

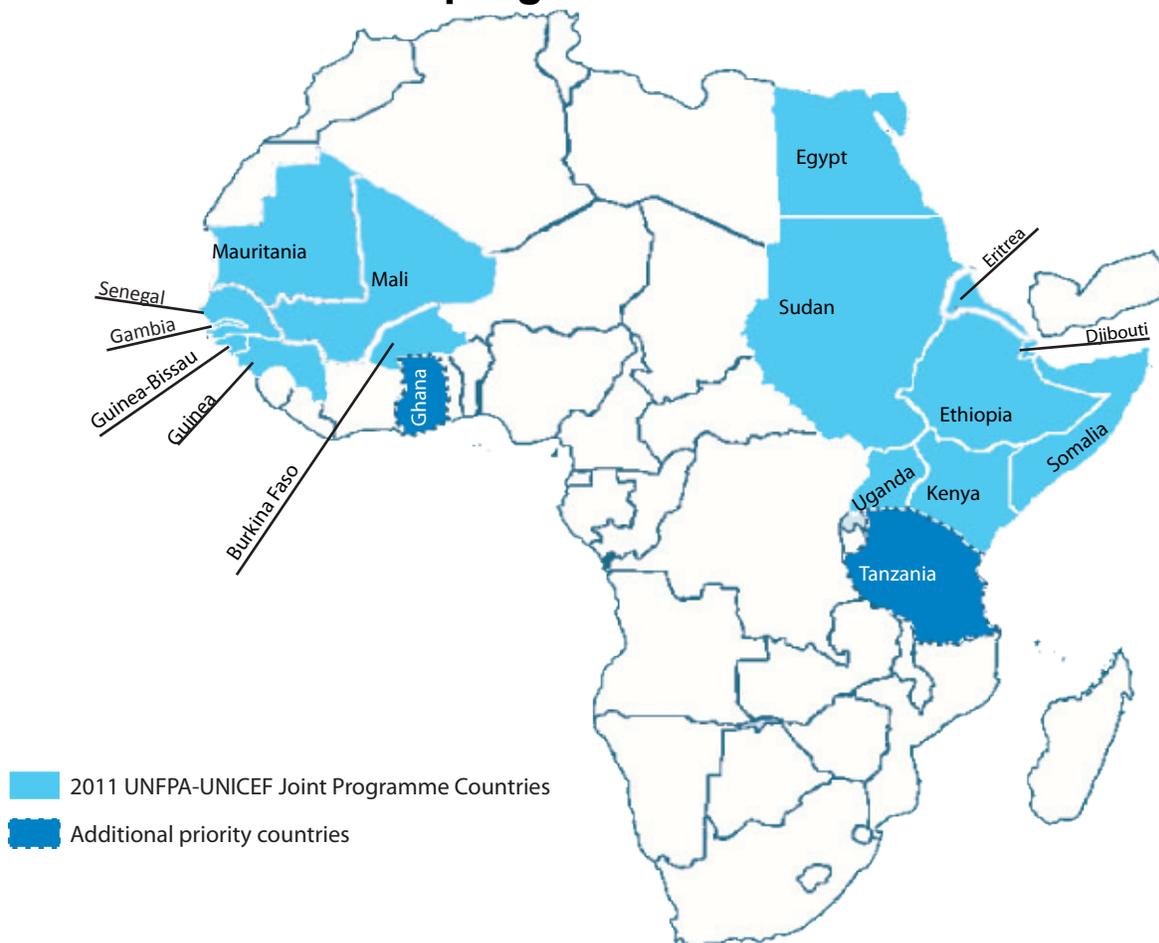


UNFPA-UNICEF JOINT PROGRAMME ON FEMALE GENITAL MUTILATION/CUTTING

Accelerating Change



2011 programme countries



Acknowledgements

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List of Acronyms

| | |
|----------|---|
| AIDOS | Association for Women in Development |
| AMSOPT | Malian Association to Study and Re-orient Traditional Practices |
| ARP | Alternative Rites of Passage |
| AU | African Union |
| AUDIODOC | Association of Audio Documentary Filmmakers |
| AWEPA | Association of European Parliamentarians for Africa |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CEP | Community Empowerment Programme |
| CMC | Community Management Committee |
| CNAPN | National Committee to Fight Harmful Practices |
| COSEPRAT | Comité Sénégalais sur les Pratiques Traditionnelles Ayant Effet sur la Santé de la Mère et de l'Enfant |
| CPA | Child Protection Advocate |
| CPC | Child Protection Committees |
| CRC | Convention on the Rights of the Child |
| CSW | Commission on the Status of Women |
| ECPN | Egyptian Child Protection Network |
| FGM/C | Female genital mutilation or cutting |
| FIDA | Federation of Women Lawyers |
| GEEP | Group for Population Studies and Education |
| IAC | Inter-African Committee on Traditional Practices |
| ILO | International Labour Organization |
| INTACT | International Network to Analyse, Communicate and Transform the Campaign against Female Genital Cutting |
| IOM | International Organization for Migration |
| IRIN | Integrated Regional Information Networks |
| KEMEP | Kenya Media Network on Population and Development |
| KEWOPA | Kenya Women's Parliamentary Association |
| M&E | Monitoring and evaluation |
| MDGs | Millennium Development Goals |
| NCCM | National Council for Childhood and Motherhood |
| NCCW | National Council on Child Welfare |
| NGO | Non-governmental organization |
| NPWJ | No Peace without Justice |
| NUEW | National Union of Eritrean Women |
| NUEYS | National Union of Eritrean Youth and Students |
| PNLE | National Programme to Fight FGM/C |
| RAID | African Network for Information and Action against Drugs |
| REACH | Reproductive Education and Community Health |
| RH | Reproductive health |
| SIDA | Swedish International Development Cooperation Agency |
| SMS | Short message service |
| SP/CNLPE | Permanent Secretariat of the National Committee to Fight the Practice of Excision |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Populations Fund |
| UNICEF | United Nations Children's Fund |
| UNIOGBIS | United Nations Integrated Peace-Building Office in Guinea-Bissau |
| WEL | Women Empowerment Link |

Executive Summary

For the practice of female genital mutilation and cutting (FGM/C), prevalent in parts of Africa for centuries, the pace of abandonment is accelerating. The year 2011 was the fourth year of operation for the UNFPA-UNICEF Joint Programme on FGM/C and thanks to ongoing successes and new opportunities, the Joint Programme has been extended for a fifth year, to December 2013. 2011 saw an increase ownership, dynamism and initiative on the part of national governments and implementing partners. Country-level ownership drew particular attention to the interconnectedness of FGM/C and the many other practices which hinder the development of girls and women. The achievements of 2011 illustrate that local level programming addresses multiple forms of deprivation and discrimination. Hence, the campaign to end FGM/C naturally embraces areas such as maternal and child health, education and child marriage, addressing the wellbeing of girls and women holistically.

From 2010 to 2011, thousands of communities publicly declared their decision to abandon FGM/C after partaking in educational and dialogue sessions, including three new programme countries with an increase of 33%. Kenya and Guinea-Bissau passed new national legislation specifically banning the practice of FGM/C. Additionally Kenya adopted a powerful national policy outlining concrete steps the government must take to achieve abandonment along with the necessary budgetary necessary to implement the policy.

And in 2011 we saw three emerging and innovative phenomena: in Kenya an increased role by young men are speaking out publicly to announce their preference to marry uncut girls; in Somalia and Uganda members of community groups are proactively preventing FGM/C by rescuing girls before they are cut; and in Djibouti a number of large-scale urban declarations of abandonment took place.

Innovations in the use of widespread media campaigns to galvanize public opinion against the practice grew with positive results. In Sudan, a campaign launched in 2010 to transform public perception of uncut girls intensified in 2011. In every Joint Programme country, radio waves are buzzing with frank discussions and call-in shows about the harm caused by FGM/C. The sub-regional television channel AFRICABLE reached a global audience by broadcasting sermons of a leading Islamic cleric supporting public declarations of abandonment of FGM/C.

The year 2011 showed a surge in activities to strengthen the role of public health services in preventing FGM/C and, wherever possible, in treating its victims and mitigating its negative effects on women's health. Over the past four years the Joint Programme has supported the training of more than 3,500 health workers on the negative effects of and complications caused by FGM/C. In Senegal, a course on FGM/C is being integrated into the curriculum of high schools and colleges. In Uganda, a newly established FGM/C referral network was successful in referring girls who had been cut and were suffering from fistula for treatment.

A shift has occurred among religious leaders, many of whom have gone from endorsing the practice to actively condemning it. The fact that FGM/C is harmful to a girl's health was already widely accepted, but not until 2011 did we hear so many speeches from prominent Muslim clerics asserting that their religion does not promote or condone the practice.

2011 Programme Countries

Burkina Faso
Djibouti
Egypt
Eritrea
Ethiopia
Gambia
Guinea
Guinea-Bissau
Kenya
Mali
Mauritania
Senegal
Somalia
Sudan
Uganda

A major milestone in the visible support of religious leaders to end FGM/C came from a West African Regional Fatwa endorsed by Imams from 10 countries (including Sudan and Egypt) during a meeting held in Mauritania.

The momentum of ending FGM/C is accelerating because the change is coming from within – from local groups, families, men, women and young people supported by African governments, NGOs, the media, and religious leaders. Social norms may endure unquestioned for centuries, but they can and do devolve when they are deemed to be harmful. When people learn that everyone – including women and girls – has the right to physical integrity, health and wholeness they begin to demand these rights. The effect of a new consciousness is not only ending FGM/C, it is spurring more equitable development across a continent.

Here are a few benchmarks of the progress made in 2011:

- Nearly 2,744 communities publicly declared their abandonment of FGM/C.
- Across the 15 Joint Programme countries, 141 cases violating national laws against FGM/C were prosecuted in court.
- Nearly 19,584 community education sessions took place.
- More than 3,485 newspaper articles and TV and radio programmes discussed the benefits of ending the practice.
- Nearly 300 health facilities included FGM/C prevention in their antenatal and neonatal care.
- Nearly 4,107 religious leaders taught their followers that FGM/C is not sanctioned by Islam.
- And nearly 1,000 religious edicts were issued in support of the abandonment of the practice.

Resources and Management

The Joint Programme aims at complementing and further accelerating efforts to abandon FGM/C on the ground through various partners. In terms of management modality, it follows the pass-through fund management arrangement, whereby UNFPA receives contributions from donors in its capacity as Administrative Agent and disburses funds to UNICEF and UNFPA based on approval by a Steering Committee that meets twice a year and is comprised of the two Agencies and the donors that are providing funds to the programme.

Since its inception in 2008 and through end of 2011, the Joint Programme received approximately \$27 million out of a total estimated requirement of \$44 million.

GOAL ONE

Laws and Policies Against FGM/C

The Joint Programme supports national processes to develop appropriate legal and policy measures to create an enabling environment for accelerated abandonment of FGM/C. The Joint Programme also supports actors at all levels to effectively implement and enforce these provisions once they are in place. National laws and policies are important parts of the larger process of abandonment and social change. In 2011, two countries were strong examples of this work: Kenya and Guinea-Bissau passed national legislation banning female genital mutilation and cutting, the result of over three years of work supported by UNFPA and UNICEF. In other countries, activities served to strengthen law enforcement.

Kenya's New Law is Backed by a Strong National Policy

On 30 September, Kenya's Parliament passed the Prohibition of Female Genital Mutilation Act, which unequivocally criminalizes FGM/C in Kenya. It was signed into law by the President on 6 October 2011.

Kenya had legislation referring to FGM/C since 2001, but the laws contained many loopholes and were poorly enforced. The 2011 law is the result of years of dedicated efforts on the part of a number of key partners. The Act was drafted by the Kenya Women's Parliamentary Association (KEWOPA) with support from the Parliamentary Council, the National FGM Secretariat and the UNFPA-UNICEF Joint Programme. The penalties it outlines are quite severe and apply to a wide range of perpetrators. The law mandates a three-to seven-year prison sentence or a fine of nearly US \$6,000 for anyone practicing FGM/C – including traditional circumcisers, parents, doctors, nurses, even the person who supplies the premises or the knife. The same penalties also apply to anyone convicted of bringing a girl into Kenya from abroad to be cut; hiring a person to perform FGM/C; failing to report an incidence of FGM/C and carrying out FGM/C on a Kenyan in another country. Anyone who causes death by performing FGM/C faces life imprisonment. By the end of 2011, five individuals had been charged and were awaiting trial under the new law.

Kenya's new National Policy on FGM/C recognizes that while legislation is necessary to end the practice, it is by no means sufficient.

The law is accompanied by clear policy mandates. A comprehensive National Policy for the Abandonment of FGM/C had already been approved by Kenya's Cabinet in 2010. Developed in 2009 by the Ministry of Gender, Children and Social Development with support from the Joint Programme, the policy's key provisions are incorporated in the FGM/C Prohibition Act. For example, it calls on the government to take concrete steps to promote the abandonment of FGM/C through legislation, public education and outreach programmes, advocacy, media coverage, the empowerment of women and access to reproductive health and other support services. The Joint Programme also supported the Ministry of Gender, Children and Social Development in updating the National Plan of Action for the Elimination of FGM 2008-2012 to conform with the new law, the National Policy, and other recent national policy developments.

Capacity-building of those responsible for upholding the new law is already under way. In 2011, nearly 800 police officers, probation officers, community leaders and others were trained to implement the new legislation. For example, the Kenyan NGO FIDA (the Federation of Women Lawyers) received support from the Joint Programme to conduct two training sessions for 62 police and probation officers and two training sessions for 55 community leaders (30 women and 25

men). The training focused on human rights, the legal and medical implications of FGM/C, gender-based violence, the National Plan of Action for the Elimination of FGM, the National Policy for the Abandonment of FGM and the content of the new law.

Guinea-Bissau: No Longer a Safe Haven for FGM/C

Across the continent from Kenya, the National Assembly of Guinea-Bissau in West Africa approved legislation criminalizing FGM/C on 5 July 2011, and the President signed it into law the same day. The practice is now punishable by five years in prison. This also was the culmination of years of national discussion on the issue.

In May and early June, the Joint Programme worked with the Ministry of Justice and the National Committee to Fight Harmful Practices (CNAPN) to organize three advocacy and information meetings on the draft FGM/C law. These meetings enabled 29 parliamentarians from three key regions to discuss the issue with a total of 85 justice officials, administrative authorities, community members, religious leaders and local organizations.

Prior to the plenary debate and vote on the legislation, meetings were organized between the CNAPN and the five parliamentary committees to convince parliamentarians that Guinea-Bissau should not miss the opportunity to join other nations in the full respect of the human right to physical integrity and protection against violence.

The Joint Programme has been working with the Ministry of Justice to strengthen the dissemination and application of the law by building the capacities of officials responsible for its implementation, training them to better respond to FGM/C cases and to monitor law enforcement at the regional level. Informational materials were provided, as well as training in human rights. The text of the law was produced in a reader-friendly version for distribution in 2012. And support was provided to the Attorney General's office, the police and the Child Protection Service to bring to trial four women who had practiced FGM/C in Bissau and the eastern part of the country.

The Joint Programme also mobilized other UN agencies in Guinea-Bissau to be part of a common approach to law enforcement. Apart from UNICEF and UNFPA, UN Women, ILO, IOM, UNDP and UNIOGBIS are also contributing to this important initiative lead by the Ministry of Justice in partnership with the CNAPN and the Human Rights Commission.

Civil society in Guinea Bissau is also active in the campaign against FGM/C. The National Child Parliament, supported and coordinated by the Institute for Women and Children, conducted eight regional child parliament sessions involving up to 1,500 children to address the issue of FGM/C and the new law protecting children from the practice. NGOs, local administrators and community leaders participated.

Table 1: Number of legal actions brought against perpetrators of FGM/C

| Country | 2011 |
|--------------|---|
| Burkina Faso | 62 |
| Ethiopia | 8 |
| Eritrea | 54 |
| Kenya | 5 |
| Senegal | 2 |
| Sudan | Currently being enforced in 3 states (total number of actions not specified) |
| Uganda | 10 |
| TOTAL | 141 legal actions |

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

The Joint Programme has been working with the Ministry of Justice of Guinea-Bissau to strengthen the dissemination and application of the law by building the capacities of officials responsible for its implementation.

Eritrea: Community Vigilance Helps Ensure Compliance with the Law

Eritrea has put in place a robust monitoring and enforcement mechanism at the community level, designed to ensure compliance with its law against FGM/C. Local anti-FGM/C committees, which include members of the local police force, have been established in each community. When a baby girl is born, the local committee visits the household to warn against cutting the child, and the father is made responsible for ensuring that this does not happen. If there is a violation of the law, the committee reports it to the police and justice officials.

In 2011, training was provided in five administrative regions to strengthen the capacity of communities to develop their own action plans for ending FGM/C. Each family was given a copy of the law in the local language and informed that any violation of the law was to be reported to the authorities. By the end of the year, 54 circumcisers and parents had been charged, convicted and penalized with a fine and imprisonment.

Countries Strengthen Law Enforcement

In **Burkina Faso**, with support from the Joint Programme, the Network for Human Rights and the Ministries of Justice, Defense and Security continued to raise awareness among lawyers, judges and the police about the effects of FGM/C. In 2011, five excisors and 57 accomplices were sentenced to prison for periods ranging from three months to three years for cutting a total of 88 girls. This is nearly three times the 23 cases brought against offenders in 2010. Ten cases of FGM/C were reported to the authorities through the toll-free anti-FGM/C hotline.

In **Djibouti**, a legal handbook on gender-based violence, including FGM/C, was developed for officers of the justice system and the police in partnership with the National Commission of Human Rights. The handbook was used to train Chiefs of Police and public security officers – one for each district and the city of Djibouti – who had been named to act as focal points for all questions relating to the protection of women and children.

In **Egypt**, the historic political upheaval that began in 2011 is still ongoing, seriously hampering the judicial process. The 12 criminal cases where parents and/or doctors were accused of carrying out FGM/C in 2010 are still pending in the courts. Medicalization of FGM/C remains a serious problem, and the Joint Programme has been lobbying the Ministry of Health about the need to monitor doctors more closely in order to better implement the Ministry's decree banning the practice, including medicalization, and the national law criminalizing it.

In **Guinea**, a booklet containing the text of the country's anti-FGM/C law has been distributed to government officials and other partners. The National FGM/C Action Plan has been launched and the Joint Programme is working to build the capacities of the police to implement the law.

In **Sudan**, where legislation regarding FGM/C exists in a few states but not at the national level, four State Child Acts ban the practice but only three of these states are enforcing the ban. One state, Southern Kordofan, has a specific law against it. The Joint Programme estimates that 15 million Sudanese are aware of the existence of laws against FGM/C and potential enforcement mechanisms.

In **Uganda**, an innovative system of enforcing the national law against FGM/C has been launched. In one district, it is traditional to perform the procedure on teenage girls when they come home from school for the summer holidays. In 2011, the Joint Programme and its local partner organizations trained two

groups of people – the local police and community monitors – to enforce Uganda’s law against FGM/C, which was passed in 2010. In early summer when girls come home from school, the monitors travel through the villages and, by talking to people, they learn which families are planning to carry out the procedure, and when. The programme provides them with air time on their mobile phones to enable them to notify the police at district headquarters.

Where Laws Are Delayed

Of the 15 countries active in the Joint Programme in 2011, all but four – Gambia, Mali, Mauritania and Somalia – have laws banning FGM/C. In these some progress was registered that favors the future development of legislation. In **Gambia**, the Joint Programme supported the National Steering Committee on FGM/C in developing a National Plan of Action for the Accelerated Abandonment of FGM/C. In **Mali**, a new Personal and Family Code, adopted in 2011, opens the door for a law against the practice; it forbids “the impairment of a person’s physical integrity, even in the context of a religious or traditional practice, when this is harmful to the person’s health.” In **Mauritania**, a second FGM/C Action Plan was adopted by the National FGM/C Committee and is being implemented at the national level by the Ministry of Social Affairs, Children and the Family. In **Somalia**, two decrees outlawing all forms of FGM/C were drafted in the semi-autonomous regions of Puntland and Somaliland. The Puntland decree was approved by the Cabinet and is awaiting approval by Parliament. Following heated debate, a number of members rewrote the decree, rejecting the idea of banning all forms of FGM/C in favour of maintaining “Sunna,” or the milder form of the practice. The Joint Programme is lobbying the President through the Ministries not to sign the present decree, but to wait until Parliament agrees on a decree calling for the end of all forms of FGM/C.

GOAL TWO | Local Commitment to FGM/C Abandonment

WHEN PEOPLE STAND UP AND SAY NO

In 2011, 2,744 communities in 13 Joint Programme countries made public declarations of their commitment to abandon FGM/C. These events were bottom-up expressions of the conviction of the majority of community members that FGM/C is harmful and must end. These events were often attended by local officials and covered by the national and international media – a source of pride for the communities involved – but they were not organized by outsiders. And because they are collective declarations, they served to ensure that from now on, girls who have not undergone FGM/C would be accepted as eligible brides by the families of prospective husbands within the village as well as in nearby, intermarrying villages that also participated in the declaration.

Such declarations are arguably the most significant and decisive step in the campaign to end FGM/C. A study funded by UNICEF in 2007 in Senegal (the first country in which a series of public declarations of abandonment were made) found that after ten years, 77 per cent of the people in communities that had declared abandonment of FGM/C had not resumed the practice. For the remaining 23 per cent, their acceptance of the new norms of their community is considered only a matter of time¹.



Djibouti's first public declaration abandoning FGM/C, 3 July 2011

Photo credit: UNICEF, Djibouti

¹ UNICEF. *Long-Term Evaluation of the Tostan Programme in Senegal: Kolda, Thiès, and Fatick Regions*. Statistics and Monitoring Section, Division of Policy and Practice, New York, 2008.

Djibouti is a relatively small country of 0.9 million people. In 2006, the rate of FGM/C was 93 per cent.² Groups of about 50 adults and 50 adolescents in 33 Djiboutian communities received three years of nonformal education in literacy, human rights, democracy, conflict resolution, health, hygiene, and project management. Each of these groups then shared their new knowledge with their peers within their village and neighbouring villages. They held community dialogues and social mobilization meetings on many issues, including the harmful effects of all forms of FGM/C. Finally, on 3 July 2011, representatives from 99 communities – as well as officials from the national government and from neighbouring Puntland and Somaliland – came together in the capital city to make a national public declaration abandoning the practice. This is a positive first step in the national push to end the practice.

When Community Members Take Action to End FGM/C

Somalia also has one of the highest rates of FGM/C in the world; 98 per cent of women between the ages of 15 and 49 have been subjected to the practice. Yet in the two autonomous regions of Somaliland and Puntland, the Joint Programme, together with SIDA and Australian Aid, has been able to create networks of advocates working to end FGM/C.

In 2011 the Joint Programme strengthened the capacities of 40 Child Protection Advocates (CPAs), half of whom are women, to enable them to work more effectively against FGM/C. CPAs are members of the local community who come together in Child Protection Committees (CPCs) to protect children from violence, abuse and exploitation. As part of the training, they learn from religious leaders that FGM/C is not part of Islam. They also learn to discredit myths related to the practice – for example, that FGM/C cannot maintain a girl's virginity - in order to convince family members that a girl can be "pure" without undergoing the procedure.

The 40 CPAs shared that they had learned their lessons well. In 2011, they were able to intervene and prevent 661 girls from undergoing FGM/C. CPAs also referred 12 girls who had experienced complications from the procedure for emergency medical treatment and counseling.



Child Protection Committee members discuss FGM/C with a girl's family, Somalia

In addition to working with the CPAs, in 2011 the Joint Programme built the capacities and dialogue skills of more than 2,000 other people – religious leaders, youth advocates, community "champions" who campaign to end FGM/C, clan leaders, former circumcisers, and members of women's groups, Community Management Committees (CMCs), education committees and school-based Children's Rights clubs. In order to equip them to speak out persuasively against FGM/C,

all these groups were trained in advocacy, community mobilization, dialogue to de-link the practice from Islam, the dangers and consequences of FGM/C and human rights.

² UNDESA, *The World's Women, 2010*.



Faisa Sheikh Said
Child Protection Advocate,
Somaliland

I work in the town of Borama, Somaliland, where FGM/C is widely practiced on little girls between the ages of 5 and 10. Recently Ms. Anab, an active member of the local Child Protection Committee, told me that a group circumcision was to take place on three local girls. Ms. Anab and I discussed how best to intervene. We agreed that in order to stop the girls from being subjected to the practice we should enlist the help of the local Koranic teacher and two other members of the Child Protection Committee.

We decided to visit the families of the girls the following Friday, a day when all the family members, including the father, would be available. So the five of us went to the family homes and talked with the families: the mothers, fathers, grandmothers, older sisters and brothers. We especially needed to convince the mothers and grandmothers whose support is crucial to the decision to stop cutting little girls. Usually the grandmothers, steeped in tradition, are the most difficult to win over. That's why we need articulate women activists and religious leaders to persuade them. We told them that the health risks of FGM/C can last a lifetime, and that it can cause death to mothers and babies in childbirth.

The Koranic teacher told them that the practice is against the teachings of Islam, which forbid the harming or mutilating of human beings. The teacher emphasized that in fact, FGM/C is a sin. Our group also informed the families of the social and psychological consequences to FGM/C. The discussion was open and free and everyone present had their say.

Often, our biggest challenge is the stigma associated with girls who are not cut. A CPA, therefore, tells the family that many other families have already stopped cutting their girls. Sometimes we introduce them to other parents who had stopped earlier. We also inform them that there is now no stigma associated with uncut girls; many girls who have not been circumcised are now married and living happy lives.

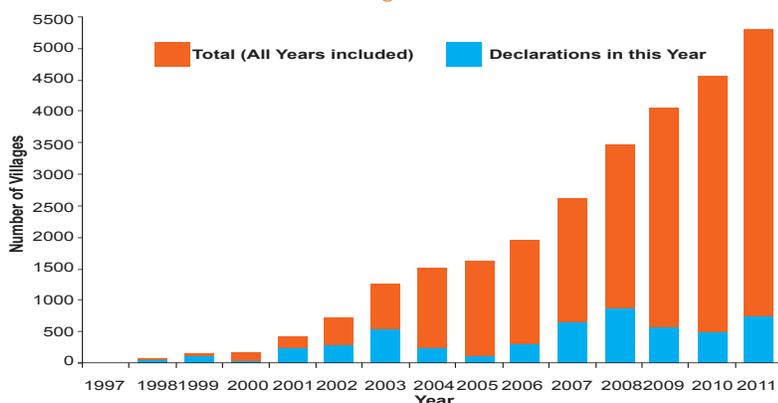
If we don't convince a family on the first visit, we ask to meet them again until they agree. That's the strategy we used to convince those families to stop the terrible cutting of their daughters. We arranged for a second meeting with them before the girls were scheduled to be cut. At that meeting, the mothers and grandmothers were finally convinced and they agreed not to subject their daughters to FGM/C.

In addition, through the Tostan programme, primarily in Somaliland, people attended 23 community dialogues on FGM/C abandonment, human rights, health and hygiene, and how these relate to the traditional practices of FGM/C and early marriage. Through these Tostan initiated CMCs, 13,100 additional community members participated in similar dialogues and some 10,000 others indirectly took part in the dialogue sessions through social events. The process of dialogue, discussion and meetings in 2011 resulted in 14 public declarations to abandon FGM/C, involving 42 Somaliland and Puntland communities. In all, the declarations were attended by nearly 1,500 people: youths, community champions, Elders and clan leaders, female cutters and women group members. All the parties involved signed pledges confirming their rejection of all forms of FGM/C. As evidence of bottom-up impact, these public declarations helped strengthen government commitment to FGM/C abandonment.

Consensus Among Intermarrying Villages

Graph 1: Number of villages in Senegal declaring their abandonment of FGM/C

Yearly and Cumulative Numbers of Publics Declarations in Senegal 1997 - 2011



In **Mali** in 2011, 21 villages grouped within of intermarrying communities made public declarations of their abandonment of FGM/C. In addition, UNICEF supported capacity-building about the dangers of FGM/C for 81,467 local and regional officials in the three regions of the country that have the highest rates of FGM/C.

During **Mauritania's** first year as part of the Joint Programme, a community of 5,355 declared its abandonment of FGM/C. An information campaign about FGM/C in 17 communities resulted in 76.5 per cent of the population of 208,352 stating that they support abandoning the practice.

Multiplying Impact Through "Organized Diffusion"

Table 2: Communities announcing their commitment to FGM/C abandonment³

| Country | Communities in 2011 |
|---------------|--------------------------|
| Burkina Faso | 104 |
| Djibouti | 99 |
| Egypt | - |
| Ethiopia | 200 |
| Eritrea | 4 |
| Gambia | 586 |
| Guinea | 160 |
| Guinea-Bissau | - |
| Kenya | 15 |
| Mali | 21 |
| Mauritania | 78 |
| Senegal | 760 |
| Somalia | 211 |
| Sudan | 470 |
| Uganda | 36 |
| Total | 2,744 Communities |

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

In **Gambia**, Tostan's human-rights approach of community-level capacity building is resulting in a wave of communities abandoning FGM/C, especially in the three eastern regions of the country where the practice has been most prevalent. The Joint Programme supported Tostan's work with 1,193 women, youth and community leaders in 126 villages by contributing to the support of facilitators, supervisors and the social mobilization teams that organized and managed the community dialogue sessions. According to Tostan's Community Empowerment Programme (CEP), communities share what they learn with their neighbours through a process called organized diffusion, thereby "adopting" other communities into the process of abandoning FGM/C. Thus, after three years of participating in the CEP, 27 communities held public declarations abandoning

³ Note that each country tracks the declaration movement differently depending on the context. The most frequently used categories are "communities" (also stands for villages), "families" and "districts."



Public declaration Basse, Gambia

Photo credit: Tostan

FGM/C and early marriage. At another abandonment ceremony, more than 600 members of 24 communities made similar declarations. Twenty of these communities were direct participants in the CEP, while four were adopted through organized diffusion.

On 12 June 2011, thousands of women, men, girls and boys converged at a sports stadium in the capital of the Upper River Region. They came from a total of 105 villages – 80 directly participating villages and 25 adopted ones – to make a joint public declaration to abandon FGM/C and early and forced marriages. The event was widely covered by the media.

Guinea is another Joint Programme country that has been implementing Tostan’s Community Empowerment Programme of training in human rights. As a result of inter-village meetings, a total of 12,533 individuals were educated in the harmful effects of FGM/C and 160 communities made public declarations abandoning the practice.

A Holistic Development Approach to Ending FGM/C

Guinea-Bissau is building a holistic foundation of basic skills, better reproductive health and even improved economic opportunities on which to abandon FGM/C sustainably. So far, 68 facilitators have been trained to conduct courses in democracy, human rights, problem solving, hygiene and health and six regional supervisors are setting up local microcredit schemes; six facilitators have been trained to help communities establish theatre groups; 1,645 classes in pre-literacy, literacy and management have been conducted in 40 communities; 2,500 women received pre-natal consultations and some 4,000 children were vaccinated. CMCs worked with regional birth registration agents to register around 900 children and to develop a birth registration plan for all persons without a birth certificate. These CMCs all include one community health agent; 39 of these agents, (34 of whom are women) received training in key family health practices.

Discrediting FGM/C



Village elders in Eritrea on Zero Tolerance of FGM/C Day

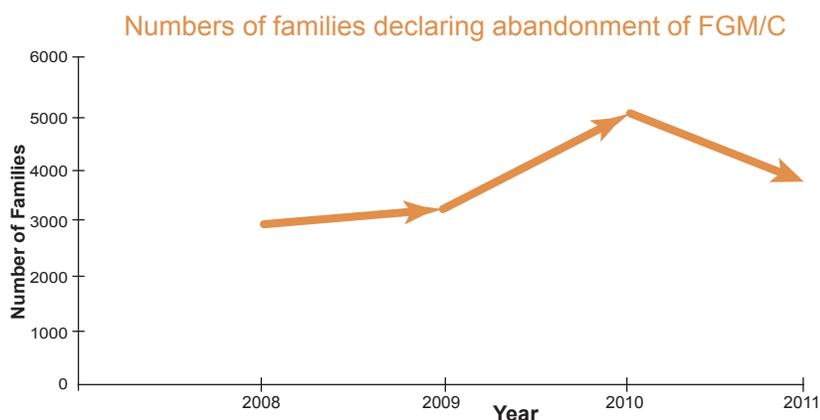
Photo credit UNICEF

In **Eritrea**, four villages (each with some 650 households – or around 13,000 people) made public declarations of their abandonment of FGM/C in 2011. In addition, 138 cutters publicly denounced the practice and declared that they had stopped cutting girls. Progressively, as families reject FGM/C, their decision has influenced their neighbours and the practice has become suspect and shameful. Also in Eritrea, 570 anti-FGM/C campaigners (200 females and 370 males)

benefited from a ten-day training on addressing harmful traditional practices with an emphasis on FGM/C. Among them were local community leaders, members of the National Union of Eritrean Women, the National Union of Eritrea Youth and Students, village health committees, elderly people, religious leaders, traditional birth attendants and government officials. Campaigns in schools and government offices raised awareness about the rights of women and girls, empowering and enabling them to protect themselves against violence, FGM/C and early marriage. Training was also provided to communities in five administrative regions to enable them to develop community action plans to end FGM/C. Village elders in Eritrea on Zero Tolerance of FGM/C Day

In **Burkina Faso** in 2011, 104 communities declared their abandonment of FGM/C. The Joint Programme supported the training of 286 newly recruited local advocates who campaign against the practice in groups of five (three men and two women) in 172 villages in 20 of the country's 45 provinces. In addition, 570 established local advocates received refresher training. All 856 of these local advocates learned to use video equipment to illustrate the problems encountered in childbirth by women who had been cut. The training also covered human rights and women's rights and the social norms that have made the practice of FGM/C so difficult to eliminate. These local advocates between them then facilitated a total of 4,365 village-level discussions about ending FGM/C (about 50 each, or nearly one per week), far more than the 1,250 discussions that had been planned. In addition, 216 members of national-level organizations active in the campaign received training in communication skills, sexual and reproductive health, gender, human rights and video screening techniques.

Graph 2: Number of Egyptian families publicly declaring the abandonment of FGM/C



In **Egypt**, 2011 was a year of great political upheaval which is ongoing. This is reflected in the fact that the number of families declaring their abandonment of FGM/C actually declined from the year before, from 5,143 to 3,602. Nevertheless, the Joint Programme was able to continue its awareness-raising and advocacy work in over 20 villages and 120 hamlets in Upper Egypt.

The Programme's community mobilization approach is based on working directly with individual

families through Egyptian government Child Protection Committees (CPC), to convince them to abandon FGM/C. Despite the difficult working environment in 2011, partnerships between the Joint Programme and CPCs were expanded to 15 districts in four governorates in Upper Egypt.

As a testimony to the expanded social mobilization and advocacy activities implemented in Egypt over the last few years, a short documentary film was shot at two locations in Upper Egypt where communities had made public declarations of abandonment. It will be distributed to other communities to urge them to do the same.

In **Ethiopia's** Afar region, the most extreme form of FGM/C has traditionally been practiced on more than 95 per cent of girls. In 2011, two entire districts in Afar – with a total population of 53,515 – declared their abandonment of the practice. In a third Afar district, more than half of the communities also declared abandonment. As of now, six of Afar's 29 districts have declared abandonment.

Although FGM/C was almost universally practiced in these districts in the past, sometimes in the first days of a girl's life, in 2011 the number of uncut girls in one district reached 1,120, while in another district all of the 106 girls born in 2011 remain uncut. Recent figures show that the number of uncut girls in the six Afar districts where the Joint Programme operates has reached 7,000 – up from about 4,000 in 2010.

This success is the result of community dialogues organized and facilitated with support from the Joint Programme by local organizations such as the Rohi Weddu Pastoralist Women's Development Organization, the Afar Region Bureau of Women, Children and Youth Affairs and the Afar Pastoralist Development Association. In 2011, nearly 50,000 people in 40 communities attended nearly 1,000 dialogues over several months. When all or most of the communities in a district have pledged to stop cutting their girls, a district level declaration is organized.

Ensuring that Declarations Are Sustainable

In order to ensure that the Afar communities that have declared abandonment adhere to their declarations, two anti-FGM/C women's groups were organized. The members educate their peers, serve as watchdogs for the anti-FGM/C movement and even offer training in income-generating activities. These initiatives, explains Asmelash Woldemariam, executive director of Rohi Weddu, help make abandonment permanent. "Two things that will ensure the sustainability of FGM/C abandonment are women's education and economic empowerment," he says. "One reason why women are subjected to FGM/C is their economic dependence on men. If they are empowered, they can say no to FGM/C and they can protect their children, too. Their negotiation skills increase. When women are economically capable, they can send their girls to school and the girls, in turn, will also stand up for their rights."

The Joint Programme has also been mobilizing young people in Afar by training 141 teachers in six districts about the devastating long-term effects of FGM/C. The training was facilitated by health professionals and judges from the Afar Supreme Court. The teachers then established forums in 24 schools attended by a total of nearly 13,000 youth. Both male and female students expressed their wish for better, safer and healthier marriages. The students prepared an action plan and strategies on how they are going to raise awareness in their families and communities.

The number of uncut girls in the six Afar districts where the Joint Programme operates has reached 7,000 – up from about 4,000 in 2010.

Ethiopian girls during an FGM/C abandonment ceremony



In **Kenya**, the prevalence of FGM/C is especially high in the Pokot community. It is therefore very significant that in 2011 the Pokot Council of Elders made a public declaration to abandon the practice. The ceremony was organized with the Ministry of Gender, Children and Social Development and attended by some 3,000 people. Elders from another community, the IL Chamus, which has an

FGM/C prevalence rate of 73 per cent, also made a public declaration of abandonment attended by about 2,000 people. On the same day, a group of Chamus morans (young men) publicly pledged to marry uncut girls.



IL Chamus elders making their public declaration to abandon FGM/C, Kenya

Photo credit: UNFPA Kenya

School teachers in Kenya are proving to be highly effective, dedicated advocates against FGM/C. The Joint Programme supported the NGO Women Empowerment Link (WEL) to conduct a training of trainers for 31 primary school teachers on how to work with students and parents to prevent FGM/C. Once trained, the teachers organized forums on FGM/C, gender-based violence and human rights for 51 parents, 87 teachers and 1,612 students aged 12 to 15 – the age when girls in this area are often cut. After one session, more than 10 girls reported to their teachers that their parents were planning to have them cut. The members of a working group on gender-based violence and the provincial authorities convinced some of these parents to change their minds. The Catholic Diocese of Nakuru also received support from the Joint Programme to train 80 teachers (47 male and 33 female) as trainers in FGM/C prevention and response, related legislation, human rights and reproductive health issues.

Instead of FGM/C, Alternative Rites of Passage

Abandoning FGM/C does not mean abandoning a girl's initiation in the skills and knowledge that can prepare her for marriage and motherhood and enable her to contribute positively to the development of her community. This is the thinking behind Alternative Rites of Passage (ARP), a movement that has been present in Kenya for over a decade.

In 2011, the Joint Programme supported the Catholic Dioceses of Nakuru and Meru and the national women's organization Maendaleo Ya Wanawake in conducting ARP for more than 500 girls aged 12 to 16, equipping them with an understanding of human rights and gender-based violence to enable them to say no to FGM/C and campaign for its abandonment; to become mentors and role models for their peers and to participate in development processes in their homes, schools and the community.

In Meru, six community meetings were held to ensure the commitment of community members to the FGM/C abandonment process and the alternative rites. Then, during a week of seclusion, the girls received instruction on a wide range of topics designed to equip them for adulthood. These include the

positive values of the local culture, life skills, communication skills, self-awareness, family relationships, sexuality, coping with adolescence behavior, sexually transmitted diseases, HIV/AIDs, drugs, children's rights, human rights and FGM/C as a violation of those rights. The ARP sessions were designed to enhance the girls' moral growth and self-esteem, empowering them to make independent, informed decisions and achieve their full potential.



Girls who have completed the Alternative Rites of Passage programme display their graduation certificates, Kenya

Photo credit: UNFPA Kenya

In **Sudan**, 13 of the country's 15 states have introduced programmes to abandon FGM/C, up from five states in 2008. In an innovative example of the power of education to change age-old traditions, a course in community development is being offered to illiterate rural women by three universities. After graduating from the course, 700 of these women were convinced of the negative effects of FGM/C and formed women's advocacy groups to campaign against it.

In **Uganda**, FGM/C is practiced only in one region of the country, primarily among two ethnic groups, the Sabiny and the Pokot. In recent years, the practice has been going underground, a trend likely related to the passage of Uganda's 2010 law against the practice. Many girls are prepared, cut and nursed in secrecy, away from the villages and without the traditional celebrations or ceremonies.

In 2011 the Joint Programme supported 70 community dialogues and 51 education sessions on FGM/C with themes such as cultural identity and children's rights. Referral networks for addressing issues related to FGM/C were established and a girl suffering from fistula received remedial treatment. A total of 317 girls in one district opted not to undergo FGM/C during the year and 436 uncut girls were honoured at the 16th Sabiny Culture Week, held in partnership with the Sabiny Elders Association, the Sabiny Athletics Association and the Uganda National Teachers' Association.

GOAL THREE

Media Campaigns and Other Forms of Communication

AFRICA'S AIRWAVES SPREAD THE MESSAGE: END FGM/C

In 2011, millions of people in the Joint Programme countries were reached by radio and TV programmes denouncing FGM/C. These include more than 2.8 million in Somalia, 2.5 million in Guinea, 350,000 in Burkina Faso, 300,000 in Djibouti, 271,000 in Mali and tens of thousands more in other countries. Every country in the Joint Programme used the media – the press, television, radio and sometimes film and electronic social media – to increase awareness of the dangers of FGM/C and encourage people to abandon the practice. Many of the media campaigns centered on the annual International Day of Zero Tolerance of FGM/C of 6 February.

Table 3: Media coverage of FGM/C in Joint Programme Countries

| Country | 2011 |
|---------------|--------------|
| Burkina Faso | 840 |
| Djibouti | 40 |
| Egypt | 75 |
| Ethiopia | 104 |
| Eritrea | 12 |
| Gambia | 333 |
| Guinea | 1 |
| Guinea-Bissau | 90 |
| Kenya | 122 |
| Mali | 504 |
| Mauritania | 22 |
| Senegal | 773 |
| Somalia | 175 |
| Sudan | 336 |
| Uganda | 58 |
| Total | 3,485 |

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

Text of a Radio Spot Broadcast for 100 days in the Afar region

Islam teaches that Allah created human beings complete. No one should harm the human body. There is nothing in the Holy Koran about female circumcision.

Because of FGM/C, many children and women are dying while others endure lifelong suffering. The Afar region has passed a law banning FGM/C. We all are responsible for protecting our children, our sisters, our wives and our mothers. Together we will abandon FGM/C in the near future.

In **Burkina Faso**, an estimated 350,000 people listened to 840 radio programmes discussing FGM/C in three local languages. The broadcasts contained interviews with a panel of religious and traditional leaders and officials of the justice system who discussed the consequences of FGM/C in the short, medium and long term; the possibility of repairing damage caused by the practice; anti-FGM/C legislation and complications from FGM/C during childbirth.

In **Djibouti** as well, the airwaves were humming with discussions about FGM/C. Twelve broadcasts treated the subject in the three local languages. These included man-in-the-street interviews; a round table of religious leaders discussing the practice in the context of Islam; a round table of health care professionals discussing the health consequences of FGM/C and one of community leaders discussing how to mobilize the population to abandon the practice.

In **Eritrea**, twelve radio and television broadcasts, including coverage of Zero Tolerance Day, discussed many aspects of FGM/C including the historical background of the practice and its harmful consequences. The broadcasts featured religious and government leaders, community members and former circumcisers speaking out against the practice. Some 45,000 adolescents (45 per cent of them female) were reached through the youth magazine *Menisey* which published six articles on FGM/C. About 15,000 copies were distributed. An estimated 30 per cent of the population was reached through 100 cartoon billboards about FGM/C displayed in bus terminals and recreation areas. In addition, 200 villages were reached by mobile video vans with messages urging FGM/C abandonment.



In **Ethiopia** three media dialogues were conducted at the community level in Afar and broadcast on regional radio in the local language. Members of the media, religious leaders and government officials discussed the impacts of FGM/C on the health of women and girls. At the end of the dialogues, the media participants expressed their commitment to continue reporting on FGM/C. In addition, a radio spot about FGM/C was transmitted every day for 100 days on the regional radio station in Afar. The official declarations of two Afar districts to abandon FGM/C were covered by several media outlets including the national network, Afar TV, two regional radio stations and local newspapers.

In **Gambia**, the Joint Programme supported the production of 208 phone-in radio talk show broadcasts that discussed the harmful effects of FGM/C and early marriage, as well as the absence of any links between FGM/C and religion. This talk show is listened to in all of the 387 villages in Gambia's Upper River Region. An additional 125 radio broadcasts consisted of panel discussions with Islamic religious leaders, as well as dramas and songs performed by traditional communicators and broadcast on national and community radio stations.

Traditional communicators who had been trained by the Joint Programme to explain the effects of FGM/C also received support to perform at the community level. They put on 94 village plays about the implications of FGM/C, Islam and FGM/C and women's rights, which were recorded and aired 29 times on radio. In addition, a number of community-level training sessions on human rights, health and FGM/C, including statements by community leaders supporting abandonment, were recorded and broadcast on radio. Feedback from listeners included requests for an increase in the length and frequency of these broadcasts.

Local Radio Sparks Debate in Mali

The use of local radio stations, broadcasting in local languages, using local expressions and with an intimate knowledge of local culture, has sparked many lively discussions among community members. Since the very mention of FGM/C has been taboo, especially in rural areas, radio not only conveys information, it helps people talk about the issue for the first time.

Local radio also enables members of organizations working with communities to join the discussions that inevitably follow radio broadcasts and answer questions that people would not dare to ask of a stranger.

In **Mali**, the pan-African TV channel AFRICABLE TV, which reaches 11 Francophone countries and can be seen around the world, broadcast 60 programmes featuring the sermons of an eminent Imam denouncing FGM/C. In addition, 121 radio programmes discussed FGM/C on national radio, reaching 271,000 listeners; 300 radio spots raising awareness about the need to abandon the practice were aired on two regional stations. In print media, 23 articles about FGM/C were published. In addition, a number of private, local radio stations covered various activities of the campaign against FGM/C: awareness-raising and advocacy events, training sessions for community members and information on how to treat complications resulting from the practice.

In **Mauritania**, the Week of Zero Tolerance of FGM/C was commemorated with “days of reflection” in the seven regions of the country where the practice is most prevalent and in Nouakchott. With support from the Joint Programme, 2,000 posters and flyers were distributed, and 1,500 handbooks on FGM/C in Arabic and French were provided to local leaders and groups involved in the campaign. Twenty giant tarpaulins were produced and distributed for use by campaigners. They contain the wording of a Fatwa condemning FGM/C signed by 33 religious leaders and statements doctors and midwives explaining its negative health consequences.

In **Somalia**, more than 2.8 million people were reached through radio and TV broadcasts about FGM/C in 2011. Among the 182 radio programmes aired were 120 call-in talk shows of 30 to 60 minutes each, broadcast daily for four months. During that time, 1,500 people called in and discussed the practice with political and religious leaders, health professionals and a former circumciser. In collaboration with 1 Nation Radio, the Joint Programme also supported the production of an FGM/C abandonment jingle to accompany all the radio programme’s spots. In addition, messages on the need to abandon FGM/C, the dangers of the practice and the role of each community member in accelerating change were broadcast for four months immediately before and after news bulletins, reaching an estimate 1 million people.

On TV, 34 programmes covered public declarations of abandonment and related activities.

Two community dramas and one video clip were broadcast more than 10 times on local TV channels, reaching over 400,000 viewers. And a soap opera on the abandonment of FGM/C, supported by UNFPA and produced in 2010 in Puntland, continued to be aired. Public declarations of abandonment were covered by the BBC and a public declaration by religious leaders urging abandonment was published in IRIN, a United National information exchange network.

Young people used social media to join the conversation about abandoning FGM/C. Fifty articles, messages, pictures and links from Somalia were posted on Facebook, (www.facebook.com/psasom) and over 20,000 young people have visited the posts. The Somaliland Youth Peer Network published articles advocating FGM/C abandonment on three popular Somali websites. An SMS text message on FGM/C abandonment was sent to 50,000 mobile phones. Over 100,000 youth participated in public debates, with the majority supporting FGM/C abandonment. Advocacy and awareness were strengthened through the publication of 10 articles by young people in a local newspaper with a readership of over 100,000; 10,000 copies were distributed.

In **Uganda**, six radio talk shows that focused on why a community practices FGM/C, as well as its side effects, generated around 20 call-ins per show with comments against the practice. People who did not have radios listened at the homes of their neighbours. One male caller had this to say: “I didn’t know that FGM/C was created to serve the selfish interests of men, but the elders have explained the whole origin and purpose of the practice. Now that I know, I will join the fight against this vice that harms our women.”

Videos on FGM/C abandonment were screened in schools and communities with the support of the Joint Programme. Discussions held before and after the screenings showed that the communities changed their perception of what they had formerly considered a benign cultural practice. After watching the video, schoolgirls requested that they be protected at school and boys said they felt comfortable marrying uncircumcised girls.

Over 500 people watched video dramas that vividly portrayed the suffering girls experience from FGM/C. This aroused anger and caused many people to reject the practice. One elder put it this way, “We have seen how girls are mutilated in the film. It is so cruel. We must stop FGM/C because it is taking the lives and rights of our girls.”

In **Senegal** the NGO GEEP (the Group for Population Studies and Education) developed a bold and innovative course on FGM/C, probably the first of its kind anywhere, which is currently being integrated into high school and college curriculums.

Aimed at students aged 10-19, the course covers: the different forms of FGM/C, the health and psychological effects of the practice, the human rights that apply to girls' physical integrity. It further includes: the elements of reproductive health and the link between development and reproductive health at the national, family and personal levels (i.e., perceptions and the role of cultural norms in reproductive health), the development of positive attitudes regarding relationships between the sexes and participation in community activities to improve reproductive health.

Training for Communicators

Table 4: Number of journalists trained to cover FGM/C by the Joint Programme

| Country | 2011 |
|--------------|------------|
| Burkina Faso | 32 |
| Egypt | 265 |
| Eritrea | 45 |
| Guinea | 30 |
| Mali | 80 |
| Mauritania | 30 |
| Uganda | 30 |
| Total | 512 |

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

Accurate, unbiased and compelling coverage of sensitive social issues such as FGM/C requires special journalistic skills. In a number of countries, the Joint Programme supported training for journalists to enable them to report on the issue with credibility and fairness. In **Burkina Faso**, 32 radio hosts received training to help them report on the abandonment of the practice. In **Kenya**, the Joint Programme continued to support the Kenya Media Network on Population and Development (KEMEP) to strengthen media coverage of the campaign to abandon FGM/C. In **Egypt**, the Joint Programme supported training and awareness-raising for 265 journalists, enabling them to more accurately cover issues such as

children's rights, child protection and FGM/C. Following the training, these journalists produced 59 newspaper reports and 15 TV programmes.

In **Guinea**, 30 traditional communicators, religious leaders and members of village associations were trained to explain the social norms underlying FGM/C. They now form a critical mass of communicators who are taking the awareness-raising process to scale. In **Mali**, a number of workshops were held to train journalists to report accurately on FGM/C. In addition, with Joint Programme support, the National Programme to Fight FGM/C, together with a number of NGOs, organized a national forum on FGM/C for 80 journalists and traditional communicators from all over the country in order build the capacities of media professionals to report on the issue. A documentary film on the forum funded by the Joint Programme, was broadcast on AFRICABLE TV. In **Mauritania**, 30 directors of rural radio programmes received training on the effects of FGM/C in the context of women's health, human rights and the law, with the aid of a technical handbook produced for use at the national level. In Puntland, **Somalia**, 15 journalists received training to broaden their understanding of FGM/C. Although this has greatly improved media reports on the practice, more effort is required since print and electronic media still tend to imply that the milder forms of "Sunna" FGM/C are acceptable. In **Uganda**, 30 journalists from 16 media outlets were trained in how to proactively cover stories on FGM/C. The Joint Programme partnered with a local theatre company to establish, equip and train two theatre troupes of 13 members each to perform throughout the entire Sabinu region where FGM/C is prevalent. Three youth groups received six days of training in music, dance and drama to enable them to develop educational messages on FGM/C.

In Sudan: Changing Labels, Changing Lives

Celebrating Girls as God Made Them



Saleema girls in Sudan

In Sudan, FGM/C is an ancient, venerated social practice that values and celebrates girls whose bodies have been altered from their natural state. *Ghalfa*, the Sudanese word describing a girl who has not been cut, carries highly negative connotations of impurity, promiscuity, even prostitution. For many years, the social stigma attached to this word helped keep cutting alive in Sudan, where, despite efforts to end the practice, FGM/C prevalence among young girls declined only slightly from 92⁴ per cent in 1990 to 89⁵ per cent in 2006.

In 2008, Sudan's National Council on Child Welfare (NCCW) and its National Strategic Planning Centre endorsed a strategy designed to result in the abandonment of FGM/C across the country within a generation. The strategy focuses on promoting dialogue that spurs collective behavioural change within communities. To create it, consultations were held with activists, communications experts, academics, linguists, poets, religious scholars, community members and Joint Programme staff. The strategy that emerged is the replacement and elimination of negative ideas and words such as *Ghalfa* in reference to uncut girls – in other words, describing being uncut as a natural, desirable state. But the campaign does not seek to discredit a long-held tradition. Instead, it creates a new social norm to take its place – one that values and celebrates girls who are *Saleema* – an Arabic woman's name that means whole, intact, healthy in body and mind, unharmed, pristine, untouched, in a God-given condition, perfect.

Text of Saleema Posters in Sudan

Because I am strong in my decisions.

Because I am not afraid of change.

Because what we are learning now is more than what we knew before.

Because our whole society is changing for the better.

But curbing FGM/C requires more than changing its label. Beginning in 2008, local activists and members of the media in all of Sudan's 15 states were trained to explain the consequences of FGM/C and community networks were established to conduct the nationwide campaign, which was officially launched in January 2010. The idea is to position the *Saleema* message in the local culture through songs (there's a campaign song), poetry and TV animations. There is traditional clothing in the *Saleema* colours – mainly orange, red, yellow and green – and

promotional products including pottery, banners, tablecloths and posters containing five different messages. There are four different radio scripts and an animated video. The clothing, such as women's dresses and headscarves and men's scarves, enables both men and women to visibly demonstrate their support for the *Saleema* campaign, showing that they are committed to abandoning FGM/C and proud of it.

Today, some 640 Sudanese communities are involved in the *Saleema* campaign, up from 450 in 2009. Each community has some 30 active networks – of youth, women, children, leaders, religious scholars, legislators and media representatives – who are key to disseminating the *Saleema* concept. The

⁴ Sudan Demographic Health Survey, 1990

⁵ Sudan Household Survey, 2006

government is also involved through the NCCW at both the national and state levels, and through state ministries of welfare. The breadth and intensity of community activity in the *Saleema* campaign often spurs the involvement of legislators and government officials who see it as a path to public support. In West Kordofan, after one community renounced FGM/C, the local commissioner petitioned the authorities to change the name of the village to *Saleema*. The *Saleema* campaign has attracted interest from Eritrea, Kenya and Djibouti and Sudanese advocates have visited Egypt to share its lessons.

Born Saleema in Hospitals and Clinics

The Born Saleema Pledge

"I add my name to the growing number of those who pledge to protect their daughters by keeping them Saleema, the way God made them, and especially by keeping them safe from the lifelong harm caused by female genital mutilation/cutting."

In early 2011 the Khartoum State Ministry of Health, in collaboration with the NCCW and UNICEF, launched a programme called Born *Saleema* to protect newborn girl babies. Women who give birth to girls in each of three public maternity hospitals and six health centres are registered and visited by trained health workers who explain the benefits of *Saleema* to parents and family members and the family is invited to join the campaign.

Born *Saleema* families sign a pledge that is prominently displayed at the hospital, where *Saleema* materials are also on display. Once mother and baby leave the hospital, each registered *Saleema* family is monitored through home visits by health workers. Health services, including vaccination and nutrition counseling, are provided to them free of charge. The government of Khartoum plans to deploy 200 welfare officers in hospitals and elsewhere to integrate Born *Saleema* into all of the state's reproductive health services.

The Joint Programme is the main source of funding for Born *Saleema*, which is under review for possible development in other Sudanese states. It is expected that the success of the campaign in Khartoum State will pave the way for integration of the programme into all of Sudan's reproductive health services.

GOAL FOUR

Integration of Prevention and Care of FGM/C Into Reproductive Health Services

PREVENTING FGM/C AND TREATING ITS EFFECTS

The year 2011 showed a surge in activities to strengthen the role of public health services in preventing FGM/C and, wherever possible, in mitigating its negative effects on women's health. In all Joint Programme countries, the medical staff of health facilities has been, or is being trained to understand the negative consequences of FGM/C and, in many cases, treat medical complications that arise from it. In some countries, this extends to the curriculums of medical training colleges; in others the consequences of FGM/C are even being introduced into the general education system. Nevertheless, far too many women continue to suffer serious medical complications from the practice. A small study in Mali in 2011 produced the findings in Table 7. Although the study was limited and the number of women who had undergone FGM/C was more than twice that of the control group, the percentage of women who suffered complications from the practice was significantly higher in every case.

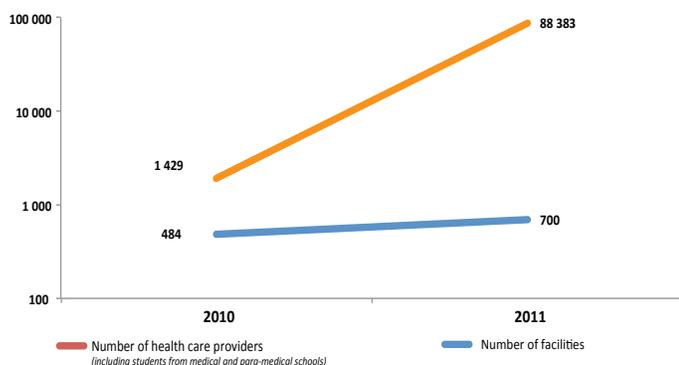
In **Senegal**, the Joint Programme supported the training of health workers on the human rights approach to FGM/C, enabling them to reach out to communities and support their efforts to abandon the practice.

10 out of 15 countries reported training health care providers in health facilities at local and national levels. According to country reports, at least 86,954 health care providers were trained in 2011, and at least 216 facilities had integrated FGM/C-related treatments into their services.

In **Sudan**, 10 per cent of health facilities include counseling about FGM/C prevention in their antenatal, neonatal and immunization services. FGM/C issues are also included in the medical training curricula of staff members of the Ministry of Health, as well as in midwifery and nursing schools in all 15 states.

In **Somalia**, where FGM/C decrees in both Puntland and Somaliland clearly prohibit the medicalization of FGM/C, the Joint Programme is consulting with professional associations of physicians, nurses and midwives in order to develop policies banning the medicalization of the practice among their members.

Graph 3: Health care providers trained and facilities integrating FGM/C-related treatments



Mauritania's participation in the Joint Programme since 2011 has provided an opportunity to strengthen FGM/C prevention programmes within the country's reproductive health sector. For example, UNFPA signed an agreement with the National School of Health to integrate FGM/C into the training curricula for midwives and nurses. A training for trainers workshop in December, attended by 25 reproductive health professionals and midwives, focused on preventing the medicalization of FGM/C and treating complications resulting from the practice. At least six rural health clinics are working to prevent the practice in their localities and to monitor girls between the

ages of 0 and 5. Nearly 7,000 girls under age five were protected from FGM/C by health care professionals in 2011 in communities where the Joint Programme is active. This is nearly twice as many as the year before and indicates not only a greater involvement of health facilities in the issue but also greater commitment on the part of health workers to protect young girls from the practice. It also reflects ongoing efforts to prevent the medicalization of FGM/C.

In **Ethiopia**, 43 medical professionals and 10 women extension workers have been trained and are working full time under the Joint Programme to integrate FGM/C into reproductive health interventions in the Programme districts in the Afar region. So far, one health centre and three health posts include the abandonment of FGM/C in their maternal and child health services and one maternity hospital provides assistance to FGM/C victims. In 2011, the health workers and traditional birth attendants who had been trained with support from the Joint Programme to counsel mothers against FGM/C provided counselling to 85,454 people; treatment, counselling and referral services to 53,004 mothers; antenatal check-ups to 725 mothers and postnatal check-ups to 841 mothers. They also delivered 614 babies.

In **Egypt**, the Ministry of Health and the Joint Programme launched an advocacy campaign to create awareness of the dangers of FGM/C among the staff of public health facilities. During 2011, more than 1,459 medical service providers attended day-long training workshops covering medical, religious, legal and psycho-social aspects of FGM/C. They in turn each targeted one doctor, one nurse and one-community health worker from all the primary health units at the district level. In addition, 41 doctors in Greater Cairo were trained to end the medicalization of the practice.

In **Eritrea**, information about FGM/C is part of the routine reproductive health education package at all health facilities. At the College of Health Sciences, one of three health care training institutions, the topic is discussed as part of the lessons in some subjects. Incorporating it as a separate subject is under consideration.

In **Djibouti**, 100 rural health workers received training from doctors and midwives of the Ministry of Health. The training included the use of visual materials to explain the consequences of FGM/C to local populations. Also with support from the Joint Programme, the Ministry for the Promotion of Women, together with local groups, established a network of 58 female health promoters who received eight days of training from two doctors and a midwife in reproductive health, including the consequences of FGM/C. They will work in urban and peri-urban communities. The Ministry also began training 424 staff members of 75 rural health clinics – people who are highly trusted in health matters – to understand the dangers and health complications resulting from FGM/C.

In **Mali**, national policy has not officially recognized FGM/C as a public health problem and, until recently, government health workers showed little interest in the issue. To remedy this, the National Programme to Fight FGM/C and its partners, including the Joint Programme, developed a plan to train medical social workers to treat the consequences of FGM/C. As a result, 11 national level “trainers of trainers” received training with financial support from UNICEF. They in turn have trained 52 trainers who work at the regional level. In addition, 121 medical social workers have been trained to treat complications resulting from FGM/C in all eight regions of the country and in the capital. Training curriculums on the health consequences of FGM/C are being put in place not only in medical training facilities, but in the teachers’ colleges in the national educational system.

Since local radio stations have been broadcasting the explanations of health professionals concerning the medical complications of FGM/C, the number of women and girls seeking medical help for such problems has substantially increased. With support from UNFPA, 63 cases of complications resulting from FGM/C were treated in 2011.

In **Gambia**, the Joint Programme supported the integration of information on FGM/C into the curriculums of the state Enrolled Nurses and Midwifery training schools. In 2011, 619 nurses received this training, which in turn enabled them to educate community members and women at ante-natal and post-natal clinics about the dangers of FGM/C.

While much progress is being made in involving health professionals in the campaign against FGM/C, the case of **Uganda** illustrates that countries still have a long way to go in preventing the procedure and treating its consequences. In 2011, the Joint Programme's implementing partners identified 96 survivors of FGM/C suffering from severe gynecological conditions. Nine of them were taken to hospitals for treatment, with the Joint Programme providing partial funding for transport and medical bills. Two of the girls died from hemorrhage as a result of delays in reaching the hospital. The vast majority of the cases received no medical attention because they were not reported due to the fear of punishment since the passing of the national FGM Act in 2010.

GOAL FIVE

New and Existing Partnerships with Religious and Traditional Leaders and other Institutions

RELIGIOUS LEADERS CALL FOR AN END TO FGM/C

In every Joint Programme country in 2011, religious leaders played an active and, indeed, often a decisive role in furthering the campaign to end FGM/C. Many, Muslim clerics in Africa now accept the statement issued by a leading cleric at Cairo's Al Azhar University in 2008, that FGM/C is not endorsed by the Koran and is therefore not a part of Islamic teaching. In their role as spiritual guides and counsellors at the community level, therefore, many religious leaders are helping to convince people to abandon the practice. There is evidence that many Imams are embracing an expanded role in their communities as a result of their support for the campaign against FGM/C. From being seen as rigid guardians of tradition and rote learning, some are becoming eloquent defenders of the rights of girls and women to health and physical integrity, "as Allah created them."



Photo credit: Tostan

In September, **Mauritania** hosted an historic conference on FGM/C and Islam attended by 61 Islamic scholars from eight West African countries as well as Egypt and Sudan. The conference culminated in participants unanimously issuing a sub-regional Fatwa condemning the practice. Of the 40 Mauritanian religious leaders who were among those issuing the Fatwa, 33 proceeded to issue a national Fatwa against FGM/C. Today, 481 Mauritanian Imams are actively involved in spreading the news about the Fatwa at the local level.

In **Djibouti**, the Joint Programme established a partnership with 33 religious leaders who had received training and formed a network to promote the abandonment of all forms of FGM/C. During the year they organized 578 workshops on human rights, children's rights and FGM/C which often lead to lively discussions.

In addition, 300 young women received training in women's rights, Islam and the consequences of

FGM/C, all in the context of reproductive health, from a group of 20 female religious leaders. The 300 newly trained women leaders then returned to their communities to raise awareness and engage other women in the campaign to end FGM/C.

In **Somalia**, the Joint Programme supported capacity building in dialogue skills about FGM/C abandonment for 677 religious leaders. With support from government ministries in Puntland and Somaliland, the trained religious leaders formed a Religious Leaders' Network of 240 committed

sheikhs with a steering committee of 10 sheiks per region. This network has become an engine of social mobilization for the wider community in the abandonment campaign. In addition, the Imams have passed on their dialogue skills to Child Protection Advocates, young people, Community Management Committee members, former circumcisers and other religious leaders. It is estimated that some 500,000 community members have increased their understanding of the harmful effects of FGM/C and of the need to abandon the practice, either at Friday prayers and through formal and informal sessions conducted by these religious leaders.

The networks also joined forces with medical professionals in advocacy and dialogue sessions on FGM/C abandonment. While the Imams focused on de-linking FGM/C from Islam, the physicians explained the medical complications caused by the practice. These joint dialogue sessions contributed to seven public declarations of abandonment involving a total of 600 religious leaders, including some from Kenya, Djibouti, Sudan, Oman and Egypt. These were historic events, especially in Puntland where the religious leaders pledged to reject all types of FGM/C. The events were attended by the President of Puntland and the First Lady of Somaliland.

"It is very clear that the holy Koran does not support FGM/C in any way. The wife of Prophet Mohammed was never 'cut.' I call upon all religious leaders wherever they are to join hands to protect our daughters and women from having their organs cut.

May Allah forgive us for all the bad things we have done to our daughters and women in the name of protecting a cultural practice which has outlived its purpose and has no base in Islam."

Sheikh Khalil, Minister of Religious Affairs, Somaliland, during the religious leaders' national public declaration of abandonment of FGM/C.

Another major achievement in Somalia 2011 was the introduction and support of FGM/C abandonment as a topic of dialogues in Madrasa classes involving young girls and boys and teachers. This has facilitated child-to-child and child-to-teacher dialogues on the abandonment of the practice – a subject that was formerly taboo, especially between adults and children.

In **Egypt**, the Grand Imam of Al Azhar University issued a new declaration in 2011 that reconfirmed the pronouncement made in 2008 that FGM/C is not a part of Islam.

In **Eritrea**, 190 religious leaders and influential people attended sensitization sessions on the harmful effects of FGM/C and on de-linking the practice from their religion. Leaders of four faiths (Muslim, Orthodox, Catholic and Protestant) declared that FGM/C is not a requirement of their religion.

In **Ethiopia**, 207 religious leaders have been sensitized about FGM/C and have expressed their commitment to work for the total abandonment of the practice. In addition, 150 leading clerics representing five faith-based organizations – the Ethiopian Orthodox Church, the Ethiopian Islamic Supreme Council, the Ethiopian Catholic Church, the Evangelical Churches Fellowship of Ethiopia and the Ethiopian Seventh Day Adventist Church – agreed to admonish anyone who carried out the procedure.

A total of 82 Sheiks and Imams from 74 Afar sub-districts and one from the Afar Region Islamic Religious Affairs Bureau attended consensus-building workshops in January 2012 and expressed their conviction that FGM/C is not a requirement of Islam. They vowed to urge their followers to abandon the practice.

In **Gambia**, the results of a study on the medical complications of FGM/C were presented to more than 50 Islamic leaders. After a very animated discussion, they agreed that the practice, while still legal in Gambia, is not mandated by Islam. Condemning outright the worst types of FGM/C as un-Islamic, they prepared to issue a Fatwa against extreme forms of the practice.

In **Guinea Bissau**, the Joint Programme supported the creation of the country's first network of religious leaders committed to the abandonment of FGM/C and other harmful practices. The network was created at an event organized by the National Committee for the Abandonment of Harmful Practices. The National Committee is now better equipped to refute the claim of religious support to FGM/C, which has been one of the elements promoting FGM/C at the community level. To date, 27 Imams have made public statements de-linking FGM/C from religion. Some Imams have also started discussing the practice during religious ceremonies.

In **Kenya**, 23 Muslim scholars and two Christian leaders made public declarations delinking FGM/C from religion. The Catholic Diocese of Nakuru received support from the Joint Programme to conduct a forum of 32 Christian leaders, most from the Rift Valley region. They received training in human rights, FGM/C and its effects and the Prohibition of FGM Act of 2011.

In **Mali**, 1,230 religious leaders, teachers and community-level officials attended awareness-raising workshops about the effects of FGM/C. With support from the Joint Programme, four regional forums brought together 150 religious leaders to discuss the practice in the context of Islam. The Association of Young Muslims also received technical and financial support from the Joint Programme for training teachers and directors of madrasas on FGM/C, its lack of support in Islam and its harmful effects on the health of women and girls.

In **Senegal**, 760 religious leaders made declarations de-linking FGM/C from Islam and 50 made declarations supporting the abandonment of the practice.

In **Sudan**, while some religious leaders continue to advocate for a "mild form" of FGM/C, the Joint Programme works with highly respected religious scholars who serve as role models for the abandonment of the practice. The programme has established an eight-state network of more than 70 clerics that has created a forum – the first of its kind – on which religious and political leaders and intellectuals can discuss the effects of FGM/C and early marriage. UNFPA convenes monthly meetings of this network, whose members also often interact with other organizations.

In 2011 UNFPA supported the Ministry of Guidance and Endowment in establishing a collaboration with the heads of 30 of the most conservative Koranic schools, known as Kalawas, which train future religious leaders, male and female. Some of the heads of the Kalawas already condemned FGM/C, while others have been convinced by ongoing debates with other religious leaders. The Joint Programme worked with some 70 members of the boards of the Kalawas to raise their awareness about FGM/C. As a result, these highly traditional institutions are now teaching their students about the harmful effects of the practice. This is a major shift in approach for the Kalawas, those teachings previously focused exclusively on religious texts and did not concern themselves with the problems of everyday life. Today, the heads of these schools have been mobilized to influence their students' communities and, with the support of the Ministry of Guidance, are encouraging them to discuss FGM/C openly.

A partnership between UNICEF, the National Centre for Child Welfare, the Ministry for Guidance and the Council of Da'awa (Prayers) culminated in organising annual prayer days calling for the protection of children's rights. In 2011 the theme was violence against children. On the inaugural Children's Rights Day more than 500 religious leaders as well as federal ministers participated in a programme that included prayers for children, a session on Islam and children's rights and sessions on protection from all forms of violence including FGM/C. Media coverage was extensive.



Dr. Yousif Al Kouda, Islamic Scholar on the Frontline of Sudan's Efforts to Abandon FGM/C

Khartoum, October 9, 2011. Dr. Yousif Al Kouda grew up in Sudan's Kassala state, where FGM/C is widely practiced and where all the girls in his family were subjected to it. But Dr. Yousif's views on FGM/C changed during his years as a student of Shari'a law when he developed a more liberal Islamic perspective on women's rights. His studies brought him to the firm conviction that a woman has a right to remain intact ("Saleema" in Arabic) and to live a full, healthy life as a wife and mother.

Realizing the difficulty of changing a practice that dates back centuries, Dr. Yousif says the first task is to work with communities to build a general consensus to abandon it. "It's important that we debate this issue in order to begin the process of change," he says. "Social change in all aspects of life is slow and cannot be achieved without the cooperation of government and families." This outlook and his reputation as an independent Islamic scholar led Dr. Yousif to become one of ten

national ambassadors for the UNICEF-supported Saleema campaign.

Dr. Yousif presents his arguments simply, reinforcing them with references to the Koran and Hadith, the traditional statements of the Prophet. "The prophet Mohamed (peace be upon him) taught that the soundest way forward is to walk the middle ground," says Dr. Yousif. "This can be done through open and honest discussion of ideas."

Dr. Yousif explains his views on the importance of keeping girls uncut through a television show he hosts, and through public statements and lectures. His weapons are debate and in-depth knowledge of Shari'a law and Islamic traditions. Meanwhile, in a visible statement of support for Saleema, he regularly appears in public wearing the Saleema campaign colours.

As the father of seven daughters, Dr. Yousif has far more than just an academic interest in FGM/C. Although his first two daughters underwent the minimal form of cutting (known as "sunna"), he has since fought the practice privately within his family and community just as determinedly as he works publically through Saleema. Today, FGM/C has ended in his family and he is building a network of families in support of Saleema.

His reputation has reached outside Sudan as well. Dr. Yousif joined scholars at an international conference on Islam and FGM/C in Mauritania which published a Fatwa specifically de-linking FGM/C from Islam.

While he believes such efforts are important, Dr. Yousif insists that women themselves must also become more involved in the fight against FGM/C. "Young women must protect themselves by gaining knowledge of their rights," he says. "They should not wait for others to stand up in their defense."

Issraa El-Kogali for UNICEF

In **Burkina Faso**, the involvement of Muslim religious leaders is deemed to be essential in order to convince Muslim populations to abandon FGM/C. Hence it is highly significant that in 2011, 51 Imams and one Catholic priest made public declarations supporting the abandonment of the practice. The involvement of traditional leaders (local chiefs) in the campaign to end the practice has also proved to be a powerful communication tool. Support from an especially influential chief resulted in several villages rejecting the practice.

With technical and financial support from the Joint Programme, the Network of Islamic Organizations for Population and Development produced a handbook in Arabic on Islam and FGM/C which is used by Islamic preachers. In addition, a national conference on "Islam and FGM/C: the Role of Religious Leaders," organized by the Network and hosted by a prominent Senegalese religious scholar attracted some 94 participants – 72 men and 22 women.

Traditional Leaders, Churches and Secular Organizations Take on FGM/C

The importance of working with traditional leaders has been abundantly demonstrated in **Uganda**, where the Sabiny Elders Association virtually led the charge against FGM/C for more than a decade. The Sabiny are among the few communities in Uganda that practice FGM/C. In 2011 the Joint Programme continued to work closely with the Sabiny elders, as well as with development organizations founded by the Church of Uganda, whose pastors preach against the practice on Sundays, and with the Catholic Church. Other partners include the REACH programme, the Rafiki Theatre Ltd, Sebei Diocese, the Kapchorwa Human Rights Initiative, the Sabiny Athletics Association, the National Agricultural Advisory Society, Law Uganda and the Uganda National Teachers Union, which is committed to promoting the rights of girls and women.

These organizations participated in the 2011 Sabiny Culture Day that celebrates girls who have not been cut. Each organization integrates FGM/C abandonment messages into their ongoing development programmes, including functional adult literacy, education campaigns, health education, nutrition and microfinance programmes. They held joint discussions on strengthening the referral networks among social service sectors such as the police, education, health, community development and legal aid services. Because of these referral networks, survivors of FGM/C know where they can go for help and what sort of assistance and services they can expect to receive. Also on Sabiny Culture Day, the Local Council chairman declared the fourth day of every month a day for mobilizing communities around the abandonment agenda.

There are exceptions to this positive trend, however, and occasionally a backlash has occurred. It tends to happen more on the regional than on the local level, perhaps as a reaction against the intense media publicity that often accompanies high-profile, multinational events in the campaign against FGM/C.

GOAL SIX

Tracking of Programme Benchmarks

KEEPING TRACK OF JOINT PROGRAMME ACTIVITIES AND ACHIEVEMENTS

In 2011, all of the Joint Programme country offices took additional steps to track their programmes' achievements and ensure the accountability of their partner organizations. They maintained close ties with key ministries and implementing partners, ensured receipt of regular reports and organized review or coordination meetings. All made multiple field visits, often accompanied by government and/or NGO partners, enabling them to provide technical assistance, correct problems as they arose and encourage greater efforts in promoting the abandonment of FGM/C.

For example, in **Burkina Faso**, Joint Programme staff made two field visits during the year: One with the National Centre to Fight FGM/C and one with the Provincial Directorate of Social Action and National Solidarity. Two additional field trips were made by Provincial Councils to Fight FGM/C to eight communities in two provinces. These trips enabled the Joint Programme to encourage administrative, religious, traditional and legislative leaders to carry out more activities to promote the abandonment of the practice. In **Egypt**, the Joint Programme received 12 quarterly reports and four annual reports from its four implementing partners. Eleven monthly reports were prepared by the field coordinator and 60 days were spent in the field on monitoring visits. More than 37 coordination meetings were held with various stakeholders, including the National Population Council, the Ministry of Health and Population, steering committees and the Programme Management Unit.

To strengthen capacity in this area, the Joint Programme organized a training workshop consultation on data collection, monitoring and evaluation in Banjul, Gambia, from 21-23 September 2011. The meeting served as the forum for representatives in which the revised logical framework of the Joint Programme could be discussed and validated. In addition, two webinars were organized during the last quarter of 2011.

Various country-level improvements were made during the year. In **Eritrea**, a pilot mapping system for communities collectively abandoning FGM/C and other harmful social norms was established. In **Gambia**, new Monitoring and Evaluation (M&E) tracking tools were installed in the computers of the Joint Programme's implementing partners. In **Somalia, Ethiopia** and **Senegal** partner organizations received training in the use of a uniform reporting tool based on the Joint Programme goals. It was used in the preparation of their mid-year and annual reports, thus enhancing the documentation of programme results. In **Mauritania**, a lack of expertise in data collection on the part of partner organizations resulted in some incoherence in their quarterly reports. It is expected that in 2012 a new, standardized system that will be functioning in all programme countries will eliminate such problems.

In **Sudan**, the Joint Programme's main partner, the National Council for Child Welfare, monitors the implementing partners' reporting activities and holds quarterly meetings with them. It is also supporting UNFPA in establishing the link between FGM/C interventions and a decline in maternal mortality and morbidity through collaboration with the Ministry of Health's Reproductive Health Unit.

GOAL SEVEN

Strengthened Regional Dynamics for the Abandonment of FGM/C

REACHING ACROSS BORDERS TO END FGM/C

In 2011, the Joint Programme's campaign to end female genital mutilation and cutting in 15 African countries continued to extend beyond national borders to become a truly regional movement. On a continent where ethnicity, language and social norms often transcend nationality, and where communities intermarry on the basis of shared values and extended family ties, FGM/C will end only when these communities reach a broad consensus to end it, often across borders – a process that gained considerable momentum in 2011.

Islam is also a powerful binding force among African nations. Islamic leaders, medical professionals and sociologists from eight West African countries (Burkina Faso, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Niger and Senegal) as well as Egypt and Sudan, came together in Mauritania in 2011 to speak with one voice in denouncing the practice.

The pan-African, French language television channel Africable, based in Mali, is also a potent means of cross-border advocacy in support of ending FGM/C, and was used extensively for this purpose in 2011. Africable's free-to-air technology allows any person with the appropriate equipment to receive the signal without a subscription. Though it can be viewed from virtually anywhere in the world, its message is specifically tailored to an African audience. During the year, Africable broadcast 60 programmes featuring a sermon by the renowned Imam Ousman Cherif Haidara admonishing his followers not to practice FGM/C.

Another important force furthering the campaign against FGM/C at the regional level is the partner NGO Tostan. The Joint Programme is supporting Tostan's implementation of the Community Empowerment Programme in Djibouti, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Senegal and Somalia, thus creating cross-border dynamics in countries that neighbor each other.

The Joint Programme's Support to the INTACT Network also promoted cross-border knowledge sharing. During the course of 2011, INTACT facilitated email-based communication between focal points and regional representatives from all of the Joint Programme country and regional offices. It also curated an online library of resources related to FGM/C programming and evidence (<http://knowledge-gateway.org/JPComm>). And it organized two webinars in November 2011: One in English entitled, "Strategies Used to Enforce the FGM Law in Egypt and Post-Revolution Challenges" and a second in French entitled, "The Effectiveness of Legislation against FGM/C." Both brought experts from one country into a live online discussion with representatives from other Joint Programme countries to exchange ideas and experiences to inform their programming strategies.

Joint Project to End FGM/C Between Burkina Faso and Mali

The prevalence of FGM/C is particularly high in the border areas between Mali and Burkina Faso, and the socio-cultural and historic ties that unite the people on both sides of this border are very strong. This is why a project funded by the Joint Programme and UN Woman was undertaken simultaneously by government agencies in the two countries in 2011: Mali's National Programme to Fight FGM/C (PNLE in French) and Burkina Faso's Permanent Secretariat of the National Committee to Fight the Practice of

Excision (SP/CNLPE in French). The launch of this project in Finkolo, Mali, on 30 September 2011 served not only to spread the word and raise awareness among the local populations about the damage done to women by FGM/C; it was also a powerful advocacy platform designed to involve the administrative, political and local authorities, both in Finkolo and in Koloko, across the border in Burkina Faso.

Djibouti Learns from Sudan

In another example of cross-border capacity-building, a delegation from Djibouti – two staff members of the Ministry of Muslim Affairs who work with the Joint Programme and six religious leaders – traveled to Sudan to observe that country's programme to promote the abandonment of FGM/C. UNICEF Sudan hosted the team from Djibouti. Lessons learned were discussed in sessions with the team and field visits made to River Nile and Gedarif States. The visitors and hosts were able to share ideas, and discuss the successes and challenges of their two programmes and find ways to strengthen the work of religious leaders in their respective communities. The trip was particularly beneficial in that it demonstrated the similarities between the two countries and enabled Djibouti to identify a number of successful Sudanese strategies that can be applied to their own context. By the same token, the dynamics of social change addressed by the Religious Affairs Ministry in Djibouti was found to be crucial to incorporate in the engagement of religious scholars in Sudan. At the end of the trip, a series of workshops were held in Djibouti to build the knowledge of religious leaders about the rights of women and children.

Global-Level Activities

Extension of the Joint Programme

In September 2011, the Steering Committee of the Joint Programme agreed to extend the programme by one year to 31 December 2013. The extension was made in recognition of the progress being made within countries and at the global level. It was deemed that an additional year would provide the opportunity to mobilize additional resources and apply these resources to further consolidate programme results. The extension will also provide the opportunity to complete the evaluation of the programme prior to its expiration, thereby enabling more complete feedback and application of lessons.

Policy Guidance

Throughout the year, members of the Joint Programme coordination group participated in meetings with the Government of Italy and several African countries to provide technical guidance regarding the content of a proposed UN General Assembly Resolution aimed to increase commitment and action by UN Member States to bring an end to FGM/C. A significant outcome of the process was the consensus that FGM/C must be treated as a social norm and addressed with programmes that take a culturally-sensitive and holistic approach to promoting abandonment at the grassroots level, while also emphasizing the enforcement of existing laws. During the African Union Assembly, 17th Ordinary Session, 30 June - 1 July 2011, the AU endorsed the effort to table the resolution. In subsequent discussions and meetings, the decision was taken by governments to defer the resolution until the 67th Session of the General Assembly in October 2012 in order to further refine the text and reach out to additional Member States for their support. UNFPA and UNICEF have agreed to continue to provide technical assistance to Member States as they move ahead in the preparation of the resolution.

During the 55th session of the Commission on the Status of Women (CSW) in February 2011, UNFPA and UNICEF participated in a high-level side-event on FGM/C organized by the Governments of Italy, Burkina Faso and Egypt. The meeting brought together over 100 activists, government and media representatives. The agencies presented a report on its current programmatic work and accomplishments, underlining the social norms perspective and the holistic, human rights-based approach.

Pursuant to resolution 54/7 of the CSW in 2011, UNFPA and UNICEF jointly submitted inputs to UN Women for the preparation of the Secretary-General's report on Ending Female Genital Mutilation. The report was presented at the 56th session of the Commission on the Status of Women in February 2012. It provides information on measures taken by UN Member States and activities carried out within the United Nations system to address female genital mutilation. The report makes multiple references to the Joint Programme, highlighting its contributions in the areas of legislation and policy development on ending FGM/C; support to community-based efforts to abandon the practice, as well as the development of an evidence-base on what works in FGM/C abandonment programming. In the conclusion, it points to promising human rights-based prevention initiatives that reach out to entire communities, build partnerships and involve multiple stakeholders at different phases of the programme. The report endorses this approach, which has been promoted by the Joint Programme, while also raising the continuing challenge of limited resources. The report is available on the website of the 56th CSW: http://www.un.org/ga/search/view_doc.asp?symbol=E%2FCN.6%2F2012%2F8

In addition, UNICEF and UNFPA provided technical inputs to the World Health Assembly report A64/26 on female genital mutilation, which reported on the implementation of recommendations associated with World Health Assembly Resolution WHA61.16. The report provided information on the activities of the Joint Programme as well as on advances in understanding the continuation of the practice in Africa as a social norm.

Also in 2011, the Joint Programme continued to provide policy guidance and technical inputs to the CEDAW and CRC committees, which chose the theme of harmful practices as the topic for their first Joint General Comment/Recommendation. The draft document was presented to the joint working group in late 2011, and will be shared with the wider CRC and CEDAW committees during their early 2012 sessions. The process is expected to conclude in late 2012.

Knowledge Development and Capacity Building

To effectively influence global and national policies, the Joint Programme supported ongoing knowledge development activities in 2011.

In October 2011, UNFPA, WHO and other partners organized an international conference on Research, Health Care and Preventive Measures for Female Genital Mutilation/Cutting and the Strengthening of Leadership and Research in Africa. The conference was organized to review existing knowledge and gaps in knowledge about the health consequences of FGM/C and its treatment, as well as to appraise the efficacy of community-based interventions in response to the practice. Its second objective was to identify ways of strengthening leadership and improving capacity for research on FGM/C in Africa by creating a network and a platform for researchers Africa and exploring the possibilities of establishing an African centre for research and leadership training for the abandonment of FGM/C. The three-day event drew participants from Australia, Ethiopia, Ghana, Sudan, Mali, Norway, USA, Indonesia and Kenya, among others. It concluded with several recommendations regarding programming on FGM/C, including a strong emphasis on mainstreaming FGM/C work into health programmes. It was also recommended that the "Centre of Excellence" on research related to FGM/C be located in Nairobi. UNFPA continues to work with the team in charge of establishing the centre.

Also in 2011, UNFPA and UNICEF engaged in a process to revise the Joint Programme's logical framework for measuring success. This revision was carried out in collaboration with Harvard University's Programme on Health and Human Rights, whose experts conducted an extensive literature review of the human rights-based approach and its relation to FGM/C and culture. With inputs from country offices collected in 2010, the 2011 work focused on substantive revisions to the framework's wording, structure and indicators. The revised framework brought into greater clarity the human rights aspects of the programme and its focus on cultural respect. The Joint Programme began the work of collaborating with country offices to adapt the framework to local realities and existing M&E systems. UNFPA led a meeting in Gambia to reinforce country-level capacity on M&E and the logframe. In addition, two Internet-based meetings were held in the last quarter of 2011 to discuss with country offices the process of operationalizing the revised logframe into new or existing M&E systems. Finally, the programme provided the country offices with a specially-tailored Excel database that incorporated the indicators of the revised framework to enable easy tracking and updating. The database will serve as the basis for reporting on Joint Programme activities for 2012 through country office annual reports.

The annual meeting of the Joint Programme countries, held with sub-groups of countries in Nairobi and Dakar to maximize discussion and mutual learning, represented a major capacity-building opportunity in 2011. Representatives from the 15 countries, regional offices and headquarters met in March to share experiences and refine annual work plans for the year. Each country presented a report on its progress in 2010. Discussions were also held on social norms as they relate to programming.

The Joint Programme disseminated around 200 copies of the UNICEF Innocenti Research Centre publication, *Dynamics of Social Change towards the Abandonment of FGM/C in Five African Countries*, as well as the link (<http://www.unicef-irc.org/publications/618>) to some 300 development partners such as NGOs, governments and UN agencies. This study provides evidence of the success of national policies that support community-led activities in five Joint Programme countries: Egypt, Ethiopia, Kenya, Senegal and Sudan.

Throughout 2011 the Joint Programme supported major efforts to disseminate knowledge about the social norms perspective to agency staff, national governments and partners. In July, UNICEF organized its second two-week Learning Course on Advances in Social Norms with the University of Pennsylvania, a leader in this field. The course gave 49 UNICEF colleagues from country offices, many of whom are UNICEF focal points on FGM/C, new analytical tools to address situations of violence (including FGM/C), abuse and exploitation of children, as well as those characterized by stigma and discrimination.

In addition, in-depth technical assistance was provided to the Uganda team in March 2011 and included a one-day interactive orientation on social norms for members of the UNICEF and UNFPA Uganda country office staff and partners, including staff from government, other UN agencies and NGOs. The orientation covered basic concepts of social norms theory, including the role of beliefs and expectations and the importance of coordinating change among groups that practice harmful norms. UNICEF Guinea also held a training on social norms conducted by UNICEF Burkina Faso staff who had participated in the course at the University of Pennsylvania.

As reported in 2010, the Joint Programme has supported the development of a study carried out by UNICEF in collaboration with academic and NGO partners to explore the role of value-based education in reaching positive social transformations. The initial phase of this research took place in Senegal in early 2010 and brings out the factors that stimulate positive discussion of discriminatory practices such as FGM/C and how they are being abandoned. In 2011, the analysis portion was carried out and a preliminary report was shared with UNICEF. The researchers identified several additional questions that required additional interviews and field research.

UNFPA led the development of a training manual on incorporating social norms theory and related concepts into programming on FGM/C abandonment. Building on the 2008 *Interagency Statement for the Elimination of Female Genital Mutilation*, the training manual will introduce NGO managers and government officials to the successful elements of programming that lead to FGM/C abandonment. The manual is expected to be finalized and tested during 2012.

Partnerships

The Joint Programme continued to show its support for international partnerships in 2011. On International Zero Tolerance of FGM/C Day – February 6, 2011 – UNFPA Executive Director Babatunde Osotimehin and UNICEF Executive Director Anthony Lake issued a joint statement to renew the commitment to put an end to the harmful practice. “We call on the global community to join us in this critical effort,” they stated. “Together, we can abolish FGM/C in one generation and help millions of girls and women to live healthier, fuller lives.” Articles featuring the statement were disseminated widely through press releases and social media.

For the celebration of the International Day for Zero Tolerance of Female Genital Mutilation, UNFPA and the Inter-African Committee (IAC) organized a high level meeting, “Building Bridges” in Geneva. The event was attended by nearly 100 people, including six ambassadors. The rap singer Sister Fa performed songs denouncing the practice of FGM/C.

The fact sheet, “6,000 communities abandon FGM/C” widely disseminated and used to develop a press release which was circulated among the media. The press release was picked up by a number of news wire services and on the February 14, 2011 it was yet again published on a New Zealand website. The *Guardian and Observer* article has been shared on Facebook 1,239 times and posted on Twitter 226 times. The @UNFPA tweet that linked to this article was clicked on 711 times. A major asset in achieving a wide distribution of the press release was an agreement by the UN Correspondents’ Association to circulate it to their 200+

members. UNFPA tweets were re-tweeted by UN Women (UNIFEM on Twitter) (+ 11,800 followers), UNICEF (+280,000 followers), WeCanEndPoverty (+12,000 followers), OxfamScotland (+2,300 followers), VSO UK (+3,000 followers), Interaction.org (+3,900 followers) and many others. The UNFPA web site saw an increase over the usual views of this page from a maximum of 37 to 763 over the period of the 5-8th February – 20 times the number of views the page usually receives.

By participating in the 11th annual meeting of the Donors' Working Group on FGM/C in Washington, DC (17-18 November 2011), the Joint Programme strengthened its partnership with several UN agencies, cooperation and development organizations and private foundations. Participants in the Donors' Working Group reaffirmed their endorsement of the common approach to positive social change and discussed ways to further engage international development partners. A special session was organized on engaging the international development community on FGM/C as part of a broader agenda of work on adolescent girls and reproductive health. During the meeting, the US State Department sent representatives to hear about the Joint Programme's work and examine its interconnections with other areas of gender-based violence.

Within its sub-regional initiative, the Joint Programme collaborated with three international NGOs: the Associazione Italiana Donne per lo Sviluppo/Association for Women in Development (AIDOS), Non c'è pace senza giustizia/No Peace Without Justice (NPWJ) and the Inter-African Committee on Traditional Practices (IAC). In addition, a new partnership was established in 2011 with the Luxembourg-based Association of European Parliamentarians with Africa to advocate with African parliaments to accelerate legal and policy work on FGM/C abandonment.

Finally, the Joint Programme has continued its partnership with INTACT (the International Network to Analyse, Communicate and Transform the Campaign against Female Genital Cutting, Female Genital Mutilation and Female Circumcision) to strengthen knowledge-sharing among Joint Programme countries. The INTACT network consists of an international group of researchers, scholars and activists committed to bringing scientific evidence to bear on the campaign to end FGM/C. INTACT now incorporates recent developments from the Joint Programme at the global and country levels in its Quarterly E-Newsletter, distributed to agency colleagues. INTACT expanded its web presence in 2011, notably through Facebook; (<https://www.facebook.com/#!/groups/234626136594951/>); the launch of a French-language interface (www.intact-network.net/intactfr/) and the launch of a Twitter feed at <http://twitter.com/INTACTnetwork>. It also organized three online forums: "Media in the Abandonment of FGM/C" in December 2011; "Medicalization: A Blessing or a Curse?" in August 2011 and "The Effectiveness of Public Declarations" in February 2011, transcripts of which are available on the INTACT Network website, <http://www.intact-network.net/>.

Challenges

The growth of country-level implementation capacity, breakthroughs with key leaders and communities, and the public and heartfelt statements of support for protecting the bodily integrity of girls are signs of opportunities seized by all of the actors of the Joint Programme. However, opportunity is always accompanied by challenges as more activities and visibility attract more attention, supporters and—often in social change processes—detractors. The challenges of implementing the Joint Programme in 2011 have taken several forms, and are being addressed in an on-going manner over the course of 2012:

Shortfalls in resources while country-level capacity and momentum grew

The fallout from the global financial crisis has decreased the aid budgets of existing donor governments, and has reduced the willingness of potential donors to embark on new commitments. At the same time, country-level capacity has increased with growing momentum from programmatic successes. Country offices have taken additional measures to raise funds that complement Joint Programme allocations, but are unable to fully close the gap in resource needs. An analysis of the funding and expenses is presented in Annex 1 of the report.

Additionally, country offices have actively lobbied government counterparts to increase budget allocations to fund FGM/C programmes from the national budget, with limited success.

Rapid political change threatens long fought programme gains

At the start of 2011, Egypt experienced popular uprisings that resulted in the overthrow of the Mubarak regime, and with it, the very visible supporter of FGM/C abandonment efforts, former First Lady Suzanne Mubarak. The intimate association of FGM/C with Ms. Mubarak threatened to diminish programmatic advances in the face of backlashes against FGM/C work from conservative forces as well as reformers that sought to move Egypt away from Mubarak's policies. Over the course of 2011, UNFPA and UNICEF in Egypt worked closely with the new political leadership to reposition FGM/C under a new government entity and ensure the viability of existing national policy. As reported, an important religious scholar from Al-Azhar University reconfirmed the legitimacy of stands they had taken on FGM/C in spite of political changes. Egypt continues to work to consolidate programme advances in the face of continued political uncertainty in 2012. However, the Egypt country offices report that there is still a long way to go to fully reposition the issue. While this is the most striking example in 2011, political instability generally threatens the effective coordination of national work on FGM/C.

Resistance to change from conservative forces

Throughout the 15 countries of the Joint Programme, a small, but vocal, set of conservative forces have resisted change in the practice of FGM/C. The individuals involved vary from religious leaders expressing their belief that cutting is an obligation of their religion, to family members who believe cutting is necessary for a girl to become a woman. In Guinea, this resistance took the form of a rumour spread across the country that claimed that uncut girls would contract a fatal sickness. Many of the voices resisting change have expressed a belief that efforts to ban FGM/C are a form of cultural imperialism imposed by the Western world on Africa, and their cultures should not be forced to change. National programmes along with UNFPA and UNICEF have invited these opponents of FGM/C abandonment into the dialogue process both at national and community level in an effort to create greater understanding between those seeking change and those resisting it.

Incomplete mix of programme strategies at national level

The Joint Programme has been designed to promote a comprehensive mix of programme strategies at national level which are evidence-based elements for effective FGM/C abandonment. Over time, country programmes have improved their capacity to define an appropriate mix of strategies for their specific context and to adjust it as progress is made. However, some programmes still invest a disproportionate amount of resources on one area of work (e.g., work with religious leaders or media campaigns) to the detriment of other strategies. This reflects existing capacity of the agencies and implementing partners as well as the comfort zone of national actors. The Joint Programme has actively invested in analyzing current programme strategies used in each country in search of ways to complement existing efforts with additional, crucial areas of work. For example, country offices have identified the need to place additional focus on working with men and adolescents.

Lack of systematized monitoring and evaluation strategies and lag in demographic data to demonstrate progress

A series of revisions to the M&E framework in 2011 brought into greater focus the shortfalls and challenges in putting in place a unified national system for monitoring and evaluating programme implementation across multiple partners. Enhancing national capacity on M&E will continue to be a focus throughout the next two years of the programme. In particular, there will be a focus on making data on FGM/C more available through existing routine data collection systems such as reproductive health information systems. Currently, the lack of data on the associations between FGM/C and reproductive health problems has hampered efforts to address them.

Additionally, while demographic data on FGM/C is typically collected every five years through Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), the cohorts of girls affected by the programmatic interventions supported by the Joint Programme will not be accurately reflected in the data until 10-15 years from now. Since the age at cutting varies across countries, the cohorts of young girls cannot be deemed safe from cutting until late in their adolescence. New data is now being collected on all girls 0-14 years in households, which is being combined with new statistical analyses due in late 2012 to better describe trends in cutting at national and sub-national levels.

Lessons Learned and Recommendations

A number of important lessons have emerged from the past four years of work of the Joint Programme in collaboration with governments, NGO partners, civil society groups and local communities.

The Enabling Environment

It has become increasingly clear that while national laws against FGM/C are important, in order to be effective in stopping the practice they must be supported by national policies that confer key responsibilities to government actors to provide support to communities for ending the practice. Officials of the justice system also need to be thoroughly trained and equipped to implement the law and the police should be instructed in human rights; moreover, the texts of national legislation against FGM/C should be translated and distributed in all local languages in a form that is easy for people to understand.

Unfortunately, when a country passes a law against FGM/C, this can sometimes cause the practice to go underground. People may carry out the procedure clandestinely or travel to another country where it is still legal. Although law enforcement can be a deterrent, ultimately the only thing that will wipe out the practice is an understanding on the part of communities that it serves no useful purpose and its effects are purely negative. This happens when public opinion weighs more heavily against FGM/C than in its favour.

Partnerships with Communities, Religious Leaders and the Media

It is important that people understand why they should reject all forms of FGM/C, including the milder forms called “sunna.” The reason is that all forms of FGM/C are a violation of women’s right to physical integrity, autonomy and dignity. Hence, more attention should be paid to empowering women through an understanding of their rights.

Some religious leaders continue to link FGM/C with Islam hence, continued advocacy and respectful persuasion are needed to correct this misconception. Religious leaders have a responsibility to provide guidance that promotes the health, well-being and dignity of all members of their congregations in matters affecting all aspects of their lives, including FGM/C. When groups of religious leaders – or others such as health professionals – form networks they can be even more effective in taking action, communicating and forwarding the campaign to end FGM/C.

The involvement of high-profile traditional leaders in the campaign is also an effective strategy that can cause communities to abandon the practice, and the involvement of traditional communicators is not only effective, it also reinforces local culture. Using spokespersons from within a community helps to engage the support of that community and can result in these persons continuing as advocates in the campaign.

Media, Youth and Role Models

More and more media outlets have been featuring religious and community leaders in radio discussions of FGM/C. This is especially effective when it incorporates the voices of community members themselves, who are very persuasive in promoting the abandonment of FGM/C among multiple local and international audiences.

Young people and men need to be even more actively targeted in the efforts to end FGM/C and young people’s leadership abilities should be developed. Role models who have said “No” to FGM/C are critical

change agents in their communities and can help to reverse the stigma against girls who have not undergone the practice.

Programme Approaches and Donor Commitment

A participative approach to the planning, implementation and evaluation processes results in greater ownership of the programme by national- and community-level stakeholders and more effective focus on achieving results. Moreover, when launching a multi-year, community-based programme, it is highly desirable to secure a multi-year funding commitment from donors. This creates a stable environment for the programme to build long-term relationships of trust with communities.

An understanding of human rights and responsibilities is key to social transformation and can lay a strong foundation for all development activities. More partner organizations, as well as religious leaders, should also be trained in the application of an analysis of social norms in development programmes. Simultaneously, positive African traditions must be celebrated and strengthened.

Finally, there is a need to establish structures and initiatives to provide survivors of FGM/C and/or those at risk with stronger legal, medical and psychological support.

Moving Forward

An External Evaluation of the Joint Programme

In view of the innovative nature of the Joint Programme, both in terms of programmatic content and in terms of partnerships, it is appropriate that in 2012, the Joint Programme's fifth year of implementation, an evaluation be undertaken to assess the extent to which it has, in fact, accelerated the abandonment of FGM/C in programme countries over the last four years. This evaluation will be carried out jointly by the Evaluation Offices of both agencies to ensure that an independent and credible exercise is conducted that will inform further global and national efforts to promote the abandonment of the practice. The planned evaluation will build on past global and country-level evaluations of FGM/C work.

The evaluation is an opportunity to ensure accountability to donors and other stakeholders. It is also expected to generate knowledge, identify lessons learned and capture best practices. The evaluation will measure the achievements and coherence of the Joint Programme's innovative, holistic and multi-sectoral approach to accelerate FGM/C abandonment and provide recommendations for the future direction of FGM/C policies and programmes. Finally, it will give UNICEF and UNFPA insights into the successes and challenges of conducting joint programming and "Delivering as One UN."

Additional Priorities in 2012

Among the priorities of the Joint Programme for 2012 are increased capacity-building for partner organizations, enabling them to more effectively carry out evidenced-based community interventions; capacity development and advocacy activities with medical professional associations (midwives, OBGYN, doctors, etc.) to ensure that they become an active force for ending FGM/C, including its medicalization, and that an understanding of the effects of the practice is integrated in sexual and reproductive health programmes; capacity building with law enforcement agents to ensure that laws against FGM/C are consistently enforced; additional webinars on M&E and the use of revised indicators in programme monitoring and evaluation activities to produce a stronger evidence base for interventions; stronger sub-regional collaboration to ensure that ending FGM/C takes place on a sub-regional and regional scale; support to public commitments of abandonment and follow-through activities to support communities after they abandon and ensure that the abandonment is sustainable; documentation of best practices in addressing the issue of FGM/C to harness local expertise and increase success.

Overall the UNFPA-UNICEF Joint programme on FGM/C: Accelerating Change plans to continue to generate increased global commitment by Member States, including through a future UN General Assembly Resolution, to ensure continuity in the efforts to end FGM/C world-wide since, as stated in the 2011 Secretary-General's report, *"Despite the increase in efforts and focus on the abandonment of female genital mutilation, the prevalence of the practice remains a cause for concern. The challenges that have been identified include insufficient enforcement of legislation and policies; limited resource allocated for their implementation; insufficient monitoring and evaluation of the impact of laws, policies and programmes; and lack of data to facilitate monitoring of progress."* Ending Female Genital Mutilation, Report of the Secretary-General, December 2011.

Annex 1:

Sources of Funding and Interim Expenses in 2011

In 2011, the Joint Programme received approximately \$6 million in contributions from various donors. From 2008 through 2011 the Joint Programme received \$24,551,079 million from government donor as shown in Table A. Contributions to the Joint Programme were greater in 2011 as compared to the previous year 2010. Luxembourg became a donor to the programme for the first time in 2011. In 2012, in addition the Joint Programme received a total of \$2,213 in Privet/Individual donors.

During 2011, UNFPA and UNICEF country offices jointly submitted work plans that amounted to \$8.7 million USD. However, due to the funding constraints, only \$6.18 million could be distributed including about \$5 million to country offices. Therefore, country offices were forced to redouble efforts to find funding from sources outside the Joint Programme (see resource leveraging below) and in some cases also needed to curtail their activities and reduce the pace of programme implementation.

| Government donor | Total |
|--|----------------------|
| Austria | \$ 155,763 |
| Iceland | \$ 210,145 |
| Ireland | \$ 737,463 |
| Italy | \$ 5,324,844 |
| Luxembourg | \$ 937,712 |
| Norway | \$ 16,871,758 |
| Switzerland | \$ 313,733 |
| Total government donor funds received | \$ 24,551,418 |

In 2011, UNICEF also received a parallel contribution to the Joint Programme from the Government of Ireland in the amount of \$ 164,026

In Table B, the 2011 provisional expenses by country are presented in relation to the approved budget amount which corresponded to actual allocation to each country and show consolidated UNICEF/UNFPA figures. The overall implementation rate for the programme in 2011 was approximately 86%. The implementation rates for Uganda and International NGO (INGO) partners were lower than average at the end of 2011. For Uganda this was because of success in obtaining other resources that however needed to be spent in a shorter time frame. INGO expenses were lower than expected due to unforeseen complications beyond the control of the Joint Programme in carrying out proposed activities

during the 2011 timeframe. Since the Joint Programme funding does not expire until 2013, the work plan and funds were carried over to 2012 and these available funds were factored into the INGO 2012 allocations following the replenishment logic. It should be noted that these figures are provisional and that UNFPA will submit the 2011 consolidated expenses for UNICEF and UNFPA in its capacity as Administrative Agent by 31st May, as per the terms and conditions spelled out in the Standard Administrative Arrangements signed with all the donors contributing to the programme.

| COUNTRY OFFICES | BUDGET in US\$ (after Indirect Cost) | EXPENSES in US\$ | ESTIMATED BALANCE in US\$ (= Budget - Expenses-Commitments) | IMPLEMENTATION RATE (against expenses & commitments) |
|-----------------|--------------------------------------|------------------|---|--|
| Burkina Faso | 586,923 | 515,942 | 70,981 | 88% |
| Djibouti | 518,525 | 438,507 | 80,018 | 85% |
| Egypt | 156,292 | 153,397 | 2,895 | 98% |
| Eritrea* | 93,460 | 92,105 | 1,355 | 99% |
| Ethiopia | 318,663 | 277,415 | 41,248 | 87% |
| Gambia | 305,646 | 274,490 | 31,156 | 90% |
| Guinea | 260,345 | 241,030 | 19,315 | 93% |
| Guinea-Bissau | 327,717 | 301,270 | 26,447 | 92% |
| Kenya | 467,632 | 435,614 | 187,480 | 93% |
| Mali* | 193,460 | 172,975 | 20,486 | 89% |
| Mauritania* | 193,460 | 184,717 | 8,743 | 95% |
| Senegal | 760,299 | 675,631 | 84,668 | 89% |
| Somalia | 412,510 | 403,405 | 9,105 | 98% |
| Sudan | 700,859 | 612,172 | 88,686 | 87% |
| Uganda | 352,684 | 158,815 | 193,869 | 45% |
| HQ | 1,236,559 | 1,094,183 | 142,376 | 88% |
| INGOs | 751,756 | 506,890 | 244,866 | 67% |
| TOTAL | 7,636,790 | 6,538,558 | 1,253,694 | 86% |

*Countries that joined in 2011

Chart A: Country office expenses

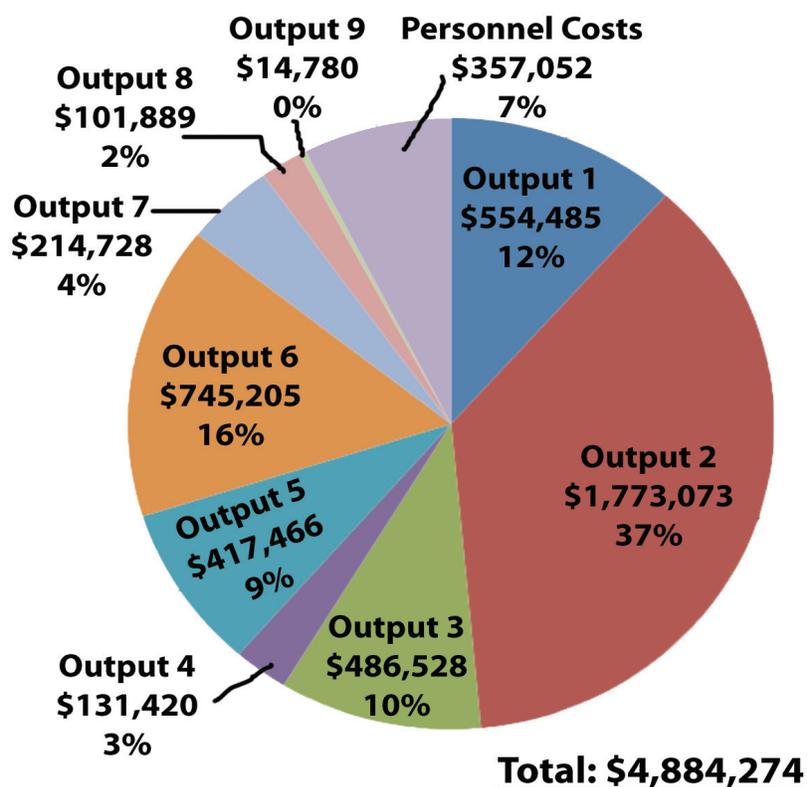


Table C: Explanation of outputs and personnel costs

| | |
|-----------------|--|
| Output 1 | Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C. |
| Output 2 | Local level commitment to FGM/C abandonment. |
| Output 3 | Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment. |
| Output 4 | Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation. |
| Output 5 | FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming. |
| Output 6 | Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered. |
| Output 7 | Tracking of programme benchmarks and achievements to maximize accountability of programme partners. |
| Output 8 | Strengthened regional dynamics for the abandonment of FGM/C. |
| Output 9 | Strengthened collaboration with key development partners on the abandonment of FGM/C. |
| Personnel Costs | Refers to staff and consultant-related costs not covered by other funding sources, requested from the Joint Programme. Represents a fraction of staff/personnel costs, as most of these are covered by other UNFPA and UNICEF resources. |

Analysis of funding confirms the emphasis placed on the implementation of strategies aimed at legal and policy reform (Output 1, 12%), community-based social change (Output 2, 39%), media campaigns (Output 3, 11%), and outreach to religious leaders (Output 6, 16%). Together, these outputs represent 62% of total expenses. Outputs 4 and 7 are related to the use of data and monitoring and evaluation in the programme, and represented 6% of total programme expenses in 2011. Of all the outputs, the Outputs 8 (related to regional activities) and 9 (strengthened collaboration with partners) were the ones with the lowest financial expenses. However, especially with respect to partnerships (Output 9) financial expense is not a valid indicator of the degree of investment and activity both of which were significant and involved a high proportion of staff time.

Resource Leveraging from UNFPA-UNICEF Joint Programme on FGM/C Investments 2008-2011

In 2007, the UNFPA-UNICEF Joint Programme on FGM/C was launched with a fundraising goal of \$44 million USD over 5 years, with a vision of playing a catalytic and leveraging role with its allocations. Specifically, both agencies sought to spur investments from their respective agency regular resources (RR) and specific contributions from donors at the country level.

Total amount of funding received between 2008 and May 2012 is approximately \$27 million, leaving therefore a funding gap of \$17 million to be mobilized by 2013..

It is often difficult to precisely identify funding used for FGM/C abandonment activities as it is often part of broader child protection or reproductive health programs aiming at the protection and empowerment of adolescent girls. Keeping this constraint in mind, analysis of available financial data suggests that the Joint Programme has indeed spurred an almost 1:1 match of funds from sources outside of its contributions pool. Viewed in one way, this finding confirms the interest and willingness of donors to invest at country level in advancing the FGM/C work. However, viewed another way, the dramatic shortfall in contributions to the Joint Programme since 2008 (i.e., only 60% of the projected \$44 million has been mobilized) may have in fact placed additional burdens on country offices to complement insufficient Joint Programme allocations with other sources of funding at the country level.

Irrespective of the additional resources mobilized, in many country contexts, the shortfall in funding has forced the offices to reduce the scope and/or pace of implementation of FGM/C activities.

A Selection of Key Achievements from 2010-2011*

| Output | Indicator | 2010 | 2011 |
|------------------|---|---|---|
| Output 1 | 1.2. Joint Programme Countries with laws (both national and regional) on FGM/C (out of 15) | 9 | 11 |
| | 1.3. Enforcement of legislation relevant to FGM/C. | 198 | 141 |
| | 2.3. Number of communities that made public declarations to abandon FGM/C. | 596 | 2,744 |
| Output 3 | Number of families in Sudan and Egypt who abandoned the practice | 16,095 | 3,602 (Egypt only) |
| | Number of Inter-Community Meetings Held. | 239 | |
| Output 3 | Media events on FGM/C | 2,784 | 3,485 |
| Output 4 | | In 2010, the Joint Programme analyzed, disseminated and applied research conducted in 2009 in Egypt, Djibouti and Somalia. Nine country case studies and five articles on FGM/C programming were produced. | In 2011, the Joint Programme applied lessons learned from 2010-2011 programme evaluations in Somalia, and Djibouti while new evaluations were undertaken in Ethiopia and Eritrea (under finalization). The Joint Programme implemented a revised logical framework for the programme, as well as a standard database for tracking of key indicators. |
| Output 5 | 5.1. Existence of adequate health policies that address FGM/C. | | 11 out of 15 countries report that there is an adequate health policy in place to address FGM/C. |
| | Health facilities integrating the management of complications of FGM/C in 2010 | 484 | 10 out of 15 countries reported training health care providers in health facilities at local and national levels. According to country reports, at least 86,954 health care providers were trained in 2011, and at least 216 facilities had integrated FGM/C-related treatments into their services. |
| | Health care providers trained | 1,429 | |
| Output 6 | Women and girls who received services for complications from FGM/C | 41,121 | 55,183 |
| | Religious leaders publicly declaring that FGM/C should be abandoned | 6,356 | 4,107 |
| | NGOs/government entities incorporating social norms approaches into policies and programmes | 233 | |
| Output 6 | NGOs/CBOs/management committees trained | 678 | |
| Output 7 | | In 2010, the target countries received regular and on-going capacity building through staff visits and on line. The 2010 country work plan was reviewed during the annual consultation in mid-2010; examples of targets and indicators were provided and countries received assistance in introducing result-based indicators. The Joint Programme collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, in developing more human rights-based, culturally sensitive monitoring, evaluation and reporting indicators and tools to guide fieldwork and future analysis. | In 2011, the monitoring and reporting functions were supported with additional technical inputs from headquarters and regional offices. Annual workplanning benefitted from a revised worksheet that incorporated a tracking function. The revised programme indicators were circulated to country offices, accompanied by an Excel database and three trainings on its content (2 Webinars and 1 in-person training). Country offices reported that, by and large, the implementing partner reports were delivered in a timely manner, but with varying degrees of quality. All countries highlighted the need for increased capacity within all stakeholders (UNICEF, UNFPA, Government Agencies and implementing partners) to monitor, synthesize and report on programme outputs. |
| Output 8 | Functioning sub-regional coalitions | 73 | |
| | Sub-Regional Declarations | | 33 |
| Output 9 | Global advocacy events on FGM/C conducted | 8 | 9 |
| Output 10 | | In 2010, 11 academic experts were invited to the fourth Academic Consultation on Social Conventions and Social Norms, organized by UNICEF. The Joint Programme also collaborated with the Program on International Health and Human Rights (PIHHR), Harvard School of Public Health, developed a literature review, guidance for integrating human rights into the intervention (the theoretical and analytical framework) as well as country context summary reports. | The Joint Programme embarked on a new data analysis, led by UNICEF, of existing household survey data from DHS and MICS to analyse trends in FGM/C prevalence and practice over the past 20 years. The publication, which will be out in late 2012 (due to data availability considerations) will examine programmatic theories in relation to the data. In addition, 2011 marked the implementation of the revised logical framework developed by Harvard University's Programme on International Health and Human Rights, reported in 2010. |

*These achievements are a result of funds provided by the Joint Programme as well as other donors to the UNFPA, UNICEF, Government and NGO partners.



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