

# ACCELERATING CHANGE | UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation

ANNUAL REPORT 2018

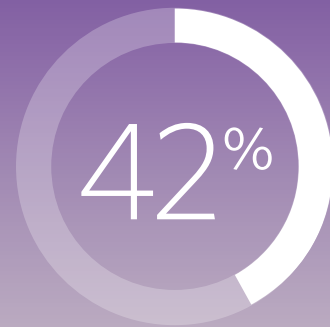
## Country profiles

The country profiles that follow provide snapshots of the key achievements and lessons learned in the eight Tier 1 (top-priority) countries supported by the first year of the third phase (2018–2021) of the Joint Programme (Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal and the Sudan).

The country profiles are mainly based on the annual reports received from the countries with some additional information from the global-level initiatives. The profiles include detailed descriptions from each country with regard to the prevalence of FGM, timeline of key national initiatives, local issues and context, and programmatic achievements under the different outcome areas of the Joint Programme.

The country profiles here reflect the intensity of Joint Programme interventions in 2018, which varied from country to country depending on the national context and local priorities. The country profiles also reflect some of the innovative approaches, as well as enhanced monitoring and evaluation techniques, undertaken in 2018.

# Burkina Faso

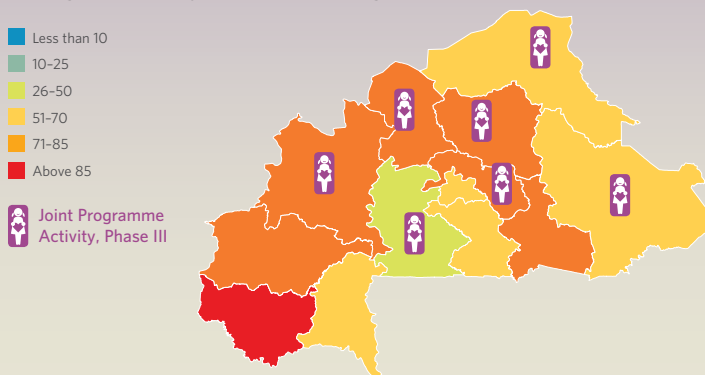


42% of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: EMC 2015

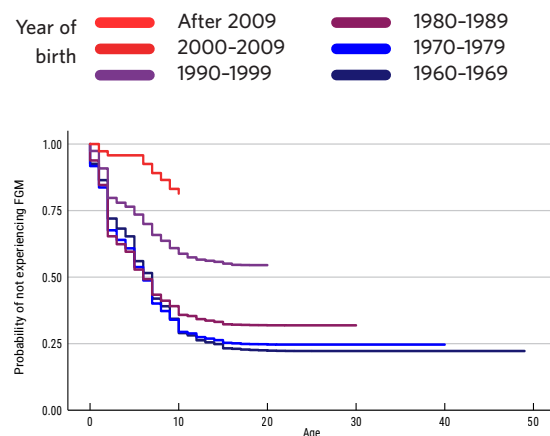
- 11 per cent of girls aged 0–14 years have undergone female genital mutilation (FGM).<sup>1</sup>
- 42 per cent of girls and young women aged 15–19 years have undergone FGM.<sup>1</sup>
- 68 per cent of girls and women in Burkina Faso aged 15–49 years have undergone FGM.<sup>1</sup>

Figure 3.1 depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s. Starting from cohorts born in the 1960s, the curves are stacked on top each other with younger cohorts on top of older cohorts. This demonstrates the decline in risk of experiencing FGM over the last three to four decade.

The data also seems to show a slight decrease in age at cutting, as for older cohort (1960–1969) 25% of girls have been undergoing FGM by age 2 and 50% by age 5, while for younger generation (2000–2009), 25% of girls are cut by age 1 but 50% still being cut later by age 6. However, this difference should be confirmed by a statistical significance testing.

FIGURE 3.1

### Probability of not experiencing FGM for women and girls aged 0–49 years in Burkina Faso

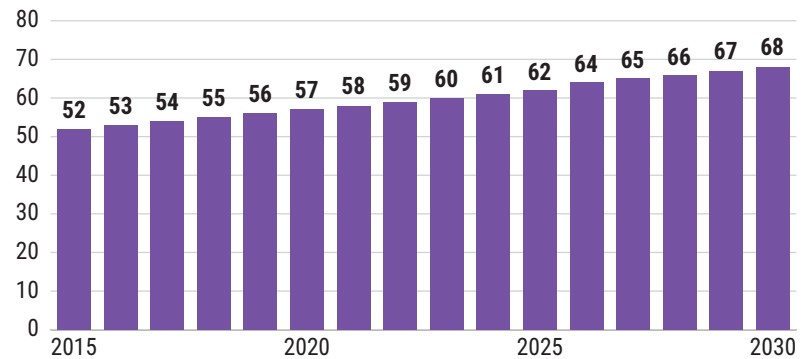


Source: UNFPA 2018

1 Source: EMC (2015).

Recent estimations indicate that about 957,000 girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.2).

FIGURE 3.2: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Burkina Faso

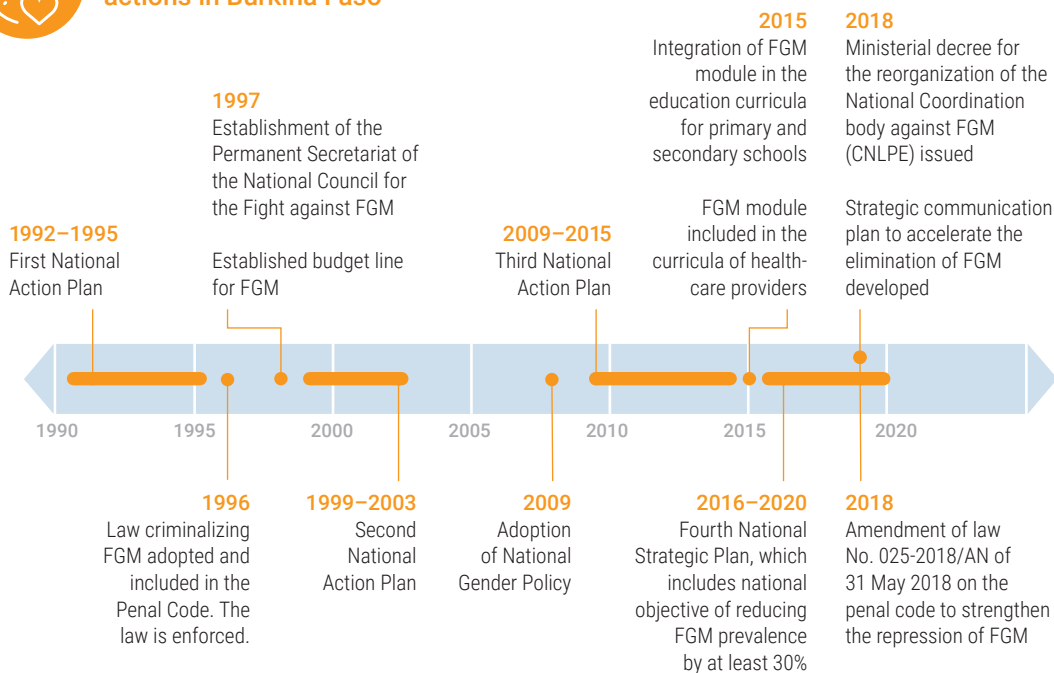


Source: UNFPA (2018)

FIGURE 3.3



### Timeline of key initiatives and actions in Burkina Faso



## National Achievements in 2018

Over the years, Burkina Faso has consistently reinforced implementation of national legislation that criminalizes FGM through initiatives such as the mobile courts. In 2018, the Government

undertook further steps by amending the penal code to strengthen sanctions against the perpetrators and to reorganize the National Coordination body against FGM (CNLPE).

### Enabling environment for the elimination of FGM

Advocacy initiatives were undertaken as part of commemoration of the International Day of Zero Tolerance for FGM (6 February 2018). Advocacy towards political decision makers at subnational level resulted in increased commitments to:

- Integrate FGM into local development plans in accordance with the Charter of Mayors signed on 6 February 2014;
- Report any case of actual or attempted FGM to the authorities, then follow up to learn the outcome;
- Refer survivors of FGM to relevant services (Ministry of Women, National Solidarity and Family and Ministry of Health).

FIGURE 3.4: **Number of arrests, cases brought to court and convictions, 2018**



**Arrests: 10**  
(2015–2018 total: 188)



**Cases brought to court: 10**  
(2015–2018 total: 161)



**Convictions and Sanctions: 10**  
(2015–2018 total: 119)

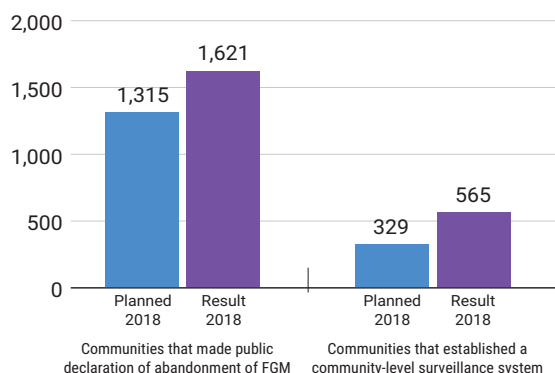
### Transforming social and gender norms to eliminate FGM

- 1,621 communities made public declarations of FGM abandonment in 2018 involving 451,520 people.
- 1,884 communities that have made public declaration of abandonment of FGM established a community-level surveillance system to monitor compliance with commitments.
- 11 men's associations (total 330 members) in the intervention villages were sensitized to include activities on the abandonment of FGM in their 2019 action plans.
- 978 communities implemented a capacity-development package for 2,265 clubs made up of 56,954 girls in Centre, Plateau-Centre, Sahel,

Centre-Nord, Nord, Boucle du Mouhoun, Est and Centre-Ouest regions.

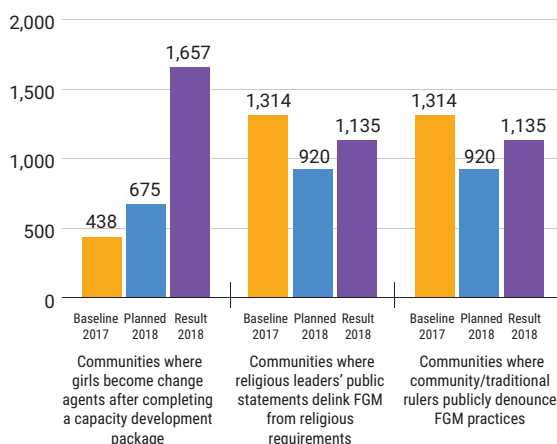
The Joint Programme supported the National Institute for Training Social Workers (INFTS) to develop a gender-sensitive parenting education module. This module will serve as a basis for building the capacity of social workers to empower families and communities on the rights of children and women and on gender-sensitive parental education ('gender parenting') to address the negative consequences of FGM and child marriage.

FIGURE 3.5: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Burkina Faso



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.6: Number of communities with enablers of social norm change in place



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Access to quality FGM-related services for women and girls

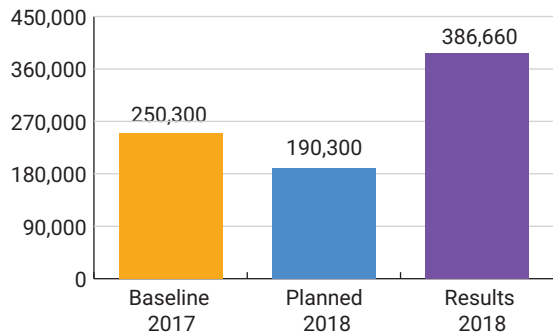
Provision of services for women and girls at risk or affected by FGM is an important focus area for the Joint Programme. In 2018, Burkina Faso achieved the following.

- 387,088 women and girls received health, social and legal services related to FGM (see Figures 3.7, 3.8 and 3.9).
- 56,954 girls were directly reached with FGM prevention interventions.
- 40 social workers, members of associations, gendarmes, police officers and penitentiary security guards in the Joint Programme intervention areas were trained on psychosocial and legal care for girls and women victims of FGM complications.
- 3,275 community health workers (CHWs) including 999 women were trained. The strengthening of the skills of the CHWs was provided by the District Health Officials and the Provincial Directorates for Women under the

supervision of the National Coordination Body (CNLPE). CHWs, whose role includes promoting the health of populations, are expected to use the knowledge received to sensitize their communities on FGM, to integrate aspects related to FGM in their daily activities, to promote preventive denunciation of cases of FGM, and to refer survivors to appropriate care services.

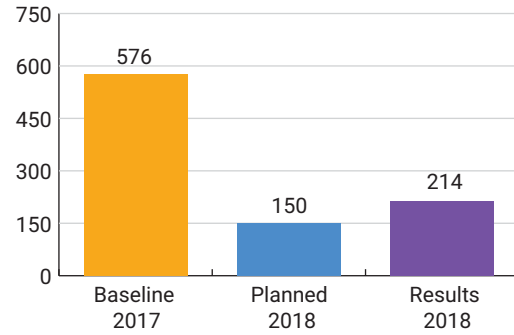
Some 62 midwives from Centre-Ouest Region (Boulkiemdé, Sanguié, Sissili and Ziro) and 75 social workers from the Centre Region participated in conferences with the contribution of victims of FGM, the Association Burkinabe des Sages-femmes and the Centre d'Études et d'appui-conseil en travail social. The purpose of these conferences was to increase the provision of services for the prevention and care for victims of FGM, and to raise the awareness of these actors on their role in promoting the elimination of FGM.

FIGURE 3.7: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.8: Number of girls and women who received social services related to FGM



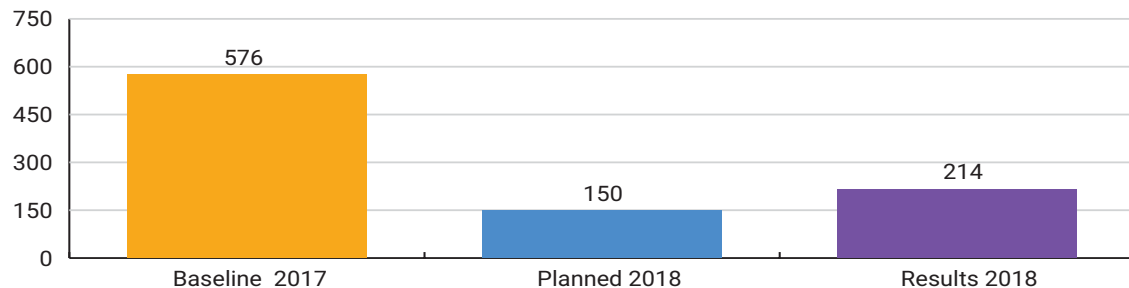
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Data and evidence

Data and evidence are generated to inform advocacy and programming. The following were achieved in 2018.

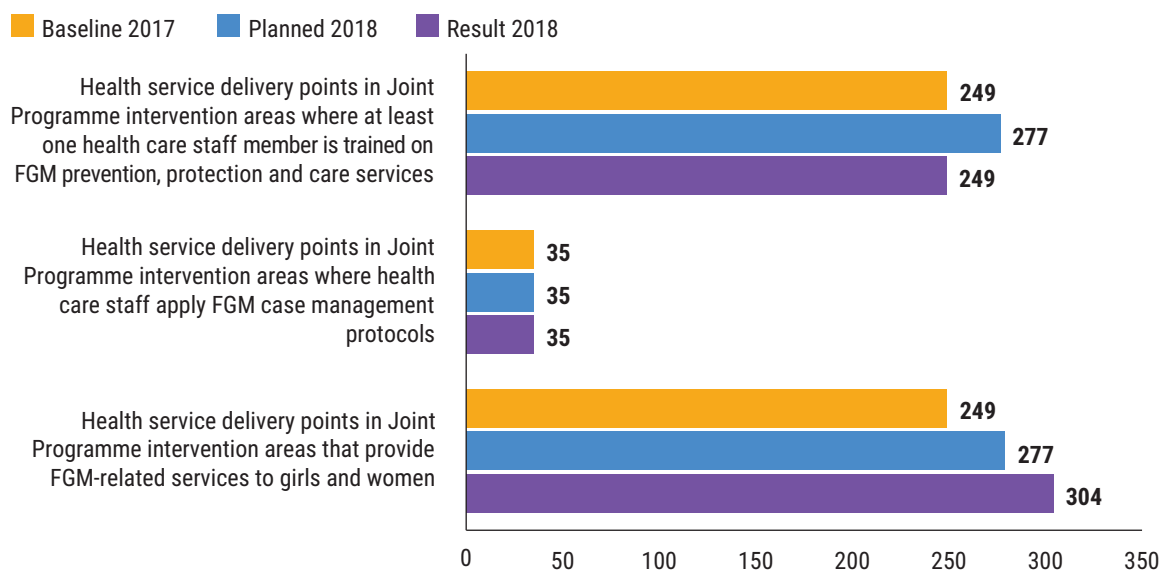
- Completion of the mid-term review report of the National Strategic Plan for the Elimination of FGM (2016–2020).
- Completion of a draft biomedical research protocol on the prevalence of FGM.
- The statistical yearbook of social action, health and justice includes FGM-related indicators and provides sectoral data on the Joint Programme’s interventions. However, the data relates only to clinical cases and does not provide data on the prevalence of the practice.

FIGURE 3.9: Number of girls and women who received legal services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.10: Number of health service delivery points where FGM services are mainstreamed

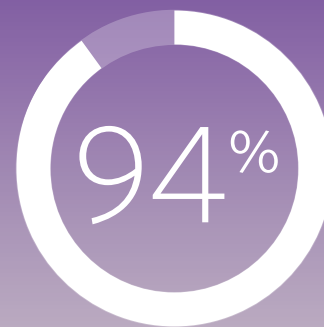


Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Challenges

1. Implementing partners had challenges in accessing the most affected areas due to increasing insecurity. To address this challenge, the Joint Programme strengthened the involvement of community-based actors and local associations as change agents to continue to deliver services for the construction of a social consensus in favour of eliminating FGM practice.
2. Inadequate budgetary allocation for the emergency management of survivors in the event of denunciation.
3. Absence of a surgical protocol for the management of medical emergencies also remains a challenge.

# Djibouti

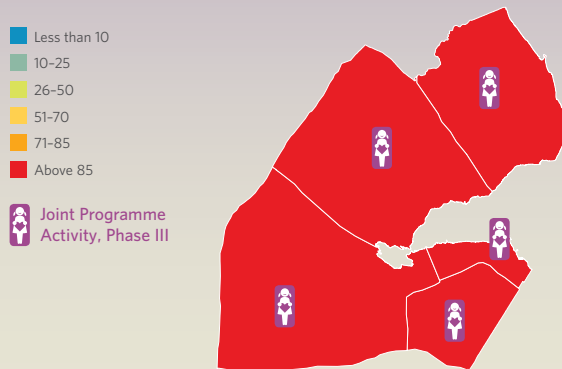


of girls and women aged 15 to 49 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



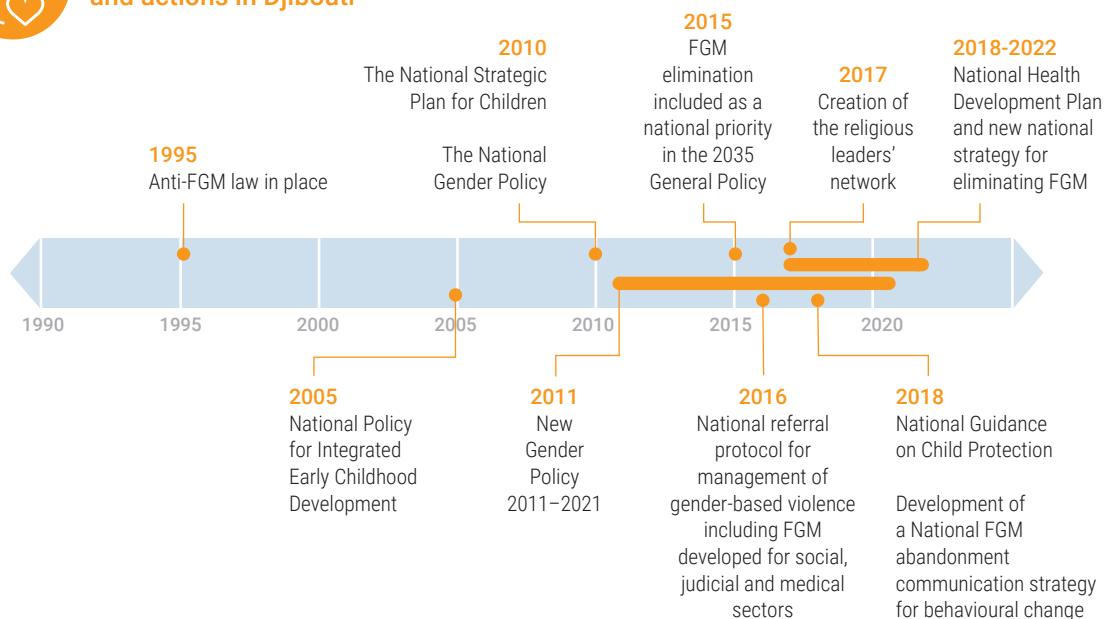
Source: EDIMS 2006

- Female genital mutilation (FGM) remains widespread in Djibouti: nearly 9 in 10 adolescent girls aged 15-19 years have undergone FGM—only slightly lower than older women.<sup>1</sup>
- Evidence of a slight reduction in the prevalence of FGM in Djibouti over the past three decades: 88 per cent prevalence among adolescent girls aged 15-19 years cf. 98 per cent of women aged 45-49 years.
- More than 9 out of 10 adolescent girls and women live every day with the consequences of the practice; 62 per cent of girls in Djibouti undergo FGM between the ages of 5 and 9 years old.
- More than one in five girls underwent FGM before the age of 5 years as reported by their mothers.

FIGURE 3.11



## Timeline of key initiatives and actions in Djibouti



1 PAPFAM 2012



## An integrated multisectoral approach in Djibouti

In Djibouti, the Joint Programme adopted an integrated, multisectoral approach that promotes the adoption of positive social norms and practices with a focus on two critical life stages when girls are the most at risk of undergoing FGM: the first 1,000 days (from conception to age two) and adolescence. The approach is integrated into the sectors of health, nutrition, education and child protection.

The State Secretariat for Social Affairs set up the National Family Solidarity Programme which integrates a parent effectiveness service – parent education modules for the development and expansion of knowledge, skills and appropriate attitudes in support of early childhood development (ECD). It also promotes demand for and the use

of services. Families receiving cash transfers are expected to participate in community dialogues facilitated by community management committees on the essential package of integrated ECD services and support. Through its life-skills programme, UNICEF targets in- and out-of-school adolescents with the aim of empowering them with skills in critical thinking, negotiation and decision-making. This is designed to boost self-esteem and increase the ability to take responsibility for making healthier choices, resisting negative pressures and avoiding risky behaviours. The life-skills programme works to improve knowledge and sensitize adolescents on FGM, HIV/AIDS transmission, drug and alcohol consumption, as well as identifying and challenging gender stereotypes and discriminatory behaviours.

## National Achievements in 2018

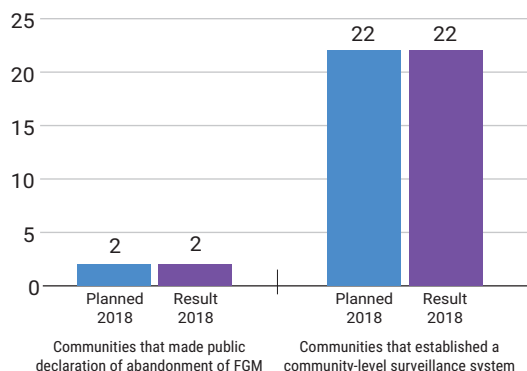
### Enabling environment for the elimination of FGM

- The National Human Rights Commission has contributed to strengthening the judicial system by building capacity among judges and judicial police officers. The Joint Programme has also worked on a planned outreach strategy for judicial services on the denunciation of FGM. This is expected to enhance enforcement of
- legislation, which is currently weak, with only two cases of arrest in 2018.
- Development of a child protection guidance document, which includes a strategic focus on the abandonment of harmful traditional practices including FGM to ensure Joint Programme interventions are integrated into the national child protection system.

### Transforming social and gender norms to eliminate FGM

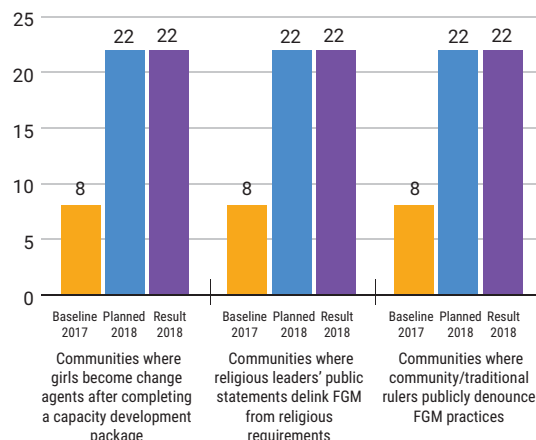
- A communication strategy was developed for sustainable behaviour change for the abandonment of FGM implemented through the use of advocates such as young girls, traditional and religious leaders.
- The Ministry of Muslim Affairs established the religious leaders network (Shamikat) to reach consensus on the position of Islamic teachings with regard to FGM. The Shamikat also conducts community outreach dialogues.
- Two public declarations of FGM abandonment involving 284 people were made with civil society, the media, religious leaders and parliamentarians to put an end to FGM.
- 396 community dialogues promoting FGM abandonment using a pool of 33 religious leaders and community management committees reached 33,128 people.
- 160 of the 414 girls at risk of undergoing FGM were identified and saved from the practice by the surveillance committees established at community level.
- 7,717 adolescents and young people (3,410 girls, 4,307 boys) were reached through a life-skills programme.

FIGURE 3.12: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Djibouti



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.13: Number of communities with enablers of social norm change in place



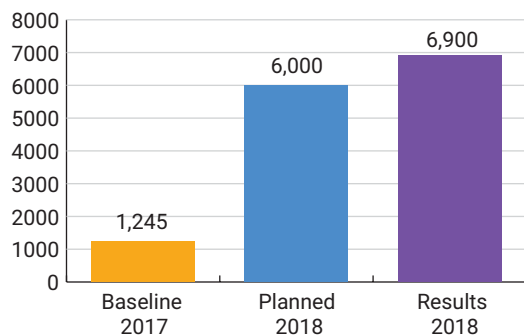
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Access to quality FGM-related services for women and girls

As part of strengthening service provision, different capacity-building initiatives were undertaken in 2018, resulting in the following.

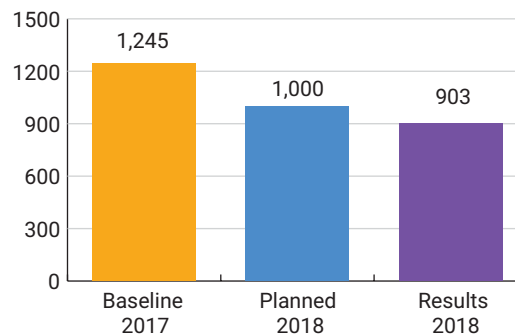
- 7,803 girls and women have received health and social services.
- The protocol and standards of essential sexual and reproductive health / FGM package was updated; the standards were incorporated into the curriculum of the midwifery schools.
- In line with the national child protection guidance document, capacity of social workers in charge of child protection, social affairs and youth, from different ministries, were enhanced. The social workers now support child survivors of violence and FGM.
- The National Human Rights Commission trained 25 judicial police officers and magistrates to serve as advocates in the justice systems.

FIGURE 3.14: Number of girls and women who received health services related to FGM



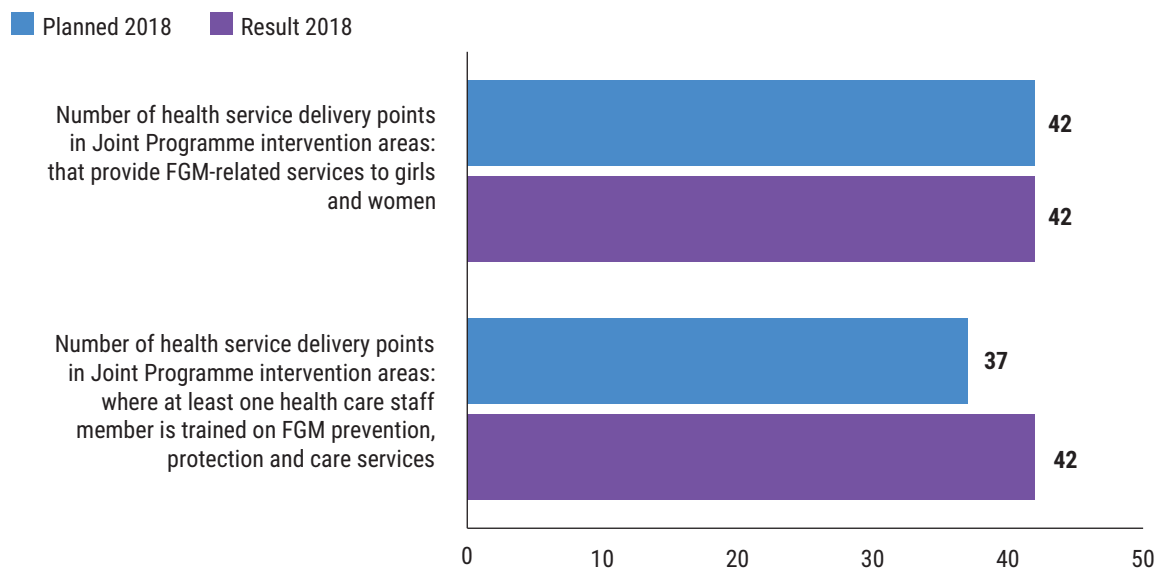
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.15: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.16: Number of health service delivery points where FGM services are mainstreamed

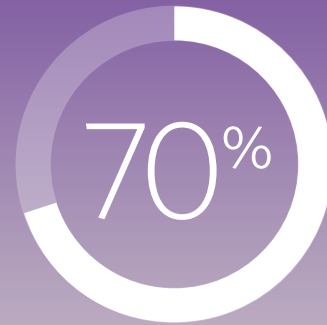


Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Challenges

1. Difficulties in obtaining reliable data limit capacities to programme effectively. Currently, the capacity of government institutions responsible for data collection are being strengthened.
2. Although full abandonment of FGM is the vision for all programmes on FGM, communities tend to present change of practice from type III to type I as an achievement. This presents a challenge to efforts being made toward zero tolerance and full abandonment of FGM.

# Egypt

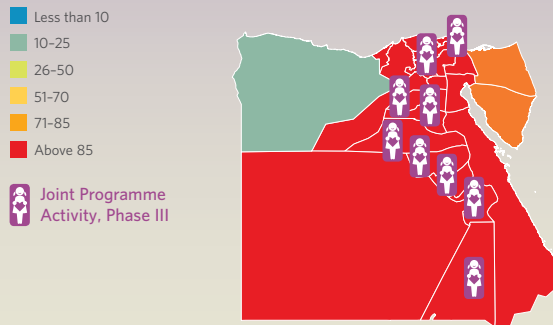


of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: DHS 2014

- 70% of adolescent girls aged 15–19 years have undergone female genital mutilation (FGM).
- 97% of women aged 45–49 years have undergone FGM.
- A decrease in the prevalence has been observed in the ages 15–17 from 74% in 2008 to 61% in 2014.
- Almost all girls and women in Egypt (96%) underwent FGM before age 12 years, with the majority of girls (64%) undergoing FGM between ages 9 and 12.
- Girls' and women's attitudes towards FGM have been slowly shifting, whereas boys' and men's attitudes have demonstrated no significant change.

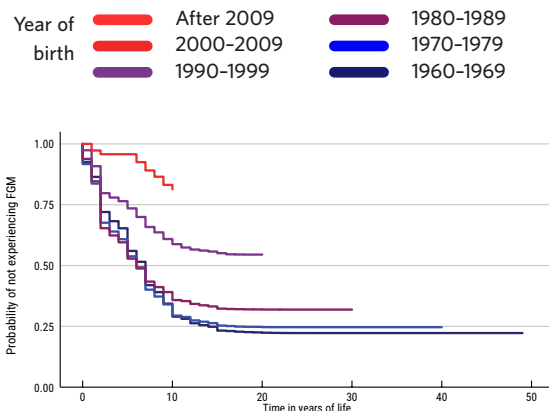
FIGURE 3.17 depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as older cohorts (born 1960–1969), 25% of girls had been undergoing FGM by age 8 and 75% by age 11, while for younger generation (born after 2009), 25% of girls are cut by age 1 and 75% are cut by age 2. However, this difference should be confirmed by a statistical significance testing.

In Egypt, estimations indicate that about 7.1 million girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.18).

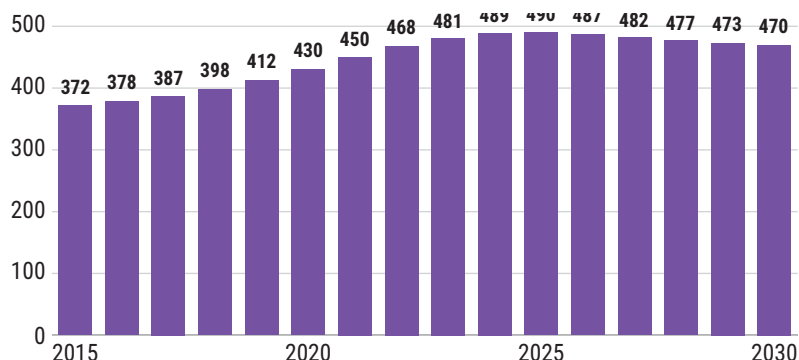
FIGURE 3.17

### Probability of not experiencing FGM for women and girls aged 0–49 years in Egypt



Source: UNFPA 2018

FIGURE 3.18: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Egypt

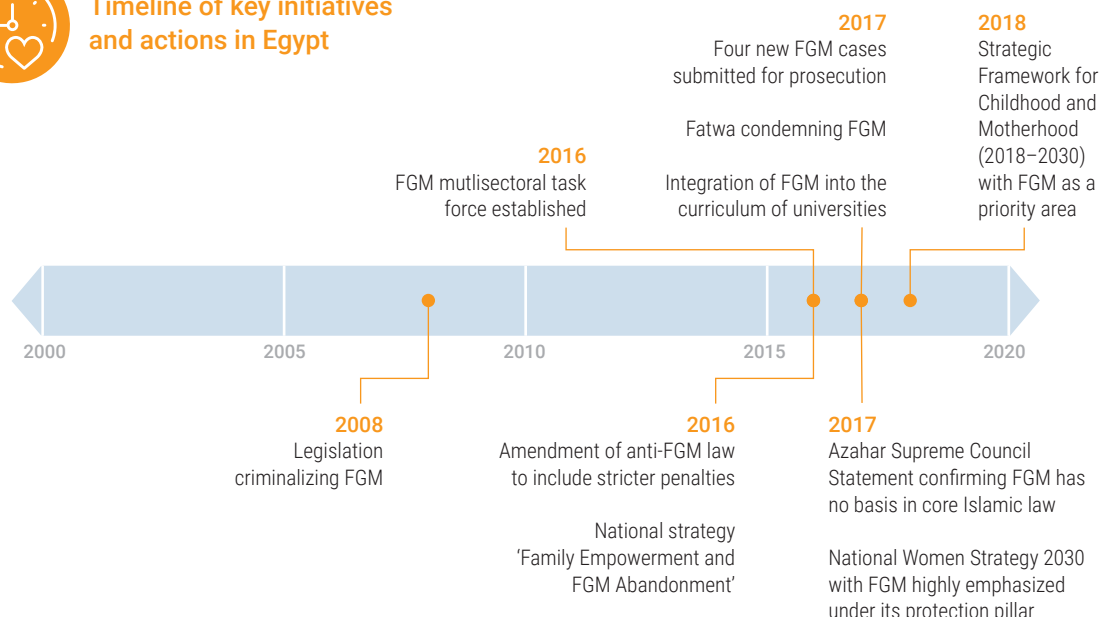


Source: UNFPA (2018)

FIGURE 3.19



### Timeline of key initiatives and actions in Egypt



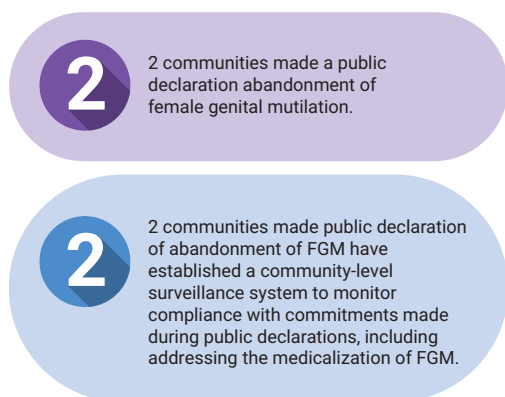
## National Achievements in 2018

### Enabling environment for the elimination of FGM

- The Government of Egypt's National Council for Childhood and Motherhood launched the Strategic Framework for Childhood and Motherhood (2018–2030) which emphasizes FGM as a priority area. The strategy includes five pillars with performance indicators: health, education, child protection, child poverty and maternal health.
- A new circular by the Prosecutor General was issued to strengthen coordination between public prosecutors and the Child Protection Committees to respond to all cases of children at risk, including FGM.
- To enhance the enforcement of the FGM legislation, FGM and gender-based violence were mainstreamed in law enforcement capacity-building programmes with the aim of increasing the number of cases detected and referred for prosecution. In 2018, some 360 prosecutors, 175 judges and 18 social workers were trained.

## Transforming social and gender norms to eliminate FGM

FIGURE 3.20: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Egypt



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.21: Number of communities with enablers of social norm change in place



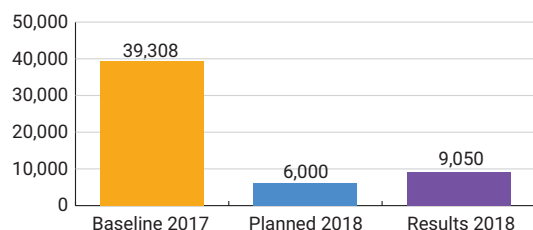
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

- About 8,361 community members were reached through community dialogue, interactive theatre and adult learning programmes that led to public declarations of FGM abandonment involving 2,215 families. Public declarations were held in Sedfa and Assiut districts.
- Egypt launched the 360-degree Edutainment Programme, which combines inclusive community-based awareness-raising campaigns using television, radio and social media, as well as on-the-ground community mobilization activities such as education sessions facilitated by youth, community leaders and educators.
- Y-PEER (youth peer education network) held 23 outreach camps in partnership with 18 universities, 15 high schools and 125 local NGOs, and reached 2,018 young people. In 2018, some 1,490 peers acquired skills and knowledge needed to train their peers on FGM and reached out to 6,281 peers.
- The Joint Programme supported the Egyptian Youth Initiative in collaboration with the National Population Council and MoHP to establish a network of 1,200 students in 12 universities. The network managed to reach 27,200 peers and 62,800 community members in addition to documenting best practices at the community level and creating a dedicated digital platform.
- 1,215 religious leaders were trained on issues related to violence against children, gender-based violence, population issues and harmful practices in 17 governorates.
- 1,020 staff members from implementing partners were trained on the involvement of men and boys through the Champions of Change modules for boys in the governorates of Assiut, Qena and Sohag.

## Access to quality FGM-related services for women and girls

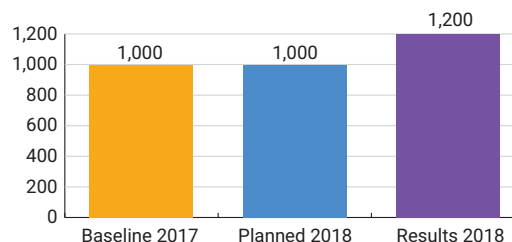
- 10,250 women and girls received health and social services.
- The capacity of 51 youth-friendly clinics was built by training service providers on youth-friendly services and communication skills on dealing with FGM.
- All health cards for newborn girls have messages related to FGM prevention and protection. With current population growth rate, 1.5 million families are expected to have access to these awareness messages every year.

FIGURE 3.22: Number of girls and women who received health and prevention services related to FGM



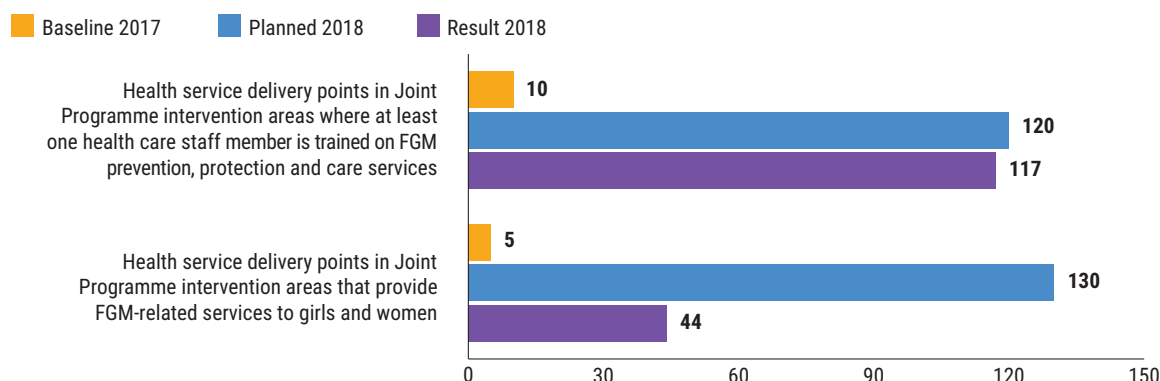
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.23: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.24: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Innovative approach

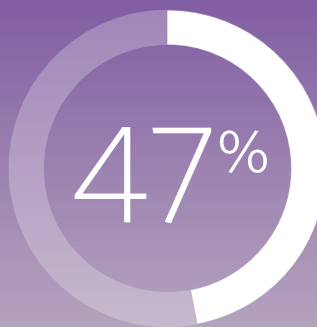
An initiative called 'Music for Development' with a strong focus on FGM was implemented. The idea is to develop songs and engage young underground bands to deliver messages related to population growth, FGM and early marriage in a youth-friendly manner which can be repeated without seeming

repetitive and didactic. Involving young singers has been a key element in reaching out to young people and promoting positive role models to combat harmful practices and involve youth in community development and prosperity.

## Challenges

1. There were changes in the national response to FGM structure, funding and leadership that had implications for the anti-FGM campaign in the country.
2. An absence of clear policies and guidance for medical professionals. Monitoring of providers and clinics is also essential for the protection of girls at risk. The programme engages with the Medical Syndicate as well as the ministry of health to ensure their regulatory role over practitioners. Supporting the 'Doctors Against FGM' initiative should continue and sensitization of medical professionals is recommended. Media campaigns should address FGM from a rights-based approach, not only health risks.
3. Most efforts around FGM abandonment are fragmented and not documented. Supporting the National FGM Taskforce in coordinating initiatives and implementing national strategies is recommended.

# Ethiopia

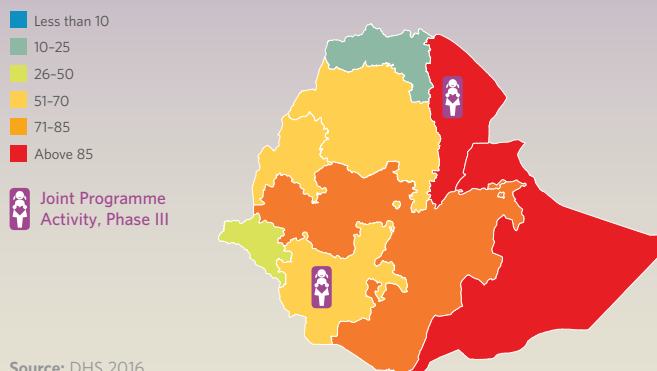


of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: DHS 2016

The practice of female genital mutilation (FGM) is changing, with fewer adolescents having undergone FGM compared with older generations. 75% of women aged 35-49 years have undergone FGM compared to 47% for girls aged 15-19 years.

**Age at FGM:** FGM is performed throughout childhood. Half of girls and women aged 15-49 in Ethiopia underwent FGM before they reached the age of 5 (49%), while 22% of them underwent FGM between the ages of 5 and 9. The age of FGM varies, with two basic patterns and a dichotomy between the north and the south. In northern Ethiopia, it tended to be carried out shortly after birth, whereas in southern Ethiopia it usually linked to marriage between the ages of 16 and 20.

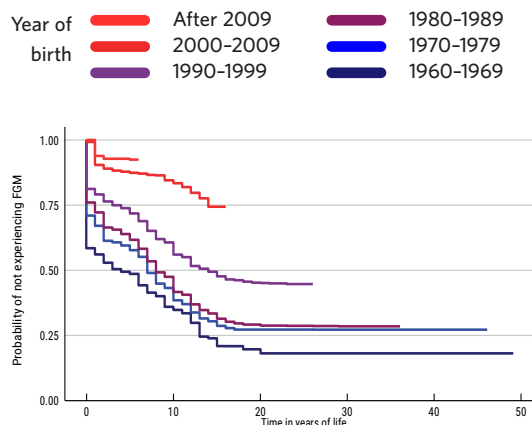
**Figure 3.25** depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969), 75% of girls have been undergoing FGM by age 9, while for younger generation (after 2009), the same proportion are cut by age 1. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that nearly 6.3 million girls will be at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.26).

FIGURE 3.25

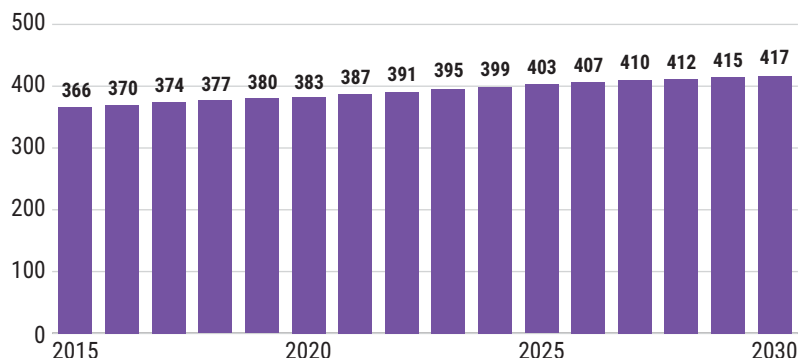
Probability of not experiencing FGM for women and girls aged 0-49 years in Ethiopia



Source: UNFPA 2018



FIGURE 3.26: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Ethiopia

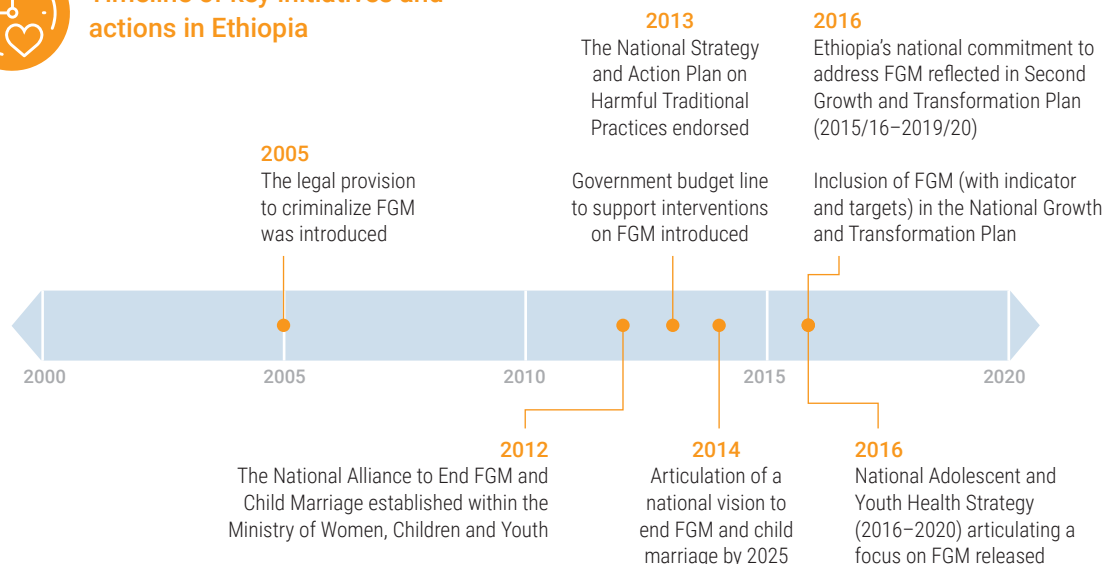


Source: UNFPA (2018)

FIGURE 3.27



### Timeline of key initiatives and actions in Ethiopia



## Strengthened national enabling environment

Ethiopia has put in place a number of critical milestones in terms strengthening the national enabling environment for addressing FGM and other harmful practices. Alongside with the political commitments and measures, efforts are also under way in terms of widely sensitizing the public at large on issues related to FGM. This is

being done through various approaches, including engaging communities in a dialogue process to reach consensus towards the abandonment of the practice of FGM, building consensus with religious leaders in delinking FGM from religious requirements, and empowerment of girls.



## National Achievements in 2018

### Enabling environment for the elimination of FGM



**Arrests: 13**  
2015–2018 total: 293



**Cases brought to court: 9**  
2015–2018 total: 86



**Convictions and Sanctions: 4**  
2015–2018 total: 6

In partnership with the Federal Supreme Court, an assessment of the barriers and enabling factors for implementation of legislation on FGM will be undertaken to better inform programming at the country level.

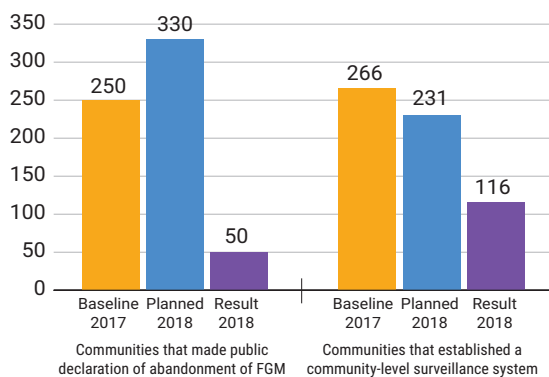
- The development of a national costed road map to end harmful practices significantly progressed in 2018 and passed through different consultative processes (expected to be finalized in 2019). The road map includes comprehensive situation analysis, federal- and regional-level plans, and a monitoring and evaluation framework.
- The National Alliance to end FGM and child marriage, the national coordinating body within the Ministry of Women Children and Youth, continued to successfully lead several national initiatives. In addition, regional-level coordination mechanisms in the Afar and Southern Nations, Nationalities, and Peoples (SNNP) regions have been put in place to help coordinate the effort of stakeholders working at subnational level.
- The Annual National Girls summit was organized, serving as a structured nationwide mechanism to review progress, share experience and deliberate on the way forward.
- Continued engagement with members of parliament at both national and regional levels to strengthen accountability, particularly the initiative with Women and Children's Affairs Standing Committee (see above).

- The Ministry of Women, Children and Youth developed a checklist to assess and identify districts where at least one third of the *kebeles* (lowest administrative unit) are free from FGM; such districts will be given a white flag as a visible landmark. This will help to encourage and also challenge neighbouring districts to follow.
- The Government has introduced a new reporting and accountability mechanism that requires all sectors to present their plans for the coming 100 days. At the end of the 100 days they report back what they have achieved and their challenges. This is also benefiting the work on FGM as it is one of the priority issues.

## Transforming social and gender norms to eliminate FGM

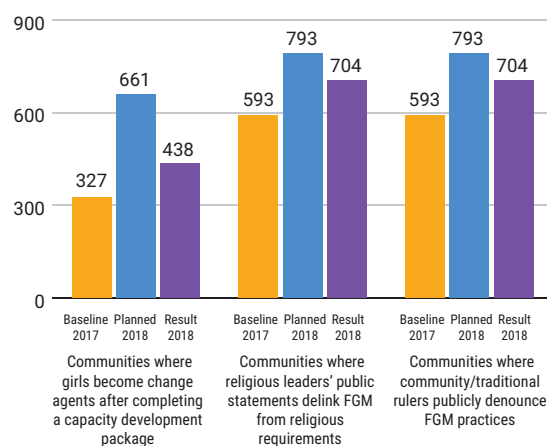
- 50 communities have made public declaration of abandonment of FGM involving 15,200 individuals.
- 595,362 community members were reached through educational interventions to build a critical mass to support the change in social norms. Some 246,521 people in Afar and SNNP regions were reached through media in the target *woredas* (districts). In addition, more than 121,160 people were estimated to have listened to TV or radio broadcasting across the two target regions beyond the target districts.
- 14,140 adolescent girls participated in girls' platforms (cut and uncut girls club and life skills), which mainly focus on self-awareness, problem-solving, decision-making, reproductive cycle management, and sexual and reproductive health issues.
- 740 religious leaders were trained and took part in the consultative consensus-building sessions and publicly denounced the practice of FGM.
- 660 girls were saved from undergoing FGM thanks to the involvement of communities, including through the community surveillance mechanism.
- A new initiative of recognizing and awarding women who have not subjected their daughters to FGM and kept them in school was started in 2018. These women in turn now travel from village to village to raise awareness in their respective communities to stop FGM, in close coordination with community-based structures. They are playing a key role in their communities to create groups of advocates against FGM and other harmful practices.

FIGURE 3.28: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Ethiopia



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.29: Number of communities with enablers of social norm change in place



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Intermediate markers of progress

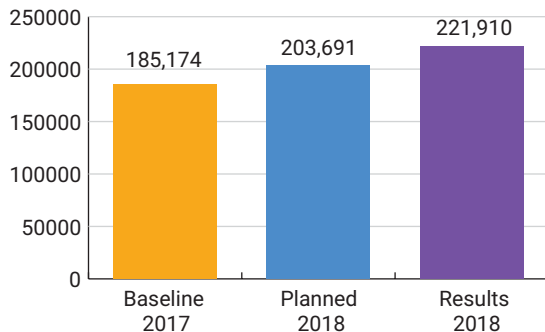
- Girls who have not undergone FGM have begun to speak publicly about the harmful effects of FGM, breaking the traditional belief: 1,969 such girls have been voluntarily registered to work with different community groups to end FGM.
- Schools set rules to discipline those who verbally abuse/insult non-FGM girls.
- There is increasing intermarriage of men from the Afar Region with young women from surrounding non-Afari communities who either have no or a less severe type of FGM. This confirms the view that, for some communities, FGM is no longer considered as a primary requirement for marriageability. More research is needed to further understand the context and reasoning behind such a move at community level.

## Access to quality FGM-related services for women and girls

Efforts to provide services for women and girls were further strengthened in the year and the following results were achieved in Ethiopia.

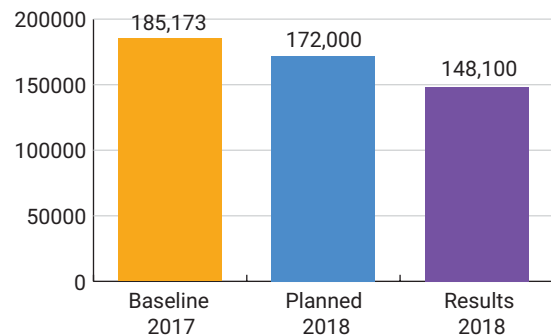
- 453,485 girls and women received health, social and legal services.
- More than 47 health-care facilities were supported to integrate FGM in their service provision and health education system, and also had their capacity strengthened for case identification and management.
- 210 service delivery points providing social services were supported to provide quality prevention and response services. The services provided include information about available services, referral linkages and case management, provision of initial guidance and advice, support and encouragement to women and girls at risk of and/or survivors of FGM to seek other services such as medical and legal services.
- 286 midwives and 709 health extension workers were trained on their role of FGM prevention and

FIGURE 3.31: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.30: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

care.

FIGURE 3.32: Number of girls and women who received legal services related to FGM in 2018

Source: UNFPA-UNICEF FGM Joint Programme database, 2018

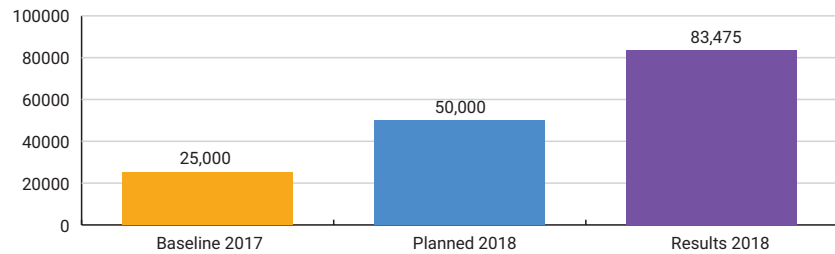
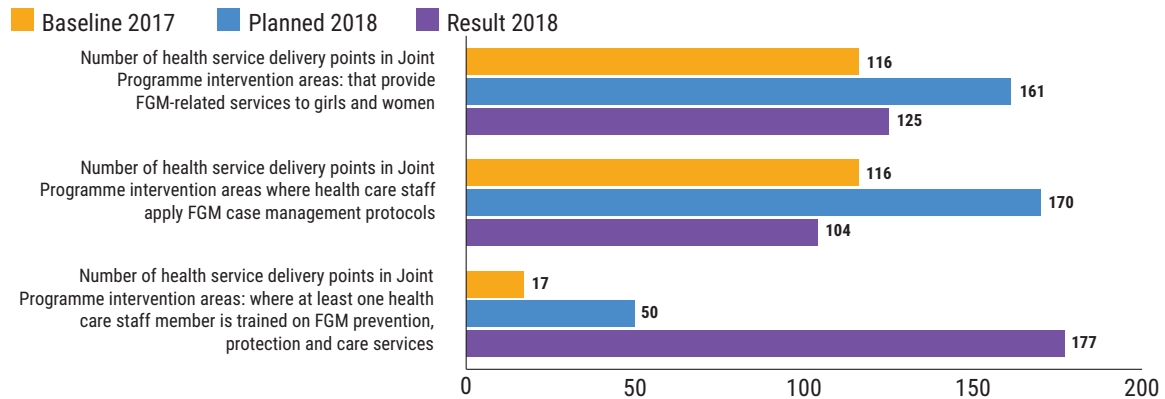


FIGURE 3.33: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Data and evidence

In-depth analysis was carried out of the 2016 EDHS (Ethiopian Demographic and Health Survey) findings on FGM. The analysis covers patterns and trends of FGM at regional level, observed annual rate of change, and required rate of change

to achieve nationally and globally set goals of elimination. Results from the analysis informed the costed national road map (under finalization), policy dialogue and programming efforts.

## Innovation

The community surveillance team started registering newborn girls and making house-to-house regular follow-up on the status of girls. This has strengthened the effort to protect children at

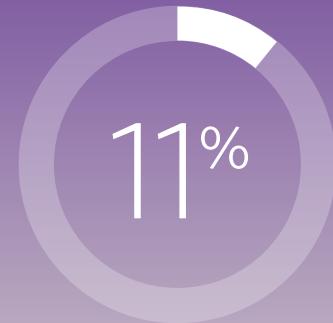
the household level, and has opened the discussion on the need to collaborate with various agencies working on vital events registration.

## Challenges

1. Given the significant and growing number of internally displaced persons and refugees being hosted in Ethiopia, the programme strategies and interventions need to be able to adapt to this context to reach the affected populations.
2. Law enforcement agents are not adequately reaching remote and less accessible rural communities located far from the centre, making

- girls and women more vulnerable to the practice of FGM. There is also a tendency for parents to take girls to neighbouring districts to undergo FGM.
3. Women and girls who have undergone FGM have limited access to services due to the low awareness level of health-care professionals in identifying and treating cases of FGM.

# Kenya

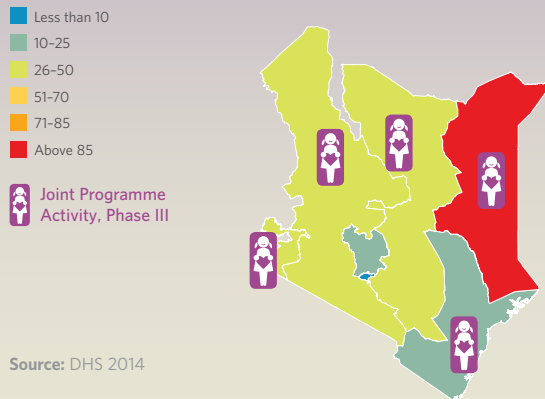


of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: DHS 2014

- 21% of girls and women in Kenya aged 15-49 years have undergone female genital mutilation (FGM).
- 43% of girls aged 15-19 years underwent FGM between the ages of 10 and 14 years.
- In Kenya, the prevalence of FGM as a harmful practice varies across the country and is concentrated in some regions.
- Evidence shows FGM is being performed on younger girls: 28 per cent of women aged 20-24 experienced FGM between 5 and 9 years of age, as compared with 17 per cent of those aged 45-49. Communities who still want to practise FGM want to avoid resistance and denunciation.

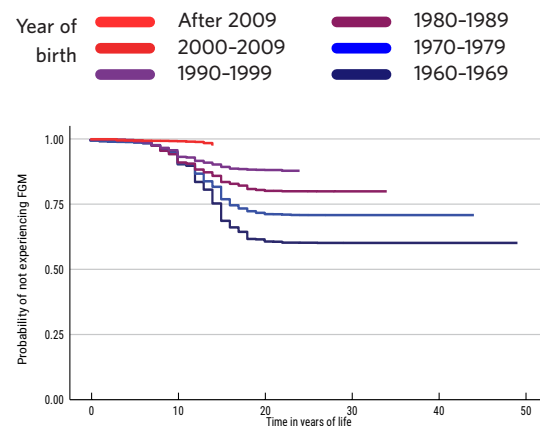
**FIGURE 3.34** depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969) 25% of girls have been undergoing FGM by age 11 and 50% by age 14, while for younger generation (after 2009), 75% of girls are cut by age 2. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that 813,159 girls are at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.35).

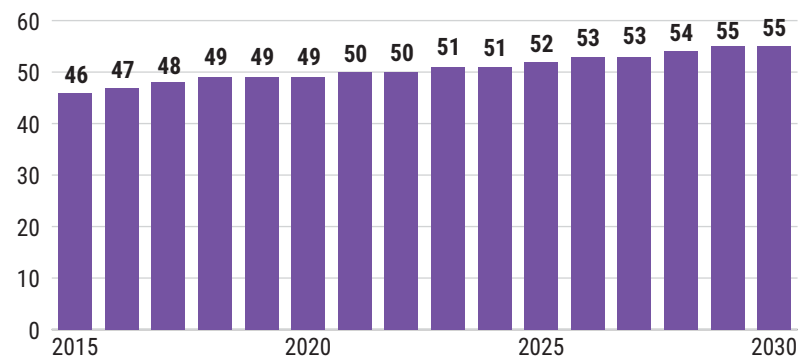
FIGURE 3.34

Probability of not experiencing FGM for women and girls aged 0-49 years in Kenya



Source: UNFPA 2018

FIGURE 3.35: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Kenya

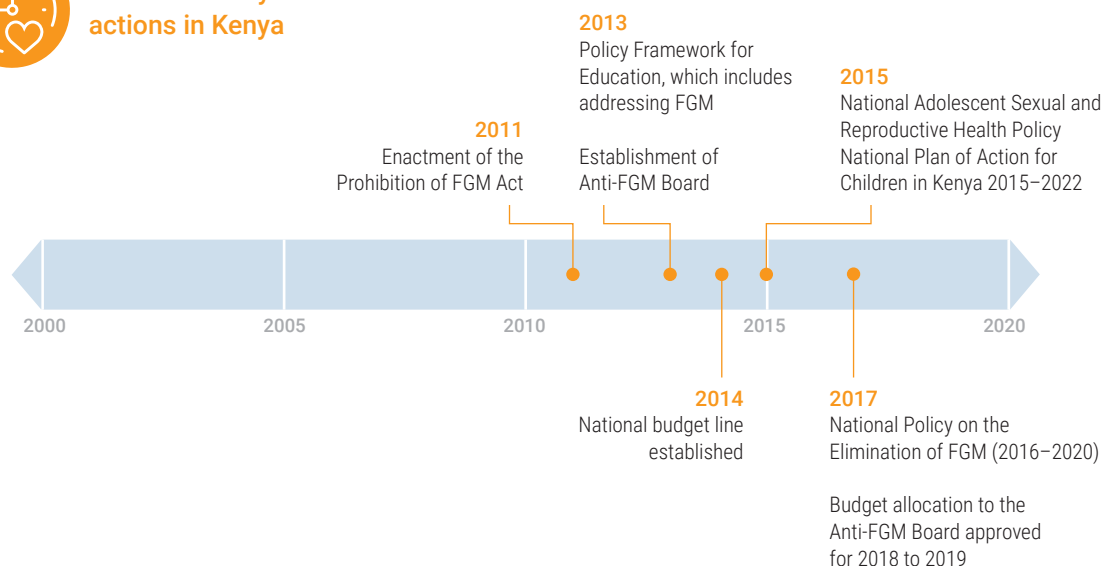


Source: UNFPA (2018)

FIGURE 3.36



### Timeline of key initiatives and actions in Kenya



## National Achievements in 2018

- Kenya held an End FGM Conference in February of 2018 with a resolution affirming commitment by both state and non-state actors to eliminate FGM in Kenya. At this conference, which brought

together a total of 500 stakeholders, the United Nations Joint Programme on Elimination of FGM was recognized and awarded the 'best joint programme' on ending FGM in Kenya.

### Enabling environment for the elimination of FGM

- An ongoing case in court filed by a medical doctor is challenging the Prohibition of FGM Act 2011 and the establishment of the Anti-FGM Board. While the constitution of Kenya supports protection and enjoyment of individual cultural rites, FGM law has been introduced to prohibit (harmful) cultural rites on girls and women. The Joint Programme supported the

state and pro bono lawyers dealing with the court case to strategize a way forward. Further, the Joint Programme has supported the issuance of a public statement concerning the case by the Anti-FGM Board through the radio and television stations. The case has been cited as a constitutional matter and, because of this, the

FIGURE 3.37: Number of arrests, cases brought to court and convictions



Chief Justice has established a three-judge bench to determine the case.

- Kenya developed and launched key policy-related documents, including Resource Mobilization Strategy, guidelines for Alternative Rites of Passage (ARP) and Community Dialogue, as well as the elimination of FGM Resource Handbook. This was possible because the Joint Programme built

the capacities of 130 individuals (85 male and 45 female) from civil society organizations and youth networks; and targeted 50 members (35 male and 15 female) of the County Assemblies (MCAs) from focus counties. Such advocacy forums with MCAs often resulted in action plans with clear road maps for the development of county-specific policies on elimination of FGM and child marriage, including budget allocation.

### Transforming social and gender norms to eliminate FGM

Some 83,773 people (40,051 male and 43,722 female) were directly reached through community dialogues, provision of services, training, community and school-based exchange programmes, community theatres to end FGM and commemoration of international calendar days.<sup>1</sup> Additionally, 400,000 persons (180,000 male and 220,000 female) were indirectly reached through community radio stations and talk shows. This was as a result of the following.

- Sustained community conversations/dialogue. During the reporting period, there were 820 community dialogue sessions delivered across the Joint Programme focus counties. A total of 63,806 people (26,240 male and 37,566 female) were directly reached.
- 2,300 girls were identified as at risk of undergoing FGM due to family history and area of residence. These girls are tracked and regularly supported by trained community monitors including men, youth, women and other girls.
- 5,030 girls rescued from FGM and assisted to access services for counselling, safe temporary shelter, education, health and legal aid. This was possible because the Joint Programme directly engaged 87,957 (40,899 male and 47,058 female) people and indirectly 400,000

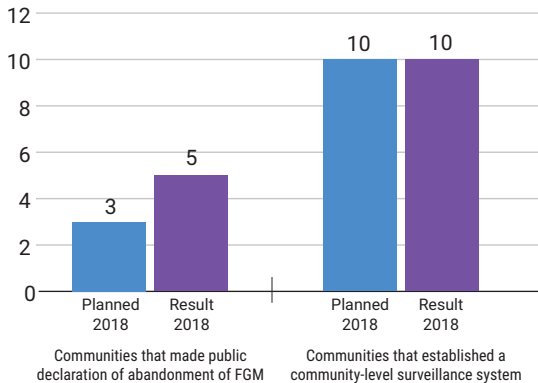
(180,000 male and 220,000 female) through community dialogue, provision of services, lifeskills and mentorship training, alternative rites of passage and outreach programmes, as well as community-based radio stations and talk shows.

- 110 active excisors were identified, trained and engaged during programme implementation. As part of prevention measures their details were shared with the Nyumba Kumi members (local security committees), as well as the government security agencies for surveillance, including tracking them and preventing them from carrying out FGM. The reformed excisors were also engaged in community outreach activities and were able to additionally reach 1,450 women and female youth in the target villages.
- In Kuria, there are 50 community-owned safe homes (locally registered with the local chiefs) to protect girls who escape from their families during the FGM season. This is part of a Joint Programme intervention to strengthen community-based protection structures and reduce institutionalization of rescued girls. In 2018, some 28 girls were rescued and sheltered in safe homes and later reunited with their families at the end of the FGM season. The programme is geared towards showcasing this

<sup>1</sup> International Day of Zero Tolerance to FGM; 16 days of activism; International Day of the Girl Child.



FIGURE 3.38: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Kenya



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

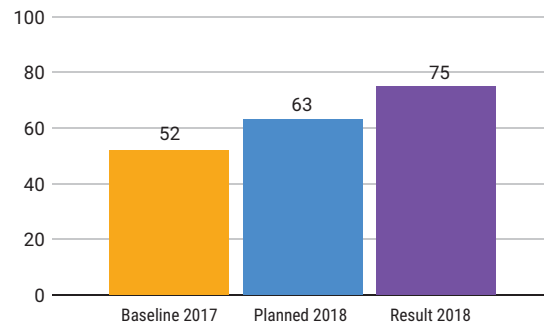
innovative community-based intervention and raising its visibility.

- 620 members of Nyumba Kumi (390 male and 230 female) participated in the community dialogue sessions and were trained on the adverse effects of FGM. The trained members were also linked with FGM community monitors to strengthen detection, prevention and response to FGM cases.
- 210 religious leaders (180 male and 30 female) were trained in Garissa, Kisii, Kuria, Tana River and Wajir on the negative effects of FGM. They were engaged during the programme implementation and facilitated to hold six sensitization meetings. In Garissa, Tana River and Wajir, a religious and traditional leaders' dialogue forum for 230 men supporting anti-FGM interventions and those that support FGM was organized to discuss FGM and Islam. The idea was to influence and convince the religious leaders and elders (men) to declare that FGM has no basis in the Islamic faith or any other faith.
- Community and school-based exchange programme: 10 community and school exchange programmes were carried out reaching 2,565 people (1,387 male and 1,178 female).<sup>2</sup> This

2 Abagusii, Abakuria, Masaai, Orma, Pokot, Rendille, Samburu, Somali (2 sites) and Wardehi.

3 Egesa, Kalya FM, Nossim, Serian, Star FM, Togotane FM and Wajir community radio.

FIGURE 3.39: Number of communities where girls become change agents after completing a capacity development package

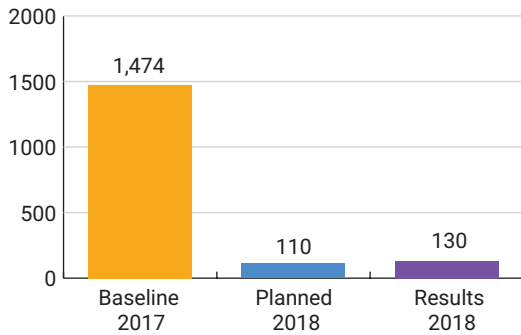


Source: UNFPA-UNICEF FGM Joint Programme database, 2018

amplifies the voices of communities through sharing of best practices.

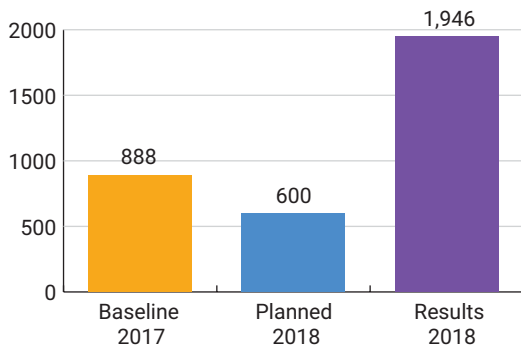
- Communication for Development: The programme has continued to the use and benefit from Communication for Development to amplify women's and girls' voices, facilitate meaningful participation, and foster social change within FGM-practising communities. The programme revealed underlying attitudes and traditional wisdom, and helped to develop, test and spread new social messages related to FGM to an estimated 400,000 people (180,000 male and 220,000 female) through seven community radio stations<sup>3</sup> and talk shows.
- Established and strengthened nine male engagement networks: Through culturally sensitive and gender-responsive approaches, men and boys have been engaged during programme implementation to discuss issues that are considered taboo in some communities. Discussions take six months until the members participating in the dialogue sessions on FGM are free to openly express their opinions. A total of 1,200 men and 1,200 boys are engaged to ensure their primary prevention initiatives lead to a significant advance in the overall reduction of

FIGURE 3.40: Number of girls and women who received health and prevention services related to FGM



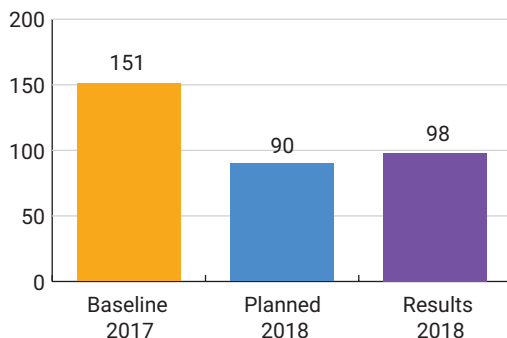
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.41: Number of girls and women who received social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.42: Number of girls and women who received legal services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FGM and increased awareness of the negative societal impacts of violence (including FGM) against women and girls.

### Access to quality FGM-related services for women and girls

Some 5,030 girls received essential services including access to safe temporary shelter, education, health and psychosocial support. This was as a result of the following:

- Enhanced capacities of 322 (203 male and 119 female) members from service providers at national and county levels.
- 57 health service providers were reached and 30 (14 male and 16 female) of their staff trained to provide health services to girls with complications arising from FGM.
- 19 paralegals from focus counties were trained on FGM case management and mediation. The paralegals provided legal aid services to 533 community members in Baringo, Elgeyo Marakwet, Narok, Samburu and West Pokot focus counties. Some 30 cases (including early child marriage, 7; FGM, 4; custody and maintenance; eviction, 3; and succession, 2) were referred to FIDA Kenya for further legal follow-up and support with court cases where necessary.
- Other capacity-building initiatives for service providers provided by the Joint Programme included training of 4,460 police, journalists and health officials (2,140 male and 2,320 female) on overall child protection, prevention of medicalization of FGM, gender-based violence, basic psychosocial support, case management, child-friendly case recording, evidence preservation, prosecution and referral pathways.
- 576 (376 male and 200 female) focal points were trained and activated resulting in the rescue and linking to services the said 5,030 girls.

## Intermediate markers of progress

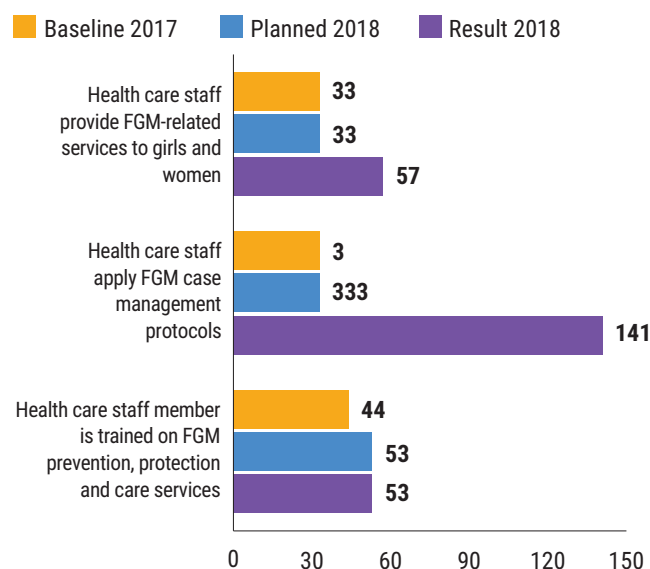
Positive changes have been reported during many community dialogue sessions, including improved relationship, reception and demand for services for FGM at the police child and gender desks and health service points.

The year also witnessed an overall increase in reporting (Joint Programme media monitoring indicates 57 occasions) of FGM cases and discussions in newspapers, on the radio and on television.

## Formal evaluations and studies

The 2018 UNICEF study on FGM and child marriage<sup>4</sup> shows the influence of border countries/communities on the continuity of harmful practices by those who provide the service and those who demand it. The findings show approximately 60 per cent from Ethiopia, 14 per cent from Somalia, 71 per cent of respondents from Uganda and 17 per cent from the United Republic of Tanzania had visited Kenya for FGM services. Specifically, approximately 4 per cent of surveyed women indicated that they had visited Kenya only once, 8 per cent had always visited Kenya when in need of FGM services and 30 per cent stated that they have visited Kenya occasionally to seek FGM services. Some 54 per cent of surveyed women from Ethiopia, 50 per cent from Somalia and 22 per cent from Uganda had visited Kenya at least three times to seek FGM services. The affordability and availability of excisors and leniency of the relevant laws addressing FGM, increase cross-border FGM incidents.

FIGURE 3.43: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Challenges

As indicated above, an ongoing case in court filed by a medical doctor, challenging the Prohibition of FGM Act 2011 and the establishment of the Anti-FGM Board, challenges the very core of the effort to eliminate FGM in Kenya. While the constitution of Kenya supports protection and enjoyment of individual cultural rites, FGM law has been introduced to prohibit (harmful) cultural rites on girls and women. The national response supported the state and pro bono lawyers dealing with the court case to strategize a way forward and will continue its advocacy efforts to challenge such views.

4 United Nations Children's Fund, *Baseline Study Report: Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya*, UNICEF, New York, 2017, <<http://uni.cf/2E7m5JN>>, accessed 17 July 2019.

# Nigeria

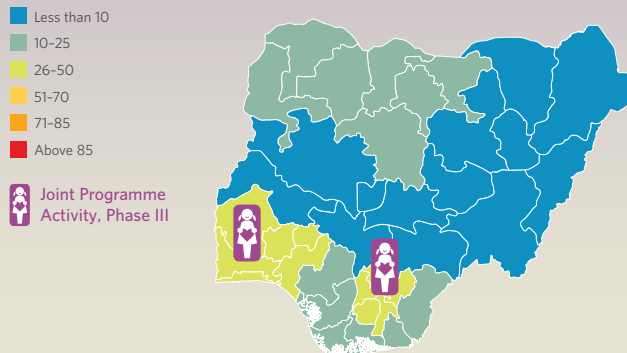


12% of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: MICS 2016-2017

- 12% of girls and women in Nigeria aged 15 to 19 years have undergone FGM.
- 18% of girls and women in Nigeria aged 15 to 49 years have undergone FGM.
- 14,808,519 girls are at risk to be cut between 2015 and 2030 (UNFPA 2018)
- FGM prevalence among women aged 15-49 years consistently decreased in the FGM Joint Programme intervention states from 2007 to 2016-17.

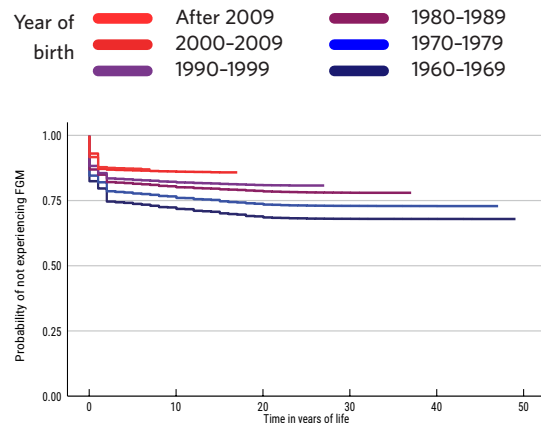
Figure 3.44 depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a slight decrease in age at cutting, as for older cohort (1960-1969), 75% of girls have been undergoing FGM by age 2, while for younger generation (2000 -2009), 75% of girls are cut by age 1. However, this difference should be confirmed by a statistical significance testing.

Recent estimates indicate that 14,808,519 girls will be at risk of female genital mutilation (FGM) between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.45, page 85).

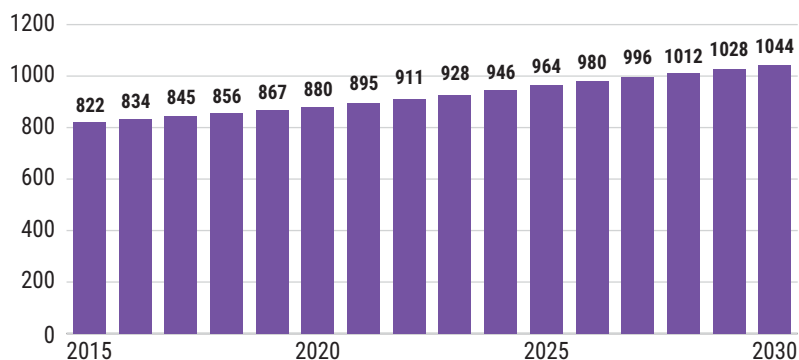
FIGURE 3.44

### Probability of not experiencing FGM for women and girls aged 0–49 years in Nigeria



Source: UNFPA 2018

FIGURE 3.45: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Nigeria

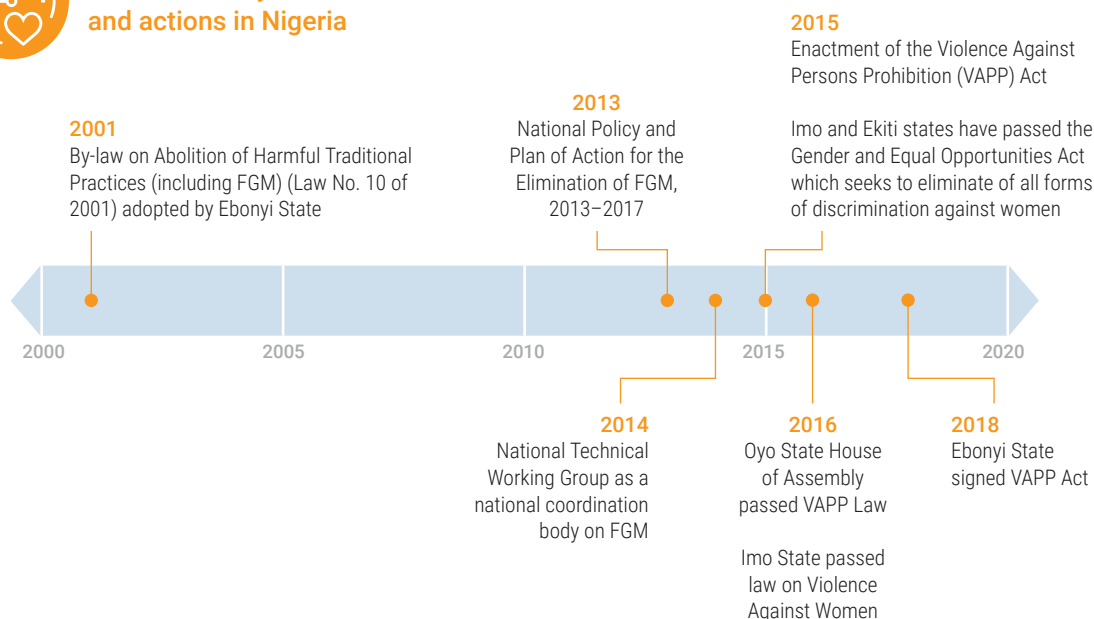


Source: UNFPA (2018)

FIGURE 3.46



### Timeline of key initiatives and actions in Nigeria



## Strategic partnership and amplification

The national context in Nigeria, particularly the large size of its population and relatively large number of girls at risk of FGM, calls for an approach to reach a large number of individuals, communities and institutions. The work of the Joint Programme is appropriately responding to this context. There is strong strategic partnership with various institutions and associations and this has facilitated policy advocacy, institutionalization of

FGM in various work streams, leveraging support from different actors and reaching out meaningfully groups of communities. Deliberate effort has also been made to utilize various traditional and social media channels effectively (including movies, radio drama, Twitter, Facebook, WhatsApp and edutainment) to have a wider reach in creating mass awareness and expand the resonance effect and amplification of different initiatives.

FIGURE 3.47: Strategic partnership and amplification in Nigeria



## National Achievements in 2018

### Enabling environment for the elimination of FGM

Efforts to strengthen the policy legal environment continued in 2018 with the following initiatives and achievements.

- Violence Against Persons Prohibition Act, which was nationally enacted in 2015, was signed by Ebonyi State in 2018. Enforcement of legislation remains low in the country, with only seven cases of arrests in 2018.
- In collaboration with the Federal Ministry of Health and Center for Population and Reproductive Health, the Joint Programme mobilized 13 medical regulatory bodies for a discussion on medicalization of FGM leading to the signing of a declaration that FGM performed by health-care providers is an unethical practice.
- Efforts to include FGM indicators in the National Health Management Information System (NHMIS) are ongoing.
- The Joint Programme ensured the continued reflection and emphasis of FGM in high-level advocacy events organized both at national and global levels. FGM was recognized as gender-based violence (GBV) in the first ever National GBV Conference, hosted by the Vice President of Nigeria.

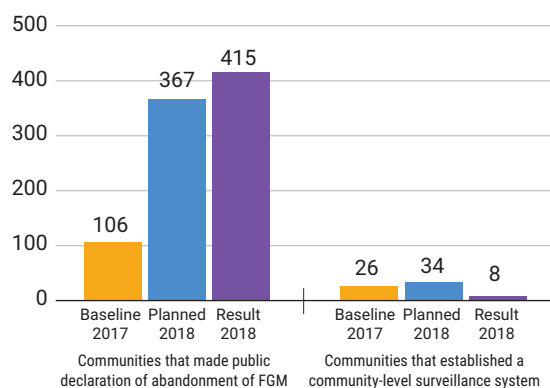
## Transforming social and gender norms to eliminate FGM

- 415 communities have made public declaration of abandonment of FGM involving 2 million individuals.
- FGM education has been mainstreamed into cultural festivals: In partnership with the Councils of Traditional Rulers, FGM awareness is included in the revered annual celebration of the 'New Yam Festival' in South East Nigeria. The event is a very important occasion where every member of the community is expected to be present, along with invited guests including the governor of the state. This is a cost-effective way of reaching the entire community and also provides the platform for key stakeholders to denounce FGM in front of the entire community and invited guests.
- The partnership with the National Orientation Agency and the women's associations in the intervention communities has sustained the inclusion of FGM as one important discussion in the Annual Women's Home and Abroad Meeting (called the August Meeting).
- The programme established coalitions of boys' and men's groups, including Men Engage Alliance to end FGM, in 60 communities across the five target states.
- 5,094 girls were reached through various capacity-building and empowerment approaches: sensitization of girls in primary and secondary schools (e.g., on weekly moral instruction days), partnership with existing school clubs to mainstream FGM in their regular sensitization, and providing life-skills training to in- and out-of-school girls and empowering them as change agents among peers.
- 5,682,676 individuals reached through radio and TV programmes and social media interactions on issues related to FGM.
- 133 girls were saved from undergoing FGM with the involvement of communities, including through the community surveillance mechanism.

## Intermediate markers of progress

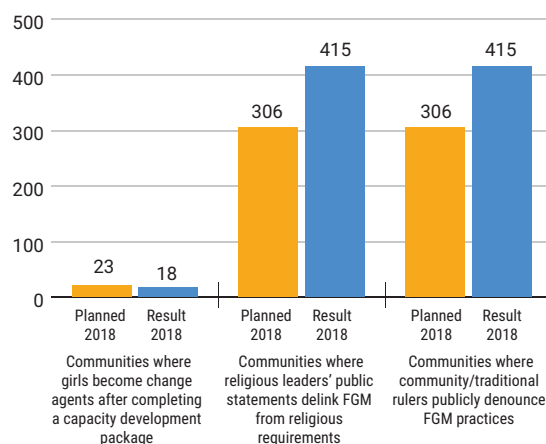
- Celebration that formerly accompanied FGM is no longer seen in communities in the intervention areas, especially in Izzu Clan where it was once a rite of passage.
- Communities and individuals have started reporting cases of FGM to the authorities, which was not the case in the past.
- Communities that publicly declared abandonment of FGM have started putting sanctions on those who continue practising FGM despite their commitment during public declaration.

FIGURE 3.48: **Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Nigeria**



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.49: **Number of communities with enablers of social norm change in place**



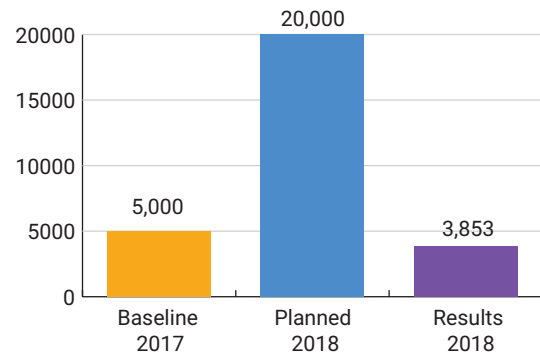
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Access to quality FGM-related services for women and girls

In Nigeria, emphasis was placed on capacitating institutions and systems that deliver services to women and girls at risk of or affected by FGM. The following were the specific achievements.

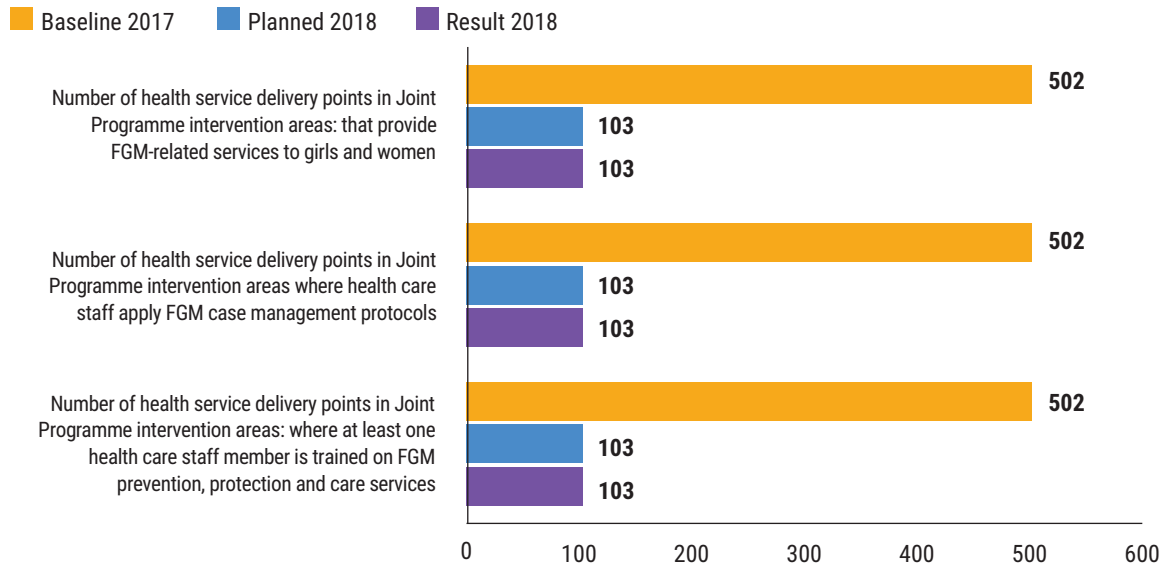
- 3,903 girls and women received health, social and legal services (see Figures 5.50, 5.51 and 5.52).
- Integrating FGM into gender-based violence and sexual and reproductive health programming: the programme supported the integration of FGM into the minimum package of services and standards for adolescents and young people, which was finalized by the Federal Ministry of Health in 2018.
- The programme reviewed and harmonized the FGM protocol with the updated World Health Organization (WHO) clinical handbook for management of FGM complications.
- 253 health workers (36 male, 217 female) selected from 103 health-care facilities across the five operational states of the Joint Programme have been trained to provide FGM-related health services to girls and women.
- 89 organizations providing social and legal services to girls and women at risk of or affected by FGM were mapped and a database of these providers will be created and circulated to all stakeholders.

FIGURE 3.50: Number of girls and women who received health and prevention services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.51: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018



## Innovation

- Real-time reporting of activities on social media: To increase the number of people interacting on issues related to FGM on social media, the 'endcuttinggirls' campaign commenced 'real-time reporting' of activities using three social media platforms (Instagram, Facebook and Twitter), reaching 3,682,676 individuals on issues related to FGM.
- The social media advocates assisted community members to open social media accounts and join the ongoing conversations using the hashtag #endcuttinggirls. By the end of 2018, there are 2,271 followers on this hashtag. This enabled other stakeholders, especially community members outside the venue of the activity, to join the conversation and contribute to the discussions.

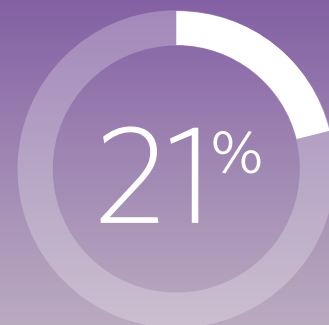
## Challenges

1. Health workers are performing FGM on newborn babies before they taken home to avoid detection by the community surveillance system.
2. Negative peer pressure is forcing adolescent girls to seek FGM to the extent of paying for it by themselves. The Joint Programme will prioritize engagement with young people for a collective abandonment of the practice.
3. Reluctance among communities to drop the practice of massaging/pressing the clitoris with hot water or other substances to desensitize it, as they do not consider it as FGM because flesh is not removed, and the child may not bleed.
4. Data collection by implementing partners to inform the monitoring and evaluation system.

*“You can't be telling the local or traditional people to stop the practice, and you a doctor or nurse then begins to engage in it. By medicalising it, you are rolling back the gains of stopping female genital mutilation”*

Professor Oladosu Ojengbede,  
Executive Director of the Centre for  
Population and Reproductive Health,  
University of Ibadan

# Senegal



of girls and women aged 15 to 19 have undergone FGM



## FACTS

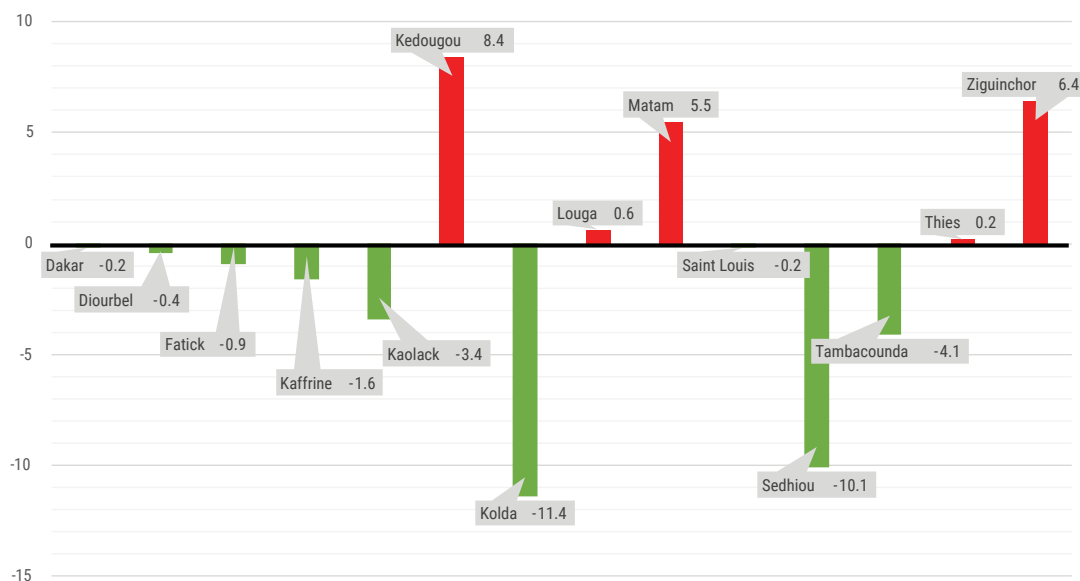
Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: DHS 2016

- 24% prevalence rate of female genital mutilation (FGM) in 2017.
- 26% of women 45-49 years age have undergone female genital mutilation against 21% for girls aged 15-19 years old
- FGM rate<sup>1</sup> among girls under 14 years of age dropped in the Joint Programme target areas of Kolda (11%), Sedhiou (10%) and Tambacounda (4%), while there was an increase in Matam by 4%.

FIGURE 3.52: Variation rate of U15 FGM prevalence by regions of Senegal between 2016 and 2017



Source: UNICEF and UNFPA Senegal

1 EDS Continues 2016 and 2017.

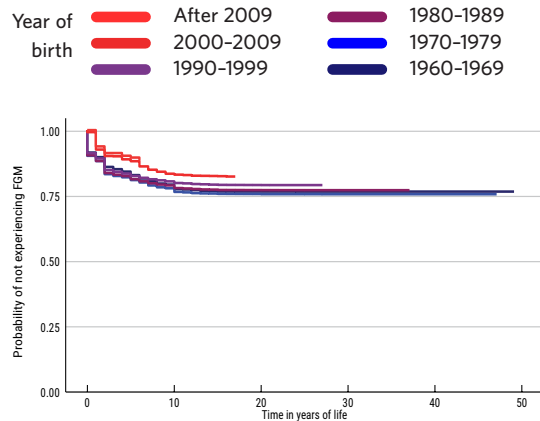
**FIGURE 3.53** depicts the probability of not experiencing female genital mutilation for women and girls aged 0–49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969), 50% of girls have been undergoing FGM by age 2 and 75% by age 6, while for younger generation (after 2009), 50% of girls are cut by age 1 and 75% by age 2. However, this difference should be confirmed by a statistical significance testing.

In Senegal, recent estimates indicate that almost 700,000 girls will be at risk of FGM from 2015 to 2030 if current trends in the incidence of FGM continue (see Figure 3.54).

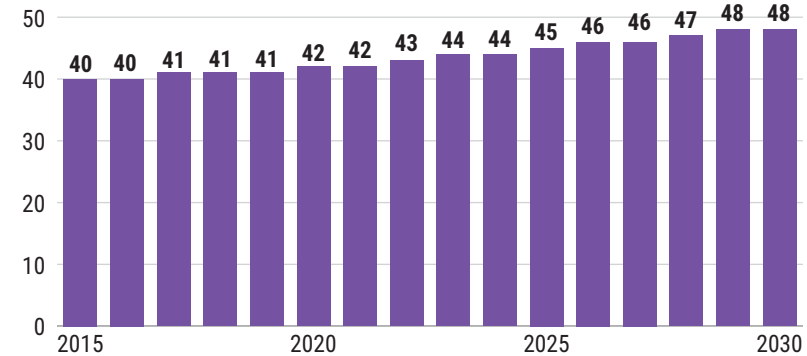
FIGURE 3.53

**Probability of not experiencing FGM for women and girls aged 0–49 years in Senegal**



Source: UNFPA 2018

**FIGURE 3.54: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Senegal**

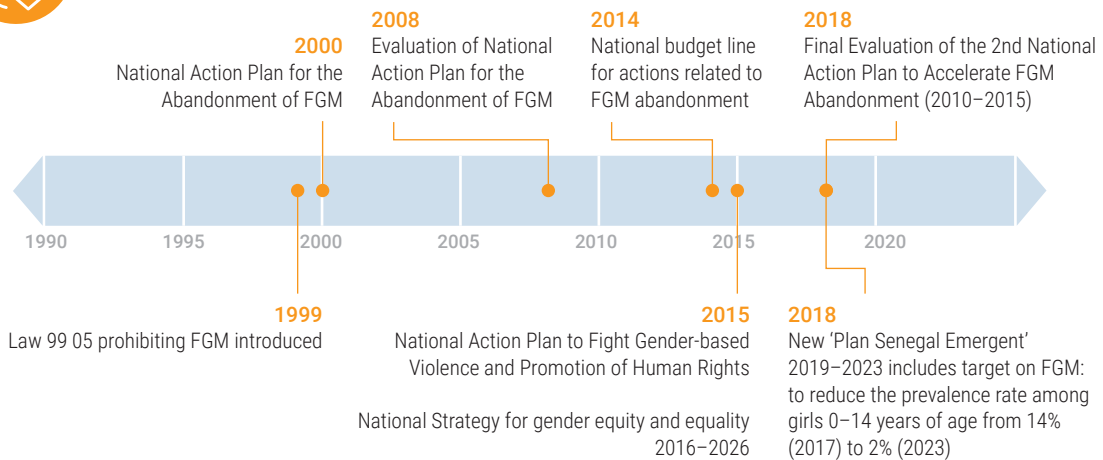


Source: UNFPA (2018)

FIGURE 3.55



**Timeline of key initiatives and actions in Senegal**



# National Achievements in 2018

## Enabling environment for the elimination of FGM

- The national development framework now includes FGM, with a target to decrease the prevalence from its current level of 14 per cent to 2 per cent by 2023 for girls aged 0–14 years.
- At the decentralized level, capacity-building has made local authorities more aware of issues related to harmful practices. For example, nearly 400 local representatives were trained on human rights, child protection including FGM, and child-sensitive participatory budgeting for a better positioning of FGM and child marriage issues among the priorities of the Territorial Communities, through local development plans and budgets.
- A reference document for the detection and management of school girls at risk, including cases of FGM, has been adopted by the Ministry of National Education. This document provides specific guidance and instructions for FGM case reporting to social and judicial institutions. The guide encourages strong collaboration between the various sectors involved.
- The development of a multisectoral national strategy and an action plan initiated to accelerate the abandonment of FGM in Senegal based on participatory and inclusive approach, including traditional and religious leaders, civil society organizations and youth organizations.
- 30 young girl and boy leaders from high-prevalence regions (Kolda, Sedhiou, Tambacounda) have been trained in advocacy/communication and prepared to engage in dialogue on harmful practices with policymakers and authorities at community level. As a result of this training, an advocacy report for authorities was produced, accompanied by a slam memorandum<sup>2</sup> and recommendations for the elimination of FGM.
- In spite of these policy gains, law enforcement remains a critical challenge. Only seven arrests and one conviction were reported in 2018.

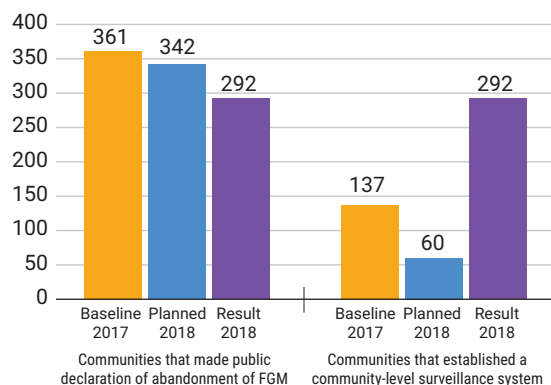
## Transforming social and gender norms to eliminate FGM

Mobilizing and engaging communities for collective abandonment has continued, and in 2018 Senegal achieved the following:

- 292 communities made public declaration of abandonment of FGM involving 146,786 people, including 2,201 religious, traditional and community leaders;
- 108,341 people participated in community dialogue sessions promoting the elimination of FGM;
- 3,043 girls benefited from a capacity-development programme;
- 290 leaders trained on the human rights approach;
- Audience of 10,000 for radio and TV programmes on FGM in Joint Programme target areas;
- 2,219 people reached by caravans made by young people;
- 60 religious leaders trained on the religious argument to stop practising FGM to serve as peer educators and to sensitize members of their communities during religious activities/events;
- 108,958 people interacted on social media through the #TouchePasAMaSoeur campaign on the abandonment of FGM;
- 285 married couples were trained through the 'Ecoles des Maris' (Husband School) initiative and conducted 129 chats involving 4,796 individuals (youths and adults).

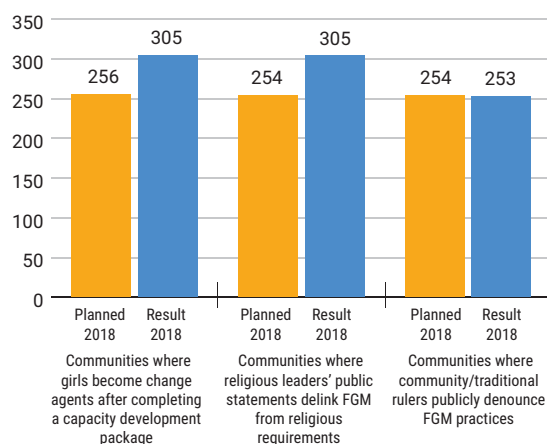
2 [https://www.facebook.com/laparoleauxjeunesdumonde/videos/1805705936208325/?\\_rdc=1&\\_rdr](https://www.facebook.com/laparoleauxjeunesdumonde/videos/1805705936208325/?_rdc=1&_rdr)

FIGURE 3.56: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Senegal



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.57: Number of communities with enablers of social norm change in place



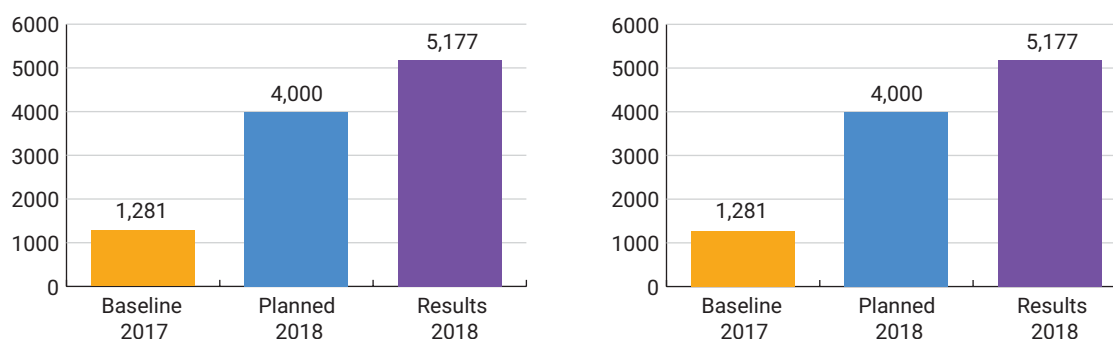
Source: UNFPA-UNICEF FGM Joint Programme database, 2018

In the Region of Tambacounda, the advocacy carried out by the Regional Chief Medical Officer and the seven District Chief Medical Officers targeting community leaders (imams, church representatives, ward leaders) resulted in the appointment of FGM focal points in Kidira and Tambacounda districts, as well as in the regional hospital; it also enhanced the commitment of the gendarmerie (Arrond. D. Bakel) and the police (Kouthiagaïdy D. Koumpentoum). Integration of FGM in the reproductive health outreach activities has also been effective in the Region of Tambacounda through the 'Ecoles des Maris' and the commitment of the health authorities.

## Access to quality FGM-related services for women and girls

- Integration of FGM in reproductive health services (Health Service Delivery – Tambacounda Region) via community-based intervention ('Ecole des Maris').
- Capacity-building of health-care providers and judicial system actors, advocacy and knowledge management.
- 400 teachers trained on the curriculum for 'life skills' in schools.
- 100,000 young people (boys and girls) in and out of school had access to information on FGM, reproductive health and gender-based violence, through educational sessions, sensitization and social mobilization.
- 109,000 young people reached with information through social media campaigns on FGM: Twitter (#TouchePasAMaSoeur) and Facebook.

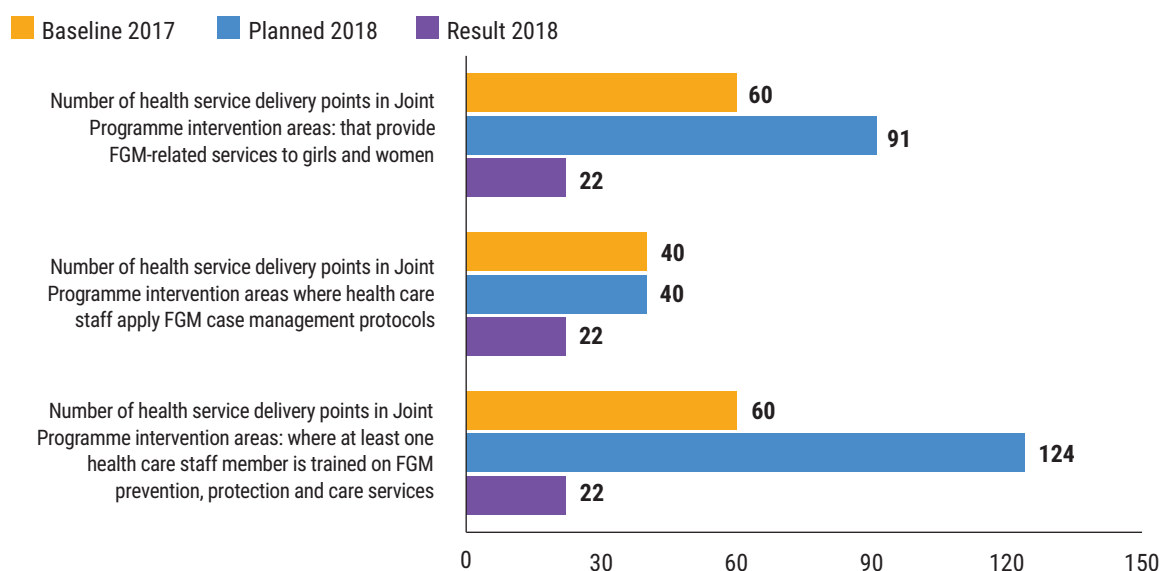
FIGURE 3.58: Number of women and girls who received (a) health and (b) social services related to FGM



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.59: Number of health service delivery points where FGM services are mainstreamed



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Data and evidence

- Final evaluation of the implementation of the second National Action Plan to accelerate FGM abandonment (2010–2015) of Senegal was conducted.
- Integration of FGM indicators into the health management information system (DHIS2) initiated. Reporting tools and guidelines developed for health workers at the health-care facility level for reporting on FGM.
- Development of a methodological guide and community-based intervention tools initiated in partnership with Georgetown University.
- 15 Comités Départemental de La Protection des Enfants (CDPE, Child Protection Department

Committee) regularly monitor protection including child protection, FGM and gender-based violence by completing an incident monitoring sheet developed and validated at national level by the Government and its partners since 2016. In 2018, some 9,015 cases of child protection were detected and reported, including 7 cases of FGM.

- A tool for measuring social norms and behaviour in child protection was developed in 2016 by Columbia University, in collaboration with the National School of Social Workers (ENTSS) of Dakar. This tool generates evidence, based on a population survey, on norms and protective behaviours, including FGM. The results will serve as reference data at the level of the departments concerned to measure future changes.

## Innovation

### A SYSTEM OF ALERT AND CASE REPORTING

A real-time data collection tool (RapidProtection), using the Rapid Pro platform on mobile phones, has been developed to facilitate the reporting of protection cases, including FGM, and to connect communities with identified child protection service focal points and access to services, while enabling real-time monitoring of the incidence of cases. It is an accessible tool (limited cost, based on SMS), is easy to use and guarantees the confidentiality of cases as well as the identity of the 'signalling reporters'. RapidProtection has been successfully piloted in Pikine département of Dakar Region, and is to be deployed in the Kolda Region in the south of the country. In Pikine, the Child Protection District Committee set up a network of more than 730 volunteer focal points (community actors, representatives of decentralized services, members of associations), who have been trained

on the detection and management of cases at the departmental level, as well as on the use of the RapidProtection reporting tool.

Real-time data on 1,192 child protection cases (from July 2018) are available through a dashboard. The online dashboard allows aggregation and visualization of data in real time; access is given to local authorities as well as to the social services.

### GREEN LINE-'GINDIMA'

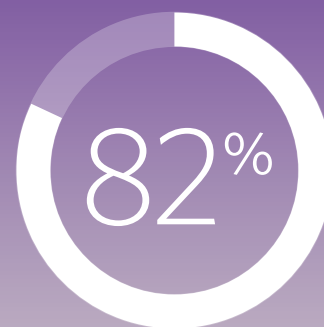
Some 4,432-people received information on FGM thanks to a Green line 'Gindima' (Phone number: 200,365). The green line offer the population complete and adapted information about adolescent and youth sexual and reproductive health (including FGM); it is supported by the Joint Programme through the Ministry of Youth and Citizen Construction.

## Challenges

Apart from the data from the Demographic and Health Survey (DHS), Senegal lacks data and evidence on the social and cultural determinants that favour the persistence or change of FGM practice. It is therefore necessary to strengthen data collection for monitoring and to conduct in-depth

studies to gain a better understanding of the gender roles that affect FGM and the characteristics of social groups that can influence FGM decision-making which can shape or modify the change dynamics of FGM.

# Sudan

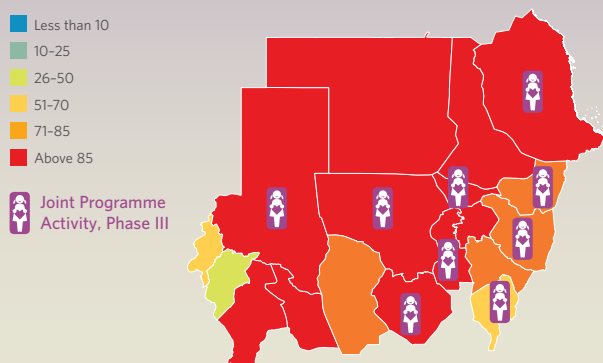


of girls and women aged 15 to 19 have undergone FGM



## FACTS

Percentage of girls and women ages 15 to 49 who have undergone FGM, by administrative region.



Source: DHS 2016

- 82% of adolescent girls aged 15-19 years have undergone female genital mutilation (FGM).
- The practice of FGM is slowly changing: fewer adolescents have undergone FGM than previous generations: 82% of 15-19-year-olds compared with 92% of women aged 45-49.

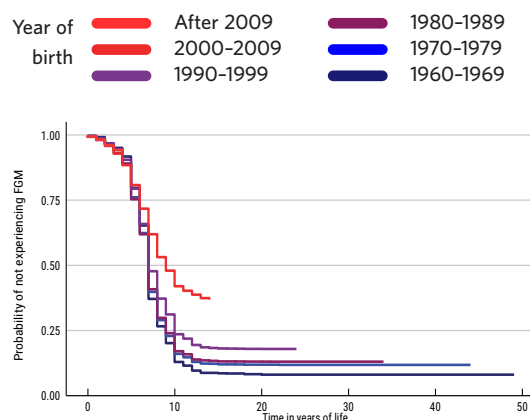
**FIGURE 3.60** depicts the probability of not experiencing female genital mutilation for women and girls aged 0-49 years by single year of age. The curves are displayed by 10-year age cohorts from the 1960s to the 2010s.

The data also seems to show a decrease in age at cutting, as for older cohort (1960-1969), 25% of girls have been undergoing FGM by age 6 and 75% by age 8, while for younger generation (after 2009), 25% of girls are cut by age 1 and 75% by age 3. However, this difference should be confirmed by a statistical significance testing.

Estimates show that approximately 4.5 million girls will be at risk of FGM between 2015 and 2030 if current trends in the incidence of FGM continue (see Figure 3.61).

FIGURE 3.60

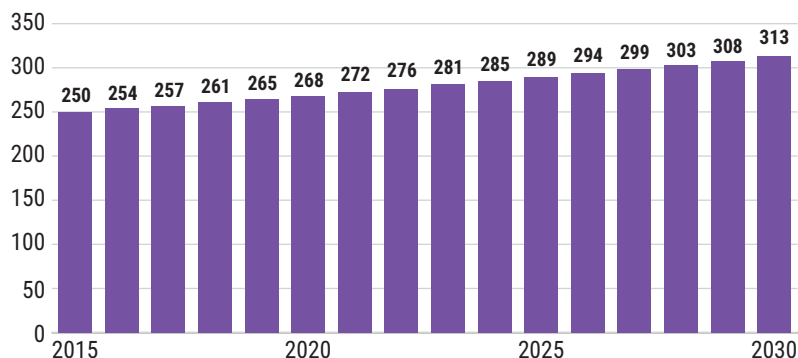
Probability of not experiencing FGM for women and girls aged 0-49 years in Sudan



Source: UNFPA 2018



FIGURE 3.61: Number of girls at risk of FGM from 2015 to 2030 (thousands) in Sudan



Source: UNFPA (2018)

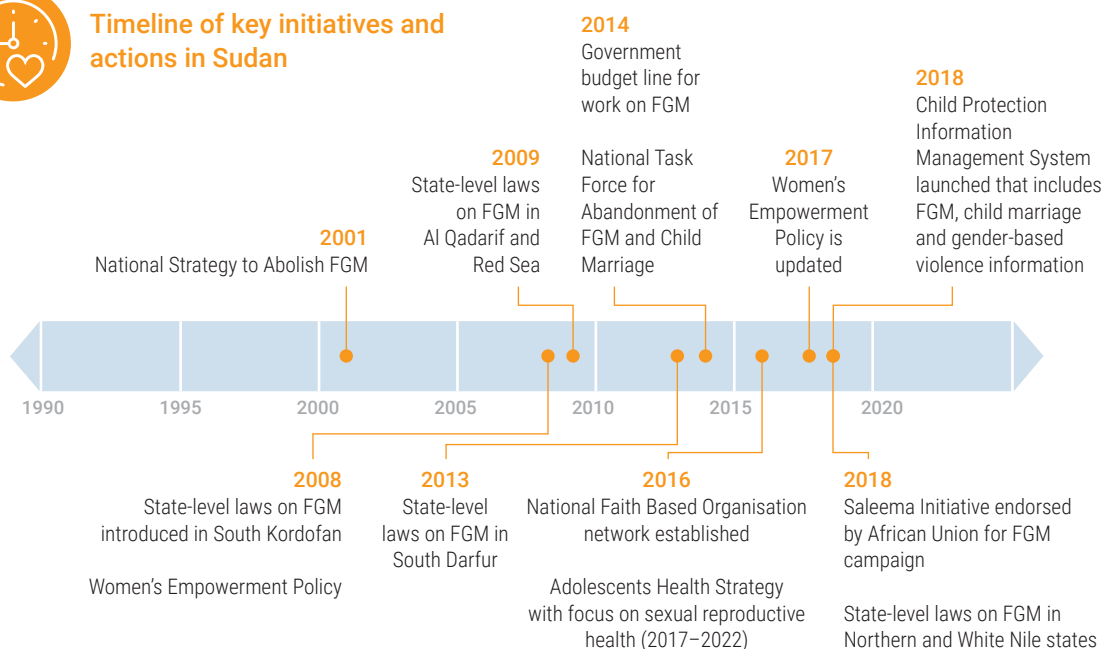
After 20 years of work, the Sudan’s efforts to reduce FGM have gained traction as communities begin to place trust in the Saleema Initiative and states introduce laws banning the practice. In the last 10 years, a total of 6 of the country’s 18 states (Al Qadarif, Northern State, Red Sea, South Darfur, South Kordofan and White Nile) now have anti-FGM laws in a country where FGM is practised across all states. As a result of these changes, fewer

adolescents have undergone FGM than previous generations: 82 per cent of girls aged 15–19 years have experienced FGM compared with 92 per cent of women aged 45–49 years ten years ago. Further analysis of the Sudan’s data, however, shows that the country needs to accelerate its efforts by a factor of more than five to achieve another 10 per cent reduction in the prevalence of FGM over the next 10 years.<sup>3</sup>

FIGURE 3.62



**Timeline of key initiatives and actions in Sudan**



3 UNICEF Global Databases, 2016; Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS) 2004–2015.

## National Achievements in 2018

In 2018, UNFPA and UNICEF continued their joint effort, integrating complementary interventions under a new phase of the Joint Programme. The joint actions built on lessons learned and are linked to Sustainable Development Goal target 5.3, and are aligned with the Sudan Government's national strategies. The Joint Programme also worked in close collaboration with grass-roots community organizations and other key stakeholders, backed by the latest social science research. Major results were achieved as follows.

- The National Council of Child Welfare (NCCW), National Information Centre and Central Bureau of Statistics (CBS) launched the Child Protection

Information Management System that includes FGM, child marriage and gender-based violence information. A protocol document was also signed by the three stakeholders to guarantee ownership of information, consistency and authentication.

- North Kordofan and Northern states endorsed FGM laws. White Nile state submitted a state law banning FGM to the Legislative Council in White Nile for endorsement, after comprehensive debate between the state stakeholders.

The following section highlights Joint Programme achievements by theme in the Sudan for 2018.

### Enabling environment for the elimination of FGM

The Sudan prioritized enactment of legislation to criminalize FGM in 2018 and the following were achieved in 2018.

- National criminalization of FGM took an important step forward with the endorsement by the Council of Ministers of a new article (141) in the Criminal Act to ban FGM, which was presented to the spokesperson of the National Assembly (Parliament) who has referred it to the Health and Legal Committee for revision.
- The action plan for the gender-based violence policy, which reflects FGM as one element, was drafted and validated.
- At state level, laws were developed and endorsed in North Kordofan and Northern states; and advocacy continued in Blue Nile, North Darfur and White Nile states, with legislation advancing to draft level in all states.

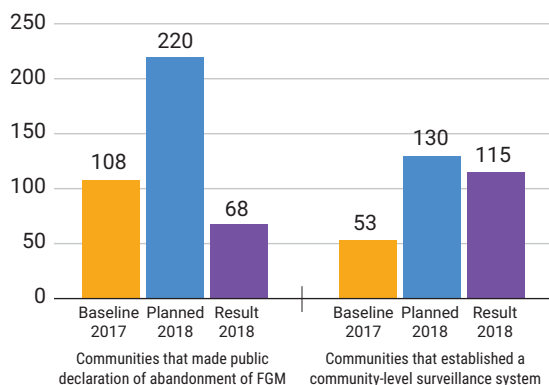
These achievements were made possible because the Sudan invested in national capacity for the development and enactment of FGM laws and policies and increased engagement of civil society and young people with policymakers.

For instance:

- Parliamentarian Women Caucus received several capacity-building interventions to accelerate the endorsement of the article (141) on FGM criminalization;
- Advocacy and orientation sessions on women's empowerment policy and action plan: 140 policy and decision makers of the four states.
- Political unrest presented challenges to the national programme and affected the passage of laws designed to criminalize FGM. With the support of the Joint Programme, implementing partners will continue to lobby National Assembly committee members and other stakeholders.

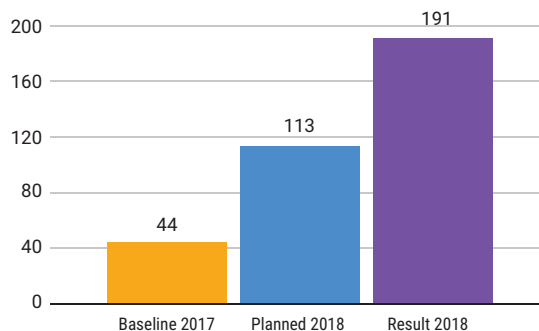
Enforcement of laws at state level, where they have been passed, remained elusive. Advocacy efforts will continue to ensure political commitment at state level to enforce laws through localities and administrative units.

FIGURE 3.63: Numbers of communities that: (a) made public declaration of abandonment of FGM, and (b) have established a community-level surveillance system in Sudan



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

FIGURE 3.64: Number of communities where girls become change agents after completing a capacity development package



Source: UNFPA-UNICEF FGM Joint Programme database, 2018

## Transforming social and gender norms to eliminate FGM

- Over 100,000 community members, including 12,010 male students 10,097 female students, 400 youths/adolescents (150 male and 250 female) and women religious leaders (Da'ayat and Hakamat), were reached through different community engagement and mobilization approaches, including community/intergenerational dialogues and community dialogues, public events and awareness sessions in the focus states.
- A media campaign, 'Khaloha - Leave her' was launched with production of audiovisual materials, songs, TV and radio spots, animations, articles and publications. Several TV and radio shows were produced as a result of training activities involving 60 media representatives.
- State youth mechanisms/forums were established in five states to advocate for FGM elimination. More than 1,000 young people from different parts of the Sudan attended the forums.
- About 68 communities (18 from Blue Nile, 18 from North Darfur, 13 from South Kordofan and 19 from White Nile) publicly declared abandonment of FGM. An additional 57 communities have been reached and are being prepared for future declarations.

## Access to quality FGM-related services for women and girls

In a context where FGM cases are not reported to police, family or child protection units, and where reporting is done through community protection group committees and community facilitators who work closely with community members to abandon FGM, the national response prioritized building of a cadre of advocates among FGM

service providers, including social workers, and traditional birth attendants. By end of 2018, 598 advocates have been trained on social norms, protection and service delivery, sociocultural determinants and case management.

401 women and girls received health services related to FGM in 2018.

## Innovations supporting FGM elimination in the Sudan

Focusing on addressing existing values and amplifying these cultural beliefs towards positive change through the 'Almawada wa Alrahma' ('Fashion and Mercy') campaign paved the way for the communities to acknowledge their rights and understand all types of violence under the umbrella of a religious discourse.

Similarly, the 'Wa Man Ahyaha' ('And who revived it'); a local initiative, paved way for communities to acknowledge and understand women's and girls' rights and harmful practices that affect their reproductive health, focusing on their own positive perceptions and needs.

## Formal evaluations and studies

**Saleema campaign evaluation:** Mid-term results from an independent evaluation by George Washington University of the Saleema campaign in the Sudan, a critical component of a social norms work in the country, pointed to preliminary evidence that suggests change in FGM outcomes is generally positive when respondents have higher levels of exposure to the campaign. The FGM programme in the Sudan will therefore continue to use the Saleema approach in its social norms change work. The Saleema campaign promotes the concept of the girl who is "natural, as God made her", and (therefore) free from FGM. An article entitled 'The Saleema Initiative in Sudan to abandon female genital mutilation: outcome evaluation and dose response effects' will be published in 2019.

Other studies and research efforts of the Sudan are as follows:

- NCCW is leading an evaluation of the National Strategy to Abandon FGM after completing 10 years of operation, to inform future updating and planning;
- Implementing partners in Al Qadarif, Kassala, Khartoum, North Kordofan and Tutii reached 840 households to verify their level of understanding of the FGM campaign; in Al Qadarif alone, 93.3 per cent of the households were verified;
- The joint programme undertook a Simple, Spatial, Survey Method (S3M) survey, and preliminary findings on FGM have been reported and analysed from 17 states; information at household level will be available in the next report.

## Challenges

1. As noted earlier, political unrest presented challenges to the programme and affected the passage of laws designed to criminalize FGM. With the support of the Joint Programme, implementing partners will continue to lobby National Assembly committee members and other stakeholders (see *'Enabling environment for the elimination of FGM' above*).
2. Enforcement of laws at state level, where they have been passed, remained elusive. Advocacy efforts will continue to ensure political commitment at state level to enforce laws through localities and administrative units.

FGM cases are not reported to police, family or child protection units. Communities prefer to report through community protection group committees and community facilitators who work closely with community members to abandon FGM. This challenges service provision and implementation of laws. The national response will continue to prioritize building of a cadre of advocates among FGM service providers, including social workers, and traditional birth attendants to facilitate referral for services.