

# Highlights Report 2016



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





## Acknowledgment

We would like to thank the European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom for their generous financial support and technical assistance to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change

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# Introduction

UNFPA and UNICEF are pleased to present the **2016 Highlights Report** for the Joint Programme on FGM/C Accelerating Change for the Steering Committee meeting to be held on 31 January 2017. In addition to providing a summary of accomplishments of the Joint Programme at the global, regional and country office levels, the report includes preliminary data based on the indicators of the Programme's Results Framework.

In partnership with governments, civil society, and communities, the Joint Programme has worked tirelessly to support the elimination of FGM/C by enhancing the policy environment, increasing the use of quality FGM/C services, and increasing the acceptance of eliminating the social norms of FGM/C. Key achievements and milestones in 2016 based on preliminary data include:

- The introduction of FGM/C-related budget lines in Eritrea, Nigeria, Mauritania and Uganda, raising the total number of countries with FGM/C-related budgetary allocations to 13.
- Perpetrators were brought to justice and laws enforced: 71 arrests were made, 252 cases of FGM/C tried in court, and 72 convictions.
- Access to prevention, protection and treatment services was provided for 732,928 girls and women.
- Public declarations of abandonment of FGM/C were made in 2,906 communities across 15 countries and 10,080 families in Egypt, reaching a total of 8,498,528 individuals.

We would like to take this opportunity to thank European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom for their generous financial support and technical assistance and look forward to sharing good practices and lessons learnt during the implementation, and next steps for the Joint Programme in 2017.

# Global and Regional Developments

## Global Highlights

### A. Galvanizing global support for continued momentum and intensified efforts to address FGM/C:

#### i) Launching of a new international symbol and call for action on FGM

Mr. Ban Ki-Moon, United Nations Secretary General, launched a new international symbol for FGM/C with the following statement to the global community: "Let's use this symbol to demonstrate our commitment and dedication to eliminating FGM by 2030!" The event received extensive media coverage and generated significant social media traffic involving more than 1,000 tweets and approximately 20 million potential impressions.



The launch of the symbol took place at a global advocacy event organized for "International Day of Zero Tolerance for Female Genital Mutilation" under the theme "Together, mobilizing to contribute to the achievement of the new Global Goals through the elimination of Female Genital Mutilation by 2030".



*Mr. Ban Ki-Moon speaking at International Day of Zero Tolerance for Female Genital Mutilation*



*Mrs. Sika Bella Kaboré*

#### ii) First Lady of Burkina Faso - Goodwill Ambassador for the Global Elimination of FGM/C

The First Lady of Burkina Faso, *Mrs. Sika Bella Kaboré*, accepted the role of Goodwill Ambassador for the global elimination of FGM during the high level panel discussion "**Eliminating FGM: a Key Step in Achieving the Sustainable Development Goals**" at the sixtieth session of the Commission on the Status of Women. The event focused on galvanizing political will by providing a platform for increasing the visibility of member states committed to ending FGM, facilitating the exchange of experiences and discussion on successful strategies in eliminating the harmful practice of FGM/C, and expanding awareness on the key linkages between eliminating FGM/C, women's empowerment and the entire SDG agenda.



During International Day of Zero Tolerance for FGM, singer Inna Moja from Mali shared her experience with FGM/C: “I lost my identity when I went through FGM/C – I didn’t know who I was. I didn’t know what my place was in society. I didn’t know my strength, I felt like being cut meant I wasn’t good enough. I had all these questions. Music helped me to heal. ”

— Inna Modja (singer and anti-FGM activist from Mali) speaking at the event (Photograph: Pacific Pre/REX/Shutterstock)

### iii) Broadway Singers Engagement: “The time is now to end harmful practices against women and girls”

The second high-level event that was organized for the sixtieth session of the Commission on the Status of Women was based on the theme “**The time is now: A call to end female genital mutilation, child marriage and son selection by 2030**”. The event was attended by hundreds of people, including senior UN representatives, representatives of Governments, civil society organizations, advocates and activists, religious leaders, renowned celebrities and artists, and survivors of FGM/C and child marriage. Three women shared during the event their moving personal experiences with harmful practices. The event also attracted strong media coverage

Ashley Judd, actor and activist, and UNFPA’s Goodwill Ambassador; Grammy-winning singer Michael Bolton, and Grammy-nominated singer Raheem DeVaughn shared powerful messages about the impact of harmful practices on the lives girls and women as a violation of their rights. During the event, the US Ambassador-at-large for Global Women Issues, Catherine Russel, announced the intention of the U.S. Department of State to contribute funding to the UNFPA-UNICEF Joint Programme. It follows the announcement of the U.S. Secretary of State John Kerry during the launch of a new U.S. Global Strategy to Empower Adolescent Girls that promotes legal and policy frameworks that protect adolescent girls’ rights including addressing FGM/C and child marriage.

“You cannot have a conversation about **human rights** and human dignity without talking about **the right of every woman** on this planet to be free from violence and **free from fear.**”

— **Vice President Joseph Biden**

Video produced by U.S. Department of State for the #endFGM campaign:

<https://www.youtube.com/watch?v=WmfflgHKCfU&feature=youtu.be>



“What I think we at the United Nations are trying to do for girls is to create a safe space in which we can move with freedom, without constraint, with bodily integrity, with sexual autonomy, with economic empowerment and with mental freedom and spiritual wisdom.”

— Ashley Judd, Actor and Activist - UNFPA’s Goodwill Ambassador  
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Grammy-winning singer Michael Bolton (left) and Grammy-nominated singer Raheem DeVaughn were among the musical guests who performed during the event.

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Sheilla Akwara, Monica Singh and Kakenya Ntaiya spoke about their personal experiences with harmful practices.

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## B. Policy paper and training guideline on FGM/C: A supplement to the Social Norms and Change Manual

The paper “Female Genital Mutilation/Cutting and Violence Against Women and Girls: Strengthening the policy linkages between different forms of violence” was released in 2016, presenting policy focused analysis, and a set of recommendations. The paper is intended to provide a basis for discussions among development agencies, governments and civil society about how to address the underlying causes of FGM/C and VAWG, within the broader context of addressing gender inequality and gender-based discrimination against women and girls. A training module on FGM/C and gender equality was also developed as a supplement to the *Manual on Social Norms and Change* developed by the Joint Programme. These documents were produced by UN Women based on the request and with funding from the Joint Programme.

## C. Normative Reforms

The Joint Programme provided technical contributions and inputs for the following two global level normative developments in 2016:

### United Nations Resolution on FGM, 2016

With support from 130 co-sponsors, the Third Committee (Social, Cultural and Humanitarian) of the General Assembly adopted a resolution entitled “Intensifying global efforts for the elimination of female genital mutilation”.

By this resolution the General Assembly, inter alia, welcomes the adoption of the 2030 Agenda for Sustainable Development and underscores the importance of its implementation with a view to

eliminating FGM. It also calls upon the international community to strongly support, including through increased financial support, a third phase of the UNFPA-UNICEF Joint Programme on FGM/C. Furthermore the resolution acknowledges that intensifying efforts is urgently needed for the elimination of FGM and in this regard acknowledges the importance of giving the issue due consideration in the efforts to achieve the SDGs by 2030, this being one of the targets.

### **Report of the Secretary-General on FGM:**

The United Nations Resolution 69/150 requires the Secretary-General to submit an *in-depth multi-disciplinary report* on FGM to the General Assembly 71<sup>st</sup> session, including the root causes of and factors contributing to the practice of FGM/C, its prevalence worldwide, including evidence and data.

Accordingly, the Secretary-General submitted a report on “Intensifying global efforts for the elimination of FGM/C”. The Joint Programme has provided technical inputs for the preparation of the report which highlights the contribution of the Joint Programme through its support to the 17 countries and also lessons learnt from the various interventions.

## **D. Programme Management, Monitoring and Financial Reporting**

The Joint Programme continues to refine its results management framework, including strengthening the capacity of stakeholders in monitoring and evaluation. In 2016 the Joint Programme completed the capacity building for a wide-range of government and civil society partners, and Joint Programme regional and country office focal points and Monitoring and Evaluation staff, on the results framework and the online DI-Monitoring platform.

Following an initial request by DFID that was subsequently supported by the Steering Committee, the Joint Programme developed a financial report template that will allow country offices to track spending based on outcomes and outputs.

The Joint Programme is closely collaborating with DFID in undertaking its Value for Money (VfM) assessment for the Joint Programme at global and country levels. The exercise is initiated with the objectives of making a VfM assessment of the targeted and enabling elements of the programme and develop a framework to improve measurement of results and effectiveness.

## **E. Measurement of Social Norms Change**

The Joint Programme partnered with academic experts on measuring communication/social norms change at Drexel University to develop a measurement framework. This global framework will be accompanied by conceptual definitions of key constructs that comprise social norms, the operationalization of the key constructs, and means of verification, including qualitative, quantitative and participatory tools to measure social norms change. The framework will serve as a reference for other areas of work, most notably child marriage and violence against children.

In 2016, following a desk review of social norms change by Drexel University, academic experts were brought together in a workshop to review findings of the desk review and provide inputs for a draft measurement framework.



Phase two of this exercise will take place in the first quarter of 2017 and will include the finalization of the global measurement framework with a consultative workshop that will be held in a Regional Office to develop implementation plans for field validation in two countries. Phase 3 will be the field-based validation of the framework in two selected countries. Finally, a fourth phase for the roll-out of the framework in the 17 countries of the Joint programme is expected in 2018-2019. This will serve as a baseline for phase III of the Joint Programme.

## F. UNICEF FGM/C Data Analysis Report

UNICEF released in February 2016 its latest data analysis report, "Female Genital Mutilation/Cutting: A Global Concern," including statistics which indicate that at least 200 million women and girls are affected by FGM/C.

The report was referenced or cited verbatim in 53 top tier sources on online media, including the New York Times, the New Yorker, the Guardian, Voices of America, Reuters, TIME, Newsweek, AFP, Al Jazeera, AgenciaEFE, Xinhua, BuzzFeed, among many others. The top 5 articles alone were shared over **22,000 times on social media**, as of 25 February 2016. **All of the key messages and spokesperson quotes were featured in the articles.** BBC, Al Jazeera, Deutsche Welle, Canal 24, RAI2, PBS, and other TV and radio stations also conducted interviews with UNICEF staff, in particular Claudia Cappa, and did extensive coverage on the report.

In countries with available data, 67 per cent of girls and women and 63 per cent of boys and men oppose the continuation of the practice in their communities. Although FGM/C is associated with gender discrimination, report findings show that the majority of boys and men are actually against it. Unfortunately, individual desire to end the practice is often hidden, and many women and men still believe the practice is needed in order for them to be accepted in their communities.

Data show that in some countries men oppose FGM more strongly than women. In Guinea – the country with the second highest prevalence in the world – 38 per cent of men and boys are against the continuation of FGM, compared to 21 per cent of women and girls. The most striking difference between men and women's perceptions regarding FGM is also in Guinea, where 46 per cent of men and boys say FGM has no benefit, compared with just 10 per cent of women and girls. The findings also show that in just over half the 15 countries with available data, at least 1 in 3 girls and women say FGM has no benefits. The proportion is very similar among boys and men in all but two of the 12 countries with data.

In addition to a large majority of people opposing the harmful practice where it is concentrated, there is evidence of growing momentum and commitment to end FGM as presented in these highlights.

## Regional Level Highlights

### A. Creation of Regional and National Faith Based Organizations: Arab States

A regional Faith-Based Organization (FBO) Network was operationalized during a regional meeting organized by UNPFA in Khartoum, Sudan, attended by council and members of the FBOs, the Ministry of Guidance and Endowments of Sudan, regional bodies such as Al-Azhar and the Coptic Orthodox Church, regional organizations, and UN Agencies (UNFPA, UNICEF, and WHO). Four national FBO Networks were also established (Egypt, Sudan, Djibouti and Somalia) with key messages and activities of the networks developed during the meeting. The networks play an important role in ensuring solidarity among members, and aligning and reinforcing efforts and ideas in support of the abandonment of FGM/C in the region.

### B. Partnership with the Pan African Parliament<sup>i</sup> in ending FGM

More than 50 parliamentarians across Africa made commitments to support the acceleration of the elimination of FGM/C through national and regional activities. The Parliamentarians identified five priority areas for commitment and collaboration (i.e. implementation, community engagement, legislation, policy advocacy and resource allocation) and also defined key action areas for each of the priorities. This was an outcome from a two-day workshop organized by the Pan African Parliament and UNFPA Eastern and Southern Africa Regional Office on the "The Role of Women Parliamentarians on Ending FGM/C and Child Marriage".

### C. Regional cross border marathon to advocate for the acceleration of the abandonment of FGM

A Ugandan parliamentarian who escaped FGM/C participated in a regional Kenya and Uganda cross border marathon which gave hope to young girls who may be at risk for FGM/C. The event engaged more than 3,000 people including high level political and religious leadership from the two countries, prominent athletes from Uganda and Kenya, and a wide range of community representatives.



### D. Regional analysis of the existing legal frameworks on FGM

Comprehensive regional analysis of the existing legal frameworks on FGM/C in eight countries supported by the Joint Programme in the West and Central Africa Region was conducted in 2016. The analysis includes country profiles, areas for further in-country research and concrete advocacy recommendations. Given its strong experience in the area of law reinforcement on FGM/C, Burkina Faso was selected as a case study for the analysis.

<sup>i</sup> The Pan African Parliament was established as an organ of the African Union (AU) in order to ensure the full participation of African peoples in the development and economic integration of the continent. <http://www.panafricanparliament.org/about-pap>

# Country Achievements

## OUTCOME 1: Programme Countries enact legal and policy frameworks for eliminating FGM which are appropriately resources and implemented

### Ending Impunity and Building Justice

Despite the existence of laws and policies to safeguard against FGM/C, in many countries the focus is now on strengthening legislation is an important step towards ending impunity for perpetrators. In Egypt and The Gambia, civil society, families and communities sought justice following the death of two girls subjected to FGM/C.

In a country that has seen an alarming trend towards the medicalization of FGM/C, the death of 17-year-old Mayar Mohamed Mousa in a private hospital in **Egypt** undergoing FGM/C sparked a major outcry demanding stiffer penalties for perpetrators. The Joint Programme has been leading advocacy efforts since 2013 calling for the review of existing legislation and the enforcement of Egyptian laws. In August, following pressure from the Egyptian public, **Egypt's** Parliament approved new penal code amendments which provide prison terms of five to seven years for those who carry out FGM/C, and up to 15 years if the case results in permanent disability or death.

“People are very surprised and at the same time people are angry” about Mousa’s death, Germaine Haddad, program officer and gender focal point at the United Nations population fund (UNFPA) office in Egypt, tells **Newsweek** from Cairo.

— *“Death of 17-Year-Old Highlights Struggle to End Female Genital Mutilation in Egypt”*

Women’s rights activists in **The Gambia** have described the case as “history in the making.” Only two months after the introduction of legislation banning FGM in The Gambia, two suspects were on trial following the death of five month old Aminata Drammeh who had undergone the procedure. The Joint Programme provided training to judges, magistrates, and state counsel on the effective implementation of the new anti-FGM legislation as well as the health consequences of FGM. The case is pending in court.

### Introducing Anti-FGM legislation

In countries where there are no laws banning FGM, the Joint Programme has continued to work with legislators, parliamentarians, jurists, lawyers, judges, government officials, human rights and children’s rights advocates, and policy makers to introduce legislation. Years of pressure from civil society, international organizations and the Joint Programme has played a major role in the national criminalization of FGM which took an important step forward in **Sudan** with the endorsement by the Council of Ministers of a new article in the Criminal Act to ban FGM. As of December, the new article is pending in Parliament. This achievement is a historical success for human rights and girls’ rights in Sudan.

“This case will set precedence about the application of the law on FGM in the Gambia. It is unfortunate that women have to be taken to court but also it expresses the importance and seriousness of the State in taking legal stand in the protection of children from FGM.”

— **Women’s UN Report Network**, *“New Legislation on FGM Applied in Gambian Court”*

Having worked with the government for years to pass a law in **Mali**, the Joint Programme adopted a different strategy: support the inclusion of FGM and child marriage in a draft bill on GBV. A decree was passed in October establishing a national committee to monitor the adoption of the law. The Joint Programme's efforts were informed by a stakeholder analysis that found embracing a holistic approach to policy advocacy was more effective by integrating FGM in the violence against women discourse which already has a lot of political traction in Mali.

In **Somalia**, a *Fatwa* was issued in Puntland and an anti-FGM legislation is in Parliament awaiting approval. In **Somaliland**, an anti-FGM bill is pending before Parliament and there is a draft FGM policy waiting to be taken to the Council of Ministers. In **South and Central Somalia**, community, religious and political support is being garnered for issuance of a *Fatwa* and the finalization of an anti-FGM legislation.

An advocacy campaign initiated in 2010 by the Joint Programme in partnership with national NGOs and parliamentary groups resulted in a strengthened regulatory framework in Mauritania that protects the rights of girls and women. Two new bills were adopted by the Council of Ministers: one on GBV, and another on reproductive health, both with a ban on FGM and legal sanctions for perpetrators in accordance with the penal code. This new law addresses concerns raised by children, women and girls' rights activists and the CEDAW committee that the Penal Protection Code for Children passed in 2005 was insufficient since it only punished FGM when it "causes harm" (article 12).

### Strengthening Legal Provisions and Enforcing Existing Legislation

With strong anti-FGM law in **Burkina Faso**, continued support from the Joint Programme for the government has played a critical role in prosecuting cases of FGM/C. A national telephone hotline called the "Green Phone: SOS Excision" encourages people to report cases of FGM which serve as the basis for legal interventions and prosecutions. Information about the hotline is disseminated on radio, TV, in newspapers, on posters, at public events, in street theatre and door-to-door by the police. After a case is reported and investigation completed, perpetrators are brought to justice publicly through mobile courts. In 2016, **mobile court hearings** on FGM led to the prosecution of 65 perpetrators, 47 (36 women) of whom were sentenced to serve two to eight months in prison and pay a fine. Three community-based courts brought to trial three additional cases of FGM involving 10 perpetrators.

Given that most FGM cases in **Kenya** are in hard to reach rural areas, poor infrastructure often prevents witnesses from appearing in court. Drawing on the experience of Burkina Faso, the Joint Programme supported the establishment of mobile courts in Kenya in all 47 counties. In 2016, **75 cases** of FGM were reported to the Office of the Director of Public Prosecution (ODPP). Ten cases were prosecuted and convicted, 49 are ongoing, seven were acquitted, and nine withdrawn due to lack of evidence. With resources from the Joint Programme, the Federation of Women Lawyers and ODPP provided free legal aid, witness protection and services to help victims prepare legal briefs for courts, referrals for social services, and increased media coverage of FGM cases in court.

### Improving Child Protection through Policy Reform

The Joint Programme has been at the forefront of sustained efforts towards the new anti-FGM legislation, since the Violence Against Persons (Prohibition) Act (VAPP) was enacted in **Nigeria** in 2015. The recently established National FGM Elimination Programme, the primary mechanism for directing a common coordinated approach to the end of FGM/C by a multi-sectoral National Technical Working Group (chaired by the Ministry of Health, Family Health Division), is supported by the Joint Programme. A major policy success in 2016 was the enactment and domestication of the VAPP in **Oyo State** which has one of the highest FGM/C prevalence rates in Nigeria.

In **Uganda**, two critical milestones in legal and policy frameworks contributing to the elimination of FGM/C were advanced by the Joint Programme. The Children Act Amendment was passed into law after many years of revisions and includes a clause on FGM/C. Additionally, the National Policy on Elimination of Gender Based Violence and the National Action Plan (NAP) On Elimination Of Gender-Based Violence 2016-2021 was approved by the Ugandan Cabinet and includes an allocation of 0.63% for FGM/C related interventions.

### “First Ladies” Mobilizing Resources to End FGM/C

For ensuring effective implementation of legislation addressing FGM/C, sufficient human and financial resources must be allotted enabling coordinating institutions to achieve international and national goals to end FGM/C. The Joint Programme in 2016 joined forces with the wives of political leaders in securing government budget allocation for FGM/C prevention and support, as well as legal sanctions. In **Kenya**, 29 wives of State Governors lobbied for increased county government resources in support of anti-FGM and child protection initiatives. West Pokot County allocated funding in their 2016/2017 budget for work with the Council of Elders on ending FGM/C. This is a significant political breakthrough given that addressing FGM/C is not a devolved function in Kenya.

“ UNICEF and UNFPA are jointly working with the wife of the Imo State Governor, Mrs. Nneoma Okorocho to stop FGM/C in the state...[The Joint Programme] also urges the state government to further demonstrate political will by ensuring budgetary allocation and release of financial resources through dedicated lines in the relevant ministries”

— *allAfrica*, “Nigeria: UNFPA\_UNICEF Partner Imo On Campaign Against Female Genital Mutilation”

The National Response Plan to FGM and Campaign to End FGM in **Nigeria** with support from the Joint Programme were launched by Her Excellency, Aisha Buhari, the wife of the President, and the wives of State Governors. The **launch of the plan resulted in a financial commitment on the part of the government and donor organizations for ending FGM/C** which in turn was leveraged by partners and CSOs to successfully mobilize resources to broaden the reach of the campaign in communities. As ambassadors of the Campaign to End FGM/C at the state level, the wives of Governors in Osun, Ebonyi, Imo, Ekiti, Oyo and Lagos states appealed for improved collective action and increased resources from policymakers, legislators, traditional/community and religious leaders, youth, and women’s groups. The campaign has started to pay off in Ebonyi state, where the government committed to providing counterpart funding for the Joint Programme.

### Cultivating and Maintaining Political Support to End FGM/C

Tailored and culturally appropriate training and capacity development are important for the development and implementation effective programme holistically addressing FGM/C. In countries like **Uganda** which held a general election in 2016, the Joint Programme provided FGM/C policy orientation to newly elected leaders to ensure political momentum gained over the years continues. At the national level, an orientation was conducted with 47 new Parliament members resulting in commitments to allocate funding for the elimination of FGM/C during the next budgeting process. Orientations on FGM/C as a harmful practice, and laws and policies in Uganda were also carried out for 229 newly-elected leaders from the districts of Moroto, Nakapiripirit, Amudat, Kapchorwa, Kween and Bukwo, and 125 lower level political leaders who expressed support in ending the practice in their communities.

## National Coordination of Key Stakeholders

The Joint Programme's coordination of key stakeholders convened at the national, sub-national and local levels facilitates the harmonization of actions for ending FGM/C. At a minimum, participants include government officials from relevant sectors, health care providers, service providers from other key sectors, and representatives of women's and children's rights groups and other civil society organizations working on FGM/C. A national task force was established in **Sudan** to accelerate the endorsement of the national law, which subsequently conducted four consultative meetings and developed an advocacy plan to support the adoption of the national law banning FGM/C. The National Council for Child Welfare (NCCW) led advocacy efforts with parliamentarians, health professionals and religious leaders throughout 2016. Additionally, six new state task forces, plus the existing state task forces, reaffirmed their agreement to work towards the issuance of laws that prohibit or criminalize FGM/C. The state task forces have helped to filter state level information up to the national task force, to intensify work in rural localities, to enhance protection networks and to unify media messages and religious discourse.

The second National Girls' Summit in **Ethiopia** held on the International Day of the Girl Child provided the opportunity to track progress and identify next steps by different sectors and actors. The development of a costed roadmap to realize the commitment to end FGM/C and child marriage by 2025 under the leadership of the National Alliance on Ending Child Marriage and FGM/C is further evidence of the high level political will and determination to enforce existing frameworks and support the effort with more resources. Crucially, it will also provide the evidence of whether a 10 per cent increase in investment is sufficient to meet the ambitious goals set by the Government of Ethiopia.

## OUTCOME 2: Service providers provide timely, appropriately and quality services to girls and women at risk of or having experience FGM in select districts in Programme countries

### Addressing the Medicalization of FGM/C

In many countries, FGM/C is being legitimised under the guise of "health care". Carried out in a hospital or clinic, the medicalization of FGM/C is presented as a "safer" option than traditional cutters even though the procedure does not eliminate the devastating health consequences and can still result in death. In addition to the development and implementation of legislation, in **Egypt**, the Joint Programme drafted a medical curriculum for medical practitioners that was submitted to the Higher Committee for Medical Education to integrate the training in medical education programs as well as organise a national conference to launch a Medical Statement Against FGM/C to be issued by leading state Medical Schools in 2017. The curriculum was used in the Joint Programme's trainings covering medicalized FGM/C for law enforcement agents. Capacity building workshops for the Ministry of Health and Population's Department of Medical Personnel increased knowledge about the medicalization of FGM/C in addition to strengthening links between prosecution and surveillance on doctors and clinics. The workshops targeted 168 doctors working in the department from 27 governorate offices.

"...A doctor who is both a member of the Egyptian parliament and a member of its health committee stated that, "leaving women uncircumcised is unhealthy". These shocking words came during discussions of the female genital mutilation (FGM) law amendments presented by the National Council for Population (NPC) to the People's Assembly—the lower house of Egypt's parliament."

— **OpenDemocracy**, "Will tougher sentences prevent female genital mutilation in Egypt?"



The Joint Programme utilized the platform of the celebration of the International Midwifery Day in **Nigeria** by the Nursing & Midwifery Council to advance the campaign on ending the medicalization of FGM/C. The programme supported plenary sessions on FGM/C attended by 500 female midwives and nurses.

### **Government and Community Monitoring Systems and Data to Inform Programming**

Monitoring systems play a critical role in tracking the implementation of laws and the protection of girls and women from FGM/C. Under the Joint Programme, stakeholders, including government ministries, civil society organisations and advocates, and communities, are involved in the monitoring process. Successful advocacy efforts by the National Alliance on Ending Child Marriage and FGM/C in **Ethiopia**, which has benefited from resources and technical support provided by the Joint Programme, under the leadership of the Ministry of Women and Children Affairs (MoWCA) resulted in the inclusion of data on FGM/C in the 2016 Ethiopia Demographic Health Survey (EDHS), draft report released in November 2016. This is the first time the EDHS has reported on the prevalence of FGM/C since 2005. The EDHS shows a decrease of nine percent in the national prevalence of FGM/C among the age group 15-49 years, from 74 per cent in 2005 to 65 per cent in 2016.

The Joint Programme piloted in **Mauritania** an innovative approach that is cost effective and time efficient for measuring social norm change. A rapid survey in four Joint Programme target provinces, Assaba, Brakna, Tagant and Guidimagha, was undertaken to gather information on the indicator related to social norms change including degree of shift in social norm upholding FGM/C in programme areas. Findings from the survey indicated a readiness by the a majority of those interviewed to adopt the new social norm of keeping girls intact and are consistent with the decline observed for those provinces in the latest 2015. The tool will be used to determine changes in social norms among communities participating in education sessions and community dialogues.

A Joint Programme and World Bank funded GBV Survey in **Somalia** carried out by Johns Hopkins University (JHU) in late 2015 (to be published in 2017) found a significant reduction in the practice of FGM/C with a national lifetime prevalence rate of 65%. The study found large regional differences with FGM/C prevalence in Somaliland at 66%, 77% in Puntland and 53% in Southern and Central Somalia. While the survey was limited to urban residential areas and IDP sites in government controlled areas, and rates are presumed to be higher in rural and pastoralist communities, decreasing prevalence in

urban areas is illustrative of shifts in beliefs and the impact of FGM/C campaigning efforts. The survey also shows that social acceptance of FGM is waning; 82% of women surveyed disagreed with FGM and only one third of women said they had cut their daughters. The majority of men also disagreed with the practice, with many not properly understanding what FGM is. Importantly more than 70% of the men stated that they would marry a girl who was not cut indicating that the cultural importance placed on FGM in preparing a girl for marriage is no longer strong.

In **Eritrea**, the Joint Programme carried out community mapping exercises in 184 villages with the participation of 84,000 community members. The mapping focused on assessing the existing structures, standards and services, including the enablers that contributed to the desired change in behaviour on abandonment. The coordination of stakeholder engagement and interactions between the mapping team and local stakeholders yielded solid insights into who was involved in FGM/C and how the Joint Programme can effectively respond.

In **Guinea**, training on the KoBo Toolbox, a free open-source tool for mobile data collection using phones and computers, was provided by the Joint Programme to 173 magistrates and judicial police officers on FGM/C laws, 389 members of the protection structures, and 38 focal points from the Office for the Protection of Gender, Children, and Morals (OPROGEM) to capture and share data about FGM/C cases. Such data collection and analysis supports the Joint Programme's critical role in promoting synergy between key sectors including security, justice, health, and NGOs which in 2016 enabled the prosecution of 44 cases of FGM/C, and the arrest of 11 people including two cases of conviction.

### **Holistic support to girls and Women**

The Joint Programme strives to provide a holistic set of essential services in meeting the needs of victims and girls and women at risk including medical care, psychosocial support, school related activities and income generating activities. Capacity building support in prevention, protection and health care services from the Joint Programme in **Mali** enabled 2,245 FGM/C victims to benefit from psychosocial, socio-economic and/or medical care. The National Institute for Training in Health Sciences (INFSS) is integrating FGM/C modules developed by the Joint Programme for service providers in an e-learning platform for distance education for midwives.

In **Nigeria**, sponsored by the Joint Programme 4,582 health workers used existing platforms within health facilities in Ebonyi, Imo and Osun states to provide community outreach services including: information and FGM/C services for 46,597 persons (27,482 female; 12,236 male, 3,885 girls; 2,994 boys); counselling for 17,505 people; 7,303 women were dissuaded from undertaking FGM/C on themselves and their female children; and 1,580 women and girls with FGM/C complications were successfully treated. One hundred and fifty Child Protection Network members in five Nigerian States acquired knowledge and skills to provide counselling, health referrals, and other support services such as home visits to monitor young mothers who are at risk of being influenced by grandmothers, mother in-laws and mothers to subject their daughter to FGM/C.

A total of 22,952 (12,698 boys, 10,254 girls) **Sudanese** children, victims of sexual violence and other types of violence including FGM/C in 18 states and 56 localities benefited from child-friendly protection services and referrals. The Joint Programme's strategic partnership with the National and State Councils for Child Welfare, Ministry of Welfare and Social Security, Judiciary, Prosecution, Family and Child Protection Units (FCPU), and CSOs is what enabled it to scale up its support and enhance the quality of child protection services in Sudan in 2016.



In strengthening the capacity of **Ugandan** service providers to provide timely, appropriate and quality services, all six target districts were supported by the Joint Programme in establishing child helpline action centers. The aim of these centers is to provide girls and women a safe space to report cases of FGM/C or any other form of violence and abuse. Comprehensive FGM/C and sexual reproductive health camps supported by the Joint Programme in partnership with district health offices integrating family planning, maternal health, and reproductive rights, provided 2,831 (888 males and 1,943 females) in Sebei, a region with high FGM/C prevalence rates, with information and services. Of those who accessed the services, 150 survivors of FGM/C received counselling.

In Meata Primary School in Kuria East, Migori County in Kenya, 54 girls ages 6 to 14 have not undergone FGM/C. This was achieved through the support from the teachers and school administrators. One of the teachers who managed to escape FGM/C underwent the Alternative Rites of Passage in 2004. Today she serves as a role model for the girls in the school and her community.

— *Joint Programme Annual Report in Kenya*

### Schools on the frontline for ending FGM/C

Schools can play a critical role in educating students about FGM/C. Training teachers to spot warning signs of FGM/C can be an effective strategy for reporting cases in addition to ensuring a student receives the support and services she needs. In **Kenya**, the Joint Programme trained 315 teachers (160 male and 155 female) on the psychological and health consequences, and rights violations related to FGM/C so that they in turn could support 60 school-based child protection clubs. In 2016, 10 incidents of FGM/C were reported by teachers who referred cases to relevant authorities for action. These teachers were critical in training approximately 3,900 students on FGM/C issues, including reporting and referral links for girls at risk or affected by FGM/C, who were in turn tasked with at least 2 peer-to-peer discussions on FGM/C, including out-of-school children, reaching approximately 7,800 peers. Schools supported by the Joint Programme participated in the **Kenya National Music Festival to raise awareness about violence against children** directly reaching about 1.5 million children and youth, and approximately nine million indirectly. The topic “No violence against children is justified – all violence against children can be prevented” was selected as one of the festival’s themes. Four hundred (400) teachers and administrators were trained, and children and young people were encouraged to develop peer messages about ending harmful practices through songs, plays, poems or dances. A strong emphasis was placed on FGM/C.

The Joint Programme targeted 1,800 school-children in 24 schools in Assiut, Menia and Qena in **Egypt** using a holistic approach to work with parents, teachers, and religious and other community leaders, to support girls’ education and well-being, including prevention of FGM/C. Girls most at risk of dropping out of school received support to cover school fees and educational materials. Tutorial support was provided to 480 students. Working closely with girls at risk of FGM/C provides an opportunity for partner NGOs to follow up closely with their families and provide tailored FGM/C abandonment messages.

In partnership with the Group for the Study and Education of Population (GEEP), an NGO housed in the Cheikh Anta Diop University in Dakar, 57,619 high school and college students (31,588 girls and 26,071 boys) in **Senegal** benefited from educational sessions on GBV and FGM/C as well as reproductive health services and counselling through “Family Life Education” Clubs.

## OUTCOME 3: A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM/C

### Communities making public declarations of abandonment of FGM/C

Public declarations of abandonment of FGM/C represent a major milestone marking changes in social expectations. In working towards public declarations, entire communities are provided opportunities by the Joint Programme to learn more about FGM/C, discuss new knowledge, relate it to their situation and consider alternatives to current practices. The idea is to work towards community-wide consensus. Community dialogue facilitators in 118 kebeles in 9 woredas in **Ethiopia** facilitated discussions that directly reached 17,700 community members towards abandonment of the practice. In Afambo Woreda (District) in Afar region, following community dialogue sessions focused on harmful practices and the rights of girls and women, approximately 250,000 (133,000 male and 117,000 female) or 250 communities publicly declared abandonment of child marriage and FGM/C.

“11 girls...were taken into the bush...to receive their initiation. One day later, Koumba had bled to death before she could receive medical treatment...It was the Village Child Protection Council that first alerted the world to the death of Koumba. UNICEF and partners have set up more than 2,000 CPVEs throughout Guinea to enable communities to protect their children and if need be, report problems and call for help.”

**Medium.com**, “*The Ultimate Consequence*”

In **Burkina Faso**, community mobilization events such as talks, forum theater, small group discussions, family dialogues and debates following the screening of films in 292 villages, representing a population of approximately 400,000 people, led to ceremonies of public declarations of abandonment of FGM/C. Through community dialogue sessions, 516,774 people (including 285,033 women) became more supportive of abandoning FGM/C and child marriage.



In **Guinea**, 273,800 individual declarations of FGM/C abandonment marked a significant increase in the number of declarations. In 2015, 422 villages and 126 districts made public declarations, in 2016 989 villages made declarations, which is about 18% of the population in villages and 4% of the country's districts. These statements made it possible to identify and protect 20,563 girls between the ages of 0 to 15 from FGM/C, and 15,320 girls ages 12 to 17 from child marriages in targeted communities.

In **Mali**, 763,644 persons, including 453,534 women, 149,973 men, 88,093 girls and 72,044 boys, actively participated on a regular basis in educational dialogues promoting the abandonment of FGM/C and other forms of GBV in the Kayes, Koulikoro, Sikasso, Segou, Mopti, and Gao. One hundred and twenty nine new villages signed agreements to abandon FGM/C and child marriage and set up monitoring committees to ensure the application of this new social norm.

### Youth Power Key to Ending FGM/C

There are many reasons for involving young people in ending FGM/C. As the number of young people continues to grow especially in developing countries, youth and adolescents are shaping social and economic development, challenging social norms and behaviors, and driving social change in their communities and countries. The Joint Programme supported Y-PEER, a youth peer education network of organizations and institutions addressing sexual and reproductive health in **Egypt**, in conducting training of trainer (TOT) workshops on FGM/C abandonment using alternative methods of education such as theatre, role games, and simulations. The Joint Programme supported training for a total of 844 youth from 28 governorates. These educators then provided 441 peer education sessions targeting 7,468 females and 3,210 male participants. Seventeen role playing games targeting 1,039 females and 573 males were organized and five outreach campaigns reached 479 females and 56 males. The workshop provides youth with the tools to become leaders in their own communities and advocate for change.

“..Some communities are embracing ceremonies that do away with all cutting. The new traditions are taking hold in Maasai and Samburu communities in Kenya and Tanzania. After two or three days of preparatory sessions for the girls, the celebration culminates with communal singing and dancing and blessings by the village elders, who pour a mixture of milk and honey and water over the heads of the girls. Goats and cows are slaughtered for specially prepared stews or roasts. Traditional beer is brewed for the men to drink. The young women do multicolored clothing and decorative beads that dangle from their heads and hang around their necks.”

— **National Public Radio**, “*Can A Bath Of Milk And Honey Replace Female Genital Mutilation?*”

In **Sudan**, a National Youth Declaration and the creation of a youth network to abandon FGM/C was the result of the first national conference on FGM/C organized by youth in 2016, bringing together 100 Sudanese youth (18 to 34 years) from 18 states to share experiences in community mobilization, advocacy, and awareness raising and sensitisation.

Thirty two **Guinean youth** (four per region) were trained to facilitate discussions on social media including Facebook, Twitter, Google and Instagram about FGM/C and GBV. Eight thousand youth, including 5,212 females and 2788 males, and 400 opinion leaders, participated in the discussions on social media about the FGM/C.

In **Uganda**, there has been increased involvement of young people in and out-of-school in various activities in 53 activities in debates and sports events conducted reaching 17,608 (10,529 girls and 6,253 boys) youth.

## Alternative Rites of Passage

In many cultures FGM/C often marks the transition from girlhood to adulthood. As a way to encourage families and communities to move away from FGM/C, the Joint Programme continue to support communities in Kenya to undertake alternative rites of passage (ARP), in which the girl experiences all the elements of the ceremony but is not cut. A mentorship programme involving role models/champions identified in different communities to mentor girls was established and continues to raise awareness about ARP. Community dialogues sessions on FGM have contributed to the identification of girls for ARP in focus communities with 7,297 persons participating (3,733 girls, 383 boys, 4,500 parents). Traditional cutters who had in the past performed FGM/C are usually present, discussing their role in the past — and explaining the health reasons for abandoning the practice.

## Engaging Religious Leaders in Social Change

Religious leaders possess an ordained role of leadership in their institutions and communities, often serving as role models. While leaders can call upon their communities to assist girls and women who have survived or are at risk for FGM/C, they also can offer support, counseling, and guidance to those who perpetrate harmful practices as the voice of accountability in communities. Leaders also can take advantage of faith networks and work across faiths to remind communities that FGM/C violates dignity and human rights.

The General Secretariat of Religious Affairs in **Guinea**, issued a *fatwa* (a ruling on a point of Islamic law) prohibiting the practice of FGM/C **with the support from Mauritanian religious leaders.**

Two sermons were broadcasted in more than 500 mosques in Conakry, and 3,300 mosques in other parts of Guinea, encouraging communities to give up the practice. Three study tours and exchanges on women's rights were held in Tunisia, Egypt and Indonesia. Guinean participants included parliamentarians, women leaders, officials from the Ministry of Health and the Ministry of Social Welfare, religious leaders, and journalists. The trips resulted

in a national action plan to effectively combat this practice through a national forum that brought together religious leaders, traditional cutters, and civil society from the 33 prefectures as well as parliamentarians, women leaders, representatives of sector ministries, journalists and UN agencies.

In **Kenya**, 340 male and 101 female religious leaders were trained on FGM/C using the “Channels of Hope for Child Protection” methodology that motivates and builds capacity in faith communities to address violence against children including various forms of abuse, neglect and exploitation.

## The Role of Media in Eliminating FGM/C

Media can play a critical role in helping to end FGM/C. By engaging media outlets, the Joint Programme works with media on how to improve their coverage of the consequences of this practice on women and girls, their families and communities. Such engagement also encourages reporting on communities'

*“Our religion forbids some bad acts that our men are doing against our women and girls such as neglecting them and assuming that they are not part of the community. (...) Some of the harmful norms, that our people believe are from our Islamic religion such as Pharaonic circumcision, neglecting girls, forced marriage etc. are not from Islam.”* Yaqshid religious leader

*“In one of my sermons, I stood in the mosque and talked about FGM and early marriages and their negative effects to the community. After a couple of days, I overheard people talking about the sermon and debating on the issues and saying how helpful it was to them.”* Imam from Yaqshid

**— Joint Programme Annual Report in Somalia**

efforts to abandon FGM/C and protect women and girls' rights. Community based radio stations in **Kenya** continued to pass key messages on FGM/C in target counties. The messages were initiated through community dialogue sessions on FGM/C with technical drafting from communication and programme experts by the Joint Programme and the implementing partners. Radio talk shows using local languages were used to spread the message. Various television stations as well as print media also educated the public about the importance of ending FGM/C. The year 2016 saw a marked increase in news stories and the quality of media coverage on FGM/C issues especially in print and TV documentaries. This is attributed to the Joint Programme's investment in capacity building of journalists since 2009.

In **Djibouti**, 90 journalists from 30 media outlets were trained on communication techniques related to FGM and accompanied the national campaign in terms of reporting, interviews and interactive themes on other harmful practices such as rape, marriage and early pregnancy.

### **Innovative Use of Media**

The Joint Programme recognizes the importance of using a mix of media to reinforce messages and ensure sustainable social norm change. The programme is always seeking innovative use of media to facilitate interpersonal communication and community level activities. In **Kenya**, **health care service providers started a WhatsApp group to discuss issues related to FGM/C**, and supporting each other or comparing the notes and experiences as key expert witnesses on FGM/C court cases. The Joint Programme also encouraged youth and women networks to use *WhatsApp* at social gatherings such as weddings or water points as a platform form for sharing and disseminating key messages on FGM/C.

After the proven success of the Joint Programme in **Egypt using Theatre Based Techniques (TBT)** in creating a safe space for discussions around sensitive issues such as FGM/C, in 2016 the Programme expanded its activities and collaborated with the National Centre for Culture and Arts (NCCA) to enhance the skills of Y-PEER leaders. Two consecutive workshops took place in Luxor where 50 participants were trained on TBT in relation to FGM/C. By the end of the training, eight plays were written and performed on FGM/C.

The Joint Programme in **Senegal** has ensured active involvement of youth as agents of change through social networks and platforms such as: U Report (a social messaging tool allowing anyone from any community, anywhere in the world to respond to polls, report issues, support child rights and work as positive agents of change on behalf of people in their country); "Touche Pas a Ma Soeur" (Don't Touch My Sister), a social media campaign against child marriage; Mannequin Challenge (1-minute video on FGM); the #KaayTwitte Twitter campaign on FGM/C; and the Facebook page "Words to Youth".

Through a partnership with the *Guardian UK*, the Joint Programme in **Nigeria** enhanced the capacity of 37 grassroots activists including youth, journalists (print and electronic media), social media and religious leaders from 13 states to implement an anti-FGM media campaign. Youth social media advocates for FGM/C abandonment are using the following social media platforms: Twitter (hashtag #endcuttinggirls); Facebook ([www.facebook.com/endcuttinggirls](http://www.facebook.com/endcuttinggirls)); Blogsite ([www.endcuttinggirls.org](http://www.endcuttinggirls.org)); and WhatsApp (EndFGM/C #endcuttinggirls).

Despite political instability in **Guinea Bissau**, the Joint Programme in partnership with the Portuguese government and CSOs, and diaspora in Portugal, targeted emigration/border control in both countries, especially airports, to prevent girls from being flown to Guinea Bissau to be cut. Border authorities were provided with information on FGM/C and legislation in in Guinea Bissau and Portugal, and communication materials were distributed in key spots at airports and land border posts.

# Challenges and Way Forward

The Joint Programme faced a myriad of challenges in the implementation of programme activities across the 16 participating country offices. Despite the unique context each country office represents, major themes emerged in reflecting on and managing obstacles for achieving desired results.

**Political instability and insecurity** in Africa and the Middle East created challenges in Yemen, Ethiopia (the Government of Ethiopia declared a six-month nationwide state of emergency following months of anti-government protests, Somalia (the election process delayed the implementation of some of the activities related to policies and legislations), and Guinea Bissau (the state budget was not approved at the National Assembly due to the political crises and therefore FGM/C could not be included as a budget line). With exception of Yemen, the other countries managed to adjust activities accordingly and make progress towards their proposed workplans.

**A natural disaster** in Ethiopia meant that regional governments in target areas affected by the El Niño-driven drought, followed by floods directed their focus and resources on emergency interventions.

**Limited ownership** of FGM/C interventions by Djibouti's Ministry of Health, which decided not to address FGM/C and family planning, resulted in a shift in focus on programme activities.

**Restrictions on partnerships** stemming from the Egyptian Parliament passing a new restrictive NGO law, increased the challenges the Joint Programme faced in working with national NGOs including women's organizations which are categorized as human rights organizations in Egypt.

Numerous country offices cited **high turnover of Ministry staff** as affecting programme deliverables. For the Joint Programme, this often means training new staff to ensure continued political momentum and be able to carry out planned activities.

Compared to Phase I, the **number of communities making public declarations of abandonment of FGM/C does not seem to continue with the same level of momentum** in Phase II. This needs to be closely analyzed considering different operational as well as programmatic issues, and draw lessons and conclusions to inform programming in the future.

As a way to facilitate continuous improvement in the **overall management of the programme**, efforts are afoot to define and apply a structured change management process/system anchored on lessons learned by the UNFPA (over the last few months) with regards to large non-core funded initiatives. There are increasing demands on Headquarters' (HQ) staff to respond to donor needs. The programme coordination and management need to be increased to meet these needs. Over the past year, the coordination team technical assistance role and capacity to strengthen countries programmatic interventions, programme analytical needs and strategic leadership initiatives have been very limited.

On the technical side, the programme will work on a social return on investment (SROI) analysis, to measure and communicate the impact of the Joint Programme and demonstrate value for money. The findings of the SROI will be used as an advocacy tool for governments (i.e., the cost of inaction) in addition to attracting additional resources for Phase III of the Joint Programme. The Joint Programme will also work towards a methodology to measure results based on the number of girls and women saved. Building on good practices and lessons learnt from Phase II of the Joint Programme, the HQ team will work on strategy development for Phase III. The JP will work towards a stronger engagement with African Union and other continental and sub-regional structures in order to increase accountability from Members States.



# Preliminary Performance Analysis on Key Indicators, 2016

January 2017

**OUTCOME 1:** countries enact legal and policy frameworks for eliminating FGM/C which are appropriately resourced and implemented (in line with AU and UN resolutions)

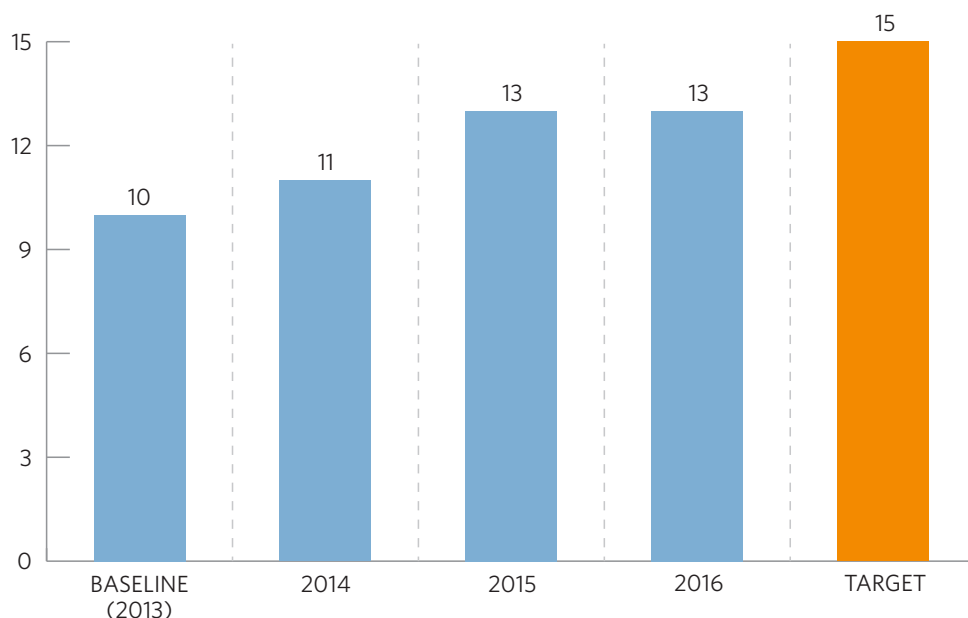
**Indicator 1.1:** Number of countries implementing a comprehensive legal and policy framework to address FGM/C

## ANALYSIS

As shown in Graph 1, which presents the yearly evolution for this indicator since 2013, in 2014, 11 JP-supported countries had legal and policy framework to address FGM/C in place. In 2015, frameworks were developed and enacted in Nigeria and Gambia, raising the total number of countries to 13. The situation in 2016 remained unchanged. As outlined in Graph 2, Mali, Somalia, Sudan and Yemen have not yet developed and/or enacted comprehensive legal and policy frameworks to address FGM/C. Although Mauritania has a legislation in place, it is worth highlighting that the existing law has been considered weak by the CEDAW committee.

## GRAPH 1:

Availability of a comprehensive legal and policy framework addressing FGM/C (New or Revised) - 2013, 2014, 2015, 2016 (Preliminary data)

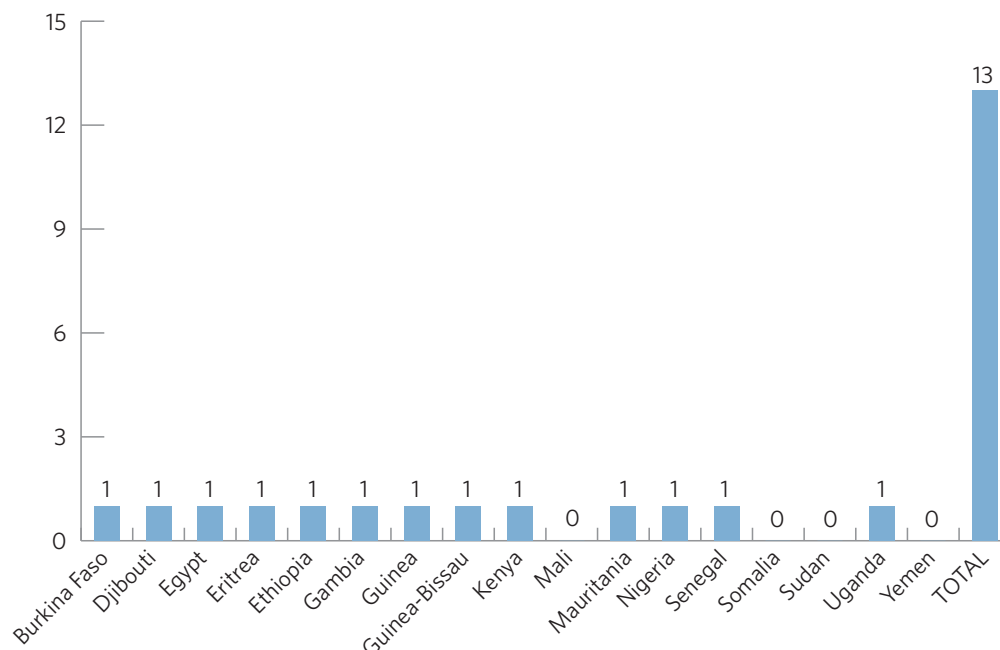




Considering that at baseline (2013) only 10 countries disposed of legal and policy frameworks to address FGM/C, overall, the JP is on track to meet the set target (15 countries). In order to achieve this objective, at least 2 additional countries need to develop/revise policies and legal frameworks to address FGM/C in 2017.

**GRAPH 2:**

Availability of a comprehensive legal and policy framework addressing FGM/C per country (New or Revised), 2016 (Preliminary data)



**Indicator 1.2: Number of countries with a budget line to implement legislation and policies to eliminate FGM/C**

**ANALYSIS**

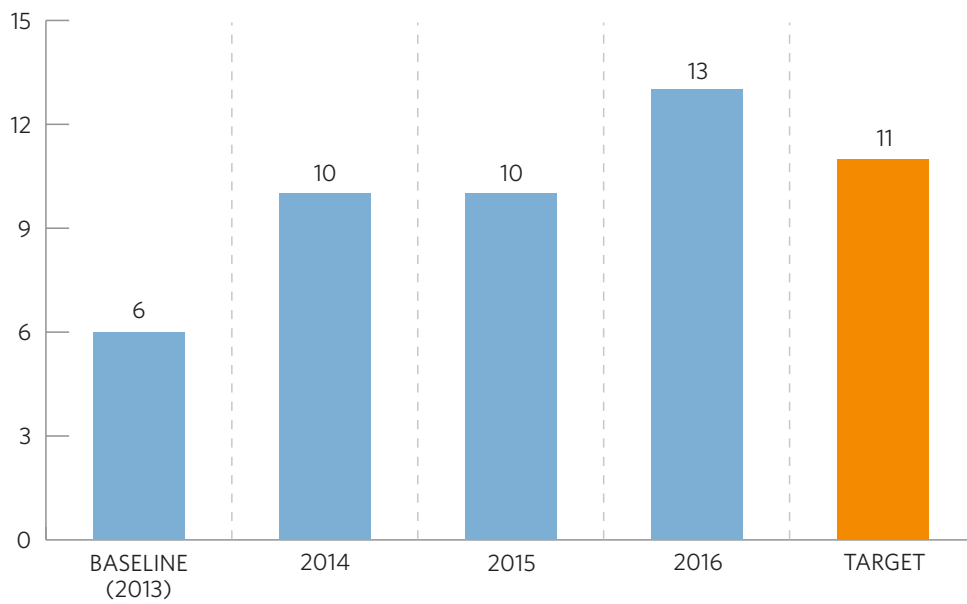
Considering that at baseline (2013) only 6 countries had established budget lines to address FGM/C, the programme has made considerable advances on this front. As shown in Graph 3, in 2014, the number of countries developing budgetary provisions to implement legislation and policies to eliminate FGM/C increased to 10. In 2016, FGM/C-related budget lines were introduced in Eritrea, Nigeria Mauritania and Uganda, rising the number of countries with FGM/C-related budgetary allocations to 13 in total.

*As a result, this year, the JP has met and surpassed the overall target set for this indicator (11 countries).*

Presently, Gambia, Guinea-Bissau and Somalia still have not developed budget lines for implementing FGM/C-related legislation and policies, as seen in Graph 4.

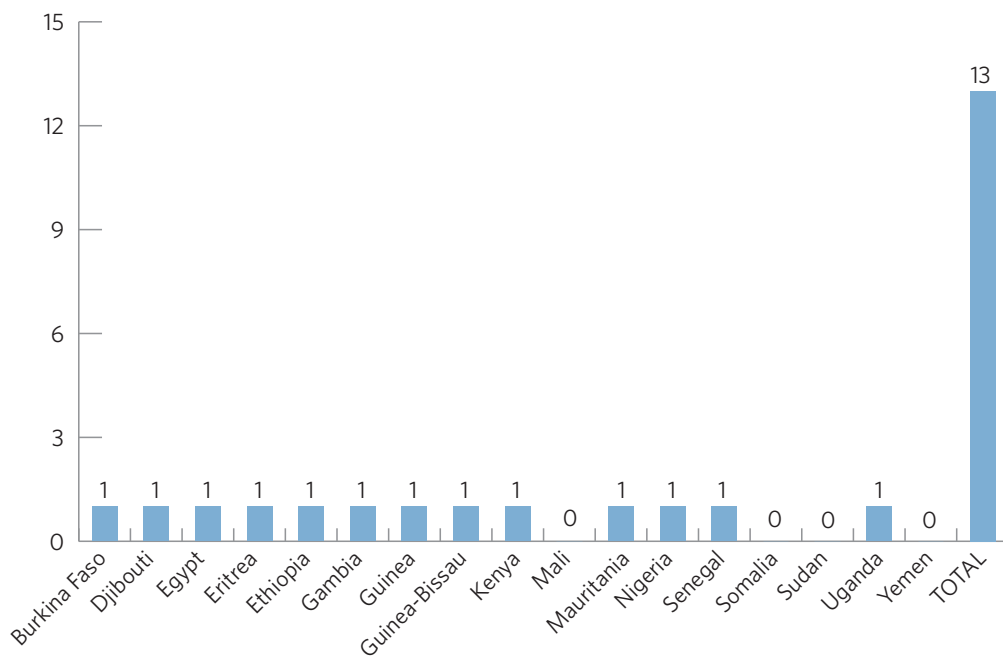
**GRAPH 3:**

Availability of a government budget line to address FGM (new budgetary allocation or changes in allocations) — 2014, 2015, 2016 (Preliminary data)



**GRAPH 4:**

Availability of a government budget line to address FGM per country (new budgetary allocation or changes in allocations), 2016 (Preliminary data)



NOTE:

\* 16 countries reported, except Yemen and Eritrea

## OUTPUT 1.2: Policy makers increasingly utilize disaggregated data and best practices to enforce law and implement evidence-based programmes to progressively eliminate FGM/C

### Indicator 1.2b: Number of cases of enforcement of the FGM/C law (sub-indicators: # of Arrests, # Cases brought to court, # convictions and sanctions)

#### ANALYSIS

In 2016, a total of 71 individuals were arrested, 252 cases of FGM/C were brought to court and 72 individuals were convicted, as detailed in Table 1<sup>1</sup>. Note that these figures are preliminary and may increase as additional data is received from countries that have not yet reported on this indicator.

Current numbers show that overall instances of enforcement have significantly decreased from 2015 to 2016 (see Graph 5). Whereas in 2015 498 arrests were made, this number has dropped to 71 in 2016. On a positive side, however, 2016 has seen more cases being brought to court and more convictions than in the previous year, which have almost doubled for both sub-indicators.

**TABLE 1: Number of Arrests, Cases brought to court, convictions and sanctions per country, 2016 (Preliminary data)**

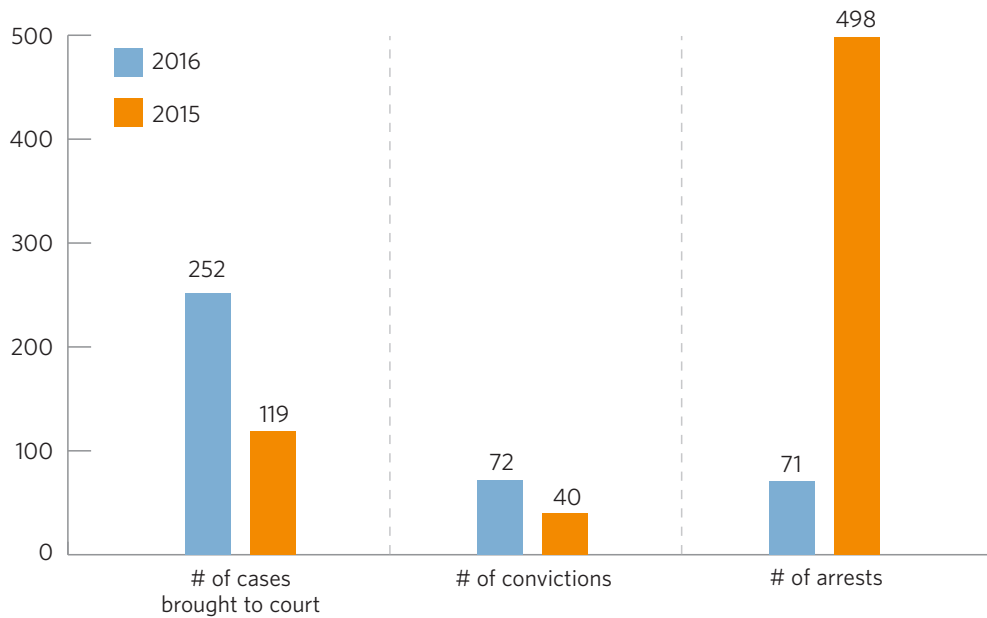
COUNTRY	# of cases brought to court	# of convictions	# of arrests
Burkina Faso	65	47	47
Djibouti	n/a	n/a	n/a
Egypt	2	1	1
Eritrea	89	n/a	n/a
Ethiopia	1	1	0
Gambia	2	2	2
Guinea	11	11	11
Guinea-Bissau	0	0	0
Kenya	75	10	10
Mali	0	0	0
Mauritania	1	0	0
Nigeria	n/a	n/a	n/a
Senegal	0	0	0
Somalia	n/a	n/a	n/a
Sudan	n/a	n/a	n/a
Uganda	6	n/a	n/a
Yemen	n/a	n/a	n/a
<b>Total</b>	<b>252</b>	<b>72</b>	<b>71</b>

1. So far, 12 out of the 17 JP-supported countries have reported data for this indicator

To date, Phase II has recorded a total of 684 instances of enforcement of the FGM/C legislation (see graph 6). Considering the aim of reaching 620 cases of law enforcement for Phase II, *in 2016, the programme has met and surpassed the set target for this indicator.*

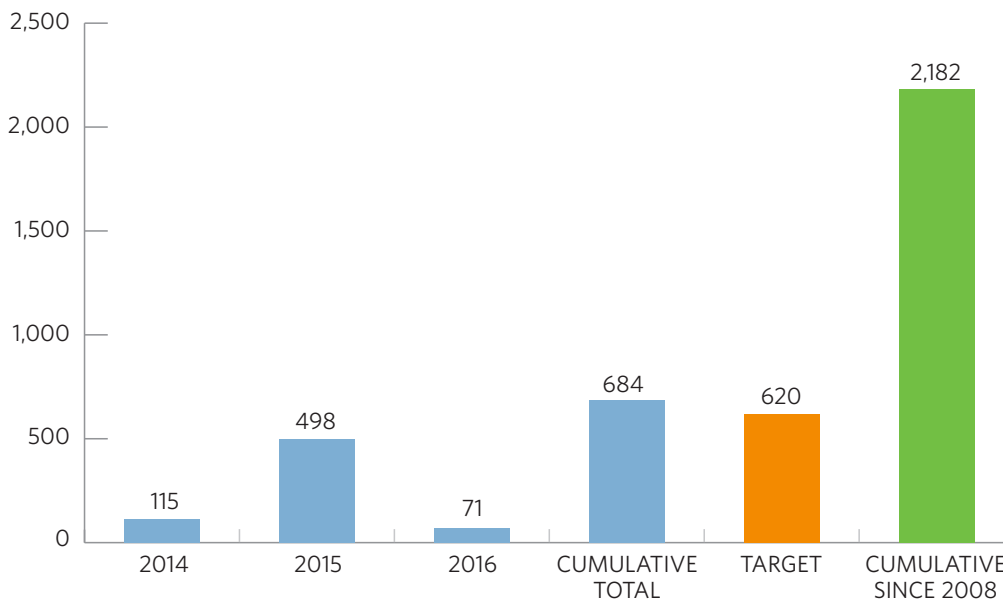
**GRAPH 5:**

Number of Arrests, Cases brought to court, convictions and sanctions per country, comparison 2016, 2015 (Preliminary data)



**GRAPH 6:**

Instances of Enforcement of FGM/C Legislation, 2014, 2015, 2016, cumulative total and targets (Preliminary data)



## OUTCOME 2: Service providers provide timely, appropriate and quality services to girls and women at risk of or having experiences FGM/C in selected districts in programme countries

### Indicator 2.1: Number of women and girls receiving services for prevention, protection and care services related to FGM/C

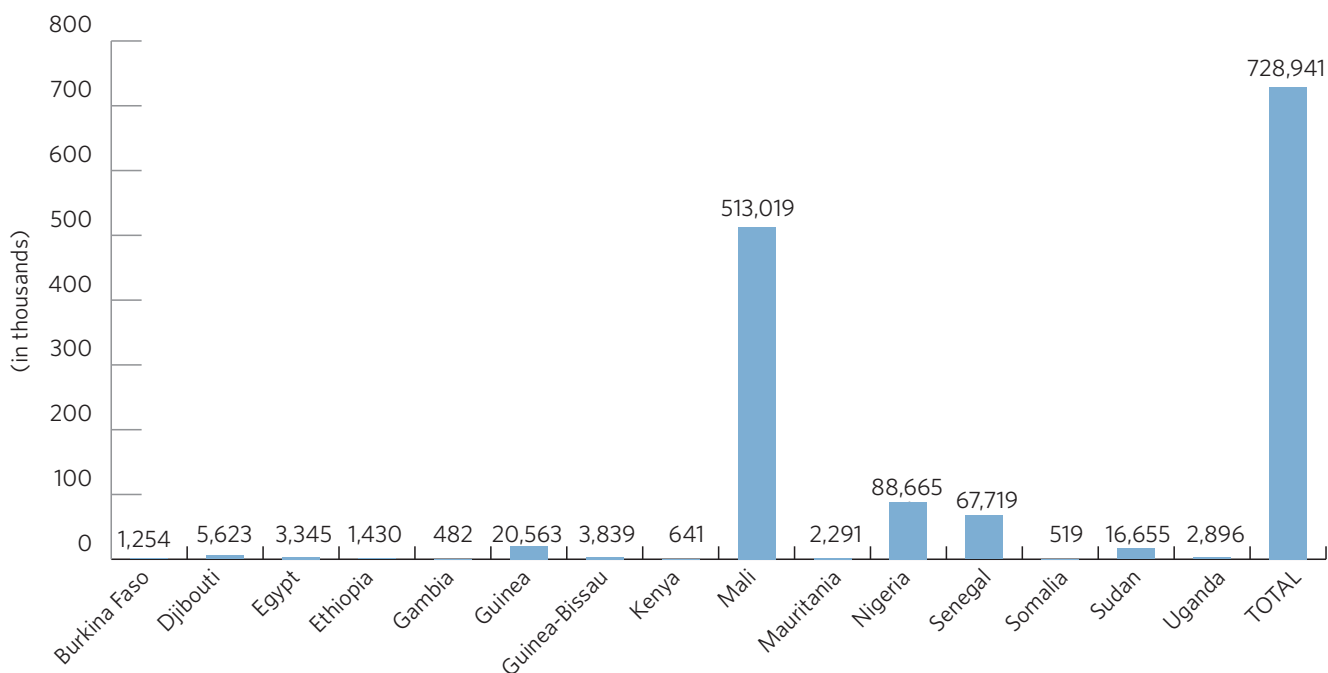
#### ANALYSIS

In 2016, a total of 732,928 girls and women have received services for prevention, protection and care related to FGM/C across 14 JP-supported countries. But it is likely that this figure will increase further as information is updated by countries to include the wider range of services encompassed by the JP. Noteworthy, as current available data show, Mali accounts for roughly 70% of the total figure, where, respectively, 513,019 girls and women have been served (see Graph 5).

Overall, service provision has risen by approximately 30% in 2016. As shown in Graph 8, since the start of Phase II, a total of 1,663,936 girls and women have benefitted from JP-supported FGM/C-related services. As a result, in 2016, the JP has met and surpassed the target set for this indicator (1,000,000 girls and women).

#### GRAPH 7:

Number of girls and women receiving services related to FGM/C prevention or response per country, 2016 (Preliminary data)



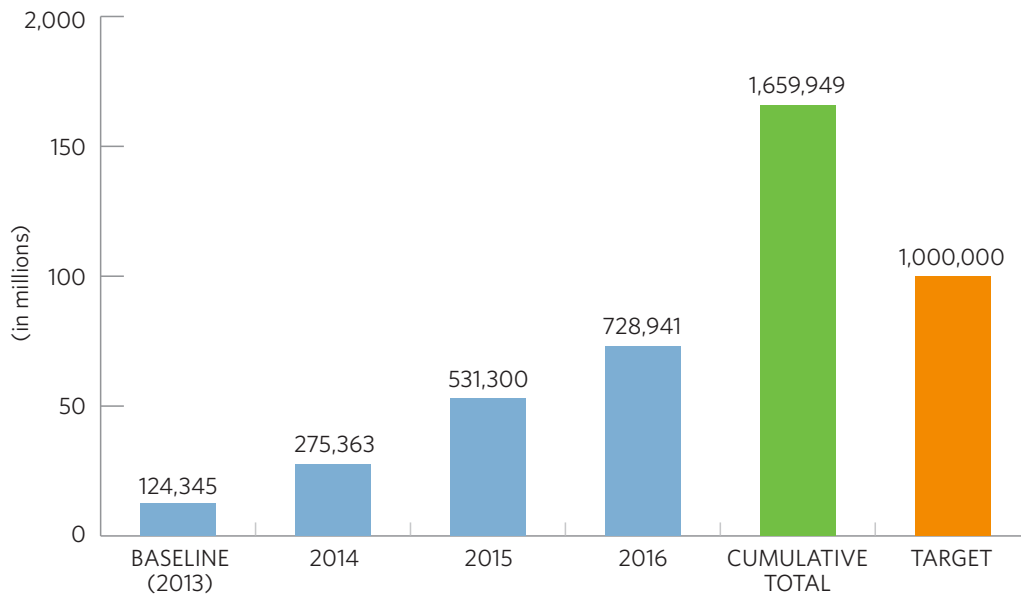
NOTE:

\* 15 countries reported, except Yemen and Eritrea

2. Data not available for Yemen, Eritrea and Djibouti

### GRAPH 8:

Total number of girls and women receiving services related to FGM/C prevention or response — 2014, 2015, 2016 (Preliminary data)



**OUTCOME 3: Indicator 3.1: Number of communities in programme areas having made public declarations of support for the abandonment of FGM/C**

**Indicator 3.1a: Number of communities in programme areas having made public declarations of support for the abandonment of FGM/C**

### ANALYSIS

As shown in Graph 9, a total of 2,906 communities across 15 JP-supported countries have made public declarations of abandonment this year and an additional 10,080 families in Egypt. The number of communities declaring abandonment has risen in 8 countries if compared to 2015 figures. Increases have been particularly sharp in Mali (+80%), Eritrea (+88%), Guinea (+40%), Nigeria (+92%). In addition, in Egypt, the number of families joining the movement has risen by 17%.

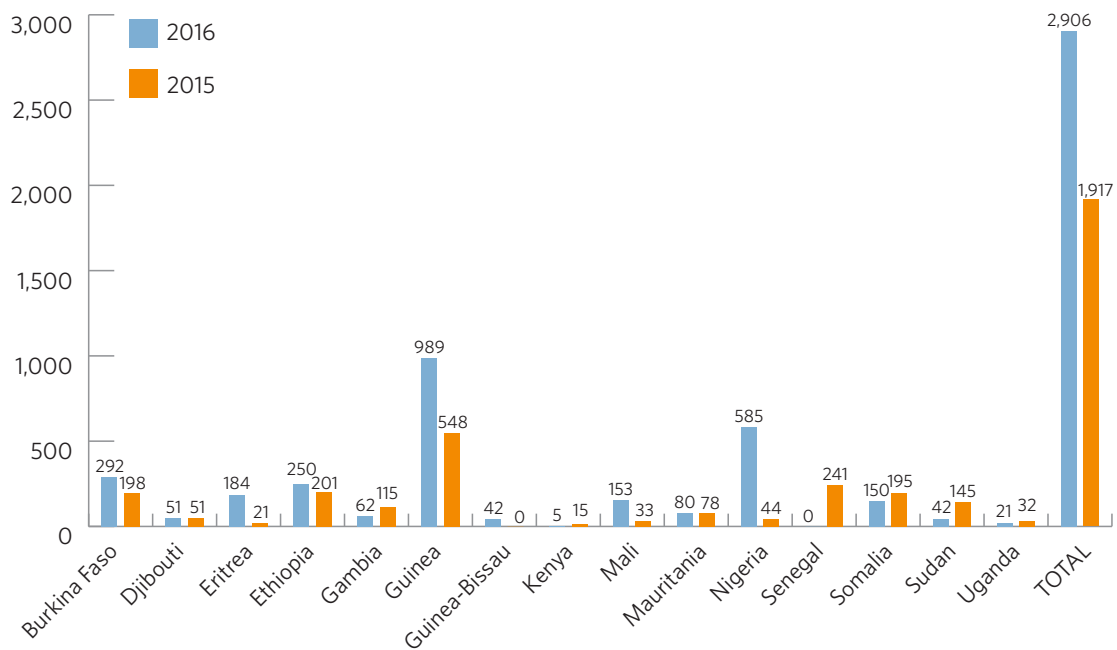
The sharpest decline has been witnessed in Senegal, where no communities have declared abandonment this year. It is worth highlighting that the community declaration is the culmination of a process which includes continuous work with communities to build awareness and acceptance of the norm of keeping girls intact. In order to reach this point, 170 communities engaged in a process of FGM/C abandonment and 184 villages participated in social mobilization activities. As a result of these efforts, public declarations will be officially issued in 2017.

Overall, there has been a 34% growth in the number of communities making public declarations of abandonment from 2015 to 2016. Considering Phase II cumulative achievements, a total of 5,761 communities have already made public declarations of abandonment (see Graph 10). *If the current pace is maintained the JP is on track to meet its target for 2017 (1,983). Consequently, the target set for this indicator for Phase II (5,946) will likely be surpassed.*

Compared to achievements of Phase I, data from Phase II indicates an overall decrease in the number of public declarations. Presently, the JP is conducting a thorough analysis of qualitative and quantitative information to understand the reasons behind this trend, including consulting with country teams to understand realities on the ground and factors possibly hindering the acceleration of FGM/C abandonment.

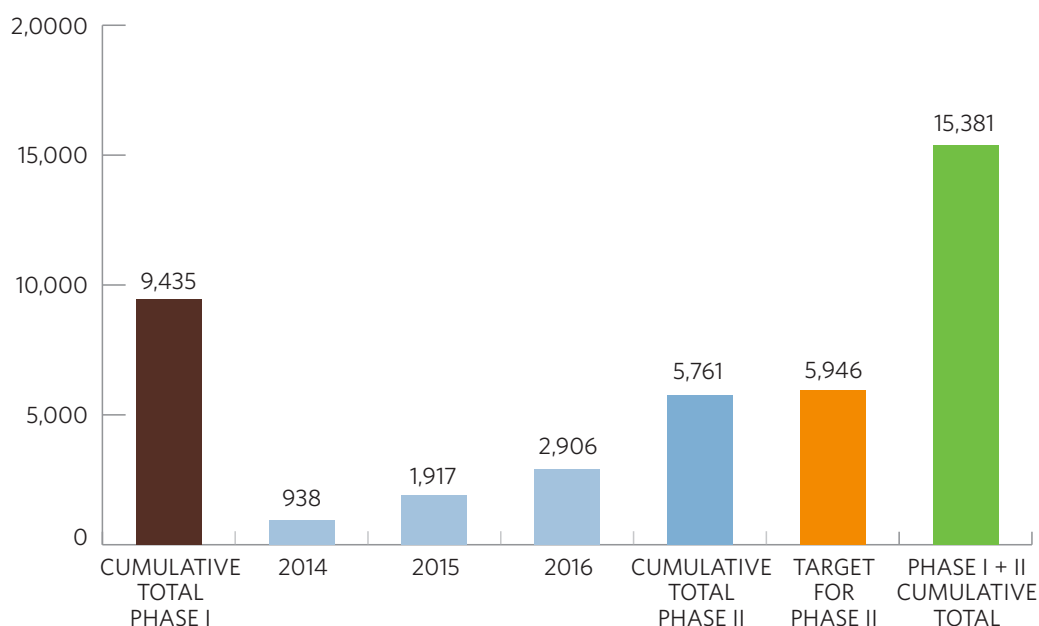
**GRAPH 9:**

**Number of Communities in programme areas having made public declarations of abandonment of FGM/C, 2016 (Preliminary data)**



### GRAPH 10:

Number of Communities in programme areas having made public declarations of abandonment of FGM/C (Phase I, 2016, 2017, 2018), cumulative total and targets (Preliminary data)



### Indicator 3.1b: Number of individuals involved in public declarations of abandonment of FGM/C

#### ANALYSIS

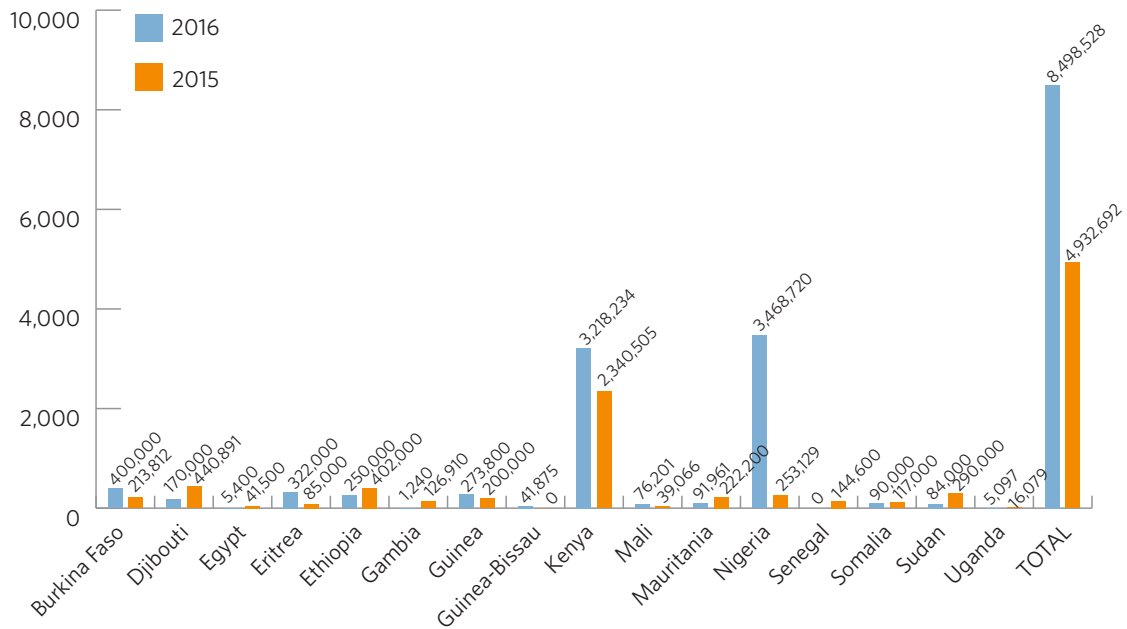
A total of 8,498,528 individuals have been reached by community declarations in 2016. Compared to the previous year, this represents an increase of roughly 41% in outreach, and it is likely that the given figure will rise further, as countries continue to update data. Nigeria (+92%), Eritrea (+73%), Mali (48%), Burkina Faso (+46%) and Kenya (+27%), are some of the countries that have seen a notable increase in the number of individuals engaged in public declarations.

Globally, 17,431,220 individuals have been involved in public declarations of abandonment since the start of Phase II (see Graph 12).



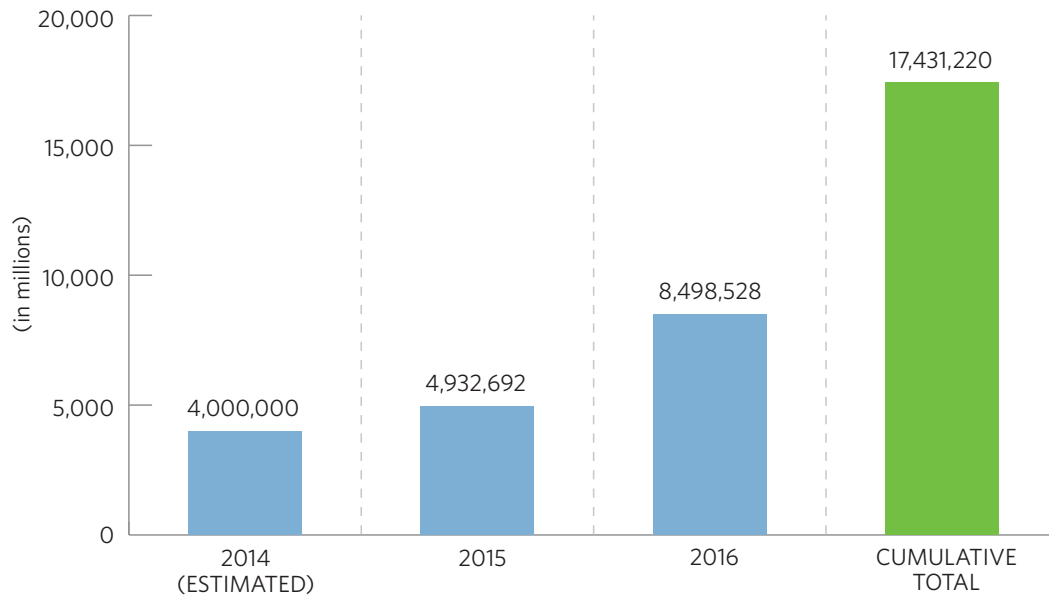
**GRAPH 11:**

Number of individuals involved in public declarations of abandonment of FGM/C per country, 2016 (Preliminary data)



**GRAPH 12:**

Total number of individuals involved in public declarations of abandonment of FGM/C, 2014, 2015, 2016 (Preliminary data)



# Provisional Financial Report, 2016

(as of 13 January 2017)

TABLE 1: FUND DISBURSEMENT AND EXPENDITURES

Office	Fund Disbursement and Expenditure UNFPA						
	2015 Balance Carried Forward	New Fund Transfer in 2016	Total Fund Available for Programme Implementation in 2016	Provisional Expenditure as captured in the financial system, as of 13 January 2017	Commitment as captured in the financial system, as of 13 January 2017	Total provisional expenditure and commitment as captured in the financial system, as of 13 January 2017	Fund Utilization Rate, as of 13 January 2017
HQ	1,352,688	544,787	1,897,475	1,446,001	274,148	1,720,149	91
ASRO		200,000	200,000	200,889		200,889	100
ESARO	74,274	125,726	200,000	108,739	12,052	120,791	60
WCARO	172,756	100,000	272,756	241,875	-	241,875	89
Burkina Faso	459,903	340,097	800,000	757,477	77,239	834,716	104
Djibouti	12,322	157,000	169,322	151,858	57	151,915	90
Egypt	139,554	420,446	560,000	302,228	139,295	441,523	79
Eritrea	98,379	301,621	400,000	169,362	163,939	333,301	83
Ethiopia	175,432	424,568	600,000	139,632	349,025	488,657	81
Gambia	11,342	381,658	393,000	385,874	209	386,083	98
Guinea	3,323	295,938	299,261	319,422	(1,062)	318,360	106
Guinea-Bissau	50,857	149,143	200,000	147,018	1,323	148,341	74
Kenya	355,099	487,200	842,299	656,196	158,092	814,288	97
Mali	86,686	358,000	444,686	257,604	123,958	381,562	86
Mauritania	20,645	379,355	400,000	415,771	513	416,284	104
Nigeria	115,022	606,158	721,180	718,632	19,759	738,391	102
Senegal	161,520	739,000	900,520	730,263	-	730,263	81
Somalia	13,420	386,580	400,000	266,874	167,951	434,825	109
Sudan	164	399,836	400,000	407,545		407,545	102
Uganda	145,531	254,469	400,000	290,584	101,670	392,254	98
Yemen	19,370	(19,370)				-	
<b>TOTAL</b>	<b>3,468,288</b>	<b>7,032,212</b>	<b>10,500,499</b>	<b>8,113,844</b>	<b>1,588,168</b>	<b>9,702,012</b>	<b>92</b>

TABLE 1: FUND DISBURSEMENT AND EXPENDITURES (continued)

Office	Fund Disbursement and Expenditure UNICEF						
	2015 Balance Carried Forward	New Fund Transfer/ Reallocation in 2016	Total Fund Available for Programme Implementation in 2016	Provisional Expenditure as captured in the financial system, as of 13 January 2017	Commitment as captured in the financial system, as of 13 January 2017	Total provisional expenditure and commitment as captured in the financial system, as of 13 January 2017	Fund Utilization Rate, as of 13 January 2017
HQ	423,179	347,552	770,731	507,955	54,506	562,461	73
ASRO							
ESARO	99,204	16,050	115,254	82,674	31,867	114,541	99
WCARO	221,329	246,430	467,759	276,965		276,965	59
Burkina Faso	63,096	341,741	404,837	423,513		423,513	105
Djibouti	6,046	395,572	401,618	322,320	9,450	331,770	83
Egypt	184,322	362,582	546,904	238,252	77,090	315,343	58
Eritrea	69,152	401,379	470,531	377,535	29,725	407,260	87
Ethiopia	154,892	307,986	462,878	474,934	10,982	485,916	105
Gambia	64,953	142,920	207,873	135,271	18	135,289	65
Guinea	61,575	570,453	632,028	537,215	5,741	542,956	86
Guinea-Bissau	1,512	258,349	259,861	236,463	18,570	255,033	98
Kenya	1,072,139	23,000	1,095,139	976,726	61,852	1,038,578	95
Mali	406,497		406,497	398,336		398,336	98
Mauritania	65,512	280,249	345,761	347,758	330	348,087	101
Nigeria	282,609	227,141	509,750	388,727	23,870	412,597	81
Senegal	970,597		970,597	744,751	9,000	753,751	78
Somalia	496,898	535,000	1,031,898	1,053,646		1,053,646	102
Sudan	177,331	311,149	488,480	489,917	2,481	492,398	101
Uganda	214,493	336,914	551,407	513,151	-	513,151	93
Yemen	368,861	-239,282	129,579				
<b>TOTAL</b>	<b>5,404,197</b>	<b>4,865,185</b>	<b>10,269,382</b>	<b>8,526,108</b>	<b>335,481</b>	<b>8,861,590</b>	<b>86</b>

TABLE 1: FUND DISBURSEMENT AND EXPENDITURES (continued)

Office	Fund Disbursement and Expenditure UNFPA + UNICEF						
	2015 Balance Carried Forward	New Fund Transfer/ Reallocation in 2016	Total Fund Available for Programme Implementation in 2016	Provisional Expenditure as captured in the financial system, as of 13 January 2017	Commitment as captured in the financial system, as of 13 January 2017	Total provisional expenditure and commitment as captured in the financial system, as of 13 January 2017	Fund Utilization Rate, as of 13 January 2017
HQ	1,775,867	892,339	2,668,206	1,953,956	328,654	2,282,610	86
ASRO	-	200,000	200,000	200,889	-	200,889	100
ESARO	173,478	141,776	315,254	191,413	43,919	235,332	75
WCARO	394,084	346,430	740,514	518,840	-	518,840	70
Burkina Faso	522,998	681,838	1,204,836	1,180,990	77,239	1,258,229	104
Djibouti	18,368	552,572	570,940	474,178	9,507	483,685	85
Egypt	323,876	783,028	1,106,904	540,480	216,385	756,866	68
Eritrea	167,531	703,000	870,531	546,897	193,664	740,561	85
Ethiopia	330,324	732,554	1,062,878	614,566	360,007	974,573	92
Gambia	76,295	524,578	600,873	521,145	227	521,372	87
Guinea	64,897	866,391	931,288	856,637	4,679	861,316	92
Guinea-Bissau	52,370	407,492	459,862	383,481	19,893	403,374	88
Kenya	1,427,238	510,200	1,937,438	1,632,922	219,944	1,852,866	96
Mali	493,183	358,000	851,183	655,940	123,958	779,898	92
Mauritania	86,156	659,604	745,760	763,529	843	764,371	102
Nigeria	397,632	833,299	1,230,931	1,107,359	43,629	1,150,988	94
Senegal	1,132,118	739,000	1,871,118	1,475,014	9,000	1,484,014	79
Somalia	510,318	921,580	1,431,898	1,320,520	167,951	1,488,471	104
Sudan	177,496	710,985	888,481	897,462	2,481	899,943	101
Uganda	360,025	591,383	951,408	803,735	101,670	905,405	95
Yemen	388,231	(258,652)	129,579	-	-	-	-
<b>TOTAL</b>	<b>8,872,485</b>	<b>11,897,397</b>	<b>20,769,882</b>	<b>16,639,952</b>	<b>1,923,649</b>	<b>18,563,602</b>	<b>89</b>

**TABLE 2: FUNDS AVAILABLE FOR PROGRAMME ALLOCATION IN 2016**

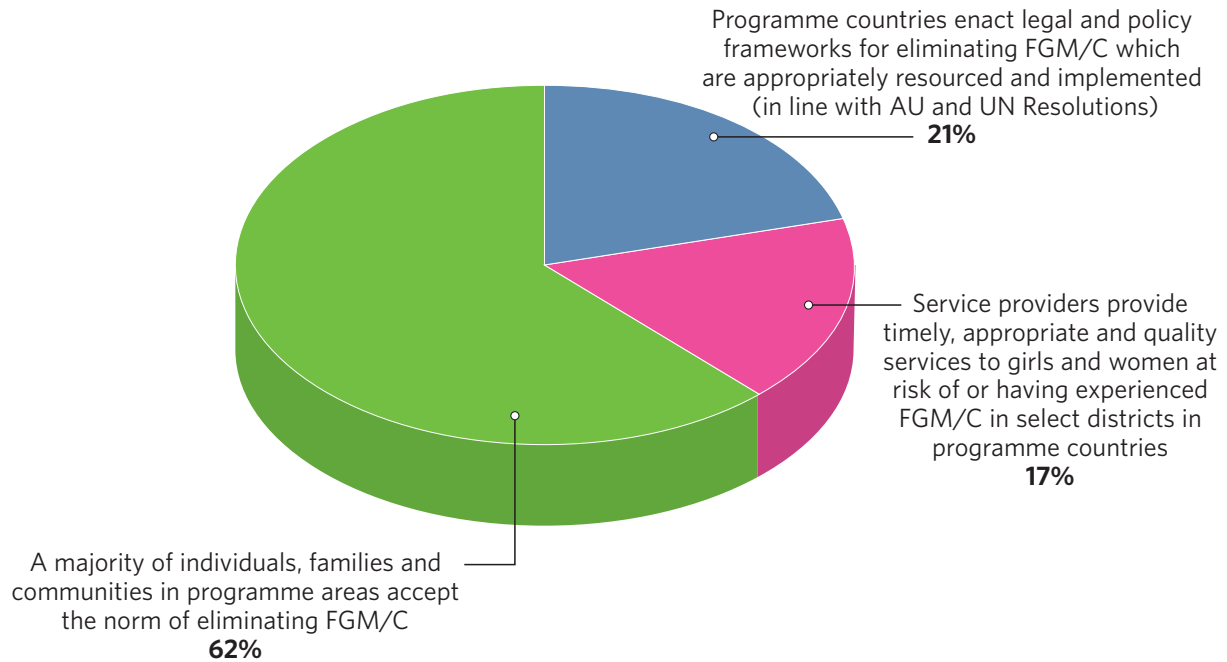
Donor	Contribution received in USD (after deducting 1% AA Fee)	Remark
<b>I. Contributions received from Germany, Iceland, Italy, Norway, and United Kingdom at end of 2015 for Programme allocation in 2016</b>	<b>6,316,546.58</b>	
<b>II. Contributions received in 2016</b>		
Finland	324,945.29	
Iceland	198,000.00	
Italy	1,977,802.44	
Luxembourg	429,501.09	
United Kingdom	2,650,601.41	
<b>Sub total</b>	<b>5,580,850.23</b>	
<b>III. Total contribution available for Programme allocation in 2016</b> (sum of I and II above - fund at end of 2015 and new contribution in 2016 )	<b>11,897,397</b>	These funds have fully allocated to HQ, Regional and Country level interventions in 2016

**TABLE 3: CONTRIBUTIONS RECEIVED FOR 2017 PROGRAMME ALLOCATION**

Donor	Foreign Amount	Foreign Currency	USD Amount	USD Amount (excluding 1% AA) Fund for Programme Allocation in 2017
EU	3,000,000	EUR	3,260,870	3,228,261
Norway	14,000,000	NOK	1,635,514	1,619,159
United Kingdom	2,000,000	GBP	2,500,000	2,475,000
<b>Total</b>			<b>7,396,384</b>	<b>7,322,420</b>

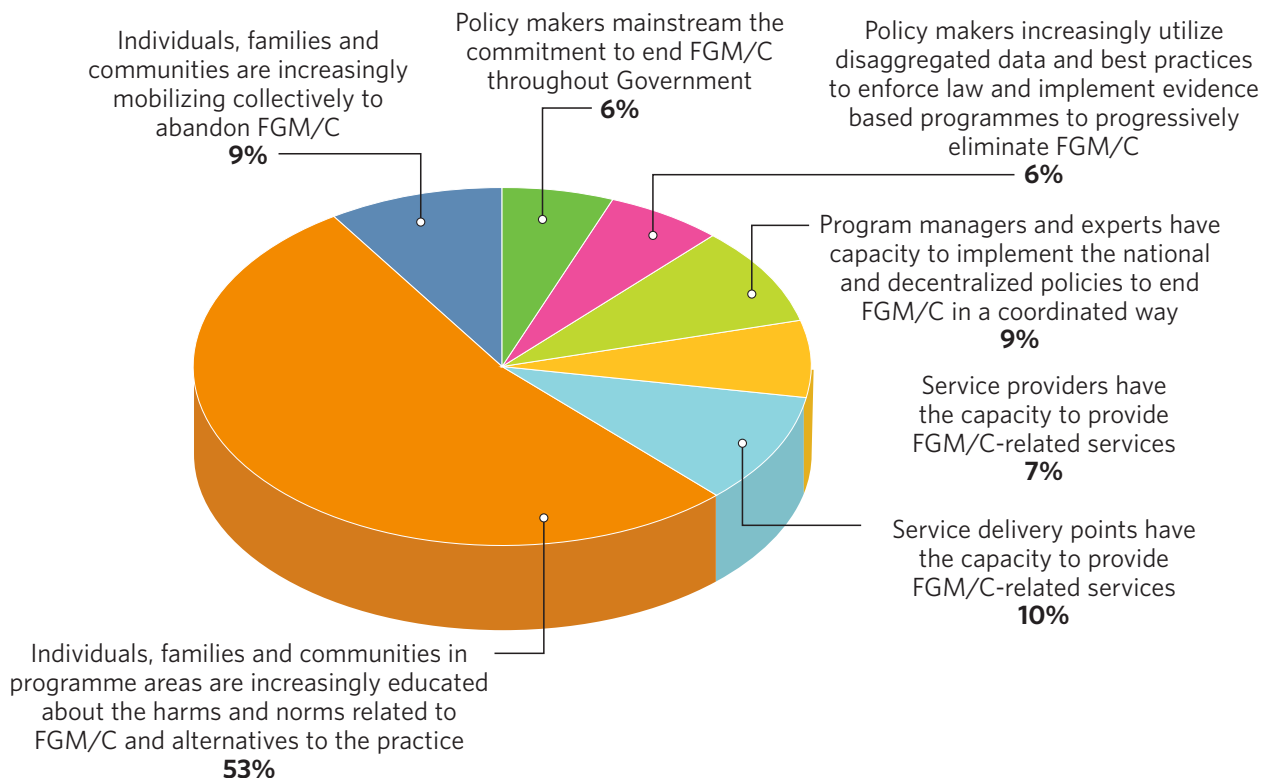
**GRAPH 13:**

Provisional financial reporting by outcome 2016, UNFPA



**GRAPH 14:**

Provisional financial reporting by output 2016, UNFPA







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UNICEF House  
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New York, New York 10017  
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