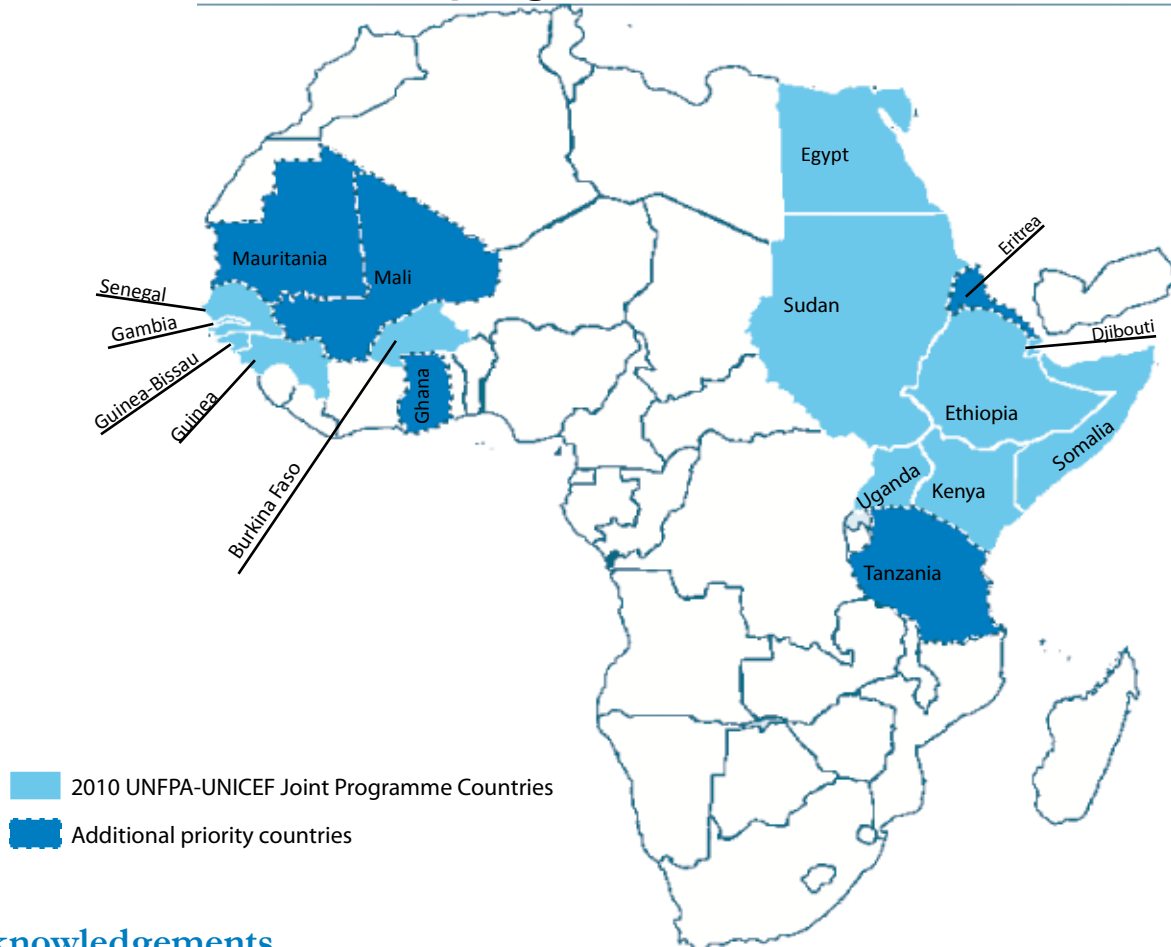


UNFPA-UNICEF JOINT PROGRAMME ON FEMALE GENITAL MUTILATION-CUTTING: ACCELERATING CHANGE

Annual Report **2010**



2010 programme countries



Acknowledgements

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We thank you all and look forward to further collaboration and active participation in the future.

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Cover photo: Pokot women dancing during the declaration of abandonment of FGM/C with their member of parliament, Kenya.

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ACRONYMS

AIDOS	Association for Women in Development
AMWIK	Association of Media Women in Kenya
AWEPA	Association of European Parliamentarians for Africa
CEDAW	Committee on the Elimination of Discrimination against Women
CNLPE	Committee to Fight the Practice of Excision
CRC	Committee on the Rights of the Child
CSW	Commission on the Status of Women
EMWA	Ethiopia Media Women Association
FGM/C	Female Genital Mutilation/Cutting
IAC	Inter-African Committee on Traditional Practices
INTACT	International Network to Analyse, Communicate and Transform the Campaign against Female Genital Cutting
JP	Joint Programme
NGO	Non-Governmental Organization
NPWJ	Non c'è Pace Senza Giustizia/No Peace Without Justice
PIHHR	Program on International Health and Human Rights (Harvard School of Public Health)
REACH	Reproductive, Educative and Community Health Project
SMS	Short Message Systems
SP	Permanent Secretariat
TAMWA	Tanzania Media Women Association
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization



EXECUTIVE SUMMARY

Ending FGM/C within a generation

The objective of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation and Cutting (FGM/C): Accelerating Change is to contribute to the abandonment of FGM/C in 17 African countries within a generation. The programme's holistic, cross-border approach is focused on Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, Tanzania and Uganda. In 2010, the programme was implemented in 12 of these countries (see box), while also providing technical assistance to Mali, Eritrea and Mauritania. While the Joint Programme was meant to accelerate progress in 17 countries, due to shortages of fund it had to prioritize interventions in fewer countries. As such, during 2010, only 12 countries could be supported, with three additional receiving specific technical assistance.

**2010
Programme Countries**

- Burkina Faso
- Djibouti
- Egypt
- Ethiopia
- The Gambia
- Guinea
- Guinea-Bissau
- Kenya
- Senegal
- Somalia
- Sudan
- Uganda

Launched in 2007, an innovative aspect of the programme is that two UN agencies work in synergy under the leadership of national governments, supporting community-based and national activities that have been identified as leading to positive social change. Therefore the Programme main orientation is to support and accelerate the efforts already being undertaken at country and regional level through on-going programmes and not being a stand-alone initiative. Working in partnership with governments, civil society, religious leaders, communities and key stakeholders, the Joint Programme aims to achieve a 40 per cent reduction in the practice of FGM/C on infants and girls up to age 15 by 2012. It is also expected that at least one country will declare the total abandonment of the practice during the same period.

After three years of operation, UNICEF and UNFPA have enhanced their partnership by strengthening the development and implementation of joint annual work plans in country offices; by representing the Joint Programme at various meetings and by collaborating closely for the preparation of the biannual Steering Committee meetings. The Joint Programme acts as a catalyst for action at the country level. Although the programme countries have been working on the issue of FGM/C abandonment for quite a while, the value-added of the Joint Programme is that it addresses FGM/C with a uniform approach, applying lessons learned from social science and field experience on a large scale. The credibility of the two UN agencies working in synergy under government leadership is highly valued by partners. The Joint Programme also has the unique capacity to support a sub-regional approach, encouraging cross-border social change. When necessary, the partnership can be extended to other UN agencies to fill gaps identified through close monitoring of progress. Experiences are being shared and linkages facilitated among countries on a regular basis. Opportunities for additional sharing include capacity building and endorsements by governments.

Promoting change from within through human rights

Since it began operating in 2008, the Joint Programme has consolidated and expanded its collaboration with key development partners at the local, regional and global levels. These partners include community and faith-based organizations, religious leaders, safe motherhood projects, non-

governmental organizations (NGOs), relevant government ministries and other UN agencies. In 2010 the Joint Programme increased its activities to include lobbying for the enactment and enforcement of laws against FGM/C; supporting new research; and working with the media, community, religious networks and the health sector on various levels. Most important, in order to accelerate the abandonment of FGM/C, the Joint Programme has continued to broaden the understanding of the social norms surrounding the practice within countries and of the cross-border and global level policies that influence it.

FGM/C is a deeply embedded in social norm – woven into all aspects of social, cultural and political life. Although the practice is a violation of human rights and causes untold harm to the health and wellbeing of women and girls, it has long been viewed as a cultural necessity. In this context, simply exhorting people to change their beliefs and behaviour is not effective and can, in fact, be counterproductive. People must arrive at these decisions on their own; public support and consensus are key to promoting sustainable change.

The holistic, participative approach is a most effective means for ending FGM/C and for promoting wider community empowerment.

In its work to change such a deeply ingrained cultural practice as FGM/C, from its inception the Joint Programme has supported a holistic, culturally sensitive and participative approach grounded on a firm foundation of human rights. This approach ensures that the principles of human rights guide all programmatic activities and analysis in the target countries. The aim is to create local environments characterized by participation, empowerment, non-discrimination, equity, accountability and the rule of law. This holistic, participative approach has proven to be a most effective means for ending FGM/C in a sustainable manner. It also tends to promote wider community empowerment. Similarly, a supportive national environment based on an accurate, country-specific, culturally sensitive understanding of the causes and effects of FGM/C is also crucial to accelerating the abandonment of the practice. There was major progress on this front in 2010.

The UNFPA-UNICEF Joint Programme on Female Genital Mutilation and Cutting (FGM/C): Accelerating Change has identified ten key outputs, eight taking place at the national and cross-border levels and two at the global level. Cumulatively, all ten outputs are crucial to the Joint Programme’s holistic approach designed to produce sustainable, culturally sensitive change.

A Selection of Key Achievements in 2010: National and Cross-border levels*

OUTPUT 1:

Effective enactment, enforcement and application of national policy and legal instruments to promote abandonment of FGM/C

Legal actions brought against violators of laws against FGM/C: 198

OUTPUT 2**:

Local level commitment to FGM/C abandonment

Communities that made public declarations abandoning FGM/C: 596

Families in Sudan and Egypt who abandoned the practice: 16,095

Facilitators trained: 7,524

Community education sessions conducted: 71,245

Community education session participants: 3,075,363

Inter-community meetings held: 239

Religious leaders declaring publicly that FGM/C should be abandoned: 6,356

* Although the target countries still use a variety of monitoring and evaluation systems, a uniform system is currently being designed to ensure that all target countries use the same evaluation standards.

** These achievements are a result of combined funds provided by several donors to UNICEF, UNFPA and NGOs partners

OUTPUT 3**:

Communication campaigns organized to publicize the abandonment of FGM/C and support the implementation of programme activities

Media events on FGM/C:2,784

OUTPUT 4:

Use of new and existing data for the implementation of evidence-based programming and policies and for evaluation

In 2010, the Joint Programme analyzed, disseminated and applied research conducted in 2009 in Egypt, Djibouti and Somalia. Nine country case studies and five articles on FGM/C programming were produced.

OUTPUT 5:

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

Health facilities integrating the management of complications of FGM/C in 2010:484
Health care providers trained: 1,429
Women and girls who received services for complications from FGM/C: 41,121

OUTPUT 6:

Partnerships with organizations and institutions committed to the human rights of girls and women consolidated and new partnerships identified and fostered

NGOs/government entities incorporating social norm approach in policies/programmes: 233
NGOs/CBOs/management committees trained: 678

OUTPUT 7:

Planning, monitoring and reporting of programme activities

In 2010, the target countries received regular and on-going capacity building through staff visits and on line. The 2010 country work plan was reviewed during the annual consultation in mid-2010; examples of targets and indicators were provided and countries received assistance in introducing result-based indicators.

The Joint Programme collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, in developing more human rights-based, culturally sensitive monitoring, evaluation and reporting indicators and tools to guide fieldwork and future analysis.

OUTPUT 8:

Strengthened the regional dynamics of the abandonment of FGM/C

Functioning sub-regional coalitions: 73

A Selection Of Key Achievements in 2010 at the Global Level

OUTPUT 9:

Strengthened collaboration with key development partners

Global advocacy events on FGM/C conducted: 8

** These achievements are a result of combined funds provided by several donors to UNICEF, UNFPA and NGOs partners

OUTPUT 10:

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

In 2010, 11 academic experts were invited to the fourth Academic Consultation on Social Conventions and Social Norms, organized by UNICEF.

The Joint Programme also collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, developed a literature review, guidance for integrating human rights into the intervention (the theoretical and analytical framework) as well as country context summary reports.

The efforts of the 12 programme countries in 2010 have brought the world closer to realizing the goal of total abandonment of the practice. Through stronger laws, enforcement and community-led efforts, 2010 marked a measurable advance toward abandonment, while at the same time honouring, valuing and protecting the cultures of the communities involved.

Countries participating in the programme have benefited from collaboration and communication across borders at all levels, which has helped spur important initiatives to promote collective abandonment among ethnic groups and extended social networks. As three million of people have received new information about the harm and violation of human rights constituted by FGM/C, this has led to major shifts in attitudes about the practice. The Joint Programme has capitalized on these shifts by organizing collective discussions and large-scale events that enable communities, religious and government leaders and health professionals to reach a consensus about abandoning FGM/C.

One important aspect of the campaign has recently come to light: the mental anguish that women who have already been cut can experience. The emotional shock a women feels when she understands that – contrary to what she always believed – the pain she has endured actually serves no useful moral or cultural purpose, can be severe. Innovative action needs to be taken in the future to help women experience healing both of the physical and psychological effects of FGM/C.



INTRODUCTION

The goal of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation and Cutting (FGM/C): Accelerating Change is to contribute to the abandonment of FGM/C within a generation in countries where the practice is widespread through a holistic, human rights-based, cross-border programme approach. The 17 African countries in the programme are: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, Tanzania and Uganda. While the Joint Programme was meant to accelerate progress in 17 countries, due to shortages of fund it had to prioritize interventions in fewer countries. As such, during 2010, only 12 countries could be supported, with three additional receiving specific technical assistance.

Launched in 2007 at global level but in 2008 at country level, the Joint Programme supports community and national efforts that have demonstrated their effectiveness in creating positive social change. Using an innovative approach in which two UN agencies work in synergy under the leadership of national governments, the programme acts as a catalyst for action at the country level. The Programme main orientation is to support and accelerate the efforts already being undertaken at country and regional level through on-going programmes and not being a stand-alone initiative. In partnership with civil society, religious leaders, communities and key stakeholders, the programme seeks to reduce the practice of FGM/C by 40 per cent among girls aged 0 to 15 years by 2012. It is expected that at least one country will declare the total abandonment of FGM/C during the same period.

Human rights and social norms guide programme activities

The Joint Programme addresses FGM/C from a perspective consistently based on human rights and cultural sensitivity, using a combination of strategies appropriate to specific contexts. The programme's approach is informed by Thomas Schelling's social convention theory¹ and Christina Bicchieri's social norms theory² which underscore the need for a collective community dynamic in order to promote rapid social change. This approach ensures that human rights principles guide all activities and analysis in the target countries, with the aim of creating national environments where participation and empowerment, non-discrimination and equity and accountability and rule of law guide positive outcomes for all peoples. The Joint Programme's ability to apply findings from new social science research and field experimentation on a large scale with diverse stakeholders and to act as a catalyst of cross-border social change gives it a unique advantage over other programmes seeking to change harmful practices.

In 2010, the Joint programme was implemented in 12 of 17 countries with the highest prevalence of FGM/C, as well as providing technical assistance to Mali, Eritrea and Mauritania. During the reporting period, the Joint Programme not only increased the intensity of its activities, but also continued to broaden its understanding of social norms change within countries and in the context of cross-border and global policies in order to accelerate the abandonment of FGM/C.

To convey a clear picture of the Joint Programme's third year of activities, this annual report is organized as follows: Part 1 focuses on overall results, key achievements and challenges at the local, national, regional and global levels. Part 2 addressed three crosscutting components of the programme (health, media and research, monitoring & evaluation). This organizational framework reflects the Joint Programme's overall approach and the crucial importance of anchoring all activities at all levels and within all themes in human rights and cultural sensitivity for an accelerated abandonment of FGM/C. The report concludes with a discussion on lessons learned and the way forward. A list of donor contributions, financial report and basic facts about FGM/C are found in the Annexes.

¹ *The Strategy of Conflict*, Thomas Schelling, Cambridge, Harvard University Press, 1960.

² *The Grammar of Society: the Nature and Dynamics of Social Norms*, Christina Bicchieri, Cambridge University Press, 2006.

2010

Programme Countries

- Burkina Faso
- Djibouti
- Egypt
- Ethiopia
- The Gambia
- Guinea
- Guinea-Bissau
- Kenya
- Senegal
- Somalia
- Sudan
- Uganda

Technical Assistance

- Mali
- Eritrea
- Mauritania



Girls in Djibouti - Photo UNICEF



PART 1

COMMUNITY OWNERSHIP AND EMPOWERMENT LEAD TO SOCIAL CHANGE



Public declaration in Amibara District, Ethiopia, December 2010

Key Partnerships, Achievements and Challenges

SECTION 1

ENDING FGM/C THROUGH LOCAL ACTORS



Photo: UNICEF

Men explain why they do not want their daughters to experience FGM/C during a community meeting in El Khatmia Village, Gadaref State, Sudan.

“We don’t try to convince people. We dialogue with them so that they can come to the realization on their own. They analyze their situation, look at the values supporting the practice and then they can decide.”

Florence Gachanja, UNFPA National Programme Officer, Kenya

The decision to end FGM/C must come from the communities themselves

FGM/C does not exist in a vacuum. It is one thread in an intricate web of traditions and norms that are deeply interwoven into all aspects of social, cultural and political life. Simply exhorting communities to change their beliefs and behaviour is not effective; people must arrive at these decisions on their own. Public support and consensus are key elements to creating sustainable change.

The holistic approach enables communities to be active agents and owners of their own social change.

In order to change such a deeply ingrained cultural practice as FGM/C, from its inception the Joint Programme has supported a holistic, culturally sensitive, participative approach grounded on a firm foundation of human rights.

The holistic approach results in the abandonment of FGM/C by promoting dialogue, discussion, debate, conflict solution, and non-judgmental communication within communities. Moreover, such an approach enables communities to be active agents and owners of their own social change. And it frees local people from feeling coerced and resentful, enabling them to retain their dignity, pride in their local culture and self-respect. As a result, FGM/C is no longer politicized by the perception that international interventions amount to little more than cultural imperialism or neocolonialism.

Finally, and perhaps most importantly, the holistic, participative approach has proved to be highly beneficial in abandoning FGM/C in the short and long term but also in promoting wider community empowerment. As the Joint Programme's holistic, cross-border approach takes into account the power of social norms and conventions to govern community behaviour, it is setting in motion a dynamic of positive social change throughout the region.

From the launch of the UNFPA-UNICEF Joint Programme, the two UN agencies have formed many partnerships, collaborating at the local, national, regional and global levels with key development actors including community and faith-based organizations, religious leaders, safe motherhood projects, NGOs, relevant government ministries and other UN agencies.

FGM/C is a dynamic phenomenon, whose significance is continuously being redefined in response to the circumstances of people's lives. The Joint Programme's approach enables people to understand and reflect upon the effects of a practice which before they had simply taken for granted. This is why it is imperative that local ownership of social change continue to expand in all the target countries in the future.

The first step: community education and empowerment

In 2010 the Joint Programme conducted a total of 71,245 community education sessions in the 12 target countries. In all, 7,524 trained facilitators led the sessions, which were held over a period of several months in each community. The curriculum addresses issues such as women's health (anatomy, physiology, reproductive health and immunization) and hygiene (infection, transmission and prevention). It also highlights fundamental human rights such as the right to life, to peace and security, bodily integrity, health, the right to be protected against all forms of discrimination, the right to an education, the right to be married, the right to freely express one's opinions and the right to information.

During the community education sessions, men, women and young people learn by engaging in group discussions, role playing, theater, poetry and songs about human rights. In 2010 more than 3 million community members were reached. As the messages were shared, discussed and reiterated, the likelihood increased that communities would decide that it is best not to cut their daughters. Because people came to this decision on their own, the social change that results tends to be permanent.

Reaching the “tipping point” of social change through public pledges



Public Celebration in Uganda

Nevertheless, the practice of FGM/C does not end in a given community if only a few families decide to stop it. According to recent theories³, community behaviour tends to be governed by powerful social conventions and norms which individuals ignore at the risk of exclusion from the community. One such convention is that only girls who have undergone FGM/C are fit for marriage. Thus, when a core group within a community becomes convinced of the need to abandon the practice, this group must then enlist their friends and neighbours in order to collectively change the social norm and improve the marriage prospects of girls who have not been cut. When these groups become large enough to protect the social status of members who decide to abandon the practice, the process of abandonment becomes self-sustaining. Once the process reaches this critical mass, the norm “tips” and change tends to be rapid and universal.

Public pledges of the decision to abandon FGM/C demonstrate to the wider world that a community no longer supports the practice. Since it is expected that such open displays of disaffection will eventually result in the total abandonment of FGM/C, support for public pledges is a key component of the Joint Programme’s holistic and strategic approach. In accordance with social convention and norms theories, these public pledging ceremonies – to which local and national dignitaries and the press are invited – help to create a critical mass of people committed to abandoning the practice. Such groups are large enough to set in motion a dynamic of positive social change in local communities, which in turn enables the abandonment of FGM/C to be self-sustaining.

During 2010, 596 public celebrations of the abandonment of FGM/C were held in the target countries. This is in addition to the 9,696 families in [Egypt](#) and 6,400 families and 52 communities in [Sudan](#) who abandoned the practice during the same period. In [Senegal](#), 502 public community declarations took place, compared to 256 in 2009. In [The Gambia](#), 19 communities publicly declared that they had reached consensus to abandon of FGM/C.

³ See footnotes 1 and 2.

In Guinea Bissau, One Village Leads the Way

Sintchâ Laubé is a rural village in Guinea Bissau whose people, the Laube, are known for being master carpenters as well as productive farmers. Thanks to a core group of active men and women and the support of the chief and religious leaders, this village was the first in the country to publicly declare its decision to abandon FGM/C. With its dedication to community-driven sustainable development exemplified by this public declaration, Sintchâ Laubé is a role model for the region and the whole country.

One example is Ethiopia's Afar region, where the prevalence of FGM/C has traditionally been over 95 per cent. In six target districts of Afar, the Joint Programme's implementing partners trained community dialogue facilitators – local administrators, former circumcisers, clan and religious leaders. Once trained, the facilitators held hundreds of dialogue sessions to share information about women's health and human rights with community members. Early indications show impressive results. According to one partner organization, Rohi Weddu Pastoralist Women Development, there are now 4,000 uncut girls in the six districts – in a region where an uncut woman was formerly viewed as "one who has passed away."

There are now 4,000 uncut girls in the six districts.

One mother in Afar who participated in meetings with Rohi Weddu described the new attitude this way: "I have one circumcised and two uncircumcised daughters. I did not circumcise the two younger girls after I got education from Rohi Weddu. Now we are seeing differences between the circumcised and un-circumcised girls. The uncircumcised girls are growing up healthy. Fewer girls are suffering from urine retention; fewer girls are dying from FGM/C. We are hoping that when these girls become mothers, fewer of them will die due to FGM/C."

In 2010, two Afar districts publicly declared their decision to abandon FGM/C. The declaration in Amibara district was witnessed by more than 700 people, while in Awash Fentale about 450 people attended the event, including regional government officials and the president of the Supreme Court. Table 2 shows the declining trend of FGM/C in both Amibara and Awash Fentale districts, according to data collected by Rohi Weddu in collaboration with district and sub-district officials and other partners.

Table 2: Creating FGM/C-free Communities in Ethiopia's Afar Region

District	Total		%	
	Cut	Uncut	Cut	Uncut
Awash-Fentale	199	906	18%	82%
Amibara	523	1345	28%	72%
Total	722	2251	24%	76%

Source: Rohi Weddu

In Sudan, the cultural significance of FGM/C is woven into local concepts of gender identity like the threads in an ancient tapestry. Womanly ideals of purity, cleanliness and smoothness have long been associated with the practice. In this setting, an initiative called Saleema works within the local culture, demonstrating that community ownership is essential to bringing about change. Most important, the Saleema campaign does not demonize the practice of FGM/C. Instead, it establishes an environment where people can discuss the benefits of leaving girls uncut, making it possible to create change without destroying people's sense of dignity. The community members themselves become the agents of change, thus increasing the likelihood that the social transformation will be sustainable.



Saleema campaign Sudan

The word Saleema is used to describe uncut girls. It means whole, healthy, untouched; in a God-given, original condition.

Involving everyone in discussions of FGM/C

Bridging the generation gap

In the effort to end FGM/C, conflicting interests and power dynamics between women and men of different generations, as well as between women of different age groups, need to be appropriately addressed in each community. This is especially true in the communities of “out-married” wives – those groups into which local girls traditionally marry – since FGM/C has long been considered a prerequisite for marriage. For example, in [Egypt](#), at a time of rapid social change, some young women are ambivalent about FGM/C, while their mothers remain convinced of the necessity of the practice⁴. Nevertheless, in 2010 in Egypt, 9,696 families in 17 communities publicly declared their intention not to cut their daughters.

The Joint Programme is keenly aware of the local power struggles that surround FGM/C and is working to address them in each instance in the most culturally sensitive manner. In [Kenya](#), several councils of elders have been leading campaigns for the abandonment of FGM/C. The elders of Nchuri Ncheke made a public pledge in 2010.

Young girls as agents of change



In order not only to include young Kenyans in the campaign against FGM/C, but actually to help them become agents of change, the Joint Programme supports two-day workshops where youths learn about human rights and the legal, social, religious, psychological and health implications of the practice. One innovative aspect of this initiative in 2010 was the use of social media: youths were encouraged to use Facebook to generate discussions and debates about FGM/C via the Internet.

In [Uganda](#), the Joint Programme sponsors a community organization called REACH which seeks to ensure that the voices and experiences of young girls themselves are part of the FGM/C abandonment process. REACH encourages girls to speak out about their experiences of FGM/C and collects the narratives for inclusion in community dialogue sessions. This way, girls can learn from the experiences of their peers. And the girls who share their narratives also edit their own stories, which strengthens their involvement in the campaign to end FGM/C, as well as building their confidence and improving their writing skills. One young girl participating in the programme expressed her views this way: “My advice to girls and women is not to allow your friends or in-laws to push you to undergo FGM/C. If you do, you will face problems later.”

The key role of religious leaders and teachers

Among the key stakeholders whose involvement is crucial to the campaign to abandon FGM/C are religious and traditional leaders, village headmen, traditional birth attendants, circumcisers and local health workers. During 2010, the Joint Programme continued to build partnerships and networks and expand activities with all these individuals at both the local and national levels. In 2010, for example, 6,356 religious leaders publicly advised their communities that FGM/C should be abandoned.

In [Djibouti](#), the Joint Programme supported the creation of a network of female religious leaders – the first of its kind in the country – who initiated dialogues about FGM/C with local women’s groups. In [Uganda](#), when the Ministry of Gender, Labour and Social Development held a national-level planning meeting on FGM/C, a number of participants identified Christian churches as key to guiding the process of abandoning the practice. In [Guinea-Bissau](#), the National Committee for the Abandonment of Harmful Practices is working closely with the country’s two main Associations of Muslim Leaders. Since the committee began holding dialogue sessions with the religious leaders, a number of imams have raised

⁴ *Just Like Couscous: Gender, Agency and the Politics of Female Circumcision in Cairo*, Maria Malmström, Gothenburg: University of Gothenburg, 2009

the issue of FGM/C during their Friday sermons. Some teachers in Qur’anic schools have also begun to discuss the practice with their pupils. Both have pointed out that FGM/C does not reflect the teachings of Islam.

The engagement of religious leaders has proven to be crucial in communities where the practice of FGM/C is perceived to be part of Islam. In addition, other formal as well as informal leaders – including royals – often have even more leverage to influence communities. For example, the Kamsonghin Naba in Burkina Faso has been participating in anti-excision activities for some time.

At the International Horn University in [Somalia](#), a Sudanese civil society organization which campaigns against FGM/C, held a workshop on the practice for Islamic women scholars in Somaliland. One participant from the Somaliland Ministry of Education made the following suggestion:



Training of Women religious leaders, Djibouti

“... I think you should hold the same workshop for teachers – male and female – to be facilitated by Sheiks and scholars. I say this because female students often talk with their teachers about the pain and suffering caused by circumcision, but they seldom get a response based on scientific fact. That’s why teachers need workshops like this. Society listens to teachers and respects them. Also, when students hear something from their teacher, it stays with them for the rest of their lives.”

Traditional communicators

In many African countries, traditional communicators (also called griots in Francophone countries) have the dual role of entertainers and educators. They often travel from village to village telling stories and performing for local audiences. As such, they can play a key role as partners in the campaign to raise awareness about FGM/C. In [Guinea](#), 60 griots who had attended education sessions about FGM/C developed a culturally-sensitive plan of action for campaigning against the practice in their respective communities with support from the Executive Office of the National Network of Traditional Communicators. In [The Gambia](#), traditional communicators have worked with health personnel to provide information about FGM/C at health clinics through dramas and songs in local languages. Also in the Gambia, UNFPA supported the Association for Promoting Girls and Women’s Advancement in training traditional communicators, including developing video materials for dissemination as a tool for further sensitization and awareness-raising.



Traditional communicators in Guinea

Key partnership with NGOs

In 2010 the Joint Programme continued to strengthen its partnerships with non-governmental organizations, building their capacities and supporting their internal capacity-building activities. During the year, 678 NGOs, CBOs and local committees received training. Moreover, 233 NGOs and governmental organizations incorporated the human rights approach into their policies and programmes.

The capacities of community-based organizations need to be strengthened not only in order to promote change within specific communities, but also because such good practices can serve as models for other communities, initiating innovative policies at the national, cross-border and global levels.

Tostan and the human rights approach

One of the programme's leading partner organizations, Tostan has vast experience in successfully promoting the abandonment of FGM/C. Yet Tostan does not address the issue of FGM/C in isolation, or even as a first priority. But by basing its community education programmes on the principles of human rights. As of December 2010, Tostan's work since 1997 had resulted in the organized abandonment of FGM/C in 4,625 communities in Senegal alone⁵.

Community members set their own agenda on how to improve their lives.

Moreover, Tostan does not simply inform the members of a community about the universal principles of human rights as identified by the United Nations. Rather, Tostan facilitators start by asking community members to share their ideas about what kind of community they want to live in. According to Tostan, as people describe their vision of the ideal community, they always paint a picture of a human rights-based society, even if they are not yet familiar with the official terminology of human rights.

In 2010, 678 NGOs, CBOs and local management committees have been trained.

Indeed, standard human rights language can actually be off-putting to local people the first time they hear it. Marie Rose Sawadogo of Burkina Faso's National Committee to Fight the Practice of Excision (CNLPE) explains: "People with no education do not respond to the term 'human rights.' They think it's a reflection of Western values, not African values." It is critical, therefore, that people perceive the human-rights approach as applicable to themselves and as relevant in substance and scope to their own life situations. This perception comes about through dialogue; when people understand human rights within the context of their own culture, the concept of human rights becomes relevant.

Teaching literacy through text messages

In Djibouti in 2010, Tostan worked in 33 communities new to the programme, educating people through dialogue, discussion and information about human rights, conflict resolution, project management and literacy in local languages. As in other countries, literacy is taught using cell phones capable of short message systems (SMS) texting. With this high-tech approach, Tostan's courses in SMS texting and navigation enable people in remote areas to access information and discuss issues such as FGM/C with friends and family members in other villages, as well as outside the country – a highly successful example of the cross-border and global approach in which people become their own change agents.

In 2010 Tostan worked in Djibouti, The Gambia, Guinea, Guinea-Bissau, Senegal and Somalia with support from the Joint Programme. Many other countries use the social norm approach (see Table 3) and some organizations, such as the NGO Mwangaza Action and their Yam Wekre Programme in Burkina Faso, have received training from Tostan.

Through texting, people become their own change agents.

⁵ These achievements are a result of combined funds provided by several donors to Tostan and UNICEF

Djibouti: Education is a Universal Human Right



"My name is Houmed Mohamed Houmed. Today I'm a facilitator with the organization Fantehero/Obock in Djibouti, but I used to be a beneficiary of Fantehero's literacy classes. Before that, I couldn't read or write. Then I learned that I have a right to education. The programme, which is supported by the Ministry for the Promotion of women, Tostan and UNICEF, enabled me to exercise this universal human right, and I learned to read and write quite well. Then, when our facilitator fell ill and could no longer teach, I was asked to replace him and lead the literacy classes. I feel proud because I can help change the lives of people in my community who are limited by illiteracy. I hope others will succeed as I have because now I have my eye on the supervisor's job."

Table 3: The Community Empowerment Approach

Countries*	NGOs/GOs that Employ the Social Norm Approach in Policies and Programmes
Burkina Faso	6
Djibouti	1
Egypt	76
Ethiopia	2
Gambia	1
Guinea	5
Guinea Bissau	4
Kenya	47
Senegal	15
Somalia	-
Sudan	71
Uganda	5
Total	233

**The target countries still use different monitoring and evaluation systems. As of now, a uniform monitoring and evaluation system is being designed to ensure that all target countries use the same evaluation standards.*

SECTION 2

ENDING FGM/C THROUGH NATIONAL ACTORS



Parliament members discussing FGM/C abandonment, Somalia

“We came to President Museveni with demands from the communities themselves. This was not the Minister of Gender or the Minister of Health talking to him, this was the Sabiny and Pokot elders saying, ‘We don’t want FGM/C to continue; we need a law to help us with our campaign.’”

Brenda Malinga, UNFPA National Programme Officer, Uganda

A supportive environment at the national level, based on an accurate, culturally sensitive understanding of FGM/C in the local context, is crucial to accelerating the abandonment of FGM/C. There was major progress on this front in 2010.

The Joint Programme, in collaboration with key national stakeholders, has continued to broaden the consensus around a holistic approach to abandoning FGM/C based on an understanding of social norms. One good example is [Guinea-Bissau](#), where in 2010 for the first time the government included a National Strategy for the Abandonment of FGM/C in its Poverty Reduction Strategy Paper. The Joint Programme also helped several countries develop or revise National Strategies and/or Plans of Action for the Abandonment of FGM/C. In [Sudan](#), [Guinea-Bissau](#), [Kenya](#) and [Senegal](#), a new national policy was approved in 2010 with support from the Joint Programme. These new policies provide a framework for planning, coordinating, funding, implementing and monitoring and evaluation efforts to accelerate the abandonment of FGM/C. Out of the 12 programme countries, 11 have now established such national policies.

Grassroots activists succeed with government support

While government support is crucial, in many countries FGM/C is highly politicized, and this can adversely affect interventions against the practice. This is why it is important to combine all national efforts with step-by-step actions at the community level. [Uganda](#) is one example where the leadership of several grassroots activists eventually resulted in major changes country-wide, supported by the highest levels of government.

Uganda: The Long, Winding Road to a National Law against FGM/C

In 1988, members of the Sabiny community in Uganda initiated a campaign against FGM/C. A few years later, the Sabiny Elders approached President Museveni requesting both technical and financial support to stop the practice. As a result, in 1996, the Reproductive, Educative and Community Health Project (REACH) was developed and launched in collaboration with the Sabiny Elders Association and with support from UNFPA.

“REACH’s goal was to facilitate change,” says Beatrice Chelangat, the project’s coordinator, “and the change agents were the Elders. Most of us on the REACH staff had just left university, so it was difficult for us to communicate with the common man in the villages. We asked the Elders – the people who are listened to and who are influential – to spend time in the villages, talk about local problems with the people and discuss possible solutions.”

But in 1998 there was a backlash in the Sabiny community in favour of FGM/C. A number of professors, local government leaders and members of the local elite formed a pro-FGM/C group to counteract messages from the Elders and REACH. The group offered money to every family who agreed to have a daughter cut, and the number of girls undergoing the procedure doubled. The Elders and REACH became convinced that, in addition to being sensitive to local culture, their campaign against FGM/C also needed a legal framework.

In 2004 REACH and the Sabiny Elders asked an organization called Law Uganda to draft a document explaining the principles of a law to prohibit genital cutting. In 2005, 100 community leaders from 16 sub-counties petitioned local authorities to enact a bylaw based on this draft. It passed in 2006. In 2008, a district ordinance prohibiting FGM/C was passed. In 2009, the Elders of the Sabiny and Pokot, REACH staff and medical professionals met with President Museveni and convinced him that the practice is harmful and that a law was urgently needed. On March 17, 2010, the President signed Uganda’s Prohibition of Female Genital Mutilation Act.

This narrative highlights how much committed, patient, grassroots activists can achieve when they collaborate with state actors. It also demonstrates that FGM/C abandonment programmes should never prejudge which groups will oppose the practice and which will defend it. In this instance it was the community elders – who might be expected to rigidly uphold traditional practices – who wanted change. Those who defended FGM/C were younger, highly educated individuals. The lesson here is that the environment surrounding FGM/C should always be understood within the local context. In addition to being an ancient tradition, the practice remains a present-day phenomenon. But since it is constantly being redefined and renegotiated by local stakeholders in relation to local realities, this can present opportunities for future efforts.

Once a law against FGM/C is in place, and communities ready for change, its authority can be a source of empowerment for activists working against the practice. In [Kenya](#), for example, legislation has protected young girls who lack the power to defend themselves. In most cases, decisions regarding the intimate sphere of girls' bodies and sexuality are made by senior women or mothers-in-law, who have the ultimate authority over the girls' lives. In some Kenyan communities, teenage girls have begun to resist FGM/C by running away from home to avoid being cut. While the Joint Programme does not encourage girls to run away, providing immediate protection for them is essential.

Working with governments to stimulate the passage of laws against FGM/C and Support their enforcement

In 2010 the Joint Programme supported awareness-raising and advocacy campaigns to strengthen the legal environment in a number of countries and to provide lawmakers in others with the necessary tools to develop legislation. There was an increase in the number of ministerial declarations, and decrees against FGM/C in 2010, such as the decree in [Guinea](#). The Joint Programme supported the passing of the Prohibition of Female Genital Mutilation Act in [Uganda](#), and similar draft bills are now being circulated and debated in parliament in [Kenya](#), [Ethiopia](#) and [Guinea-Bissau](#).

In 2010 The Joint Programme collaborated in parliamentary hearings on FGM/C in [The Gambia](#), [Mauritania](#), [Senegal](#), and in [Uganda](#). And it supported an inter-parliamentary conference in Dakar that called for a continent-wide ban of the practice. Among other things, these meetings examined the status of national laws against FGM/C; encouraged understanding of the contents of the Maputo Protocol on the rights of women and how its principles can be applied to effective FGM/C legislation; enhanced policy dialogue and promoted cross-border networking. In addition, the Joint Programme provided technical support to parliamentarians in the target countries (through the use of innovative approaches such as video) to build their capacities to pass the most effective possible legislation by exchanging best practices among FGM/C activists, public authorities and civil society throughout the sub-region.

The Joint Programme helped [Sudan](#), [Djibouti](#), [Egypt](#), [Senegal](#), [Burkina Faso](#), [Uganda](#) and [Guinea](#) enforce laws against FGM/C through activities at different levels. In order to promote open discussions of FGM/C, the Joint Programme strengthened collaboration and coordination among governments, legislators, the police and civil society. It supported the development of training curriculums for female police officers in [Sudan](#) on topics such as the criminal investigation of violence against women, as well as building the capacities of judges, prosecutors and lawyers in [Guinea-Bissau](#), [Ethiopia](#), [Sudan](#), [Djibouti](#) and [Burkina Faso](#). The Joint Programme also received requests for capacity-building from a variety of players in these countries. And the formation of national, multi-stakeholder working groups in several target countries resulted in overall improvements in the coordination of legal interventions.

In [Uganda](#), [Senegal](#), [Guinea](#) and [Sudan](#) the Joint Programme provided financial and technical support to government ministries to translate the texts of laws against FGM/C into local languages, print copies and disseminate them.

In 2010, a total of 198 legal actions were brought against offenders in the target countries, with [Burkina Faso](#) and [Ethiopia](#) taking the lead in this area.

Table 4: Legal Actions against Perpetrators of FGM/C in 2010

Countries*	Number of legal actions against offenders
Burkina Faso	23
Djibouti	-
Egypt	12
Ethiopia	131
Gambia	-
Guinea	5
Guinea Bissau	-
Kenya	7
Senegal	11
Somalia	2
Sudan	3
Uganda	4
Total	198

**The target countries still use different monitoring and evaluation systems. As of now, a uniform monitoring and evaluation system is being designed to ensure that all target countries use the same evaluation standards.*

Over the last 20 years, [Burkina Faso](#) has seen steady progress in the step-by-step abandonment of FGM/C. The government established a national telephone hotline called The Green Phone: SOS Excision to report cases of girls being cut. Since 1996, when the country legally banned the practice, a significant number of calls to the hot line have resulted in legal interventions and prosecutions. Between 1997 and 2005, 94 circumcisers and parents were sentenced for violating FGM/C laws; between 2005 and 2009 the number of increased to 686. In 2008 a report was published indicating that FGM/C was declining in Burkina Faso⁶.

In 2010, the law was accompanied by educational campaigns against FGM/C. “We work with the gendarmerie,” says Günter Lanier of UNICEF in Burkina. “A group of gendarmes, social workers and sometimes people from the local radio go out into the villages and do awareness-raising. The Joint Programme has given the gendarmerie an important role as a national advocate against FGM/C.” But he notes that the gendarmes are often not very mobile. They tend to be hampered by the high cost of petrol when they try to follow up on a case.

Other countries have seen few FGM/C cases brought before their criminal courts. In [Egypt](#), where a law against the practice was enacted in 2008, the small number of prosecutions is believed to be due to the lack of a coherent strategy for monitoring medical practitioners who perform FGM/C and the absence of a culture of reporting abuse and simple neglect. Further research is recommended to analyze weak enforcement in a number of countries with laws against FGM/C.

Laws require community ownership

By and large, to be effective, laws against FGM/C must be perceived as relevant to people’s needs. Moreover, the success of such legislation depends on whether or not the individuals implementing it on behalf of the state are perceived to be trustworthy partners of the people who understand local issues from the people’s perspective. For example, these individuals must understand (while not accepting) why women can inflict pain and physical harm on their daughters as an expression of maternal love and affection. Therefore, the development of legislation against FGM/C must go hand in hand with a community-owned approach to social change. Laws that are firmly established among populations do represent sustainable and owned by the community can so a long way in terms of enforcement and sustainability.

⁶ Analysis of the Evolution of the Practice of Female Genital Mutilation/Cutting in Burkina Faso, The Population Council, 2008.

SECTION 3

ENDING FGM/C THROUGH REGIONAL ACTORS



Photo: Inter-African Committee (IAC)

Youth workshop in Uganda

“To create an ‘enabling environment,’ AIDOS works with the media, especially radio. We introduced a new radio format – audio documentaries – that allows us to do in-depth, on-the-ground interviews. This way, people can express their feelings and listeners can easily identify with those speaking. We interview women and men who are embracing a new understanding of FGM/C, renegotiating and redefining their traditions so that they reflect gender equality and respect for human rights.”

Cristiana Scoppa, Programme Specialist, AIDOS

As a cross-border initiative covering 12 countries, the Joint Programme works in partnership with four international NGOs:

- INTACT (The International Network to Analyze, Communicate and Transform the Campaign against Female Genital Cutting), co-ordinated at the Cairo office of the Population Council,
- AIDOS (The Associazione Italiana Donne per lo Sviluppo/Association for Women in Development) based in Italy,
- NPWJ, (Non c'è Pace Senza Giustizia/No Peace Without Justice) based in Italy, and
- IAC (The Inter-African Committee on Traditional Practices affecting Women and Girls' Health) based in Ethiopia.

As the following examples attest, a clear advantage of cross-border activities is the increased possibility of exchanges of experiences between countries at different levels.

Cross-border activities increase the momentum of the abandonment process

INTACT Network for south-to-south cooperation

The Joint Programme works with INTACT, the International Network to Analyze, Communicate and Transform the Campaign against FGM/C. An international group of researchers, scholars, and activists committed to bringing scientific evidence to bear on the campaign to end FGM/C.

In 2010, INTACT established an online community – JP Comm, <http://knowledge-gateway.org/Community> – to increase interaction and knowledge-sharing among people working on the Joint Programme in 17 African countries and to expand communication with the larger INTACT network. JP Comm currently has 30 members. As part of its capacity-building efforts, in 2010 INTACT held two online conferences (one in English, one in French) on Working with religious leaders to accelerate the abandonment of FGM/C for people active in the Joint Programme. JP Comm members also have access to INTACT's quarterly E-Newsletter which reports on recent happenings in the global FGM/C community, as well as on Joint Programme activities. To help with knowledge management, an e-library of Joint Programme communications and publications has been established on JP Comm. INTACT also uses Facebook to increase informal communication among JP members.

In response to a request from the INTACT community, FGM/C experts working with the Joint Programme have been invited to serve as resource persons in on-line discussion forums and web conferences. INTACT has also facilitated two visits of Sudanese resource persons to Egypt to share that country's experience in countering the medicalization of FGM/C and passing legislation to accelerate the abandonment of the practice. This dialogue has facilitated an increase in South-South communication, discussions, and exchange of experiences.

It should be noted that the language barrier between French- and English-speaking members needs to be continuously addressed to increase members' participation in future activities. Nevertheless, INTACT clearly benefits a wide range of FGM/C activists, and it is recommended that it be further supported and developed.

No Peace without Justice (NPWJ) for an effective legislation

The Joint Programme supports the Italian-based organization No Peace without Justice (Non c'è pace senza giustizia) in order to contribute to the development of effective legislation against FGM/C. NPWJ works with parliamentarians, government authorities and civil society organizations for the protection and promotion of human rights, democracy, the rule of law and international justice. Its locally-driven

activities are designed to enhance policy dialogue and build the capacities of legislators. It collaborates with members of parliament who have demonstrated an interest in ending FGM/C, as well as working with public authorities responsible for the implementation of laws against the practice.

In 2010, NPWJ consolidated existing partnerships and forged new ones, fostering cross-border cooperation and coordination within the region. NPWJ worked to promote legislation and institutional policies related in FGM/C, and, in partnership with the Joint Programme, developed locally-driven policies in the target countries. Parliamentary hearings were held in [The Gambia](#), [Mauritania](#), [Senegal](#) and [Uganda](#), as was an inter-parliamentary conference in which a declaration calling for a ban on FGM/C was adopted. Also in 2010, as part of a global strategy to unify and mobilize Heads of States to table a General Assembly Resolution to ban FGM/C worldwide, the Parliaments of Uganda and [Guinea-Bissau](#) voted to include FGM/C on the agenda of the 15th African Union Summit.

Overall, an important lesson for future activities is the need to be sensitive to political developments in relation to FGM/C legislation within each country. In [Mali](#), for example, in 2010 there was a clash with conservative forces on the new Family Law. NPWJ modified its planned activities and adjusted its strategies to meet this challenge.

Inter-African Committee on Traditional Practices (IAC) for Youth Mobilization

To date, the Inter-African Committee on Traditional Practices (IAC) has educated over 250,000 African youths about the harmful effects of FGM/C. In 2010, with support from the Joint Programme, it strengthened its training of youths as peer educators and campaigners. It organized a sub-regional youth mobilization workshop in Kampala on the theme, “Enabling Young Persons to Accelerate Ending Female Genital Mutilation (FGM),” attended by 30 youth-leaders from Ethiopia, Kenya, Tanzania and Uganda, all of whom pledged to continue the campaign on their return home. To further strengthen the youth network and encourage adolescents to play a central role in the abandonment of FGM/C, workshop participants were invited to join the dialogue on the IAC Forum website: (<http://iacforum.46.forumer.com/>). This interactive dialogue platform allows for the exchange of ideas, information, activities, and experiences among the IAC Youth Network. The participants were also introduced to IAC Facebook, the social network site that enables them to participate actively with IAC and one another and to make comments and post information on FGM/C and other issues relevant to IAC.

The Association for Women in Development (AIDOS) for media capacity building

The media has the power to both mobilize people’s emotions and generate new discourse. In 2010 the Joint Programme supported AIDOS (See also Media, below.) in their work to strengthen the capacities of the media to properly report on FGM/C and to encourage community dialogue about the practice. AIDOS, in turn, worked with the Association of Media Women in Kenya (AMWIK), the Tanzania Media Women’s Association (TAMWA), and the Ethiopia Media Women’s Association (EMWA) on the issue of FGM/C.



Photo: J. Zeniti

Camera operator Maxwell Odhiambo preparing for the recording of the interview with Jane Thuo, director of AMWIK, Association of Media Women in Kenya, for the video documentary “Abandoning FGM/C on FM!”

During the reporting period, AIDOS trained journalists, encouraged local media coverage of FGM/C, shared research results and news about national and international policy developments and distributed press releases. The promotion of media coverage at the local level enabled partner organizations such as AIDOS to implement media strategies: to review press coverage of FGM/C issues; contact journalists; disseminate press releases and other informational material; manage the web portal (<http://www.aidos.it/lang/>) in order to share information via the Internet; respond to inquiries by journalists and produce radio programmes on FGM/C. AIDOS also held a capacity-building workshop on innovative radio formats to promote the abandonment of FGM/C. Moreover, AIDOS has restructured and updated the website www.stopfgmc.org and created a corresponding Facebook page. On the whole, AIDOS is a key player in ongoing efforts to involve the media in the target countries and strengthen its capacities.

Coalitions to end FGM/C

In 2010, 239 inter-community, cross-border meetings were held and 67 functioning coalitions carried out activities across borders. One of many examples of the latter is a team from [Kenya](#) that visited [Sudan](#) to learn from Sudan's experience in abandoning FGM/C. Another team from [Sudan](#) was invited to [Egypt](#) to share experiences and discuss the medicalization of FGM/C and its implications for the abandonment process. The participants considered the meetings to be instructive and productive for future strategies and activities. Finally, Somalia provided a grant to a Sudanese religious group so that this group could, in turn, provide technical assistance to religious leaders in Somalia.

The Tostan community empowerment approach is one example where people in neighboring countries are invited to attend a public declaration of abandonment. All of the 502 public declarations made by Tostan-supported communities in Senegal in 2010 had a cross-border component.

During the year, the Joint Programme and the Association of European Parliamentarians for Africa (AWEPA) signed a letter of intent to raise awareness on FGM/C among European and African parliamentarians. New partnerships were also established, one result of which is a new pledge of support from Luxembourg.

It is recommended that over the next few years there be even greater coordination and collaboration with key partners within countries, as well as further cross-border exchanges, in order to accelerate the large scale movement of abandonment of FGM/C.

SECTION 4

ENDING FGM/C THROUGH GLOBAL ACTORS



Photo: Tostan

Young girls perform skits and songs for the crowd at the declaration - Senegal

“What is unique about the UNFPA–UNICEF Joint Programme is that it has learned how to play a pivotal role by being flexible, helping to identify gaps and maintaining a regular flow of information among the numerous partners that have joined this initiative in the past years.”

Amal Fahmy, UNFPA's National Programme Officer in Egypt

At the global level, the Joint Programme collaborated with several key development partners in 2010 and held eight global advocacy events on FGM/C. It provided technical support to the Ministerial Meeting on FGM/C, co-chaired by the governments of [Italy](#) and [Egypt](#) as an official side-event to the UN General Assembly. The purpose of the meeting was to discuss the possibility of tabling a UN resolution on FGM/C at the General Assembly. The most significant result was the explicit recognition by UN Member States that FGM/C functions as a social norm. There was broad consensus on the need to support a culturally-sensitive, holistic approach that focuses on education and awareness-raising and leads to public pledges of abandonment. Moreover, the member states also agreed that legislation is needed to support the community process of change.

During the 2010 Commission on the Status of Women, the Joint Programme supported an official side event on FGM/C convened by the governments of Italy and Egypt and the African group and chaired by the First lady of Burkina Faso. It provided policy guidance to the CEDAW and CRC in their selection of the themes of harmful practices and gender-based violence as topics for their first joint general comment and recommendation. As a result of this guidance, a first draft of the two agencies' first joint general comment will be discussed in 2011 at a joint session in Geneva.

The Joint Programme supported capacity-building to disseminate information about the social norms perspective to UN agency staff, national governments and other partners. For example, UNFPA and UNICEF staff members participated in a two-week course on the practical application of social norms research, organized in partnership with the University of Pennsylvania. When one participant returned to Burkina Faso after the course, he organized and conducted training on the subject for members of government, the police and NGOs in Ouagadougou. Other participants expressed the need for increased capacity-building of this kind at country level in the future.

New partnerships were also established, one result of which is a new pledge of support from Luxembourg. The Joint Programme also forged new partnerships through a meeting with the cabinet of European Commissioner-Designate Viviane Reding. These interactions with the EU laid the groundwork for future collaboration in the development of a joint European strategy on FGM/C to accelerate the abandonment of FGM/C in Africa and Diaspora communities.

The Joint Programme also consolidated and strengthened its partnerships with several UN agencies, international cooperation and development agencies and private foundations. This builds donor support and helps pool resources for a global movement towards the abandonment of the practice, as does the Joint Programme's participation at the ninth annual meeting of the Donors Working Group on FGM/C.



Girl in Egypt - Photo: UNFPA



PART 2

CROSS-CUTTING COMPONENTS



Photo: UNFPA

Health extension worker in community - Ethiopia

Health, Media and Research, Monitoring & Evaluation

SECTION 1: MEDIA

Media is a powerful communications tool for bringing about change in social norms. In 2010, a total of 2,784 media events on FGM/C took place in the target countries. In [Kenya](#), [Ethiopia](#) and [Tanzania](#), AIDOS – in collaboration with national women’s media organizations (see also regional partners) – initiated innovative media strategies to help promote the abandonment of FGM/C in these countries. One such strategy included the broadcast of a radio programme in Nairobi titled “Abandoning FGM/C on FM!” More and more journalists have been invited to attend large-scale public declarations of abandonment. Documentaries of such events were produced in [Egypt](#) and [Ethiopia](#) with the support of the Joint Programme.

Table 5: Media Events on FGM/C in 2010

Countries*	Number of Media Events on FGM/C Held in 2010
Burkina Faso	445
Djibouti	3
Egypt	76
Ethiopia	11
Gambia	114
Guinea	360
Guinea Bissau	144
Kenya	13
Senegal	1592
Somalia	3
Sudan	20
Uganda	3
Total	2784

*The target countries still use different monitoring and evaluation systems. As of now, a uniform monitoring and evaluation system is being designed to ensure that all target countries use the same evaluation standards.

** These achievements are a result of combined funds provided by several donors to UNICEF, UNFPA and NGO and civil society partners

Building media capacities to report on FGM/C

Also in collaboration with AIDOS (see also regional actors), as well as national and local partners, the Joint Programme strengthened its support of media training to build the expertise of media personnel and improve reporting on FGM/C in the target countries. For example, the Joint Programme supported the training of journalists to report on health issues in The Gambia. And in [Guinea-Bissau](#), mapping of reporting on FGM/C was carried out in order to develop a strategic communication plan and a strategy for further journalism training. A core group of specialists was established in [Sudan](#) to follow up on the FGM/C campaign in the media. And an initiative was launched in [Kenya](#) and [Sudan](#) to establish journalism awards for the best reporting on FGM/C in print, radio and TV.

AIDOS has produced a film called Vite in Cammino (Lives in Motion) which examines the question of FGM/C from the perspective of an African immigrant living in Italy. It has been shown at more than 100 public screenings throughout Italy to African migrants and migrants’ associations, NGOs and health workers serving migrant communities, schools, the media and organizations working on FGM/C prevention.



Photo: J. Zenti

A group of trainees of the “Abandoning FGM/C on FM!” workshop in Nairobi works on the editing structure of the audio documentary «Wanatahiriwa Wapi» under the direction of Beatrice Rappo

A Docudrama about FGM/C from AIDOS

“Vite in Cammino” (“Lives in Motion”) is a docudrama produced by AIDOS and directed by Cristina Mecci. It examines the complex issue of FGM/C in the context of migration dynamics, analyzing it in terms of its effects on family ties with the country of origin and from the perspectives of a person’s sense of identity and willingness to change.

The film tells the story of Samira, a pregnant Muslim mother from Benin living in Europe. Samira is ambivalent about the necessity of FGM/C and about whether to let her daughter undergo the procedure. Her husband, on the other hand, is against the practice but does not want to impose his ideas on his wife, because he is afraid to stick his nose into “women’s business.” Instead, he encourages her to seek the opinion of leaders from the local African community. But on his own he consults an expert on Islam, in order to learn what are the official teachings on the subject.

Samira undertakes a personal journey by writing a diary, a process that leads her to a greater awareness of herself as a person, a migrant, a mother-to-be and a worker in a foreign country. As a result she becomes more aware of her identity as a woman in general and as an African woman in particular; of the tensions between the traditions of her homeland and the new Western realities that surround her; of her ties to her home community and of the choices she is facing for her own small family.

Samira’s subconscious also participates, deepening this profound experience by sending her messages (through animated graphics) representing recollections, painful memories and nightmares about identity-loss. The whole process culminates in a decision not to subject her baby girl to FGM/C. With her husband’s support, she prepares to convince her family in Benin to abandon the practice as well.

The power of radio

Radio and TV are important means of reaching a broad, often illiterate audience from cities to remote rural areas. During 2010, FGM/C abandonment media campaigns in [Somalia](#), [The Gambia](#), [Sudan](#) and [Guinea](#) included the use of radio and TV soap operas, talk shows, panel discussions, public debates, and phone-ins in local languages. These initiatives promote bottom-up social change and create a venue where people feel free to discuss and debate issues concerning the practice – a crucial step in generating community ownership of change. One concrete example is in [The Gambia](#)’s Upper River Region, where radio programmes that discuss FGM/C, among other topics, have become very popular with some 220,000 listeners who often call in to discuss and debate the practice. These radio programmes have reportedly contributed to a decline in public support for FGM/C and child marriage in the region.

In the Gambia, radio programmes that discuss FGM/C attract some 220,000 listeners.

Another powerful media practice involves efforts to give a voice to community members who may not always be able to speak out in society. In [Guinea-Bissau](#), for example, the national radio station Bombolon, supported by the Joint Programme, has a weekly broadcast where a network of child and youth journalists discuss youth rights issues. Another example is in [Ethiopia](#), where students have been interviewed and their stories widely broadcast on Afar Radio.

Youth and social media: Chatting about FGM/C on Facebook and Twitter

New social media such as Facebook and Twitter present rich opportunities for interaction, discussion and dialogue with local community members from across the globe. These media are especially effective in addressing and engaging adolescents. Young people are encouraged to use Facebook to debate FGM/C with their peers, from their own points of view, and to discuss the practice with the entire global community, including family members living abroad.

In [Kenya](#), Facebook has been used as part of youth training sessions in which young women and men were encouraged to share information on FGM/C with their Facebook friends. They then continue to discuss the practice on Facebook with other young people outside of the training room.

In a variety of ways and on several levels, the media plays an important role in efforts to end FGM/C. It not only disseminates information, it also has the power to mobilize both positive and negative feelings, as well as enabling people to connect with each other on a global level.

Countering negative effects of the media

However, media can also be counterproductive to the accelerated abandonment of FGM/C and even dangerous if incorrect information is disseminated at the local, regional or global levels. Examples from 2010 of the huge power of the media, and of the need for a culturally-sensitive approach, include reporting on FGM/C and the abandonment process in [Senegal](#) – on religious leaders and public declarations – and in [Uganda](#) – on traditional circumcisers and the law. These reports were biased and lacking in nuance and they sparked heated public debate both nationally and internationally. They significantly undermined the Joint Programme’s work and its ability to interact with communities in a respectful way.

In an effort to counteract such sensationalist coverage, in 2010 the Joint Programme produced a culturally-sensitive film, “Senegal: beyond Tradition” which has been broadcast on global television networks such as CNN, BBC Arabic, France 24, Denmark 4 and 55. CNN alone reaches 250 million households worldwide.

In summary, media can be used as a powerful political tool by different actors on different levels, both nationally and internationally. It has the power to present narratives about social change efforts and transmit new information about alternatives to harmful social norms. Therefore, continuous favorable media coverage by trained, sensitive journalists is clearly required in order to accelerate the abandonment of FGM/C. With the use of a contextualized, culturally-sensitive media approach, there is a greater likelihood that community members will recognize their own life situations and begin to reflect on embedded social norms. This can lead to further involving community members in the process of social change and to obtaining community feedback more rapidly.

The overall result of the Joint Programme’s support to the media during 2010 is an obvious increase in the number and quality of articles on FGM/C and a higher degree of understanding of the practice among journalists, editors, directors and producers in the year’s target countries.

SECTION 2: HEALTH

Improving the response of health care systems to FGM/C



Photo: UNFPA

Nominated MP Hon. Leshomo and Assistant Minister, Hon. Linah Jebii Kilimo at the Nyeri Provincial Hospital - Kenya

In 2010, the Joint Programme initiated a number of local, national and cross-border activities to improve the response of health care systems to FGM/C. A total of 484 health facilities in the 12 target countries integrated the management of complications of FGM/C into their health care systems. The Joint Programme trained 1,429 health care providers in treating the effects of FGM/C and 41,121 women and girls received such treatment. At the global level, the Joint Programme and WHO launched a strategy to stop health care providers from performing FGM/C.

Other examples of activities in 2010 include the Joint Programme's support of health strategies in [Djibouti](#), including training for doctors and midwives in psychosocial care. [Burkina Faso's](#) clinical department in Ouagadougou, supported by the Joint Programme, is not only specialized in treating complications of FGM/C; in 2010 its personnel also trained health care providers in remote parts of the country to provide better treatment for women suffering the effects of the procedure. In [Guinea-Bissau](#), 50 women with vaginal fistula, sometimes a consequence of FGM/C, received treatment of as part of national campaign to address this condition.

Table 6: Health Care Initiatives carried out in 2010

Countries*	Number of health care facilities integrating the management of complications of FGM/C	Number of health care providers trained	Number of women/girls who received services for complications related to FGM/C
Burkina Faso	25	154	97
Djibouti	-	-	-
Egypt	350	771	484
Ethiopia	12	73	34,007
Gambia	4	8	275
Guinea	-	50	-
Guinea Bissau	ND	ND	251
Kenya	16	3	7
Senegal	-	-	-
Somalia	-	20	-
Sudan	77	350	6000
Uganda	-	-	-
Total	484	1,429	41,121

*The target countries still use different monitoring and evaluation systems. As of now, a uniform monitoring and evaluation system is being designed to ensure that all target countries use the same evaluation standards.

Further capacity-building of health care providers in target countries is needed, as are awareness-raising campaigns that reach women in general, not only those with severe health complications from FGM/C. Often, women may not seek professional help, since projecting an image of poor health, even when this is not linked to FGM/C, can be a source of shame and embarrassment. Use of health services can be seen as a choice that runs counter to the norms of femininity and can tarnish a woman's image as a strong wife and mother. Health complications are therefore often hidden, and many women suffer from the consequences of FGM/C in silence.



Photo: UNFPA

Health extension worker in community - Ethiopia

Health personnel who lack adequate knowledge and are culturally insensitive may do more harm than good. Nevertheless, many people trust medical personnel to guide their decisions about their bodies and their health, including about FGM/C. Hence, involving physicians in the campaign against the practice is as important as involving religious leaders.

In 2010, the Joint Programme increased its efforts to better integrate the health implications of FGM/C into national reproductive health strategies and to protect women who have already been subjected to the practice.

Numerous workshops, training sessions and technical missions were organized for health care providers and other relevant health care professionals, including traditional birth attendants in [Ethiopia](#), [The Gambia](#), [Guinea-Bissau](#), [Kenya](#) and [Djibouti](#). The health care providers in Djibouti suggested including psychologists to address the psychological effects of FGM/C (especially the excruciating pain of infibulation) as well as its medical and physical consequences.

Countering the medicalization of FGM/C

In some countries, such as [Egypt](#), the responsibility for a woman's health is no longer a family affair, but is increasingly linked to a general medicalization of the body. This is part of a trend toward "modernization" and has resulted in new forms of FGM/C. As mentioned earlier, medicalization of FGM/C may be an unintended consequence of efforts to end the practice, since it is understood as safer and considered appropriate to "modern" life. Moreover, in some countries, both religious leaders and medical practitioners condone the Sunna type of FGM/C (minor cutting of the clitoris), arguing that Sunna is not as injurious as other types. These professionals perceive Sunna FGM/C as optional rather than mandatory and as not punishable by Allah.

FGM/C is being increasingly medicalized and supported by some medical practitioners in countries such as [Kenya](#), [Djibouti](#), [Ethiopia](#), [Somalia](#), [Sudan](#) and [Egypt](#), where many young women liken the procedure to plastic surgery, considering it a body modification that enhances beauty. This view is echoed by some physicians who use words such as "fashion" or "modern practice" to refer to the medicalization of FGM/C. People use health clinics for a variety of health matters, and FGM/C is perceived by some as a simple, benign "health" procedure.

In countries that have laws against FGM/C, some health professionals and traditional birth attendants perform the procedure in secret to avoid criminal prosecution. In [Uganda](#), there are reports of FGM/C continuing underground and of girls traveling to [Kenya](#) to be cut. This is why the Joint Programme, in collaboration with Ministries of Health and other relevant actors, supports countries' efforts to prevent and stop the medicalization of FGM/C through a number of strategies.

In [Kenya](#), for example, a Provincial Action Plan and training manual for health care providers, developed by the Division of Reproductive Health – Ministry of Health and Sanitation, are soon to be finalized. In [Egypt](#), where FGM/C is highly (and increasingly) medicalized, the Ministry of Health and the Ministry of State for Family and Population have developed, printed and launched a training manual and a Q&A booklet for health care practitioners. The materials have been mainstreamed in the pre-service training programme for Egyptian physicians and a trainer's manual for doctors in public hospitals and health units at the governorate level has been finalized. A monitoring surveillance system has also been developed to report doctors who continue to perform FGM/C despite the law against the practice, especially at private clinics. It includes an anonymous reporting mechanism similar to the the National Council for Childhood and Motherhood's hotline.

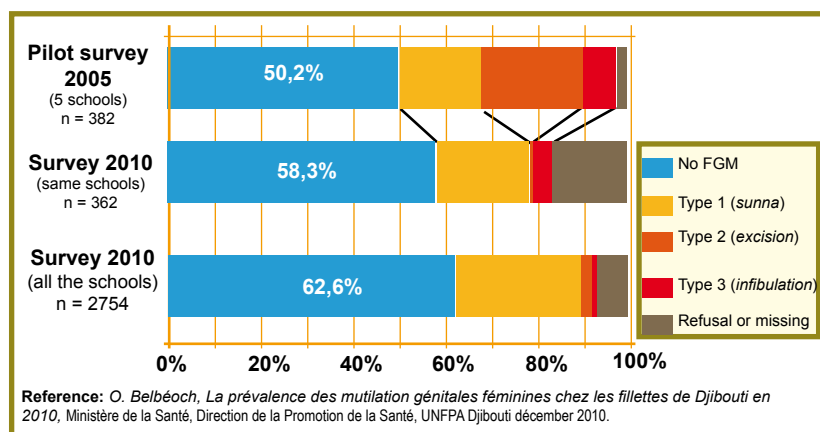
SECTION 3: RESEARCH, MONITORING AND EVALUATION

Research is essential for further understanding the phenomenon of FGM/C within its specific socio-cultural contexts and in relation to social change and global politics. Research on FGM/C informs policies and planning and is a vital component of the Joint Programme's initiatives. However, monitoring and evaluation capacities are still limited in each of the target countries.

Research

In 2010, more than 20 scholars from leading international institutions participated in UNICEF's second Academic Consultation on Social Norms, which provided a great opportunity to reinforce the collaboration of academic institutions with the Joint Programme and stimulate new research.

At the national level, the Joint Programme continued to support data collection in [Djibouti](#), [The Gambia](#), [Kenya](#), [Guinea-Bissau](#) and [Sudan](#), including school-based surveys, situational analyses and qualitative studies. In [Djibouti](#), for example, a survey of 10 primary schools was conducted in 2005 in collaboration with the Directorate of Health Promotion, Ministry of Health. It found that 55 per cent of six-year-old girls in a first grade class in an urban school had been cut. When the study was repeated in 2010, 49 per cent of girls remained uncut four years later. The study will be repeated in 2014 in order to measure the decline in FGM/C among girls from different ethnic groups.



In [Sudan](#), a qualitative study on why people abandon FGM/C revealed three main reasons: health hazards, de-linking the practice from religion and learning by interacting with ethnic groups that do not practice FGM/C. These results, which will inform the future work of the Saleema Campaign, may also be relevant in neighbouring countries. In [Burkina Faso](#), the National Committee to Fight the

Practice of Excision and Permanent Secretariat (SP/CNLPE) admits that since the adoption of the law in 1996, the collection of reliable data on FGM/C remains a challenge. To address shortcomings in the quality of data collected in the field and to support the implementation of the law, the SP/CNLPE are currently developing a pilot project in two health centres.

Overall, therefore, it is important to support strong research at the local level to guarantee the availability of comparable theories, methods and methodologies. In addition, the issue of research ethics must also be addressed.

Monitoring and Evaluation

The 2010 annual consultation of the Joint Programme focused primarily on monitoring strategies to accelerate the abandonment of FGM/C. In an effort to develop more human rights-based, culturally sensitive monitoring, evaluation and reporting indicators and tools to guide fieldwork and future analysis, the Joint Programme collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health. PIHHR also updated the Joint's Programme's Logical Framework, making it more human rights-based and culturally sensitive.

In addition, PIHHR developed and drafted an operational guide to provide Joint Programme country staff and other key stakeholders with information on proposed indicators for measuring the effectiveness of the campaign against FGM/C. PIHHR also developed a literature review and guidance for integrating human rights into the monitoring and evaluation of the campaign (the theoretical and analytical framework) as well as country context summary reports. The indicators, which inherently serve to promote gender equality, reproductive rights and the empowerment of women and adolescent girls, will aid in monitoring the achievements of the Joint Programme and in identifying its contributions to broader national development efforts.

In [Ethiopia](#), an evaluation was developed to analyze the extent to which FGM/C is in fact no longer being practiced in districts that have declared its abandonment, as well as to document the best practices for ending the practice. The results of this evaluation, due in 2011, will inform future strategies.



Girl in Djibouti - Photo: UNICEF



PART 3

LESSONS LEARNED AND MOVING FORWARD

Lessons Learned

In 2010 the UNFPA-UNICEF Joint Programme directly reached 12 African countries and provided technical assistance to an additional three countries to accelerate the abandonment of FGM/C. By the end of this third year of investment in the Joint Programme, a clear programmatic approach to promoting the abandonment of FGM/C – now adopted by the majority of donors and NGOs – has produced tangible results at the international, national and community levels. The Joint Programme acts as a catalyst for action at both the country and sub-regional levels. Experiences are being shared within the targeted countries and South-South cooperation is intensifying.

Wherever FGM/C operates as a social norm, deeply rooted in unequal gender relations, it constitutes a violation of the rights of girls and women. Nevertheless, an understanding of the cultural context reveals the protective motivations that are behind the practice. The efforts of the 12 programme countries in 2010 have brought the world closer to realizing the goal of total abandonment of FGM/C. Through stronger laws, better enforcement and community-led efforts, 2010 marked a measurable step toward abandonment, while at the same time honouring, valuing and protecting the cultures of the communities involved.

Throughout this report, we have seen examples of strong, coordinated actions led by UNFPA and UNICEF to galvanize the collective abandonment process. Countries participating in the programme have benefited from collaboration and communication across borders at all levels, which has helped spur important initiatives to promote collective abandonment among ethnic groups and extended social networks. Three million people have received new information about the harm and violation of human rights constituted by FGM/C, and this has led to large shifts in attitudes about the practice. The Joint Programme has capitalized on this shift by organizing collective discussions and large-scale events that enable communities, religious and government leaders, and health professionals to reach a consensus about ending the practice.

The engagement of religious leaders, although challenging in some areas, has proved to be crucial in communities where the practice is locally perceived to be part of Islam. Elsewhere, other formal and informal leaders may have equal, or even greater leverage to influence communities. Teachers can be another significant group for influencing public opinion, as the case of Somalia has shown. Another important group to further engage as a key partner is traditional communicators, whose dual role of entertainer and educator has proved to be effective in sensitization and awareness-raising, as, for example, in Guinea.

Therefore, in order to have a greater impact, it is important that local ownership of the social change approach be greatly expanded in all the target countries in the future. Moreover, the capacities of community-based organizations need to be strengthened, not only to promote change within specific communities, but also to enable concrete actions and good practices to serve as models for other communities, thus promoting innovative policies at the national, cross-border and global levels.

Despite much progress, more funding is required to sustain the momentum already achieved by a number of countries and to further strengthen, develop, and scale up the Joint Programme's culturally-sensitive approach. Funding is also needed to strengthen the monitoring and evaluation capacities within countries in order to determine which interventions are effective and which are not. An increase in resources will not only help accelerate the abandonment of FGM/C, but will also contribute to sustainable social change within communities and in the global community as a whole.

Moving forward

The UNFPA-UNICEF Joint Programme's holistic, culturally-sensitive and participative approach, grounded on a firm foundation of human rights, seeks to make room for the less dominant voices: those of women and men in the context of their communities. This approach of incorporating local ownership is designed to further the Joint Programme's goal of large-scale abandonment FGM/C across national boundaries.

The need for capacity-building and coordination at all levels

The way forward calls for an expansion of this innovative, holistic approach in the target countries. The capacities of key partners at the local level, as well as of the media and the health sector, need to be strengthened. A supportive environment at the national level is key to the acceleration of the abandonment of FGM/C, while a creative regional approach promotes exchanges of experiences, including good practices, as well as challenges and how to address them, among communities and governments across national borders, including ethnic groups that may transcend such borders. A generalized understanding of what is good practice in one local context may not apply in another, even within countries. Categories such as gender, class, age and ethnicity are important factors in this regard, as are current dynamics and the historic socio-cultural political context. Therefore, enhanced attention to the need for further coordination and collaboration with partners at the cross-border level is imperative. An increase in Internet social media activities is recommended in countries where this can be added to programming with little additional investment of time and resources.

Recognizing the importance of gender, human rights and culture

In 2011, it will be necessary to further integrate in actual programming approaches that recognize the priorities of gender, human rights and culture in relation to FGM/C. Enhanced knowledge and skills can help to integrate these factors into every level of programming. A clearer focus on gender, human rights and culture in the coming year can shift the perspective of FGM/C from a "women's issue" to a gender issue, including a relational perspective that includes both men and women. This inclusive focus recognizes that both genders are simultaneously active in making, molding and maintaining gender ideologies and roles. In many societies, FGM/C is perceived as a meaningful practice linked not only to moral values and female identity but also to male gender identity and masculinity.

Hence, both women and men must be active agents in changing the social norms that surround FGM/C. Rather than being ignored, men should be equally factored into the campaign against the practice. In 2010, the Joint Programme in [Ethiopia](#) reported: "Facilitating a process whereby a community is convinced that they should abandon FGM/C requires action across the entire spectrum of gender inequality issues." Using what we've learned throughout this programme, the way forward will involve the creative application of gender-sensitive strategies at every step of the process and in every national and local activity.

The need for better monitoring and evaluation

Academic research from the perspective of gender and human rights should, therefore, be an integral part of the work to reveal catalysts of change. Following up results by monitoring and evaluating all Joint Programme-supported activities is also crucial in order to continuously learn from, and respond appropriately, to local contexts. Such appropriate local responses, for example, can help in building an understanding of the role of legislation and in assessing the impact and scope of laws in the countries where they have been enacted. Additionally, an elaboration of a gendered monitoring and evaluation system can help to counteract gender discrimination and stereotypes.

Both women and men must be active agents in changing the social norms that surround FGM/C.



ANNEXES

DONOR CONTRIBUTIONS

Donor	Contribution in Local Currency	Contribution received in US\$	Contribution Date	UNFPA's AA Fee	Contributions US\$- UNFPA AA fee = Programmable Resources
Ireland	500,000 EUR	737,463.13	18-Dec-07	7,374.64	730,088.49
Norway	20,000,000 Kroner	3,642,987.25	13-Dec-07	36,429.87	3,606,557.38
2007 Total		4,380,450.38		43,804.51	4,336,645.87
Austria	100,000 EUR	155,763.24	30-May-08	1,557.63	154,205.61
Italy	2,000,000 EUR	2,590,673.58	5-Dec-08	25,906.74	2,564,766.84
Norway	20,000,000 Kroner	2,865,329.51	9-Dec-08	28,653.30	2,836,676.21
2008 Total		5,611,766.33		56,117.67	5,555,648.66
Norway	20,000,000 Kroner	3,577,817.53	11-Dec-09	35,778.18	3,542,039.35
Switzerland *		101,849.84			101,849.84
Private/Individual		1,635.00			1,635.00
2009 Total		3,681,302.37		35,778.18	3,645,524.19
Italy	1,000,000 EUR	1,360,544.22	29-Oct-10	13,605.44	1,346,938.78
Norway	20,000,000 Kroner	3,373,819.16	21-Dec-10	33,738.19	3,340,080.97
Switzerland	100,000 CHF	103,305.79	24-Dec-10	1,033.06	102,272.73
Private/Individual		162.97	31-Dec-10		162.97
2010 Total		4,837,832.14		48,376.69	4,789,455.45
Total Contribution received		18,511,351.22		184,077.05	18,327,274.17

*In 2009, Switzerland agreed to transfer a balance remaining from another UNFPA-funded programme into the FGM/C joint programme. Because this contribution was already recorded as UNFPA revenue, the balance was added to UNFPA's portion of the income and no AA fee was deducted.

FINANCIAL REPORT

UNFPA and UNICEF expenditures

Country offices, Global Technical Support and Partners sub regional	Approved Budget	Expenditures	Implementation rate
Burkina Faso	473,451	217,216	*46%
Djibouti	472,833	357,483	*76%
Egypt	412,173	372,038	*90%
Ethiopia	325,229	294,178	90%
Gambia	344,611	325,263	*94%
Guinea	320,957	292,764	91%
Guinea-Bissau	353,133	298,244	84%
Kenya	382,202	372,999	*98%
Senegal	819,021	702,521	*86%
Somalia	229,625	195,733	*85%
Sudan	478,871	407,247	85%
Uganda	285,391	270,142	95%
Sub regional partners	1,125,028	1,012,129	90%
New York	1,013,749	970,397	96%
TOTAL	7,036,273	6,088,353	87%

*Received extra funds in late November 2010

**These figures are provisional. UNFPA submits a consolidated certified financial report to the donors in its capacity as Administrative Agent and in line with the UN Joint Programme donor agreement

TABLES

The contents of this annual report are based on indicators provided by the target countries, which still use different monitoring and evaluation systems. As of now, a uniform monitoring and evaluation system is being designed to ensure that all target countries use the same evaluation standards.

Table A:

A Selection of Key Achievements in 2010: National and Cross-border levels*

OUTPUT 1:

Effective enactment, enforcement and application of national policy and legal instruments to promote abandonment of FGM/C

Legal actions brought against violators of laws against FGM/C: 198

OUTPUT 2**:

Local level commitment to FGM/C abandonment

Communities that made public declarations abandoning FGM/C: 596

Families in Sudan and Egypt who abandoned the practice: 16,095

Facilitators trained: 7,524

Community education sessions conducted: 71,245

Community education session participants: 3,075,363

Inter-community meetings held: 239

Religious leaders declaring publicly that FGM/C should be abandoned: 6,356

OUTPUT 3**:

Communication campaigns organized to publicize the abandonment of FGM/C and support the implementation of programme activities

Media events on FGM/C: 2,784

OUTPUT 4:

Use of new and existing data for the implementation of evidence-based programming and policies and for evaluation

In 2010, the Joint Programme analyzed, disseminated and applied research conducted in 2009 in Egypt, Djibouti and Somalia. Nine country case studies and five articles on FGM/C programming were produced.

OUTPUT 5:

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

Health facilities integrating the management of complications of FGM/C in 2010: 484

Health care providers trained: 1,429

Women and girls who received services for complications from FGM/C: 41,121

OUTPUT 6:

Partnerships with organizations and institutions committed to the human rights of girls and women consolidated and new partnerships identified and fostered

NGOs/government entities incorporating social norm approach in policies/programmes: 233

NGOs/CBOs/management committees trained: 678

* Although the target countries still use a variety of monitoring and evaluation systems, a uniform system is currently being designed to ensure that all target countries use the same evaluation standards.

** These achievements are a result of combined funds provided by several donors to UNICEF, UNFPA and NGOs partners

OUTPUT 7:

Planning, monitoring and reporting of programme activities

In 2010, the target countries received regular and on-going capacity building through staff visits and on line. The 2010 country work plan was reviewed during the annual consultation in mid-2010; examples of targets and indicators were provided and countries received assistance in introducing result-based indicators.

The Joint Programme collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, in developing more human rights-based, culturally sensitive monitoring, evaluation and reporting indicators and tools to guide fieldwork and future analysis.

OUTPUT 8:

Strengthened the regional dynamics of the abandonment of FGM/C

Functioning sub-regional coalitions: 73

A Selection Of Key Achievements in 2010 at the Global Level

OUTPUT 9:

Strengthened collaboration with key development partners

Global advocacy events on FGM/C conducted: 8

OUTPUT 10:

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

In 2010, 11 academic experts were invited to the fourth Academic Consultation on Social Conventions and Social Norms, organized by UNICEF.

The Joint Programme also collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, developed a literature review, guidance for integrating human rights into monitoring and evaluating FGM/C (the theoretical and analytical framework) as well as country context summary reports.

Table B:

Prevalence rates among Women aged 15-19 and 45-49 years old in the programme priority countries

Country	Survey	15-19	45-49
Burkina Faso	DGS 2003	65	83
Djibouti	MICS 2006	90	94
Egypt	DHS2008	81	91
Eritrea	DHS 2002	78	95
Ethiopia	HDS2005	62	81
Gambia	MICS2005/5	80	74
Guinea	DHS 2005	89	99
G-Bissau	DHS 2006	44	41
Kenya	DHS 2008/9	15	48
Mali	DHS2006	85	86
Mauritania	MICS 2007	68	78
Senegal	DHS2005	25	31
Somalia	MICS 2006	97	99
Sudan	2000	90% all ages	

BASIC FACTS ABOUT FGM/C

Between 100 million and 140 million women in the world today have been cut, and 3 million more girls are at risk each year. Women are subjected to FGM/C in 28 countries in Africa, as well as in Yemen, and it is also practiced by immigrants in Australia, New Zealand, Canada, Europe and the United States. Some forms of FGM/C have also been reported in Central and South America. There are unconfirmed reports of limited incidences of FGM/C in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and certain Kurdish Communities in Iraq. In addition, the practice has been reported among certain populations in India, Indonesia, and Malaysia.

FGM/C comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical purposes. FGM/C is usually carried out on girls younger than fifteen years old – sometimes during the first weeks of life. Occasionally, adult and married women are also subjected to the procedure. The World Health Organization (WHO) has classified the types of FGM/C as follows:

Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

Type 3: Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

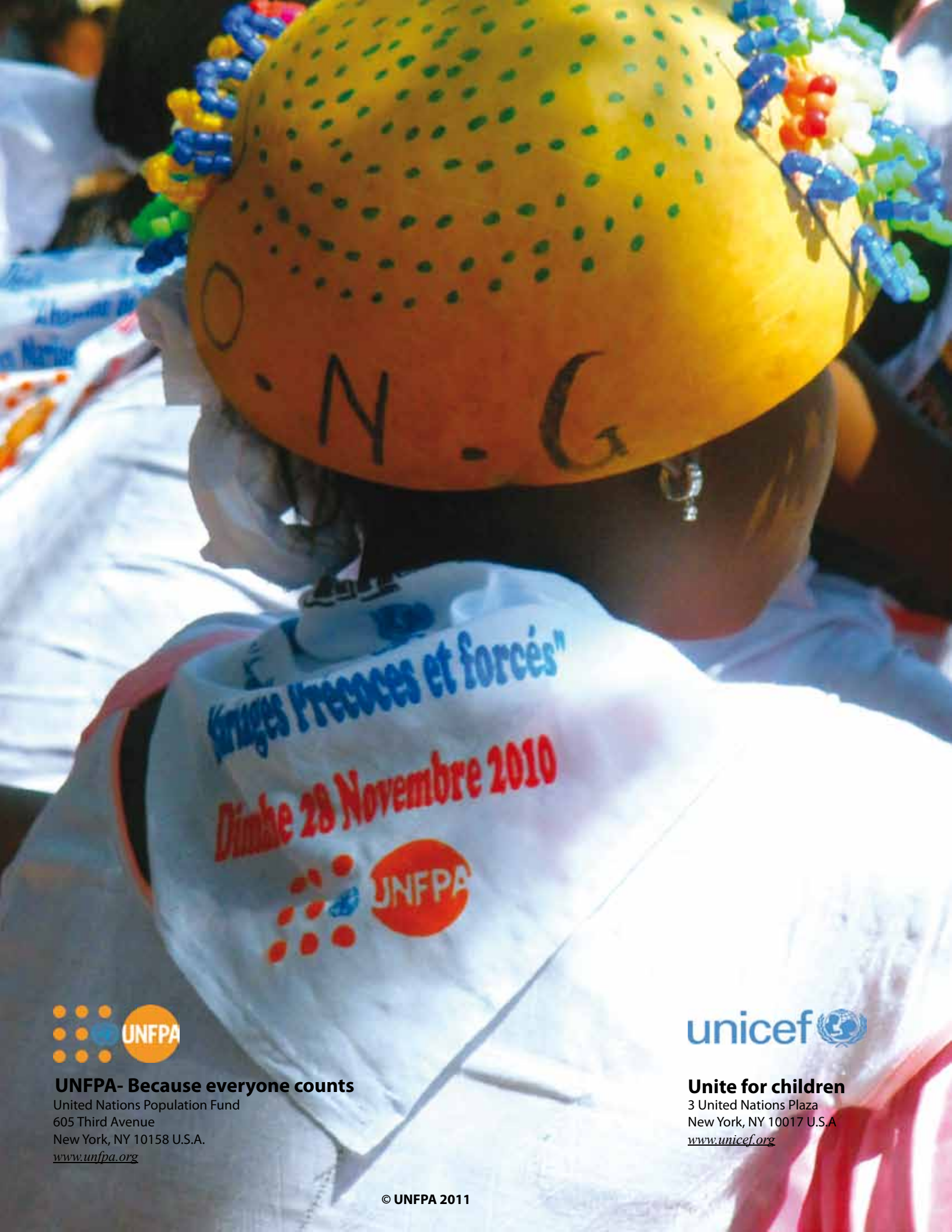
FGM/C produces both short- and long-term health consequences. The immediate effects of FGM/C may last for weeks or longer, while the psychological scars can last a lifetime. The immediate consequences include: haemorrhage, excessive pain, infections and abscesses. Acute urinary retention can result from swelling and inflammation around the wound, often exacerbated by the girls' or women's fear of pain from urine coming in contact with the fresh wound. Injury can also occur to the neighbouring tissues such as the urethra and the vaginal opening. Fractures and dislocation have been reported, especially to the pelvis, due to heavy pressure being applied to girls and women who resist the procedure.

Long-term consequences are more likely to occur with the more severe types (2 and 3). These include cysts and abscesses on the vulva and recurrent urinary tract infections which can damage the kidneys. Painful menstruation and accumulation of menstrual blood in the vagina can occur as a result of total or partial occlusion of the vaginal opening. A 2006 WHO study on FGM/C and its obstetric consequences in six African countries confirmed that women who have undergone FGM/C are significantly more likely to require caesarean section, a procedure not available to most rural women. Women also risk extensive bleeding, longer hospital stays after delivery (assuming the woman has access to a hospital), perineal tear, prolonged labour, the need for episiotomies (cutting the skin between the vagina and the anus – also a procedure that requires a trained physician), and, in the worst case scenario, death. The risk increases with the extent of cutting, with greatest risk experienced by women who have undergone Type 3 of FGM/C (infibulation).

To understand the motivation behind cutting young girls, we must first understand why community members regard the procedure it as so important – even though understanding is not the same as acceptance. FGM/C is not locally perceived as mutilation, but as a significant act linked to moral values and female identity (adulthood, wifehood, womanhood, and motherhood) as well as to male gender identity and masculinity. It is a symbolic and culturally specific means of constructing gender.

FGM/C, therefore, involves socialization into the gender roles of proper men and women and is often intricately interwoven with women's daily lives. Cultural norms and traditions underpin the belief that FGM/C is necessary to prepare girls for adulthood and marriage. Like other concepts of femininity it is underpinned by a dense set of cultural symbols and age-old tropes that inform women's understanding of themselves as social beings, of their bodies and of their sensory experiences. The practice is often seen as part of a process that makes girls clean, well-mannered, responsible, beautiful, mature and respectful adults.

FGM/C is often believed to discourage behaviour considered frivolous and impulsive, and hence it is expected to ensure and preserve modesty, morality and virginity, thus creating responsible members of society. FGM/C is often assumed to reduce or balance women's sexual drive, protecting unmarried girls by ensuring their self-control. In societies in which FGM/C is widely practiced, it is generally considered an important part of the cultural identity of girls and women, and may, therefore, impart a sense of pride, of coming of age and of a feeling of belonging. Furthermore, FGM/C is not simply a tradition that has been handed down; it is also a contemporary phenomenon. FGM/C has a meaning – for both women and men – that is being actively renegotiated today.



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