

How to transform a social norm



Reflections on Phase II of the UNFPA-UNICEF
Joint Programme on Female Genital Mutilation

The social norm that sustains the practice of female genital mutilation in some 30 countries around the world rests on the shakiest of foundations: It is a composite of faulty beliefs, perceived obligations and inferred expectations, all woven together in a surprisingly durable knot.

Given the strength of the social bonds that bind communities together, the norm that sustains FGM has proven difficult to unravel. But it cannot withstand forever the force of reports of the harm the practice causes, the reminders that it violates the human rights of girls and local laws alike, the poignant voices of survivors, and the mounting evidence of changing attitudes. It cannot withstand the force of collective action and social evolution. Our work is to accelerate its inevitable demise.

Cover:

Fatmah, 13 years old, Egypt.
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How to transform a social norm

Reflections on Phase II
of the UNFPA-UNICEF
Joint Programme on
Female Genital Mutilation



The **UNFPA-UNICEF Joint Programme on Female Genital Mutilation (FGM)** aims to transform an entrenched social norm – one that for too long has normalised systemic violence against girls and young women into one in which they have autonomy over their own bodies. Working with partners at the global, regional, national and community level, Phase II of the Joint Programme (2014 to 2017) embraced a holistic approach that:

- ↳ Leveraged social dynamics to support communities in 17 countries to better protect girls;
- ↳ Amplified voices of leaders, individuals and groups who have themselves abandoned female genital mutilation (FGM);
- ↳ Empowered girls and women to play a catalytic role that has fueled further positive action; and
- ↳ Catalysed a global movement with strong regional support to end FGM.

New insights about FGM and the social norms that support it are informing the design of policies and programmes in countries where the practice has been entrenched over generations. Key results during Phase II point to the positive difference the Joint Programme has made in galvanizing support for the elimination of FGM: more than 24.6 million individuals made public declarations of FGM abandonment, some 3.3 million women and girls accessed prevention, protection and care services across 16 countries, and 13 countries have laws banning FGM with similar laws pending in three more countries. This gives us confidence in the sustainability of interventions.

The growing number of public commitments to end FGM as well as its abandonment by communities show that the practice can indeed become a vestige of the past. Grassroots movements have fueled an international movement to eliminate FGM worldwide. Through Target 5.3 of the Sustainable Development Goals, the global community committed itself to eliminating harmful practices, including, child, early and forced marriage and FGM, by the year 2030.

Thanks to this stepped-up effort to encourage its full and irreversible elimination, the prevalence of FGM among girls aged 15-19 has declined

in 10 of the 17 countries. Additional insight and analysis will be needed during the next phase to understand and effectively address pockets of resistance. The generally encouraging results call for sustained commitment and strengthening of the Joint Programme to consolidate these gains. Many of the good practices and lessons from Phase II have been integrated into Phase III, launched in January 2018.

UNFPA and UNICEF wish to express their gratitude to the Governments of the European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden and the United Kingdom for their generous support. With a growing number of girls at risk of FGM due to population growth, Phase III is a critical time for donors, Member States and the international community to increase resources and investments for FGM elimination. With your support, the Joint Programme can accelerate the elimination of FGM so that girls and women may realize their rights, and more fully contribute to the health and productivity of their families and communities. This will also improve prospects for the next generation, a generation in which girls and young women need not fear the cut.



A handwritten signature in blue ink, appearing to read 'B. Kalasa'.

Benoit Kalasa

Director, Technical Division
UNFPA



A handwritten signature in blue ink, appearing to read 'T. Chaiban'.

Ted Chaiban

Director, Programme Division
UNICEF

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Female genital mutilation (FGM) has been denounced by the United Nations and the international community since 1952. But focused energy and programming to address this complex and sensitive issue is relatively recent, galvanized by the 2007 inter-agency statement on eliminating FGM, signed by ten UN bodies, and a resolution that year from the Commission on the Status of Women.

In the 10 years since the inception of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, much has changed.

Elimination of FGM is high on the international agenda, enshrined as target 5.3 of the Sustainable Development Goals, the subject of three General Assembly resolutions and the focus of the International Day of Zero Tolerance. Efforts to end FGM have been embraced by governments, regional and subregional bodies, media at all levels, and increasingly civil society and social movements. Approaches to transform the social norms on FGM have evolved to reflect new learnings. Numerous social media platforms are abuzz with stories of the harm FGM causes and efforts to end it. Increasingly, girls and women at risk of or suffering from the consequences of FGM have access to quality services offering protection and care.

Despite so many positive developments, FGM persists.

And because of high population growth in many of the countries where FGM is widely practised, the number of girls at risk continues to climb, even as prevalence rates decline.

Today a girl is a third less likely to be cut than in 1997.

That said, national trends in FGM prevalence are blunt measurements. Newly piloted methods are now being used to get a more granular sense of what is actually happening on the ground. They reveal significant attitudinal changes: Growing numbers of people in many countries have publicly disavowed the practice and pledged not to cut their daughters. We know that almost everywhere the silence that once surrounded FGM has been broken. The practice is discussed in churches and mosques, on television and radio, in schools and clinics, in community circles and celebrations, and in theatre and song. We know that laws are on the books or being seriously worked on in all 17 countries covered by the Joint Programme, most of which also have budget lines and action plans to address the issue. Blanket impunity for perpetrators is a thing of the past.

While the Joint Programme's results framework includes indicators that give us confidence in our progress, a major independent evaluation of Phase II of the Joint Programme (2014-2017) is now underway. It will analyse information from numerous sources (desk reviews, field visits, phone interviews and data from a wide range of sources) to assess the relevance, effectiveness and efficiency of work at the global, regional, country and community levels. This information will inform Phase III interventions.

In the interim, this report is an attempt to share some of the most innovative, strategic and successful initiatives undertaken by the 17 programme countries over Phase II. During that time, one of the most encouraging signs of progress was the increasing capacity of United Nations country offices to work with communities to design interventions that both align with the Joint Programme's results framework and with their specific contexts. We applaud their excellent work, even as we acknowledge the severe challenges many of them face. And we salute their many partners – some 200 as of 2017 – who bring key strategies and messages to the grass roots in culturally relevant ways.

This report also showcases a handful of individuals who have been affected by FGM and become powerful champions of change.

Although “positive deviants” as they are referred to in social norms literature have often faced stigma, censure or opposition, they may take comfort in the Kalejin proverb (Kenya):

“Chepkisas ko tatun kechome”

Translated, this example of Africa wisdom says: She who is scorned will one day be appreciated.



Work



1

holistically

The sad paradox of FGM is that it persists even in communities where most people have misgivings about the practice. Where it is a long-standing tradition, FGM is held in place as a social norm: a constellation of social dynamics, misperceptions, beliefs and perceived expectations.

←

Tabitha Marwa, 15 years old, Kenya.
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Another paradox of FGM is that most families do it out of good intentions: They believe that the procedure will protect their daughters (or the family) from shame, stigma or condemnation; fulfil religious obligation; offer their girls better marriage prospects; keep them chaste or help their culture withstand existential threats. That's one of the reasons it is so difficult to end FGM. It often proves harder to restrain people from doing what they believe is correct than to convince them to adopt a behaviour that they fear is wrong. Or, even in the face of some misgivings, one that could shame them in the eyes of their peers.

The complexity of the issue, and its entanglement within webs of beliefs, expectations and motivations, and layers of influencers (see Figure 1.2) is one of the reasons FGM must be tackled holistically – from the top down, from the bottom up, and across sectors, peers, communities and countries, buttressed with services offering information, protection and care. Working holistically has been fundamental to the Joint Programme's approach since its inception. It leads to sustainable, long-term change.

Working at many levels, across many sectors, through many actors

A community is an ecosystem of interacting beings – every action and every person within it affects the whole. Although some people may be more influential in the actual decision of whether or not to cut, all community members

have an impact on social norms. It's hard to know when one person's questioning of the practice, or another's refusal to participate, provides the spark that ignites a wider trend. It is through reinforcement, especially from different sources, that new messages can gain traction. That's why it's strategic to en-

We engage a range of stakeholders, from social influencers (such as religious leaders) to young peers.

gage a full range of stakeholders in the community, from social influencers (such as religious leaders) and family influencers (such as grandmothers) to young peers. And to have these messages amplified across every possible media channel. Teachers, health providers, law enforcement and child protection officers provide another authoritative layer of support to galvanize a social norm that rejects FGM.

Champions of Change, published by the Kenya Joint Programme team in 2017, illustrates how voices and actions from all sectors of society are fuelling changes in social norms. It offers 11 profiles of champions – women, men, survivors, a local administrator, former cutters, dialogue facilitators and young men – and their stories of resisting FGM.

FIGURE 1.1

Layers of social influence

	PUBLIC POLICY			
	ORGANIZATIONAL			
	COMMUNITY			
	INTERPERSONAL			
	INDIVIDUAL			
	State, local laws and regulations ↳ Creation or amendment of anti-FGM laws ↳ Enforcement of laws against FGM ↳ National action or strategic plan ↳ National budget line ↳ Government's participation in regional political entities (i.e., African Union, Arab League and South-South cooperation between governments)			
	Organizations and social institutions ↳ Education, health, welfare and legal sectors that provide prevention programmes, support child protection and girls' and women's rights, and care for survivors of FGM ↳ Civil society – NGOs and community-based organizations support policy advocacy to end FGM, facilitate community dialogue and community sessions, and in some contexts provide prevention, care and protection services			
	Relationships between organizations ↳ Participation in community dialogues and education sessions ↳ Public declarations of FGM abandonment ↳ Post public declaration community monitoring ↳ Community-to-community diffusion			
	Families, friends and social networks ↳ Shift in social norms among community members through interpersonal communications among family members, teachers to students, health workers to patients, and community leaders to constituents ↳ Peer sessions with youth, religious leaders, policymakers, law enforcement, health professionals			
	Knowledge, attitudes, skills ↳ Shift social norms in support of girls' and women's rights through community dialogues and education sessions ↳ Amplification and resonance (i.e., "I am not alone in thinking I do not want to cut my daughter"), including exposure to mass media campaigns ↳ Support for champions of girls' and women's rights such as fathers, former excisors, community and religious leaders, youth and women's activists, teachers and health workers ↳ Providing opportunities and building leadership skills so girls can claim their rights			

**“I cannot understand
that children
can be made to suffer
in such a way,
that they can be
mutilated under
conditions with poor
or no hygiene.”**

**Latifatou Compaoré,
14, Burkina Faso**



Latifatou Compaoré, 14, Burkina Faso.

© Luca Zordan, UNFPA



Applying a theory of change

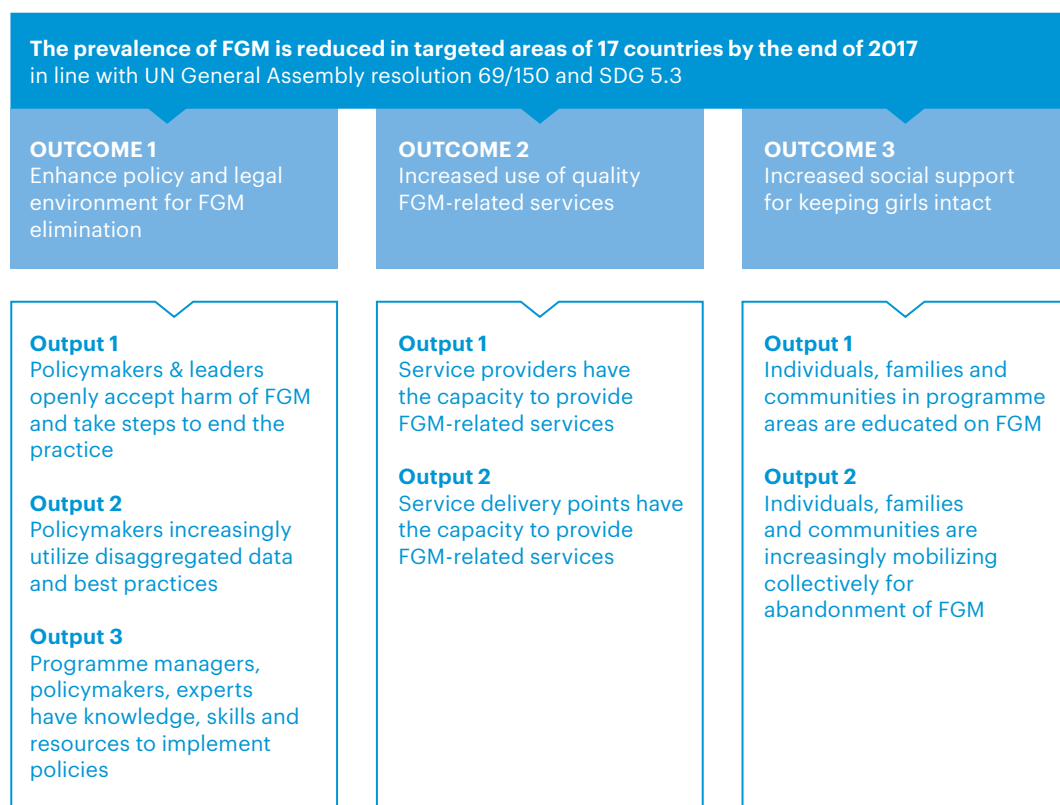
In Phase II (2014-2017) of the Joint Programme, the initial approaches and interventions from Phase I (2008-2013) were applied with greater rigour, informed by a theory of change. This widely respected methodology defines long-term goals, and then maps backward to identify necessary preconditions and steps to achieve them.

In this case, the overall goal – a reduction in the prevalence of FGM – was broken down into discrete and logically connected actions through a consultative process involving governments, communities, civil society and social activists, drawing on good practices and lessons learned. Outcomes with quantitative indicators of success were defined in three arenas: laws and policies; quality services for prevention, protection and care; and activities to transform social norms.

These were formalized in the programme's results framework as a set of measurable actions to help keep programmatic interventions on track and offer metrics for progress. All interventions work together to generate questions about or disapproval of the old social norm of cutting girls and to galvanize a new one in which girls shall remain intact. Or as the word *saleema* used in Sudan puts it, "complete, whole, healthy, as God created her."

FIGURE 1.2

Structure of the Joint Programme's results framework



Trends in prevalence, shifts in attitudes

While exact numbers remain unknown, at least 200 million girls and women have undergone FGM in countries with data on prevalence. Available data from large-scale surveys show that the practice is highly concentrated in a swath of countries from the Atlantic Coast of Africa to the Horn of Africa, in areas of the Middle East such as Iraq and Yemen, and in some Asian countries such as Indonesia. FGM is a human rights violation that affects girls and women worldwide, however.

Within the 17 countries supported by the Joint Programme in Phase II, prevalence varies widely, from a low of 1 per cent of women aged 15 to 49 in Uganda to over 90 per cent in Djibouti, Guinea and Somalia. In many countries with low to moderate national prevalence rates, the practice is concentrated geographically or among certain ethnic groups.

Evidence shows a reduction of FGM over time. Overall, the chance that a girl will be cut today is about one-third

lower than it was three decades ago, though not all countries have made progress, and the pace of change has been uneven. In countries that have shown little or no progress, such as Guinea, studies are being conducted to better understand social dynamics.

Even in many countries where FGM is widespread, individuals report increasing opposition to the practice. In fact, the majority of people in countries with available data think FGM should end. Within the Joint Programme countries, more than half of women opposed continuing FGM in 11 countries (of 17 with data), and more than half of men opposed the practice in 6 countries (of the 10 with data). While these findings suggest a readiness to abandon the practice, social norms often favour the status quo. Individuals are often reluctant to act on their beliefs if there is a perceived social price to pay.

↓
Nigerian girls.
© Arne Hoel, World Bank



Teenagers run away and find support

Until their father summoned them on the morning of 17 January 2017, Njideka, 17, and Nnedinma, 15, of the Igbeagu community in Nigeria's Ebonyi State had no idea what the day held in store for them. But Ekuma Mbam informed his daughters they were "ripe for marriage" and should get ready to undergo the *akpoekwu*, the traditional rite of passage to womanhood stipulated by their Izzi culture.

The sisters balked. They had been told in church and at school that FGM was harmful. Their father insisted. He reminded his daughters that their sisters, mother, grandmother and other women in the family had undergone the procedure and were now all happily married. He directed them to prepare for the ceremony because he would not want his girls to be called *ak-papi*, a derogatory term for uncut women in the community.

That night, Njideka and Nnedinma ran away to find sanctuary at St. Paul's Anglican Church in the village.

Meanwhile, a similar scene played out in a nearby village. Against protestations, Chief Nwamini Nwankwuda, the village head of Achacha 1 Village, was insistent that his 17-year-old daughter, Chimaobi, prepare for the ceremony in a few days. He told his daughter she must submit to tradition, citing her 10-year-old sister, who had obediently allowed herself to be cut, as a model. The next day Chimaobi, too, ran to St. Paul's Anglican Church, where she met Njideka and Nnedinma.

Following futile efforts at dissuading parents of the three girls to spare them the cut, the pastors of St. Paul's Anglican Church contacted UNICEF.

The Joint Programme-supported Child Protection Network in Ebonyi initiated action that not only spared the girls but ignited the social change that later resulted in a public declaration of FGM abandonment by the Izzi clan, comprising 26 communities with nearly half a million people. Network members sensitized traditional leaders and engaged community members until they agreed on the harm caused by FGM and collectively decided to abandon it.

Getting to consensus was a complex process. Meetings took place between the child protection team and the parents.

There was a briefing for the traditional ruler of the Igbeagu Community and his cabinet. Support was requested from a revered Catholic priest from the ancestral home of the Izzi clan and from a prominent daughter of the Igbeagu community. The custodians of Izzi culture, called *ishima*, were asked for a ruling.

The issue was not completely resolved even after the three girls were celebrated as heroines at a symposium to mark the 2017 International Day of Zero Tolerance for FGM. When the girls were taken back to the village, Chimaobi's grandmother threatened to cut her once the child protection team departed. Another round of consensus building with many different stakeholders ensued. Efforts were aimed especially at the custodians of culture as the final arbiters.

Finally, on 19 June 2017, the Izzi clan publicly declared the intention to abandon the practice. It was a galvanizing moment (and can be seen at endcuttinggirls.org). Over 1,000 community members and guests witnessed the event. Each community was represented by the traditional ruler, palace secretary, *ishiuke*, town union president and secretary, women and youth leader, former excisors and traditional birth attendants. Traditional rulers from other clans and other key stakeholders in Ebonyi State were also present.

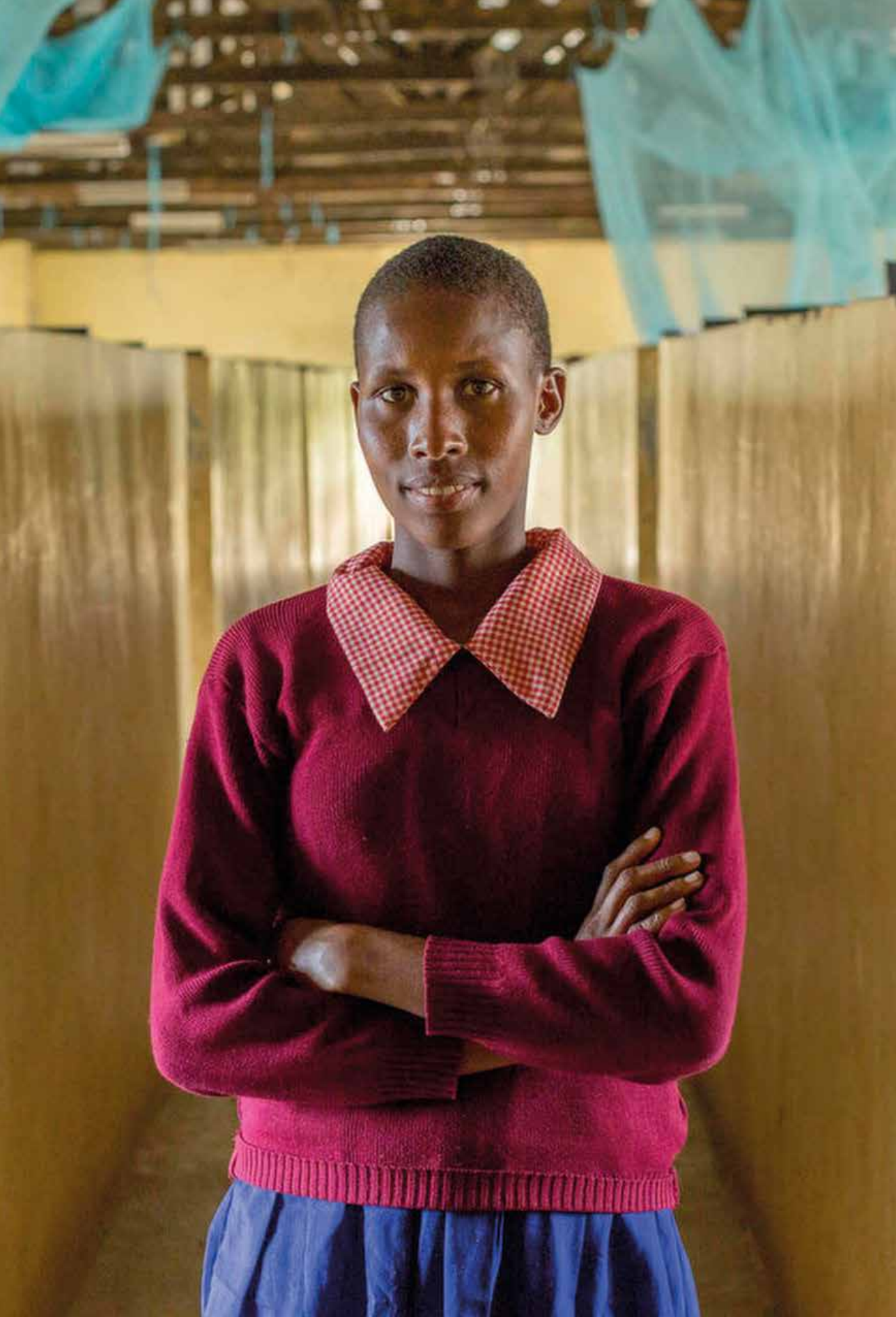
With funding provided by the Joint Programme, and support from UNICEF, community-based child protection committees have been established in the 26 communities of the Izzi clan to monitor compliance with FGM abandonment.

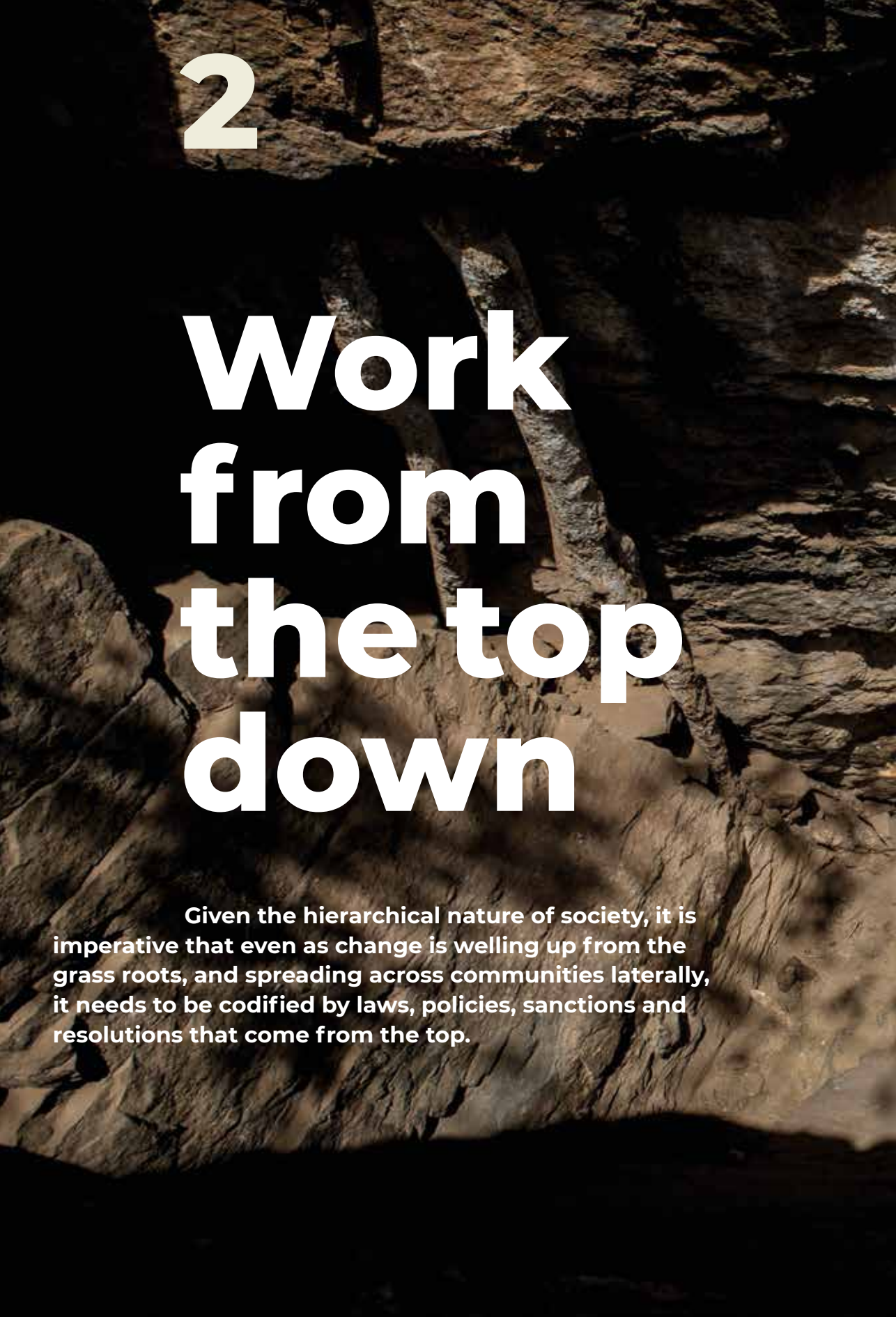
"We're happy that girls of Igbeagu community will no longer go through the physical and emotional pain of being cut," said Njideka and Nnedinma. "We call on government and all stakeholders to ensure that this harmful practice is wiped out from our culture."

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Jane Nkurumah, 15, is one of four girls at the Elangata primary school who escaped FGM by running away from their families.

© UNFPA, Kenya





2

Work from the top down

Given the hierarchical nature of society, it is imperative that even as change is welling up from the grass roots, and spreading across communities laterally, it needs to be codified by laws, policies, sanctions and resolutions that come from the top.



↑

This narrow enclave leads to a cave in north-eastern Uganda where girls were traditionally taken for FGM.

© Edward Echwalu

The crowning achievement of Phase II in this regard was the call for the elimination of FGM, among other harmful practices, by 2030, as target 5.3 of the Sustainable Development Goals. Inclusion of FGM in the global development framework ensures that progress towards elimination will be monitored and receive ongoing national and international attention. Already, this has led to a stronger emphasis on data collection and analysis.

During Phase II, the United Nations General Assembly enacted two resolutions calling for intensified efforts to end FGM.

National laws

Legal frameworks that criminalize FGM send a clear signal that the practice will no longer be tolerated. Where FGM is socially contested, legislation serves to encourage those who wish to abandon it and deter those who fear prosecution. Thus, national laws are a crucial step, albeit one that must be followed by progressive enforcement. Laws can help shift attitudes; changing attitudes in turn support stronger enforcement.

Phase II resulted in notable progress in national legislation. Following intensive advocacy, five countries (Egypt, Eritrea, The Gambia, Nigeria and Uganda) adopted or amended national anti-FGM legislation. In 2017, the three countries with no laws against FGM, Mali, Somalia and Sudan, put forward anti-FGM laws that are pending adoption.

Cross-border initiatives

Given the patchwork of different laws and enforcement across Joint Programme countries, and long unprotected boundaries dividing them, reports of crossing borders for cutting girls are on the increase. Girls are taken from Burkina Faso, Mauritania and Senegal to Mali, which still lacks a national ban on FGM. They are smuggled from Kenya into Uganda, and from Ethiopia to Djibou-

ti, often at a young age and under the cloak of darkness. A study on the cross-border practice of FGM carried out in 2016 at crossings between Côte d'Ivoire and Mali revealed that about 60 per cent of women aged 15 to 49 and 9 per cent of girls under the age of 15 were FGM survivors.

In 2017, Mali, Somalia and Sudan put forward anti-FGM laws that are pending adoption.

In response to these movements and a recommendation in the evaluation of Phase I, the Joint Programme intensified its work in this area in Phase II.

Ultimately, ending FGM will require systematic coordination among countries. Interventions to date have ranged from governments collaborating on policies and legislation and developing joint communications strategies to developing a regionwide law banning the practice. In East Africa, a draft regional protocol addresses cross-border cooperation and implementation of national laws, in line with the 2016 United Nations resolution on FGM. This informed the East African Legislative Assembly FGM Bill passed in 2017, which aims at equipping technical experts with legal powers to track and conduct interventions on FGM elimination across borders. The next step is for Heads of State to sign the bill.



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Youth awareness on FGM in youth listening and referral centres.
© UNFPA, Guinea

The Joint Programme also supported the 2016 East African Community Gender Equality and Development Bill, enacted on International Women's Day in 2017. It is expected to enhance regional cooperation in efforts to prosecute perpetrators of FGM.

An important partnership was forged in 2016 between governments, civil society organizations and diaspora communities. One activity has entailed targeting emigration/border posts from Guinea-Bissau to Portugal, particularly at airports. Border authorities were provided with information on FGM and copies of legislation from both countries. Posters and fliers have been distributed at airports and land border posts. Communities of practice share knowledge about prevention, protection and care of FGM among medical, legal and social professionals.

At least eight meetings involving nearly 1,200 people discussed the issue of Kenya/Uganda crossings. Participants included high-profile leaders from both sides of the border. As a result, memorandums of understandings were signed between parties of the border districts of Nakapiripirit (Uganda) and West Pokot County (Kenya). They agreed to jointly prosecute cutters, harmonize efforts to curb perpetrators and issue public statements condemning the

practice. A Kenya health official asked participants to anonymously report people who still do the practice so that they can be prosecuted under Kenyan law. The chief of West Pokot County warned *boda-boda* (motor scooter taxi) riders to stop transporting girls across boundaries to be cut or face prosecution. Other outcomes included resolutions to build awareness in border communities of laws banning FGM, problems associated with FGM and child marriage, and the importance of keeping

A Kenya health official asked participants to anonymously report people who still do the practice so that they can be prosecuted under Kenyan law.

girls in school. Agreements were made to jointly track FGM practitioners and survivors. Community-to-community exchange programmes resulted in many excisors in the Karamoja region renouncing the practice.



Burkina Faso has progressively implemented laws against FGM as social attitudes shift.

© UNFPA, Burkina Faso



Ethiopia's roadmap to FGM elimination

Elimination of FGM has become a priority in Ethiopia as a result of successful advocacy and evidence generated by the Joint Programme. A strong legal and policy framework has been put in place. Provisions in the Constitution are now dedicated to the promotion of women's rights, and the Criminal Code has specific penalties based on harm done.

A National Strategy and Action Plan on Harmful Traditional Practices against Women and Children was promulgated in 2013 and includes an emphasis on ending FGM. Implementation has been strengthened through technical and financial support

from the Joint Programme, particularly in the plan's development, familiarization and roll-out phases.

At the 2014 Girls Summit in London, the Government announced its commitment to end FGM by 2025, five years ahead of the Sustainable Development Goal commitment. Its strategic, multisectoral approach includes development of a costed roadmap for evidence-based interventions and increased budget allocations. The Joint Programme has provided technical and financial support.

BOX 2.2

Resistance to law enforcement

Enforcement of Kenya's 2011 law against FGM has not been a simple matter, even with a committed Government and numerous training exercises for law enforcement. Jacylin Yego, a chief in Kenya's Marakwet East, spoke of how officials often receive a hostile response when they approach families intending to carry out the rite, mentioning that a chief and some policemen were beaten up as they tried to arrest the culprits.

"Of late the rites are performed high up the hills and some men are hired to roll down huge rocks at anyone trying to go uphill to stop the ceremony," she said.

The threats have forced the Government to assign armed police reservists to every chief in Marakwet East. These reservists were initially engaged to quell the internecine battles between the Pokot and the Marakwet, but are now also involved in enforcing the anti-FGM Act.

Resistance to laws underscores the amount of work that needs to be done at the grass roots before laws are strictly enforced.

The End Vacation Cutting campaign

July, August and September are the “cutting season” for many girls around the world, in parts of Guinea, Nigeria and Somalia as well as in diaspora communities. The summer break from school allows for the procedure and recovery time, although many girls never recover fully.

In some cases, girls even travel from abroad to undergo the procedure, a fact that underlines the global nature of the issue. According to the US Centers for Disease Control, half a million young women in the United States are at risk. About a fifth of the more than 6,000 cases of FGM recorded in the United Kingdom last year resulted from procedures conducted in Africa.

Girls often report learning the real purpose of their visit back to their parents’ homeland only after they are in the hands of a cutter. In some places, FGM is a precursor to child marriage, which may also take place during school holidays. In response, in 2017, the Joint Programme launched the Cutting Season Campaign, including social media, international coverage and an interactive

slideshow. Since then, dozens of reports in major news outlets have brought attention to the issue, including the British magazine *Elle*, with a prominent feature spread.

Several UN country offices concentrate efforts on “holiday” cutting. In Guinea, a national and regional campaign has been organized during the high-intensity period every year since 2013. Audio and video spots produced and translated into the main national languages have been broadcast, and posters displayed in public areas in large cities.

Communities of practice linking Western experts to those in high-prevalence countries have formed to “build bridges” of awareness, expertise and good practices in an effort to end the spread of FGM. Building bridges was the theme of the 2017 International Day of Zero Tolerance for FGM.

**“I hate the term
‘vacation cutting’
because it feels like
a misnomer that
cannot accurately
explain how
a practice like FGM
can continue.”**

**Mariya Taher, FGM survivor
and researcher**

Somalia progresses amid challenges

Somalia is a particularly challenging country. Although it is growing somewhat more secure, throughout Phase II, it was beset by political instability, natural disasters and outbreaks of violence. Despite these challenges, a recent survey on gender-based violence, published in partnership with Johns Hopkins University and with the financial support of the World Bank, reveals that FGM is waning and attitudes are shifting rapidly.

The survey found that 65 per cent of women reported having undergone FGM, compared to the widely cited figure of 98 per cent in decades past. More than three-quarters of women were committed to sparing their daughters. Only 27 per cent of men agreed that woman must undergo FGM in order to be married.

Mixed progress

Somalia remains an important country in which to advance, given that more than 2 million girls are at risk, many of them facing the most severe form of FGM, infibulation. Years of advocacy and intensive work with religious leaders to delink the practice with Islam have led to a substantial reduction in this extreme “pharaonic form” of FGM, which comprises excision of tissue followed by stitching up the vagina, leaving only a small hole for passage of urine and menses.

A strong and vocal group of traditional, religious and political leaders as well as civil society organizations, however, have refused to condemn what they refer to as *sunna*, a less-invasive form of FGM. This opposition has stalled passage of a national law against FGM.

The position of the Joint Programme and many of its partners and government counterparts is that any form of FGM constitutes a human rights violation. They argue that acceptance of a less dangerous form of the practice tends to normalize, legitimize and perpetuate the harm done, and could encourage its persistence across generations. Still, for many, the shift away from the most severe and often debilitating form of FGM is good news, a key result of advocacy and community engagement during Phase II.

Aiming for total abandonment

A critical outcome of the Joint Programme has been to pave the way for FGM discussions at household, community, religious and policy levels. Discussion is no longer taboo but a public issue. While Phase II did not achieve the goal of strong laws and policies on the total abandonment of FGM, the region of Puntland does have a zero tolerance FGM policy, and laws in Somalia’s two other regions appear likely. The Joint Programme continues to stand behind government actors, civil service organizations and religious scholars who insist that total abandonment is the only way forward.

→

Somali girl.

© UNFPA, Somalia





Youth caravans target border communities

During the rainy season each June to September the roads in Burkina Faso are muddy and travel challenging. But more girls are cut during the rainy season than at any other time during the year, so that's when the United Association for the Elimination of FGM in Burkina Faso (l'Association des Jeunes Unis pour l'Eradication de l'Excision au Burkina Faso, or JUNEE/BF), a Joint Programme partner, deploys its Youth Caravan.

The caravan, a dedicated team of 25 young actors, musicians and social advocates, arrives in time to spend the night in each town they visit. Then they rise early and fan out in groups of five across the community for outreach activities, with one group remaining in town to meet with local community and religious leaders in the morning. (Planning is done in advance to set up the schedule.)

The afternoon's programme includes a performance of the play *Lamtaya Goo* or *My Tradition* in Dioula. Nationally known and resident musicians perform as well.

In 2017, after a report revealed that many Burkinabe girls had crossed the borders into Mali and Côte d'Ivoire to undergo the cutting ritual to avoid strict sanctions, the high-risk border communities were targeted. The work reached nearly 3,000 people, including over 100 religious and community leaders during the year.

JUNEE General Coordinator Idrissa Konditamdé finds the expected declarations of abandonment in these cross-border regions reassuring. Today, "it is very rare to meet a person who has a favourable opinion of [FGM]," he says.



Supervisors, parents and students during awareness sessions on FGM in schools.
© UNFPA, Guinea



↑
Cut as a young girl, Fanta Coulibali, from the Kayes region of Mali, continues to experience health consequences stemming from the harmful practice.
© UNICEF, Asselin



3

Work from the bottom up

In Ethiopia, doubts about FGM are solidified in a biweekly chat among neighbours over coffee, as the women confide in each other about difficulties in childbearing and sexual response that they now connect with the practice.

In Nigeria, individual Facebook testimonies of women in the Frown Challenge make young women rethink whether they should have their unborn daughters cut at a tender age.

In Kenya, one brave girl's decision to run away from home rather than be cut, and her subsequent success in school and community leadership, clears a new pathway for her younger sisters and friends.

Changing a social norm is a process that often begins when individuals buck conventional wisdom and speak out to others, many of whom have growing doubts as well. These early "positive deviants" may be looked up to for their courage in resisting a practice that makes no sense. Indeed, in many countries, including Ethiopia, The Gambia, Kenya and Somalia, girls and women are now gaining prestige and finding new opportunities based on their decision to resist FGM. But until the social norm begins to shift, many have to brave the disapproval or censure of friends, neighbours and extended families.

Doubts about the practice may have originated with personal experiences or observations. They may have grown stronger in the context of heart-to-heart conversations, community dialogues or workshops. Doubt may have solidified into opposition through press reports, serial melodramas on radio or television, new laws and sanctions, and information from health providers and religious leaders.

New ideas gain force as they are shared and produce collective actions, marking the beginning of social movements that generate their own momentum.

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Working at the local level

Change that begins at the individual or community level, and diffuses more widely, culminating in a collective public declaration or demonstration, is likely to feel more authentic and sustainable than changes imposed by law or advised by outsiders.

That is why the Joint Programme has made such an effort to work at the community level and engage with the grass roots. This is not always easy, particularly when resistance to abandonment is concentrated in "hot spots" that may be in remote areas beyond the reach of most media campaigns. Literacy tends to be low, local dialects are spoken, and influences are dominated by the community and extended family. These areas also tend to face severe resource constraints and limited services. But reaching them is imperative to leaving no one behind.

In such areas, progress often depends on the existing relationships, on-the-ground knowledge and proven experience of grass-roots organizations with a deep understanding of local social organization and dynamics. In 2017, the Joint Programme worked with about 100 civil society organizations and an equal number of government partners. One programme legacy is building their capacity to sustain the work.

In the open sharing of information on the harm caused by FGM, long-held views may begin to shift. But because social norms can wield such power, especially in tightly knit communities, individuals and families may be reluctant to abandon the practice on their own – especially if they believe that others

in the community expect them to cut their daughters. As an initial group becomes ready for abandonment, its members often seek to convince others to join them in a process known as “organized diffusion”. The idea is to get people talking to each other about the new social norm, challenge the implicit assumption that everyone holds the same views, facilitate public debate, and move towards making public declarations of abandonment.

The power of public declarations

Public declarations of abandonment can cut through the web of social expectations: They serve as concrete evidence that expectations have changed. They also provide “cover” for families who do not want to hurt their daughters. When such declarations are coordinated by a large enough share of a community, they are likely to accelerate and galvanize a new social norm. Accelerating change through intervillage meetings or opening up the declaration celebrations to nearby communities is a standard element of the Joint Programme’s approach.

A public declaration is not a guarantee that all members of the community will abandon the practice. For one thing, the timing of such public displays is critical. Unless a substantial proportion of the community is ready to abandon cutting, the declaration could prove untenable. During Phase II, the Joint Programme developed different methods to gauge the readiness to abandon.



Public declaration ceremony, Guinea.

© UNICEF



Identifying indicators of “readiness”

In **Eritrea**, the Ministry of Health and National Union of Eritrean Women in 2014 conducted a pilot mapping exercise. It generated an index of readiness for public declaration of FGM abandonment based on both the opinions of individuals, and their beliefs about what others believe. The assessment was conducted in 348 villages, 71 of which declared themselves free from FGM. The indexes were also useful in determining which communities were ready to undertake declarations and for tailoring additional interventions in others. Data showed a significant reduction in FGM for girls under age five, from 12.4 per cent to 6.9 per cent, compared to the Eritrea Population and Health Survey 2010. The mapping exercise revealed that knowledge of legislation banning FGM was almost universal, which led, in 2017, to a sharp increase in reporting, arrests and convictions.

A rapid assessment methodology was tested in **Mauritania** in 2017, which adds to the growing body of knowledge about mapping social norms change. According to the survey, the majority of respondents (66 per cent) are ready to adopt the new social norm to spare their daughters, compared to 26 per cent who are not. This is consistent with the decline observed by the 2015

Multiple Indicator Cluster Survey, where prevalence of FGM was lower in the group aged 0 to 14 than in the one aged 15 to 49.

In 2017 in **Uganda**, elders showed their readiness for change by asking the Joint Programme for help in organizing anti-FGM declarations in conjunction with

71 villages declared themselves free of FGM. Prevalence among girls under age five dropped by nearly half.

the popular cultural days that celebrate indigenous dances, food, drama, song, dress, poems and proverbs. In a strong sign of accelerating momentum for change, Karamoja elders expressed concern that other places had moved on to abandon the practice yet theirs had not been reached.

Finding new ways to accurately gauge social norms change and “readiness” to abandon is a priority for Phase III, which is currently testing a new survey methodology in **Ethiopia** and **Guinea** in partnership with Drexel University, an American academic institution. The aim is to produce user-friendly measurement tools that will help determine whether social norms have shifted as a result of participating in the programme’s interventions.

Post-declaration follow-up

The very act of monitoring a situation can change how people behave. And when what is being monitored is compliance with commitments, the observer effect can be especially strong. For that reason, tracking and following up on pledges made in the context of public declarations is a potent tool for achieving strong and sustainable results. It is an integral part of the Joint Programme approach; leaving out this step diminishes the impact.

Different countries approach this in different ways. In most Joint Programme countries, service providers are learning how to follow up on promises. In many other countries, child protection networks or services are tasked with this role. In **Senegal**, for example, the Departmental Child Protection Committees chaired by the prefects in 35 departments play a major role in preventing and responding to violence, abuse or exploitation affecting chil-

dren. Tip lines, for anonymous reporting of potential cuttings, are used for this purpose in many countries. In **Eritrea**, a decal stating “My home is free from FGM” serves as a reminder and pledge. Where the decals predominate on the doors of homes in a neighbourhood, they serve as a visual testament that a social norm has shifted.

In **Djibouti**, a post public declaration surveillance mechanism was piloted in 2016. Over two years, more than 1,500 girls were identified as being at risk of FGM. Close to 1,000 were spared. The mechanism used ethnic origin, trends in the time of the cutting season, and specific entry points in reproductive health services to track girls. For example, in communities where baby girls are cut in the first month after birth, the surveillance committee identified women in the early stages of pregnancy, accompanied them to prenatal consultations and established trust with the mother through home visits. For the Somali ethnic group, the age of cutting is estimated between 5 to 10 years,

Over two years, more than 1,500 girls were identified as being at risk. Close to 1,000 were spared.



Young women in the Afar region of Ethiopia discuss health and well-being at a Married Girls Club session.

© Abraham Gelaw, UNFPA



**“It is so important
to get young people
involved, because
together we are strong.
And we’re the ones
now deciding
to cut or not.”**

**Aicha Habib Mohammed, 21,
a high school senior in Djibouti**

therefore the committees focused their interventions on summer holidays and primary school entrance. Djibouti also piloted monitoring FGM as part of regular school medical screenings.

Monitoring units have been established in **Burkina Faso** to follow 95 villages and 8 sectors that have already declared the abandonment of FGM and child marriage. A community surveillance mechanism (with members from the community as well as sectoral government offices and local administrations) has proven to be effective in **Ethiopia**. So far, members have identified and prevented 1,079 cases of FGM.

Ending FGM by empowering communities more broadly

In the **West African countries** of Djibouti, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal and Somalia, more than 8,000 communities publicly disavowed FGM in more than 100 ceremonies. These declarations followed years of community dialogues led by local facilitators trained through the Community Empowerment Programme. This methodology has been adapted to align with UNFPA's work on sexual and reproductive health, and UNICEF's work on the rights of children.

The programme aims to empower communities to reflect on their futures through a process of dialogue and deliberation. Dialogues offer an opportunity to link the concept of human rights with core values or longstanding cultural traditions. Religious teachings that emphasize human dignity are sometimes used.

Community conversations often begin with broader issues of immediate concern, such as improved water and sanitation. While this process addresses many community issues, ending FGM is often identified in the group discussions as a community priority. Facilitators provide tools and guidance, yet the resulting initiatives are owned by the communities themselves.

Community management committees, often led jointly by women and youth, help organize income-generating projects and social mobilization activities identified through the group discussions. New information and changing attitudes spread across the wider community and neighbours through a variety of activities. The programme has become the preferred approach for accelerating abandonment by the governments of both The Gambia and Senegal.

Ending FGM is often identified in groups as a priority. Facilitators provide tools and guidance, yet the resulting initiatives are owned by the communities themselves.

Defining “community declarations”

Two indicators – the number of community declaration organized and the number of people in these communities – have been used to gauge progress under the Joint Programme. A 2017 study of public declarations in Burkina Faso validated their usefulness as a proxy for social norms change.

But while partner organizations have understood and successfully implemented the collective approach to abandonment, a key lesson of Phase II is that the definition of “community” is often country-specific – from embracing large geographical areas to targeting specific ethnic or religious groups.

In Kenya, for example, a community may consist of people of common ancestry, a similar livelihood (cutters, for example), those living in a specific geograph-

ic area, or those sharing an ecological niche or ethnicity (e.g., nomadic pastoralists). Among urban populations in Egypt and Sudan, where community declarations are not generally held, the number of households that commit to ending the practice is used as an indicator.

Another lesson is that it is not always clear exactly what is being declared. A public declaration may mean actual abandonment or a commitment to working towards abandonment.

While these varying definitions may be appropriate given different contexts, they do make results difficult to compare and interpret. Work is ongoing to fine-tune the comparisons.

→

Adolescent girls and women from Ausikiyoyon village in Amudat District, Uganda, celebrate an FGM-free community after their village made a public declaration against FGM.

© Proscovia Nakibuuka, UNICEF





Former FGM cutter Nikisua Nkurrana holds the blades she used to use to carry out FGM in Kenya's Narok County.

© Georgina Goodwin, UNFPA



Bibata turns in her knife

The sun is in the firmament, the air is dry and dusty. A small woman with a frail silhouette walks towards the audience of villagers, traditional chiefs, local and national authorities. She tightly holds the microphone, her hands shaking but her voice very clear. The most prominent traditional cutter in Tanlili in Burkina Faso's Zitenga province, Bibata Sawadogo publicly disavows the tradition she has practised for over 40 years to a crowd of hundreds.

The ceremony resulted from a process initiated in 2015 by the Joint Programme and its implementing partner, the Groupe d'Appui en Santé, Communication et Développement. The goal has been to improve the social status of children and women through the promotion and protection of their rights. Ending FGM was a community decision that grew out of a commitment to human rights.

Bibata was more or less born into her vocation.

"My mother and grandmother were traditional circumcisers. So when I was old enough [to perform circumcisions], parents [in my village] started sending me their girls," she explains.

But at the age of 60, her life is taking a turn.

"Thanks to educational talk sessions, I've realized how damaging this practice is for girls and women's health. It convinced me to stop practising. Since the day I took my decision, a couple of years ago, I've refused to perform cutting on more than a thousand girls," she said. "This practice does not bring any good, it has to stop. I've also talked to other traditional circumcisers and tried to convince them."

In Burkina Faso, educational talks in 100 villages and the main towns of nine communes have reached nearly 18,000 people. All activities have been intensely monitored at several layers, from community support technicians to provincial government representatives.

In recent years, much progress has been made. The prevalence of FGM in girls under 15 years of age was estimated at 11 per cent in 2016 (Continuous Multisectoral Survey (EMC), 2015), down 12 percentage points compared to 2003. The national law against the practice is increasingly being applied, with collaborators, like Bibata in her past, considered culpable and held accountable.

Aicha sings her truth

"It is so important to get young people involved," said 21-year-old Aicha Habib Mohammed, a high school senior in Djibouti. "Because together we are strong. And we're the ones now deciding to cut or not."

Aicha has recorded a song about community dialogues and abandonment of FGM in a video contribution to the country's International Day of Zero Tolerance observance. Her music is inspired by messages on human rights and dignity from the Joint Programme and its partner Tostan as well as from seeing her mother going door to door to raise awareness about FGM and other harmful practices.

"FGM is a human rights violation," Aicha declares in a video introducing her song. "It is an act of gender violence against children."

Singing about the issue was very hard at first," she remembers, her apparent self-confidence belying her reservations. "Just to be a girl singing is 'shameful' in my country. But then also to be singing about excision and that it must be stopped. That was very difficult. But then I focused on the rhythm and I said, 'Go for it'."

In her community, young people are working hand in hand with community, religious and government leaders to end the practice. "There are so many points of view in this community. To truly get the message across, to truly help people understand, you have to communicate in a way they can hear you." For Aicha, music is a vehicle that uses her many natural talents to transcend barriers.



Amplifying the voices of young girls against FGM is a powerful strategy employed across Joint Programme countries.

© UNFPA, Djibouti





4

Work from within

We humans tend to regard opinionated outsiders with suspicion. That's why the Joint Programme, from the outset, has worked from within cultural constructs and relied on local people, whenever possible, as champions or ambassadors of a new social norm.



Egyptian girls.

© Luca Zordan, UNFPA

It has enlisted imams, preachers, custodians of culture, teachers, health workers, athletes, musicians, local activists and celebrities, first ladies, former cutters, traditional healers, birth attendants, social workers, and law enforcement and child protection officers in support of human rights and an end to FGM.

Working with religious leaders

Given how prominently religion figures across nearly all Joint Programme countries, efforts to encourage spiritual leaders to speak out against FGM have been emphasized since inception. These efforts have expanded throughout Phase II, often through faith-based networks to gain greater impact. In 2015 alone, some 6,500 activities took place with religious leaders.

Supported by the Joint Programme Arab States Regional Office and Ahfad University for Women since 2016, a regional faith-based network in Khartoum, **Sudan** brings together groups from different countries and religions. Together, they build knowledge of successful efforts to delink FGM from religion.

Egypt has been active in bringing religious perspectives to bear on violence against children, with a special focus on FGM and child marriage. In partnership with Al-Azhar University and the Coptic Orthodox Church, the Joint Programme produced a publication called “Peace... Love... Tolerance,” and facilitated a joint public declaration by The Grand Sheikh, the Pope, the Minister of Religious Endowment, the Minister of Social Solidarity and other

important religious and opinion leaders. The Joint Programme has trained 1,200 traditional, religious and community leaders to challenge traditional beliefs about the practice, particularly to clarify for communities that FGM is not a requirement of Islam.

The Joint Programme supported the International Consultation on Islam, Family Well-being and Traditional practices in Banjul, **The Gambia**, which engaged more than 600 religious leaders, scholars, experts, young people and other stakeholders in discussions on the importance of reproductive and child health to national development, recruiting them as advocates to end harmful practices. It also sought to strengthen the capacity of newly reconstituted committees on Islam.

The Joint Programme in both **Guinea** and **Senegal** supported study and exchange visits to Egypt, Indonesia and Tunisia for senior religious leaders to heighten their understanding of the consequences of FGM. Community Empowerment Programmes in eight West African countries used the alignment between religious precepts and fundamental human rights as a starting point for deliberations about values.



Custodians of culture have the power to accelerate change

Nigerian social media advocates tweeted about the power of traditional rulers known as custodians of culture in a recent Twitter conference.

“As custodians of culture, when our traditional rulers become FGM elimination champions, it gives the campaign ‘divine credibility’. Their participation, erases the doubt of whether FGM is still acceptable in such communities,” the Twitter thread began.

“As FGM elimination champions, they will lead discussions in the community (always) and this will help banish this culture of silence. As law makers, they can set up bodies that would monitor (to eradicate) the activities of cutters in their communities.” “Also, introducing alternative rites of passage is within the ambit of our traditional rulers as

law makers. When our traditional rulers function as law enforcers, they help ensure that community members respect the country and community’s law.”

“Traditional rulers can also make uncut women community ambassadors to preach the good in leaving women uncut. The traditional rulers can help to end medicalization of FGM by checking the activities of all health workers/facilities in their communities.”

“In conclusion, traditional rulers have a big role to play in FGM elimination in their communities as they have the influential power to cause change.”

←

Father Mekarios, of the Coptic Orthodox Church, is among the many Egyptian religious leaders who have condemned FGM.

© Luca Zordan, UNFPA

**“If you talk to a man
in a language
he understands,
that goes to his head.
If you talk to him
in his language, that
goes to his heart.”**

Nelson Mandela



A chorus of school girls singing to abandon FGM, Gadaref State, Sudan.
© UNFPA, Sudan

Speak so they can hear you

When dealing with a sensitive and intimate issues like FGM, one needs to speak in ways that resonate with the audience. Often that means translating materials into local dialects – Joint Programme interventions are delivered in some 22 different languages in West Africa alone. It entails training respected local people to lead community dialogue sessions, carefully clarifying confusing terminology, and using art and music to reach the feeling rather than thinking part of the brain.

Traditional music, dance and poetry are powerful ways of acknowledging the reach of culture even while resisting its harmful aspects. Music has been widely and effectively used by many countries throughout Phase II. Employing other indigenous traditions like theatre, proverbs, storytelling, dance, poetry and debate can also engage people in ways that generate receptivity rather than resistance. These may be especially appealing to peoples whose main forms of communication are oral, personal and share a high level of context.

Somalia, for instance, which had no written language until the 1970s, has rich traditions of poetry, storytelling and song. Even today, interactions among family members – including presentations to a council of clan elders – are commonly framed in poetic language, enlivened with proverbs, riddles, prayers, chants and other words of wisdom.

Building on this strong cultural heritage, the Joint Programme in 2014 partnered with **Sudan's** Ministry of Women's Development and Family Affairs to

train 40 local young musicians, poets and dramatists. They produced lively improvisational street theatre aimed at getting people to talk about FGM, child marriage and other forms of gender-based violence.

In 2017, Somalia was one of three Joint Programme countries, along with **Egypt** and **Yemen**, to participate in a regional training of trainers on using theatre-based techniques to counter FGM. The training was organized by the Joint Programme Arab States Regional Office, in partnership with the National Centre for Culture and Arts, and the International Centre for Youth Development. The training focused on: generating material out of improvisation skits, creating backstories, marrying the message with the audience and effective post-performance discussion – all with the aim of undermining the social norm that sustains FGM. Under the guidance of expert instructors, each of four teams created and performed a play that managed to touch on the medical, religious, legal and social angles of FGM.

Through **Senegal's** "Summer Penc," teenagers aged 12 to 17 created a total of seven short films on FGM. These were broadcast on national television and radio to around 2 million households or about 6 million viewers in Senegal as well as the subregion and diaspora.

The social norm that perpetuates FGM is very much a tacit agreement among peers – hearing messages against it from within one's own circle, or in one's



Egyptian girls.

© Luca Zordan, UNFPA



**“We are committed
to capitalizing
on the strength,
vigour and energy
that youth have
to support this cause.”**

**Idrissa Konditamdé,
coordinator of the United
Association for the Elimination
of FGM in Burkina Faso**

own vernacular, is what tends to change hearts and minds. That's one reason why peer-to-peer approaches are used in **Guinea**, where more than 4,500 women from community associations, and over 1,200 adolescent girls from vocational centres were trained to communicate with others about FGM. Similar efforts are taking place in many of the other Joint Programme countries. Peers also provide an efficient and cost-effective way to scale up advocacy.

Focus on youth

Young people are most at risk, or most recently affected by, FGM. And their numbers are increasing exponentially in the least developed countries where FGM is most prevalent. Reaching out to them, and engaging them as agents of change, is clearly critical. This focus on youth is increasingly seen as an imperative, as outlined in the African Union's 2017 Roadmap for Harnessing the Demographic Dividend.

As one might expect, and as studies validate, young people, whose belief systems are not rigidly formed, are more open to new ideas and less influ-

Young people, whose belief systems are not rigidly formed, are more open to new ideas and less influenced by tradition than older counterparts.

enced by tradition than older counterparts. A study on gender-based violence in Somalia, for example, conducted by the Johns Hopkins School of Nursing and Italian NGO Comitato per lo Sviluppo Internazionale dei Popoli, suggests that interventions aimed at children can effectively empower them to question normative belief systems. Joint Programme experience also shows, however, that unless whole communities are engaged, young peo-

ple may encounter opposition when they resist FGM.

Children today are born into a different world than their parents, especially in terms of communications. Whereas family and community might once have constituted the world for villagers, the sphere of influencers has widened, with more links to happenings in the larger world.

Young people are a target for messages about human rights and against FGM in all programme countries. Increasingly they are also powerful leaders and agents of change. They are champions and mentors in Kenya, influential social media advocates in Nigeria and The Gambia, mobile activists spreading the word against FGM in Burkina Faso, and participants and leaders of girls' clubs in Egypt, Ethiopia and The Gambia.

They mobilize through digital and in-person youth networks. Afriyan Girl, Rojalnu, Youth Network for the Promotion of Abandonment of Excision and Child Marriage, JGEN Youth Network Against Harmful Practices, Think Young Women and Y-Peer are a few examples.

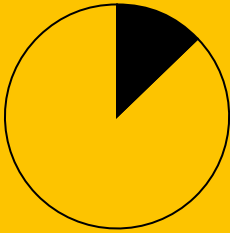
A demographic imperative

All 30 FGM-prevalent countries with available data are experiencing high population growth and a young age structure; 30 per cent or more of their female populations are under the age of 15. As shown in Figure 2, slightly more than a third of all girls worldwide will be born in these 30 countries, many of which are among the poorest nations, with few of the resources to address FGM.

Current reductions in the prevalence of FGM are insufficient to offset projected population growth. Unless progress substantially accelerates, the number of girls undergoing FGM will grow.

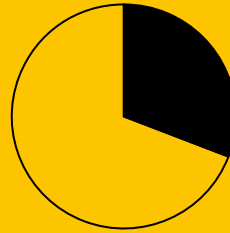
FIGURE 4.1

Proportion of girls born in FGM-prevalent countries



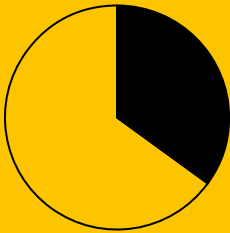
1965

13% of all girls 50 years ago were born in the 30 countries, or **19,000** per day



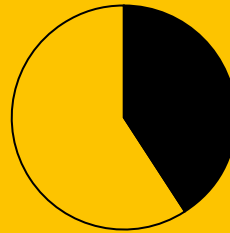
2015

31% of all girls today are born in the 30 countries, or **47,000** per day



2030

35% of all girls in 2030 will be born in the 30 countries, or **55,000** per day



2050

41% of all girls in 2050 will be born in the 30 countries, or **64,000** per day

Source: United Nations, Department of Economic and Social Affairs. Population Division. *World Population Prospects: The 2015 revision*, CD-ROM edition, United Nations, New York, 2015.



Aji overcomes her shyness

In Latrikunda, The Gambia, ninth-grader Aji Adam Mbye joined the Think Young Women mentorship programme at the Latrikunda Upper Basic School in its second week. As a new member, she was expected to introduce herself based on questions the others had developed. But when her turn came, Aji broke into tears.

At their earlier meeting, members of the group had vowed to support each other as needed. So, seeing Aji's distress, the girls broke into their theme song, joining their voices in melodic affirmations of unity: We are one; ay ay; we are together; we are one!

Since that meeting, following pep talks from mentors and continuing positive affirmations and guidance, Aji has emerged from her shell of shyness. She has become a valuable part of the web of interactions that constitute the mentorship programme, and an example of the transformation that can happen in the life of a young girl given opportunities to shine. As another of her cohorts stated in an anonymous assessment:

"Before I came here, I felt shy to discuss FGM. Through the programme, I did not only learn about the health effects of FGM, but I can discuss it openly and educate my peers."

Think Young Women is a community-based organization formed and led by young Gambian women. They work to end gender-based violence, including FGM and child marriage, by empowering young women and girls. Now in its seventh year, the organization, with support from the Joint Programme, has worked with 150 girls, ages 10 to 15. The entire programme is grounded in the spirit of positive relationships and empathy.

The 2017 sessions addressed sexual and reproductive health and rights generally, with a specific emphasis on FGM. Girls learned about their changing bodies, and built interpersonal and life skills, such as to cultivate self-esteem and speak in public. Open dialogue through group discussions builds a sense of sisterhood; games are used for team-building.



A Gambian girl speaking during a Think Young Women session.

© Think Young Women

Through the “safety net” game, girls learn the importance of trust. A girl is asked to stand on a high platform and to drop herself into the hands, “the safety net,” of her sisters standing on a lower platform.

Girls are also mentored by young women of the community from various professional backgrounds, and offered counselling or advice to deal with challenges in their academic or personal lives. Every mentoring session is unique, as both mentors and mentees share their stories and experiences. These sessions take place every Saturday for a period of three months. Girls can meet with their mentor whenever the need arises, especially in dealing with family or school issues that a girl may not be able to address on her own.

Through mentoring, girls have come to understand the power of social dynamics and traditions that affect them directly and indirectly. They become confident to take on leadership roles in the community that can help establish new social norms. As one girl stated:

“I am proud to be part of this mentorship programme. When I grow up and start having children, I will not cut my girls. I will be an advocate to support the legislation against FGM and save the lives of generations to come.”

The strong relations the girls have with their mentors creates room for shared learning. As a mentor, Amie Khan, who works fulltime with The Gambia Ministry of Finance and Economic Affairs, said during one of the graduation ceremonies: “The programme has not only helped me grasp the concept of paying it forward, it has also taught me a lot about sharing and sisterhood. I have made little sisters for life through this programme, and I am grateful for the opportunity to be able to empower them to stand up for themselves.”



Girls jump for a group photo after a Saturday session.
© Think Young Women



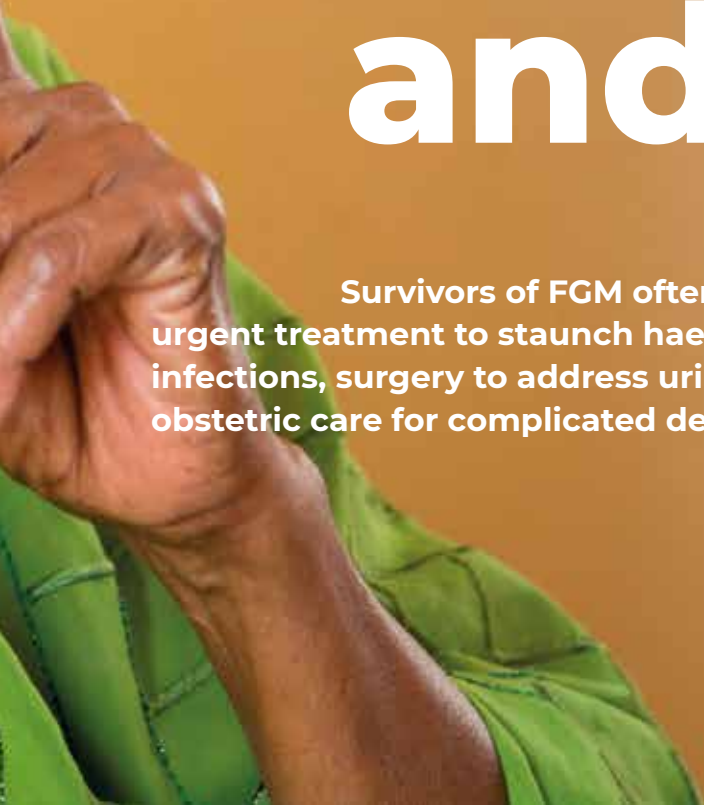


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Asha Ali Suldán, principal tutor at the Hargeisa Institute of Health Sciences in Somaliland.
© Georgina Goodwin, UNFPA

5

Add a layer of protection and care

Survivors of FGM often require lifesaving care: urgent treatment to staunch haemorrhage, antibiotics to quell infections, surgery to address urinary backup or emergency obstetric care for complicated deliveries.



Girls or young women at risk also need a broad range of services to avoid FGM and ensure their well-being more generally. Providing an array of services across many sectors – in schools, churches, communities, health facilities, courts and through outreach – has been an important priority throughout Phase II. Each year since 2014, trainings, skilled providers, service delivery points equipped to handle FGM, referrals and health system improvements have significantly increased.

Prevention, protection and care services are morally imperative. Moreover, education, health, welfare and legal service providers are in a position to break the silence and offer critical care as often the earliest point of contact for girls

Education, health, welfare and legal service providers are in a position to break the silence and offer critical care.

and women at risk of FGM. As respected members of society, they are also well positioned to change societal attitudes, and have the authority to stand up to parents or other elders. A trained network of service providers can become the scaffolding for building a new social norm.

The right care at the right time

In many countries, the Joint Programme has anchored FGM interventions in existing programmes and community structures, especially in high-prevalence areas. Through revised supervisory mechanisms, protocols, documentation and referral systems, service delivery points can better respond to the needs of cut women and girls while preventing new cases.

Skilled birth attendants often find women recovering from difficult labour complicated by FGM to be very receptive to messages of abandonment. At that point, many are open to pledging never to cut their daughters. In **Sudan**, for example, more than 170,500 newborns were registered through the extended programme on immunization, which also encouraged about 7,000 mothers to sign pledges to not cut their daughters. In **Egypt**, information and messages about FGM were integrated into national vaccination campaigns.

Development of capacity and training tools

Midwives are often on the front lines of caring for survivors of FGM, and, accordingly, a focus of capacity-building. Towards this end, the Joint Programme created several tools, including a global toolkit for midwives that has been translated and contextualized to country settings, as in **Nigeria**. The interactive UNFPA E-Learning for Midwives includes a module on FGM prevention.

Ethiopia's Midwives Association has organized trainings for birth attendants, while making special efforts to reach girls and women across the vast pastoralist regions of the country, where health facilities are few and far between. In 2017, over 700 health extension workers, who provide primary care, were trained on FGM-related issues with Joint Programme support. In addition, 375 uncut girls learned coaching, mentoring and psychosocial counselling skills to work with survivors of FGM and other forms of gender-based violence. Cumulatively, between 2014 and 2017, more than 600 professionals providing prevention, protection and care services were trained in the Afar and Southern Nations, Nationalities and Peoples' regions. One result was the improved



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Muna Abdhi, 25, shows how to deal with scar tissue from FGM in a midwifery class at the Hargeisa Institute of Health Sciences in Somaliland.

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responsiveness of service providers. More than half a million women and girls accessed services during Phase II.

Going beyond the health sector

Ideally, government commitment to ending FGM translates into resources for comprehensive child protection programmes, policies and mechanisms that coordinate governmental and non-governmental service delivery for girls and women at risk of or affected by FGM. It should include outreach to professionals within judicial, police, social and welfare departments, as well as in schools. (Although schoolgirls may be hearing messages against FGM after they have been cut, the aim is a generation of young women who will refuse to cut their own daughters based on this information.)

During Phase II, the Joint Programme has worked with all these sectors to increase capacity to prevent, identify, treat or make referrals for cases of FGM. In many countries (Burkina Faso, Djibouti, Ethiopia, Guinea, Kenya and Senegal), the Joint Programme encourages the integration of FGM into school and health-

care curricula so that teachers, social workers and health-care professionals are equipped to assist girls at risk. Because Joint Programme interventions typically target the most disadvantaged areas of the country, they often feature life skills training, educational and income-generating activities, as in Community Empowerment Programmes across West Africa. Wherever possible, these are linked with FGM and child marriage and oriented around human rights.

In **Senegal**, departmental child protection committees increased access to prevention and response services for cases of violence, including FGM. Social services, child protection committees, services from various sectors, civil society, and traditional and religious leaders have all joined forces to provide targeted prevention, detection and referral of cases, and to contribute to a continuum of services through an integrated care system. The committees help detect and prevent FGM within communities, as well as to follow up on and manage cases. Nearly a quarter of a million men and women have been trained through the committees, and 222 cases of FGM reported and treated.

In **Mali**, over 3,500 survivors of FGM benefited from psychosocial, medical and legal services. And in **Mauritania**, more than 10,000 girls were saved from FGM and child marriage through 1,800 multisectoral service points that applied the tools (curricula, modules, guides, protocols and forms) developed by the Joint Programme.

Beyond strengthening community protection mechanisms, the Joint Programme rolled out an extensive capacity support programme in **Somalia** to ensure service points could provide services to girls at risk of FGM. In total,

10,000 girls were saved from FGM and child marriage in Mauritania.

223 service points comprising health centres, community-based organizations, police stations and schools received technical training aligned to their core expertise. It helps ensure they have the skills to provide child-friendly and survivor-friendly services

for girls at risk of and affected by FGM.

Telephone helplines that extend the reach of services, encourage requests for information or referrals and allow anonymous reporting of girls at risk of illegal cutting now operate or are in the planning stages in almost all Joint Programme countries. Since 2016, the #TouchePasAmaSoeur Campaign in **Senegal** has popularized a phone line providing FGM information to nearly 16,000 young people.

Increasingly, Joint Programme-supported interventions are also calling attention to less obvious consequences of FGM, from depression, pain and sexual dysfunction to post-traumatic stress syndrome. In **Burkina Faso**, more than 20 facilities have been provided with medical equipment for reconstructive or reversal surgery for FGM survivors. The surgery is highly successful in alleviating physical and emotional pain.

Since 2016, communities of practice have been initiated to share learning on treatment for FGM-related depression and anxiety disorders, as well as for physical problems, in line with new World Health Organization guidelines. These professional circles have been especially active in working with diaspora communities.

In **Burkina Faso**, more than 20 facilities have been provided with medical equipment for reconstructive or reversal surgery for survivors of FGM. The surgery is highly successful in alleviating physical and emotional pain for girls and women who have undergone FGM.

Mapping networks of care in Kenya

A recent mapping of services assessed the delivery capacity, reach and scope of services in both the informal and formal sectors. It found the needs of girls at risk of or affected by FGM are being addressed in a timely manner from delivery points within government systems and civil society, including faith- and community-based organizations.

Schools: Kenyan teachers are recognized as key sources of information by students, parents and other community members. Some teachers follow up on girls who have taken part in alternative rites of passage to ensure they are not threatened with FGM or child marriage. Others monitor mental health and human rights violations. Over 500 teachers who supervise 80 child protection clubs were trained by the Joint Programme on the psychological and health consequences of FGM and how it violates the rights of girls and women. Through a cascade approach to training, these teachers in turn trained 6,200 in-school and out-of-school children, who then taught 12,400 other children about how to report FGM and make referrals to health and child protection services.

The Ministry of Education, Science and Technology highlighted a key message: No violence against children is justifiable, all violence against children is preventable at the 2017 Kenya National Music Festival. Children and young people were encouraged to develop messages on ending harmful practices through songs, plays, poems and dances. About 2.5 million children participated directly, and about 9 million children and young people were exposed to the messages.

Hospitals, health workers: Kenya's 47 county hospitals have the capacity to provide sensitive treatment for complications caused by FGM. In 2017, 80 girls with such issues were treated through the support of Joint Programme partners. Where appropriate services are not available at the village level, FGM cases can be handled by trained community health workers.

Legal aid clinics and prosecution offices: The Federation of Women Lawyers has continued to provide free legal aid, legal education and referrals to other social assistance. The Office of the Director of Public Prosecution has deployed over 21 prosecution counsels, whose mandate is prosecuting FGM cases as well as working more closely with communities through mobile courts. The office worked on 75 reports in 2017, which have so far resulted in 10 prosecutions and 49 ongoing cases. These two entities have supported witness protection for victims and briefing services in courts, and have increased media attention to FGM.

Temporary rescue centres: The Joint Programme does not advocate or promote the institutionalization of children. When girls are at extreme risk of being coerced to undergo FGM, however, programme partners have stepped in. In Phase II, 430 girls were taken to rescue centres on a temporary basis. All have been reunited and reconciled with their parents and families, while being spared from cutting. Since 2014, nearly 900 girls and their families have received individual or group-based counselling.

Aiming for improved case management and data collection

Through a partnership with Child Helpline International, countries in southern and eastern Africa are developing new models for case management and data collection. The Joint Programme is countries to use helplines to better respond to the immediate needs of children and families through psychosocial support and case management, referrals to other service providers and the establishment of information management systems.

Although significant progress has been made in expanding the reach, quality of services and data collection of the child helplines, the approach has been fragmented, inconsistent and inefficient.

In response, the Joint Programme regional office and Child Helpline International have partnered to:

- ↳ Develop a generic case management tool
- ↳ Strengthen the quality assurance of child helplines
- ↳ Strengthen referral reporting mechanisms, response pathways, indicators and systems aligned with the Sustainable Development Goals

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Y-PEER students at Muslim College in Hargeisa, Somaliland, with pamphlets put together by Y-PEER, the Ministry of Labour, Invalids and Social Affairs and UNFPA. The pamphlets provide guidelines on FGM advocacy.

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Countering medicalization of FGM

Medicalization of FGM represents the very antithesis of providing sensitive and relevant services. Throughout Phase II, the Joint Programme led international efforts to call attention to and end this dangerous trend whereby health providers lend their authority to a harmful practice. Nevertheless, involvement of health workers is on an upward trend in a number of countries, most notably Egypt and Sudan, but also Guinea, Kenya and Nigeria. Although families may choose health professionals to minimize harm, FGM can never be “safe” – or anything other than a human rights violation.

During Phase II, the Joint Programme engaged at multiple levels to raise awareness of medicalization, and mobilize health professionals and political support to end it. The 2015 International Day of Zero Tolerance for FGM, for instance, focused specifically on this issue, and resulted in strong condemnation of it by major international bodies of obstetricians, gynaecologists and midwives (see Box 5.3). The *Manual on Social Norms and Change* (2016) has been widely used to help health professionals understand the social dynamics underlying the practice.



Regional and country level activities

In 2017, the Joint Programme Arab States Regional Office in partnership with the League of Arab States organized a conference with two professional groups, the National Medical Doctors Syndicates and the National Midwives Associations. After the meeting, each issued a statement condemning FGM medicalization and committing to integrating FGM as a harmful practice in training curricula. This underscored the important role that medical professionals play in advocacy, policy dialogue and community-based awareness to end FGM.

Country initiatives

The Joint Programme supported the National Population Council of **Egypt** in launching the University Pioneer Initiative in 12 national universities in 15 governorates. More than 1,200 university students from the faculties of medicine, nursing and pharmacy were trained. Subsequently, they used digital media tools to disseminate “Facts for Life” messages promoting healthy lifestyles, including FGM abandonment. This marked a critical step in specifically engaging health providers in stopping the practice in a country where medicalization has risen steeply. The Joint Programme in Egypt closely followed and lobbied for high-profile prosecutions of doctors involved in the deaths of two girls.

By 2017 in **Guinea**, skills training on FGM prevention had been delivered to over 2,000 health professionals from 528 public and private health facilities. Participants – doctors, nurses, midwives and other health professionals – have signed an engagement sheet (basically, a banner large enough to accommodate numerous signatures) and a code of good conduct to stop practising FGM in both health facilities and the homes of parents. A day of strategic reflection organized with decision makers of the Ministry of Health offered a chance to exchange innovative strategies to promote the abandonment of FGM and resulted in agreement on devising a draft action plan.

Involvement of health workers is on an upward trend in a number of countries.

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Day of Zero Tolerance for FGM, Senegal.

© Mandiaye Pety Badji

Statement: Health bodies pledge to be at the forefront of ending FGM

The following excerpt comes from a statement issued by leading associations of health-care providers for the 2015 International Day of Zero Tolerance for FGM:

FGM is an extreme human rights violation that has no medical benefits, but has dangerous health consequences. Every year, three million girls are at risk and, in some countries, FGM procedures are increasingly carried out by health personnel. This 'medicalisation' of FGM is one of the biggest threats to its elimination.

Health personnel are supposed to protect rather than cause harm. They are tasked with providing care and support and are usually the trusted first points of contact for women and girls. Many health personnel are already leading advocates for ending FGM and provide excellent care, but we need a final push to make sure that every single professional comes on board.

Recalling the UN General Assembly Resolution on FGM, the International Federation of Gynecology and Obstetrics

(FIGO), the International Confederation of Midwives (ICM), the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) join the IAC, the Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF), The Girl Generation, Forma, FORWARD and Equality Now, to urge:

- ↳ All health personnel to fully adhere to the Hippocratic Oath and their obligation to protect the health and well-being of their patients, which includes not performing FGM.
- ↳ Regulatory bodies in all countries to ensure that health professionals do not promote the medicalisation of FGM.
- ↳ Health personnel to not only protect girls at risk of FGM, but also provide physical, psychological and emotional care and support to survivors.
- ↳ All health professional bodies to ensure that FGM care and prevention are part of their training and education programmes.

**“FGM is of the past.
Today we are
in a new era”.**

**Althie Minnt Beyli,
who endured FGM as
a child in Mauritania**



Mauritania calls on the midwives

Althie Minnt Beyli was cut as a young girl some decades ago, more or less as a matter of course. Her own daughters were cut as well, with little discussion of the issue. But she wants something different for her granddaughter, and as the matriarch of the family, her opinion is decisive.

FGM “is of the past,” she explains. “Today we are in a new era.”

Ms. Beyli came to that conclusion following a visit from a midwife named Sedi Camara, a local organizer and midwife herself who talks to both men and women of all ages about the health risks associated with FGM. “Cutting is wretched and dangerous. We have seen its effects with our own eyes,” she tells them, while listing the harm it causes: chronic pain, infections, problematic pregnancies, infertility and even death. That message is bolstered by public service announcements on the radio and community discussions, as well as by private conversations.

As the frontline health-care providers for women in Mauritania, midwives are trusted and credible confidants. They have been able to make inroads into the fight against cutting, especially among somewhat isolated rural and lower income groups, where the practice is most prevalent. A midwife’s endorsement of abandonment, complemented by her medical knowledge and understanding of local social norms, holds considerable sway.

With three years of post-high-school training in a standardized curriculum for maternal and newborn health care, midwives are among the most educated women in Mauritania. Much of that training is hands on: By the time a midwife finishes her formal schooling, she will have performed 50 supervised live births.

The midwives’ intimate connection with the populations they serve – in total more than 135,000 births and 1.5 million family planning visits per year – gives them political as well as personal clout. Their professional organizations often advise the government on policies regarding maternal and newborn health – with FGM key among the issues that concern them.



Newly graduated midwives will work on FGM prevention and complications.
© UNFPA, Somalia

Religious leaders, who are extremely influential in this deeply religious country, and political authorities have joined with the midwives in holding community dialogues about women's reproductive health issues. In 2005, a fatwa banning FGM was developed through the midwives' organization under the leadership of Imam Hademine Ould Saleck, who noted: "Our reasoning went like this: Are there texts in the Koran that clearly require this practice? No. On the contrary, Islam is clearly against any act that would have negative repercussions for health. Today Mauritanian doctors unanimously declare FGM threatens health; therefore it is against Islam."

In 2017, local officials organized campaigns against FGM in three provinces with a high prevalence of cutting: Assaba, Gorgol and Guidimaka. To galvanize support for the abandonment of FGM among local groups, community organizers used song, dramatizations, radio announcements and open discussions—with impressive results. In each region 600 to 900 young supporters, mostly girls, turned out to protest the practice, chanting and carrying signs that read "No to Cutting!"

In all, some 737,220 people representing 682 communities participated in collective declarations in support of FGM abandonment in 2017.



2017 campaign against FGM in schools in Guidimakha, Mauritania.
© UNFPA, Mauritania



Sadiya's scar is opened

For the first 10 years of her life, the simple act of urination was an excruciating and time-consuming ordeal for Sadiya Abubakar.

As a seven-day-old infant, she was subjected to infibulation, the most severe form of FGM. The stitching of her vulva left her with a hole the size of a matchstick, which allowed only a trickle of urine to pass. Survivors of urinary retention, a not uncommon side effect of infibulation, have described the resulting pain as feeling like an open wound being rubbed with salt.

When swelling reduced the flow to almost nothing, Sadiya's mother got a referral from a local health worker trained to recognize and send cases like hers to appropriate care. Sadiya was taken over 100 kilometres to the Barbra May Maternity Hospital, where her infibulation was opened and a cyst removed.

The small hospital is one of only two providing maternal and emergency obstetric care to a population of some 1.5 million people in the Afar region of Ethiopia, which has one of the highest maternal death rates in the world. Nearly all of the 8,000 women who have been treated at the hospital are survivors of FGM, one of the reasons behind the high rate of obstetric complications. Malnutrition, anaemia and delays in getting treatment pose additional risks.

The hospital is run by the Afar Pastoralist Development Association, the local partner of the Joint Programme. It has established a rigorous birth attendant training programme that includes a module on FGM and the medical complications arising from it. Health teams within local communities look out for girls and women like Sadiya who have been severely affected by FGM and provide referrals for immediate treatment.

After seeing her daughter delivered from extreme pain, Sadiya's mother expressed her thanks to Allah, and vowed to advocate against FGM in the future.



Sadiya at the Barbara May Hospital, Afar, Ethiopia.
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