



# THE END IS IN SIGHT

MOVING TOWARD THE ABANDONMENT  
OF FEMALE GENITAL MUTILATION/CUTTING

*Annual Report* **2009**

UNFPA/UNICEF JOINT PROGRAMME  
ON FEMALE GENITAL MUTILATION-CUTTING



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**Contributors:** Nafissatou J. Diop, Petrina Lee Poy, Francesca Moneti, Caroline Bacquet-Walsh, Aminata Toure, Werner Haug

**Editor :** Kirsten Helmore

**Designer :** Ababacar Thiam

*\*The Italian contributions have been used for countries in West Africa.*

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Public declaration of Nemanding, Senegal 2009



# Executive Summary

Female genital mutilation/cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical purposes. In addition to being extremely harmful to women and their babies, FGM/C impedes the realization of the United Nations Millennium Development Goals. For example, Goal # 3 promotes gender equality and women's empowerment; Goal # 4 calls for a reduction in child mortality and Goal #5 focuses on reducing maternal mortality. None of these three goals will be achieved unless FGM/C is totally abandoned. Women's health, their empowerment, and the realisation of their rights are essential steps in the elimination of poverty.

From a human rights perspective, FGM/C is rooted in a culture of discrimination against women and control of their sexuality. It is a human rights violation that deprives the individual of bodily integrity and freedom from degrading and inhumane treatment. FGM/C is therefore intimately linked to the unequal position of women in the political, social, and economic spheres of the societies where it is practiced.

In 2007, UNFPA and UNICEF joined forces to actively contribute to the accelerated abandonment of FGM/C, supporting community and national efforts already identified as leading to positive social change. The Joint Programme's sub-regional approach builds on initiatives that have demonstrated success and fosters coordinated action among countries with similar characteristics, such as the status of the practice, attitudes, ethnicity, an enabling environment and a history of abandoning FGM/C. In 2008, eight countries were involved in the programme. The increase to 12 countries in 2009 facilitated the programme's ability to build on positive social change towards a movement for large-scale abandonment across national boundaries. The Joint Programme's objective is to contribute to a 40 per cent reduction in the practice among girls aged 0-15 years. This target establishes a critical mass or "tipping point" after which abandonment of FGM/C becomes an almost unstoppable trend. It is expected that at least one country will declare total abandonment of FGM/C by 2012.

In 2009 a core feature of the programme's implementation was the fostering of partnerships: with government authorities both at the local and national levels, religious authorities and local religious leaders, the media, civil society organizations of women and in the education and reproductive health sectors. In 2009, these partnerships have served to disseminate knowledge, empower communities and foster an enabling environment for collective social change towards a shift in the FGM/C social norm. By mainstreaming FGM/C into the reproductive health sector, the programme has also contributed to an improvement in the wellbeing of girls and women already subjected to FGM/C.

In 2009, the Joint Programme began working closely with the World Health Organization (WHO) on an inter-regional initiative in Sub-Saharan Africa and Arab nations to ensure that the medical profession openly supports the abandonment of FGM/C. The issue of medicalization of the practice has been identified as a problem in six countries covered by the Joint Programme, and strategies are being put in place to enforce the physicians' code of ethics: "Do no harm."

With regard to the sexual and reproductive rights of the thousands of women and girls who are subjected to FGM/C, the Joint Programme is building the capacities of health care providers to alleviate their suffering and enhance their wellbeing. Other activities include: lobbying for the enactment and enforcement of laws against FGM/C; supporting and working with the media in the development of radio and TV programmes and the dissemination of positive messages; enlisting religious leaders and scholars in several countries to speak out against the practice and delink it from religion with the message that FGM/C is a cultural practice with no basis in religion and should therefore be abandoned.

These are enabling initiatives designed to facilitate grassroots-level community education programmes and social mobilization campaigns to generate a socio-cultural dynamic leading to the abandonment of the practice. During the year under review, such activities have already led to the public abandonment of 256 in 2009 communities in Senegal, 439 communities in the Gambia, 68 communities in Guinea, 14 communities in Somaliland and 224 communities in the Sudan. Research and evaluation activities planned for 2010 will provide a better determination of the number of girls who remain uncut in these communities who have declared abandonment.

At the global level, in 2009 the programme was instrumental in the drafting of the UN Secretary General's Report on the Girl Child with its specific thematic emphasis on FGM/C. The corresponding 2009 UN General Assembly Resolution on the Girl Child fully echoes the Secretary General's Report and calls on national organizations, civil society and communities to uphold the rights of girls and women and to push for an end to female genital mutilation/cutting.

# Introduction

Female genital mutilation and cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical purposes. FGM/C is usually carried out on girls younger than 15 – sometimes during the first weeks of life. Occasionally, adult and married women are also subjected to the procedure. The World Health Organization (WHO) has classified the types of FGM/C as follows:

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

Long-term consequences are more likely to occur with the more severe types of mutilation (Types 2 and 3). These include cysts and abscesses on the vulva and recurrent urinary tract infections which can damage the kidneys. Painful menstruation and accumulation of menstrual blood in the vagina can occur as a result of total or partial occlusion of the vaginal opening. A 2006 WHO study on FGM/C and its obstetric consequences in six African countries confirmed that women who have undergone FGM/C are significantly more likely to require caesarean section, a procedure not available to most rural women. Women

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

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

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

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

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

also risk extensive bleeding, longer hospital stays after delivery (assuming the woman has access to a hospital), perineal tear, prolonged labour, the need for episiotomies (cutting the skin between the vagina and the anus – also a procedure that requires a trained physician), and death. The risk increases with the extent of cutting, with greatest risk experienced by women who have undergone Type 3 of FGM/C (infibulation). With infibulation, a woman's husband may have to use a knife on the wedding night to open the vagina, thus causing more pain, trauma, bleeding and risk of infection. Among babies, the death rate during and immediately after birth was found to be much higher for infants born to excised mothers. For the countless women who deliver at home without qualified health care providers – and for their babies – the consequences of FGM/C are likely to be far more severe and the mortality rates far higher.

Three of the United Nations Millennium Development Goals directly address the consequences of FGM/C. Goal # 3 promotes gender equality and women's empowerment; Goal # 4 calls for a reduction in child mortality, and Goal # 5 focuses on reducing maternal mortality. None of these goals will be achieved unless FGM/C is totally abandoned. Moreover, women's health, their empowerment and the realisation of their rights are prerequisites to the elimination of poverty.

In 2007, the Secretary General of the United Nations issued a statement – signed by 10 UN agencies – which condemns Female Genital Mutilation. That same year, UNFPA and UNICEF joined forces to actively contribute to accelerating the abandonment of FGM/C in 17 countries, with at least one country declaring total abandonment of FGM/C by the end of 2012. The programme identified a number of promising community- and national-level efforts that are leading to positive social transformation; these are being expanded and constitute a large-scale movement.

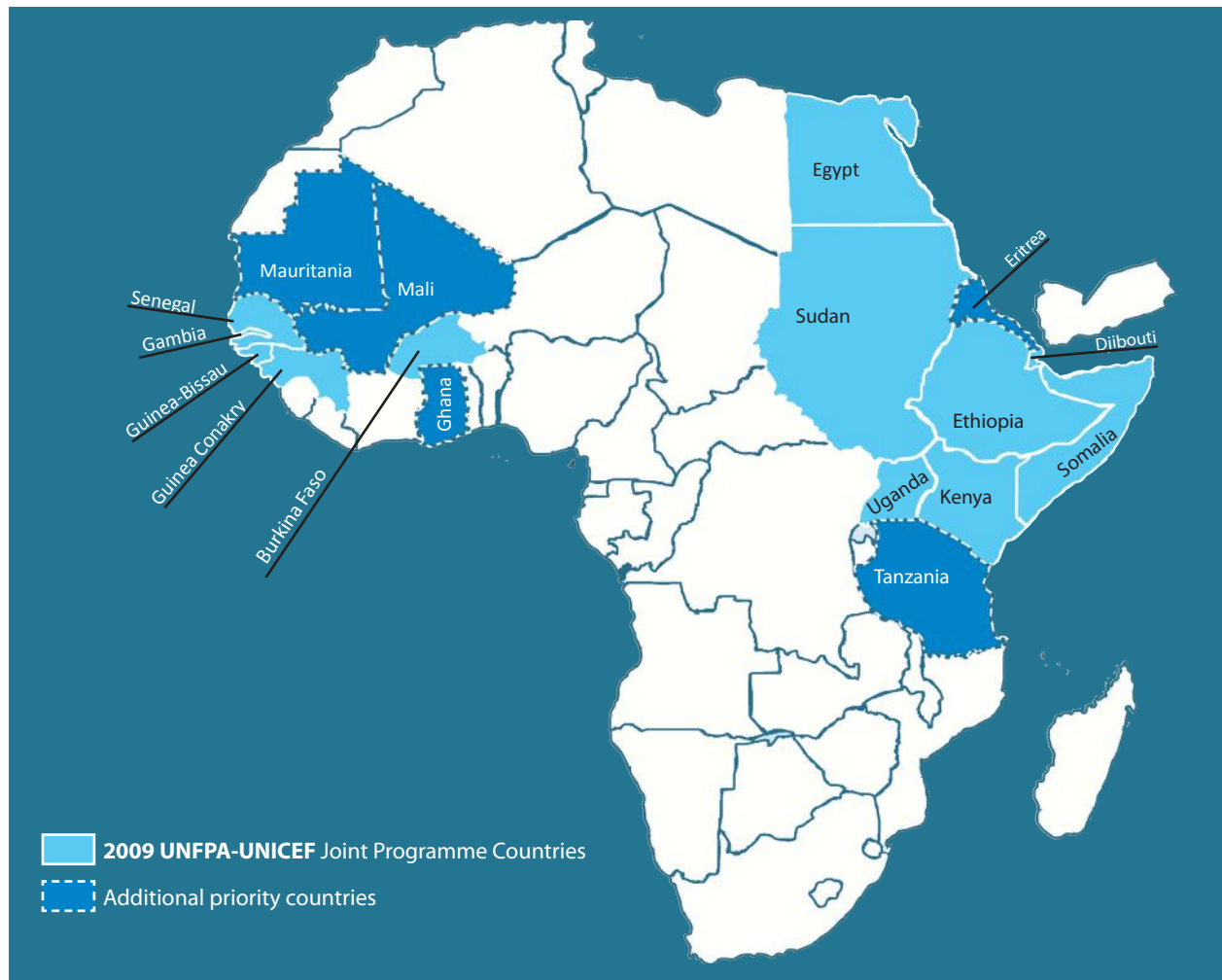
The programme's sub-regional approach – working with ethnic groups that may transcend national borders – builds on current initiatives that have demonstrated success and fosters coordinated action among countries with similar characteristics. These include the current status of the practice, attitudes toward the practice, ethnicity, an enabling environment and a history of the abandonment of FGM/C. Implementing the Joint Programme in 17 countries (Egypt, Sudan, Djibouti, Somalia, Kenya, Ethiopia, Uganda, Tanzania, Eritrea, Senegal, Guinea Conakry, Guinea-Bissau, Burkina Faso, the Gambia, Ghana, Mali and Mauritania) is designed to foster coordinated action to take advantage of social movements towards abandonment.

### Reasons for the practice

Cultural norms and traditions underpin the belief that FGM/C is necessary to prepare girls for adulthood and marriage. The practice is often seen as part of a process that makes girls clean, well-mannered, responsible, beautiful, mature and respectful adults. FGM/C is often believed to discourage behaviour considered frivolous and impulsive, and hence it is expected to ensure and preserve modesty, morality and virginity. FGM/C is often assumed to reduce women's sexual drive, and thus ensure their self-control. In cases of infibulation, this control is further exerted by effectively creating a physical barrier to sexual intercourse. In societies in which FGM/C is widely practised, it is generally considered an important part of the cultural identity of girls and women, and may therefore impart a sense of pride, of coming of age and a feeling of belonging. The practice is upheld by a social norm that is so powerful that families have their daughters cut even when they are aware of the harm it can cause. From their perspective, not conforming to the obligation would bring greater harm to the girl and the entire family because of shame and social exclusion.



## Where we are working





Dohra Ali with two of her daughters, Ethiopia

# Chapter One

## Key Achievements

### Promoting national leadership

#### *A supportive environment at the national level accelerates the positive social change*

Initiatives to promote the abandonment of FGM/C are based on the understanding that this traditional practice is a violation of the human rights of girls and women. Towards this end, the Joint Programme has been instrumental in supporting governments in passing legislation banning FGM/C in an effort to eliminate the practice. Activities in this area include the review, reform and reinforcement of effective policies and legislation. For example, in 2009 a bill prohibiting FGM/C was enacted in **Uganda** and a similar draft bill is being prepared in **Kenya**. In **Djibouti**, the Parliament adopted amendments to the criminal procedures code and to the penal code addressing FGM/C in the context of gender-based violence. The amendments focus on: a) who can lodge a complaint concerning FGM/C – the code now allows civil parties such as civic associations to make such charges – and b) the length of imprisonment and amounts of fines associated with these crimes.

*In Southern Sudan, a husband brought a case against his wife who had their daughter circumcised. The court determined that the wife should be detained for one month.*



*Kenya's Gender Minister, Hon Esther Murugi and PS, Dr. James Nyikal receive the signed declaration from officials of the Njuri Ncheke Council of Elders*

Not only is it important to pass laws banning FGM/C, it is also necessary to provide lawmakers with the tools they need to disseminate and implement the new legislation. Where the practice is widespread and there is little information or discussion of the benefits of abandonment, there is the risk that legislation banning FGM/C will either be ineffective or will simply push the practice underground. In

such cases, governments can pave the way for legislation by communicating their position against the practice and providing compelling reasons for abandoning it. In South Kordofan state in **Sudan**, where a specific FGM/C law was passed, direct support was provided to the legislative assembly to implement an advocacy plan to enlighten parliamentarians about the law. In addition, the law has been sent to other states in Sudan to serve as a reference. So far in Kordofan, one court case has been brought by a husband against his wife who had their daughter circumcised. The court ruled that the wife should be detained for one month.

Another important achievement has been the endorsement by several governments of interventions designed to discourage the practice of FGM/C. In most countries, the government is taking a leadership position by issuing public statements advocating the abandonment of FGM/C and by improving coordination in responding to FGM/C matters. Clear manifestations of government commitment include presidential public speeches, ministerial declarations and the adoption of a national or strategic plan.

For example, **Egypt** is now addressing FGM/C within a new, comprehensive package of family empowerment. And, during the observance of International Day for Zero Tolerance of FGM/C on February 6, 2009, the Prime Minister of **Guinea** publicly supported the elimination of this harmful traditional practice.

*The Joint Programme was instrumental in garnering high-level government and political commitment for the abandonment of FGM/C in Uganda. The President and First Lady of Uganda launched an FGM/C abandonment campaign among the Pokot community, one of the ethnic groups that still maintains the practice. The President explicitly stated the government's stand on FGM abandonment.*

*"When we came from the bush in 1986, we wanted to pass a law to stop this practice but we discovered that there was not yet enough information to [convince] the community. That is why we decided to give ourselves more time to do sensitization to educate the people. I am glad now that the Kapchorwa District Administration has passed a resolution against Female Genital Mutilation. The District Council's resolution is not very important in terms of law, but it is important politically that the people have realized how wrong it was to circumcise women. Therefore we are now going to pass a law making it illegal to circumcise girls or women. I would ask you to really support this law..."*

Excerpt from a speech by H.E. Yoweri Kaguta Museveni, President of the Republic of Uganda on Launching the campaign against Female Genital Mutilation, July 1, 2009.

## Building partnerships

*In Sudan, bus drivers agreed to display anti-FGM/C stickers on their bus and to play cassettes with FGM/C abandonment messages thereby promoting discussions on the topic, particularly among men.*

Some of the most successful strategies for eliminating FGM/C recognize that the decision to abandon the practice must come from communities themselves, and must reflect a collective choice, reinforced publicly and grounded on a firm foundation of human rights. Working with partners who are also focused on this goal strengthens and synergizes activities that promote the abandonment of FGM/C.



From the beginning, the UNFPA-UNICEF Joint Programme has formed partnerships with relevant stakeholders, including government ministries – particularly ministries of health, social affairs, finance, gender, youth and education. Over the course of the year it has used the strategic advantage of being the common voice on FGM/C of the two major UN agencies to consolidate the UN support to government policy and programme development and implementation.

The programme has also developed ties to non-governmental organizations (NGOs), safe motherhood projects, community and faith-based organizations and religious leaders.

In **Sudan**, members of Menath, a youth advocacy network that promotes the abandonment of FGM/C, started discussions about this issue with bus drivers. As a result, the bus drivers agreed to display anti-FGM/C stickers on their bus and to play cassettes with FGM/C abandonment messages, thereby promoting discussions on the topic, particularly among men. Grandmothers and midwives are advocating that girls not be cut; new partnerships were established with the Commission on Human Rights, the Legislative Council for the State of Khartoum and the Sudanese Union of Journalists. In **Ethiopia**, a regional network of more than 30 local governments, NGOs and CSOs was established to advocate against harmful traditional practices, particularly FGM/C. A group composed of human rights organizations, the Human Rights Network and FGM/C, was formed in **Burkina Faso**.

Other initiatives include the development of an informal network of leaders from 40 communities in **Guinea** to promote the abandonment of FGM/C. The network includes a group of excisers in the forest region who are actively advocating for the abandonment of the practice. As a result, 66 communities in the region publicly declared their abandonment of FGM/C.

At the international level, several partnerships have been strengthened. At the International conference “*Uniting Europe and Africa to Fight Female Genital Mutilation/Cutting*” organized by the government of The Netherlands, the main goal was to link Southern and Northern interventions for the abandonment of FGM/C. A partnership has also been launched with NGOs working at the regional level with a view to developing crossboundary initiatives in Africa.

*The Joint Programme on FGM/C, seeks to set in motion a dynamic of positive social change in which a core group within a given community enlists their friends and neighbours in order to change the social norm and improve the marriage prospects of girls who have not been cut. When these groups are large enough to protect the social status of their members, abandonment becomes self-sustaining. Once the process reaches this “tipping point,” change can be rapid and universal.*

## Achieving positive social change

*One of the most successful approaches guides communities to define the problems associated with FGM/C and envision their own solutions in order to ensure that they do not feel coerced or judged.*

Although FGM/C has been shown to have many harmful physical and emotional effects, the practice is sustained by a set of social rewards and punishments, including the idea that girls will face shame and social exclusion, including diminished marriage prospects, if they remain uncut.



Leaders, government officials and the general population attended the celebration of the Public Declaration to end FGM/C in Kassala State, May 2009

To this end, a number of culturally sensitive strategies are being supported by the Joint Programme in order to encourage large core groups to abandon FGM/C en masse. These strategies include community debates, garnering the support of stakeholders – especially professional associations, religious leaders, youth and civil society – and encouraging groups to commit to abandonment.

One approach, based on community empowerment, guides communities to define the problems associated with FGM/C and envision their own solutions in order to ensure that they do not feel coerced or judged. (See story on Senegal below.) The programme also encourages communities that have made the decision to abandon

the practice to publicly declare their commitment and spread their message to their neighbours. Approaches that are based on the principles of human rights have demonstrated the greatest potential for promoting the abandonment of FGM/C. Rather than addressing FGM/C in isolation, these initiatives focus on building the capacities of individuals, especially girls and women, to promote and safeguard their own human rights.

### Senegal

#### *Ending FGM/C through Community-led Social Change*

*Teaching human rights and health empowers villagers to improve their lives. As an initially unforeseen outcome, more than 4,500 communities in Senegal, Burkina Faso, the Gambia, Guinea and Somalia have, on their own initiative, applied their newfound knowledge to collectively abandon the age-old practice of female genital mutilation and cutting (FGM/C).*

*Surprisingly, the organization responsible, Senegal's Tostan, did not originally plan to end the practice. Villagers are deciding on their own to abandon FGM/C after learning about the harm it inflicts on women and their children and realizing that people have the right to abandon a deep-rooted tradition if it is harmful.*

*"This is a holistic programme," says Molly Melching, Tostan's founder. "The goal was simply to empower communities to make their own decisions about everything, including the things they've always taken for granted."*

*The UNFPA/UNICEF Joint Programme on FGM/C is currently supporting Tostan in Djibouti, the Gambia, Guinea, Guinea Bissau, Senegal and Somalia.*

*When Tostan comes to a community, groups of around 30 adults and 30 adolescents form two classes, which are taught by trained facilitators. They meet three times a week for two to three hours for three years. Each one passes on what he or she learns to other, who in turn share it with additional people. This reinforces the learning process and creates a ripple effect where learners become teachers and knowledge achieves a critical mass.*

*Participants come to understand that genital cutting is neither required nor sanctioned by Islam and that its abandonment will improve women's health and child survival.*

*But since FGM/C renders girls marriageable, if a community decides to abandon the practice, the groups with whom this community intermarries must abandon it as well.*

Tostan, an NGO based in Senegal, has been a pioneer in the use of the community empowerment approach. With the support of the Joint Programme, it is operating in **Djibouti, Gambia, Guinea, Guinea Bissau, Senegal** and **Somalia**. This organization respectfully engages the community in discussions on human rights. People are encouraged to talk about their concerns and to review problem-solving approaches. This process of engagement has culminated in a significant number of collective decisions not only to abandon FGM/C but to make public declarations of this abandonment. In some cases, communities invited the press to cover the declaration event. Such declarations are highly significant as they serve as examples to neighbouring communities and encourage them to also give up the practice.

In Senegal in 2009, 256 communities publicly declared that they have abandoned the practice. This brings the cumulative total of Senegalese villages publicly declaring the abandonment of FGM/C to 4,229 out of the 5,000 estimated to practice FGM/C. In addition, 40 Mandinka communities in the **Gambia** made public declarations against FGM/C and child/forced marriage, in **Guinea**, 68 communities declared abandonment and 14 communities of **Somaliland**. Somalia has one of the highest prevalence rates

of FGM/C in the world with more than 98 per cent of women between the ages of 15-49 having undergone the practice. Therefore, these recent declarations are historical and confirm that community-led, rapid social change does take place and can be effectively promoted.

Additionally, members of community management committees, a structure developed in each village where Tostan works, are provided with skills training in social transformation techniques so that they can create awareness about FGM/C abandonment in neighbouring communities in order to build consensus within a larger geographic area. This also increases the likelihood that the decisions will be lasting.

Since FGM/C is an age-old social norm, public and institutional support are key elements in fostering positive social change. Several noteworthy examples of such support can be found in [Ethiopia](#), [Egypt](#), [Sudan](#) and [Kenya](#).

### **Ethiopia**

#### ***Promoting Community Participation for Abandonment of FGM/C in Afar Region***

*A smile formed on Dohra Ali's face when she recalled what her eldest daughter asked her a couple of years ago. "Mother, is there a place in this world where FGM is not practiced to which I could go to?" At the time, the question came as an affront to Dohra, who was herself one of the women in the community who did the cutting.*

*Thinking back, Dohra says the words of her daughter were somewhat prophetic. A campaign to abandon FGM/C was started in the region right about that time – in the year 2000 to be exact. The campaign was mainly spearheaded by religious leaders, who worked tirelessly to inculcate an understanding among conservative religious leaders, clan leaders and the community at large that the practice did not have any support from Islam. This came as news to many, who believed it was a religious requirement.*

*Dohra was fiercely opposed to the campaign at the beginning. However, she was persuaded later on when the religious leaders held discussions with her community and condemned the practice. Once she learned that it did not have the backing of Islam, Dohra decided to stop practicing circumcision and resolved to spare her five daughters from the ordeal. Despite ridicule by some members of her community that she had changed her religion to Protestantism, Dohra went ahead and joined the anti-FGM/C campaign.*

In [Egypt](#), more than 9,000 families of girls at risk declared their abandonment of FGM/C. Institutional support is mainly provided through the establishment of Child Protection Committees that are organized at national, district and community levels and are responsible for overseeing and resolving child protection issues, including monitoring the practice of FGM/C. They ensure the enforcement of an amended child law, a clause banning FGM/C and a decree of the Ministry of Health banning the practice.

Another successful initiative is that of the [Gambia](#) Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP) which works to engage leaders and elected officials at the community level. In a landmark achievement, GAMCOTRAP organized a huge celebration to honour the 351 communities that have abandoned FGM/C on 5th December 2009 at the Basse Stadium in the Upper River Region. The public event had very strong support and commitment from traditional rulers and Councils of Elders as well as local governments.

The Saleema initiative in Sudan is another success story that is being used in several states to promote discussions of FGM/C. As a result, in 2009, 39 communities decided to abandon FGM/C and 15 publicly declared their decision. In the Meru districts of Eastern Kenya, the Ameru Supreme Council of Elders (*Njuri Ncheke*) wields immense influence in local matters. The Council made its first public commitment to end FGM/C in Meru in 1956. Fifty years later, in 2006, the Council wanted to celebrate the anniversary of its first announcement by holding a second public declaration. In 2009, with support from Kenya's Ministry of Gender, Children and Social Development, Maendeleo Ya Wanawake (a national NGO) and the Joint Programme, the Meru Council renewed its commitment and made a second public declaration – in the high-profile venue of a local stadium – prohibiting female genital cutting once again. This time, they imposed a fine on any member of the community who either conducts or participates in the rite in any district of Meru. The declaration, accompanied by singing, was read by the Council's spiritual leader with 223 people in attendance, including many dignitaries. This is a major boost for the campaign against FGM/C in Kenya. At the public declaration, the Council's spiritual leader said:

*"Njuri Ncheke is a unique structure which stands for progress and gives direction to the community in matters that require decision-making. Times change, even cultures – FGM is a retrogressive cultural practice. If the Council of Elders says no to FGM, then no one will oppose that decision."*

Declarations of the abandonment of FGM/C are an important step, but following up on a community decision and supporting a community's commitment are also essential. In 2009, in the Kuria district of Kenya, more than 200 girls who said no to FGM/C in 2008 were invited with their parents to share experiences and challenges they faced in not being cut. The parents were asked to continue supporting their daughters. In addition, the local advisory council is establishing mechanisms so that uncut girls have a support group and are not subject to abuse from their communities.



Saleema network members from Blue Nile, North and South Kordofan.

Photo by Patricia Haddy, 2009

*The Saleema ("healthy, protected" in Arabic) initiative aims to change the way people in Sudan, including activists and change-agents, talk about FGM/C as an essential first step leading to rapid, large-scale abandonment of the practice. Another goal of the initiative involves revising the key content of communications so that they engage more effectively with community perspectives on the practice and focus on the particular challenges posed by change at the family and community levels.*

*To facilitate and accelerate this critical willingness to change, the Saleema initiative is providing tools for making visible the commitment of individuals and of whole communities to protect their daughters from genital cutting, thus both strengthening existing commitment and inspiring new commitment by others. One example is the Al Taga, a bolt of cloth on which those pledging their commitment sign their names during public declaration ceremonies. The public act of signing Al Taga confirms and strengthens the commitment of the individual signatories and serves as a testament that thousands of people are making this commitment. Other campaign materials used include posters, a comic book for adolescents, a campaign song and colorful clothing. Community-based dialogues to be used for television and radio were also prepared for the Saleema activities.*



**Expanding networks of religious leaders advocating for the abandonment of FGM/C**

*In 2009, 160 religious leaders in Somaliland came together to issue a national declaration reaffirming their collective rejection of all forms of FGM/C and their recognition of the fatwa of the International Union of Muslim Scholars against the cutting of girls.*

Often, religious justifications are given for the practice of FGM/C. In communities where there is a strong perception that the practice is required by Islam, the engagement of religious leaders in public discussions has proven to be essential in raising awareness that the practice is harmful; disassociating it from religion and creating an enabling environment for change.



Religious Leaders openly discussing the consequences of FGM/C in Afar Regional State

In most countries, the Joint Programme continues to expand the networks of religious leaders supporting the abandonment of FGM/C. In **Somalia**, the Sharia Law departments at the International Horn University (Somaliland) and the East Africa University (Puntland) both have strong networks of religious leaders from their respective regions. Under the mentorship of Sudan's Sabeqon Consultants, known for working with religious leaders in **Kenya** and the Horn of Africa on the abandonment of FGM/C, the two universities are organizing a network of at least 300 religious leaders who will advocate for the abandonment of the practice in their regions. As a first step, a rapid assessment of Somali leaders' attitudes towards FGM/C and their knowledge about the position of Islam vis-a-vis the practice has been carried out.

As a result, on December 30, 2009, 160 religious leaders in Somaliland came together to issue a national declaration reaffirming their collective rejection of all forms of FGM/C and their recognition of the *fatwa* of the International Union of Muslim Scholars against the practice of FGM/C.

In **Egypt**, the **Gambia** and **Sudan**, religious leaders have been reaching out to various sectors of local communities to raise awareness about FGM/C, disseminating messages during Friday prayers in the mosques and at Sunday church services.

**Organized diffusion of information for achieving positive social change***Engaging the media*

The media have a strategic role to play in the diffusion of information. As such, they are a valued partner of the Joint Programme in promoting the abandonment of FGM/C. Radio and television are being used in **Senegal**, the **Gambia** and **Ethiopia** to disseminate correct information regarding FGM/C, publicize the commitment of communities to abandon the practice and cover NGO activities and human interest stories. Community radio broadcasts in Senegal provide additional, supporting information for issues discussed during village, zone and inter-generational meetings. Local press teams have been organized at the district level. They



Participants of the FGM/C conference, Kenya

broadcast public declarations of the abandonment of FGM/C as well as testimonials describing the process that led to the abandonment, thus providing greater visibility for the issue. In the Gambia the NGO Tostan broadcasts a weekly, two-hour, national phone-in radio talk show with panel discussions on topics such as FGM/C, child marriage, democracy, human rights, health and hygiene, women’s empowerment and women’s participation in community decision-making. In this way, communities that are not part of the Tostan programme receive information about these topics, particularly FGM/C and the growing grassroots movement to abandon the practice.

In **Somalia** and **Djibouti**, in order to improve the quality of media articles and programmes and promote the use of positive, non-judgmental language, the Joint Programme supported the training of media personnel and journalists at the national and local levels. It also helped organize media campaigns to spread correct information about FGM/C.

#### Anti-FGM/C Champion



Hadiis Mohamed Hadiis

*“I am an independent journalist, and have attended many meetings, but none like this. I strongly believed FGM/C was based on cultural values but after I saw very traumatic and unbelievable pictures, photos and videos relating to the women on Somaliland... this has challenged my basis of support for FGM/C. I am here to declare that my four-year-old daughter will never be subjected to any type of this practice.”*

In Somalia, 45 members of the media (print, radio, television and websites) received an orientation about FGM/C to enable them to identify and highlight cases of the practice and its complications. In the weeks following the orientation, a number of radio messages on FGM/C were broadcast.

Multimedia initiatives have also been carried out in Guinea. A communications caravan travelled through the N’Zérékoré and Faranah regions to publicize the harmful aspects of FGM/C and the legal texts prohibiting the practice. Two artistic troops performed skits and broadcast short messages about FGM/C and a song by a popular Guinean artist about abandoning the practice is performed

in French and the national languages. These events also provided an opportunity for local leaders and former circumcisers to give public testimonials on FGM/C and why it should be abandoned.

#### Protecting girl’s and women’s sexual and reproductive health

It has been scientifically proven that FGM/C is harmful both to women and their babies. While it was known for decades that the practice may cause severe pain and can result in prolonged bleeding, infection, infertility and even death, a landmark WHO study in 2006 provided clear evidence that complications during delivery are significantly more likely to occur among women who have undergone FGM/C. The study also found that FGM/C is harmful to babies, leading to an additional one to two perinatal deaths per 100 infants.

The Joint Programme works with Ministries of Health, schools of public health and paramedical schools to define and expand the role of health care providers in

the campaign for the abandonment of FGM/C. The main strategies consist of: 1) Discouraging the medicalization of FGM/C ; 2) Reinforcing the care and reducing the suffering of women and girls who have already been subjected to FGM/C ; 3) Increasing the participation of health care agents in community activities to promote positive social change.

In 2009 the Joint Programme and WHO co-organized a Technical Consultation on the Medicalization of FGM/C to galvanize the support of medical professionals and paramedical personnel at the highest policy levels in order to promote the abandonment of the practice. Six countries were represented at the meeting – **Egypt, Sudan, Kenya, Nigeria, Guinea** and **Yemen** – all of which have a high prevalence of FGM/C carried out by health care professionals. All but **Nigeria** and **Yemen** are Joint Programme countries and have national strategies against the practice (Guinea's national strategy is due to be approved in 2010). As a result of the consultation, a global strategy on the issue of medicalization of FGM/C was developed to serve as the guiding tool for addressing the problem in countries with national strategies for the abandonment of FGM/C. Following this meeting, a network of obstetricians and gynecologists was formed in Sudan to discuss the role of the health care sector in implementing the national strategy on the abandonment of FGM/C.

The Obstetric and Gynecological Society of Sudan has condemned all forms of FGM/C and called for the enforcement of Medical Council decree No. 366 that prohibits all medical doctors from practicing it. In Egypt, the Ministry of Health created a surveillance system on FGM/C within health facilities. The system will enable people to report incidences of FGM/C so that legal action can be taken against physicians or any other health personnel performing it, thereby ensuring the enforcement of the law.

Networks of physicians have been organized in both **Egypt** and **Sudan**. Medical practitioners in Egypt have organized a national initiative called "Doctors against FGM/C." (See story below.) This initiative has been endorsed by the Ministries of Health and Family and Population.



Egyptian Young girls

## Egypt

### *Convincing Doctors to “Do No Harm”*

*According to a government survey, 91 per cent of Egyptian women aged 15-49 have undergone the procedure. But what sets Egypt apart from many other countries is that more than 75 per cent of FGM/C are performed by medical personnel: doctors, nurses and medical technicians.*

*In 2009 the Joint Programme and the two Ministries launched Doctors against FGM/C with additional funding from USAID. A core group of 30 physicians was selected as advocates against the practice. After special training, each physician will conduct a four-day workshop for around 25 other physicians in locations across the country. A total of 200 physicians will become master trainers and advocates against FGM/C, working to convince other doctors not to cut.*

*Since parents themselves must also renounce genital cutting, participating physicians learn how to counsel parents about the negative effects of FGM/C and dissuade those who seek to circumcise their daughters.*

*The Joint Programme has also been training the staff of the Ministry of Health responsible for inspecting hospitals and private clinics and reporting violations to the District Attorney. To date, two Egyptian physicians reported to be practicing FGM/C have had their medical licenses revoked.*

In **Egypt**, The Joint Programme also works with the Ministry of Health to ensure that prevention and management of complications resulting from FGM/C are fully integrated into reproductive health services as well as into training modules for service providers. Policies focusing on FGM/C as it relates to sexual and reproductive health are necessary to help the medical community understand the importance of the issue. In Senegal, the Division of Reproductive Health in the Ministry of Health has included the topic of FGM/C in its reproductive health policies, norms and protocols. This will give health care providers a better understanding of FGM/C and its consequences.

Several countries, including **Sudan**, **Somalia**, **Guinea Bissau** and **Egypt** have included capacity building courses on promoting the abandonment of FGM/C in their training curricula for doctors, village midwives, health care promoters and nurses. The training focuses on delivering appropriate information concerning the abandonment of FGM/C and relies on group discussions and role-playing. In addition, guidelines for the management of complications from FGM/C have been developed for health care providers in the Puntland and Somaliland provinces of Somalia.

Women who have been subjected to FGM/C need special treatment and support – especially those who experience the life-altering tragedy of fistula. Five women in Kenya who had experienced obstetric fistula during delivery were identified by UNFPA’s implementing partner, the Catholic Dioceses of Nakuru, which has been raising awareness about fistula and FGM/C in the local community. The women have been referred to the Moi Referral Hospital for free treatment.

## Regional Innovative partnerships for accelerating change

Maximizing efforts towards the abandonment of FGM/C requires strategic programme planning, focus, adequate resources and a sub-regional approach that fosters coordinated action among neighboring countries with similar characteristics in terms of ethnicity, languages and types of FGM/C that are practiced.

The Joint Programme identified three international NGOs as active partners in its sub-regional initiative: two Italian-based organizations, l'Associazione Italiana Donne per lo Sviluppo/Association for Women in Development (AIDOS) and Non c'è pace senza giustizia/No Peace without Justice (NPWJ) as well as the Inter-African Committee on Traditional Practices (IAC), based in Addis Ababa. These organizations are complementing partnerships with NGOs at the national level, including the major partnership with the Senegal-based NGO Tostan. Tostan is a partner of the Joint Programme in six national programmes as well as collaborating on strategic planning at the global level.

IAC is using its network of religious leaders and young people to disseminate principles of human rights, gender equality and respect for the bodily integrity of women and girls. NPWJ is advocating for adherence to the principles enshrined in the Maputo Protocol to the African Charter on Human and Peoples' Rights and on the Rights of Women in Africa to implement effective FGM/C laws, as well as increasing capacity, encouraging political commitment and fostering international and sub-regional cooperation and coordination. Among several activities, AIDOS is developing innovative media strategies to foster the abandonment of FGM/C in close collaboration with women's media organizations.

## Mobilizing the international community

During 2009, the Joint Programme made it a priority to broaden the understanding of the positive social change approach among members of the international community. As a result of this major effort, this approach was incorporated in a key report of the UN Secretary-General and in the subsequent UN General Assembly Resolution and both documents made specific reference to the joint programme. The Committee on the Rights of the Child (CRC) and the Committee on the Elimination of Discrimination against Women (CEDAW) have also endorsed the positive social change approach. It is also on the agenda of major international conferences on FGM/C and on violence against girls and women and is increasingly being adopted by governments and NGO partners.

Specifically, FGM/C was a major theme of the 2009 UN Secretary General's Report on the Girl Child, (A/64/315 of 21 August 2009) co-authored by UNICEF and the Office of the High Commissioner for Human Rights. To solicit input for the preparation of the report from Member States, intergovernmental organizations and nongovernmental organizations, UNICEF organized an Expert Meeting on Human Rights and the Abandonment of FGM/C in countries of prevalence and among immigrant communities. The meeting, held in Geneva from 2-3 July 2009, served to increase understanding of the most effective ways to promote the abandonment of FGM/C and resulted in a consensus concept note which fully reflects the positive social change approach being implemented by the Joint Programme. The corresponding 2009 UN General Assembly Resolution on the Girl Child (A/C.3/64/L.20/Rev.1 of 20 November

2009) also fully echoes the Secretary General's Report. The Joint Programme also provided input to the Secretary General's Report to the Commission on the Status of Women (CSW) on Ending Female Genital Mutilation.

In addition, the Joint Programme provided technical assistance to United Nations Member States that have placed FGM/C high on the international human rights agenda. It provided technical support for the preparation of the Ministerial Breakfast Meeting, hosted by the Italian Government during the 64th session of the General Assembly. This event helped mobilize greater commitment at the highest political levels in support of the abandonment of FGM/C.

Beyond key UN policy forums, the Joint Programme contributed to highlighting the issue of FGM/C through other international events and meetings, galvanizing further support from governments, the international community and the UN system.

For example, the Joint Programme, the Executive Director of Tostan and representatives from the European network Euronet-FGM and the FGM Free Village Model, Egypt, participated in a panel on FGM/C entitled "Power to the Community" during The Girl Conference (9-10 March 2009) organized by the Government of the Netherlands. A common theme of all the presentations was the need for positive communication from within the affected communities, as evidence shows that prescriptive, judgemental messages and messages imposed from outside do not work. It was also agreed that putting an end to FGM/C is a process that requires long-term commitment and effort.



*Kambura adolescents at the public declaration of abandonment of FGM/C Nemanding 2009*

## Research to support programming

The Joint Programme continues to support data collection at the country level. For example:

- A qualitative study on why people abandon FGM/C was conducted in four areas of **Sudan** where public declarations of FGM/C abandonment have taken place: Khartoum, Gedaref, Kassala and North Kordofan. The study is the first of its kind to examine examples of positive social change. Addressing reasons for abandonment is providing information on new trends and social norms.
- Baseline surveys were conducted in Puntland and Somaliland (**Somalia**), **Guinea Bissau** and **Ethiopia**. Key findings included a trend in the medicalization of FGM/C in Somaliland, where a majority of the community supports discontinuing the practice.
- Opinion surveys of young people and religious and political leaders concerning their views on FGM/C were held in **Djibouti** and **Egypt**. Findings in Djibouti showed that political and religious leaders oppose the practice, although the latter mentioned that the Sunna (milder) type of excision was not considered mutilation. In Egypt, the findings showed that local religious leaders approve of FGM/C but senior religious leaders either oppose it or are ambivalent.
- In **Kenya**, the results of a baseline survey in the Samburu and Baringo districts were disseminated at a stakeholders' workshop. Attendees then formed FGM/C networks coordinated by the Ministry of Gender, Children and Social Development. The networks will campaign for the abandonment of FGM/C.
- In **Guinea**, a rapid assessment on attitudes toward traditional practices in several communities highlighted how these groups plan circumcisions. The findings indicated that circumcision generally occurs in large groups or camps during vacation or harvest season. Traditional leaders must give their blessing for the circumcisions to occur. Such information is essential for developing strategies to change social norms.

Research on FGM/C and related issues helps programme managers understand a number of key aspects of the issue: the practice and its complications; the prevalence of FGM/C among various age groups; the socio-cultural context; social values attributed to the practice; perceptions of different population groups regarding FGM/C; the perception and acceptance of anti-FGM/C activities; the intention and rationale for continuing the practice; the influence of religion, education and living conditions; and the use and acceptance of different means of communication. This information is used to improve intervention strategies and evaluate progress.



A group of non cut girls in Doho Kebele



# Chapter Two

## Challenges

FGM/C remains a sensitive issue since it concerns women's identity and sexuality. Thus, efforts toward abandonment, particularly with regard to delinking the practice from religion, have proceeded cautiously in countries such as Gambia and Somalia.

The implementation of laws prohibiting FGM/C is also a challenge. While most countries where the Joint Programme intervenes have enacted laws against FGM/C, legislative enforcement needs to be strengthened in order to demonstrate the seriousness of the issue.

In 2009, the second year of the Joint Programme, coordination of the various programmes at country level was still a challenge.

While there has been major progress on this front, much remains to be done in terms of capacity-building of agency staff as well as of national governments and NGO counterparts to further disseminate knowledge and translate the innovative policies of the positive social change approach into concrete action within communities and at the national level.

### Institutional support and coordination

Countries that have endorsed the abandonment of FGM/C at the national level and that have a national plan of action or strategy have usually placed the matter in the hands of a ministry responsible for gender issues. Unfortunately, these ministries have some of the smallest budget allocations within national budgets and are thus severely hampered by lack of human, logistic and material resources. This impedes the implementation of the national plan of action, as well as coordination efforts among the various organizations working on FGM/C abandonment.

It has also been found that when a variety of actors, both governmental and nongovernmental, are involved in the abandonment of FGM/C, the implementation process can be delayed while some of the parties get up to speed on the issue. However, it may be necessary to move slowly in order to achieve effective collaboration among the different parties. There is a need for more systematic coordination and harmonization among the various actors working in collaboration with the Joint Programme.

As one example in **Uganda**, alliances at the district level were created in partnership with two local NGOs. These alliances consist of key leaders of local government, elders, women and youth. It is important to ensure the local government – and not the NGOs – is responsible for the functioning and management of the district



alliances in order to achieve buy-in from the local communities and to strengthen the alliances themselves. Government accountability in the decentralization process and the sustainability that results from it are elements that require more attention.

### Political and religious support

National laws prohibiting FGM/C are an important step in the abandonment process. However, unless they are made known both within the justice system and communities, such laws are difficult to implement. Hence, legal education must go hand in hand with the passing of legislation prohibiting FGM/C.

In the case of **Somalia**, the absence of specific legislation criminalizing the practice of FGM/C may be contributing to delays in the abandonment process. In fact, since a number of different legal systems with differing provisions on women's rights and customs exist in Somalia, including Somali customary law and Islamic Sharia law, a uniform legal system to address FGM/C is lacking.

In **Sudan**, efforts to promote the abandonment of FGM/C experienced a major setback when Article 13 criminalizing all types of FGM/C was dropped from the Child Act by the Council of Ministries. It appears that this action was taken due to pressure from some religious leaders who oppose the United Nations and what they call "an intrusion from the West."

In **Guinea Bissau**, FGM/C has become a "political" issue. Networks working on the issue are weak and have become politicized over time. It has been difficult to enlist a critical number of organizations to cohesively address the issue of FGM/C abandonment.

### Community involvement

Ownership of the positive social change approach by actors at the grassroots level is just beginning in some countries. Although more and more governments and NGOs are embracing the approach, if it is to have greater impact the endorsement of community-based organizations needs to be greatly expanded and their capacities strengthened so that knowledge can be disseminated and innovative policies can be translated into concrete action within communities and at the national level. Community empowerment programmes such as those supported by the Joint Programme can serve as models for other national NGOs and CBOs.

*Most interventions to end FGM/C require more engagement on the part of men.*

Most of the interventions to end FGM/C, particularly in countries like **Djibouti**, require more engagement on the part of men. Men's engagement is critical since FGM/C is linked to a woman's sexuality including the aspect of infidelity and, ultimately, her marriageability. Similar views were expressed by the Joint Programme in Kenya and Sudan. It is clear that in order to change collective mentalities, programmes must be designed with men in mind.

In Kenya, it was noted that community pressure advocating in favour of FGM/C increases as December approaches since that is when FGM/C is performed. In the Kuria district, girls now attend a life skills camp to avoid being cut. But since the camp only lasts two weeks, some girls still risk undergoing FGM/C when they return to their communities. The camps need to be extended until the beginning of school when teachers can provide support for the abandonment of FGM/C.

In Egypt, particularly at the sub-national level, there is a strong belief that children do not require special protection. This has affected the engagement of the local media in advocating for child protection measures. In the same vein, community-based organizations in Egypt have limited capacity to address and identify the more “sensitive” forms of harmful practices against children such as FGM/C, sexual abuse, domestic violence and neglect.

### Meeting women’s reproductive health needs and discouraging medicalization of FGM/C

The support of some medical practitioners for FGM/C poses a major challenge to efforts to abandon the practice and enforce laws against it.

In *Djibouti, Ethiopia, Somalia* and *Sudan*, religious and medical groups condone the *Sunna* type of FGM/C (minor cutting of the clitoris), claiming that it is not as damaging as other types. According to their interpretation, *Sunna* implies that a practice is optional, not mandatory and is not punishable by Allah. This argument needs to be confronted; even though it indicates a shift in knowledge and a change in behaviour, the lesser cut remains an assault on the bodily integrity of women and girls.

In *Egypt*, feedback from the pilot phase of the Doctors against FGM/C programme indicated that many physicians have reported abandoning the practice of FGM/C, not out of conviction but because they are afraid that criminal action will be taken against them. There is a risk that these doctors will perform FGM/C in secret.

Cascade-type capacity building to enable health care providers to effectively manage the complications resulting from FGM/C needs to improve. It is obvious that addressing complications from FGM/C will contribute significantly to the reduction of maternal mortality.

### Monitoring and evaluation

In each of the Joint Programme countries, monitoring and evaluation capacities are still limited. Measuring changes in this social norm is not a straightforward process and requires careful attention. This is hampering progress since those involved in efforts to promote the abandonment of FGM/C need to know which interventions are effective and which are not. UNICEF regional offices for West and Central Africa in collaboration with UNFPA sub regional office for West Africa have started an assessment process.

### Mobilizing funding

In order to achieve the “tipping point” – a 40 per cent reduction in the prevalence of FGM/C in girls aged 0-15 years old – 17 countries were targeted for initiatives to accelerate the abandonment process. In addition, at least one country is expected to reach a total abandonment of FGM/C by the end of 2012. However, to date the Joint Programme has mobilized only US \$13.6 million out of the US \$44 million initially budgeted. To sustain their cruising speed, the 12 countries currently active in the programme will need more funding. Also, the scaling up in the five remaining countries – Eritrea, Ghana, Mali, Mauritania and Tanzania – is still pending. In order to strengthen fundraising efforts, improve existing partnerships and seek new collaborations, a short [video](#) advocating for the Joint Programme has been developed and widely disseminated.



*A member of village anti-FGM committee discussing with community members, Ethiopia*



# Chapter Three

## Lessons learned

After two years of operation, UNICEF and UNFPA have enhanced their partnership by strengthening the development and implementation of joint annual work plans in country offices; by representing the Joint Programme at various meetings and by collaborating closely for the preparation of the biannual Steering Committee meetings. UNFPA and UNICEF also provided a briefing on the Joint Programme and its achievements to the Member States of the [UNDP/UNFPA Executive Board](#) during the 2009 spring session.

The Joint Programme acts as a catalyst for action at country level. Although most of the programme countries have been working on the issue of FGM/C abandonment for quite a while, the value-added of the Joint Programme is that it addresses FGM/C with a uniform approach, applying lessons learned from social science and field experience on a large scale. This culturally sensitive approach promotes a collective abandonment of FGM/C using a combination of strategies appropriate to specific contexts. The credibility of the two UN agencies working in synergy under government leadership is highly valued by partners. The Joint Programme also has the unique capacity to support a sub-regional approach, encouraging cross-border social change. When appropriate, the partnership can be extended to other UN agencies to fill gaps identified through close monitoring of progress. Experiences are being shared and linkages facilitated among countries on a regular basis.

UNFPA and UNICEF are jointly advocating for national policies promoting the abandonment of FGM/C. This strategy is necessary in order to obtain government buy-in and ownership. Working directly with parliaments can have a catalytic effect in promoting legal reform. For example, in [Kenya](#) and [Uganda](#), the use of visual aids and policy briefings for information dissemination to members of Parliament was very effective in building support for bills prohibiting FGM/C.

In all countries, the understanding, commitment and involvement of religious leadership has been vital to the efforts undertaken to abandon FGM/C. These leaders have been able to convey information on FGM/C during opportune times such as at Friday prayer and also during community discussions. In some instances, the approval and/or blessing of the religious leadership is crucial in order to even start a dialogue about abandoning FGM/C in a community. More efforts are needed to build the capacities of local religious leaders in communicating social responsibility and promote “non-religious” discussion on FGM/C covering the socio-cultural roots of FGM/C, the impact on women’s and girls life and their families.

*The positive social change approach that encourages dialogue, non-judgmental communication and an organized diffusion of information through social networking coupled with an enforcement of the law are essential to achieve total abandonment of FGM/C.*

The positive social change approach that encourages dialogue, non-judgmental communication and an organized diffusion of information through social networking has been confirmed to be essential in achieving total abandonment of FGM/C. Women, youth, men and community leaders all have a role to play if the practice is to end community-wide. In strengthening the role of each sector of the community in conflict resolution, the human rights approach is a very effective means of tackling cultural and social norms that are harmful to women and children. When this type of intervention is driven by and takes place within a community, it is not seen as being a “foreign influence.”

The sub-district/district approach supported by the Joint Programme in which legal officers, religious leaders and traditional FGM/C practitioners receive training has so far demonstrated that it promotes a common understanding, contributes to the mobilization of collective action at the community level towards the abandonment of FGM/C and ultimately enhances the actual enforcement of existing legal provisions against harmful traditional practices.

In communities that have newly declared their abandonment of FGM/C, mechanisms need to be established so that girls reach the “safe age” uncut. These girls also need support from their families and schools.



*Egyptian Girl*

# Chapter Four

## The way forward

During its third year, the UNFPA-UNICEF Joint Programme needs to expand to five additional countries in order to reach the goal of 17 strategic countries initially identified on evidence-based criteria. In the current 12 programme countries, full and comprehensive implementation of the positive social change approach is necessary in order to reach the goal of a 40 per cent reduction in the practice.

Moving forward will require a **regional strategy** to accelerate the influence of the social networks of communities that have already made the change. Working within ethnicities in the programme's six priority sub-regions will allow the social change approach to be better diffused among groups that share both ethnic and territorial commonalities. A comprehensive regional approach will also permit the creation of linkages between governments and communities across national boundaries.

**Creating a community** of FGM/C countries implementing a common approach, increasing communication among countries, exchanging ideas and South-South cooperation will improve advocacy for the abandonment of FGM/C at a regional level. It will also provide a forum for documenting success stories at the national and regional levels, as well as highlighting barriers and challenges and how to address them.

*Health care providers need to be more cognizant of the effects of FGM/C so that they change their attitudes about the issue and resist pressure from families and communities to continue the practice.*

In order to facilitate the development of this regional approach, functional and geographical **mapping** of interventions and their coverage is required. This exercise will allow the identification of areas where abandonment is taking place and areas that still condone FGM/C and guide decision-making for future actions.

**Scaling up** the Joint Programme will also strategically increase coverage of areas within each country. This will be done by creating new partnerships with NGOs, CBOs and FBOs. The capacities of these partners will be developed so that they can implement sound, culturally sensitive strategies that encourage and sustain the collective abandonment of FGM/C. One particular area that merits further attention is the reproductive health aspect of FGM/C. Health care providers need to be more cognizant of the effects of FGM/C so that they change their attitudes about the issue and resist pressure from families and communities to continue the practice.

The availability of data is another vital component in developing strategies and programmes to promote the abandonment of FGM/C. **Monitoring and evaluation** activities need to be carried out regularly so that programme managers are able

to identify areas requiring further assistance in a timely manner and can revamp interventions to respond appropriately to the local context. The upcoming mid-term assessment will increase the understanding of the programme's approach – multiple strategies undertaken simultaneously at the national, regional and global levels – and determine its effectiveness in reaching the collective abandonment of FGM/C.

To date, the Joint Programme is experiencing great momentum both globally and in the 12 countries where it is being implemented. Eliminating FGM/C within a generation is an attainable goal if commitment, dedication and funding remain available.



*Young adolescent girl*



# Annexes

## Donors contributions

DONOR	CONTRIBUTION IN LOCAL CURRENCY	CONTRIBUTION RECEIVED IN US\$	CONTRIBUTION DATE
Ireland	500,000 EUR	737 463,13	December 18, 2007
Norway	20,000,000 Kroner	3 642 987,25	December 13, 2007
<b>2007 Total</b>		<b>4 380 450,38</b>	
Austria	100,000 EUR	155 763,24	May 30, 2008
Italy	2,000,000 EUR	2 590 673,58	December 05, 2008
Norway	20,000,000 Kroner	2 865 329,51	December 09, 2008
<b>2008 Total</b>		<b>5 611 766,33</b>	
Norway	20,000,000 Kroner	3 577 817,53	December 11, 2009
Switzerland *		101 849,84	
Private/Individual **		1 635,00	
<b>2009 Total</b>		<b>3 681 302,37</b>	
<b>Grand Total</b>		<b>13 673 519,08</b>	

\* The donor agreed to transfer the remaining balance of a completed project to the Joint Programme. Because it was already recorded as UNFPA revenue, upon UNICEF's agreement, it was allocated to UNFPA.

\*\* Voluntary contributions were made by number of UNFPA staff members.

## Financial report

Situation in December 31, 2009

COUNTRY OFFICES	2009 BUDGET	2009 EXPENDITURE	2009 ESTIMATED BALANCE	2009 IMPLEMENT'N RATE
Burkina Faso	280 376,92	228 737,76	51 639,16	82%
Djibouti	455 743,68	410 928,35	44 815,33	90%
Egypt	382 293,00	382 512,82	0	100%
Ethiopia	304 055,99	269 793,68	34 262,31	89%
Gambia	280 376,92	168 741,63	111 635,29	60%
Guinea-Bissau	376 510,50	353 726,00	22 784,50	94%
Guinea	319 083,08	234 983,47	84 099,61	74%
Kenya	389 543,66	385 234,49	4 309,17	99%
Senegal	381 283,95	299 195,06	82 088,89	78%
Somalia	286 916,92	208 155,38	78 761,54	73%
Sudan	524 429,38	513 397,13	11 032,25	98%
Uganda	280 376,92	199 979,95	80 396,97	71%
Global and regional	749 916,52	539 311,95	210 604,57	72%
<b>TOTAL</b>	<b>5 010 907,40</b>	<b>4 194 697,67</b>	<b>816 209,73</b>	<b>84%</b>



السيد الدكتور / عزت الياس محمد

وكيل الوزارة

والسادة العاملين بـرحبون بالسادة الضيوف





Doctors against FGM training workshop, Egypt



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New York, NY 10017 U.S.A.  
[www.unfpa.org](http://www.unfpa.org)



3 United Nations Plaza  
New York, NY 10017 U.S.A  
Web : [www.unicef.org](http://www.unicef.org)