

Voices of Change



2014 ANNUAL REPORT OF THE UNFPA-UNICEF JOINT PROGRAMME
ON FEMALE GENITAL MUTILATION/CUTTING: Accelerating Change



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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 total global elimination of FGM/C in one generation.

Contents

Foreword	2
Overview: Getting to the Next Level	4
Chapter 1: Youth Hold the Key	10
Ethiopia: Defying tradition	
Senegal: Social media campaign calls for an end to FGM/C	
Egypt: Breaking taboos about discussing FGM/C	
Chapter 2: Social Change in Kenya	24
Kenya: Ambassador for change	
Kenya: A young warrior takes a stand against FGM/C	
Kenya: A role model for her community	
Chapter 3: It Takes a Village	34
Uganda: Enlisting young local reporters	
Somalia: Using performance and poetry to break the silence	
Chapter 4: Working with the Health Sector	50
Djibouti : Routine school exams reveal real progress	
Chapter 5: Forging a Global Consensus	58
Chapter 6: Challenges	62
Annex I: Financial Reports	64

Figures and tables

Figure 1: Numbers of communities in programme areas that have publicly declared the abandonment of FGM/C, by year	35
Figure 2: Numbers of communities in programme areas that have publicly declared the abandonment of FGM/C, by country	39
Figure 3: Media reports on FGM/C, by year	44
Figure 4: Enforcement of FGM/C-related cases by year	46
Figure 5: Number of service providers with strengthened capacity in prevention, protection and care of FGM/C-related consequences, by year	53
Table 1: State and national policies related to FGM/C, by country	49
Table 2: FGM/C prevalence (in percentage) in Djibouti, 2002-2010	57

Foreword



It has been gratifying to witness the substantive progress, at many levels, in attitudes and behaviour relating to female genital mutilation/cutting (FGM/C) over the past few years. We are more certain than ever that the practice will be totally abandoned in a generation.

At the international and intergovernmental levels, there is now broad agreement that FGM/C represents an extreme violation of the human rights of women and children, a danger to sexual and reproductive health, and a form of gender-based violence that must end. This consensus, reflected in two United Nations General Assembly resolutions on FGM—resolution 67/146, reaffirmed by resolution 69/150 in 2014—represents a sea change over previous decades, when the subject was considered too culturally sensitive for Member States to address.

Another critical milestone in 2014 was the seminal report of the Open Working Group on Sustainable Development Goals. It identified the elimination of harmful practices, including FGM/C as a proposed target within the set of goals that aims to guide development for the 2016-2030 period. Whether or not FGM/C is specifically retained in the global indicators, the proposal has assured its place in the development blueprint for the next decades.

As 2015 unfolds, this momentum must be seized. Rapid acceleration of progress is crucial to the protection of millions of girls and young women. Data collection and analysis conducted in 2014 found that, although the practice is generally declining, rapid population growth and the large percentage of young people in countries where FGM/C is prevalent mean that the number of girls affected could actually increase.

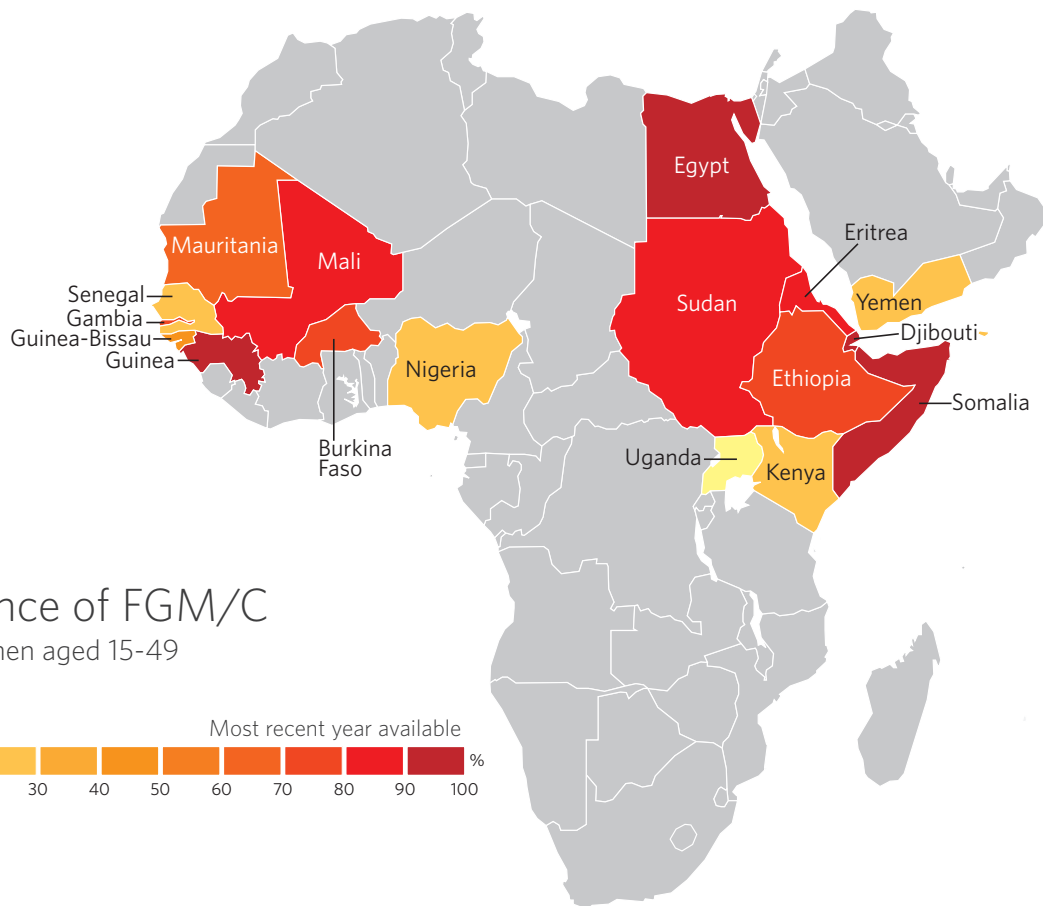
The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change is the largest global initiative to promote abandonment of the practice. The programme has played, and will continue to play, a key role in this effort. We are greatly encouraged by the degree to which young people themselves are taking up the challenge.

This report celebrates the courage of young women such as Betty Naisenya Logiso and Nancy Tomee in Kenya, who have stood up for their rights in the face of ridicule and disapproval in their communities. It applauds the social media work of activists in the Gambia and Senegal. And it acknowledges the young men who are speaking out for their sisters and prospective wives on social media with the words “Don’t Do It FOR US”.

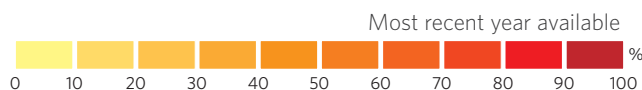
These are the voices, and this is the generation, that will shift the future and consign FGM/C to history. Their stories and voices are woven throughout this report.

Overview

Getting to the Next Level



Prevalence of FGM/C among women aged 15-49



Throughout 2014, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change continued to build on the complementary expertise and mandates of the two agencies. Phase II, launched in 2014, benefits from a refined strategic framework, accumulated knowledge and results from previous years, strengthened partnerships and the growing capacities of programme countries. It also takes advantage of new data and analysis, as well as findings and insights derived from the independent evaluation of the programme in 2013.

Phase II aims to accelerate progress, because the current rate of change is insufficient to protect the millions of girls being born in countries where the prevalence of FGM/C remains high.

In high-prevalence countries, projections indicate that 15 million girls are at risk of being cut by 2020. If the Joint Programme reaches its targets, some 4 million of these girls will be protected over the next five years.¹ This is why the efforts of all actors need to be accelerated and their commitments fulfilled. Phase II of the Joint Programme aims to set in place conditions to create an unstoppable momentum towards total abandonment of the practice.

FGM/C was mentioned within the draft of priorities that will guide development efforts through 2030.

¹ Mengjia Liang, Edilberto Loaiza, Nafissatou J. Diop and Berhanu Legesse, *Demographic Perspectives on Female Genital Mutilation* (UNFPA, 2015).

Expanding in scope and breadth

The attention that FGM/C generated at the global level in 2014 was remarkable. Country-level commitments were expanded; efforts on the ground were refined and scaled up; more data were collected, analysed and used; partnerships were leveraged; and synergies were realized. In the first year of Phase II, these efforts were directed towards three broad outcomes:

- Improved policy and legal environments for the elimination of FGM/C
- Increased quality of related health-care, protection, legal and social services
- Increased acceptance of the elimination of the social norm upholding FGM/C.

This report documents major Joint Programme achievements and innovations across these outcome areas, as well as across eight specific outputs and related indicators identified in the new reporting framework introduced in 2014.

Of particular note in 2014 was the emergence of empowered young people as a bold, growing and dynamic force for change. This report celebrates the energy and commitment of the last generations who will have to face FGM/C and its harmful consequences.

Two countries—Nigeria and Yemen—were added to the Joint Programme in 2014. The reach of the programme was also expanded into additional districts in most countries.

During 2014, as the end of FGM/C became firmly established as a goal on the international development agenda, global priorities have encouraged linkages between ending FGM/C and ending child marriage in nearly all Joint Programme countries.

Integrating FGM/C and child marriage within the context of gender-based violence and child protection increases the visibility of these crucial issues that adversely affect young women.



FGM/C ▶ Child marriage ▶ Dropping out of school

Marrying off a young girl (under 18 years of age) spares her parents the expense of her support, including her school fees. Often, FGM/C signals that she is ready for marriage.

Both early marriage and FGM/C violate the human rights of girls, and jeopardize sexual and reproductive health and well-being. Jointly addressing these two traditional practices strengthens the campaign against each. In 2014, many programme countries—Burkina Faso, Djibouti, Egypt, Ethiopia and Kenya are good examples—emphasized the links between FGM/C and child marriage, and worked to eliminate both through various means, including community engagement, the justice system, media attention, and data collection and analysis.

In Kenya, an Anti-FGM and Child Marriages Unit was established in the Public Prosecution Office to fast-track the prosecution of FGM/C and child marriage cases. Twenty prosecutors were hired to handle such cases.

In Egypt, the Joint Programme partnered with a theatre group to produce interactive street performances about FGM/C and child marriage. The plays, which reached 6,000 people in 120 performances in 2014, contain scenes illustrating FGM/C and child marriage, as well as the social pressures that families face.

In Ethiopia, 40 justice professionals from the police and the courts system participated in a two-day consultation on FGM/C and child marriage. The Government of Ethiopia's national coordination body is now responsible for both issues.



Partnerships

In line with recommendations from the 2013 independent evaluation, the Joint Programme worked with partners in 2014 to integrate FGM/C interventions into the arenas of human rights and gender equality. It also began working more closely with health-care sectors on prevention of FGM/C and treatment and care of survivors.

New partnerships with two United Nations agencies were initiated in 2014. The World Health Organization will be revising the protocols relating to FGM/C in its medical guidelines. UN Women plans to integrate FGM/C into its framework on violence against women, and to foster greater understanding of the gender issues that perpetuate the practice.

In 2014, the Joint Programme also partnered with AIDOS (the Italian Association for Women in Development), which is focusing on social and communications outreach, especially in Burkina Faso and Kenya; and with AWEPA (Association of European Parliamentarians with Africa), which helps build the capacities of parliamentarians to promote the accelerated abandonment of FGM/C. The Girl Generation, a communications campaign funded by the United Kingdom Department for International Development, was launched in late 2014 to bring stories of individual courage and collective change from countries most affected by FGM/C to a wider audience.

In 2014, ten countries participated in inter-country exchanges organized by or with the Joint Programme for knowledge sharing and programme improvement.

The Girl Generation initiative launched in 2014 gives visibility to voices of change





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Participants in a rally against FGM/C in Upper Egypt

“Eradicating FGM does not take one single individual or organization; it’s a collective effort by civil society, government and young people. It’s time we stood up for every girl. A world where women are not free is not a just world.”

Amie Bojang Sissoho
GAMCOTRAP, the Gambia

Chapter 1

Youth Hold the Key



In 2014, the voices of young people calling for an end to FGM/C and other harmful practices were heard around the world, from community meetings to major international forums. Empowered girls, adolescents, and young men and women stepped up to speak at after-school clubs, mentoring sessions, peer trainings and street performances. They formed networks on Facebook, and their opinions and experiences were tweeted and retweeted across the globe. Some became global spokespersons.

Expressions of dissent are crucial to the erosion of a social norm such as FGM/C. And the dissenting voices of young people bring authenticity and vulnerability to the conversation. Speaking from their own experiences to their peers, parents, younger sisters, daughters, and the world at large, these young people carry exceptional power to effect change. Communications experts and global activists—as well as young people themselves—are discovering just how potent these voices can be.



© UNICEF Ethiopia

“ I am ridiculed by the community for resisting my parents’ arrangement. But all this [disapproval] means nothing to me. I will stay very strong and go on. I will never subject my child to FGM/C if she happens to be a girl, and I will teach her the consequences of the practice early on.”

Khadiga Mohammed
Afar, Ethiopia

Defying tradition

Twenty-four-year-old Hawa Buha and her husband, Enehaba Seid, were among the first in their conservative pastoralist community in Awash, in the Afar region of Ethiopia, to defy the traditional ritual of FGM/C. Here, many believe that “an uncircumcised girl is one who is waiting for her day of circumcision, or one who has already died”. But Hawa had other ideas.

She was in elementary school when a project started by CARE Ethiopia began making her community aware of the harm caused by FGM/C and urging abandonment of the practice. The message resonated for Hawa, and she declared to her parents that she simply wouldn't be circumcised. The community mobilization work undertaken by CARE eventually convinced Hawa's parents too, and she was spared what her elder sisters had endured.

The Afar region has Ethiopia's second highest rate of FGM/C after the Somali region. The region typically practises infibulation, the most severe form of the practice, which involves removing the clitoris, labia minora and labia majora, followed by sealing of the wound. A small hole through which the woman can urinate and menstruate remains, leaving many girls with severe pain, trauma and complications. The years following her defiance of FGM/C were very difficult: Hawa faced ridicule for challenging a long-cherished tradition.

“People were saying that I would die as a witch as no one would marry an uncircumcised girl,” she recounts. However, as the years passed and the anti-FGM/C movement gathered momentum, the finger-pointing started to wane, and many girls began adopting Hawa's position.

In 2000, religious leaders in Afar launched a campaign to abandon FGM/C. This was a crucial step because many believed FGM/C to be a religious requirement. The imams worked tirelessly to explain to conservative religious and clan leaders, and to the community at large, that the practice had no basis in Islam. Consensus to abandon FGM/C was finally reached in 2006, and the Afar Government passed a regulation reaffirming the position of the Penal Code of Ethiopia (ratified in 2005), which criminalizes the practice.

The Joint Programme in the Afar region, launched in 2008, piggybacked on this campaign. The Joint Programme employs the strategic approach of gaining the support of an initial core group, which decides to abandon FGM/C and mobilizes a sufficient number of people to reach a tipping point, creating a rapid shift in the social norm. Community conversations held each fortnight were identified from the outset as pivotal for mobilizing communities to abandon the practice.

Mechanisms were also put in place to monitor progress. Anti-FGM/C committees were set up at the *kebele* (subdistrict) level, comprising the local administration, clan leaders, former excisers, and the *Kadi* (local judge). Anti-FGM/C village committees of former excisers, a village elder, the clan leader and the religious leader in the community were also set up.

By the end of the first phase of the Joint Programme in 2013, all of the six Afar districts (from a total of 32) where the programme is being implemented publicly declared abandonment of FGM/C. Some 7,000 girls, including Hawa, have been spared during this period—an unprecedented trend.

Hawa had another surprise in store for her parents and her community. Six years ago, she also refused to follow the *absuma* tradition—which obliges a girl to marry her eldest first cousin—and instead married Enehaba, a long-time friend and schoolmate. Enehaba's request to Hawa's parents for her hand in marriage created a huge uproar. Her cousin, who was "supposed" to marry her, gathered his relatives together and threatened Enehaba. The latter took the case to court, to no avail. After much negotiation involving clan leaders—and after Enehaba's parents paid a huge sum to the troublemakers—the matter was resolved, and the two young people married.

"We are the pioneers in our locality [in marrying for love], and many young people have followed us," Enehaba says. "In the past, no one wanted to touch an uncircumcised girl; now, young men are fighting over these girls."

The couple now has two children: a girl and a boy. Hawa gave birth both times at a health centre under the care of health professionals. "I haven't faced any of the complications suffered by the circumcised women I hear about," she says.

Hawa had the determination to stay in school even though she is a wife and mother, and will soon be taking her high-school leaving exams. She longs to go on to college. Enehaba has left school for the time being and is supporting his family as a labourer.

The couple, who left the harm of FGM/C behind and married for love, are happy and healthy, and serve as a model for other young men and women in their community.



© UNFPA Ethiopia/Abraham Gelaw

Hawa and her husband

Social media campaign calls for an end to FGM/C

Maimouna Yade's fingers moved like lightning over the tiny keyboard of her mobile phone. "AND XEEKH KHARAFAL KHALEYOU DJIGUEN GNI!" she wrote in Wolof. Then, with one keystroke, she sent the message to a network of more than 3,800 young women scattered throughout Senegal. It was a greeting, an expression of solidarity and a reminder of the campaign the network is waging: "Together we will end the cutting of young girls!"

"Female genital mutilation is ending in Senegal," says Maimouna, 25, speaking on her mobile in a tone of quiet, rock-solid certainty. "My organization is working to ensure that the next generation will no longer practice FGM."

Maimouna studies international law at the University of Dakar and is President of AfriYAN Girl, the Senegalese chapter of the African Youth and Adolescents Network on Population and Development. The chapter has more than 500 members in towns and villages all over the country, many of whom also belong to other youth or women's groups. Facebook enables them to stay in touch, and organize events locally and at the national level to raise awareness about gender-based violence, HIV, child marriage and FGM/C. Although FGM/C has been illegal in Senegal since 1999, it persists among certain ethnic groups. As of 2014, 26 per cent of Senegalese women aged 15-49 had been cut.



Courtesy photo

Maimouna Yade being interviewed at the Pan African Youth Conference



Courtesy photo

August 2014: Members of AfriYAN Girl learning to use Twitter and YouTube for advocacy against FGM/C

In August 2014, 33 young women from AfriYAN Girl and other organizations attended a day of training organized by the UNFPA Senegal Country Office on the use of Facebook, Twitter and YouTube as advocacy tools. “They learned to use the Internet to campaign against FGM,” says Maimouna.

After the training, AfriYAN Girl created a Facebook group, The Campaign to End Gender-Based Violence and FGM (in French, Lutte contre les violences basées sur le genre et contre l’excision). The Facebook page has received 3,840 visits from young women—and men—scattered across Senegal and other countries. Many share their own experiences of the practice, or respond to posted content and speak out about gender-based violence. Some post news about events they have organized in their communities.

“All these people are concerned about the effects of FGM,” says Maimouna. “Facebook enables us to reach many more people, to link up with other youth organizations and let them know when we hold a meeting against FGM in their area.”

Maimouna herself was spared the cut because her parents were educated. “I come from a very modern family,” she says, and her interest in law and activism against FGM/C are closely related. “I’ve always believed in supporting women’s rights. I’m convinced that women can realize their potential and make the decisions that shape their lives.”

She first learned about FGM/C from her childhood friends who had been cut and married early. “I had friends who were married very young, at around 16. Not one of them has realised her potential.”

Today, Maimouna has many opportunities to support the rights of women. In October 2014, she accompanied the Minister of Women’s Affairs to a remote community 15 km from the nearest town, to commemorate the International Day of Rural Women. Her role was to introduce local speakers—young girls who had come to share their experiences. “These young women were so impressive, so courageous,” she says. “They live in very isolated villages, but they want change. They spoke about FGM/C and child marriage. They want to take their future into their own hands.”

Maimouna promised the young women that AfriYAN Girl would help them set up branches in their communities. “These girls want to speak out on issues like FGM and child marriage, which are part of their culture,” she explained. “If we provide support, they can shape their future and help end FGM. They will never have their daughters cut. This is how FGM will end.”

UNFPA Senegal also supports a Facebook website (www.facebook.com/laparoleauxjeunesdumonde) that promotes communication about reproductive health issues of concern to young women and men.



Children holding up pictures questioning FGM/C at a school in Assiut, Egypt

Building on the power of youth culture

Empowering the younger generation to speak out is strategic for several reasons. First, young people (under 25 years of age) are the majority in the countries where FGM/C is prevalent. They are typically open to new ideas and less bound by tradition than their elders. Young people the world over are developing their own subcultures, often distinct from those of their parents. Today, a broad youth culture, whose language is poetry, music and dance—communicated via Facebook and a host of other platforms—transcends national borders. Upholding human rights is a common theme of this diverse, transnational youth culture.

Young people who are close to the issue can also provide innovative programmatic guidance. For example, in a youth pre-conference to the Girl Summit (in July 2014 in London), Janet Naning'oa from Baringo County, Kenya, highlighted the crucial issue of school fees, which parents often cannot afford. She explained that many more girls might escape FGM/C and early marriage, as she did, if only their boarding-school fees were provided.

Early adapters of technology and ideas

Today's young people are empowered as never before by game-changing technology: in 23 countries in sub-Saharan Africa, nearly two thirds (65 per cent) of households had at least one mobile phone in 2013, and the median annual growth in ownership of mobile phones since 2008 was 5 per cent, according to Gallup.² Broadband also has wide penetration in many programme countries, including Egypt (52 per cent), Kenya (60 per cent) and Nigeria (55 per cent). This allows wide dissemination of videos, photos and advocacy messaging. All the countries supported by the Joint Programme have Facebook and Twitter accounts. Young people are most adept at using such platforms, enabling news and ideas to be shared almost instantaneously across countries and regions.

This technology produces the kind of multichannel communications envisaged in the funding proposal for Phase II of the Joint Programme. For young people in Somalia, Uganda and elsewhere, SMS is proving to be a low-cost and effective means to mobilize youth on issues relating to FGM/C, and to mount organized, collective action in support of policies and legislation to ban the practice. In Senegal, 19-year-old Maimouna Yade uses social media to mobilize around FGM/C and other forms of violence at the national and district levels, as do activists with their own accounts in Egypt, the Gambia, Nigeria, Somalia and Uganda.



“ There is no genuine reason for FGM. Sometimes it leads to death because of over bleeding and the spread of HIV/AIDS. ”

U-reporter
Uganda

² Bob Tortora, Africa continues going mobile, Gallup, 1 May 2014. Available from www.gallup.com/poll/168797/africa-continues-going-mobile.aspx.

Engaging men and boys

In many traditions, boys and men have been left out of the conversation about FGM/C, conveniently shielded from learning its grim details. However, young men and boys—in the Gambia, Kenya, Somalia and Uganda, for instance—are increasingly joining the chorus against FGM/C, often quite literally with rap lyrics or pop refrains. As they discover the harm being done—in eastern Kenya, this occurred through a video showing the procedure in all its pain and gore—they are demonstrating a greater willingness to speak out against it.

Recent data analysis shows that, in about half the countries where the practice is prevalent, men outnumber women in their opposition to FGM/C, and girls and women consistently overestimate male support for its continuance. In 2014, the Joint Programme redoubled its efforts to engage men and boys in national interventions against FGM/C, and their voices became much more prominent in social media postings.

As a result of greater openness in discussions about the practice, young men and boys are also learning that cutting can impede warm and pleasurable sexual bonding with their future wives. By speaking out, they help to counter one of the misperceptions about FGM/C—that uncut girls are not marriageable.

The emergence of male advocacy has been especially notable in Somalia, where men are banding together to proclaim their willingness—in some cases, their preference—to marry uncut girls and women. One recent message that appears on the Somali Men Against FGM facebook page³ says, “We are sick and tired of the damn thing and we simply like to say collectively: Don’t Do It FOR US”.

³ www.facebook.com/pages/Somali-Men-Against-FGM/201581039881000



© Cheryl Koralik



“I salute Mt Elgon Youths [against FGM]. There is no good reason why women should undergo FGM. There are no health benefits. Instead, it is harmful to girls and women. The removal of, or damage to, healthy and normal genitals interferes with the natural functioning of the body. This eventually results in severe health implications. Let us join these idealistic youths to say NO to FGM for a healthy future for our girls and women.”

Charles Ojwang
Kenya

“In my village, there is a girl who is younger than I am who was not cut because I discussed the issue with her parents. I told them how much the operation had hurt me, traumatized me and made me not trust my own parents. They decided they did not want this to happen to their daughters.”

Meaza Garedu, 15
Ethiopia





Young girls as advocates

Since cutting often occurs before the age of 12, many of the young women reached by Joint Programme activities have already been cut. Nevertheless, they are often inspired to share their experiences, and protect their younger siblings and the next generation. In the YPEER events taking place in Egypt, for example, a majority of female participants had already been cut. However, they are now equipped with credible information and messages to be effective advocates for the next generation.

In Uganda, team sports such as football and volleyball introduced primary school students to FGM/C advocacy. In the community of Tepeth, a sports competition reaching more than 500 young people was organized under the theme “Kick FGM out of Tepeth”. Girls’ clubs in Uganda, Ethiopia, Kenya and Nigeria offer powerful opportunities for girls to learn the facts about FGM/C in a non-threatening environment, often with the help of slightly older mentors. These clubs provide a safe space and supportive environment where girls can learn about their rights, develop life skills and friendships, and make continuing their education a priority.

Breaking taboos about discussing FGM/C



© Christina Rizk

Some of the teenage students are embarrassed. Some are relieved. And some are a little giddy as they openly discuss FGM/C and its harmful consequences with their peers of both sexes for the first time.

The 20 teenagers are sitting in a schoolroom in a village in Assiut Governorate, a conservative part of Upper Egypt, where 80 per cent of girls between the ages of 13 and 17 have been cut, according to the 2014 demographic health survey (DHS).

The activities are led by young trainers from YPEER, a global network of youth educators with branches across the globe. In Egypt, the Joint Programme supports the involvement of YPEER in FGM/C, in coordination with the Ministry of State for Population.

One of the keys to the YPEER approach is that young people feel most comfortable talking about sexual and reproductive health with other young people.

Although the subject—FGM/C—is serious, there is a lightness to the approach. “We break through the sensitivity using role playing, games and exercises,” says Ahmed Kashkoush, one of the YPEER trainers who works with groups at the village level. The trainers build up to the more sensitive material only after the groups have shared ideas and feelings about values, peer pressure and self-assertion.

A gentle approach to a sensitive subject

Because most girls in Egypt are cut by the age of 12, the discussions may open up painful, emotional wounds. But it is important to hold these conversations now, before the girls become mothers themselves and have the responsibility of deciding whether or not to cut their young daughters.

The training on FGM/C comes at a time of head-spinning social and political change. These new ideas about FGM/C, which are overturning the trainees' understanding of the tradition, may be confusing.

Some leave the workshop vowing never to cut their own daughters, or to convince their parents to spare their younger sisters. Some want to become advocates against the practice. Others are not quite sure what to think.

Tailoring the approach to the audience

Regardless of the response of the trainees, the training breaks the silence that allows the practice to persist—and gives the students something to think about. Merely addressing FGM/C in such a discussion with both young women and men—even naming the organs that are affected by the harmful practice—is a breakthrough, says Nadra Zaki, the UNICEF Child Protection Specialist in Egypt.

Simply telling people not to practice FGM/C is ineffective, the trainers say. Instead, they lead activities that reveal how people form opinions and what it takes to change them. They also provide credible information and discuss possible responses to peer pressure.

“We use arguments that match the culture we are in,” says Tayseer, a YPEER volunteer. In some communities, he adds, an approach based on the inherent human rights and dignity of girls may resonate.

In Assiut, where many people are under the false impression that FGM/C is a religious duty, the trainers provide scholarly research on the subject, such as a publication with questions and answers by scholars on the Islamic rulings on the practice.⁴

During the training, one young man who was convinced about the religious requirement was given the publication to read. The next day, after reviewing it, he announced that he now believes he was misinformed and vows not to cut his own daughters.

Wider outreach through many channels

“Changing social norms is a slow process,” one of the trainers observed. Nevertheless, individual shifts in attitude are especially notable among young people aged 10-24, who make up 28 per cent of Egypt’s population.⁵ The YPEER work is bolstered by messages disseminated through many other channels by the Joint Programme and partners. For instance, a series of dramatic television advertisements addressing FGM/C from different perspectives—legal, human rights, emotional and medical—was developed by the Joint Programme in 2014 for airing in 2015.

Manuals for effective advocacy

A *Training of Trainers Manual* on FGM/C was completed in 2014, in cooperation with the National Population Council and the YPEER initiative in Egypt. It is being shared with YPEER networks in Yemen and Sudan.

A simplified version provides YPEER educators, as well as interested youth activists, with the information and skills to raise awareness among their peers about FGM/C as a form of violence against the girl child.

The material is structured around a number of interactive training sessions, to be delivered over three days. A set of questions answered by the trainees before and after the training will test its effectiveness.

⁴ International Islamic Centre for Population Studies and Research of Al Azhar University, and United Nations Children’s Fund, *Female Circumcision (FGM/C): Between the Incorrect Use of Science and the Misunderstood Doctrine*, 2nd ed. (Cairo, 2013).

⁵ United Nations Population Fund, *State of the World’s Population 2014*.

Chapter 2

Social Change in Kenya

Where it is widespread, FGM/C persists as a self-reinforcing social norm upheld by peer pressure, misconceptions, misperceptions and a cloak of silence. Until recently, open discussion of the practice has been taboo in many places where FGM/C persists, allowing misinformation to fester. This highlights the need to inform and engage communities in conversations about FGM/C.

Social acceptance is the most commonly reported benefit of the practice by girls and women aged 15-49.⁶ However, research shows that, in the absence of open discussion and dialogue, individuals often assume that the practice has greater support than it actually does. This points to the importance of individual voices of doubt or dissent, and to the power of collective decisions and declarations of intent to end the practice. Understanding social norms and how to unravel them is at the heart of the Joint Programme's strategic, holistic and multisectoral approach.

Mutually reinforcing interventions accelerate abandonment in Kenya

Efforts to discourage FGM/C have taken place in Kenya since the early twentieth century. But now, the country seems headed towards a tipping point, where abandonment of the practice is becoming the new norm. In three generations, the practice has nearly disappeared among at least four major ethnic groups where it was once widespread.

This change has been accelerated by a range of interventions supported by the Joint Programme in Kenya since 2008. In 2014, all elements of the social change approach—including working with communities and their leaders, legal sanctions, information and education, alternative rites of passage, and media attention—could be seen working together simultaneously in Kenya and contributing to this rapid shift towards abandonment.

“FGM is never discussed. It is regarded as a taboo subject. This is one reason it continues: no one knows the details. If men understood what took place, they wouldn't let their daughters go through it.”

Domtila Chesang
Kenya

⁶ United Nations Children's Fund, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (July 2013, p. 67).

The cultural context matters

Pockets of resistance persist, especially among some tightly knit pastoralist groups, including those where the most extreme forms of FGM/C have been practised for centuries. Myths about FGM/C, surrounding hygiene and aesthetics, for instance, have been passed down, unchallenged, from generation to generation. In the harsh arid environment these groups inhabit, tribal cohesion may be crucial to survival, and social ostracism can be a kind of death. Implementing interventions is logistically problematic as well, because many such nomadic or semi-nomadic groups live in remote expanses with few roads or services,

Various meanings are associated with FGM/C, which is why a nuanced understanding of the specific cultural context is important. In 2014, new research clarified factors associated with the social norm upholding FGM/C in one Somali community near Garissa in north-eastern Kenya. The study found that the mix of religious and cultural attitudes surrounding FGM/C, low levels of education, and the generally conservative attitudes of the pastoralists contributed to the persistence of the practice among the traditionally pastoralist ethnic Somalis.

The study also pointed out that the early age of cutting (usually by the age of 11) leaves girls with little chance to rebel. Moreover, although some religious leaders have denounced the practice, others have left the door open to less severe forms of cutting. The study concluded that continued work with religious leaders to create a clear and united stand against FGM/C offers the most promise for progress.

In contrast, the study found that, among the more agrarian Meru people, community-driven cross-generational collaboration, access to formal education, exposure to information about the negative impacts of the practice, and the growing empowerment of women have all contributed to a new social norm that views FGM/C as a retrogressive cultural practice. A respected council of elders, church leaders, youth leaders, male and female leaders, and former circumcisers has denounced it. Youth leaders have also declared that FGM/C is no longer a qualification or prerequisite for marriage, and are discouraging parents from cutting their girls. Alternative rites of passage help fill a void left by initiations that included FGM/C.

Robust legal sanctions and enforcement accelerate change

The enforcement of legal sanctions in Kenya is an additional deterrent, and is sending a strong message that the practice is unacceptable. In 2011, after years of concerted effort and support from the Joint Programme and a coalition of NGOs, Kenya passed a stand-alone national law prohibiting FGM/C, which has become a model for other countries. The law provides harsh penalties for aiding or abetting the practice, going so far as to outlaw derogatory references to those who are not cut. The intense advocacy involved in getting the law passed—including participation of public figures, airing of information and media attention—all helped bring the issue to the public arena and shift attitudes.

In 2014, Kenya intensified its approach to enforcement. A budget line (KSh 383,628 for the Anti-Female Genital Mutilation Board) was allocated for the first time in Kenyan history to work on tackling FGM/C, with a proposal for additional funding to fast-track child protection cases under review. The Honourable Linah J. Kilimo, a long-time crusader against FGM/C, was appointed as head of the Kenyan Anti-Female Genital Mutilation Board. A special unit to prosecute FGM/C and child marriage cases was established.

By the end of 2014, more than 50 cases of FGM/C were being prosecuted and widely publicized. Traditional excisers and parents had been charged in court, and some are now serving jail terms. One couple is facing murder charges relating to the death of a 13-year-old

girl in their care. Three chiefs were charged with aiding the operation by allowing it to take place in their homes and failing to report it. Information about the harmful consequences of FGM/C has been widely disseminated. Hotlines have been established so that people can anonymously report FGM/C cases.

However, experience has shown that the power of laws depends on their alignment with communal attitudes and social norms. Although Kenya's legal sanctions have considerable support, they have also had some unintended consequences. In some areas, they have driven the practice underground or resulted in the cutting of younger girls, who are less able to resist. To protect their parents, some girls have claimed that they cut themselves. Three communities openly protested against the law.

In 2014, two Joint Programme partners, the Federation of Women Lawyers in Kenya (FIDA) and the Kenyan Women Parliamentary Association (KEWOPA) educated communities about the law and why it is needed. In response to a protest by women in Kajiado, in south-central Kenya, FIDA initiated outreach in “hotspots” of resistance to change. KEWOPA held 14 county forums with assembly members, executives and opinion leaders to sensitize them on the adverse effects of FGM/C, and to devise effective strategies to promote its abandonment. Community and religious leaders, as well as “ambassadors”, such as Nancy, Betty and Ltaramatua, have been enlisted in the campaign (see stories below).

⁷ African Coordinating Centre for the Elimination of FGM/C at the University of Nairobi, and United Nations Children's Fund, *Female Genital Mutilation/Cutting Practice in Garissa and Meru: Factors that Perpetuate the Practice in Garissa and Accelerate Abandonment in Meru* (2014).

Unprecedented media attention raises awareness of FGM/C

Throughout 2014, a vigorous communications campaign reinforced messages of abandonment of FGM/C, amplified voices of change and clarified the legal consequences of the practice. On the International Day of Zero Tolerance for Female Genital Mutilation, a newsletter highlighting the Kenyan Government's commitment to end the practice was widely circulated. As well, events were organized in five high-prevalence counties to build awareness, generate public support for abandonment, and help girls and women at risk of, or affected by, FGM/C. Media attention intensified with the launch by the United Nations Secretary-General in Nairobi of a global campaign to engage media outlets on the issue.

Media attention also gained depth in 2014, by exploring the human rights and gender dimensions of FGM/C and other harmful practices. The issue received even more attention thanks to a multimedia advertising campaign supported by the Joint Programme. This included a public service announcement, produced in several dialects, that touched on the full range of problems caused by FGM/C. Banners highlighting these issues were hung in buses across the country.

In Kenya, all of these elements working together are helping to reduce social pressures to continue cutting girls. Especially effective have been the courageous actions and words of young people themselves, who serve as exemplars of another path, while remaining true to the many positive aspects of their cultures.



Public service announcement script (Kenya)

FGM is ongoing even though it is wrong and a condemned practice. Every girl has a right to know her rights and reach her potential.

This practice is not only done among the poor, but also among the rich, in hospitals.

Do you know that it affects men too? Through their daughters, their wives, their mothers?

Do you know that no religion supports the practice, that it is only in traditions and cultural practices, and even God does not condone or even allow it?

FGM causes harmful effects to the body. It causes death! School dropouts! Early marriages and early intimacy and unwanted pregnancies.

Do you know that FGM is against the laws of Kenya?

Do you know that Kenya is amongst the top 10 countries where mothers die during childbirth, and FGM is one of the causes of mortality during childbirth?

Let us come together and stop FGM!

If you know of, or hear of, anyone going against this fight and practising FGM, please report them to the nearest police station or chief's camp, or call this number: 07 7061 0505.

(Sound of girl crying in the background)

Alternative rites of passage— preserving the benefits while leaving the harm behind

For centuries, rites of passage that mark and honour the transition from child to adult have been important for Kenya’s Masai and Meru groups. Traditionally, these rites included an intense period of seclusion, teaching and ceremony, accompanied by physical challenges and tests of endurance—such as the ability to withstand the pain of genital cutting for both young morans (warriors) and their female counterparts.

Even with growing knowledge of the harm that FGM/C causes, the practice persisted in some communities that were reluctant to give up a potent opportunity to impart cultural wisdom to young people. In response, the communities organized alternative rites of passage, which include the beneficial aspects of the experience but leave the harmful cutting behind.

Since 2008, thousands of girls in Kenya have participated in alternative rites—usually a week-long period away from their families when they are taught about interacting with the opposite

sex and dealing with their own sexual feelings; the importance of education, life skills, decision-making, communication, good grooming and health habits; and the negative consequences of FGM/C and child marriage. Other young women who have avoided FGM/C and gone on to complete their education often serve as mentors and role models during the week.

In 2014, Joint Programme partners, in collaboration with World Vision, organized such training for 1,666 girls in five counties in Kenya (Baringo, West Pokot, Narok, Samburu and Elgeyo Marakwet). In a final celebration, the girls, dressed in matching outfits, approach an outdoor stage in procession. They sing and perform, with a newfound sense of themselves. They are awarded certificates of recognition for committing to stay uncut, while their extended families, influential leaders and dignitaries in the audience cheer them on, welcoming them as fully fledged members of the community, with the possibility of continuing their education and fulfilling their dreams.

Ambassador for change

The next generation will find it easier to resist FGM/C thanks to the legal sanctions against it, the increasing level of public discourse surrounding it, the engagement of medical workers, and the disavowal of FGM/C by religious leaders and communities. They can now also take heart from empowered role models such as Nancy Tomee, Betty Naisenya Lolgiso, and Ltaramatua Leorto and his wife. All broke the “rule” that girls in their respective communities must be cut.

Nancy Tomee began her long struggle to resist FGM/C and follow her dream of an education even before there were strong legal and societal structures in place to assist her.

She initially escaped cutting at the age of 13 by struggling free and running away. At the time, hers was a lonely voice against the practice in her Pokot community in north-eastern Kenya. Her opposition was based on her observations of the pain and suffering of her peers who had been cut, and the fact that FGM/C seemed to be a gateway to early marriage and childbearing (all too often complicated by scarring left by the procedure). She also noticed that the practice arose from, and perpetuated, the low status of women.

When she returned home after completing her primary education, her parents once again pressed her to be cut. She was saved only when a local group persuaded her parents to allow her to take part in an alternative rite of passage. She now serves as a role model and mentor for younger girls in her community who participate in this week-long preparation for assuming adult roles and responsibilities.

Nancy’s courage initiated a journey that led to her completing her education, and eventually becoming an international spokesperson and ambassador against FGM/C. She has been featured in an award-winning documentary, “Abandon the Knife”, and told her story at a high-level event during the sixty-ninth session of the United Nations General Assembly.

“I am representing those who are demanding change, for each girl needs to be a source of further change, and I am an ambassador,” Ms. Tomee said at the dialogue held by the Organisation of African First Ladies against HIV/AIDS in September 2014.

Nancy, like other young Kenyans who have become advocates against the practice, demonstrates that it is possible to maintain group loyalty and affiliation while leaving behind a brutal aspect of her culture.

“In my dreams, my ambition is to get a job that will give me the ability to support my whole family. What is important is that I get empowered to help myself and others,” she says in the documentary that tells her story.



© UNFPA/Omar Kawswari

“ Boys and girls are equal ... I represent those who are demanding change, for each girl needs to be a source of further change. We ask for your support so we can speak with one voice and prove that change is possible.”

Nancy Tomee
Pokot, Northern Kenya, at the Meeting of First Ladies, United Nations
October 2014

A young warrior takes a stand against FGM/C



© UNFPA Kenya

Ltaramatua Leorto with his wife, Lydia Lenanguram

Ltaramatua Leorto went through an intensely challenging ceremony to achieve the status of a *moran* (warrior) in his Samburu community in western Kenya, where morans hold an esteemed position as custodians of their culture. Traditionally, these young men would marry only women who had been subjected to FGM/C. But in the past few years, more warriors like Ltaramatua are recognizing that it's time to leave that practice behind.

Ltaramatua had suffered the loss of a schoolmate—a girl who had bled to death after being cut. He also attended life skills training, offered with support of the Joint Programme, that further convinced him that FGM/C should be abandoned. Then he risked the derision of his peers by marrying an uncut girl. The couple, now proud parents, continue to live in a traditional manner, and serve as role models and supporters for others who want to be spared the cut.

A role model for her community



© UNFPA/Lin Gao

Activist Betty Naisinya Logisoi with UNFPA Deputy Executive Director Kate Gilmore at a United Nations panel on ending practices harmful to women and girls

“I am living proof that educating a girl gives her the opportunity to better her life,” says Betty Naisinya Logisoi, who received support from World Vision to realize her dreams of an education, a rare opportunity for a girl from her Ilchamus community, where only about 15 per cent of people can read and write.

FGM/C persists as a social norm in Betty’s community, linked to spiritual purity. Even when the information circulated that FGM/C was illegal, her grandparents were adamant that they would not be the ones to go against their cultural practice.

“Every time I went home [from boarding school, where she met girls from communities that did not practice FGM/C], I was reminded that I should prepare myself for when my day came. I had come to accept my fate, but I kept hearing of girls who had bled to death after being cut, and this scared me.”

Although her parents did not press the issue, her grandparents and other members of the community did. But one day her mother visited her school with news that she had been recruited to join a lobby group campaigning against FGM/C. “My mother had been educated on the dangers of FGM and from this she was also saying no to FGM on behalf of her daughters. This was a big relief and gave me the courage to say no.”

However, the decision brought on a new set of problems: she could not participate in the cultural activities of her community. Her grandmother called her “dirty” and tried to persuade her and her father to reconsider so that she could organize a celebration. The family endured ridicule. Her father’s opinions in elders’ meeting no longer counted for much.

Betty found strength in a World Vision project to educate girls in her community about FGM/C and encourage them to finish their education. Having participated in an alternative rite of passage, she continues to serve as a role model for other girls.

“I continue to educate my community about FGM, and I have faith that one day it will end,” she says. “Every time I mentor young girls, I can see myself in their frightened faces: a young girl who was also scared and confused ... I let them know that I am there for them.”

Chapter 3

It Takes a Village



Reaching out more widely

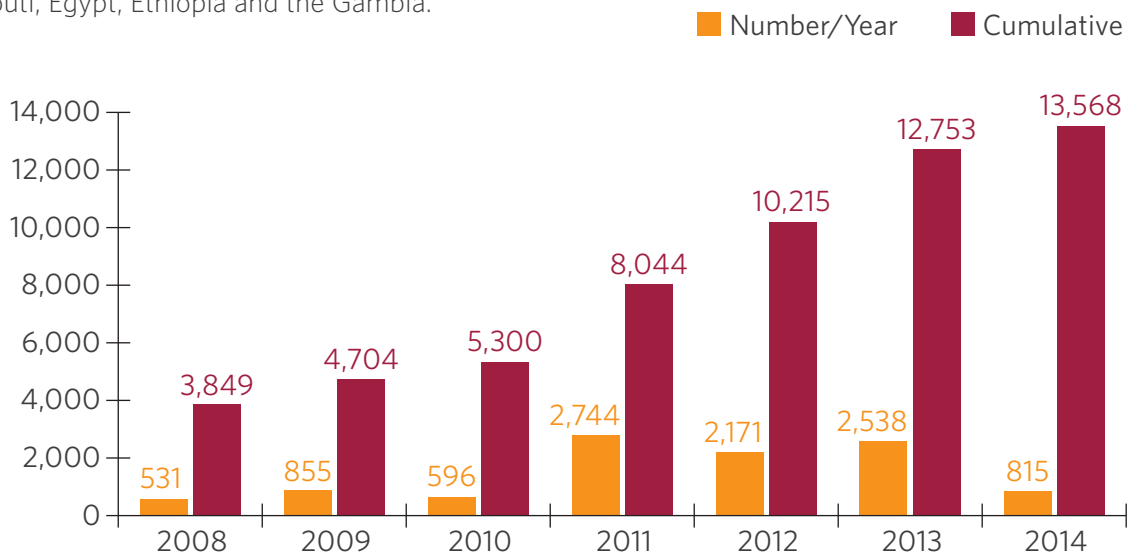
Getting to the point where people feel comfortable saying “no” to FGM/C can take years of persistent and strategic efforts at many levels. In some settings, targeting highly respected and influential community leaders, such as a council of elders, may be crucial. In others, enlisting the cooperation of religious leaders is essential in making a compelling case against FGM/C.

Different forms of community engagement, aligned with specific social dynamics, have been at the heart of the Joint Programme’s comprehensive approach since its inception. A key strategy has been to identify a core group of influential people who then persuade others to consider abandonment of FGM/C. As more people become convinced, public declarations can change the social expectation that girls will be cut.

Over the years, informed by data and analysis, this approach has been refined and expanded. In 2014, more efforts were made to scale up community engagement through training advocates for change in countries, including Burkina Faso, Djibouti, Egypt, Ethiopia and the Gambia.

Public dialogues and declarations continue to be a powerful intervention. Since 2008, more than 13,000 communities (including more than 800 in 2014) across 15 countries—representing more than 10 million people—have publicly committed to ending FGM/C. In at least five countries, social welfare and child protection services, police and other service providers have been trained to follow up on these declarations. The Joint Programme and its many partners (13 in Yemen alone) are now reaching out to people of different ages and social groups within communities, often using a rights-based approach linking FGM/C, child marriage and gender-based violence, and showing how all three limit the potential of girls and women.

Figure 1: Numbers of communities in programme areas that have publicly declared the abandonment of FGM/C, by year



Enlisting young local reporters

In an upbeat, quick-cut, hip-hop video mash-up, the popular Senegalese group One Heart Family exhorts young people in Uganda to get engaged in their communities. Their enthusiasm is infectious.

Wearing t-shirts and baseball caps, holding hand-lettered signs, megaphones and mobile phones, they leap and dance and sing in chorus, “Your voice matters, wherever you are. You make a difference when you report.” A rapper pipes in, “Your voice is required to get this country inspired.”

The promotional video and other outreach channels have prompted some 300,000 Ugandans (average age 24) to type in the numbers 8500 and text “Join”. That’s all it takes to enlist as U-reporters who respond to weekly polls on various development topics.

This free SMS-based system, pioneered by UNICEF Uganda and supported by the Joint Programme, allows young Ugandans to find out—and speak out—about trends developing in their communities. Collectively, their efforts give development partners a better sense of what’s happening on the ground, and the U-reporters coalesce into a force for positive change.

Each year, around 6 February—the International Day of Zero Tolerance for Female Genital Mutilation—the U-discussions turn to the

harmful practice. Questions about FGM/C are now being posed to the 32,000 U-reporters in the six districts where FGM/C is practised.

Questions sent out in 2014 include:

- U-reporter: Are communities aware that it is their responsibility to implement government guidelines to stop the harmful practice of FGM? (Yes or No)
- U-reporter: What more can be done by youth to stop the practice of FGM on girls in Karamoja and Sabiny?
- U-reporter: Do girls/women in communities practising FGM understand the danger involved? (Yes or No)

The Yes or No responses are plotted on a map to highlight where there is a lack of information or consensus. The more open-ended questions are visualized through a word cloud.

For one question, more than 80 per cent of respondents in rural areas said that women were not aware of the health consequences of FGM/C, pointing to the need for more outreach. The U-report platform also helps to build awareness of the country’s 2010 law against FGM/C, even in remote communities.

U-report is uniquely tailored to a country where 70 per cent of the population is under 25 years of age and most of the population lives in rural areas. Mobile phones reach more than half the population⁸ and mobile plans are relatively affordable. SMS texts to the U-report platform are free.

Responses to the questions, which can be tabulated immediately and posted on the U-report website, help raise awareness of, and generate real-time data about, key issues. Decision makers are taking note—all members of the Ugandan Parliament voluntarily signed up to monitor what young people have to say in their constituencies.

The U-report platform offers an anonymous channel through which young voices can be heard.

“U-report has given girls and young women a chance to speak out on issues they may have been silent about or, in some instances, where they couldn’t express themselves,” said Fatuma Nankose of the Girls’ Empowerment Movement in a video⁹ about U-report. “Through U-report, they have been empowered to speak out on issues affecting them in their communities. Also, they are being educated by the feedback they get.”

“The dialogue generated by U-report polls is helping to create discussion around sensitive issues in the community, including gender inequalities and violations of girls’ rights, said Ms. Aida Girma, the UNICEF representative to Uganda. “And the views shared by U-reporters are helping UNICEF to rapidly assess the efficacy of Joint Programme strategies, as well as hear directly from citizens on what actions could be taken in their communities to further accelerate the abandonment of FGM/C.”

⁸ Uganda Communications Commission, Facts and figures, 2014. www.ucc.co.ug/data/qmenu/3/Facts-and-Figures.html.

⁹ U-report promo video, 16 August 2012. www.youtube.com/watch?v=oPaLSUilqVM.



Changing hearts and minds

In 2014, as called for in the Phase II funding proposal, stronger efforts were made to enlist younger people, engage men and boys (see chapter 1), and encourage health-care providers to reinforce messages to abandon FGM/C (see chapter 4). Recruiting former excisers, who are often trusted members of their communities, in campaigns for abandonment (Eritrea, Kenya and Uganda are examples) continues to be an important element of community engagement.

In 2014, drama—in the form of role playing, community theatre, improvisation and short television spots—helped break down resistance to discussing abandonment of FGM/C in Egypt, the Gambia and Somalia (see page 42). In Uganda, some 250 grandmothers—respected custodians of tradition—were trained in theatre techniques as a new way to champion the protection of girls.

Such activities are taking place against a backdrop of stronger national support for abandonment of FGM/C, including legal measures, and statements by high-level political leaders or entertainers. In Guinea-Bissau, for example, prominent government officials, including the Prime Minister, President, Attorney General and ministers of Women and Family, and Justice, made strong public statements condemning the practice. Guinea-Bissau also appointed an acclaimed pop singer as national ambassador for FGM/C abandonment.

Even the very words used to talk about the practice—or its absence—are being redefined to change the way people think about FGM/C. A positive linguistic reframing of terms used to describe uncut girls has been the basis of the very successful Saleema campaign in Sudan and the Kamla (meaning 'complete') campaign in Egypt. In 2014, Egypt's network of NGOs (supported by the National Population Council) joined the FGM/C NGO Coalition to support 34 related school-based interventions, which reached 2,457 school children. Almost the same number of people attended other Kamla campaign events.

Changing hearts and minds is not always an easy or straightforward process. In the Gambia, arguments ensued when some male community leaders tried to justify FGM/C. Those unconvinced of its harmful effects called for further research. But women leaders countered with their own experiences of the pain and problems it has caused. It is this kind of sustained, open discussion that will erode the social norm, especially as more young people—who are far less invested in upholding tradition—participate, or begin to take the lead, in such conversations.

Enlisting religious leaders

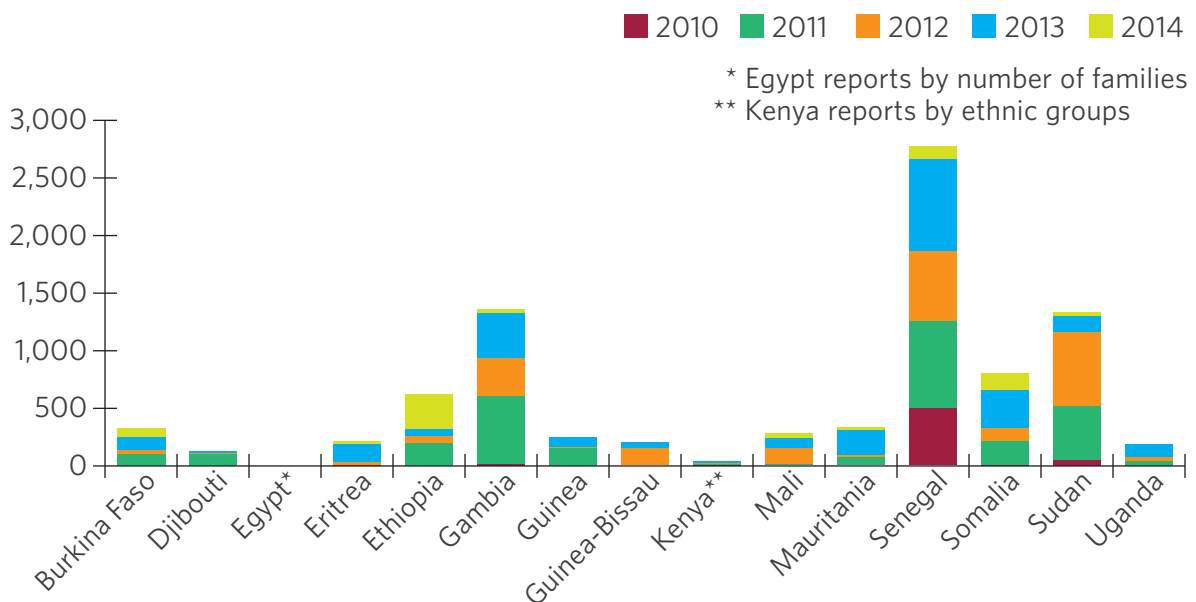
Because FGM/C is incorrectly believed to be a religious mandate in many communities, working with religious leaders continues to be a core strategy of the Joint Programme and a crucial component of community engagement. In Ethiopia, in-depth discussions were held with representatives of the Ethiopian Islamic Supreme Council, the Ethiopian Orthodox Church and the Evangelical Church. As a result, each of these institutions officially declared that FGM/C has no basis in religion and pledged to integrate this message in their official teachings.

In Yemen, 100 religious leaders received training, and issued a document criminalizing FGM/C and encouraging communities to ban the practice. During 2014, 137 Friday prayers sermons described FGM/C as a harmful practice with no basis in Islam.

Religious and community leaders were also sensitized on FGM/C, and the rights of women and girls in Djibouti, where the Joint Programme is collaborating with the Ministry of Muslim Affairs. Seventy-three religious leaders endorsed a joint statement on promoting and protecting the rights of children and women, including the abandonment of FGM/C. A guide to preaching on sexual and reproductive health, and FGM/C, developed by the Ministry of Muslim Affairs with support from the Joint Programme, was used during Friday sermons in five urban mosques, reaching nearly 1,000 people. The sermons were also filmed, and DVDs were disseminated.

In Mauritania, 304 imams were sensitized on FGM/C. Imams also helped develop a guide on the rights of children under Islam.

Figure 2: Numbers of communities in programme areas that have publicly declared the abandonment of FGM/C, by country



“My mum was the one who stopped me from being cut; she told me that our religion says that no part of my body is Haram and so shouldn't be cut out. But other girls say uncut girls like me are unclean and cannot read the Koran or go to mosque. They point at me and laugh, and this makes me sad. But the girls who have been cut will have problems later on when they deliver their babies. I am happy not to be cut.”

Sophia Abdi Razak Abdi, 13
Somalia





Using performance and poetry to break the silence

The troupe of male and female entertainers emerges from their van in the centre of town, stomping and clapping and drumming on empty water bottles as a crowd, drawn by the music, gathers in the cool of the late afternoon. Shortly thereafter, a skit begins. Three women debate the merits of FGM/C.

“It’s part of our culture,” says one. “A girl who hasn’t been cut feels too much—she can’t stop herself.” Some members of the audience clap and cheer.

“But if we find out it’s harmful, we must abandon it,” says her companion, who holds a baby. “Some girls who have been cut can’t restrain their desires anyway.” More cheers and hoots.

“The behaviour of girls depends more on education,” says the third woman. “All of my daughters have been cut, but, if it’s harmful, we must stop.”

The skit echoes sentiments in public that are usually discussed only in private. One of the main characters, a strong woman who has herself been cut and whose daughters have been cut, shows a willingness to change her mind in light of new information. In essence, she gives permission for others to do so as well. Or at least to think about it.

“It’s such a wonderful feeling to see large numbers of people all flocking to view our drama,” says Abwaan Jama, one of the young performers. “You need only see their faces to realize how much they love it.”

“It’s great,” adds Adwaan Cawadgale. “I never thought I’d be able to use my talent and art to change people’s attitudes.”

Somalia is a land of poets and musicians. With no written language until the 1970s, Somalis over the centuries acquired rich oral traditions. Even today, interactions among family members—even presentations to a council of clan elders—are commonly framed in poetic language, enlivened with proverbs, riddles, prayers, chants and words of wisdom.

Building on this strong cultural heritage, the Joint Programme in 2013 and 2014 partnered with the Somalia Ministry of Women’s Development and Family Affairs to train 40 young musicians, poets and dramatists to produce lively, improvisational street theatre designed to get people talking about FGM/C, child marriage and other forms of gender-based violence. Key messages were developed, and continue to be refined and harmonized by the Country Office, says Isatu Sesay-Bayoh, the gender adviser for UNFPA Somalia.

During 2014, the trained troupes fanned out across villages in conservative areas of Puntland. They set up in high-traffic locations during the late afternoon when many people have time for a break. In Somaliland, similar performances were organized during 16 Days of Activism against Gender Violence (25 November to 10 December 2014). In both Puntland and Somaliland, the performances reached some 8,000 community members.

“The Somali community is very vocal, and they love theatre arts, sketches, music,” says Bahsan Said, a programme officer on gender, youth and HIV/AIDS for UNFPA Somalia. “These performances go beyond community engagement on FGM/C; they’re also a way to revive the Somali culture of music and traditional dance.”

And with a medium that is so distinctly Somali, the messages don’t seem to pose a threat to the cultural identity of the crowd.

Moreover, the improvisational nature of the performances allows the performers to quickly

adapt to the mood of the audience, which is asked to join in. In a country where most people are used to verbal challenges, a kind of poetry slam can ensue, with members of the audience responding in poetry—either supporting or opposing the ideas presented, says Ms. Said.

Some of the performances end with individual or collective declarations against FGM/C. In other cases, discussions follow. Older women, often the staunchest defenders of the ritual they themselves have endured, protest. “This is not what we want—our girls will be unmarriageable,” they say. Yet younger men, who are increasingly taking a stand against the practice, may dispute this.

Attitudes towards FGM/C in Somalia are definitely changing, says Ms. Sesay-Bayoh. Anecdotal evidence is backed up by preliminary findings—for example, the Multiple Indicator Cluster Survey of 2012,¹⁰ which shows significant reductions in the numbers of people who support the practice. “The fact that people are openly discussing the issue is in itself a huge change,” she adds.



The troupe of performers engage the audience and provoke different reactions

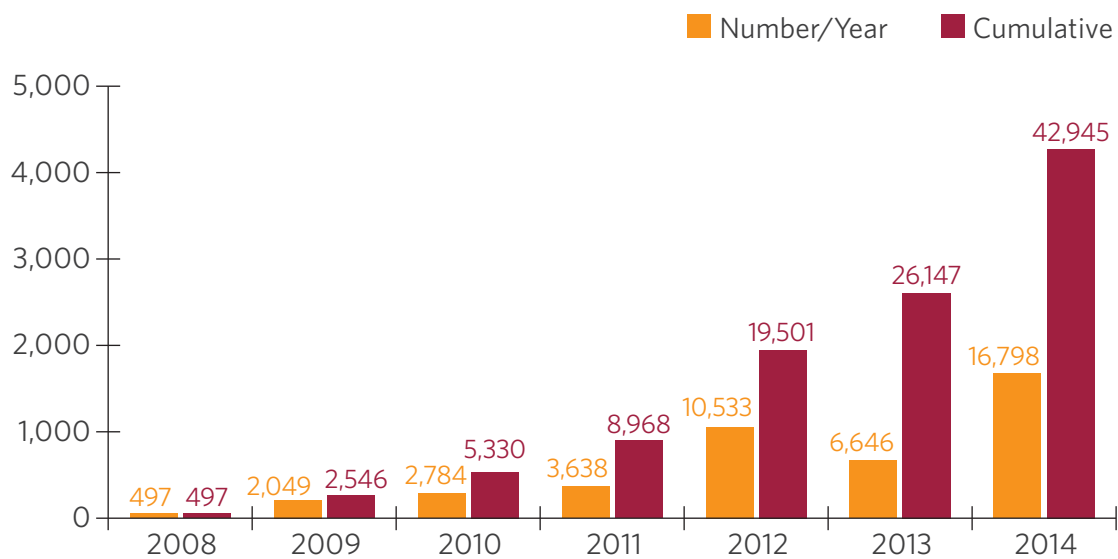
¹⁰ United Nations Children's Fund, Multiple Indicator Cluster Surveys. Available from <http://mics.unicef.org>

Media magnify the message

The strategy to encourage and inform national conversations about FGM/C using local media took off in 2014. The Joint Programme and its partners supported multiple, mutually reinforcing media channels—radio, television, print and social media—in spreading credible information about the practice, its legal status, its negative health effects and efforts to promote its abandonment. The Joint Programme also collaborated with the pan-African Network of Journalists Against the Practice of FGM/C (RJLPE) to train 35 journalists from 23 press outlets in reporting on this culturally sensitive issue.

In Sudan, a national TV campaign targeted people aged 40-55, the age group most likely to support the tradition. Between September and November 2014, a new TV public service announcement was produced that was broadcast nationwide 545 times on four networks, while an additional 200 spots were broadcast free of charge. The TV campaign aimed to prompt intergenerational discussions, and conversations between husbands and wives, who often do not know each other's opinion on the practice.¹¹ Data from several countries, including Sudan, suggest that many couples do not discuss FGM/C; men hesitate to bring it up, considering it a “women's issue”. The public service announcements help break the silence that perpetuates the practice.

Figure 3: Media reports on FGM/C, by year



¹¹ United Nations Children's Fund, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (July 2013, p. 63).

After 19 journalists were trained in children's rights and FGM/C in **Djibouti**, each developed an action plan for coverage by their respective media outlets. As a result, more than 10 articles on FGM/C appeared in the press and three round tables were broadcast on TV.

In 2014, public awareness of the harm caused by FGM/C increased in **Burkina Faso**, and efforts to promote its elimination were reported in the media. This included 189 interactive radio programmes, 87 public service announcements on treating the health effects of FGM/C, 90 songs and 9 radio game shows.

The strategic involvement of the media in **Uganda** led to increased coverage of FGM/C events and activities in 2014. This included 21 radio talk shows on FGM/C, more than 100 radio spots, 6 TV programmes, and more than 21 articles in print media with coverage at national level.

In **Eritrea**, 26 officers at the Ministry of Health were trained to develop anti-FGM/C messages, which they produced for print media, radio and TV. An open TV discussion, including former excisers, was aired in four episodes. Eritrean TV also broadcast an educational programme on FGM/C facilitated by health, law and human rights professionals. A question-and-answer educational programme, facilitated by a health professional, was aired on national radio.

Abandoning FGM: Amina and Desta's story



86 Million
Girls at risk

Infertility

An illustration of several women in white headscarves, possibly representing a group of women affected by infertility.

Stronger laws and a new emphasis on enforcement

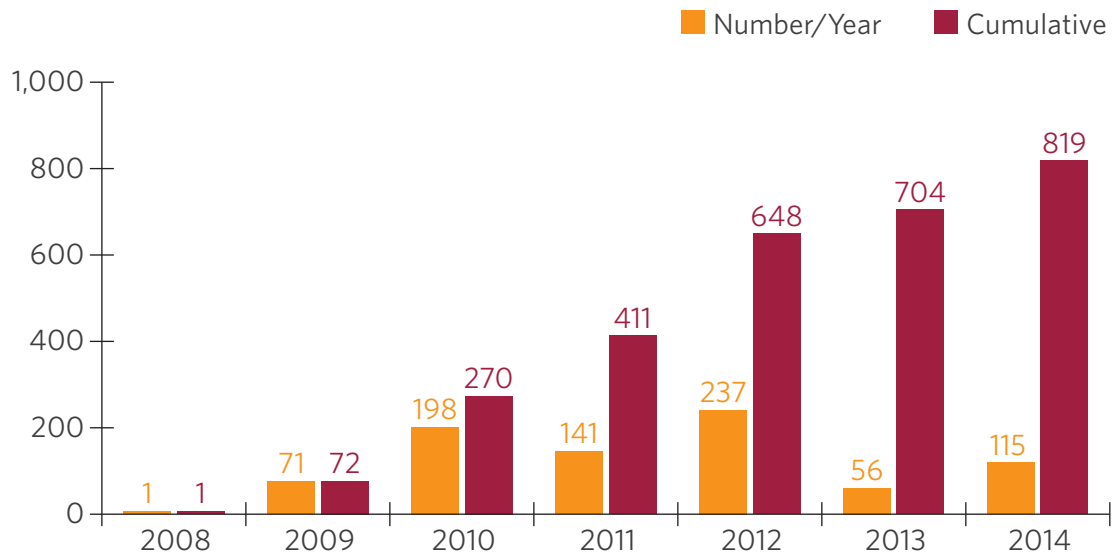


A legislative framework is part of an enabling environment for change, and programme countries have continued to make progress in this area.

By 2014, 13 of the 17 countries in the Joint Programme had either national laws or state laws criminalizing FGM/C.

Advocates in the Gambia, Mali, Mauritania, Nigeria and Yemen are calling for national laws. (Such advocacy resulted in a national law in Nigeria, which was passed in May 2015.) In Mauritania, a five-year national action plan against gender-based violence, including FGM/C, was adopted, and legislators were asked to vote the plan's provisions into law in 2015.

Figure 4: Enforcement of FGM/C-related cases, by year



Ending impunity

During 2014, arrests were made in seven countries (**Burkina Faso, Egypt, Guinea, Guinea-Bissau, Kenya, Senegal and Uganda**) for a total of 115 FGM/C cases. In Uganda alone, enforcement of the 2010 Prohibition of Female Genital Mutilation Act resulted in at least 50 recorded arrests. At least 14 individuals were convicted and sentenced to 3-10 years in prison. Charges ranged from procuring excisers to abetting, aiding, coercing and participating in events leading to FGM/C, and to the stigmatization of a female who did not undergo the procedure. The U-report platform has helped to raise awareness about the legal sanctions (see page 36).

Guinea-Bissau prosecuted a case of FGM/C for the first time in 2014, resulting in prison sentences of up to three years for the parents and the *fanateca* who performed the procedure. More than 400 religious and traditional leaders in 140 communities received accurate information about enforcing the law and shared their views on how to improve law enforcement. Judicial officials also received training.

Meanwhile, the prosecution of an **Egyptian** doctor in the death of a 13-year-old girl following the procedure made international news, and called attention to the increasing medicalization of the practice.

Yemen strengthens legal sanctions

A highlight of Yemen's first year in the Joint Programme was a National Dialogue Conference, which resolved to strengthen the criminalization of FGM/C. Draft laws upholding the rights of the child and protecting women from violence are under review. A mapping exercise was undertaken to identify supportive legislators. In addition, UNICEF is supporting two nationwide initiatives to incorporate children's rights and child protection, including prevention of FGM/C, into the training curriculums of Yemen's Supreme Judiciary Counsel and the Police Academy.

Egypt's first FGM/C prosecution

The case of 13-year-old Soheir El Batei, who died in June 2013 from FGM/C performed by a physician, was the first FGM/C case prosecuted under a 2008 Egyptian law banning the practice. It drew considerable attention to the law and emphasized the risks involved in the practice. The case originally resulted in acquittal in November 2014 for both the doctor and Soheir's father. It was dismissed as an act of medical malpractice when both of the accused reached settlements on the basis of an inconclusive forensic report.

A subsequent appeal, with legal representation by the National Population Council and a civil society organization, and close follow-up by the Joint Programme, resulted in a conviction.



“Culture is beautiful, it is good... But the Constitution does recognize that not all cultural practices are good. Some violate the integrity and dignity of individuals, and in the case of FGM, it has serious medical and psychological effects.”

Keriako Tobiko
Maasai lawyer and Kenya's Director of Public Prosecution

An exciser arrested and questioned at a public hearing in Burkina Faso

In Burkina Faso, public hearings of FGM/C cases are considered a best practice. In 2014, two public hearings were held in the country, one following the cutting of 14 girls. In the second case, two excisers and 21 accomplices received prison sentences of up to 12 months.

Public hearings not only raise awareness that the practice is against the law, they also instill fear of punishment in the local population. Media reports of public hearings have been seen to change public opinion about the practice, accelerating changes in behaviour and attitudes.

Table 1: State and national policies related to FGM/C, by country

Country	National legislation banning FGM/C	Legislation at state level banning FGM/C	Policies that support the elimination of FGM/C	Policy measures across countries or institutions to eliminate FGM/C at regional level
Burkina Faso	✓		✓	✓
Djibouti	✓		✓	
Egypt	✓		✓	
Eritrea	✓		✓	
Ethiopia	✓		✓	✓
Gambia			✓	✓
Guinea	✓		✓	
Guinea-Bissau	✓		✓	
Kenya	✓		✓	✓
Mali			✓	✓
Mauritania			✓	✓
Nigeria*		✓ outlawed in 10 states	✓	
Senegal	✓		✓	✓
Somalia			✓	
Sudan		✓ outlawed in 5 states	✓	✓
Uganda	✓		✓	✓
Yemen			✓	✓

*At the time of publication, Nigeria passed the VAPP (Violence Against Persons Prohibition) bill, which includes a national ban on FGM. Here is a quote from the UNFPA representative in Nigeria. "The signing of the VAPP Bill into law 25th May 2015 by His Excellency President Goodluck Jonathan can be described as a befitting end to long tough years of hard work by gender activists, national and international development partners. It is indeed a triumph for the women and girls in Nigeria as it provides a framework for legislative action against perpetrators of gender-based violence. The lack of a national legislation has been a major impediment to curbing gender-based violence. This action has visibly demonstrated Nigeria's commitment to improving the status of women and girls. We expect that this action will catalyse further action for enactment of legislative provisions across states and encourage states with no legislation to do so." The announcement has resonated well with the women's movement in Nigeria and is indeed a boost to our work to promote the reproductive and sexual rights of women and young girls. UNFPA, as part of the Legislative Action Coalition against Violence against Women (LACVAW), has since 2008 consistently provided technical and financial support to the enactment of the Bill.

Chapter 4

Working with the Health Sector

In 2014, the Joint Programme worked closely with health ministries, clinics and health workers to encourage a greater focus on FGM/C in this critical sector, which has wide reach, and many entry points into the lives of women and children. Making changes in such a large and already overburdened sector is challenging, but many positive steps were taken in 2014. They included an emphasis on meeting the medical and psychosocial needs of girls and women who suffer the consequences of the practice.

In Somalia, 140 health personnel were trained in the clinical management of rape and complications of FGM/C, as well as in advocacy for abandoning all forms of the practice.

Health workers—from obstetricians and gynaecologists to midwives and nurses—wield considerable influence in their communities, and on the girls and women they serve. Midwives, in particular, are at the front line of health care in many of the countries where FGM/C persists. As they guide women through pregnancy and childbirth, the respect and trust they have earned, and their ability to deliver strong messages about FGM/C can make a difference to whether or not women will allow their daughters to be cut.

In Mali, 440 health and social workers were trained to provide psychosocial support to survivors of gender-based violence, including FGM/C; 3,267 survivors of FGM/C and child marriage received medical, psychosocial and legal support. At the national level, 2,000 medical kits for FGM/C care were distributed to the Ministry of Health.

In 2014, some 200,000 women and girls received prevention, protection or care services relating to FGM/C.

The importance of mainstreaming advocacy messages as part of health-care delivery can be seen in Ethiopia, where an extreme form of FGM/C is practised across wide rural expanses. Ethiopia is in the process of scaling up its delivery of primary health care by investing in the year-long training of health extension workers. By 2014, training for some 40,000 health extension workers included FGM/C messaging. Nearly 168,000 Ethiopian women and girls received services relating to FGM/C. In addition, the Joint Programme trained and deployed 39 front-line health workers and 48 women extension workers, whose primary objective is to promote the treatment of those affected by FGM/C. As well, 175 traditional birth attendants learned how to facilitate community dialogues on FGM/C.

In Kenya, complications from FGM/C are being treated at all of the country's 47 county hospitals.

Integrating FGM/C prevention into obstetric care

In 2014, FGM/C prevention was integrated into antenatal care, neonatal care and immunization services in a number of countries where the most severe forms of FGM/C lead to a high rate of childbirth complications. In the aftermath of an agonizing delivery, women are often receptive to such messages.

In [Eritrea](#), for example, 145 health workers from all six regions of the country received training on FGM/C, which enabled them to reach 6,500 pregnant and lactating mothers with messages about the harm caused by FGM/C, as well as its legal implications. The majority of the women, many of whom had gone through the practice, declared that they will not cut their daughters. FGM/C is now a part of the health education provided in all Eritrean health facilities to patients and their caregivers.



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Reaching out to midwives

With doctors in short supply, midwives play a pivotal role in reproductive health care across the 17 programme countries. In 2014, [Burkina Faso](#), [Djibouti](#), [Ethiopia](#), [Mauritania](#), [Somalia](#) and [Sudan](#) focused on empowering and mobilizing midwives with training in the medical, legal and human rights aspects of FGM/C. The Joint Programme is working to scale up this effort and make it more sustainable, by providing trainers and educators with appropriate curriculum modules, manuals and communications materials.

For example, an FGM/C module is being integrated into the curriculum of the five schools of public health in [Mauritania](#). In a show of support, the country's Association of Midwives organized a National Campaign to End FGM/C, issuing the Declaration of Mauritanian Midwives against FGM/C, which received extensive media coverage. In [Ethiopia](#), a module on FGM/C was included in the training manual for midwives. In [Somalia](#), protocols for treating the effects of FGM/C were incorporated into the midwifery training curriculum in South Central Somalia, Puntland and Somaliland.

Edna Adan visits a maternal and child health centre during a community outreach activity in Gumburaha, Somaliland

“ In recent years, we have concentrated on the fathers. We insist the fathers also become involved in the decision whether their daughter is going to be cut or not. The family together, the father and the mother, must protect their child together. ”

Edna Adan Ismail

Nurse, midwife and founder of the Edna Adan Maternity and Teaching Hospital Hargeisa, Somalia

Working against the medicalization of FGM/C

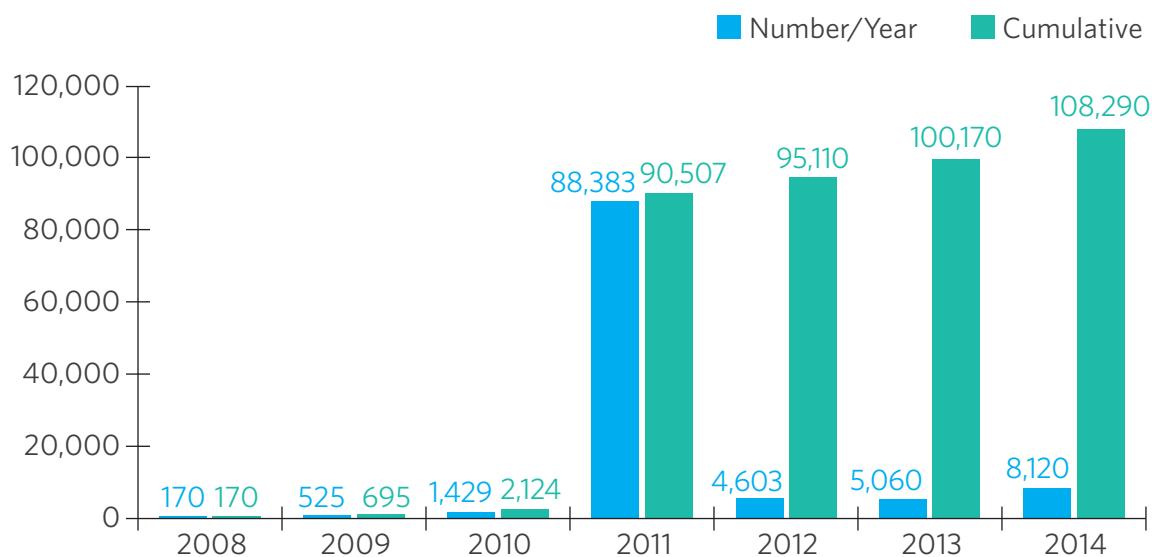
“Medicalization” of FGM/C refers to a physician or other health-care provider performing the procedure, whether in a public or a private clinic, at home or elsewhere. It is one of the unintended consequences of advocacy that focuses primarily on the health impacts of the procedure. Reaching midwives, nurses and physicians with correct information about the health and legal consequences of FGM/C has proved particularly crucial in countries such as Egypt, where the procedure is usually performed by health professionals. Medicalization is also reportedly on the rise in some communities in Guinea-Bissau, Kenya, Somalia and Sudan.

Given this trend, in 2014 the Joint Programme began collaborating with the International Confederation of Midwives, and the International Federation of Gynecology and Obstetrics to provide doctors and midwives with the support they need to resist social and economic pressures to perform the procedure, and to offer sensitive care for girls and women who have undergone FGM/C.

Integrating care and reporting

A persistent challenge hampering the accelerated abandonment of FGM/C is weak reporting and surveillance systems within the health sector. In Egypt, new national medical guidelines for managing gender-based violence cases, including FGM/C, were developed and launched in 2014. The guidelines set new standards and courses of action to be performed by health service providers, including identifying FGM/C cases, providing services to survivors and reporting cases to the authorities. Djibouti has found an innovative way to use health examinations to collect data on FGM/C prevalence among schoolgirls (see page 56).

Figure 5: Number of service providers with strengthened capacity in prevention, protection and care of FGM/C-related consequences, by year





A midwife at work in Somalia

Safia Duale has served as a nurse and midwife for the past 25 years at various health clinics in Somaliland, and has trained young midwives and doctors in basic clinical obstetrics. She is well known in her community, and many families consult her on FGM/C issues. In 2014, Safia worked with the Ministry of Health as an FGM/C focal point, frequently visiting health facilities, where she educates mothers receiving services. Her work on this issue is documented in a film that was under production in 2014.

“One of the best ways to prevent FGM is having a subject in schools in which the students are taught the problems [caused by] FGM. The second best way is to have units of FGM inside all medical centres, where cases are reported and registered,” says Safia Duale.





Routine school exams reveal real progress

Djibouti, one of the smallest countries in Africa, has had one of the highest rates of FGM/C, ranging from the cutting of newborns and very young children to the cutting of women during childbirth, depending on the region and tribe.¹² However, Djibouti is also the first African country where, in an effort to halt the practice, young schoolgirls are being systematically examined for physical evidence of the cut during routine medical check-ups.

This bold initiative, spearheaded by the Joint Programme, is producing the most accurate data so far on the numbers of schoolgirls who have been subjected to FGM/C. It is also helping to “desensitize” the practice, bringing it out of the shadows of unquestioned tradition and redefining it as a medical issue—a threat to the health of girls and women, and a violation of human rights.

Initiative targets boys and girls

In 2006, Djibouti’s ministries of Education and Health decided to establish school-based medical services. The Joint Programme, concerned about the lack of reliable data on the prevalence of FGM/C among young girls, saw an opportunity to fill this information gap by directly examining young schoolgirls as part of the new medical service. To do this in a way that would be acceptable to the girls, their parents and the general public, the examinations needed to be part of a broader, routine process. So the Joint Programme offered the two ministries financial and technical support to carry out a comprehensive children’s health survey every four years, based on physical examinations of all students—both boys and girls.

In other words, the Joint Programme has been investing in the general health of all schoolchildren in Djibouti, with the added benefit of establishing a reliable mechanism for monitoring levels of FGM/C among young girls.

Interpreting the results

When the findings of the school-based health survey of 2010 are compared with those from 2006 and an earlier study carried out in 2002,¹³ the evidence is clear: FGM/C in Djibouti is in decline.

¹² Inter-Parliamentary Union, Legislation and other national provisions. Available from www.ipu.org/wmn-e/fgm-prov-d.htm.

¹³ Djibouti Family Health Survey, 2002.

Table 2: FGM/C prevalence (in percentage) in Djibouti, 2002-2010

Year	No FGM/C	Type 1 (sunna, a small cut)	Type 2 (excision)	Type 3 (infibulation)	Status unknown (refused examination)	Number of girls examined
2002 (under age 25)	2.2	15.0	21.7	61.1	0	25,013
2006 (under age 14)	14.2	11.1	32.8	24.5	17.4	877
2010 (ages 6-8)	62.6	27.2	2.3	1.2	6.7	2,754

In 2002, only about 2 per cent of women had not been cut. By 2010, the figure for girls was 62.6 per cent.

Mean age of cutting is typically before 6 years.

Bringing FGM/C out of the shadows

The school-based health surveys have strengthened the campaign against FGM/C, helping redefine the practice as an issue of reproductive health by training midwives, and disseminating the results through civil society partners and religious leaders. “The study has enabled us to persuade religious leaders—men and women—to participate in our awareness-raising sessions,” says Amina Mohamed of UNFPA Djibouti Country Office. “We even produced a guide to reproductive health in the context of FGM, which can help inform sermons at local mosques.”

Reaching the other half of Djibouti’s girls

This massive effort of school-based examinations still does not reach the 49 per cent¹⁴ of Djiboutian girls not in school, many of whom belong to communities where FGM/C is widespread. However, these communities are the focus of other aspects of the Joint Programme’s work. Indeed, as a whole, Djibouti has made significant progress towards abandoning FGM/C.

Expanding the school-based study and completing the qualitative health study are expected to further strengthen the campaign against the practice. “This will help us identify pockets of resistance to abandoning the practice,” says Ms. Mohamed, “whether it is being carried out openly or in secret.”

¹⁴ Ibid.

Chapter 5

Forging a Global Consensus

In 2014, global awareness of FGM/C reached a new level, as captured by news stories in international publications, attention by major donors, new international initiatives and important intergovernmental work.

The Joint Programme supported technical and political processes such as the adoption of the second United Nations General Assembly resolution on FGM/C, and the move to include the elimination of FGM/C in the United Nations proposed Goal 5 on gender equality, and the empowerment of women and girls in the draft of the Sustainable Development Goals.

With the negotiation on this agenda approaching, the expertise of the Joint Programme and its reports, evaluations, data and analyses are expected to strengthen the case for adoption of such language.

The Joint Programme was a key player in catalysing an unprecedented level of global attention by raising awareness of the human rights and gender equity issues at stake, and the social dynamics that contribute to the persistence of FGM/C. Through this work, the Joint Programme over the past eight years has supported the formulation in 2014 of global policy that may set the development agenda for the next 15 years.

“There is no developmental, religious or health reason to cut or mutilate any girl or woman ... All ‘traditions’ that demean, dehumanize and injure are human rights violations that must be actively opposed until they are ended.”

United Nations Secretary-General Ban Ki-moon
2014 International Day of Zero Tolerance for Female Genital Mutilation:
Preserve the Best in Culture and Leave Harm Behind

Global highlights

International Day of Zero Tolerance for Female Genital Mutilation (6 February 2014, worldwide)

United Nations Secretary-General Ban Ki-Moon called on communities and governments to take immediate action to stop FGM/C. At a high-level event at the United Nations in New York, officials called for a complete end to genital mutilation to ensure the dignity, health and well-being of every girl. At events across the 17 Joint Programme countries, national actors issued unified calls to leaders at all levels to accept their responsibilities to protect girls and women from the practice.

Launch of a global media campaign (October 2014, Kenya)

A Global Media Campaign against Female Genital Mutilation, launched in Nairobi in October by United Nations Secretary-General Ban Ki-Moon, drew global attention to the issue of FGM/C. More than 120 newspapers from around the world covered the launch. The campaign is supporting five media outlets in Kenya in covering the issue.

High-level side event at the Commission on the Status of Women (March 2014, New York)

With support from the Joint Programme, the United Nations missions of Italy and Burkina Faso co-organized an event on FGM/C that was attended by more than 200 people, representing around 30 governments, United Nations agencies and civil society organizations. The First Lady of Burkina Faso, the deputy executive directors of UNFPA and UNICEF, ministers and other government officials spoke about concrete actions to end FGM/C, taken in line with the United Nations General Assembly resolution. Representatives from UNESCO, the International Organisation of Francophone States and the Inter-African Committee also contributed statements on global and national efforts to promote abandonment of the practice.

Girl Summit (July 2014, London, co-hosted by UNICEF and the United Kingdom Government)

Global leaders spoke of the urgent need to protect girls by ending child marriage and FGM/C, and expanding the opportunities available to them.

“Tomorrow I’m going to attend the UN event against FGM, and the message I want to spread on the Earth is this: let’s move forward and not go backward. We have to stop FGM because it doesn’t help girls, women or men. We have to stop it. It’s time.”

Awa Sango, singer
Côte d’Ivoire

Speakers included United Kingdom Prime Minister David Cameron; the executive directors of UNFPA, UNICEF and UN Women; Nobel Peace Prize winner Malala Yousafzai; and Hina Jilani of The Elders. Some 20 governments made commitments, both financial and programmatic, bringing additional resources to the Joint Programme and other endeavours. Throughout the year, the United Nations partners continued to support Member States in promoting and monitoring progress towards the realization of the Girl Summit Commitments.

Holding governments accountable: global committees speak out

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

Collecting data and monitoring progress

In Sudan, to create a meaningful baseline to monitor the impact of the Saleema campaign, the 2014 Multiple Indicator Cluster Surveys for the first time included the question, "How do you [describe] an uncut girl?" A rapid assessment conducted in Khartoum and six other states before and after the Saleema social marketing interventions showed a significant increase in the use of the word Saleema to describe an uncut girl, pointing to the success of the initiative in reframing the issue. Additional evaluation work on Saleema will be undertaken over the next four years.

In Eritrea, the prevalence of FGM/C was mapped in 2014 with support from UNICEF in a sampling of 112 villages, using focus group discussions, structured questionnaires and key informant interviews. The questionnaires were administered to 5,811 households chosen at random. The data collected were used to develop an index showing how ready communities are to make public declarations of FGM/C abandonment.

Nigeria and Yemen, which became part of the Joint Programme in 2014, focused largely on creating baselines and assessments to establish a foundation for future data collection.

Launched in 2010, the Saleema communications campaign addressed the cultural context of FGM/C by introducing a word, where none had previously existed, to use for a girl who had not gone through the practice. Saleema means whole, intact, untouched. A girl who is Saleema remains as God intended her to be.

Chapter 6

Challenges



Although 2014 was a year of significant achievements, the beginning of Phase II was not without challenges for the Joint Programme. Conflicts or political turmoil in several countries meant that FGM/C became a lower priority than planned. To varying degrees, this delayed the implementation of many activities. As these situations evolve, the Joint Programme coordination team in New York is standing by to support the regional and country teams.

The welcome and unprecedented global attention given to the issue (see chapter 5) meant that the Joint Programme required unanticipated human and material resources to mobilize governments and partners to gather results and stories of good practices. The 2014 United Nations General Assembly resolution has stimulated additional demands for technical information and recommendations on reporting from global policy forums.

Another significant challenge resulted from the otherwise welcome adoption, by both UNFPA and UNICEF, of the 2014-2017 Strategic Plans. These came with new requirements, including the assessment of implementing partners according to international frameworks. This led to certain long-standing partners either dropping out or becoming subgrantees of larger NGOs to meet the new standards. The development of new administrative and programmatic frameworks around the Strategic Plans resulted in a major delay in the approval of implementing partner workplans and an overall lower rate of implementation in Country Offices. The new Strategic Plans also placed demands on the technical team to provide updated global guidance, formulate new global indicators and offer input into global theories of change, which temporarily delayed the performance of core programme management duties.

In 2014, countries were challenged by the new reporting system instituted in Phase II, in line with recommendations from the 2013 joint evaluation. Instituting more comprehensive, results-based management frameworks and strong baselines for each country initially proved extremely cumbersome. Following feedback from countries and donors, a simplified results-based management framework, with fewer and clearer indicators, was produced. Even with this change, many countries struggled to ensure that systems and human resources were in place to produce accurate figures. Several have experienced challenges in establishing strong baseline studies. Lengthy consultations at country level and the need for technical assistance from headquarters have delayed the process in all countries.

UNFPA and UNICEF have also faced challenges to their goal of strengthening health and protective services and systems relating to FGM/C. In many cases, such systems, service platforms and protocols fall under sectors unrelated to the FGM/C work. These other sectors are themselves facing financial and human resource capacity constraints. Adding another issue to the responsibilities of these sectors has, in many cases, been problematic. Many countries have not been able to consistently and closely monitor protection, prevention and response around FGM/C.

Although UNFPA and UNICEF have been able to attract new donor funding and move to two-year work planning cycles with implementing countries, there is still a need for additional, sustained, multi-year commitments from donors to ensure predictable implementation of actions on the ground and to meet the global objective of ending FGM/C by the next generation.

Annex I

Financial Reports



This financial report reflects progress in implementing the planned two-year budgets for the period January–December 2014. Country budgets were approved for 2014-2015 during the January 2014 Steering Committee meeting, and two funding allocations were made during 2014, in partial fulfilment of the approved budgets.

The overall implementation rate in 2014 was 67 per cent, significantly lower than the overall rate of implementation in Phase I of 91 per cent. One important element to take into account is that most of the 17 countries received the full requested budget from the global funds to cover the entire two-year period 2014-2015. Therefore, they have more time to spend the funds. Additional factors contributing to the lower-than-expected implementation rate include the following:

- As the Joint Programme entered Phase II, new indicators and workplan templates required renegotiation of workplans and agreements

with partners. Although funds were disbursed in February, country processes took additional time to operationalize the funding.

- Concurrent with Phase II, UNFPA and UNICEF entered into new Strategic Plans in 2014. The new strategic environment prompted a process of review and assessment of implementing partners, significantly delaying finalization of contracts. In addition, several countries engaged in exercises to align their country programmes to the new Strategic Plan requirements.
- Guinea prioritized the Ebola crisis.

Countries that have achieved high implementation rates in 2014 and that have submitted an additional request for funding to scale up certain activities will be considered in 2015 revisions to the budget and allocations.

“If everyone is mobilized—women, men and young people—it is possible, in this generation, to **#endFGM**, a practice that currently affects some 130 million girls and women.”

United Nations Secretary-General Ban Ki-moon on the
International Day of Zero Tolerance for Female Genital Mutilation
6 February 2015

2014 Financial Report: UNFPA-UNICEF Joint Programme on FGM/C

Office	New allocations	Total budget	Expenditures	Remaining balance	Implementation rate
Burkina Faso	925,787	828,996	606,279	222,717	73%
Djibouti	341,371	509,155	336,693	172,462	66%
Egypt	834,133	821,551	551,987	198,078	76%
Eritrea	653,365	708,113	529,705	178,409	75%
Ethiopia	768,702	758,195	413,134	342,822	55%
Gambia	388,679	403,641	122,175	281,063	30%
Guinea	524,246	551,870	301,536	246,689	55%
Guinea-Bissau	545,175	539,494	359,148	154,256	71%
Kenya	1,619,720	1,755,318	977,334	711,106	59%
Mali	708,643	703,538	556,593	146,943	79%
Mauritania	403,159	396,420	304,928	65,605	83%
Nigeria	534,138	560,492	310,504	206,882	63%
Senegal	1,611,433	1,669,714	784,978	884,736	47%
Somalia	493,744	517,698	398,692	118,936	77%
Sudan	536,294	649,148	545,418	102,528	84%
Uganda	758,516	750,751	553,022	191,854	74%
Yemen	354,410	342,839	172,151	153,585	55%
WCARO	150,000	140,190	60,212	20,520	85%
Regional/Global partners	98,934	98,934	97,134	1,800	98%
HQ	650,000	1,495,604	1,181,680	251,674	83%
TOTAL	12,900,449	14,201,661	9,163,301	4,652,665	67%

2014 Contribution towards UNFPA/UNICEF Joint Programme on FGM

Donor	Contribution committed (local currency)	Contribution received (USD)*
Norway	20,000,000 NOK	2,953,773
United Kingdom	6,000,000 GBP	9,809,824
Iceland	178,008 USD	178,008
Italy	1,500,000 EUR	2,038,043
Luxembourg	500,000 EUR	668,449
Germany	500,000 EUR	622,665
Germany—GIZ	450,000 EUR	560,399
Sweden	40,000,000 SEK	5,408,329
Ireland	174,007 USD	174,007
2014 Total		22,413,497

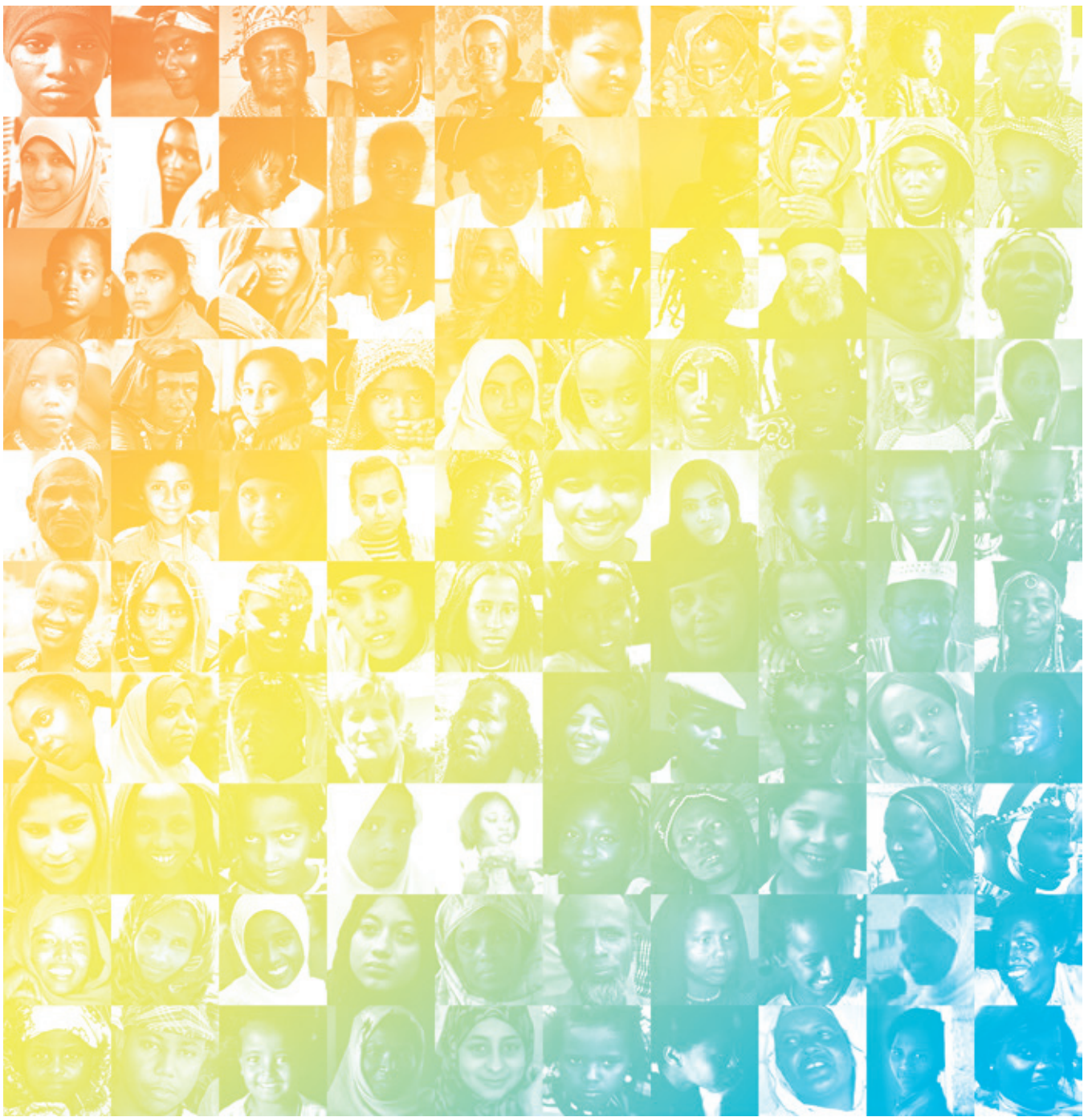
*Excluding AA fee



“ These girls want to speak out on issues like FGM and child marriage, which are part of their culture. If we provide support, they can shape their future and help end FGM. They will never have their daughters cut. This is how FGM will end. ”

Maimouna Yade
Senegal

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