 1 in 4 children transition to secondary school. ⁸³			
The 2021 World Economic Forum’s Global Gender Gap report positions Uganda at 66 among 156 countries.			
Projected financial health care costs associated with FGM: N/A			
76.3% of the population does not have access to the internet			

Source: UNICEF Database.

<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021

<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

⁸¹<https://www.ureport.ug/opinion/4561/>

⁸²Source: UNICEF global databases 2019, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys.

⁸³<https://www.unicef.org/uganda/what-we-do/education>

Spotlight on the Joint Programme achievements in 2020

ADVOCACY AGAINST CROSS-BORDER FGM:

A cross-border FGM dialogue was convened, utilizing a mixture of approaches including virtual/zoom, video conferencing, physical interactions (studio attendance) for television broadcasting and social media engagement. The dialogue was live-streamed on Facebook and Twitter platforms using the hashtag #EndCrossBorderFGM. Over 13.5 million people were reached (impressions) with messages about ending cross-border FGM across the East African region.

SUPPORT TO EVIDENCE BASED NATIONAL COSTED ACTION PLAN:

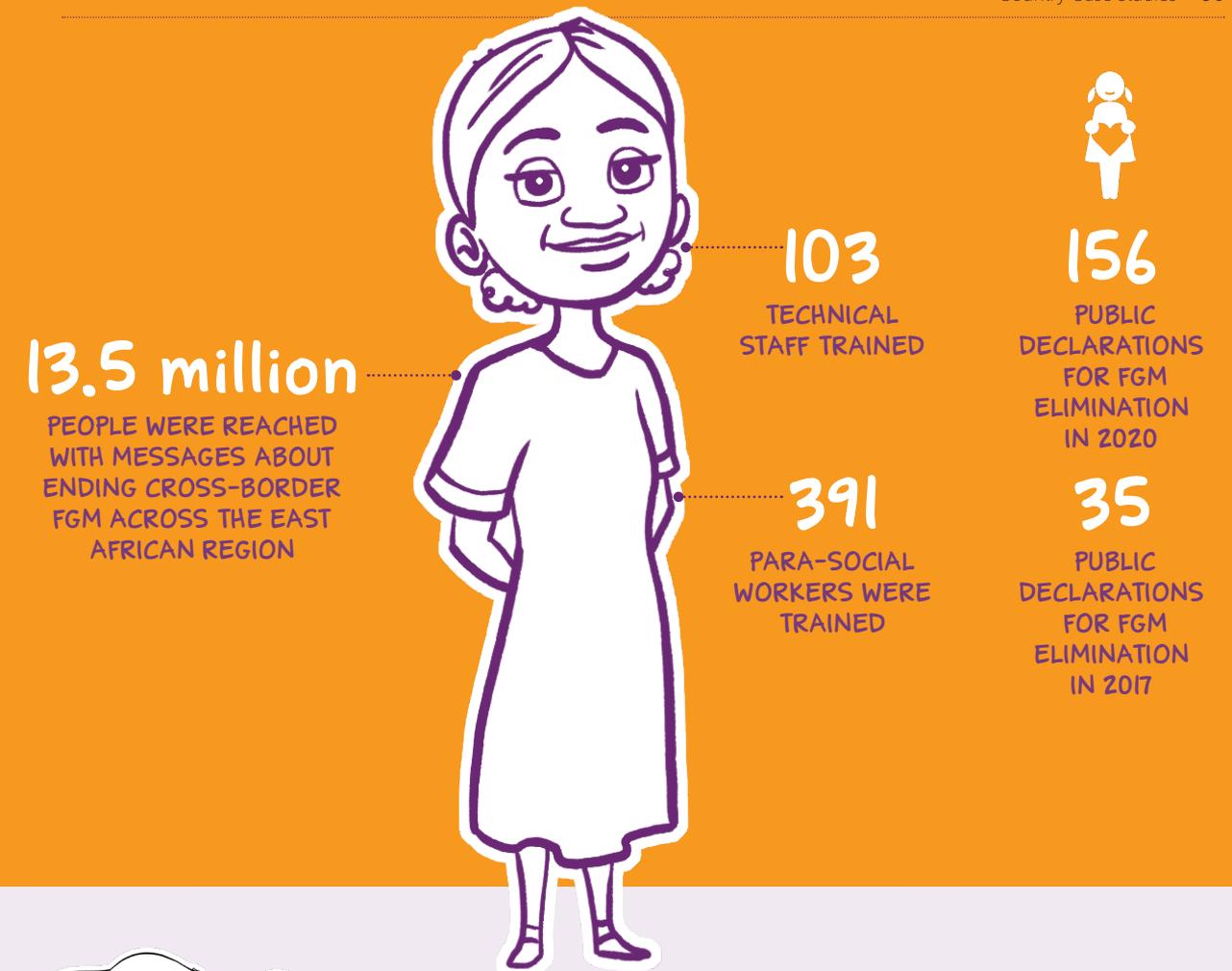
The Joint Programme supported the government of Uganda to have the evidence based national costed action plan to end FGM in collaboration with selected government sectors, civil society organisation and faith based organisations. For Instance, since 2019, the Joint Programme continually supported the Ministry of Gender, Labour and Social Development and National Population Council to engage with Parliamentarians and District Local Governments to integrate FGM interventions into the 2019/2020 and 2020/2021 financial year national, district and sub-county development plans and budgets. Its key to note that the six FGM districts to date have integrated FGM interventions into their district budgets.

PROTECTION OF GIRLS FROM FGM DURING COVID-19 CRISIS:

103 sub-county community-based department technical staff and 391 para-social workers were trained on the six core modules of child protection to strengthen the protection system, prevent and respond to the heightened risk of FGM during the pandemic.

INCREASED PUBLIC DECLARATIONS FOR THE ELIMINATION OF FGM:

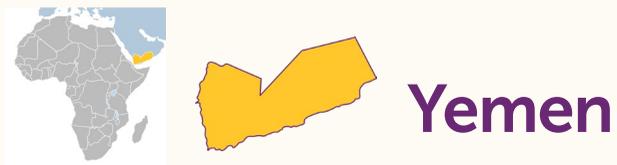
Although there are no recent studies on effective interventions for eliminating FGM in Uganda, as a result of programme interventions, public declarations of FGM abandonment have increased up from 35 in 2017 to 156 in 2020.



37 girls repatriated to Uganda in cases of cross-border FGM

As COVID-19 hit, an increasing number of Ugandan girls were reportedly crossing into Kenya to undergo FGM. As border communities in Kenya and Uganda coordinated efforts to prevent cross-border FGM, a WhatsApp group called the 'Kenya Uganda anti-FGM Forum' was created by community leaders. Community surveillance groups on both sides of the border would inform local authorities of girls they suspected were trying to undergo FGM. Girls who returned to Uganda were placed in temporary rescue centres. All were provided with the opportunity to attend nearby primary schools and receive psychosocial counselling and connections to vocational and livelihood opportunities. Between April and October 2020, 37 girls were intercepted in Kenya and returned, uncut, by the Kenyan authorities to Uganda.





Yemen remains the world’s largest humanitarian crisis and aid operation. The crisis is the result of an armed conflict that has intensified over the past six years. The war has led to the death of and injured tens of thousands of civilians, causing immense suffering for the Yemeni people. In 2020, the conflict intensified and the number of frontlines increased from 33 to 49, and 172,000 people were displaced, bringing the number of IDPs to at least 4 million.⁸⁴ The situation was exacerbated by the global COVID-19 turndown, which led to a sharp drop in remittances – the largest source of foreign currency and a lifeline for many families where 80 percent of people live below the poverty line.⁸⁵

○ Trends in FGM:

According to the 2013 Yemen DHS, 19 percent of all women aged 15 to 49 reported to have undergone some form of FGM. Despite the relatively low national prevalence, there are significant differences by governorate with the highest being Al-Mahrah (85 percent), Hadramout (80 percent) and Al-Hodeidah (62 percent). Even though the practice occurs at different ages, 96 percent of FGM in Yemen occurs before girls reach the age of five. FGM is performed mainly by traditional practitioners (85 percent), but for more than one in 10 women, FGM is done by health care providers. Findings from a study conducted by UNFPA and the Charitable Society for Social Welfare Yemen showed that almost 69 percent of women and men interviewed reported that they intend to perform FGM for their daughters in the future.⁸⁶

○ Creating an enabling environment:

Currently, there is no national legislation that explicitly criminalizes FGM. Through the Joint Programme, support is being offered towards the development a draft law entitled “Protection of Women Act”: The draft law, currently pending before parliament, is the effort of the national advocacy committee established on violence against women, including FGM and child marriage. There was also an endorsement of the National Reproductive Maternal Newborn Health and Advocacy Strategy. The National Strategy focuses on the rights of children to protection from violence including GBV and promotes quality access to services for children at risk during emergencies.



⁸⁴<https://reliefweb.int/report/yemen/yemen-humanitarian-needs-overview-2021-february-2021-enar>

⁸⁵Ibid

⁸⁶UNFPA and CSSW Yemen. 2020. Knowledge, Attitudes and Practices on Gender-Based Violence for The Human Rights Based Project Targeted Communities at Hadramout, Al-Mahrah, and Al-Hodiedah Governorates.

Table 17: Indicators on FGM, Women's Empowerment and Gender Inequality in Yemen

PROTECTIVE FACTORS FOR FGM IN YEMEN INCLUDE URBAN RESIDENCE, EDUCATIONAL ATTAINMENT, AND HOUSEHOLD WEALTH.			
Protective factors for FGM in Sudan include maternal attitudes towards the practice.			
FGM prevalence among girls and women aged 15 to 49 years	19%		
FGM prevalence among girls aged zero to 14 years	16%		
Percentage of girls aged zero to 14 years who have undergone FGM (as reported by their mothers), by residence, mother's education and household wealth quintile	Residence Rural: 17% Urban: 13%	Education No education: 18% Fundamental Education: 15% Secondary or higher: 5%	Household Wealth Quintile Poorest: 22% Richest: 12%
44% of girls and women 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances			
9% of women 20 to 24 years were married or in union before age 15 32% of women 20 to 24 years were married or in union before age 18			
73.3% of the population does not have access to the internet			
The 2021 World Economic Forum's Global Gender Gap report positions Yemen at 155 out of 156 countries			
According to WHO, the projected financial health care costs associated with FGM, assuming the prevalence rate does not change is: 2019 USD 21 million by 2048 USD 33 million			

Source: UNICEF Database.
<https://data.unicef.org/resources/fgm-country-profiles/>, accessed 9/17/2021
<https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>, accessed 9/21/2021

Spotlight on the Joint Programme achievements in 2020

EFFORTS TOWARDS THE CRIMINALIZATION OF FGM:

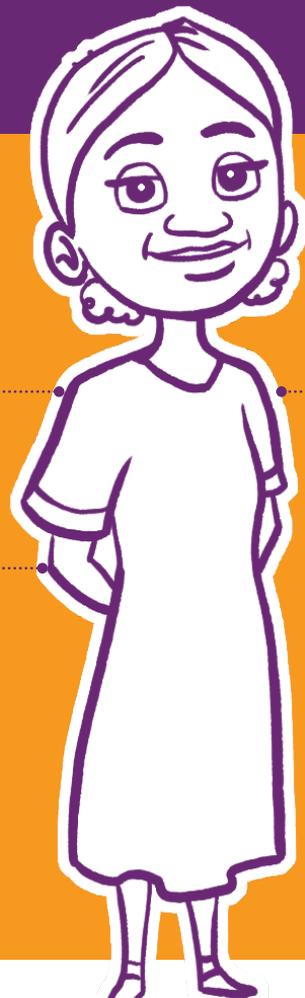
100 religious leaders received training and issued a document criminalizing FGM, as well as encouraged communities to ban the practice as part of the community and interpersonal engagement to address and amplify social and gender norms transformation.

ESTABLISHMENT OF SHAMIKHAT NETWORK ESTABLISHMENT (NETWORK OF RELIGIOUS AND TRADITIONAL LEADERS):

The network was established to advocate for the elimination of FGM. A religious leader's Manual on FGM was developed and two men and boys community committees established on changing social and gender norms.

INTEGRATION OF FGM INTO EXISTING PROGRAMMES (W&GSSs IN MUKALLA, SAY'UN, AL-GHAYDA, HUDAYDA DISTRICTS):

This was aimed at improving the availability and quality of FGM services in Joint Programme intervention areas. As a result, 50 survivors received multi-sectoral services (psychosocial support, Cash, Health services within the W&GSSs) depending on their needs.



100

RELIGIOUS LEADERS
RECEIVED TRAINING

2

MEN AND BOYS COMMUNITY
COMMITTEES ESTABLISHED
ON CHANGING SOCIAL AND
GENDER NORMS

50

SURVIVORS RECEIVED
MULTI-SECTORAL
SERVICES DEPENDING
ON THEIR NEEDS



UNFPA and UNICEF jointly lead the largest global programme on the elimination of female genital mutilation in 17 countries, with high prevalence and/or high burden of female genital mutilation. The programme is generously funded by the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain (AECID), Sweden, the United Kingdom, the United States of America and the European Union (through the Spotlight Initiative Africa Regional Programme).

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