

METRICS OF PROGRESS MOMENTS OF CHANGE

UNFPA Ethiopia

2015 Annual Report

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



ACKNOWLEDGEMENTS

UNFPA and UNICEF, on behalf of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C), wish to acknowledge, with gratitude, the members of the Joint Programme's Steering Committee for their financial contributions and technical guidance throughout 2015. Specifically, we wish to thank the governments of Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom.

Our deep appreciation is extended to each national and local government, and civil society organizations for their collaboration in accelerating the abandonment of FGM/C, and for their technical and political support, without which the achievements in this report would not have been possible.

We wish to recognize and commend the international community's vision for, and commitment to, achieving the United Nations Sustainable Development Goals by total elimination of FGM/C in one generation.

We would like to acknowledge the tremendous support provided by Edilberto Loaiza and Mengjia Liang, Population and Development Branch at UNFPA New York, for the initiative on di-Monitoring and capacity building on monitoring and evaluation for the Joint Programme Team.

We would also like to express our gratitude to Janet Jensen and Biotext-Australia, Creatrix Design Group-Canada for their support in the compilation of the report, editing, proofreading and design.

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ABBREVIATIONS

AIDOS	Italian Association for Women in Development	SDGs	Sustainable Development Goals
AU	African Union	SMS	Short Message Service
DHS	Demographic and Health Survey	UN	United Nations
JP	Joint Programme	UNFPA	United Nations Population Fund
FGM	Female genital mutilation	UNGA	United Nations General Assembly
FGM/C	Female genital mutilation/Cutting	UNICEF	United Nations Children's Fund
HQ	Head Quarters	UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
LGA	Local Government Areas	UPR	Universal Periodic Review
MICS	Multiple Indicator Cluster Survey	VAWG	Violence Against Women and Girls
MoH	Ministry of Health	WHO	World Health Organization
MP	Member of Parliament		
NGO	Non-governmental organization		



Girls in Sohag, Upper Egypt
Christina Rizk



H.E. Ogden Rauf Aregbesola, the Executive Governor of the State of Osun, and his wife, H.E. Mrs. Sherifat Aregbesola at the high level meeting organized to launch the FGM/C campaign in Osun state, Nigeria
UNFPA Nigeria

FOREWORD

The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change started in 2008 and has just completed the first half of its Phase II implementation period (2014-17). The programme seeks to contribute to the overall goal as set by the Interagency Statement on Eliminating Female Genital Mutilation/Cutting¹ and reaffirmed by the 2012 United Nations General Assembly Resolution A/RES/67/146² to support governments, communities, and the girls and women concerned towards the abandonment of Female Genital Mutilation/Cutting.

In September 2015, a bold international development agenda, with 17 global goals at its core, was unanimously adopted by the 193 Member States of the United Nations. Within the Sustainable Development Goal (SDG) on gender equality, Target 5.3 specifically commits Member States to ending female genital mutilation (FGM). This inclusion is a major result of years of effort by the UNFPA-UNICEF Joint Programme, in partnership with a broad coalition of governments, civil society organizations,

activists and advocates for girls and women's rights. Target 5.3 is more than words on paper — it commits governments to ending FGM/C, and it means that progress in this area will be closely monitored for the next 15 years.

In 2015, the Joint Programme supported governments and civil society organizations in 17 countries and prioritized strengthening the capacity of countries to plan, set targets and monitor progress towards the abandonment of FGM/C. In the context of the SDGs, this effort is essential for monitoring progress and for effective programming to reach the target, as well as for ensuring transparency and accountability.

The 2015 annual report reflects the results of this increased planning and monitoring capacity. Better and more precise data on achievements provide the basis for more in-depth analysis of progress based on the programme's Theory of Change. The experience and lessons contained in the report are important for the continued success of the Joint Programme.

¹ <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>

² http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/67/146

This annual report highlights results achieved in 2015 across the three outcome areas of the programme, including:

- **Policy reform:** Two additional countries—the Gambia and Nigeria—adopted national legislation criminalizing FGM/C, bringing the total to 13. Other countries made progress in terms of ownership and enforcement of existing laws, or advocating for new ones.
- **FGM/C-related services:** 531,300 girls and women received FGM/C-related prevention, protection or care services, which corresponds to nearly twice as the 2014 figure.
- **Galvanizing social dynamics:** Close to 2,000 communities, representing close to 5 million people, made public commitments to abandon FGM/C, a significant increase from 2014.

The reports also highlights how actions within each outcome area are more deliberately designed and implemented in ways that also leverage and improve results in other outcome areas. Interventions are thus more catalytic and effective to establishing and consolidating the social norm of keeping girls intact.

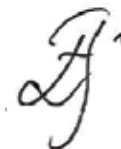
These achievements are especially impressive when considering the contexts in which these gains were made. The past year was marked by political and social upheaval in most of the programme countries: Many experienced some form of instability in 2015, including changes in government, armed conflict, terrorist incursions, humanitarian crises, and an actual or threatened Ebola epidemic.

In preparing this annual report, the Global Joint Programme Team drew from reports and interactions with Country and Regional Offices, and from the Annual Consultation of the Programme held in Nouakchott, Mauritania in April 2016, which brought together UNFPA and UNICEF focal points from the programme countries, Regional Offices and Headquarters and served to increase collective understanding as to what is generating results. UNFPA and UNICEF, together with partners, need to share these achievements to inform other major national and global actions to end violence against children and women—with specific focus to where the violence is based on gender inequality—to reach a multitude of SDGs and improve the lives of millions.

Finally, UNFPA and UNICEF, on behalf of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C), wish to acknowledge, with gratitude, the members of the Joint Programme's Steering Committee for their financial contributions and technical guidance throughout 2015. Specifically, we wish to thank the governments of Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom.



Benoit Kalasa
Director, Technical Division
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EXECUTIVE SUMMARY

In 2015, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change completed the first half of its Phase II implementation period (2014-17).

Thanks to the generous support of the governments of Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom, the Joint Programme has continued supporting 17 countries to implement an integrated and holistic approach towards ending FGM/C. The programme is informed by a social norms perspective and sensitivity to sociocultural constructs, with interventions focusing on policy and legal environment, service provision and galvanizing social dynamics. The 17 participating countries are Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen.

At this stage, the Joint Programme has reached a level of maturity in terms of better explaining and disseminating what works under what context and knowing what needs to be done in terms of measuring results and increasing programme effectiveness. In 2015, the Joint Programme supported a number of strategic interventions aimed at institutionalizing the various initiatives to ensure ownership and sustainability by governments and civil society organizations. Key interventions include supporting policy dialogue at the international level and policy reforms at country level; improving coordination between different actors; capacity building through training and experience-sharing; and supporting education, dialogue and public commitments towards the elimination of FGM/C.

Building on the experience and lessons from the previous years, the Joint Programme is making important strides to sharpen and refine the Theory of Change to better inform programming, and improve impact. Strategically linking interventions in the Joint Programme's three different outcome areas to leverage and reinforce one another is

an important development in further refining the programme approach. Further details, supported by country case studies, are included in this report. The key elements informing the theory of change and way forward are consolidating the positive new social norm from within communities; leveraging and supporting existing positive social forces; and giving greater voice, visibility and resonance to those who have already committed to the new norm of keeping girls intact.

Overall achievements of the Joint Programme in 2015 include:

- **Increased global recognition of FGM/C as a priority agenda.** Within the Sustainable Development Goal (SDG) on gender equality, Target 5.3 specifically commits Member States to ending FGM/C. This inclusion is a major result of years of effort by the Joint Programme, in partnership with a broad coalition of governments, civil society organizations, and activists and advocates for girls and women's rights. Target 5.3 is more than words on paper—it commits governments to ending FGM/C, and it means that progress in this area will be closely monitored for the next 15 years.
- **A strengthened monitoring and evaluation system to capture and report results in a sustainable way, in the context of the SDGs.** One important achievement in 2015 has been the effort made to roll out the new online monitoring platform—the DevInfo database. The initiative is an important step forward in terms of systematically capturing achievements against the Joint Programme indicators at the outcome and output levels.

At the national and decentralized levels, 1,831 programme experts, monitoring and evaluation officers and managers were trained in evidence-based programming, as well as on how to use the DevInfo platform. All countries have currently captured 2015 results in the platform and set targets for 2016 and 2017.



FGM field Visit, Uganda
UNFPA 2015

- A strengthened measurement of the social norm change dynamics has also been the focus in 2015. Studies to map the readiness of communities to abandon the practice in order to better inform programming is one such noticeable initiative in 2015. Social expectations that uphold the social norm of FGM/C may begin to change before collective public declarations to end the practice take place. Those social expectations are not captured in the usual DHS and MICS surveys. Therefore, the Joint Programme has started experimenting with approaches to measure shifts in attitudes and expectations that occur before more obvious and visible social changes can be seen. Those studies have contributed towards the adaptation of interventions based on the readiness of communities to adopt the new norm of keeping girls intact.
- An improved policy and legal environment.
 - Two additional countries—the **Gambia** and **Nigeria**—adopted national legislation criminalizing FGM/C in 2015, bringing the total number of countries with legislation to 13. This is an achievement that required active engagement of a broad range of partners and a series of advocacy efforts, interactive mobilization, dialogues and consultations at different levels.
 - Ten of the countries supported by the Joint Programme have a national government budget line dedicated to FGM/C and three of these countries have increased their budgetary allocation in 2015.

- The number of legal actions taken against individuals implicated in FGM/C increased more than four-fold, from 115 in 2014 to 498 in 2015. This is a reflection that a new legal norm is increasingly being accepted and 'owned', and the social norm of keeping girls intact is strengthening within families and communities.
- **Increased development of capacities to provide prevention, protection and care services.**
The Joint Programme contributed to the development of tools and guidelines, which are important to increase the knowledge base and inform programming on FGM/C by various actors. Important achievements included mainstreaming FGM/C in the medical and paramedical school curricula; developing guidelines with the World Health Organization to standardize FGM/C-related service provision; developing e-learning tools for midwives and other frontline health workers; and developing a manual on social norms. These were all finalized and shared with countries and various partners.
- **An increased provision of quality services for prevention, protection and care.** About 531,300 girls and women received FGM/C-related services from multi-sectoral service providers.
 - 8,377 service delivery points used tools developed with the support of the Joint Programme
 - 5,362 service delivery points have at least one person trained through the Joint Programme
 - 14 of the JP countries had national management information systems in different sectors to report on FGM/C-related indicators.
- **A galvanizing movement towards social change.**
 - An estimated 5 million people declared abandonment of FGM/C in 2015, which brings the total number to 17 million since the beginning of the Joint Programme.
 - 1,911 communities in 14 programme countries declared abandonment of FGM/C.
- 23,132 families publicly declared abandonment in Egypt and Sudan.
- 1,615 monthly community-to-community events provided space for dialogue and encouraged wider abandonment of FGM/C.
- 60,183 monthly meetings organized by service providers addressed prevention, protection and care related to FGM/C.
- 28,200 media reports and products covered different aspects of FGM/C. Social media was used in an innovative manner to engage youth and other groups of the community.
- 6,493 consensus-building forums with religious leaders were organized at different levels.

Overall, the Joint Programme has made important progress and registered noticeable achievements despite the various challenges encountered at the field level—including political instability and insecurity, the limited capacity of governments to own and effectively deliver programmes, the lack of clear and unified messages on FGM/C among religious leaders, and the movement of individuals across borders to practice FGM/C.

Establishing and consolidating the new social norm of keeping girls intact is an incremental, multiyear process. However, the significant, continued and fairly rapid declines in rates of FGM/C in countries such as Burkina Faso and Kenya, and areas of geographic concentration in Ethiopia and Senegal, attest to the soundness of the overall approach of the Joint Programme. As contexts evolve and people continue to learn, however, the Joint Programme will make refinements and adjustments, and continue to align programming with new learning. For instance, the importance of service provision has been clearer on many levels, but reports from country offices indicate the need to expand this network of support and bolster it with a stronger emphasis on referrals and coordination to ensure all girls and women have better access to prevention, protection and care. With a growing understanding of social dynamics, the Joint Programme will be even more attentive to ways to make individuals and entire communities aware of the growing willingness within society to keep girls free from FGM/C. It will also build on the increasing

understanding of how social dynamics in favour of ending FGM/C can be leveraged by policies and legislation, and by strengthening multi-sectoral service provision.

Moving forward, the Joint Programme will continue to support countries that are still working towards national legislation and those that are expanding enforcement of existing laws. It will build on and intensify the efforts to use multiple media channels to bring forward voices of change and make visible the growing support for keeping girls intact. With the movement to end FGM/C now consolidated in most of the countries covered by the Joint Programme, the focus on leveraging the existing desire to end the practice will make the resources invested even more effective. Already in 2015, the cost-effectiveness is very high. Using the conservative estimate of population covered only through public declarations of abandonment that took place in 2015, the approximate investment is only US\$3 per person. In fact, many more people were reached within government, and within and through services. The collaboration with media reached many more indirectly. All of this will, however, require sustained levels of funding. Adequate resources are essential to maintain continuity and build on achievements, because consolidating new social norms requires continued and multiyear support across the three outcome areas of the Joint Programme.

INTRODUCTION: PUTTING THE THEORY OF CHANGE INTO PRACTICE

Even as the international commitment to ending female genital mutilation/cutting (FGM/C) has intensified, as evidenced by its inclusion in the recently adopted SDGs, the scope of the problem has remained wide. Some 200 million girls and women alive in 2015 have undergone the practice, according to a new estimate calculated by UNICEF,³ far beyond the 130 million that had been estimated in 2014. Part of this increase is because data was included from Indonesia for the first time,⁴ a country with a large population and a high prevalence of FGM/C.

However, an increase of 10 million is solely a result of population growth in countries where FGM/C is practised widely. Although FGM/C is decreasing in many countries, these declines are being outpaced by demographic growth. If current trends continue, the number of girls and women undergoing FGM/C will continue to increase, and the absolute number of girls that have gone through the practice will be higher by 2030 than it is today.

Promoting positive change within countries

Since its inception in 2008, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting has recognized that FGM/C cannot be addressed as a stand-alone issue. Effective programming to change hearts and minds, and achieve sustained abandonment of the practice requires a multisectoral, holistic approach that is informed by a social norm perspective and is sensitive to cultural constructs. A central challenge is that individuals and communities who have practised FGM/C for generations may not perceive it as harmful or as a problem, and will have

justifications for doing it. In their cultural contexts, the practice is consistent with their vision of doing the best for the girl and for the family. FGM/C is seen as necessary to ensure that girls will grow up to be 'proper and respected' in line with what is considered socially appropriate. Among some groups, it is also considered a religious obligation.

But how can this situation be changed? What is the underlying Theory of Change?

The basic premise of the Theory of Change already defined at the outset of the Programme in 2008 continues to be that the permanent elimination of FGM/C requires adoption of the new norm of keeping girls intact. The updated version emphasizes the process of establishing and consolidating this new positive norm. A stronger focus on enhancing and consolidating the positive new social norm sharpens the programmatic perspective, with a focus on supporting positive change from within rather than on an effort from the outside to change an existing practice. Actions are designed to fuel the discovery by individuals and communities who have been practising FGM/C for endless generations that there is a better way to realize their vision of doing the best for their girls, their family, their community and their country. Programming that embraces this perspective avoids the resistance and backlash that can occur when changes are seen to be imposed from outside of local culture.

In line with the principle of promoting positive change from within, an important element of the Joint Programme's Theory of Change is leveraging and supporting existing positive social forces. Programme activities build on the evidence from DHS and MICS⁵ that many—and, in some countries,

³ United Nations Children's Fund, *Female Genital Mutilation/Cutting: A Global Concern* (New York, 2016).

⁴ Indonesia is not one of the countries supported by the UNFPA-UNICEF Joint Programme.

⁵ United Nations Children's Fund, 2013, op. cit.

most—individuals do not want to continue the practice. As more individuals discover that others who are important to them do not practise FGM/C, have abandoned it or would like to abandon it, they too will tend to shift to the new norm of keeping girls intact. This is especially true today—compared with a decade ago—because many people are aware of the harms of the practice and report that it has no benefits.⁶

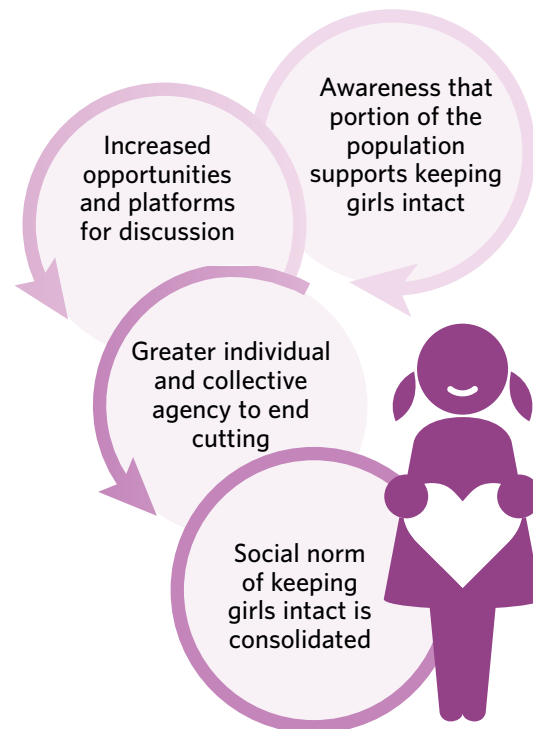
The Theory of Change follows that if programme actions succeed in giving greater voice, visibility and resonance to those who have committed to the new norm of keeping girls intact, then discovery and discussion will be stimulated, strengthening the movement to end the practice. This can be accomplished by encouraging manifestations of commitment, including public declarations to end harmful practices by communities, religious leaders and groups, and other personalities. The media can also play a central role in amplifying their effect by publicizing these manifestations throughout a country and beyond. Visible support for the new social norm from within the services—legal/security personnel, health and social workers, and teachers—provides reinforcement. Manifestations of commitment and action can also be reflected in government policies, resource allocation and high-level statements from different parts and levels of government. Rather than occurring only at the community level, the process of change becomes society-wide.

The Theory of Change also takes into account that, regardless of individual attitudes, adherence to the new behaviour of keeping girls intact is, in part, conditioned by individuals' perceptions about what others who matter to them find acceptable. Especially in contexts of high prevalence and where there is a perceived link to religious obligation—such as in Guinea and Somalia—individuals may be reticent to make known their desire to end the practice.

Noting that the process of change is both individual and collective, the Theory of Change also posits that, if individuals have increased opportunities, safe spaces and platforms through which to discuss FGM/C, they will adopt the new behaviour

of keeping girls intact at a faster pace. Through facilitated discussion, it becomes possible to together conclude that keeping girls intact is a better way to achieve the shared value of doing the best for the girls, the family and the community. Moreover, individuals see that others may join them in taking on the new behaviour. This results in increased solidarity, confidence and agency to adopt the new norm of keeping girls intact within an entire population groups. Also, since FGM/C is not addressed as a stand-alone issue and bring into question the differential treatment between boys and girls, the discussions and educational sessions within communities and institutions can serve to improve gender equality at all levels.

FIGURE 1: Factors that promote the new social norm to keep girls intact



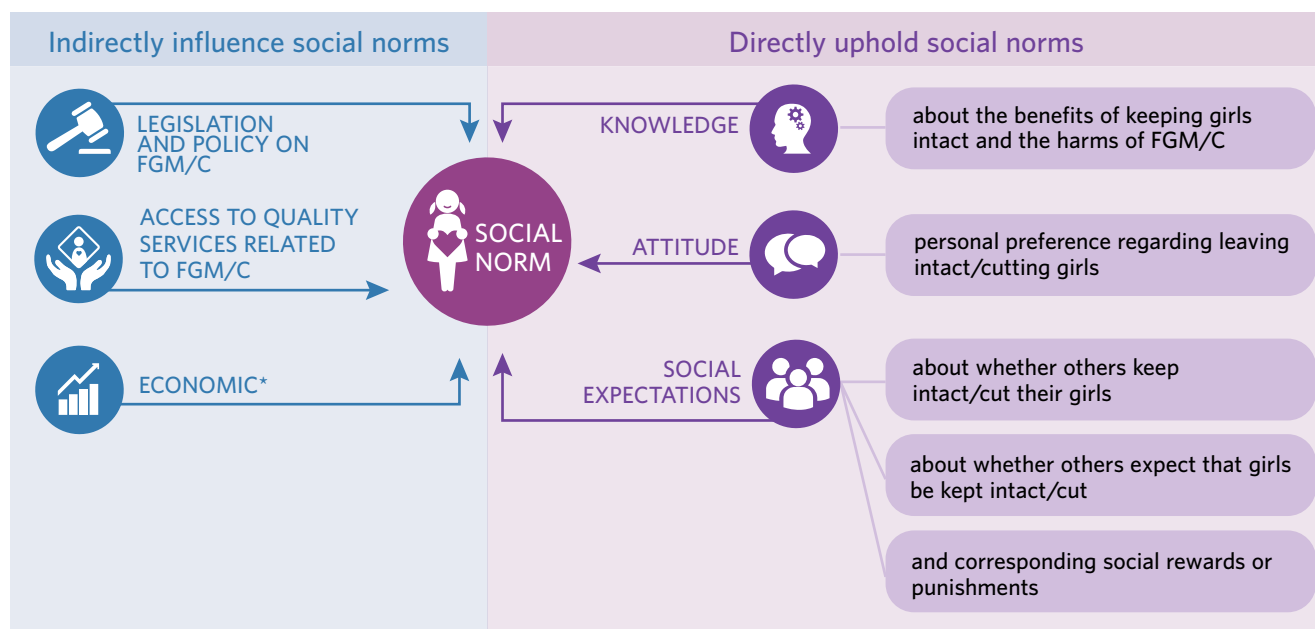
⁶ Ibid.

The importance of going beyond providing information and creating spaces for discussion applies also to government institutions and service providers. If they collectively discuss and explicitly agree on the goal of improving the health and well-being of girls and communities, they too can discover and have common knowledge⁷ that keeping girls intact aligns with this goal, as well as with their service goals. This will, in turn, increase their collective capacity to support the movement to end FGM/C. Further, if one institution—for example, a sectoral ministry—takes an official stand and has platforms through which to engage with other ministries, the process of systemic change will accelerate.

The Theory of Change also takes into account the important direct role of services, national policy and legislation in other ways. The combination of factors influencing human behaviour, illustrated in Figure 2, includes knowledge, attitudes, social expectations, legal and policy context, service provision and economic factors.⁸

The factors are captured in the Joint Programme's Results Framework, which guides its actions across the 17 countries and three regions, and at global level. The framework also serves as a common basis for monitoring the effectiveness of the programme's actions. It provides the common structure to collect and use reliable and comparable data on the progress achieved against

FIGURE 2: Factors that contribute to the social norm to continue or end FGM/C



*economic factors are not seen to play a major role in persistence or abandonment of FGM/C

⁷ Rather than individual knowledge—for example, about the negative consequences of FGM/C—the discussion enables them to realize that others also know and this makes it easier to agree on coordinated action to keep girls intact.

⁸ Economic motivations favouring the persistence of FGM/C include the economic incentives for the excisors to perform the cutting. The economic incentives for keeping girls intact include the avoidance of costs associated with the negative consequences of the practice, such as treatment for health complications and the avoidance of fines from legal sanctions.

workplans, both to accelerate learning and foster accountability.

The Results Framework sets out action in three broad outcome areas: legal and policy reform, provision of FGM/C-related services, and galvanizing social dynamics. The framework considers that action in each of these areas has effects on one or both of the other two areas. Therefore, when interventions across the three outcome areas are deliberately linked and harmonized to contribute to the strengthening of the new social norm of keeping girls intact, the effect can be catalytic.

Figure 3 illustrates the holistic and dynamic nature of the process of change. It provides some examples of interlinkages, but many others exist, as described in detail in chapter 4. At the midpoint of Phase II, the Joint Programme has reached a new level of maturity across countries. Its actions are now more deliberately designed to reinforce the feedback loops across outcome areas, and generate greater and more sustained results.

The first two outcomes, relating to legal and policy reform, and appropriate FGM/C-related services, provide a context that is more conducive for girls, women and communities at large to support abandonment. The third outcome focuses directly on ensuring that practising communities have correct knowledge about FGM/C and its consequences, creating or strengthening platforms for discussion and debate, and bringing out and making visible new social expectations that girls are to remain intact—thereby enhancing the expectations and consolidating the new social norm. Educational activities are typically collective in nature. They serve to increase knowledge about the benefits of ending the practice, and to let individuals know that others have already abandoned the practice or would like to do so, thereby shifting social expectations. In turn, with positive shifts in the social context, there is increased support for passage or enforcement of legislation criminalizing FGM/C, and increased demand for FGM/C prevention and care services.

FIGURE 3: Holistic and dynamic nature of the process of change

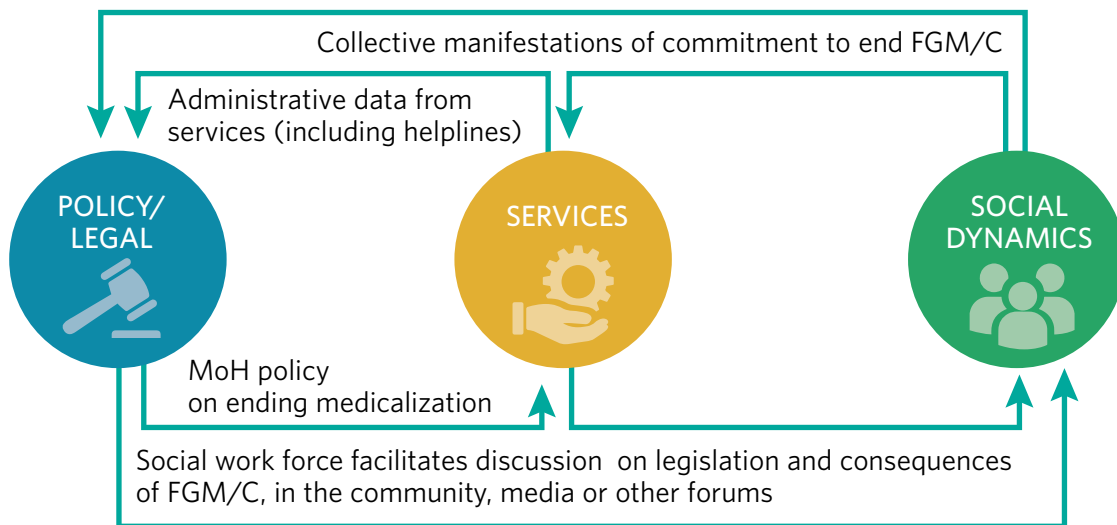


FIGURE 4: Structure of the Joint Programme's Results Framework

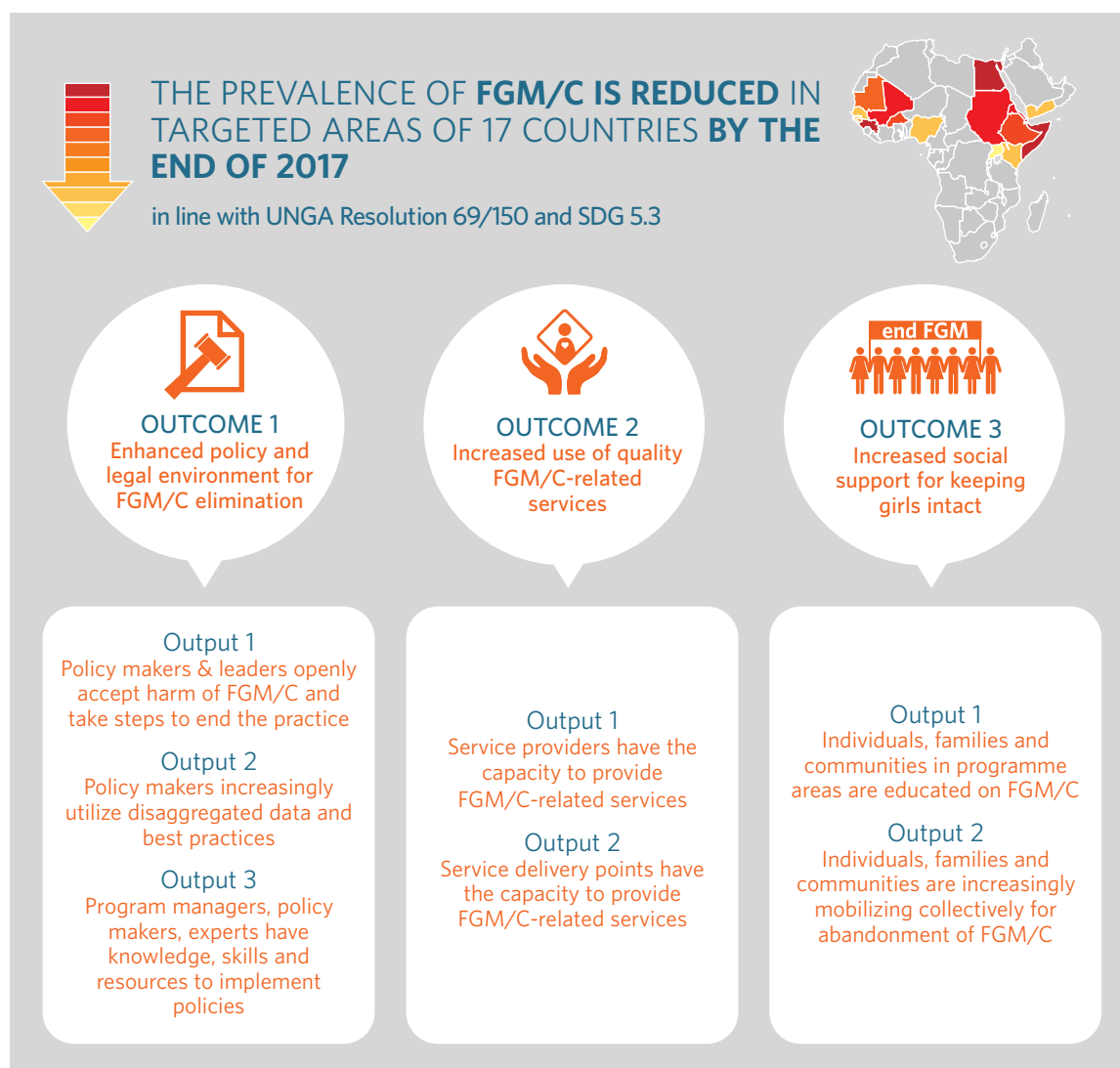


Figure 4 illustrates the structure of the Joint Programme's Results Framework.⁹ During 2015, the Joint Programme team at Headquarters worked in consultation with country and regional teams to refine the framework, ensuring alignment with the UNFPA and UNICEF strategic plans for 2014-17. Building the capacity of partners in programme monitoring and the application of this framework was an important accomplishment of 2015.

Although the Results Framework provides a clear menu of activities, outputs and related indicators, its effective application depends on the specific context. Years of experience across countries has indicated that perhaps the most important characteristic to consider when determining the appropriate mix of activities in a particular context is the readiness of the population to adopt the new norm of keeping girls intact. Although there is not yet a precise measure for this, local partners typically have a good sense of it. Since the onset of

⁹ For ease of reading, the terminology used in the figure is less technical than the language of the current Joint Programme Results Framework.

Phase II, the Joint Programme has undertaken social mapping exercises in a few countries to develop a specific measure (see chapter 5). Other contextual differences that explain the different ways of operationalizing the Results Framework across countries include the:

- Age of cutting
- Degree to which FGM/C is associated with religion
- Service and communications infrastructure
- Implication of medical personnel in performing FGM/C
- Dynamics of social networks
- Existence—or not—of legislation criminalizing FGM/C
- Degree of government commitment.

Promoting positive change regionally and globally

The Theory of Change also provides the logic for choosing and pursuing strategic actions at the regional and global levels—when countries see that others are committed to ending FGM/C and are supporting policies and action accordingly, they are more likely to adopt similar policies. Major regional and global platforms and mechanisms, including the Summits of the African Union, the United Nations General Assembly, the United Nations Commission on the Status of Women, and the Human Rights Council provide important platforms for discussion among Member States. Commemoration of the International Day of Zero Tolerance of FGM is especially important for highlighting the increasing support for keeping girls intact across countries. The Joint Programme uses these platforms by contributing to the preparation of reports by the United Nations Secretary-General on FGM and providing technical assistance to Member States for the drafting of relevant resolutions. It also provides support to Member States for the organization of high-level side events that help to increase visibility to the commitment and actions to end FGM/C. Additionally, the Joint Programme works with regional and international media to amplify the impact of these platforms and mechanisms through extensive media coverage.

The next three chapters summarize the achievements from 2015 in each of the three outcome areas of the Results Framework. Chapter 4 provides analysis and examples of how the holistic and multisectoral approach of the Joint Programme brings about change by supporting actions across the three outcome areas in ways that are mutually reinforcing and, hence, better able to stimulate systemic change and accelerate the end of FGM/C. Chapter 5 examines monitoring and evaluation, both in terms of programme effectiveness, and in building capacity for reporting on Target 5.3 of the SDGs. The report concludes with an analysis of challenges and opportunities in 2015, and a look at priority tasks for 2016. Annex I provides financial information on income and expenditures for the year. Annex II summarizes progress made towards achieving results in the Joint Programme.

FIGURE 5: Social norm formation at the global and regional level



1

ENHANCING THE POLICY AND LEGAL ENVIRONMENT



Children in Gadarif declaration event, Sudan
Samah A.G. Fageer



OUTCOME 1: BY THE NUMBERS

Enhanced policy environment for FGM/C elimination

Legislation and policy

2 countries – the Gambia and Nigeria adopted national legislation banning FGM, bringing the total to **13 countries**

10 countries have a budget line dedicated to FGM/C; **3** of these countries increased budget allocations in 2015

Enforcement of legislation

498
arrests

119
court cases
initiated

40
sanctions
imposed

Capacity strengthened and coordination

1,831 Programme experts and managers trained in evidence-based programming

780 monthly coordination meetings addressed FGM/C

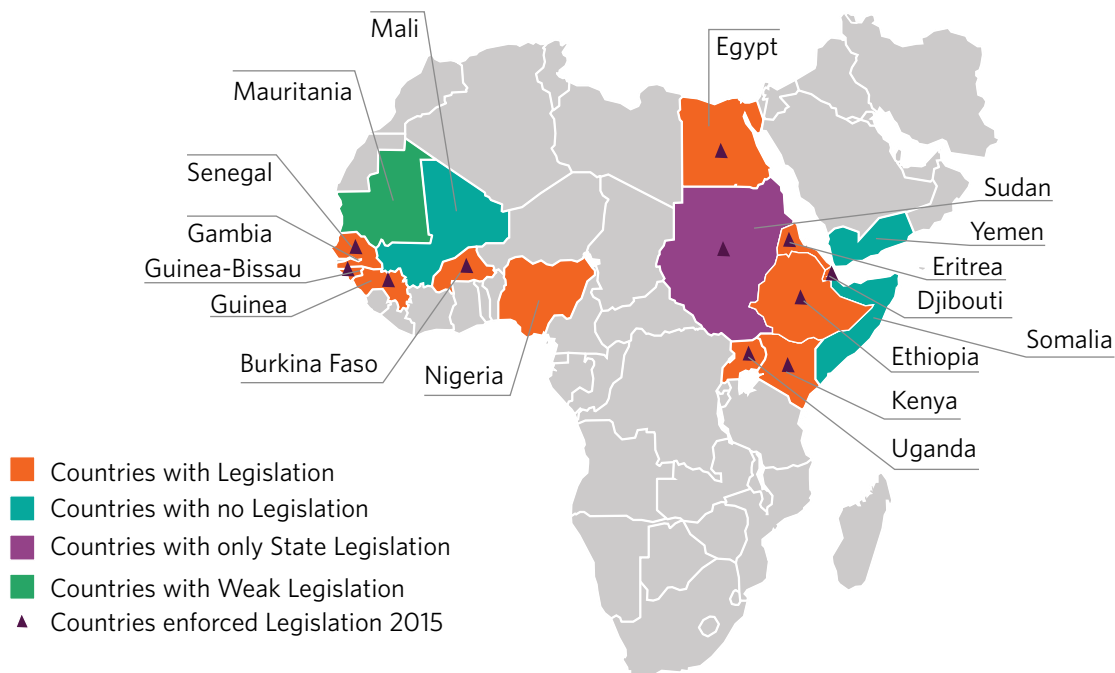
Policymakers in the 17 countries supported by the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C) have increasingly embraced a succession of regional and international commitments calling for an end to FGM/C, as evidenced by the number of national policies, action plans and enacted strategies. In previous years, these countries made significant progress in creating a supportive policy and legal environment. In 2015, years of advocacy and mobilization in two countries—the **Gambia** and **Nigeria**—culminated with the adoption of national legislation criminalizing FGM/C (Box 1). Of the remaining countries with weak or no legislation:

- **Mali, Yemen** and all three zones of **Somalia** have bills in process
- **Mauritania**, which has national legislation on FGM/C, is working to strengthen its provisions

- **Sudan**, which has laws in 6 states, has efforts under way to pass a national law.

In countries supported by the Joint Programme, some 109 policies and national strategies (including those related to health, gender and child protection) support the elimination of FGM/C. During 2015, **Egypt, Sudan** and **Guinea-Bissau**, adopted national policies or strategies aimed at mobilizing all national stakeholders in the elimination of the practice. As countries strive to implement policies and strategies, coordination and sustainable sources of funding are crucial.

FIGURE 6: Countries with legislation and cases of enforcement on FGM/C



Source: Joint Programme diMonitoring database, 2015

BOX 1: NEW LEGISLATION IN THE GAMBIA AND NIGERIA

In the **Gambia**, increasing pressure from international, national and local non-governmental organizations (NGOs), including the Gambia Committee on Traditional Practices Affecting the Health of Women and Children, played a crucial role in building support for abandonment of FGM. The movement was also strengthened thanks to the work of Tostan and other NGOs working with communities towards the collective public declarations to abandon the practice. This work increased the bottom-up pressure for social change. A radio hotline, where people could call in anonymously, also helped bring the issue out of the shadows. The Joint Programme contributed to all of these efforts. Activism by Jaha Dukureh, an American woman born in the Gambia whose efforts were highlighted by the Guardian's Global Media Campaign, brought the issue to international attention and provided additional impetus for change.

The unexpected presidential proclamation in November 2015 banning the practice provided the decisive push. The timing of the proclamation—at the start of the election season—is an indication of how far public opinion had already moved on a subject that, until recently, was rarely discussed in public. In declaring the ban, the President noted that FGM has no place in Islam, the predominant belief system in the Gambia, nor in a modern society. Following the presidential proclamation, the legislature quickly amended the 2010 Women's Act to expressly prohibit and criminalize FGM/C, with offenders facing fines of 50,000 delasi (\$1,250)* or three years in prison—with life sentences possible in the case of death.

In **Nigeria**, the Violence against Persons legislation was signed into law just four days before the end of his administration by the former President after 12 years of advocacy. The bill—which addresses violence towards men and boys, as well as women and girls—is significant for its comprehensiveness. It criminalizes FGM/C and other forms of violence that are often unacknowledged. It is also noteworthy for entitling individuals who have been subjected to violence to comprehensive medical, psychological, social and legal assistance, with their identities protected during court cases.

Widening the scope of the bill to include various forms of violence was important for its passage, said Nkiru Igbokwe, the UNFPA Gender Specialist in Nigeria, as was the involvement of men as allies. The final push was intense. "We did everything you can think of," she said. Key stakeholders were engaged in a series of interactive dialogues and consultations, and were briefed on Nigeria's commitment to global and regional resolutions. One-on-one discussions and breakfast meetings were organized, SMS messages went out asking people to call their representatives, and letters and editorials were published. "We even invited women from the communities to come in and speak to legislators." All that work proved to be crucial, as the final vote was quite close.

Institutional strengthening and national coordination for sustainable progress

Ensuring high levels of engagement and ownership at the local level is crucial to effective coordination. Country teams worked throughout the year to build the capacity of national institutions to lead, coordinate and monitor the implementation of activities addressing FGM/C in their respective countries. Stronger coordination helps lay the

groundwork for more inclusive, efficient and sustainable progress.

In 2015, several countries made decentralization of FGM/C actions a priority, with budget allocation at the county or district level. For example, in the context of the Government of **Kenya's** decentralization policy that has been in place since 2013, the Joint Programme continued to seize this opportunity in 2015, and provided technical and financial support to county governments to train and lobby the governors and members of

* \$ = US Dollars

the County Assemblies on gender-responsive budgeting and customization of the National Policy on the Abandonment of FGM. The Joint Programme's World Vision partner trained 120 (70 men and 50 women) Gender-Based Violence/FGM County Network members on gender-responsive budgeting (including FGM). The networks are vehicles of advocacy at the grassroots level. It also provided support to train ward administrators and county executive committee members about the 2011 Act that prohibits FGM, how to best support social norm change at the community level, and how to promote access to education for marginalized girls. It also worked with the Ministry of Health to end the trend of medicalization and prevent health workers from performing FGM/C. In Sudan, following an assessment of the existing coordination structures, the Joint Programme extended technical support for the reshaping of mechanisms to align more closely to the Theory of Change. Currently, a national task force and six state task forces coordinate decentralized actions in Kassala, Gedaref, North Kordofan, Red Sea, Blue Nile and White Nile.

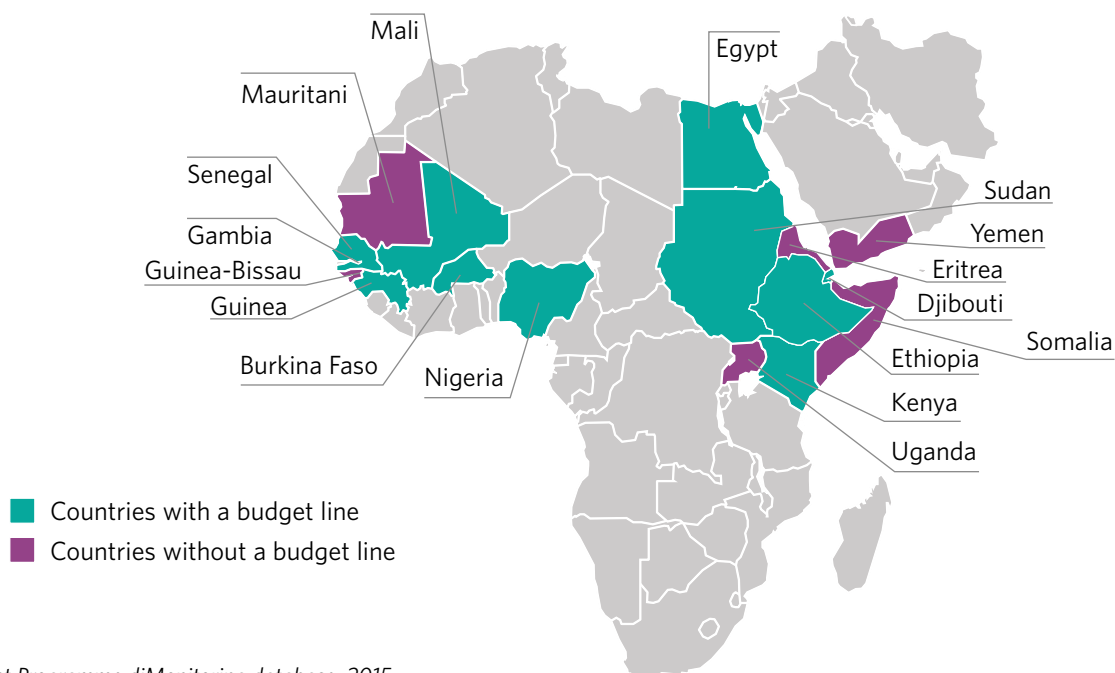
The Joint Programme is also seeing important signs of increased commitment by governments, with 10 out of the 17 countries now maintaining

dedicated budgets to FGM/C, which also ensures greater ownership with respect to the significant support being provided by international donors for ending the practice. Three of these countries (**Burkina Faso, Kenya and Mali**) increased national budget allocations in 2015 (Figure 7). Countries with dedicated lines of funding for FGM/C elimination tend to have strong national coordination bodies, and national action plans and advocacy on the ground. Kenya doubled its budgetary allocation to its Anti-FGM board, which is reviewing and updating national policies to align them with the 2011 Prohibition of FGM Act, and developing a monitoring and evaluation framework.

Using legal norms to help shift social norms

When applied appropriately and within a broader context of promoting positive social change, laws and policies are not simply instruments for punishing offenders—they can be tools for advocacy that pull habits and customs in the direction of the law.

FIGURE 7: Countries with national budget lines for FGM/C



Source: Joint Programme diMonitoring database, 2015.

Where support for the practice is still strong, enforcement may prove difficult because of the lack of willingness by the judicial and security forces to penalize offenders. An example that received international attention in 2015 is the case of the Egyptian doctor who was convicted early in the year in connection with the death of a 13-year old, but was released—or “escaped”—in December and reportedly continues to practice medicine.

The deterrent aspect of legal sanctions relies on knowledge of them. In **Nigeria**, publicity surrounding the new national law criminalizing FGM/C and other forms of violence revealed that large numbers of people in the three states that had already outlawed FGM/C were unaware that the practice was already banned in their jurisdictions. Efforts are now under way to widely publicize both national and state laws, thereby also providing greater legitimacy for those who support ending the practice.

Significant increases in enforcement

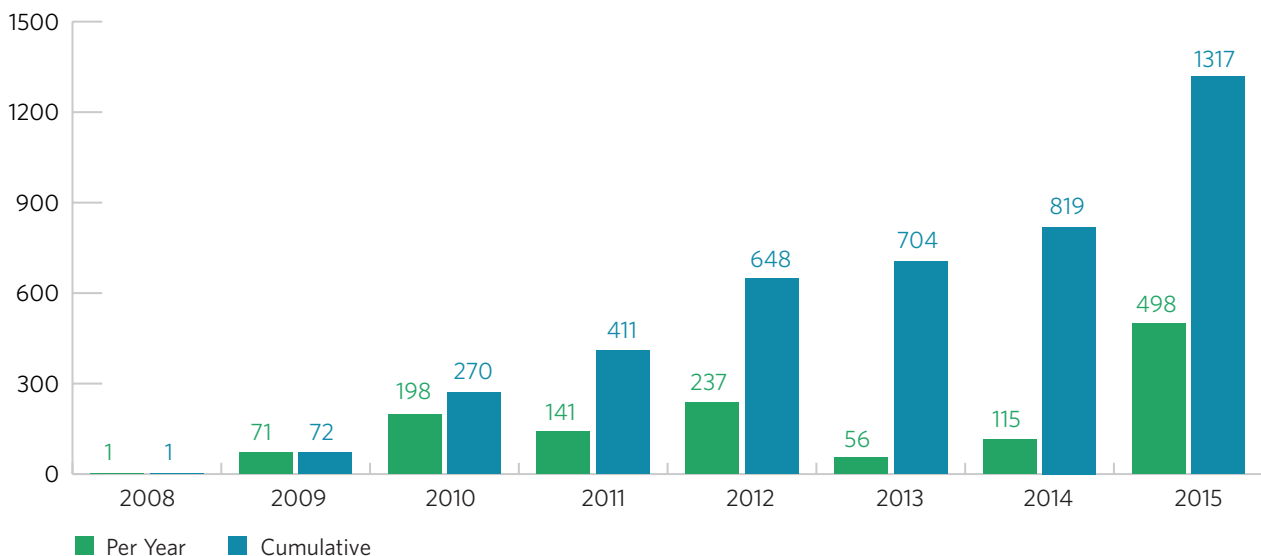
Historically, even where legislation criminalizing FGM/C has existed, few if any cases were reported, and even fewer were brought to justice. This began to shift in recent years, with 2015 showing the strongest progress to date. The reported number

of legal actions taken against individuals implicated in FGM/C increased more than fourfold, from 115 in 2014 to 498 in 2015 (Figure 8), a reflection that a new legal norm is increasingly being accepted and “owned” by the people. It is also an indication that the social norm of keeping girls intact is strengthening.

However, although the total number of reported arrests increased to 498, the number of reported cases brought to court was much lower at 119, with only 40 of these cases resulting in conviction or sanction. In some countries, the gap between arrests and convictions is vast, such as in **Ethiopia** (279 arrests and 1 conviction) and **Eritrea** (133 arrests and 0 convictions). However, countries have been investing in strengthening the capacity of members of the police force and judiciary system, and linking judicial proceedings with community education and discussion on ending FGM/C.

As social acceptability and support for maintaining girls intact increases, so does the capacity of law enforcers to uphold laws and sanctions against FGM/C, which are now consistent with the emerging social norm of keeping girls intact. For example, in **Burkina Faso**, convictions are increasing, with 30 people arrested, and 19 convicted or sanctioned in 2015, as seen in Figure 9. This illustrates progress from 2009, when only one-third of reported cases resulted

FIGURE 8: Enforcement of FGM/C legislation 2008–2015



Source: Joint Programme diMonitoring database, 2015.

in convictions. In 2015, using a toll-free number that accepts anonymous reports in 21 provinces facilitated multiple arrests, and led to 24 girls being spared FGM/C when security forces intervened following reports of the plans to cut them.

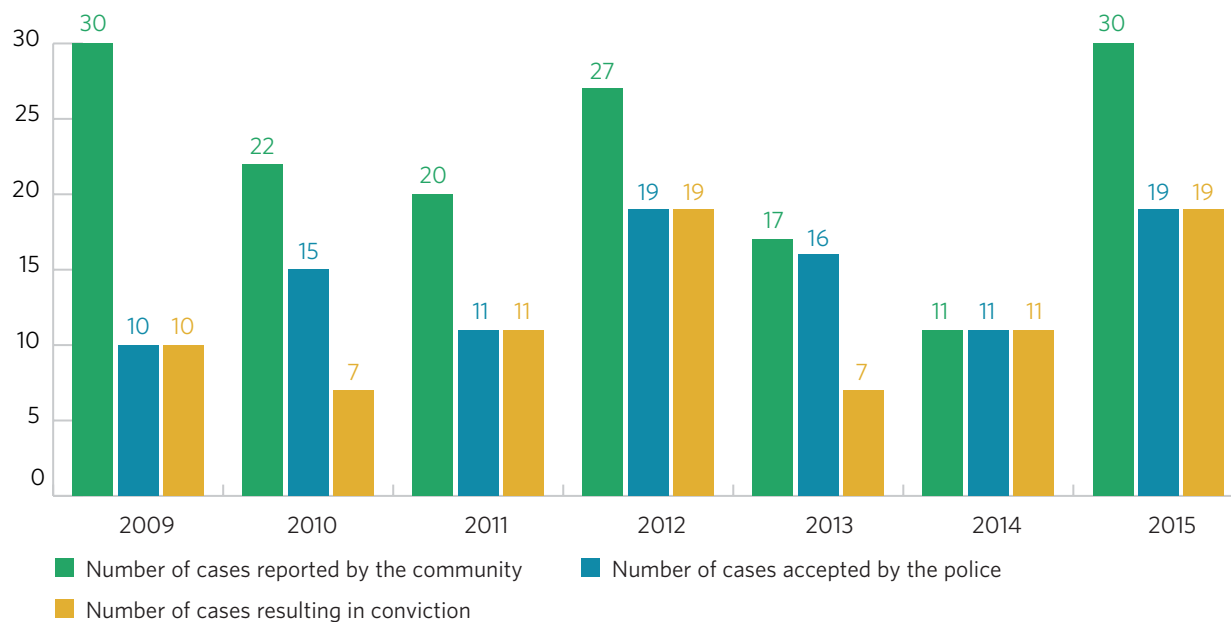
In 2015, the Joint Programme also worked to improve collaboration between the justice systems and the police forces. In **Egypt**, the Joint Programme partnered with the Egyptian National Centre for Judicial Studies to integrate FGM/C in the curricula of judges and prosecutors. In **Ethiopia** and **Guinea-Bissau**, development partners organized workshops with the justice system and police forces to streamline case management and referrals of FGM/C cases.

Compliance and enforcement requires some degree of understanding and ownership of the law by communities and within various branches of government. Considerable effort may be required to achieve this. In 2015 in **Uganda**, 3,663 legal stakeholders—including parliamentarians, police officers, lawyers, magistrates and representatives of community service organization across six districts where FGM/C is practised—were trained

in the provisions of the national law and regulations, as well as on the relevant UN General Assembly resolutions. Meetings also included local council representatives, clan leaders, elders and opinion leaders. Young people that had signed up to be part of the U-Report¹⁰ network of community reporters used Short Message Service (SMS) to disseminate information about the law. Tracking of court cases was instituted. In resistant communities, or “hotspots”, 138 community members gathered information for enforcement, which helped to both monitor and deter the practice. **Uganda**, like **Ethiopia**, **Kenya** and **Somalia**, increased surveillance of those who crossed national borders for the purpose of cutting.

The pace of legal actions can outpace changes in custom. When it does, laws need champions to push for their application. In **Nigeria**, for example, although a national law was passed in 2015 (see Box 2), action at the state level is also important to assure compliance. With the support of the Joint Programme, a working group, chaired by the Federal Ministry of Health and the Federal Ministry of Women Affairs and Social Development,

FIGURE 9: Enforcement of FGM law in Burkina Faso, 2009-2015



Source: UNICEF Burkina Faso, 2015.

¹⁰ U-Report is a social messaging tool allowing anyone from any community to respond to polls, report issues, support child rights and work as positive agents of change on behalf of people in their country. It is being promoted primarily as a tool to increase the voice of young people on issues that concern them.



Morans Warriors standing against FGM, Kenya
Baringo Kenya @ UNFPA

with active partnership with wives of governors, was established in 2015 and is helping to drive this forward.

Additionally, individuals and groups who champion an end to FGM/C can use legislation to legitimize their position and to influence others. In areas where girls are cut during their teen years, as occurs in parts of **Kenya** and **Uganda**, this can be especially crucial to enable them to generate support and resist effectively.

The interaction between the social and legal spheres, directly supported by the multipronged approach of the programme, helps to solidify the new social norm of keeping girls intact. This aspect of the law was reflected in an evaluation of the *Saleema* campaign in **Sudan**. A national study undertaken by a researcher from George Washington University, supported by the Joint Programme, found that even subjects who were generally very positive about abandonment

tended to believe that the supervisory aspect of law enforcement was helpful. This reinforces evidence generated by the influential 2011 study by Bettina Shell-Duncan in the Gambia and Senegal¹¹, indicating that simply knowing there was legislation criminalizing FGM/C affected attitudes about the practice, even when individuals knew of no cases brought to justice.

¹¹ For a summary of the study see Shell-Duncan et al, 'Dynamics of change in the practice of female genital cutting in Senegambia: Testing predictions of social convention theory', *Social Science and Medicine* 73 (2011) 1275-1283.

2 PROVIDING QUALITY SERVICES FOR PROTECTION, PREVENTION AND CARE



Twin Hawa free from FGM and her brother Alassane Kayes
Mali@UNICEF



OUTCOME 2: BY THE NUMBERS

Increased use of quality FGM/C-related services

Quality services provided in 2015

531,300 girls and women received FGM/C related prevention, protection or care services

Strengthening capacity and access to services

8,377 service delivery points

use tools developed with support of Joint Programme

5,362 service delivery points

have at least one person trained through Joint Programme

Health information systems improved

44 management information systems

report on FGM/C-related indicators

Moving towards a sustained, systemic response

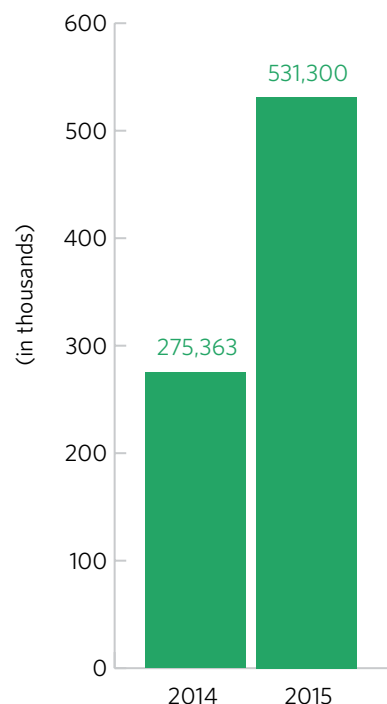
High-quality and appropriate services to prevent, protect and provide care for the complications caused by FGM/C play a critical role in ensuring the dignity and human rights of girls and women are respected and contribute to sustainable development more broadly. Relevant services depend on the engagement and coordination of a wide network of actors. Beyond the health system—which includes midwives, health extension workers, doctors and nurses—many other sectors, structures and providers are involved in prevention and protection. These include police officers, teachers in both formal and non-formal education and literacy centres, social workers, legal aid services, child protection centres, safe houses and NGOs. Often, such providers are trusted members of the communities they serve, and are familiar with the local social dynamics and practices, and sensitive to local values. When adequately trained in the health, human rights and legal issues surrounding the practice, they can be influential disseminators of credible information and new ideas.

Expanding service provision

Increased attention to service provision began in 2014 and was ramped up significantly in 2015. The reported number of girls and women receiving FGM/C-related prevention, protection and care services nearly doubled in one year, from 275,363 in 2014 to 531,300 in 2015 (Figure 10). Several countries were able to significantly scale up their reach: **Ethiopia** provided more than 184,000 girls and women with FGM/C-related services; in **Mali**, the number exceeded 126,000; and in **Egypt**, it was more than 42,000 women and girls. **Sudan** provided more than 26,000 new mothers with face-to-face counselling on FGM/C. Reaching new mothers can be a particularly well-timed entry point, especially for those who encounter childbearing complications related to the practice.

This rapid increase in service provision is linked to several factors, including the development of tools and advocacy campaigns that targeted and—in many cases, were led by—health workers and other service providers. It also reflects progress in incorporating FGM/C into management information systems at national and local levels. In some

FIGURE 10: Number of girls and women receiving services related to FGM/C, 2014 and 2015



Source: Joint Programme diMonitoring database, 2015.

countries, such as **Mauritania**, the incorporation of indicators on FGM/C achieved by the Joint Programme is linked to the support provided to the Ministry of Health by UNICEF for the development of a functional health information management system.

Building capacity in sexual and reproductive health programs

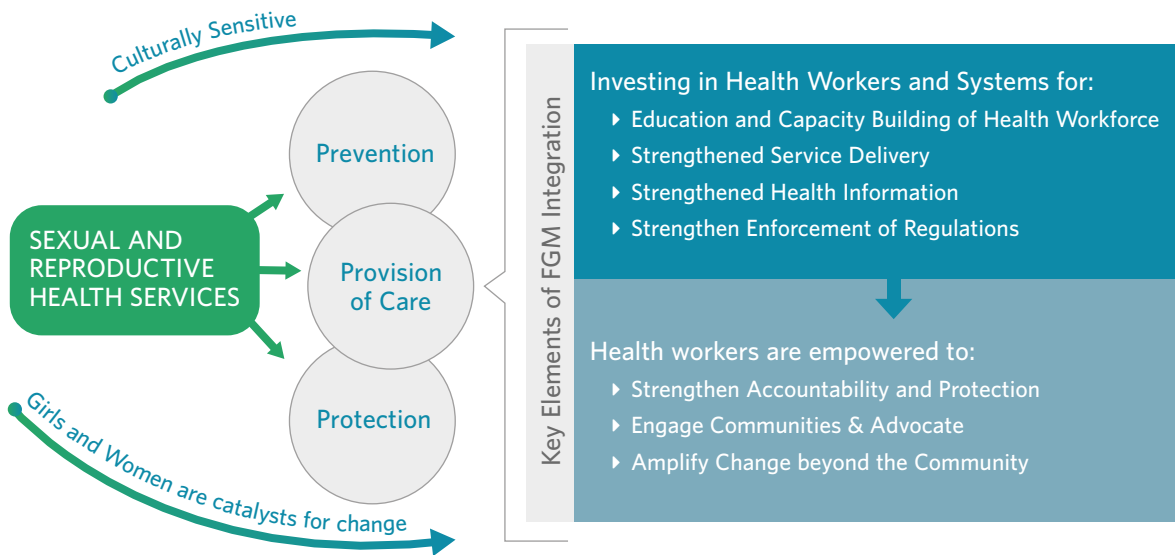
The Joint Programme has provided financial and technical assistance for the development and use of tools to enhance the capacity of health workers to provide comprehensive prevention, care and protection services related to FGM/C. These include curricula, training manuals for pre-service and in-service, e-learning modules (Box 3), guidelines, guidance notes, checklists, and forms for case management and supervision that foster high standards of care. Such tools also support efforts to end medicalization of FGM/C—cutting performed by medical personnel—which continues to be an important concern. An important accomplishment in 2015 is the completion of new standards

BOX 2: THE SALEEMA BOAT - SUDAN

Decorated with festive green and pink banners carrying the message “she is born *Saleema*, keep her *Saleema*”, a ship plies the waters of the Nile River, providing vital care to remote islands of Sudan’s north province. The boat is an extension of the *Saleema* campaign that, since 2007, has been reframing the negative attitudes towards being intact to more positive, such as associating it with being “whole, complete, as God created her”. Each month, the boat stops at 11 islands in some of north Sudan’s most remote reaches. At each stop, it provides health and child protection services to about 100 clients or 14,650 people per year—typically pregnant women and their young children in the Dongola and Borgaig localities. Thus, the *Saleema* campaign is also becoming associated with good health, and quality preventive and curative health care. (See chapter 5 for a discussion of an evaluation of the campaign.)



FIGURE 11: Mainstreaming FGM/C prevention, protection and provision of care in sexual and reproductive health services



Source: UNFPA, 2015.

and guidelines related to FGM/C for health practitioners, launched in May 2016. The effort began in 2014, undertaken by the World Health Organization (WHO) with support from the Joint Programme.

During 2015, the Joint Programme provided support to several countries in mainstreaming FGM/C into education curricula for health providers, including Guinea-Bissau where FGM/C was included in the revised obstetric and neonatal emergency care module. The National Medical School and

Lusofona University curricula for physicians and midwives now includes management of complications resulting from FGM/C and guidance on applying a social norm perspective to promote its abandonment. In **Egypt**, the Joint Programme helped draft a proposal to the Supreme Council of Universities to include FGM/C into the medical curricula of physicians and nurses at the beginning of their medical training. Ensuring that this training occurs as students enter school is essential to reversing the growing trend of medicalization in Egypt, and to mobilize health personnel to actively encourage and support the abandonment of the practice. As part of the effort to systematize the management of FGM/C-related complications and resulting consequences, **Burkina Faso** developed a syllabus and module integrating FGM/C and obstetric fistula in health training schools, and **Senegal** developed FGM/C training tools for health community workers. A midwifery curriculum that address FGM/C was reviewed in the three zones of **Somalia**. In South Central Somalia, the Ministry of Health conducted three consultation workshops in preparation for its Anti-Medicalization Strategy.

In 2015, several countries engaged in trainings of health personnel. In **Nigeria**, 83 health providers who were trained using the e-learning module are now community-based advocates and counsellors. By the end of 2015, they had counselled about 515 women on FGM/C. Another 254 midwives received a two-day training organized by the Ethiopian Midwives Association. More than 450 students from the **Burkina Faso** National School of Public Health in Ouagadougou and other schools completed training and then signed a pledge to prevent FGM/C. In the **Gambia**, training of nurse-midwives included training on collection and registration of data on FGM/C. In all, 12 of the 17 countries supported by the Joint Programme have in-service capacity strengthening for health personnel on the integration of FGM/C into routine pre- and postnatal care.

Through the UNFPA Arab States Regional Office, the Joint Programme organized a regional consultation on ending medicalization, in collaboration with UN Women, WHO, the UN Economic and Social Commission for Western Asia, the League of Arab States, the Organization for Islamic Cooperation, NGOs, academics, judicial and medical experts, and staff from several country offices. The results of the consultation include a

BOX 3: E-LEARNING MODULE ON FGM PREVENTION FOR MIDWIVES AND FRONT-LINE HEALTH WORKERS

Several tools—including a toolkit for midwives and a module on FGM Prevention within the UNFPA E-Learning Modules for Midwives—have been developed to help strengthen the capacity of health workers to prevent FGM and to resist the often-intense pressure on them to cut girls. The interactive, multimedia e-learning course is available in English, French and Arabic, and is available online and offline. The course covers the health complications and human rights violations associated with FGM. It helps midwives to build skills to become champions of FGM prevention, and to act as role models, counsellors and advocates for change at the community level and beyond.

policy brief on medicalization that is serving as an advocacy tool at the regional and national levels.

Strengthening protection services

The Joint Programme has continuously worked to strengthen systems of protection for girls and women at risk, and for those who have already undergone FGM/C. In 2015, **Ethiopia**, **Guinea**, **Guinea-Bissau** and **Kenya** trained law enforcement officers and members of the judiciary on how to support and protect girls and women at risk of FGM/C. **Ethiopia** is also working to strengthen protection systems within communities, instituting 118 community surveillance mechanisms to detect and report FGM/C cases.

Guinea is working to increase coordination between sectors to increase accountability. The national child protection system in **Guinea** consists of a set of interconnected, but decentralized, child protection structures linked to a national coordination platform, under the leadership of the Ministry of Social Affairs. These structures help to connect government and non-government actors from all social sectors (e.g. justice, policy/

security, youth, religious affairs) involved in child protection. They are meant to operate at all geographical levels (i.e. village, district, sub-prefecture, region), and coordinate the prevention and holistic response to child protection, with an emphasis on harmful practices, most notably FGM/C. Referral and response mechanisms are envisioned. The Joint Programme is supporting more than 3,000 communities and engaging more than 20,000 community leaders through 2,352 Village Councils for Child Protection and 742 Local Councils for Children and Families at the village and district level. Coordination units are supported in the development of their action plans for prevention, protection and response to children at risk.

In 2015, training was organized for magistrates, police officers, lawyers, members of the judiciary, traditional communicators and health workers on how to report FGM/C cases to law enforcement officials. In addition, **Guinea** is now using a FGM/C early warning system, known as the “green light”, or No. 116, which provides counselling and refers the cases to the most appropriate service. To ensure an effective link with the service providers, 190 magistrates, police officers, judiciary personnel and lawyers, and 50 traditional communicators were trained on FGM/C, the legal framework and this early warning mechanism. Through green light, 20 cases of FGM/C have been prevented and 14 cases were referred to the police, resulting in 7 convictions.

In **Uganda**, community-based child protection structures—such as child-friendly spaces, youth groups, women’s groups and “anti-FGM/C” clubs—play a crucial role in preventing and responding to violence against children. In rural and hard-to-reach areas, where formal services are poor or non-existent, these structures have an even a greater impact on the life of vulnerable children (particularly girls at risk of harmful practices), and facilitate links to relevant service providers at district level (e.g. hospitals or clinics, NGOs offering psychosocial support, legal aid). Throughout 2015, the Joint Programme supported more than 40 existing community-based child protection structures and facilitated the creation of new ones, which acted as mechanisms for early detection of girls at risk of FGM/C. As a result, 37 girls in three districts were spared from FGM/C, 90 were identified for psychosocial and medical support and referred to appropriate services, and some perpetrators were brought to justice. In most of the cases, parents received counselling through NGOs.

Mauritania’s child protection system, led by the Ministry of Social Affairs, is a coordination framework of government and civil society actors, focusing on the prevention and response to child protection concerns at local, regional and national levels. The health, education, justice and police departments; civil society organizations; and traditional and religious leaders are all part of this system. Prevention of FGM/C, with support for the establishment of a new social norm of keeping girls intact, is integrated in community-level actions with parents and youth, and the counselling of pregnant women at health centres (which also address the advantages of birth registration and of ending child marriage). Care of girls who have undergone FGM/C is part of a tailored package of services that also includes birth registration, health, formal education, vocational training, psychosocial support, income-generating activities and family reunification. With support from NGOs, both girls and boys who are at risk or victims of violence are identified by the social services and community networks, and referred to the appropriate service provider. Close to 20,000 children received assistance in 2015.

Youth—both girls and boys—play an important role in Mauritania’s child protection system as actors of change through school clubs that promote the protection of their peers, enrolment of girls in school, FGM/C prevention, and good hygiene and other healthy habits. The activities carried out by school clubs reached more than 11,730 Mauritians in 2015, of whom 75 per cent were children and adolescents, and 25 per cent were parents. Sketches, theatre, sports and other activities were employed to stimulate discussion and action on issues of priority for children and adolescents, including the abandonment of FGM/C and child marriage. The regional committee for FGM/C abandonment is integrated into the Regional Roundtable on Child Protection in the seven regions with the highest prevalence of FGM/C. Chaired by the Governor, a quarterly discussion takes place and constitutes an important opportunity to follow up on implementation of the FGM/C programme, share data, and identify solutions to problems that could not be resolved at the communal and district level. These, in turn, inform dialogues at the national level.

3

GALVANIZING SOCIAL DYNAMICS



Women standing to protect the girls, Guinea
@UNICEF



OUTCOME 3: BY THE NUMBERS

Increased social support for keeping girls intact

Increased acceptance of the new social norm that FGM/C is abandoned

1,911 communities in 14 countries declared abandonment, covering an estimated **5 million people**

60,183 monthly meetings organized by service providers addressed prevention, protection and care

28,200 media reports covered FGM/C

23,132 families in Egypt and Sudan publicly declared abandonment

1,615 monthly community-to-community events encouraged wider abandonment of FGM/C

6,493 consensus-building activities with religious leaders were organized

Leveraging social dynamics entails working directly within and across communities, and with different national actors at different levels to increase visibility and give voice to those who have already abandoned female genital mutilation/cutting (FGM/C) or support abandonment. Knowledge about the negative consequences of the practice is now more widespread, and a significant number of communities have already pledged to keep girls intact. This work is being done through:

- Strengthening, and sometimes creating, platforms and spaces for discussion, reflection and debate
- Creating links and exchanges among communities
- Providing credible information about the practice and the abandonment movement
- Working more intensely with the media (including increased use of social media) to amplify voices that support abandonment and others.

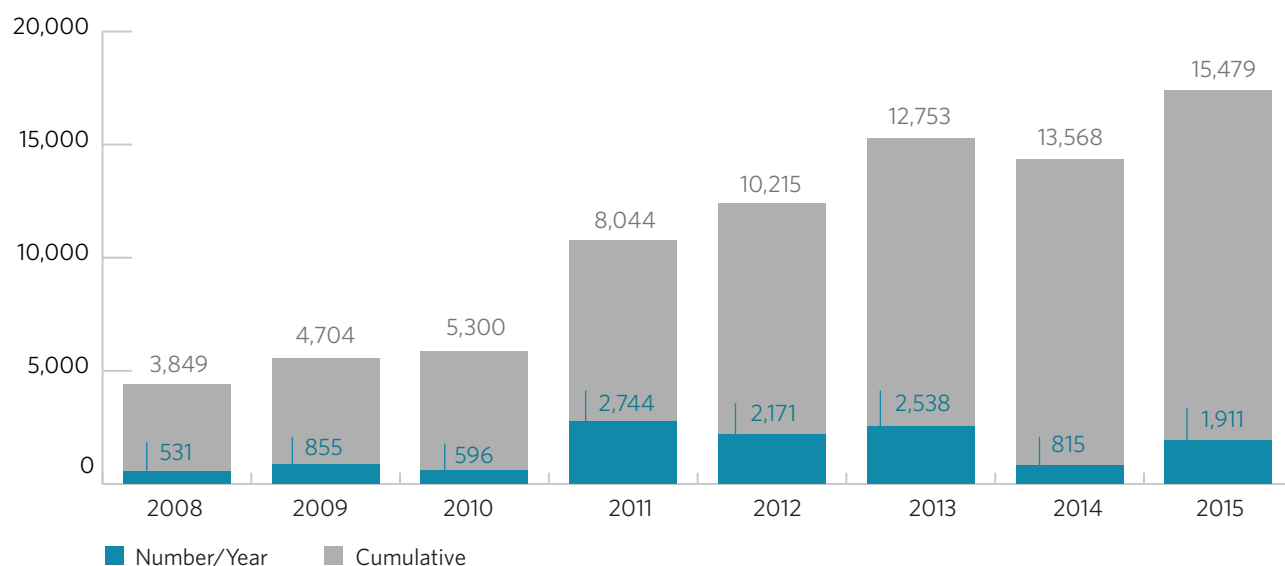
In 2015, increased attention was also placed on empowering young people and faith-based networks as agents of change.

Building consensus within and among communities

In 2015, 1,911 communities made collective declarations of commitment to abandon FGM/C in the areas of geographic concentration of the Joint Programme (see Box 4). They covered an estimated population of 5 million (Figure 12) and occurred in all programme countries with the exception of Yemen, where such activities are on hold because of the conflict, and in Guinea-Bissau. Although in most countries the public declarations included communities with a population that ranged between 1,000 and 2,000, some recent declarations in Kenya are by communities that cover an entire ethnic group, thus entailing a much larger population. Accordingly, although the number of communities that declared abandonment in 2015 is similar to the ones that took place each year between 2011 and 2013, the population covered in 2015 is estimated to be higher.

Each of the declarations marked the culmination of a process that takes between six months and three years, depending on the context and degree of readiness to adopt the new norm of keeping girls intact. The process typically includes exposure to information, laws, services, influential opinions and alternatives to the practice. It also provides

FIGURE 12: Number of communities in programme areas that made public declarations supporting abandonment of FGM/C, 2008-15



Source: Joint Programme diMonitoring database, 2015.

opportunities for people to discuss the new information and ideas within their families and community groups. Most community declarations of abandonment bring together traditional and religious leaders from all parts of the community—government officials, health providers, former excisors and NGOs—along with individual men, women, girls and boys in a collective experience that galvanizes the expectation that girls will remain intact. The attendance of nationally and politically known figures or religious leaders increases the impact of such events.

Not all individuals will immediately stop the practice once a declaration takes place. However, the manifestation of collective commitment empowers many to abandon the practice, since they now see that a new social rule is accepted by others in the community and they have less to fear in terms of social disapproval.

In 2015, countries including **Gambia**, **Mauritania** and **Senegal** brought together large groups of interconnected and intermarrying communities to encourage wider dialogues and harmonization of ideas across villages in a process known as organized diffusion. Intervillage, zonal and interzonal meetings in the Upper River Division of the **Gambia** brought together thousands of people from 30 Fulla villages to share knowledge on the harmful effects of FGM/C and child marriage, and build consensus towards abandoning the practices through song, dance, drama, testimonies and statements.

Increasingly, intergenerational meetings are also fostering dialogue among different age groups on FGM/C and on related issues, such as child marriage. Personal stories—such as from excisors who have given up the knife after learning about the damage caused by cutting, as in **Gambia**, **Mali** and **Mauritania**, or from girls who have been spared the cut and gone on to bright futures—are powerful elements.

Such community-level work is typically undertaken by national non-governmental organizations working in the context of the Joint Programme collaboration with government. In northern **Kenya**, for example, the Pastoralist Child Foundation collaborated with the Joint Programme on mixed-

BOX 4: WHAT COUNTS AS “PUBLIC DECLARATIONS”

For the purpose of the Joint Programme’s Results Framework and to maintain consistency in data, the Joint Programme has been using a fairly narrow definition of public declarations. They are defined as formal public ceremonies involving one or more communities—typically villages, but increasingly also districts and ethnic groups—that take part in an event where they manifest, through their representatives, the specific commitment to abandon FGM/C. Although the number of public declarations, thus defined has proven to be a useful indicator of progress, it does not capture all groups that are committed to ending the practice or other forms of collective pledges of support for abandonment.

For instance, because of large urban populations in **Egypt** and **Sudan**, declarations in these countries often take a different form. In Egypt alone, about 8,300 families declared their intention to abandon the practice; in Sudan, the number is around 15,000 families. Also not included in the numbers are the commitments made by smaller groups—for example, in schools or by school clubs, women’s groups, or the many groups of young people who are linked in social media communities and who manifest their commitment to abandon FGM/C by posting online.

gender community discussions in six villages, which promoted the discussion on positive values within the community, and addressed the health, psychosocial effects and legal implications of FGM/C. Participants developed an action plan that included refusing to stigmatize uncut girls, and reporting girls at risk of FGM/C or plans for cutting ceremonies to chiefs or other local authorities.

Bringing religious and traditional leaders into the discussion

The Joint Programme continues to build on learning from Phase I by focussing on the key gatekeepers who uphold community norms and seeking to deliberately engage them. The views of religious and traditional leaders carry considerable weight, with Friday prayers and church services constituting an influential channel for sharing information and building consensus. Throughout the year, the Joint Programme supported the creation and expansion of networks of religious leaders and faith-based organizations to promote exchanges among religious leaders in support for the abandonment of FGM/C through more than 6,000 activities.

In **Guinea-Bissau**, the only country besides Yemen where there were no formal community declarations of abandonment, influential religious and community leaders publicly declared that FGM/C should not be linked to religion anywhere in the country. This declaration represents a significant achievement in a country where certain groups of religious leaders remain strong supporters of the practice.

In some countries, partnering with relevant ministries gave the Joint Programme leverage on dealing with FGM/C and religion. In **Djibouti**, for instance, through collaboration between the Ministry of Religious Affairs and religious leaders of the High Islamic Council, a caravan spread the word to individuals and traditional leaders in 33 communities that FGM/C is not a religious precept. Out of more than 1,100 people who attended sessions, 800 declared their commitment to end FGM/C in their communities. The Ministry of Religious Affairs and the religious network also jointly organized awareness-raising activities among men to elicit their support for reproductive health, and ending violence against women and girls, including FGM/C.

In **Guinea**, a strengthened partnership was forged with the General Secretariat for Religious Affairs. It built on the national priority and common commitment to address and bring an end to the emergency created by the spread of the Ebola virus, engaging religious leaders in the effort to spread vital information on ways to contain the virus. The Joint Programme made the link to FGM/C and opened the discussion on the importance that cutting not take place. The dialogue directly engaged 1,148 religious leaders and led to a

reconsideration of FGM/C by the highest religious authorities. This effort clarified that 78 per cent of the leaders supported ending the practice during the epidemic, and they personally committed to spread this message during prayers, baptisms and other religious functions. This generated an additional push in communities in favour of ending the practice.

Meanwhile, in **Uganda**, collaboration between the Joint Programme and the Church of Uganda increased, giving greater visibility to the significant and growing support for ending the practice, especially among people in those areas where it persists. As one example, at a marathon organized in the Sebei region with support from the Joint Programme, the Archbishop of the Church of Uganda delivered an impassioned speech, which began with:

We have gathered here today to say NO to female genital mutilation. This has been practiced in this community for a long time and nobody can clearly give a valid reason for it. It's important that every community preserves its culture and heritage, but there are some cultural practices that have been proven by modern knowledge and science to be dangerous to human life and therefore need to be shunned completely. I add my voice to the scientists who have proven that this practice is dangerous to our daughters, wives and our Sebei mothers...

—Archbishop Rev. Stanley Ntagali



Archbishop Rev. Stanley Ntagali and the UNFPA Representative flag off marathoners in Bukwo, Uganda, in a run to end FGM/C
© UNFPA Uganda

Discussion and consensus-building is a channel for change among religious groups, just as it is within other communities. To foster such exchanges among those who support abandonment, and those who are either undecided or still condone FGM/C, the UNFPA Arab States Regional Office helped establish a Faith Network covering **Djibouti, Egypt, Somalia** and **Sudan**, which led to a declaration pledging cooperation among these countries in efforts to eliminate FGM/C. Taking advantage of this network, as well as of a long-standing collaboration with the Al-Azhar University, Egypt, Somali leaders and influential religious scholars from Egypt and other Arab States collaborated on a draft declaration that clearly distances Islam from FGM/C and calls on the government to ban all types of FGM/C in **Somalia**. In **West and Central Africa**, the Joint Programme worked with existing networks and brought together faith leaders and faith-based organizations to discuss sexual and reproductive health, and harmful practices, particularly FGM/C.

Empowering young people as agents of change

Engaging young people as champions for FGM/C abandonment has shown promising results in many countries, including **Egypt, Ethiopia, Gambia, Kenya, Senegal, Somalia** and **Uganda**, and most countries have devoted more resources to working with youth during 2015.

The Y-PEER network uses interactive techniques, such as music, dance, film and theatre, to train young leaders to empower others in the areas of sexual and reproductive health. A trainers' training manual, which addresses FGM/C, was developed by the **Egyptian** Y-PEER group in 2014, and shared with **Sudan** and **Yemen** in 2015. Social media is also widely used by youth peer educators to reach young people. The Y-PEER network in **Somalia**, for example, uses Facebook and Twitter, which have proven to be effective for generating reflection and discussion among young people on sensitive issues that they cannot easily bring up in other settings.

A variety of social media platforms, which vary according to the online landscape of the countries, offer an important way for young people to organize

around the issue of FGM/C, as has occurred in **Gambia, Egypt, Kenya, Senegal, Somalia, Sudan** and **Uganda**. The use of U-Report, SMS-based innovation that began in **Uganda**, amplifies the voices and views of young people. It now boasts more than 2 million active users in 15 countries. Every Member of Parliament in **Uganda** has signed up to U-Report to monitor and respond to what young people in their districts are saying about key issues, including FGM/C.

Empowering vulnerable girls is increasingly recognized as a key approach at the country level. In **Ethiopia**, 44 in-school and 44 out-of-school girls' clubs were established to engage girls in learning about the consequences of FGM/C; the effects of child, early and forced marriage; and the human rights of women and girls. In **Kenya**, the Pastoralist Child Foundation facilitated Alternative Rites Ceremonies and a three-day mentorship programme for 200 girls. World Vision in the Narok, Samburu and West Pokot counties supported 534 girls in alternative rite of passage, and 526 boys and 238 girls underwent training on life skills. As each girl graduated, she vowed to remain uncut and the whole community join her pledge. World Vision also organized a "neutral" platform for community dialogue for 305 people (170 women and 35 men) to discuss abandonment of FGM among religious leaders, council of elders, youth *morans*,¹² women and girls, and men and boys. Intergenerational dialogue was also organized for 270 men, women, boys and girls (110 males and 160 females). The forums challenged gender relations in communities where men and women rarely interact. The young people are willing to embrace change and, through the dialogue, had opportunity to challenge the views of elders in their communities. New partnerships with young people were increasingly important in **Senegal** and in the **Gambia**, where 570 youth were trained on advocacy to end FGM/C, child marriage and other forms of violence against women and girls. They subsequently reached thousands of additional young people, with social media being an important channel. A school project that aimed to reach both at-risk girls and their parents in greater Cairo and Upper **Egypt** included FGM/C in its focus on the well-being and empowerment of girls. Follow-up with girls and their families was provided through a partner NGO.

¹² Warriors.

Using media to amplify the message

Journalists and media organizations are crucial to the global effort to eliminate FGM/C. During 2015, the Joint Programme worked with local and national media in most programme countries. An important component of this work is training and encouraging journalists to report on FGM/C and other harmful practices in a respectful and ethical manner.

In **Kenya** and elsewhere, the Joint Programme also worked with editors and media owners. It provided support to major communications campaigns on ending the practice in 16 counties, focusing on community radio, television and social media. Listeners and viewers shared their opinions through social media platforms, providing useful feedback for tailoring future programming in the area. Media also followed criminal cases on FGM/C through their prosecution in court.

The Joint Programme's long-time collaborator AIDOS organized two journalists' training sessions,

in **Kenya** and **Senegal**, which resulted in the production of documentaries for radio, the most widespread and effective media in Africa, especially in rural areas, where it is a crucial instrument in the promotion of social change.

Through the **Abandoning FGM/C on FM!** project, the trainings engaged journalists and media officers from **Burkina Faso, Kenya, Mali, Senegal, Tanzania** and **Uganda** who learned how to look for their own stories, let the communities and individuals speak for themselves, and use sensitive and respectful language (video at <https://www.youtube.com/watch?v=3t-lp2HiZEI>). The resulting audio documentaries, in French, English and local languages, unfold not as external sensitizing campaigns, but as stories about local people and their concerns. Audio documentaries public-listening events, organized by local partners, encouraged dialogue and debate in affected communities. AIDOS also regularly updated the **Stop FGM/C** website with news, research and reports on new legal measures; and information about programme activities, training materials,



Radio journalists collecting interviews on FGM on the field in Senegal
AIDOS

¹³ <http://www.stopfgmc.org/>



audi documentaries, statements, media coverage and other documentation supporting the abandonment of the practice.

Taking advantage of the vitality of community radio in many settings, the Joint Programme supported new community radio shows to stimulate discussion among communities in **Burkina Faso**. In the **Gambia**, Islamic religious leaders and scholars participated in community radio panel discussions to clarify that FGM/C is not upheld by Islam.

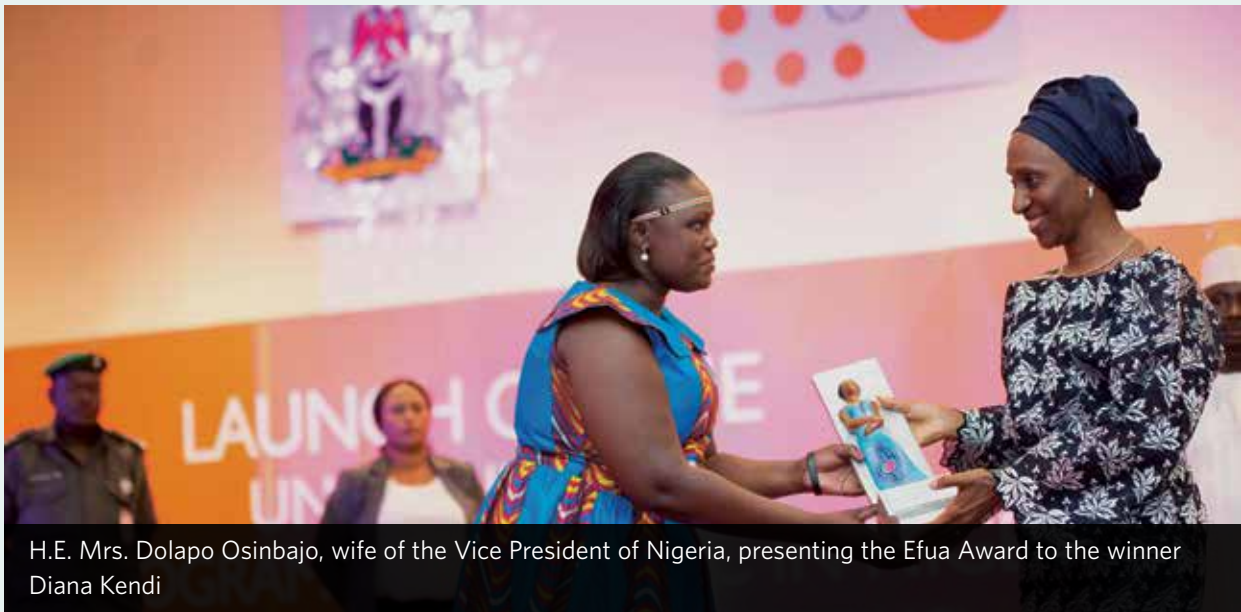
Public service announcements provide another important communication channel—one that offers an opportunity to carefully tailor messages. Because television is a primary source of information in **Egypt**, a series of dramatic TV vignettes on the theme “Enough FGM” was developed in 2014 by UNFPA and the National Population Council for broadcast in 2015. The television spots were aired on 16 highly viewed channels, reaching 63–65 per cent of the targeted population. One of the TV spots went viral on the UNICEF Egypt Facebook page, which is viewed mostly by people aged 24–30 years, garnering more than 475,000 views.

The ensuing online debate clarified the divided opinions on the practice among young people. The campaign was also aired on radio networks during prime viewing hours during the holy month of Ramadan, a strategic time to reach large audiences. Street billboards reinforcing the messages are being piloted in key areas, including along transportation corridors, and there are plans for an expansion of the campaign in 2016. In addition, journalists from 20 African countries competed for the 2015 Efu Dorkenoo Pan African Award for Reportage on Female Genital Mutilation, sponsored by UNFPA and *The Guardian*, by submitting radio, television and newspaper features (Box 5).

BOX 5: THE EFUA DORKENOO PAN AFRICAN AWARD FOR REPORTAGE ON FEMALE GENITAL MUTILATION: A POWERFUL LEGACY FOR A PIONEER

UNFPA and *The Guardian* have established the Efua Dorkenoo Pan African Award for Reportage on Female Genital Mutilation, to be granted annually to an African reporter who demonstrates innovation in, and commitment to, covering the subject. The winner receives one month of training at the FGM Multimedia and Investigations Unit at *The Guardian* in London. The journalists from 20 African countries who participated in the contest in 2015 submitted nearly 100 entries from radio, newspaper and television.

Diana Kendi, 29, from Kenya, received the 2015 award for a powerful nine-minute film called *Bondage of Culture*, which explores the relationship between FGM/C, child marriage and the commodification of women.



H.E. Mrs. Dolapo Osinbajo, wife of the Vice President of Nigeria, presenting the Efua Award to the winner Diana Kendi

Strengthening capacity to galvanize social forces

The *Manual on Social Norms and Change*, a detailed tool to strengthen capacity of stakeholders to leverage social dynamics at all levels was tested and finalized by Headquarters in 2015 and is now available in print and electronic form to all offices and other partners (Box 6). The manual is modular and can serve to organize training sessions, as a toolkit and as a reference.

In addition, the East and South Regional Offices of UNFPA organized a workshop exploring methodologies, best practices and lessons learned from country offices on engaging men and boys in efforts to eliminate FGM/C and other harmful practices.

BOX 6: MANUAL ON SOCIAL NORMS AND CHANGE

MANUAL ON SOCIAL NORMS AND CHANGE

→ unfpa.org/publications/manual-social-norms-and-change

The *Manual on Social Norms and Change* also serves a tool-kit. It employs readings, role plays, films, handouts, exercises, case studies, work group practices, a reading list, and individual and group projects to foster experiential in-depth learning about social norms.

The six modules of the manual are designed for use over a five-day period. They cover the dynamics of a social norm, specifically using the example of a norm upholding FGM/C; social norms and human rights principles; effective development and use of legislation in situations when the law sets out to criminalize a practice that may still be widely accepted or even

supported within society; the common patterns and transformative elements in the process of abandonment; and planning, assessment and measurement in promoting social norm change. Detailed facilitators' manuals guide the roll-out of the chapters and its sections can be used in other ways such as to inform presentations or stimulate reflection and discussion with partners.

Module 0	Workshop Introduction
Module 1	Dynamics of a Social Norm: Female Genital Mutilation/Cutting
Module 2	From Human Rights Principles to Shared Social Norms
Module 3	Effective Legislative Reforms in Situations Calling for Social Change
Module 4	Seven Common Patterns and Transformative Elements for Change
Module 5	Assessing for Planning and Measurement of Social Norms and Programmes Promoting Positive Social Changes
Module 6	Putting It All Together

4 LINKAGES, FEEDBACK LOOPS AND SYNERGIES



Community dialogue, Uganda
UNFPA Uganda

Country Cases

The Joint Programme has matured in Phase II, and it is more deliberately designing actions that support the broad movement to end FGM/C across all three outcome areas in ways that are mutually reinforcing. The first part of this chapter provides examples from three countries, and the feedback loops and synergies it is yielding. These are also illustrated with figures. The second part discusses how actions taken at regional and global levels interconnect with those at the national level to support the growing global consensus to end FGM/C.

BURKINA FASO—IMPLEMENTING LEGAL SANCTIONS PROGRESSIVELY

Although **Burkina Faso** passed a law criminalizing FGM in 1996, the government did not initially attempt to punish offenders; rather, it focused on educational efforts to make practising communities more aware of the harms of the practice and of the new law. **Burkina Faso** is now recognized as having developed a functional model of enforcement of the law and bringing more cases to justice.

For the past two decades, support for the practice in **Burkina Faso** has declined dramatically. The changed context enables a new and stronger collaboration between the justice systems and communities that want to see an end to FGM/C.

Collaboration with the criminal justice system—including judges, legal personnel, and police and other security forces—is pursued in ways that build the capacity of the system to deal with

FGM/C, while also strengthening the overall capacity of the legal system to address the issue. Rather than holding court hearings in the capital, Ouagadougou, the Joint Programme supports mobile judicial hearings, so they can take place near the communities from which the cases arise. The mobile courts enhance the discussion and dialogue on FGM/C, provide visible support and commitment to ending the practice, and foster collaboration between the communities and the justice system. As a result, the justice system is increasingly viewed as a service to the community, leading to a substantial increase in the number of cases verified by the police and prosecuted since 2009.

Case reporting also increases the demand for the provision of care to the girls and women who have undergone FGM/C. Health facilities are the first place where the police take the girls whose case of FGM was reported through the helpline “SOS Excision”. To meet this demand, medical students receive training on FGM/C, and midwives, nurses and surgeons are trained to treat the resulting complications, and to provide information and guidance to patients.

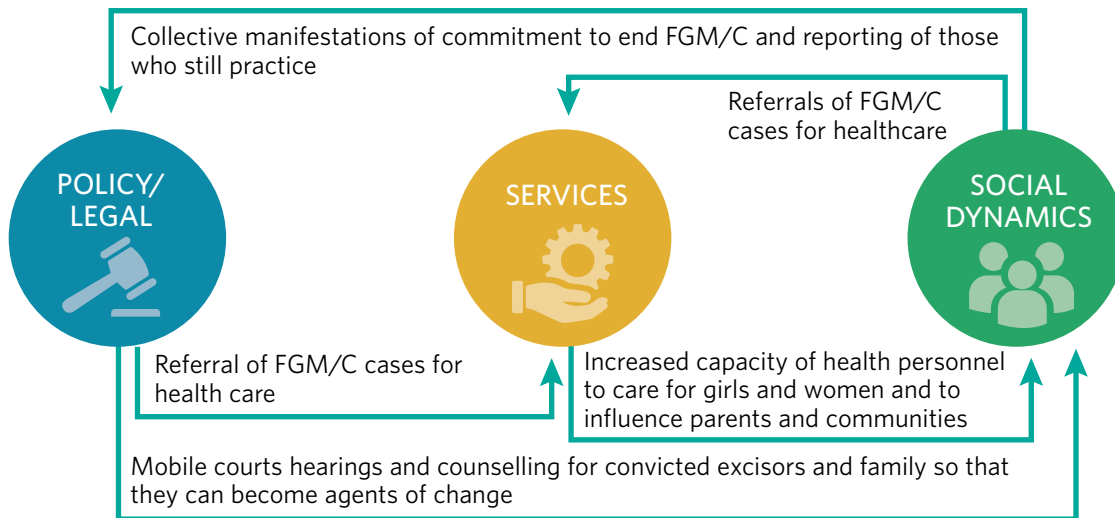
Those found responsible for acts of FGM/C are counselled after their conviction. Such efforts with convicted cutters (excisors) have contributed to the conversion of many to agents of change, who promote efforts to end FGM/C. They often speak up during awareness-raising sessions and visits by officials, in public declarations of abandonment, and on the media. This further contributes to the national movement towards keeping girls intact (Figure 13).



One of the mobile court hearings on FGM, Burkina Faso
UNFPA Burkina Faso



FIGURE 13: Burkina Faso – interlinkages and feedback loops



EGYPT—USING A SCHOOL-BASED MODEL

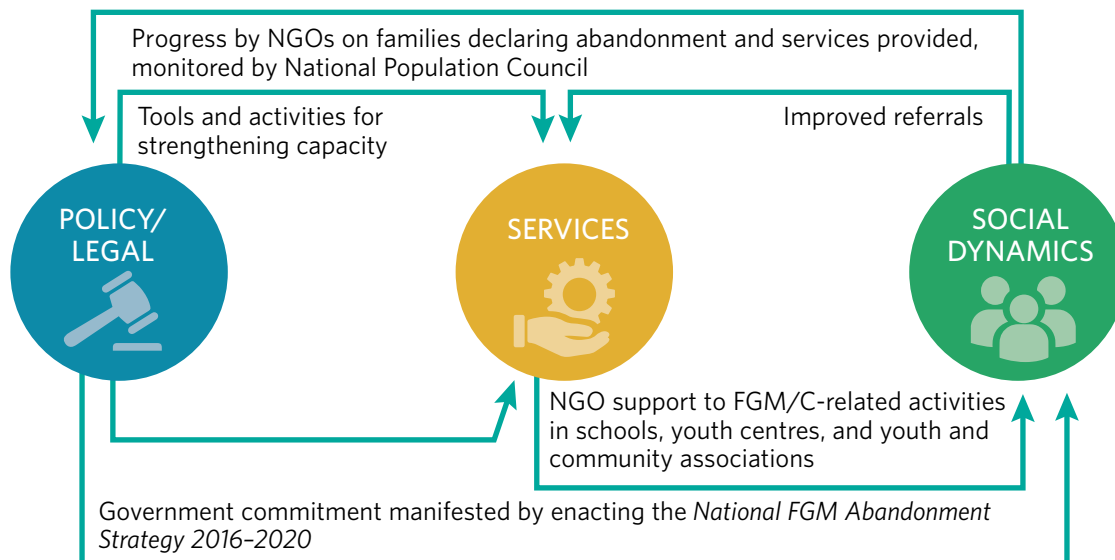
Egypt's national strategy has evolved towards more decentralized systems. In 2015, UNFPA and UNICEF provided technical support to the Egyptian Government to finalize and launch the *National FGM Abandonment Strategy 2016-2020*.

In line with the strategy, the Joint Programme partners with a set of local NGOs to improve services and build a critical mass of support for abandoning FGM/C. Through other funding sources, the National Population Council, which is

the entity responsible for Egypt's national strategy, supports additional NGOs in similar ways. NGOs are the primary link to communities, where they build awareness and stimulate dialogue that leads to commitments of keeping girls intact. One subject of discussion is the national FGM abandonment strategy and related legislation. NGOs also link communities to the different government services through referrals.

The NGOs work through schools, youth centres and local associations, organize public events and

FIGURE 14: Egypt - interlinkages and feedback loops



undertake home visits. The school-based model, which began in 2015 with 14 NGOs in 34 schools, will be scaled-up, with NGOs facilitating FGM/C work within schools. The interplay between the three outcome areas, and the feedback loops, are critical to the success of the programme (Figure 14).

GUINEA—PROTECTING CHILDREN

Strengthening and extending a national, community-based child protection system for the prevention and holistic response to violence, exploitation and abuse affecting children and women is central to the FGM/C abandonment strategy in **Guinea**. As described in chapter 2, the system comprises a set of connected, decentralized child protection coordination structures that link government and non-government actors from key social sectors involved in child protection.

UNICEF and UNFPA provide support to NGOs that train personnel of the community child protection services in villages, districts and urban neighbourhoods about FGM/C prevention, surveillance and referral to appropriate services. Training sessions are organized to link judges, police officers, health and social service providers, and to help line workers and NGOs. They offer opportunities to discuss different aspects related to FGM/C (e.g. legal framework, community approaches, service provision), and to create

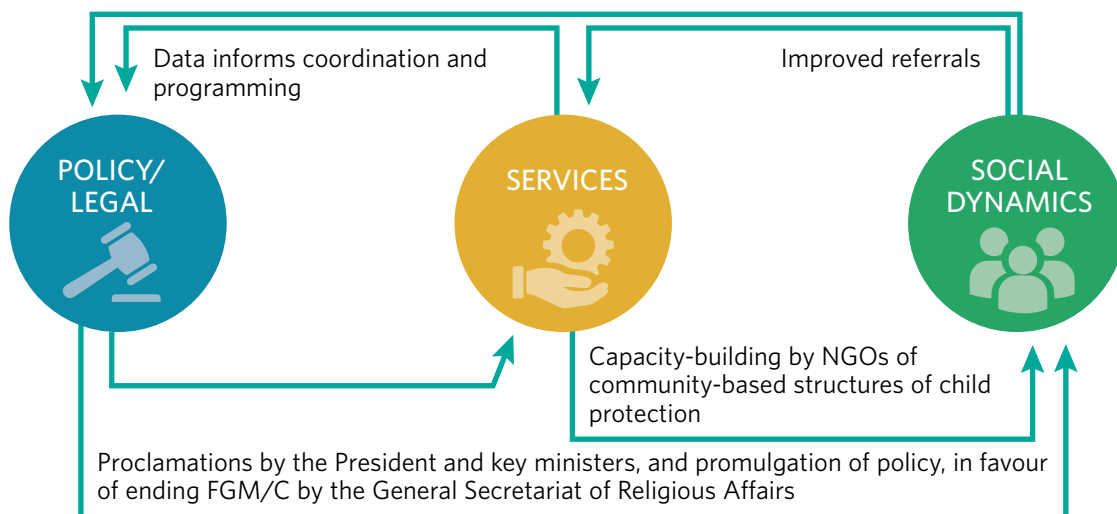
connections between the national and decentralized levels.

Community coordination structures organize educational talks and community dialogues about FGM/C prevention and share success stories. In these exchanges, the law serves as a dissuasive instrument, as information on the possible sanctions reinforces the willingness to keep girls intact, whether the communities have already declared their collective commitment to abandon the practice or whether they are in the process of abandonment.

The NGOs support the organization of public declarations of abandonment of FGM/C and child marriage, which take place based on community request and readiness. In 2015, 422 villages and 126 districts, with an estimated population of 300,000 inhabitants, made public declarations of commitment to abandon FGM/C and child marriage, and 20,368 girls were identified as spared from being cut in in these areas. A post-declaration process now follows the public declarations, with an emphasis on close monitoring of the families with girls or adolescents at risk of FGM/C and child marriage. These community activities are enhanced by mass media campaigns that aim to inform and sensitize the whole Guinean society on these harmful practices.

Mounting evidence and visibility of abandonment locally, along with clear information on the harms

FIGURE 15: Guinea - interlinkages and feedback loops



of the practice, provide a strong basis for national advocacy, which yields results that further fuel the abandonment movement. In 2015, various ministries made public engagements to support the criminalization of FGM/C, and a strategic partnership was developed with the General Secretariat for Religious Affairs, which built on the collaboration to address and end the emergency created by the spread of the Ebola virus (see chapter 3).

In addition, stronger information systems are providing new tools to monitor progress and sharpen action. In 2015, the community-based monitoring and reporting system using mobile phones was established to collect data on the Ebola virus disease child protection response was extended to include FGM/C data, and is being adapted to cover other child protection concerns. The data are aggregated and analysed at the district and national level.

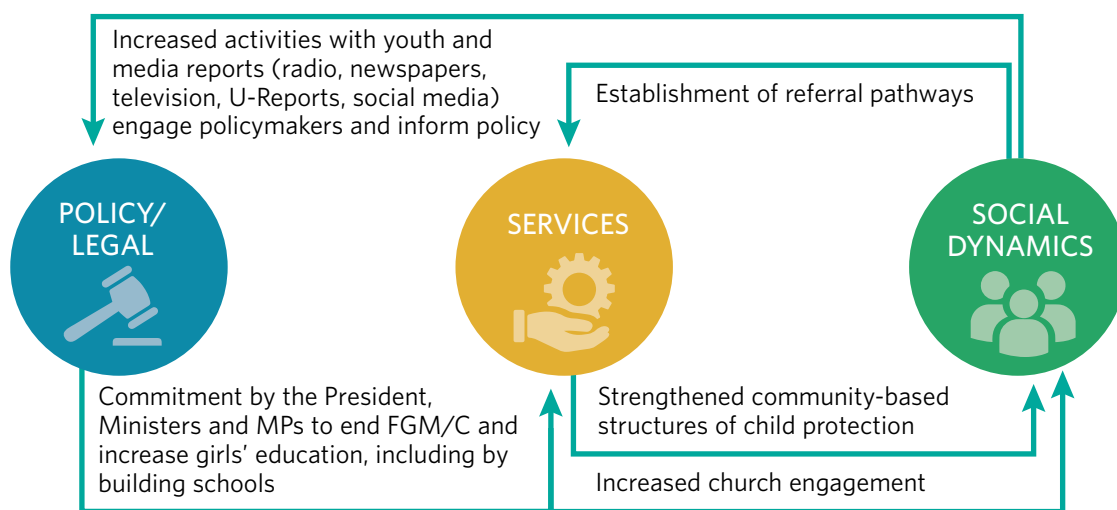
UGANDA—FOCUSING ON GIRLS AT RISK

FGM/C is practised by two ethnic groups concentrated in six districts in the north-western part of **Uganda**, corresponding to the Joint Programme’s areas of focus. Community-

based child protection structures, which were strengthened in 2015, work with local government and NGOs to provide prevention and care services, and support local activities that make the support for ending FGM/C visible.¹⁴ For example, ten in-school and five out-of-school child protection clubs, with a combined membership of 225 young people, were formed in two districts and are conducting peer-to-peer education and reaching out to other community children and young people.

Community-led initiatives and community-based structures such as child-friendly spaces and women’s groups are an important avenue to detect potential cases early, and to encourage reporting cases of FGM/C. They also link to relevant service providers at the district level. In most of the cases, the NGOs that support the community child protection structures provide counselling services to the parents, to promote agreement within families on the decision to maintain girls intact. Although data are collected on the number of FGM/C cases prevented or addressed, it is difficult to quantify the broader contribution of these structures to consolidating the new social norm of keeping girls intact.

FIGURE 16: Uganda - interlinkages and feedback loops



¹⁴ According to data collected in 2015 in the six districts, 91 per cent of respondents do not support FGM/C. The highest support for the practice was reported in Bukwo and Kapchorwa, with 19.0 per cent and 18.8 per cent, respectively, and the lowest in Nakapiripirit, with close to 0 per cent. Although the responses could have been influenced by fear to show support in view of the existence of legislation criminalizing the practice, the data nonetheless indicate that the actual level of support for ending the practice may be at odds with the prevailing impression that FGM/C is supported among the communities.

The community-based child protection structures also stimulate discussion on ending FGM/C, foster the full development of girls, and give visibility to the widespread support for ending the practice. In 2015, there was increased focus on amplifying the voices of young people. Sporting events—such as marathons, and football and netball competitions—have proven to be a powerful way to attract young people (both girls and boys) as well as political, cultural and religious leaders at all levels.

In 2015, collaboration with the Church of Uganda increased, including in the organization of sporting events. As noted in chapter 3, Sebei Diocese organized a marathon that attracted more than 200 runners, including Moses Kipsiro (Ugandan bronze medallist of the 2007 World Championships in Athletics) and 5,000 participants. The event highlighted the support of the Archbishop of the Church of Uganda, the Bishop of Sebei Diocese and other church leaders for ending FGM/C. In addition, the alignment between biblical teachings and keeping girls intact is a frequent message from church leaders.

These activities garnered significant media coverage and included expanded use of platforms designed specifically to encourage greater discussion and voice by youth through social media platforms, including Facebook, Twitter, and Whatsapp. The popular U-Report engaged 2,899 participants from the six focus districts on questions regarding knowledge and attitudes towards FGM/C, and participation in community initiatives to abandon the practice. The results were shared with the districts to inform the planning of activities.

In January 2015, the Joint Programme trained 23 national and international media houses, and 10 journalists on FGM/C. As a result, 13 radio talk shows were aired, reaching an estimated 40,000 listeners. Coverage of FGM/C by other media also increased, especially during international and national events. In 2015, 41 newspaper articles were run, and 5 television programmes about FGM were broadcast¹⁵ in Uganda. The community activities, complemented by the media coverage, gave visibility to commitments by political leaders

and helped generate new ones by the speaker of Parliament, the Minister of Gender Labour and Social Development, and regional officials.

Global advocacy

The global advocacy undertaken by the Joint Programme draws from and contributes to a rich body of international law, global and regional commitments, and various human rights mechanisms that encourage abandonment. These, in turn, energize national efforts and encourage a wider group of actors, from government and civil society to actively participate in ending FGM/C.

Working closely with partners, the Joint Programme was instrumental in the decision by Member States to include FGM/C in one of the targets of the SDGs adopted in September 2015, as described in Box 7.

Support for FGM/C and child marriage, and its perpetuation in some contexts, is often characterised by underlying gender inequality issues. In 2015, efforts were undertaken also at the regional level to increase synergies in addressing these issues. The Joint Programme provided technical and financial support to the African Union to design and deliver workshops that served to increase knowledge on designing policies and programmes to end harmful practices among 135 participants. These included ministers of social welfare, gender or health; civil society organizations and other relevant stakeholders from 28 countries; and representatives from Regional Economic Communities. The Joint Programme also provided support to the African Union to prepare the First African Girls' Summit that took place in Lusaka in November, attended by more than 1,000 participants. The summit included a specific session on "Joint initiative for ending FGM and child marriage: accelerating change", and resulted in recommendations on how to improve coordination and integration of these two issues. Before the African Girls' Summit, the UNFPA Regional Office in East and South Africa organized a two-day meeting to develop synergies in interventions to eliminate FGM/C, child marriage, gender-based violence and other harmful practices.

¹⁵ One report, *Female Genital Mutilators/Cutters Abandon Practice in Uganda, Practice Declines*, is available on YouTube (www.youtube.com/watch?v=TzOghk9fsaw&feature=youtu.be).

BOX 7: SUSTAINABLE DEVELOPMENT GOAL TARGET ON ENDING HARMFUL PRACTICES

On 25 September 2015, the 193 Member States of the United Nations unanimously adopted the SDGs, a set of 17 goals to transform the world during the next 15 years. For the first time, the gender equality goal specifically sets out to end violence and discrimination against women and girls. It includes Target 5.3: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”, with a corresponding specific indicator: “Percentage of girls and women aged 15–49 years who have undergone FGM, by age group”. This commitment constitutes a pivotal moment for further acceleration action at a global scale and the recognition that FGM is a global concern.

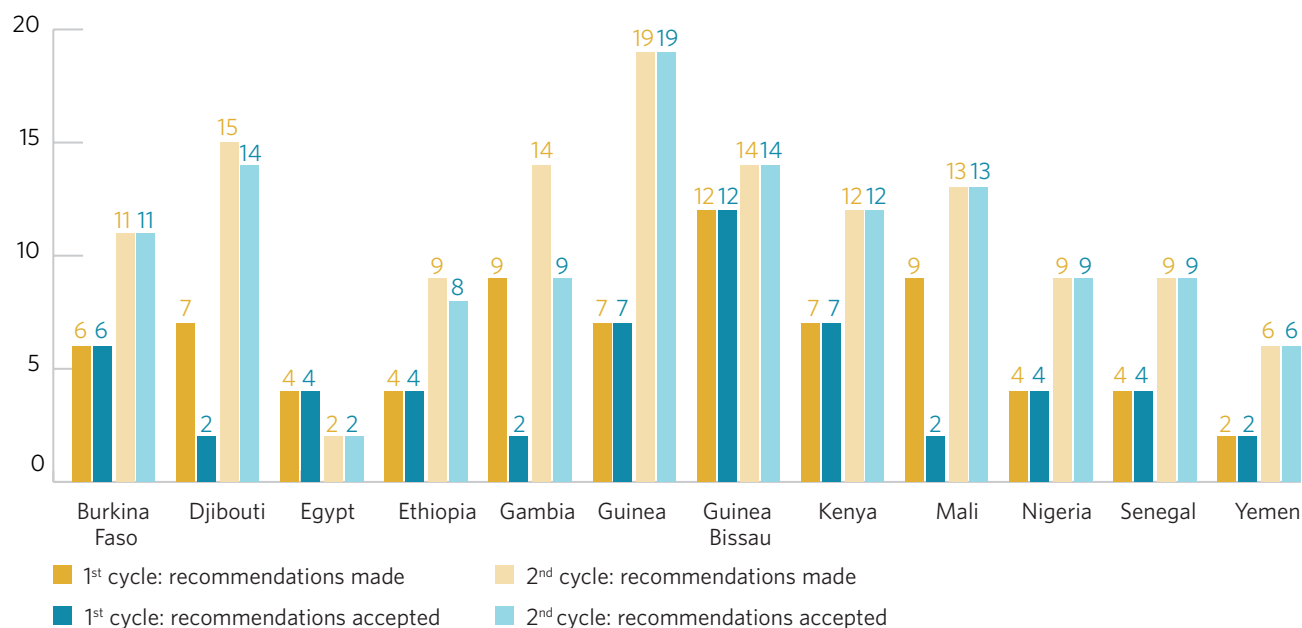
Target 5.3 calls for an end to both FGM and child marriage, providing new opportunities for creating additional synergy in the efforts to end the two practices. Already, the Joint Programme had demonstrated that, when ending FGM/C is pursued through a holistic, respectful approach that engages communities and the society at large, progress is made also in ending child marriage and gender-based violence; and sending and keeping girls in school.

Linking efforts by the UN Headquarters in New York, and Geneva, the Joint Programme provided technical support to the Office of the High Commissioner for Human Rights to prepare the UN Secretary-General’s report *Good Practices and Major Challenges in Preventing and Eliminating Female Genital Mutilation (A/HRC/29/20)*. The report summarizes initiatives undertaken by Member States, United Nations entities and other

organizations to eliminate FGM/C, and analyses continuing challenges. It also highlights some of the lessons learned and good practices from the Joint Programme.

The Joint Programme also closely follows the progress of FGM/C as covered by the Universal Periodic Review (UPR).¹⁶ Recent analysis (see Figure 17), indicates that there has been a

FIGURE 17: UPR Recommendation on FGM, cycle 1 and 2



Source: UNFPA, 2016.

¹⁶ The UPR is a mechanism used by the UN Human Rights Council to periodically examine the human rights performance of all 193 Member States.

significant increase in recommendations on FGM/C in the second UPR cycle. In the first UPR cycle, there were 220 recommendations on FGM, of which 174 were accepted. The second UPR cycle is ongoing, and there are already 555 recommendations made on FGM, of which 395 are accepted. This suggests an increasing awareness that FGM/C is a serious violation of the human rights of girls and women, and signals growing global momentum in ending the practice. Notably, the acceptance rate increased or stayed at 100 per cent for all countries supported by the Joint Programme that have completed the second review. In some cases, the difference from the first review is quite dramatic—for example, for **Djibouti, Gambia and Mali**—which is evidence that the focused advocacy and programmatic engagement of the Joint Programme is having an impact on increasing political commitment and accountability.

At the global level, the Joint Programme reinforces national-level efforts by working with sister UN agencies in policy development. In 2015, it collaborated closely with UN Women to advocate for the inclusion of the FGM target in the SDG. The two agencies also worked to improve synergies between efforts to end FGM/C and those to end violence against women and girls (VAWG). One result of this collaboration is a review of the frameworks, approaches and terminologies used in addressing each. As the review highlights, gender inequality is a root cause for both FGM/C and VAWG, and addressing both issues requires a holistic approach that includes interventions from various realms (legal, policy, services, societal).

The review of the frameworks also highlighted that policies and programmes addressing VAWG typically emphasize individual empowerment, whereas those aiming to contribute to declines in FGM/C emphasize collective empowerment, and engage with entire communities and population groups. Also, initiatives seeking to end VAWG tend to place greater effort on punishing offenders than those designed to end FGM/C, which aim to work within socially accepted parameters to protect girls and women from exclusion, stigma and hardship.

The Joint Programme also continued collaboration with WHO in building the capacity of medical staff to prevent FGM/C, and care for girls and women that live with its consequences. Thanks to the support from the Joint Programme, WHO was able to complete a set of new guidelines to improve care

BOX 8: MOBILIZING AND ENGAGING HEALTH WORKERS ON THE INTERNATIONAL DAY OF ZERO TOLERANCE

“Health systems and health professionals are essential to the well-being of societies,” noted UN Secretary-General Ban Ki-moon in his statement for the 2015 International Day of Zero Tolerance for Female Genital Mutilation (6 February). “They provide credible, scientific and unbiased information that can help people protect themselves from violations of their rights.” He was joined by officials and health workers at a high-level event at the United Nations in New York in calling for a complete end to FGM as a crucial component of protecting the dignity, health and well-being of every girl. Edna Adan Ismail, founder of the Maternity and Teaching Hospital in Hargeisa, Somalia, and a pioneer in the effort to end the practice spoke about her work to integrate FGM/C into the midwifery curriculum and her insistence that no one can enrol without first pledging to work against the practice.

At events in New York and across the 17 countries, supported by the Joint Programme, Member States and other national actors issued unified calls to leaders and health workers at all levels to accept their responsibilities to protect girls and women from FGM/C.

for millions living with FGM/C. The WHO guidelines on the management of health complications from FGM/C build on the *Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation* developed and published in 2010 by WHO, with support from the Joint Programme.

Additional actions supported by the Joint Programme across the local, national and global level to reinforce the movement towards ending FGM/C include strategic advocacy events and, specifically, the annual commemoration of the International Day of Zero Tolerance of FGM. In 2015, it linked directly to the collaboration with WHO, since the theme was Mobilization and Involvement of Health Personnel to Accelerate Zero Tolerance to Female Genital Mutilation (Box 8).

5 USING METRICS TO ACCELERATE PROGRESS



Women in Samburu community, Kenya
UNFPA Kenya

Building capacity in data

Including FGM in Target 5.3 of the SDGs calls for close and cooperative monitoring of progress by government and NGO partners. This has been a high priority for the Joint Programme since the beginning of Phase II, because it is crucial to rigorous and consistent reporting on the implementation of the Theory of Change and the associated Joint Programme Results Framework.

Beyond assessing progress, effective monitoring provides valuable feedback in terms of what works, what refinements are needed and what challenges persist.

The capacity of government and NGO partners in Joint Programme countries to track progress using reliable and comparable data and indicators increased significantly in 2015, especially with the roll-out of the new online monitoring platform—the

BOX 9: CUSTOMIZATION AND USE OF THE DEVINFO MONITORING PLATFORM

In 2015, the Joint Programme began using the diMonitoring platform to systematize the capture of data from the 17 countries in line with the programme's results-based framework (see Figure 18). The system is housed within the global DevInfo initiative, the database system endorsed and widely used by the United Nations.

The web-based system allows users to:

- Create an interactive dashboard to view the Results Framework
- Enter data on a rolling basis
- Track progress on performance indicators
- Identify underperforming indicators
- Use a more dynamic and interactive planning and monitoring process.

The system also allows for some flexibility, so countries could add new indicators that are part of national planning frameworks in the future. The baseline and target-setting has encouraged government ownership and increased alignment in the use of the Results Framework across countries.

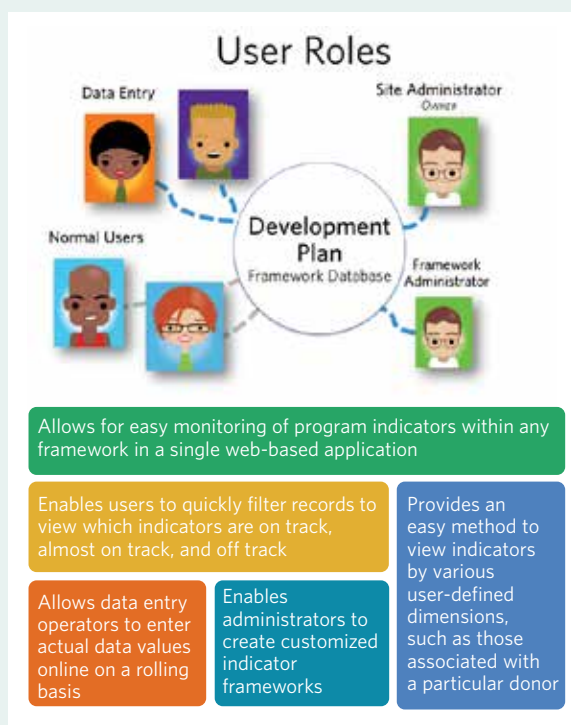


FIGURE 18: Example of a diMonitoring page

Indicator	Source	Reporting Time	Status	Baseline	2014	2015	2016	2017
OC2.1 Number of girls and women receiving services related to FGM/C prevention or response (Number)	CE.Calculated_2013, CE.Calculated_2014, CE.Calculated_2015, CE.Calculated_2016, CE.Calculated_2017	2014,2015,2016,2017	Planned	219073	288139	473601	527577	
Actual				126345	275363	531300	0	
OC2.1 - Service providers have the capacity to provide FGM/C-related services								
OC2.1.a Number of service delivery points with at least 1 provider trained by the Joint Programme (1) Prevention services, 2) Protection services, 3) Provision of care services (Number)	CE.Calculated_2013, CE.Calculated_Q1 2015, CE.Calculated_Q1 2016	Q1 2014,Q2 2014,Q3 2014,Q4 2014,Q1 2015,Q2 2015,Q3 2015,Q4 2015,Q1 2016,Q2 2016	Planned	43	2052	2095	120	3
Actual				2452	118	5318	3434	184
OC2.2 - Service delivery points have the capacity to provide FGM/C-related services								
OC2.2.a Number of service delivery points that are applying tools (curricula, modules, guidance, guidelines supervision/case management forms) developed by the Joint Programme (Number)	CE.Calculated_2013, CE.Calculated_Q1 2014, CE.Calculated_Q1 2015	Q2 2014,Q3 2014,Q4 2014,Q1 2015,Q2 2015,Q3 2015,Q4 2015	Planned	5000	781	5781		
Actual				6617	6480	820	6400	26
OC2.2.b Number of management information systems reporting FGM/C (Number)	CE.Calculated_2013, CE.Calculated_Q1 2014, CE.Calculated_Q1 2015	Q2 2014,Q3 2014,Q4 2014,Q1 2015,Q2 2015,Q3 2015,Q4 2015	Planned	1	0	0	23	24
Actual				19	1	0	3	24



A girl participates in the meeting to establish the community declaration to abandon FGM/C and early/forced marriage in the Tambacounda region of eastern Senegal
UNFPA Senegal

DevInfo database (Box 9). Building the capacity of country teams and key partners in both government and civil society has been a major focus of the Coordination Unit in Headquarters, with extensive support from the Regional Offices.

The dedicated effort to improve planning and track progress began in March 2015, with an intensive one-day orientation during the Joint Programme Annual Consultation in Addis Ababa, Ethiopia, for all programme and monitoring and evaluation focal points. It was followed by four-day participatory workshops for country teams on the use of the DevInfo database. These served to strengthen planning, coordination, and the capacity to monitor and analyse progress. They also consolidated a common understanding across government and civil society partners of the Results Framework, and of the roles and responsibilities of the various partners in setting targets and tracking progress. Intensive, hands-on training on the electronic tool enabled countries to directly enter data on past results and future targets for the various indicators. Six countries completed the workshops in 2015. The remaining countries (except Yemen) will complete training in 2016.

As part of broader collaboration with government, UNFPA and UNICEF actively support efforts by national statistics divisions for data collection that include specific indicators on FGM. In 2015 this included support for the DHS (**Egypt** and **Ethiopia**) and the MICS (**Mali**, **Mauritania** and **Senegal**), undertaken by the Governments of **Burkina Faso**, **Senegal**, and specific data collection exercises conducted by the Joint Programme in **Eritrea**, **Sudan**, **Somalia** and **Nigeria** in collaboration with the government. The Joint Programme also contributed to qualitative studies on behaviour, attitude and practices related to FGM/C, to better understand the drivers and social implications of the practice in **Guinea**.

Overall, more than 1,830 programme managers and experts were trained in using evidence to improve advocacy and programming. Thanks to the support of the Joint Programme, management information systems tracking FGM/C-related information increased from 39 in 2014 to 43 in 2015. This increase has enabled countries to track the provision of FGM/C-related services and the linkages between sectors more effectively.

The Joint Programme is also supporting new, ethical ways to gather data about the status of girls and inform programming. These include, for example, surveys conducted within health facilities in the **Gambia**, registering and tracking FGM/C status of newborns in **Ethiopia**, or noting FGM/C status within health facilities in **Eritrea**. Data are collected for 35 indicators, including the treatment of FGM/C-related complications. In addition to providing prevalence data, the medical examinations are helping to raise awareness and reduce stigma among health workers, social service providers, civil society partners, and traditional and religious leaders. **Djibouti** continues to systematically collect data on the prevalence of FGM/C among young girls, thanks to a partnership between the Ministry of Education and the Ministry of Health that launched school-based medical services for boys and girls. Seizing the opportunity to collect reliable data on the practice, the Joint Programme has supported the integration of FGM/C into the routine health examinations, ensuring compliance with safety and confidentiality standards.

Using innovative approaches to measure the invisible

Public declarations of abandonment of FGM/C are observable and quantifiable. However, the social expectations that uphold the social norm of FGM/C may begin to change before collective declarations or significant changes in rates of cutting reveal that a shift is taking place. The Joint Programme is therefore also experimenting with ways to measure shifts in attitudes and expectations that occur before more obvious changes can be observed. In **Eritrea**, government and national partners are engaged in an intensive mapping exercise among communities that are moving towards abandonment (Box 10).

Using a methodology similar to the one tested in Eritrea (Box 10), the Joint Programme also provided support to the Government of **Nigeria** in 2015 for a baseline study to produce an overview on the most essential information about FGM/C for the six states (five operational and one control sample) and 37 local government areas (LGAs) of programmatic concentration. As for Eritrea,

the study used a rating scale and served to highlight which LGAs were closer to abandonment and which faced more significant challenges in eliminating FGM/C. The study has also generated useful information for prioritizing programmatic interventions.

The strategic thinking and marketing savvy behind the *Saleema* initiative in **Sudan** has been widely recognized. It has also been used as a model for similar campaigns to essentially “rebrand” the state of being uncut in a positive way, including the *Kamla* (complete) campaign in **Egypt** and a **Nigerian** campaign slogan titled *Odimma Nwanyi bu Ka Chi Siri Ke*, which means “wholeness of female is as created by God” in the Ebonyi and Imo states (Figure 20). The *Saleema* campaign’s effectiveness is being researched in an ambitious three-year study, initiated in 2015 with Joint Programme support, to carefully measure positive association between *Saleema*, and specific campaign actions and messaging. The study is using both qualitative and quantitative methods to compare higher and lower levels of exposure to the campaign in an attempt to gauge its impact on social dialogue and norms. Data are being collected from about 8,000 people across all 18 states of Sudan.

As in the innovative studies in **Eritrea** and **Nigeria**, key parameters of the *Saleema* evaluation framework cover individual attitudes, empirical expectations (beliefs of respondents about what others do) and normative expectations (beliefs of respondents about what others consider to be appropriate). As noted in the Introduction, these are key parameters for the measurement of social norms. The *Saleema* study uses an index based on agreement or disagreement with the following four statements:

1. Most people in my community practice cutting.
2. Most of my friends practice cutting (beliefs about what others do).
3. It is appropriate for families in my community to practice cutting.
4. Sudanese society in general considers it appropriate to practice cutting (beliefs about what others think).

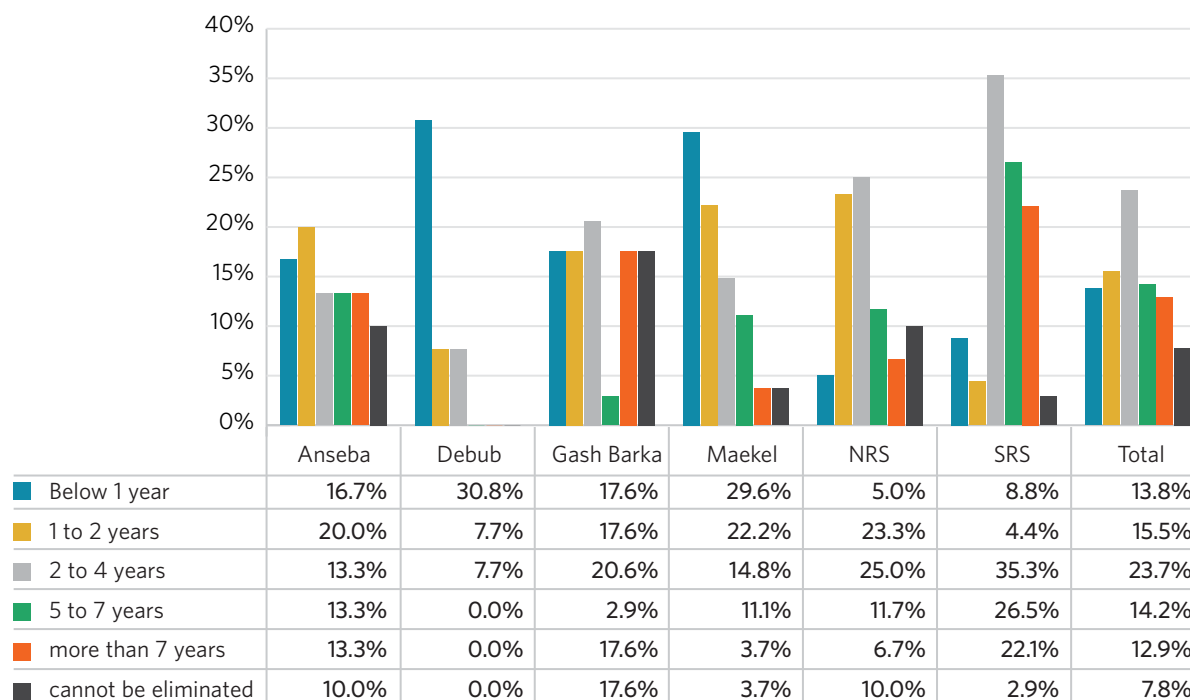
BOX 10: MAPPING READINESS FOR ABANDONMENT IN ERITREA

Mapping a community's readiness for abandonment can be very useful to plan the use of resources to support community efforts and accelerate abandonment of female genital mutilation/cutting (FGM/C) at scale. In Eritrea, the Ministry of Health and the National Union of Eritrean Women are in the process of mapping more than 500 villages to determine how far they have shifted towards abandonment. The methodology entails collecting data in six categories:

- Practice of cutting and clinical observation (in compliance with ethical and safety standards)
- Attitude and views of self about FGM/C
- Attitude and views of others about FGM/C
- Exposure to, and knowledge of, activities to support the abandonment of FGM/C
- Knowledge on the law criminalizing FGM/C and opinions on its enforcement
- Collective abandonment.

The responses from the initial 112 villages mapped in 2014 were used to generate an index indicating whether a village is closer to abandonment of the practice than the average, or further away. Although the process is ongoing, the initial results were used in 2015 to more effectively and efficiently tailor support to communities, including advocacy, educational and mobilization efforts. The index is also serving as the basis of a broader government mapping system. As seen in Figure 19, opinions about the expected persistence of FGM/C varied considerably by district.

FIGURE 19: Opinions on how much longer FGM/C will continue



NRS, Northern Red Sea; SRS, Southern Red Sea.

Source: UNICEF Eritrea, 2015.

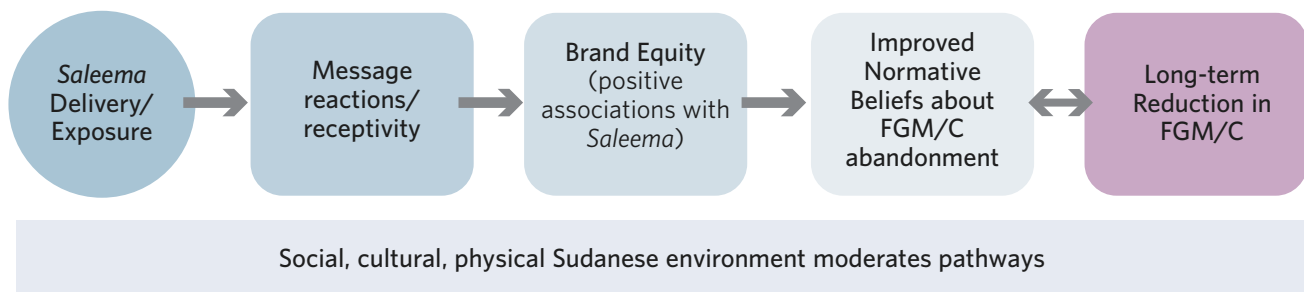


Father Opposes FGM, Egypt
UNFPA, Egypt

Baseline data were collected in 2015 and analysis is under way. Preliminary analyses indicates that responses to these four questions, when asked together, show a high level of consistency (Alpha score of 0.82), suggesting they can provide a reliable indicator of social norms change. Overall, initial results show that the vast majority of respondents (92 per cent) believe the *Saleema* campaign is good, and 85 per cent agreed with

the statement “I will not practice cutting in the future”. Preliminary data also show a correlation between acceptance of abandonment and younger (under 34 years old) populations and with the wealthiest 20 per cent of the population.

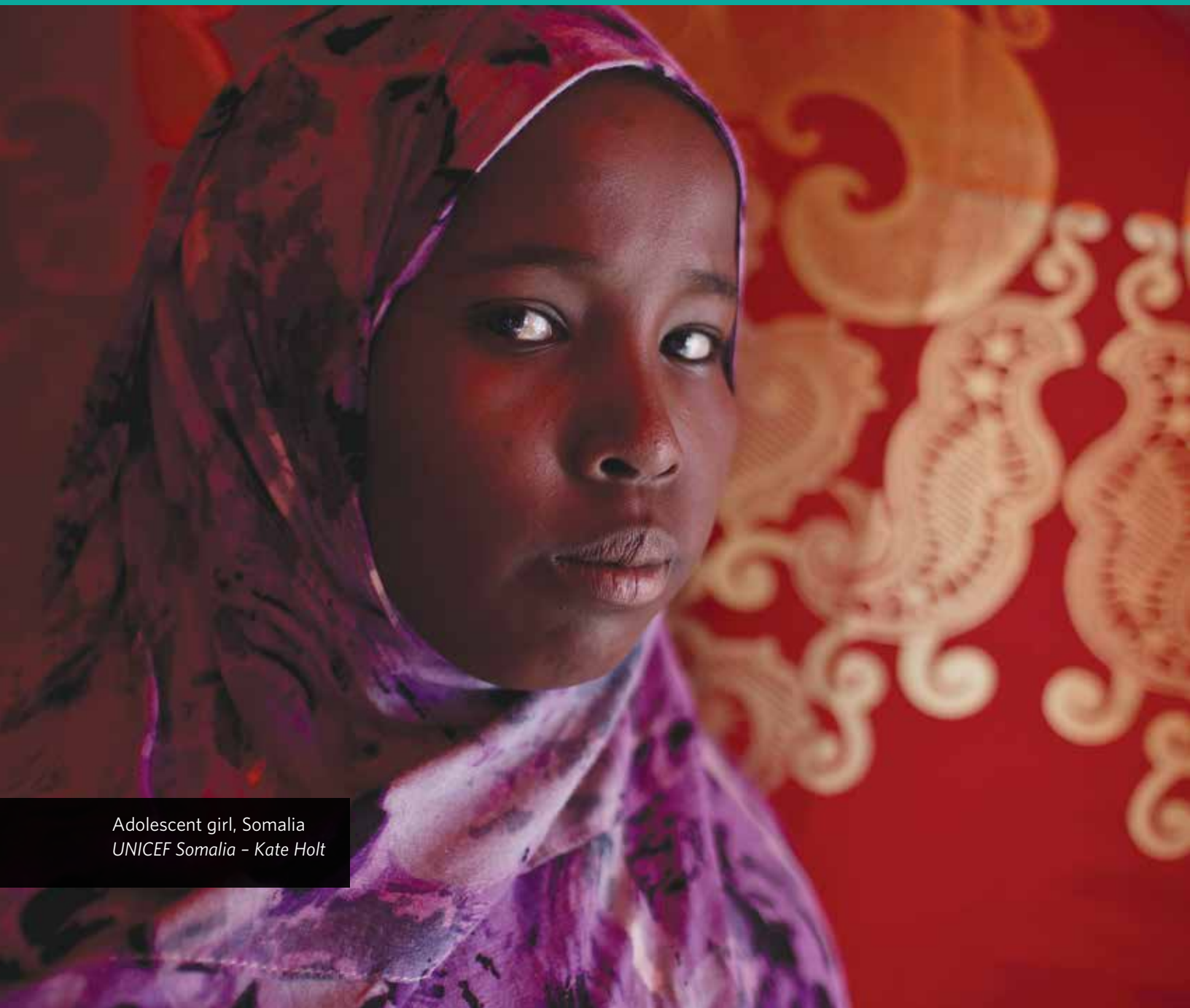
FIGURE 20: *Saleema* conceptual framework



Source: UNICEF Sudan, 2015

6

CHALLENGES AND VISION FOR 2016 AND BEYOND



Adolescent girl, Somalia
UNICEF Somalia – Kate Holt

Challenges:

INSECURITY AND INSTABILITY

The most critical and pervasive challenge in 2015 was the insecurity and instability in Africa and the Middle East. During the year, 15 of the 17 Joint Programme countries experienced some form of civil conflict, change of government, major epidemic, or terrorist incursion and attack. The most direct attack was in Garowe, Somalia. It targeted UN workers, killing four UNICEF staff and wounding five others. Yemen remained in a state of crisis throughout the year, and UN staff were evacuated for extended periods. Loosely linked terrorist groups posed threats or outright attacks in many of the programme countries throughout the year (**Mali, Nigeria and Kenya**). The violence and political upheavals have resulted in fear, unpredictability, and disrupted communications and infrastructure networks. Tentative putsch also took place in **Burkina Faso** and **Guinea Bissau**. These circumstances have hindered the efficiency and effectiveness of programming efforts, led to delays and, in some cases, to the cancellation of activities. The conflicts have also increased population movement across borders.

Although the Ebola epidemic was contained to three nations, all West African countries had to mount extraordinary preparedness and prevention measures, which took priority and led to many strained and overwhelmed health systems. Despite the significant challenges caused by the epidemic, the Joint Programme was able to find new opportunities to work with religious leaders in Guinea in response to the health crisis and to engage actively with the Ministry of Religious Affairs.

LIMITED CAPACITY

Government capacity and ownership of efforts remains an issue for many countries, as reflected in a lack of a designated budget line for FGM/C in about half of the programme countries. The impact of the issues cited above have exacerbated budget constraints for many of the countries. However, continued advocacy, combined with the leverage provided by the SDGs, the Universal Periodic Review and other human rights instruments, aim to garner additional government engagement and resources.

Although major progress was made in increasing the capacity of government and civil society partners to plan and monitor actions based on the common

Results Framework to end FGM/C, more work in this area remains, as many country teams struggle to collectively use the new electronic platform. Although the Results Framework was simplified in 2015, the intensive capacity-building activities required to use it indicate that further streamlining may be needed and that the online platform will require some adjustments. It is also evident that building the capacity of country teams and partners will need to continue for future years, albeit at less intense levels, for the remainder of the Phase 2 period.

REGIONAL CHALLENGES

Although numerous fatwas have been issued clarifying that FGM/C is not an obligation of Islam across the region, the issue remains murky in some countries, including **Djibouti, Ethiopia, Guinea, Guinea-Bissau, Kenya and Somalia**. In these countries, religious leaders generally agree that the most extreme forms of the practice, especially infibulation, should be abolished, but are divided about whether a less extreme cut (often called *sunna*) is permitted or recommended.

The lack of a clear, unified message among religious leaders has complicated advocacy efforts. Although the significant consensus for ending the severe forms of the practice is an asset, the continued support for the lighter forms makes it difficult to pursue policies and programmes aimed at ending all forms of FGM/C. To address this sensitive issue in **Somalia**, the Joint Programme identified Islamic scholars who take a clear position against all forms of FGM/C to lead the advocacy and social mobilization campaigns. The recently established network of religious leaders in the country will also support the move towards reaching consensus on total abandonment by religious leaders.

A number of countries continue to report the movement of individuals across borders for the purpose of cutting, including those bordering **Kenya**. To address this, the East African Legislative Assembly is working on a common legislative framework for East African nations, and advocating for a regional declaration on the abandonment of FGM/C and joint legislation guidelines for African Union Member States to address crossing of borders for the purpose of cutting. To promote the engagement of all bordering communities, the Joint Programme has already crafted an intervention with Kenya's Anti-FGM Board and bordering communities in **Ethiopia, Somalia, Tanzania and Uganda** to conduct dialogues

on FGM/C. In Guinea-Bissau, the spread of FGM/C to diaspora communities in Portugal, with emigrants returning to their home country to cut their girls, has prompted a joint action plan between the two countries.

Vision for 2016 and beyond

The establishment and consolidation of the new social norm of keeping girls intact is an incremental, multiyear process. But the significant, continued and fairly rapid declines in rates of FGM/C in countries such as **Burkina Faso** and **Kenya**, and areas of geographic concentration in Ethiopia and Senegal attest to the soundness of the overall approach of the Joint Programme. In 2016 and beyond, the Joint Programme will stay the course, in collaboration with partners, and continue to rigorously apply and monitor progress using the Results Framework.

As contexts evolve and more learning takes place, however, further refinements and adjustments will be made, and the Joint Programme will continue to align programming with new learning. For instance, although we are seeing the importance of service provision on many levels, reports from country offices indicate the need to expand this network of support, and bolster it with a stronger emphasis on referrals and coordination to ensure all girls and women have better access to prevention, protection and care. With a growing understanding of social dynamics, the Joint Programme will place even greater attention on ways to make individuals and entire communities aware of the growing willingness within society to keep girls intact. It will also build on the increasing understanding of how social dynamics in favour of ending FGM/C can be leveraged by policies and legislation, and by strengthening services.

Further dissemination and use of the significant experience and evidence accumulated by the Joint Programme will be needed for the remaining period of Phase II, so that actions taken within and beyond the programme are evidence based and resources are well invested. The Joint Programme, which has been pioneering, testing and refining an innovative approach to social change that is bringing about measurable results at scale, will need to continue to serve as an intellectual lever, by collaborating with research consortia and across countries—especially South-South—to generate increased understanding and tools on social norms and emerging issues.

Moving forward, the Joint Programme will also continue to support countries that are still working towards national legislation and those that are expanding enforcement of existing laws. It will build on and intensify the effort to use multiple media channels to bring forward voices of change and make visible the growing support for keeping girls intact. With the movement to end FGM/C now increasingly consolidated in most of the countries supported by the Joint Programme, the focus on leveraging the existing desire to end the practice will further increase the effectiveness of the resources invested.

Already in 2015, the cost-effectiveness is very high. Using the conservative estimate of population covered only through public declarations of abandonment that took place this year, the approximate investment is only \$3 per person. In fact, many more people were reached within government, and within and through services. The collaboration with media served to reach many more indirectly. All of this will, however, require sustained levels of funding. Because consolidating new social norms requires continued and multiyear support across the three outcome areas of the Joint Programme, adequate resources are essential to maintain continuity and build on achievements.

Overall, looking forward to the next 2 years of the Joint Programme, it is encouraging to note the increasing attention on FGM/C by the media and by Member States in the recommendations and responses prompted by the UPR of Human Rights Obligations and—most importantly—the increased global commitment in ending the practice now inscribed within the SDGs. This means the world will be monitoring progress for the next 15 years. Aware that Target 5.3 covers harmful practices and specifically mentions both FGM and child marriage, the Joint Programme will look for opportunities to share programmatic experience that empowers girls and women. In many contexts, this means simultaneously encouraging entire communities deciding to end FGM/C, child marriage and other forms of gender-based violence, while encouraging girls to complete schooling. Motivated and inspired by the millions of lives at stake, the Joint Programme will use Target 5.3 as a springboard to achieve further abandonment of FGM/C and strengthen capacity of countries to eliminate the practice by 2030.

ANNEX I: FINANCIAL REPORT

During the course of 2015, both contributions and expenditures were well aligned with forecasts. The total amount of contributions received over the course of the year amounted to \$11,035,544 as shown in Table 1. As has been the case since the beginning of Phase II, some contributions arrived approximately at midyear, while others arrived at the end of the year to cover Joint Programme needs for the following year, namely 2016.

The provisional financial details on expenditures for the Joint Programme during 2015 are presented in Table 2. Country budgets were approved for the full 2014–2015 biennium by the Steering Committee in January 2014. Funding allocations were made during 2015, using all contributions received in full.

The budget available in 2015 (column 2) was \$21,140,495. This figure includes contributions received at the end of 2014 to cover 2015 programme needs, contributions received in mid-2015 and the balance carried over from 2014, in line with the principle of multiyear funding that enables continuity of activities across calendar years. Balances at the end of every year are necessary to maintain continuity into the following year.

Some of the funds received at the end of 2014 were one-time contributions meant to be used during the remaining period of Phase II and, as such, were

to be carried over, in part, at the end of 2015 for programming and expenditure in 2016 and 2017.

Total expenditure for the Joint Programme for the year 2015 was \$14,941,380 (column 3), equivalent to an expenditure rate of 71 per cent (column 4), with differences between countries. The country with the highest implementation rate was Djibouti. Yemen was not able to undertake regular programme activities during 2015 because of the country's emergency situation, explaining the very low expenditure rate. For a number of other countries and for some of the Regional Offices, expenditure rates are below average because the second tranche of funding served to enable the negotiation of additional agreements or engagements that extend beyond 2015, but without the bulk of expenditure in 2015. Particularly high levels of unspent funds are noted for Kenya and Senegal, and measures are being taken by the offices, in consultation with regional and global teams to ensure that these balances are fully programmed for 2016.

The figures listed in column 3 represent final expenditures and do not include commitments (signed contractual agreements against which future expenditures will be made beyond the calendar year). Under the current UN Development Group modalities for financial reporting, which is agreed to by Member States and governs the UN system, financial monitoring systems of the

Table 1: Contributions received, 2015

Donor	Contributions (local currency)	Contributions received, including Administrative Agent Fee (\$)	Funds for Programme, contributions received, excluding Administrative Agent Fee (\$)
Germany	200,000 EUR	224,972	222,722
Iceland	89,473.45 USD	89,473	88,579
Italy	1,500,000 EUR	1,633,987	1,617,647
Norway	26,000,000 NOK	2,989,537	2,959,641
United Kingdom	4,000,000 GBP	6,097,575	6,036,599
TOTAL		11,035,544	10,925,189

agencies are expected to report only finalized expenditures. They are not to report contractual obligations that imply future expenditures, such as signed agreements with government or NGO partners or staff contracts and which could change. The financial report therefore gives the impression that there is greater liquidity than is actually the case. Implementation rate which includes all funding that is programmed (expenditures and commitments) is actually higher than the expenditure rate. The management of commitments is undertaken at office level, under the responsibility of the Head of Office (Country Office Representative, Regional Office Director or HQ Division Director).

The unspent funds carried over for expenditure during the continuation of Phase II in 2016-17 (column 5) total \$6,199,115. As noted above, some of this funding is already programmed, to cover signed agreements or staff costs. The country plans received for the 2016-2017 biennium indicate a total request by offices of approximately \$26 million for 2016 alone, far exceeding the total of unspent funds. Additional contributions to cover needs are expected in 2016.

Table 2: Financial Report, 2015 in US\$

Office	Budget 2015 (based on funding available or received during the year)	Expenditure Jan.- Dec. 2015	Expenditure Rate 2015	Unspent balance (for 2016-17)
Burkina Faso	998,403	911,040	91%	87,363
Djibouti	494,574	494,213	100%	361
Egypt	1,298,127	1,145,526	88%	152,601
Eritrea	898,809	798,284	89%	100,525
Ethiopia	992,156	767,991	77%	224,165
Gambia	615,696	574,444	93%	41,252
Guinea	510,585	472,410	93%	38,175
Guinea-Bissau	490,469	318,125	65%	172,344
Kenya	2,585,029	1,285,788	50%	1,299,241
Mali	776,084	348,133	45%	427,951
Mauritania	575,250	513,493	89%	61,757
Nigeria	1,307,461	892,897	68%	414,564
Senegal	2,149,098	1,157,608	54%	991,490
Somalia	1,536,979	1,106,332	72%	430,647
Sudan	1,008,598	838,080	83%	170,518
Uganda	944,297	696,657	74%	247,640
Yemen	415,590	55,163	13%	360,427
Regional Offices and reg'l partners	959,858	450,906	47%	508,952
HQ and global level partners	2,583,432	2,114,289	82%	469,143
TOTAL	21,140,495	14,941,380	71%	6,199,115

This is an uncertified financial report.

ANNEX II: PROGRESS TOWARDS RESULTS

Table 3 outlines the 2015 progress of the Joint Programme at outcome level, with respect to the 2013 baseline and the 2017 targets. Baseline data for Phase II reflects the Joint Programme achievements as of the end of Phase I.

In 2015, the Results Framework of the Joint Programme underwent some revisions, including updates of some 2017 targets. The DevInfo Monitoring platform was introduced in 2015 as the common instrument to report against the Framework (see Chapter 5). Strengthening

systems of monitoring, including revisions to the Results Framework, capacity development and the updating of the databases is a continuous process. While major progress was made during 2015, there are issues related to the functionality of the DevInfo Monitoring platform that require further investment. Concerns regarding consistency of the use of the indicators across countries have also been identified and are being addressed, which may lead to further refinements of the Results Framework at output level.

Table 3: Progress towards results

	Intervention logic	Indicators	Baselines	Targets	Achievements	Sources and means of verification
			(2013)	(2017)	(2015)	
Outcome 1	Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with AU and UN Resolutions)	Number of countries implementing a comprehensive legal and policy framework to address FGM	10	15	2 new countries, bringing the total to 13 <i>On track</i>	Government reports to regional and international monitoring bodies
		Number of countries with cases of enforcement of the FGM/C law	8	11	1 new country, bringing the total to 11 <i>Target achieved</i>	
		Number of countries with budget line to implement legislation and policies to eliminate FGM	6	10	4 additional countries in 2015, bringing the total to 10 <i>Target achieved</i>	National Budget

	Intervention logic	Indicators	Baselines	Targets	Achievements	Sources and means of verification
Outcome 2	Service providers provide timely, appropriate and quality services to girls and women at risk of or having experienced FGM in select districts in programme countries	Number of girls and women receiving services related to FGM prevention or response	124,345	1,000,000	531,300 additional girls and women, bringing the total to 931,008 <i>On track</i>	Periodic reports from implementing partners and sectoral administrative data
Outcome 3	A majority of individuals, families and communities in programme areas accept the norm of keeping girls intact, without FGM	Number of communities making public declarations of abandonment of FGM	12,753	18,204 communities	1,911 new communities in 2015, bringing the total to 15,479 <i>On track</i>	Periodic reports from implementing partners
		Population covered in communities that have declared abandonment of FGM	7 million (estimated)	22 million	5 million additional people, bringing the total to 17 million <i>On track</i>	Population-based survey in areas of programme implementation



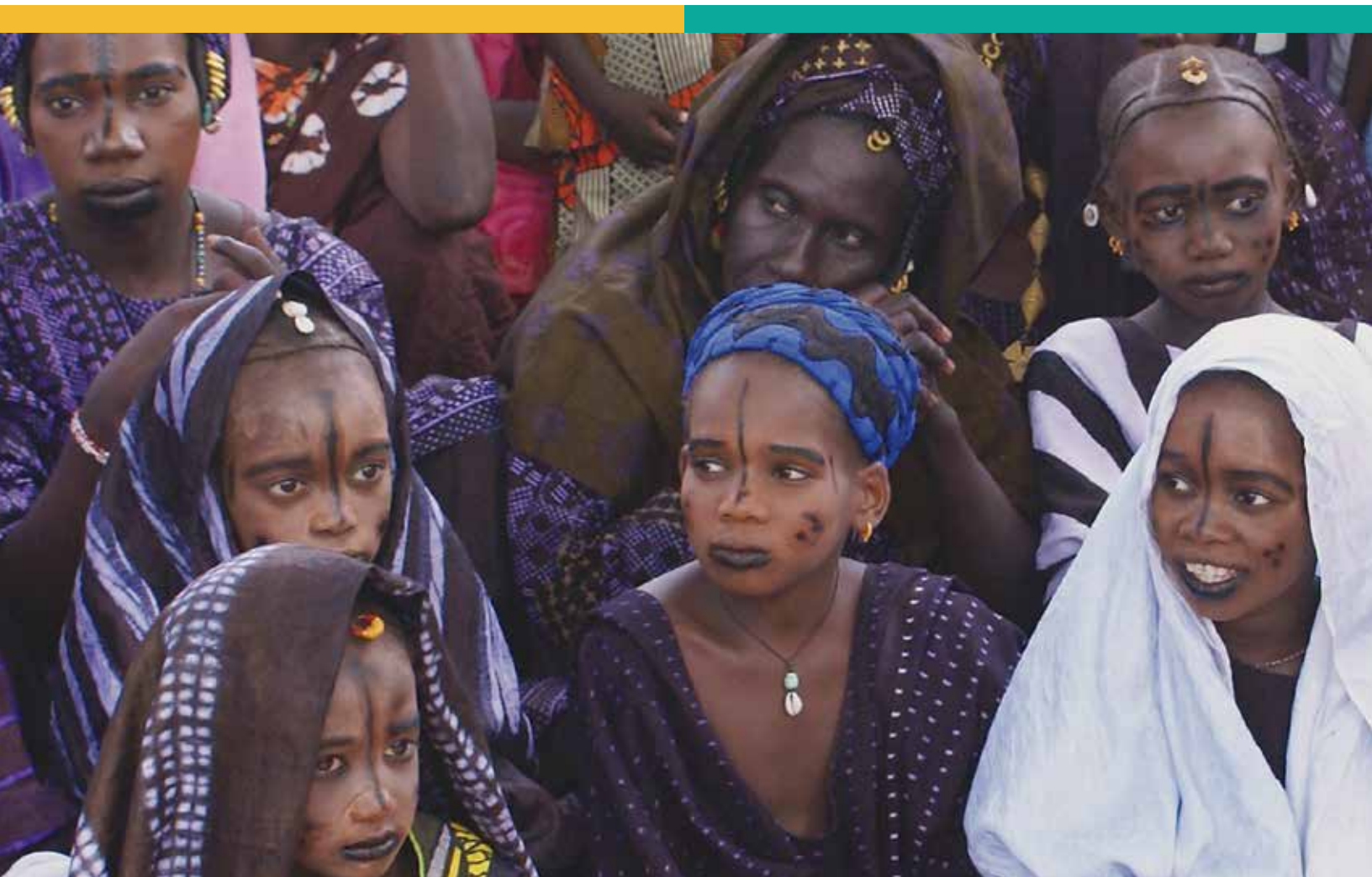
"Let's use this symbol to demonstrate our commitment and dedication to eliminate FGM by 2030!"



Speech by Mr. Ban Ki-Moon, United Nations Secretary General, at the global advocacy event during the International Day of Zero Tolerance for FGM which took place on 8th February 2016 at UN Headquarters in New York.

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Young girls in Senegal participating in a community declaration for FGM/C abandonment
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