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UNFPA-UNICEF Joint Programme
on the Elimination of Female Genital
Mutilation: Accelerating Change



FGM Elimination and COVID-19:

Sustaining the Momentum

Performance Report

| ANNUAL REPORT 2020



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and **The European Union** through the Spotlight Initiative Africa Regional Programme.



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ACKNOWLEDGMENT

On behalf of the UNFPA, the United Nations Population Fund and UNICEF, the United Nations Children's Fund, the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, wish to acknowledge the support and collaboration of its various stakeholders for the successful implementation of its work. Particularly, the Joint Programme recognizes the support of SIARP of European Union and the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden, the United Kingdom and the United States of America. The support has helped to strengthen efforts towards the elimination of FGM in the 17 countries where the Programme is implemented.

We also express our gratitude to members of the Joint Programme's Steering Committee for their support and technical guidance. We recognize the commitment and leadership of the national and sub national governments in all our implementing countries including civil society organizations, regional institutions and other partners for their commitment despite the challenges posed by the COVID-19 pandemic during the year. As the world continues to grapple with the impact of COVID-19, we will continue to count on the support of our partners and other stakeholders to sustain the momentum on eliminating FGM by 2030.

This report was produced by the Joint Programme Global Coordination Team with technical leadership from Mirelle Tushiminina and Nankali Maksud. Authors of the report include Thierno Diouf and Stephanie Baric with contributions from Berhanu Legesse, Fahmia AL-FOTIH, Meltem Agduk, Harriet Akullu, Julie Dubois, Paola Pileri, Lamin Massaquoi, Ramz Shalbak, Yasmine Sinkhada, and Menbere Legesse.

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Contents

1

Executive Summary

5

Introduction



9

Section A.

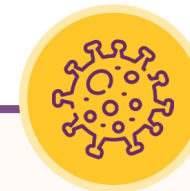
Global Policy and
Advocacy Achievements



13

Section B.

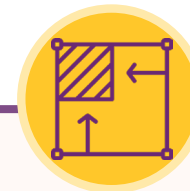
The Joint Programme
Performance by Result Area



67

Section C.

Adaptive Monitoring,
Evaluation and Learning
in the COVID-19 Context



71

Section D.

Snapshot of the
Programme Results
Framework

List of tables

Table 1	Tougher Penalties for Medicalized FGM in Egypt
Table 2	National Budget line to Support Mobile Courts
Table 3	How does the Joint Programme define “Functional” National Monitoring Mechanism?
Table 4	Synergies Between Spotlight Initiative Africa Regional Programme and Joint Programme on FGM
Table 5	Women’s Manifesto Opposing FGM in Mauritania
Table 6	A Smartphone App for Reporting FGM in Kenya
Table 7	#TouchePasAmasoeur
Table 8	Intersection of GBV, FGM and VAC
Table 9	Health Care Providers Who Oppose/Support Medicalized FGM in Guinea
Table 10	Innovative Data Monitoring

List of figures

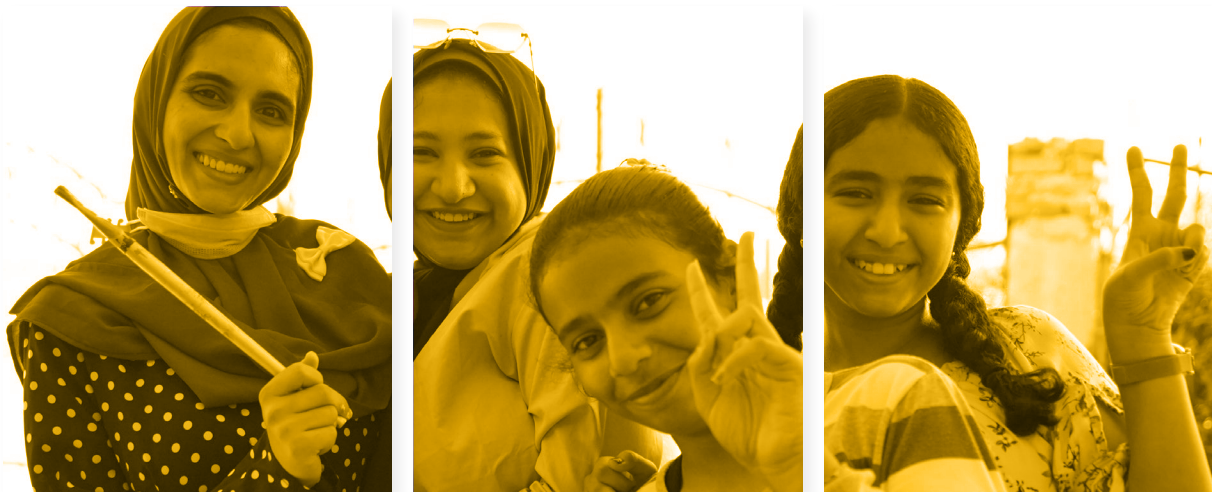
Figure 1	Map showing Joint Programme countries with legislation criminalizing FGM
Figure 2	Number of arrests, cases brought to court, and convictions and sanctions
Figure 3	Number of law enforcement staff (policy prosecutors, judges) competent to apply the FGM law
Figure 4	Number of countries with evidence-based costed national plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations and other actors
Figure 5	Mapping of countries that have established a national budget line for programmes addressing FGM
Figure 6	Countries that utilized at least 50% of the national government budget line for FGM
Figure 7	Distribution of countries that have in existence a functional national FGM monitoring mechanism
Figure 8	Existence of an evidence-based costed national action plan for FGM
Figure 9	Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people’s networks

Figure 10	Number of communities that have made public declaration of abandonment of FGM
Figure 11	Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance
Figure 12	Number of girls saved from FGM
Figure 13	Number of communities where girls became change agents after completing a capacity development package
Figure 14	Projection of the number of communities where girls that have completed a capacity development package and are expected to become change agents based on actual performance (2018, 2019 and 2020), compared to planned targets
Figure 15	Number of communities where enablers of social norm change are in place: Religious leaders’ public statements delinking FGM from religious requirements
Figure 16	Number of communities where enablers of social norm change are in place: Community/ Traditional rulers publicly denounce FGM practices
Figure 17	Number of people who actively participated in education/sensitization/social mobilization promoting the elimination of FGM
Figure 18	Number of listeners to radio/TV programmes on FGM in Joint Programme target areas
Figure 19	Number of interactions on social media activities related to FGM that are initiated with t he support of the Joint Programme
Figure 20	Number of communities implementing a capacity package for girls related to FGM elimination
Figure 21	Number of girls graduated from a capacity development package
Figure 22	Number of Joint Programme intervention areas where men and boys’ networks/coalitions actively advocate for the elimination of FGM
Figure 23	Number of girls and women who have received health services related to FGM
Figure 24	Number of girls and women who have received social services related to FGM
Figure 25	Number of girls and women who have received legal services related to FGM
Figure 26	Cumulative number of girls and women accessing legal services related to FGM
Figure 27	Number of health service delivery points in Joint Programme intervention areas that provide FGM-related services to girls and women
Figure 28	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide services to girls and women
Figure 29	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services for girls and women

List of Acronyms

ACRL	African Council of Religious Leaders
ARP	Alternative Rites of Passage
AU	African Union
AUC	African Union Commission
BoWCY	Bureau of Women, Children and Youth
CSOs	Civil Society Organizations
DFA	Data For All
FBOs	Faith-Based Organizations
FGM	Female Genital Mutilation
GAMS	Group Against Sexual Mutilation and Harmful Practices Against Women
GBV	Gender-Based Violence
ICPD25	International Conference on Population and Development
IPV	Intimate Partner Violence
JOPTC	Justice Organs Professional Training Center
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MTR	Mid-Term Reviews
NAPs	National Action Plans
NCCW	National Council on Child Welfare
NGO	Non-Governmental Organization
OPROGEM	Office for the Protection of Gender, Children and Morals
RCCE	Risk Communication and Community Engagement
RIOPEAB	Network of Imams and Ulemas for the Protection of Children and Charitable Actions
SDGs	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health Rights
SYVA	Saleema Youth Victorious Ambassadors
TV	Television
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VAC	Violence Against Children
WASH	Water Sanitation and Hygiene
WHO	World Health Organization





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Executive Summary

The year 2020 marked the launch of the Decade of Action, a global call for accelerating sustainable solutions to the world's biggest challenges -- inequality, poverty, and, discrimination -- to achieve the Sustainable Development Goals (SDGs) by 2030. In 2019, the Nairobi Summit International Conference on Population and Development (ICPD25) celebrated advances in sexual and reproductive health rights (SRHR), wellbeing, and gender equality, 25 years after the Programme of Action was launched in Cairo.



This was followed by the 25th anniversary of the Beijing Declaration and Platform for Action in 2020, the most visionary agenda for girls' and women's rights and empowerment. But the outbreak of the COVID-19 pandemic, school closures, disruptions in services, and rising household monetary poverty have increased girls' risk of FGM, impeding progress towards meeting SDG 5.3, while also making its achievement even more urgent and necessary. UNFPA anticipates a one-third reduction towards achieving the elimination of FGM by 2030.¹

From the onset of the COVID-19 crisis, girls and women have been at the center of the humanitarian response of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change (Joint Programme). Research shows that when girls and women are involved in prevention and crisis response, it leads to better humanitarian outcomes. By empowering and protecting girls and women, adapting interventions to ensure continuity of services, while pivoting to prevent and mitigate the risk of gender-based violence (GBV) and FGM, the Joint Programme has made considerable progress in 2020 despite facing an unprecedented humanitarian crisis. This has been achieved in partnership with governments, civil society, women and youth-led groups, community leaders, advocates and activists, among other key stakeholders of the Joint Programme.

Despite the challenges experienced globally in 2020 due to the COVID-19 pandemic, the Joint Programme recorded achievements in several areas. These include:



79,863,144
PEOPLE WERE ENGAGED
THROUGH DIGITAL APPROACHES
AND CAMPAIGNS PROMOTING
THE ELIMINATION OF FGM



120,605
GIRLS WERE SAVED
FROM UNDERGOING THE
HARMFUL PRACTICE



¹UNFPA, Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia). 2020. Interim Technical Note. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female, Genital Mutilation and Child Marriage. <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital?page=8%2C0%2C9>



2,156

COMMUNITIES INVOLVING
2,220,937 PEOPLE MADE
PUBLIC DECLARATIONS TO
ABANDON FGM



1,792

COMMUNITIES ESTABLISHED
SURVEILLANCE SYSTEMS THAT
CONTINUE TO PROTECT GIRLS
FROM UNDERGOING
THE HARMFUL PRACTICE

As the pandemic continues to unfold, the Joint Programme and its partners will continue to mitigate the impact of COVID-19 on progress towards SDG 5.3, while boosting transformative recovery from the pandemic that reduces the risk of future crises and re-launches the Decade of Action.





©UNFPA Ethiopia

Introduction

FGM is recognized internationally as a gross violation of the human rights of girls and women, which reflects deep-rooted inequalities between the sexes and constitutes an extreme form of discrimination against women and girls.² The practice comprises all procedures that involve altering or injuring the female genitalia for non-medical reasons. Current estimations indicate that over 200 million girls and women alive today have undergone some form of FGM, while over 68 million girls aged zero -14 years are at a risk of being subjected to FGM by 2030.



²World Health Organization, Fact Sheet. 2020. COVID-19 continues to disrupt essential health services in 90% of countries <https://www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation>

The practice has been reported in over 92 countries across Africa and Asia, with varying prevalence. Although FGM is declining in most countries where it is prevalent, the growing population rates in these countries presents an emerging challenge, if the practice continues at the current levels.

To accelerate the elimination of FGM, UNFPA, the United Nations Population Fund and UNICEF, the United Nations Children’s Fund Joint Programme on the Elimination of FGM (Joint Programme) continues to invent strategies aimed at catalyzing positive social change for the abandonment of the practice. Created in 2007, the Joint Programme is the largest global programme aimed at accelerating the elimination of FGM. Currently in its third phase, the Joint Programme is implemented in 17 countries³ across the globe, and builds on lessons learned from previous phases. It focuses on contributing to the attainment of the Sustainable Development Goal (SDG) 5 and particularly target 3, seeking to eliminate all harmful practices, such as child, early and forced marriage and FGM by 2030.

The Joint Programme has over the years catalyzed a global movement to eliminate FGM and has shown unparalleled ability to effect change at the regional, sub-regional, national and community levels towards the advancement of the rights, health and well-being of women and girls. Leveraging the complementary expertise of the two agencies, the Joint Programme strengthens policy development and implementation, while improving access to quality health care, protection, and legal and social services. It engages communities and educates people, through evidence based and sustainable interventions, on the need to eliminate FGM, transforming social norms through collective action.

In 2020, over 79,863,144 people were engaged through digital approaches and campaigns promoting the elimination of FGM; 120,605 girls saved from undergoing the harmful practice, while 2,156 communities involving 2,220,937 people made public declarations to abandon FGM, of which 1,792 established surveillance systems that continue to protect girls from undergoing the practice.

³Burkina-Faso, Djibouti, Egypt, Eritrea, Ethiopia, , The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen

Unlike other years of the Joint Programme implementation, the declaration of COVID-19 as a global pandemic in March 2020 presented unprecedented challenges in the movement for the elimination of FGM. The social and economic impact of the pandemic has left the world grappling to find a balance between life before COVID-19 and the current state of affairs. Disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls worse⁴, and the COVID-19 pandemic has not been an exception. The pandemic has compounded existing gender inequalities, norms and unequal power relations, leaving girls and women with disproportionate social, economic, and health risks, including FGM.

In 2020, the pandemic presented a dual set of challenges: a public health emergency resulting from the direct consequences of the virus, and a socio-economic crisis caused by confinement measures put in place to prevent the spread of the disease.⁵ Most governments prioritized public health response and introduced containment measures which increased girls’ and women’s FGM risk. Prevention and response services for FGM were either unavailable or designated nonessential; school closures disrupted the vital protective role schools play; and families faced loss of income and livelihoods, which in some contexts, resulted in the adoption of negative coping mechanisms. Such mechanisms included practicing FGM on girls to increase their marriageability or performing the practice for financial gains as ways to ease economic pressure on the household.

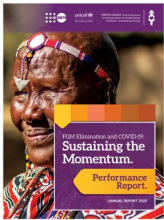
Despite these challenges, in 2020, the Joint Programme adapted its interventions to respond to the crisis, including ensuring the integration of FGM in humanitarian and post-crisis response plans. In the year, the global community also launched a Decade of Action to deliver the SDGs by 2030, with reaffirmations on addressing inequalities and “leaving no one behind” towards the achievement of the SDGs by the set deadline.

This Performance Report, therefore, presents the progress made thus far in the implementation of the Joint Programme. The report focuses on the Joint Programme experiences recorded in preventing, mitigating and responding to the increased risk of FGM during the pandemic. It also presents achievements in 2020, which are key in setting the baseline for 2021 – the final year of Phase III of the Joint Programme. Unlike other years, the 2020 annual report is presented in a sequenced format, featuring six sub-reports as highlighted in the next page:



⁴UNFPA Technical Brief COVID-19. 2020. A Gender Lens. Protecting Sexual and Reproductive Health Rights, and Promoting gender Equality

⁵Lilly, Damian. 2020. What happened to the nexus approach in the COVID-19 responses? <https://theglobalobservatory.org/2020/06/what-happened-to-nexus-approach-in-covid-19-response/>



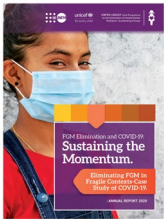
The Performance Report

Provides an analysis of the Joint Programme’s results including factors that contribute to programme achievements as well as approaches for addressing bottlenecks in the programme.



Country Case Studies - Progress in the Elimination of Female Genital Mutilation

Presents data related to progress on gender equality and the elimination of FGM in all 17 countries where the Joint Programme is being implemented, providing the socio-economic and political context towards the achieve SDG 5, target 5.3, including country-specific Programme examples.



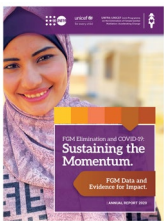
Report on Eliminating Female Genital Mutilation in Fragile Contexts-Case Study of COVID-19

Provides good practices and lessons learned during the COVID-19 crisis in 2020, including the Joint Porgramme’s approach to adapting and innovating interventions to ensure continuity during the crisis, in addition to the progress made in advancing the humanitarian-development-peace nexus approach.



Report on Gender - Equitable Masculinities - The Role of Men and Boys in Preventing and Responding to FGM in the COVID-19 Context

Highlights promising practices and the Join Programme results in engaging men and boys as allies in promoting gender-transformative approaches to preventing and responding to girls’ and women’s heightened risk of GBV and FGM, especially in humanitarian crises.



The FGM Data and Evidence for Impact Report

Showcases research conducted by the Joint Programme in 2020, and includes a summary of findings from the Global Research Agenda, a rigorous consultative review focused on FGM research priorities.



The Financial Report

Presents trends in donor contributions during Phase III thus far, including budget allocation and expenditure rates per unit (Headquarters, Regional and Country Offices), and provides analysis on expenditures per result area, focusing on outcomes and outputs.

Section A

Global Policy and Advocacy Achievements in 2020

As the Joint Programme adapted interventions to ensure the continuity of services, while pivoting to prevent, mitigate, and respond to the social and economic impacts of COVID-19, years of investments in strengthening ownership of and accountability to SDG target 5.3 paid off in 2020. During the year, the Joint Programme supported and/or undertook global policy engagements and advocacy initiatives on the elimination of FGM. The following achievement were recorded:



Adoption of Resolution A/HRC/L.20 on the elimination of FGM:

The Human Rights Council at its 44th Session in July 2020 adopted the resolution, which was presented by the African Group, and co-sponsored by the European Union and over 100 UN Member States. The resolution frames FGM as a national development and human rights priority and calls on Member States to prioritize FGM in their COVID-19 response.



Launch of 'Primer'⁶:

Primer is a tool designed for national human rights institutions as a guide for planning and conducting public inquiry for the prevention and elimination of FGM. The tool was launched jointly with Global Alliance of the National Human Rights Institutions on 8 December 2020.



Publication of a brief on 'Resilience in Action: Lessons Learned from the Joint Programme during the COVID-19 Crisis'⁷:

This brief, produced by the Joint Programme, captures promising practices and lessons learned in responding to the impacts of the COVID-19 crisis on FGM and ensuring continuity of essential services for girls and women at risk of and affected by the practice.



Establishment of a new High-Level Commission of advocates, experts and activists:

The Commission was established on 17 September 2020 and charged with ensuring the 1,250 commitments to women's health and rights, that were made at the International Conference on Population and Development (ICPD+25) remain on track, including 20 commitments to end FGM in 12 of the 17 countries where the Joint Programme is being implemented.



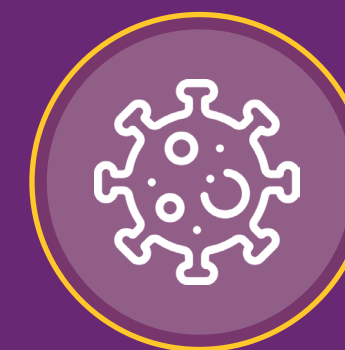
Launch of a report on 'Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts'⁸:

The report presents results from the virtual international stakeholder dialogue, convened between October and November 2020, involving 76 experts from 44 organizations in 31 countries, and co-hosted by AIDOS, GAMS Belgium and the End FGM European Network in the framework of the UNFPA-UNICEF Joint Programme. The dialogue created a wider platform for global advocacy on financing FGM prevention and response services during emergencies such as the COVID-19 pandemic.



Participation in the 2020 Donor Working Group meeting:

Hosted by the Swedish International Development Cooperation Agency (SIDA), the meeting provided an opportunity to present the current situation and trends in FGM, and progress towards meeting SDG target 5.3, in addition to reflecting on opportunities and challenges in responding to the COVID-19 crisis.



Publication of a joint op-ed on the impact of COVID-19 on progress towards ending Gender Based Violence and FGM⁹:

The op-ed was published jointly by UNFPA, UNICEF and UN WOMEN in commemoration of the Day of the African Child (16 June). It included a call to action for governments to invest in adolescent girls' programming during the pandemic.



⁶Primer: Conducting Public Inquiries to Eliminate Female Genital Mutilation (September 2020)
<https://www.unfpa.org/publications/primer-conducting-public-inquiries-eliminate-female-genital-mutilation>

⁷Brief: Resilience In Action: Lessons Learned From The Joint Programme During The Covid-19 Crisis (September 2020)
<https://www.unfpa.org/resources/resilience-action-lessons-learned-joint-programme-during-covid-19-crisis>

⁸Report: Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts.
<https://www.endfgm.eu/news-en-events/news/online-dialogue-on-preventing-and-responding-to-fgm-in-emergency-and-humanitarian-contexts/>

⁹UNFPA, UNICEF and UN Women Op-Ed. 2020. COVID-19 jeopardizes progress made towards protecting women and girls from violence and harmful practices <https://africa.unwomen.org/en/news-and-events/stories/2020/06/op-ed-unfpa-unwomen-unicef>

Global Advocacy on FGM with Impact

In April 2020, UNFPA released a Technical Note on the 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage'¹⁰, in which it made an analysis that projected a possibility of up to two million additional cases of FGM by 2030 due to pandemic-related disruptions in prevention programmes. The landmark analysis was catalytic for the global community, providing much needed perspective of the setback caused by COVID-19, and raising global awareness about the impact of emergencies and humanitarian crises on FGM.

30 days following the launch of the Technical Note:



1,700
Citations



900
Media outlets
covered its content



15
Major media interviews
were organized with
UNFPA's Executive
Director and senior
leadership



100
Countries were
reached by its release



¹⁰UNFPA Interim Technical Note. 2020. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>



Section B

The Joint Programme performance by result area in 2020

The COVID-19 pandemic related challenges notwithstanding, in 2020, the Joint Programme made commendable progress towards sustaining the momentum for the elimination of FGM at all levels. Herein under is the performance analysis for the year, including trends and progress that contribute to meeting programme goals and achieving SDG target 5.3.



Outcome 1: Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards

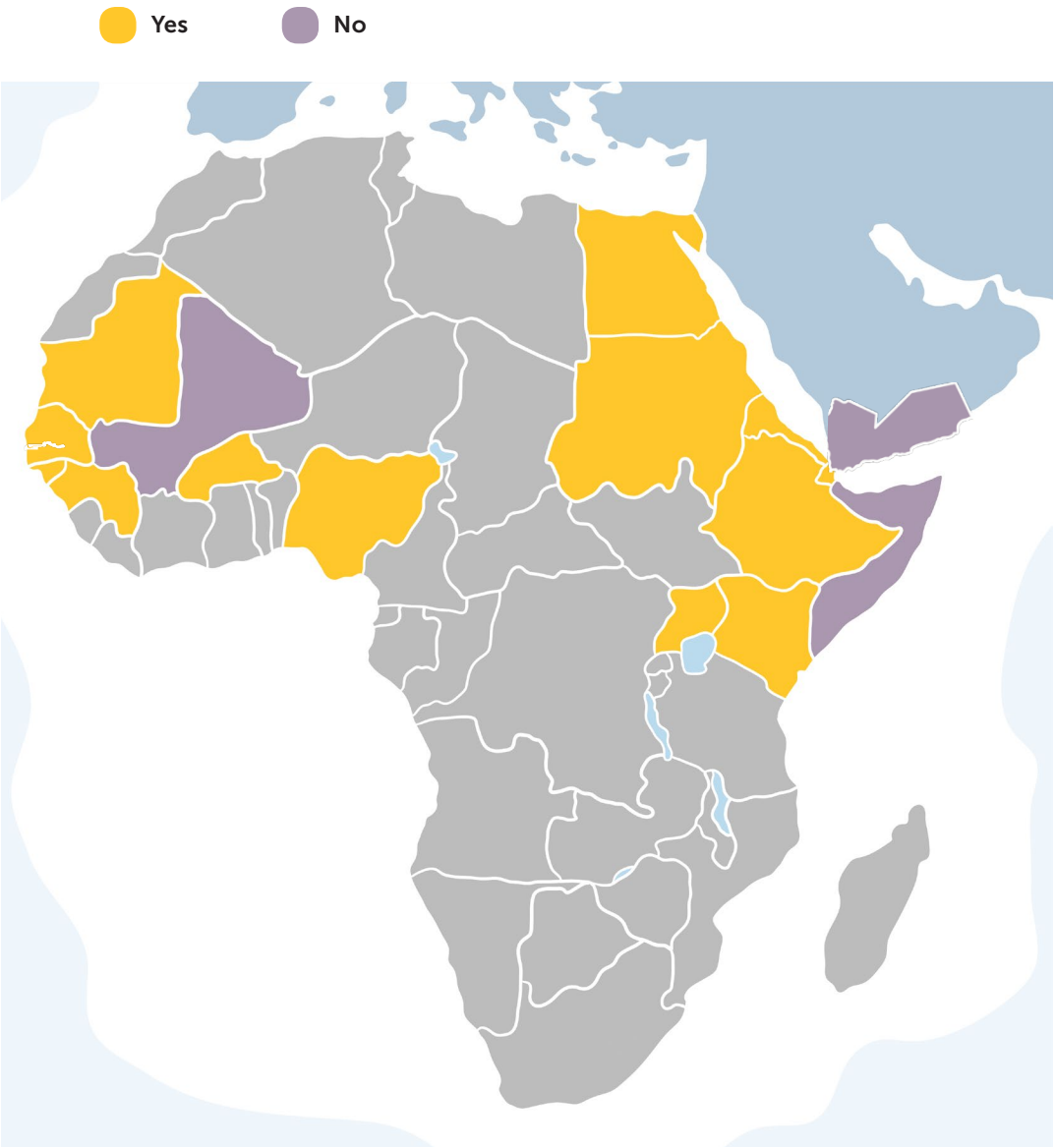
EXISTENCE OF LEGISLATION CRIMINALIZING FGM

Of the 17 countries where the Joint Programme is being implemented, 14 have legislations that criminalize FGM. In **Guinea**, the new constitution adopted in 2020 now includes the country’s ban on FGM (Article 8) and a revised Children’s Code that integrates FGM as a children’s rights violation. This is in addition to Law No. 2016/059/AN (the Criminal Code 2016)2, in which Articles 258–261 prohibit FGM whether performed by traditional or modern methods. To further support the country’s efforts, a partnership was established with the Ordre des Avocats de Guinée (Lawyer’s Order of Guinea) to provide pro bono legal assistance to girls at risk of FGM. Lawyers from the Order participated alongside juvenile judges across the country in capacity building sessions on prosecuting cases involving FGM.

In **Sudan**, following decades of activism by the National Council for Child Welfare(NCCW), as well as women and child rights advocates, the Sudanese transitional government ratified an amendment to Criminal Law Article 141, criminalizing FGM in July of 2020. The National Council for Child Welfare is strongly committed to putting in place mechanisms for the creation of an enabling environment to enforce the newly introduced legislation. In this regard, the NCCW and the Joint Programme, in partnership with civil society organizations, established a roadmap

that includes training for law enforcement officials, community leaders and health providers, in addition to strengthening the referral and tracking systems of FGM cases. It is envisaged that the roadmap will be aligned with existing national strategies for health, girls’ education, protection, and GBV. Also, as part of the roadmap, Article 141 was mainstreamed in the judiciary training manual, and an accountability framework was developed. A Memorandum of Understanding is envisaged to be signed with the media to organize and conduct a communications campaign on the law.

Figure 1: Programme countries with legislation criminalizing FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Despite the progress made towards the enactment of legislations criminalizing FGM in countries where the Joint Programme is implemented, Mali and Somalia are yet to undertake this initiative. In the two countries, the lack of legislation at the national level protecting girls and women from FGM remains an obstacle in achieving zero tolerance for the practice. Stigmatization of girls who did not undergo FGM has strengthened the perception and stereotypes around the value of FGM in relation to marriageability, and religious leaders have been largely resistant to eliminating the practice. As such, the Joint Programme is broadening partnerships with civil society organizations (CSOs) to localize demand and action for enactment and launch of zero tolerance legislations.



Mali’s Failure to Ban FGM Challenged in Court

Leading women’s rights organizations have jointly filed a case at the Economic Community of West African States Court of Justice in Abuja, Nigeria, to challenge Mali’s failure to prohibit FGM, by adopting a legal and policy framework that would criminalize the practice. The lack of legislation that addresses FGM, leaves girls and women without recourse or protection from this human rights violation. The case was filed by Equality Now, Institute for Human Rights and Development in Africa, Association Malienne pour le Suivi et l’Orientation des Pratiques Traditionnelles, and Association pour le Progrès et la Défense des Droits des Femmes. In June

2020, the Committee on the Elimination of All Forms of Discrimination against Women reported that the failure by the Malian government to criminalize FGM puts at risk the lives and wellbeing of girls and women in the country, as well as those from neighbouring states. Girls from countries such as Burkina Faso, Benin, Guinea, and Togo, where the practice is prohibited, are reportedly being taken to Mali to undergo FGM in order to avoid prosecution at home. Attempts by the Malian government to criminalize FGM in 2002 and again in 2009 failed due to strong opposition from religious leaders.



Tougher Penalties for Medicalized FGM in Egypt



In February 2020, 12-year-old Nada Hassan Abdel Maqsoud died in Egypt undergoing FGM. Although the practice has been banned since 2007, FGM is increasingly medicalized, with 4 in 5 girls in Egypt reporting FGM was performed on them by a health care provider.¹¹ The crime was reported through the National Child Helpline (16000), operated by the National Council for Childhood and Motherhood, and both the doctor and Nada Hassan Abdel Maqsoud’s father were reportedly

arrested. This prompted Egypt’s cabinet in January 2021 to adopt tougher penalties for FGM, imposing jail terms up to 20 years and banning health care providers from practicing for up to 5 years if convicted. In a statement that was released on February 6 2020, International Day of Zero Tolerance for Female Genital Mutilation, the United Nations (UN) condemned medicalized FGM, calling for maximum punishment of the perpetrators and the urgent need to protect girls from this harmful practice.¹²



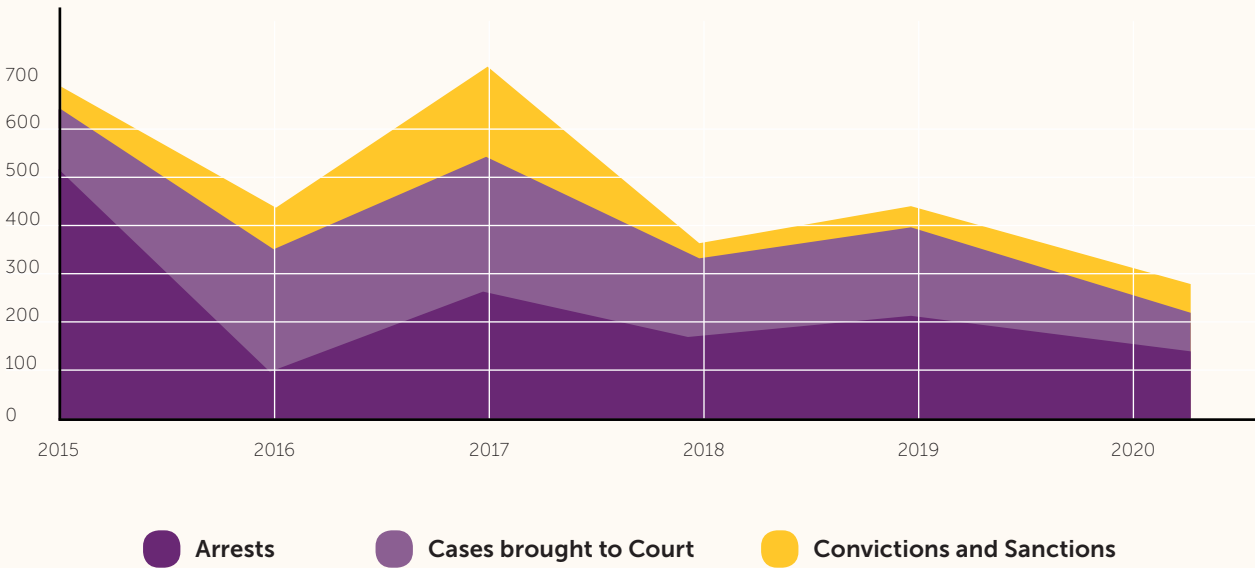
¹¹UNICEF. 2020. Female Genital Mutilation: A New Generation Calls for Ending an Old Practice, UNICEF, New York.

¹²UNICEF. 2020. The United Nations in Egypt is deeply saddened by the recent tragic death of 12-year-old Nada in Assiut Governorate while undergoing Female Genital Mutilation (FGM) at the hands of a doctor <https://www.unicef.org/egypt/press-releases/united-nations-egypt-deeply-saddened-recent-tragic-death-12-year-old-nada-assiut>

ENFORCEMENT OF FGM LEGISLATION:
ARRESTS, CASES BROUGHT TO COURT, AND CONVICTIONS AND SANCTIONS

The lockdowns and containment measures such as curfews and social distancing that were put in place to address the COVID-19 pandemic in several countries had significant impact on the enforcement of FGM legislation, including arrests, court cases, and convictions and sanctions. The need to enforce lockdowns meant law enforcement capabilities were spread thin and could not be relied upon to protect girls from FGM practices. In many cases, courts and all other redress mechanisms were closed and couldn't be accessed. As a result, in 2020, the Joint Programme recorded 154 arrests, 100 court cases and 47 convictions and sanctions. These numbers were below those that were recorded in 2019, except convictions and sanctions that were more by six (see Figure 2).

Figure 2: Number of arrests, cases brought to court, and convictions and sanctions



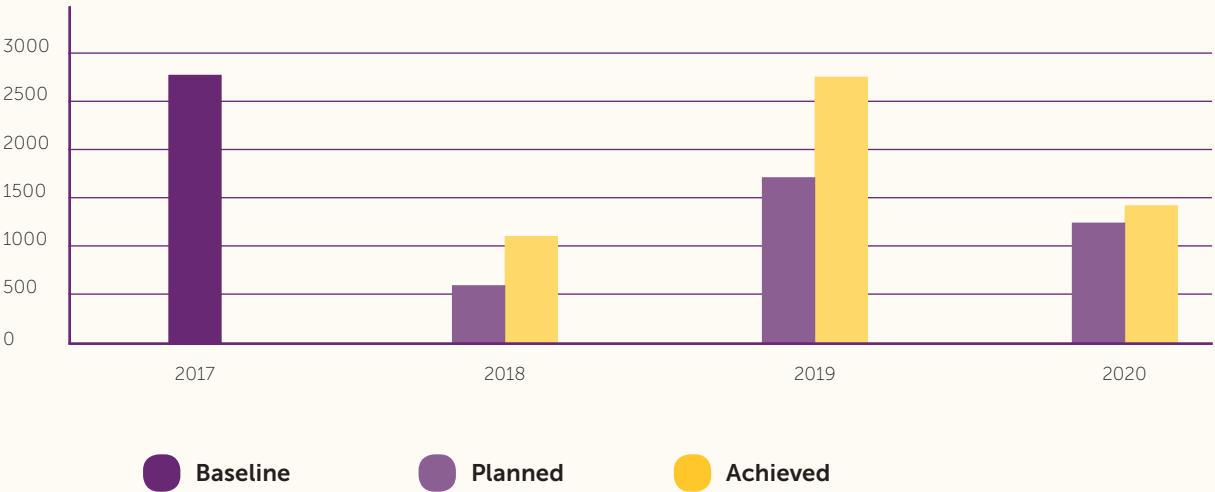
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Ethiopia, capacity building trainings for 435 Regional Attorney General and the Bureau of Women, Children and Youth (BoWCY) staff were convened, with support from the Joint Programme. The trainings strengthened the quality of service provision, including psychosocial and legal services provided to among others, survivors of FGM.

STRENGTHENING COMPETENCY OF LAW ENFORCEMENT STAFF
(I.E., POLICE OFFICERS, PROSECUTORS, AND JUDGES) TO APPLY LEGISLATION ON FGM

Throughout Phase III, the Joint Programme has exceeded annual targets for the number of actors in the justice sector, whose capacity is built to apply FGM legislations. Due to COVID-19, in 2020, the Joint Programme leveraged digital technology to conduct mobile surveys, risk communication and community engagement (RCCE), as well as remote training of frontline workers. Actors in the justice sector also benefited from remote training through digital means, including mobile phones. While the number of actors that received training and technical guidance was lower in 2020 compared to 2019, due to the pandemic, it is noteworthy that in 7 countries – Burkina Faso , Ethiopia, The Gambia, Guinea Bissau, Kenya, Senegal, and Uganda - the number of law enforcement staff who received capacity building support in the justice sector actually increased in the reporting year.

Figure 3: Number of law enforcement staff (Police, Prosecutors, and judges) competent to apply the FGM law



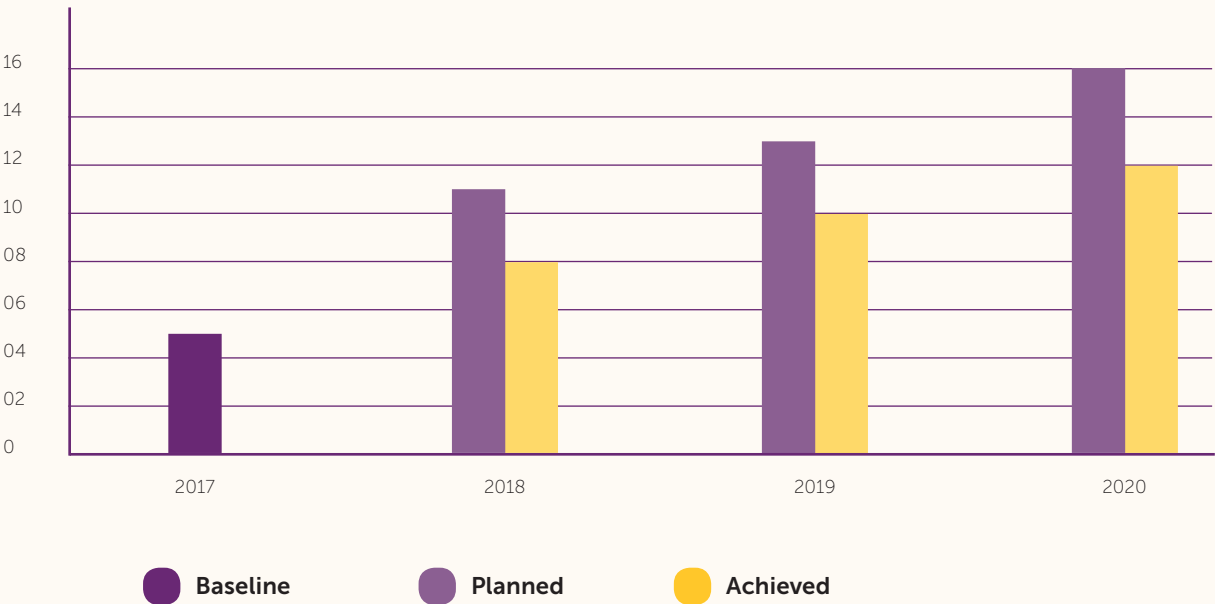
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Ethiopia, trainings are undertaken for woreda level justice professionals (i.e., police officers, judges, and prosecutors) with support from the Joint Programme. The training content covers investigation techniques responsive to the needs of girls and women, conducted by staff from the regional Justice Organs Professionals Training Center (JOPTC). JOPTC provides training to incoming judges and prosecutors as well as in-service magistrates to ensure a coherent, just and effective judicial system within Ethiopia.

INCLUSIVE DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED NATIONAL ACTION PLAN TO END FGM WITH GOVERNMENT SECTORS, CIVIL SOCIETY ORGANIZATIONS (CSOS), FAITH-BASED ORGANIZATIONS (FBOS), AND OTHER ACTORS, THAT ENSURE NO ONE IS LEFT BEHIND

With the onset of COVID-19 pandemic, initiatives aimed at developing costing national action plans (NAPs) were put on hold as governments reallocated the available limited resources to the pandemic response measures. As such, the Joint Programme 2020 target of 16 countries could not be achieved. However, this notwithstanding, two new countries, Sudan and The Gambia, introduced costing NAPs during the pandemic, increasing the number of countries with NAPs from 10 in 2019 to 12 (see Figure 4).

Figure 4: Number of countries with evidence-based costing national plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations and other actors



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



Sudan & the Gambia finalized costing FGM Strategy & Action Plan



©UNFPA The Gambia

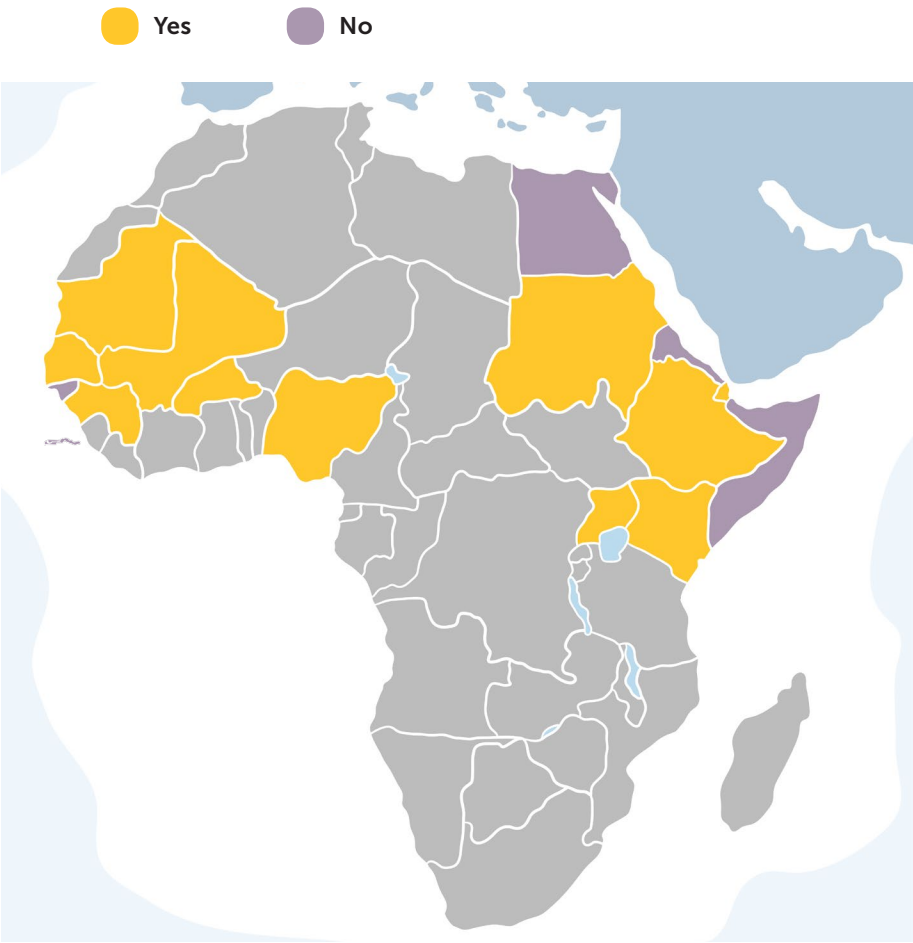
During the reporting year, Sudan launched its costing FGM Strategy and Action Plan (2020-2030), which was finalized by the NCCW following consultation meetings with State Councils for Child Welfare and partners. Similarly, The Gambia Ministry of Women, Children, and Social Welfare in partnership with the Joint Programme and other stakeholders finalized the costing National FGM Strategy and Plan of Action for the Elimination of FGM (2020-2025). The new FGM Strategy builds on existing gains, addresses emerging gaps and

challenges, including FGM medicalization, and provides a foundation for further actions to ensure the elimination of FGM in The Gambia. Government leadership in programming for the elimination of FGM was strengthened through coordination meetings between the National Technical Committee, the National Steering Committees, and working with the non-governmental organization (NGO) consortium to develop the strategy and plan of action.

COUNTRIES WITH NATIONAL BUDGET LINE FOR PROGRAMMES ADDRESSING FGM

In 2020, only 11 countries supported by the Joint Programme reported having a national budget line for programmes addressing FGM. Due to COVID-19 impact on national budgets, in 2020, in addition to the 10 countries that had anational budget line for programmes addressing FGM in 2019, only one country was added, Mauritania. As a result, the 2020 target of 14 countries was not met. It is noteworthy that, more than a year into the COVID-19 pandemic, 90 percent of countries are still reporting disruptions in health services.¹³As governments respond to a global health crisis that continues to unfold, it has become increasingly challenging to advocate for a national budget line for FGM. In 2021, the Joint Programme will continue to deploy appropriate strategies to advocate for national budgets for FGM.

Figure 5: Mapping of countries that have established a national budget line for programmes addressing FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Mauritania has made significant progress towards the elimination of FGM. In less than a decade, the prevalence rate in the country has dropped by five percent. Also, commendably, the country’s 2020 Finance Act includes a budget line dedicated to the prevention of FGM, which will make it easier to track government investments in the elimination of the harmful practice. Moreover, a national strategy and draft law to address GBV was adopted in 2020 and both include specific provisions on FGM.



National budget line to support mobile courts



©UNICEF Uganda

In 2020, Burkina Faso, Ethiopia and Uganda reported the existence of a budget line that supports mobile courts. In Burkina Faso, mobile courts have proven successful in

prosecuting the perpetrators of FGM, while fostering dialogue in the communities about the need to end the practice.¹⁴

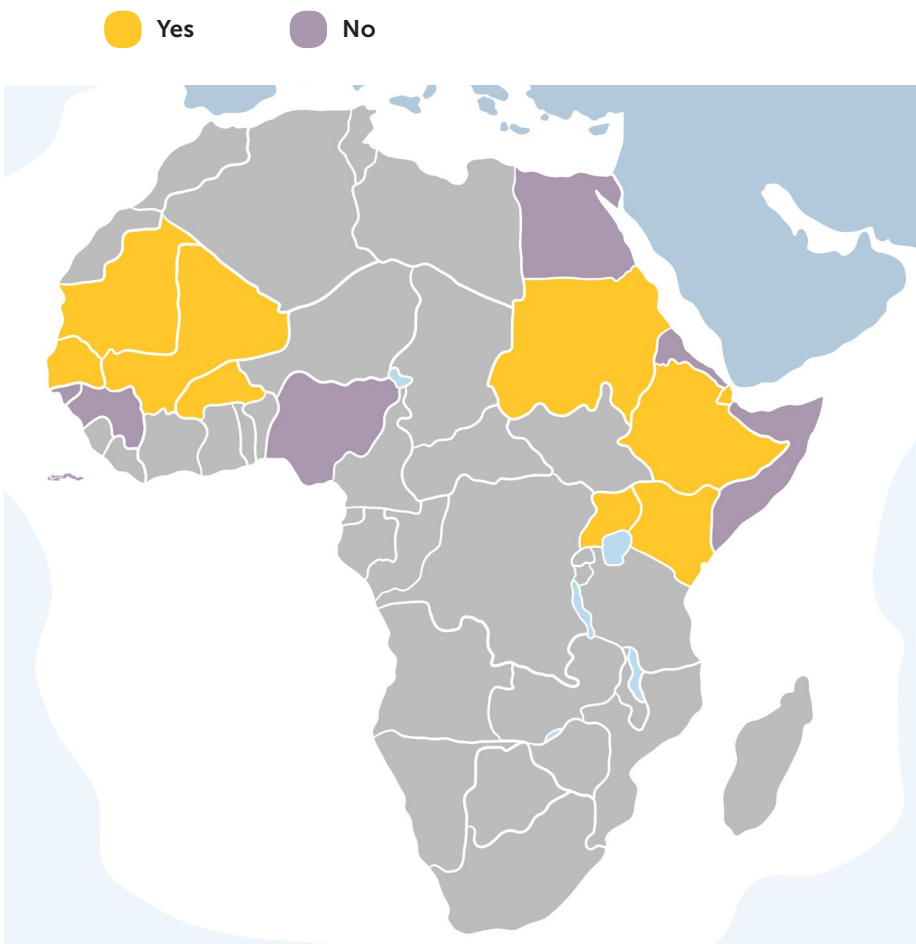
¹³World Health Organization, News Release. (April 2021) <https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-essential-health-services-in-90-of-countries>

¹⁴Wouango, Josephine, Susan L. Ostermann, and Daniel Mwanga. 2020. When and how does law effectively reduce the practice of female genital mutilation/cutting? Evidence to End FGM/C: Research to Help Girls and Women Thrive. New York: Population Council.

UTILIZATION OF NATIONAL BUDGET LINE FOR PROGRAMMES ADDRESSING FGM

In 2020, 9 countries out of 13 planned, utilized at least 50 percent of their national budget line allocated for the elimination of FGM. This shortfall was largely attributed to countries prioritising COVID-19 response measures at the expense of FGM elimination initiatives. This was particularly the case in Guinea, one of the countries that had utilized 50 percent of their national budget line for FGM in 2019, but failed to do so in 2020, citing COVID-19 as one of the reasons for this shortfall.

Figure 6: Countries that utilized at least 50% of the national government budget line for FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

FUNCTIONAL NATIONAL MECHANISM FOR MONITORING FGM PROGRAMMES

To be more effective, countries confronted with the practice of FGM must implement convergent, complementary and synergistic programs. In this sense, a functional national mechanism for monitoring programs aimed at eliminating FGM must include at least:

- National administrative data on FGM,
- National coordination body/committee for FGM programmes, and
- Annual implementation review system for FGM programmes



National administrative data on FGM

Data is critical for ensuring programme responsiveness in target areas, especially where girls and women are the most vulnerable to FGM, and for survivors who are not accessing comprehensive services. Since the inception of Phase III of the Joint Programme, there are 13 countries with national FGM administrative data. During the reporting period, two additional countries had been envisaged, but due to COVID-19 disruptions, this target was not achieved. The pandemic slowed down the momentum of the Joint Programme and its partners, which were already making significant progress in introducing national administrative data.

Additionally, in countries where national FGM administrative data systems exist, data collection and analysis were impeded during the reporting period. This was due to frontline service providers in most countries being reassigned to respond to the COVID-19 crisis, while in other instances data collection shifted to capturing the number of girls and women who experienced GBV without disaggregating the data on FGM. A key lesson learned in 2020 is that lack of real-time data on FGM posed significant challenges, including missed opportunities for timely intervention and decision making by policymakers.¹⁵



National coordination body/committee for FGM programmes

During the reporting period, national coordination mechanisms proved invaluable in responding to girls’ increased risk of FGM during the pandemic. coordinating with other sectors to respond to the heightened risk of GBV and violence against children (VAC) due to the pandemic containment measures. For instance, as part of the implementation of the two global programmes to accelerate on the elimination of FGM and child marriage, UNFPA and UNICEF strengthened their joint interventions in Burkina Faso in 2020, considering the context of COVID-19 and the growing security challenges in the country.

¹⁵UNICEF East and Southern African (ESARO) report (draft).

The 3 pillars of the UNFPA-UNICEF inter-agency collaboration in Burkina Faso are:



Joint programming of FGM and child marriage interventions,
including consultative meetings to update the situation analysis on the topics, identification of appropriate strategies to accelerate interventions, key actions and geographical areas of intervention.



High-level advocacy actions planned and carried out jointly with the highest decision-making authorities,
which have been one of the driving forces behind the government of Burkina Faso's strong commitment to promoting the elimination of FGM and GBV.



Coordinated implementation,
joint reporting and documentation of actions and results obtained, including consultations to undertake studies and research, capacity building of actors (government and civil society), joint field visits, joint development of communication and visibility material, documentation and a joint report on actions and results.

The fruitful intersectoral collaboration between protection and health programs has helped meet some of the specific development needs of adolescent girls, especially in areas with security challenges. Indeed, interactions with the health sector have enabled adolescent girls to benefit from awareness sessions and life skills on food, nutrition and treatment of GBV.



National coordination body/committee for FGM programmes

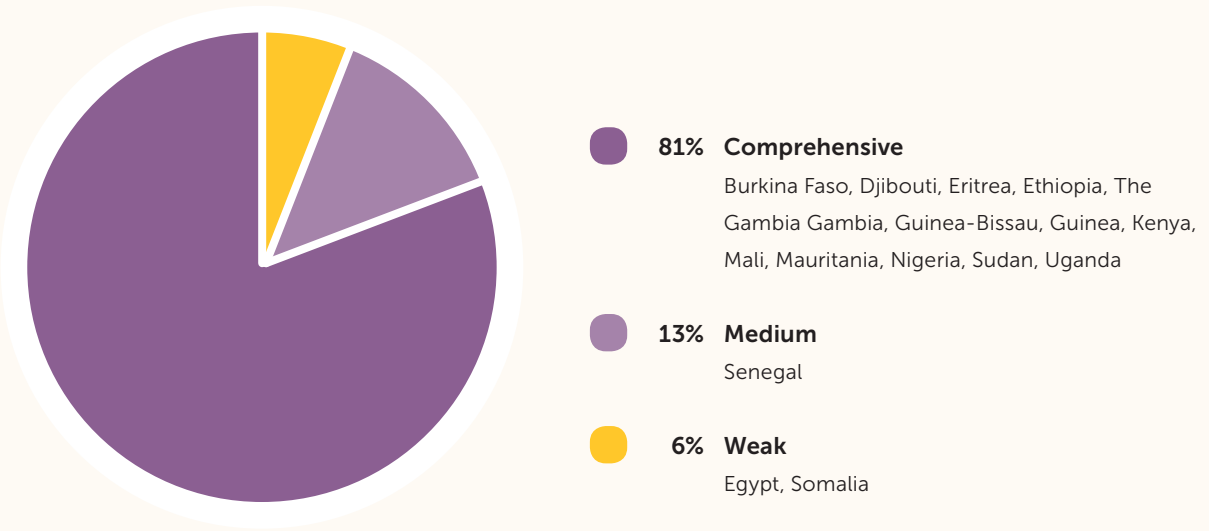
The number of countries with annual implementation review systems increased to 14 in 2020 from 12 in 2019. The two countries that newly introduced annual implementation review systems in 2020 were The Gambia and Guinea.

The Gambia developed an FGM Strategic Plan (2021 – 2025) in 2020, highlighting the commitment of government and civil society to end FGM, and ensure a coordination mechanism is in place for all stakeholders working to eliminate the practice. Since 2013, there has been a growing increase in the number of institutions involved in the campaign against FGM in The Gambia. The Strategic Plan, therefore, is envisaged to serve as a guiding framework for programming, learning, resource allocation, and monitoring, all aimed at reducing FGM prevalence rates in country.

In Guinea, despite the pandemic and the associated response measures, the Joint Programme was able to adapt and adjust its intervention strategies through evidence-based decision making. To increase the generation of evidence and improve programming, real time data collection was established with Kobo Collect platform. Capacity building initiatives (training, provision of telephones and connection credit) were organized for 176 actors – 56 women, 66 social workers (including 12 women) and 110 members of the structures of the protection system (including 44 women) – at regional, prefecture and commune level. As a result:

- 18 cases of FGM were prevented and notified via the Kobo Collect platform by the protection system; and
- 8 cases were referred to the judicial system by OPROGEM¹⁶ and BSPPV¹⁷, including 3 trials and sentences.

Figure 7: **Distribution of countries that have in existence a functional national FGM monitoring mechanism**






Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



¹⁶ Office de protection du genre, des enfants et des mœurs (Office for the Protection of Gender, Children and Morals)

¹⁷ Brigade Spéciale de Protection des Personnes vulnérables (Special Brigade for the Protection of Vulnerable Persons)

	Comprehensive A country has national administrative data on female genital mutilation, a national coordination body or committee, and an annual implementation review system.
	Medium Two of three components of a functional national monitoring mechanism are in place.
	Weak The country has only one or none of the three components of a functional national monitoring mechanism.



Output 1.1: Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM

During the reporting period, several regional initiatives were supported by the Joint Programme. These included:

MIDDLE EAST AND NORTH AFRICA

- The Joint Programme conducted a regional mapping to identify FBOs. The mapping will be used to expand the work of Shamekhat Network, a regional FBO established by the Joint Programme to engage religious leaders in changing social norms related to FGM.
- Also, the Joint Programme supported the League of Arab States in organizing a regional summit on “Empowering Girls,” which was attended by 13 Arab Member States, as well as regional and international organizations. The summit was an opportunity for the participants to share good practices and lessons learned related to the elimination of FGM, such as life skills programmes; economic empowerment,

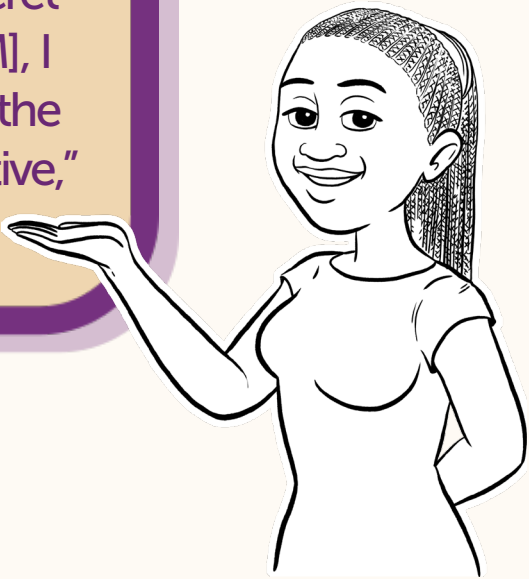
including entrepreneurship programmes and financial literacy; and the role of girls in peacebuilding and dialogue to counter violence, extremism and hate, especially in humanitarian contexts; as well as providing girls with safe spaces.

EASTERN AND SOUTHERN AFRICA

- The Joint Programme finalized research on cross-border FGM, across Ethiopia, Kenya, Somalia, Tanzania, and Uganda. A regional costed action plan on cross-border FGM was developed based on the research findings.
- A virtual dialogue was co-organized with UN Women and the Council of Traditional Leaders in Africa to discuss the role of traditional leaders in advancing Sexual and Reproductive Health and Rights (SRHR), including FGM prevention and response programming during COVID-19.

“I knew the negative consequences of [female genital mutilation] from school when our teacher taught us biology. As soon as I heard my mother’s secret plan [to have me subjected to FGM], I escaped from home and reported the case to Kebele Women Representative,”

Makeya, Ethiopia



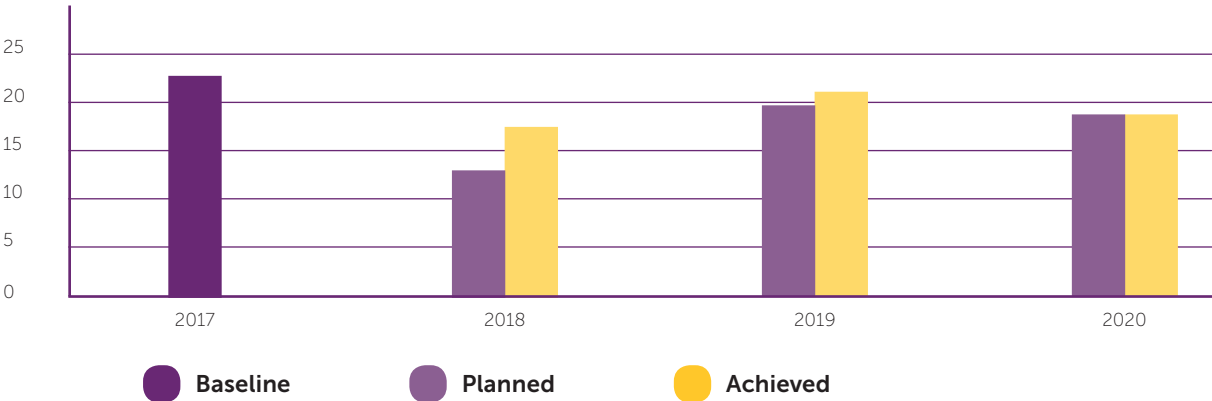


Output 1.3: Increased engagement of civil society and young people with policymakers for the elimination of FGM

ADVOCACY BY NATIONAL AND REGIONAL CSOS AND YOUNG PEOPLE'S NETWORKS CALLING ON POLICYMAKERS TO CHAMPION THE ELIMINATION OF FEMALE GENITAL MUTILATIONS

The Joint Programme met the 2020 target for this indicator, and in 2018 and 2019, actually exceeded the target. The following five countries increased the number of annual progress reports produced by CSOs and young people's networks that were presented to policymakers: Guinea-Bissau, Mali, Mauritania, Somalia and Sudan. Social accountability is a priority for the Joint Programme in strengthening ownership and accountability towards SDG target 5.3.

Figure 9: **Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people's network**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Mauritania, the Parliamentary Group for Social and Humanitarian Action, the Vice-President of the National Assembly, civil society activists, and representatives from different ministries developed a multisectoral strategy to address the socio-economic impacts of COVID-19 on vulnerable populations, as part of the national response to the pandemic. Eight multisectoral platforms to combat GBV (including FGM) were organized by the Ministry of Social Affairs, Childhood and Family Affairs (MASEF), which facilitated improved collaboration between actors, coordination in data collection, and the management of cases of GBV/FGM.

MEDICAL AND PARAMEDICAL ASSOCIATIONS ADVOCATING AGAINST THE MEDICALIZATION¹⁸ OF FEMALE GENITAL MUTILATION

The Joint Programme exceeded the target for number of medical and paramedical associations declaring FGM performed by health professionals as unethical; 73 associations made declarations denouncing the medicalization of FGM against the 16 planned target. Many of the relationships with medical and paramedical associations have been developed since the launch of the Joint Programme, and with anecdotal evidence emerging from the onset of the pandemic that girls were at an increased risk of FGM, champions for ending medicalized FGM were mobilized to speak out about health care providers exploiting the COVID-19 crisis to perform FGM.

The Kenyan Medical Association, which is a large membership of registered medical or dental practitioners in Kenya and the National Nurses Association of Kenya consider FGM an unethical practice and any member carrying out medicalized FGM will be banned from practicing medicine in Kenya. The number of doctors and midwives who sign up to become members and support the cause of the 'Doctors and Midwives against FGM initiatives has increased to 450 (279 female and 171 male) in 2020 from 140 in 2019.



Outcome 2: Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM

COMMUNITIES MADE PUBLIC DECLARATIONS TO ELIMINATE FEMALE GENITAL MUTILATION

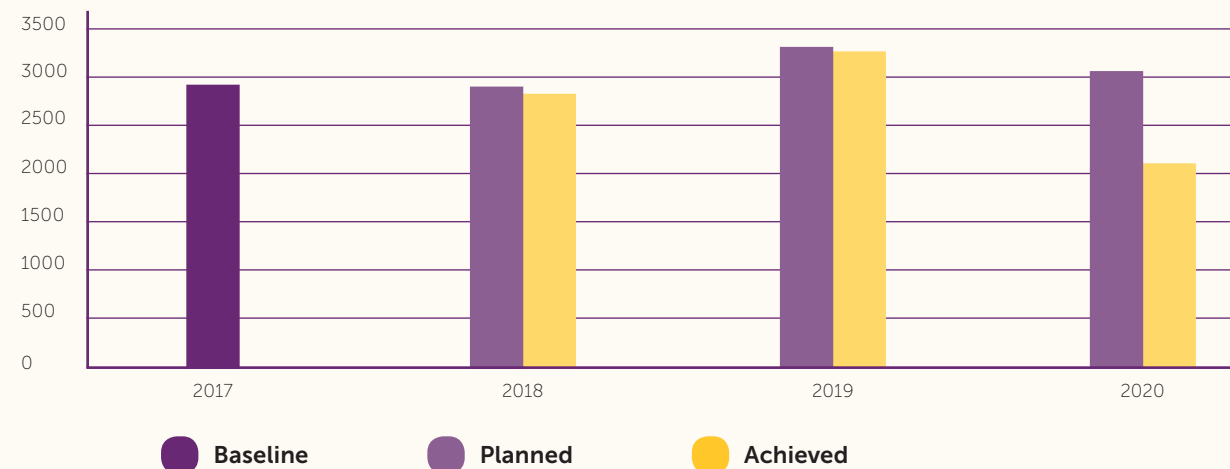
The number of communities making public declarations of FGM elimination in 2020 was less than expected given the social distancing measures introduced in most countries, which made large gatherings challenging. Public declarations involve a community-wide celebration, often bringing together local government, religious and community leaders, service providers, community-based organizations, media and community members to make an official pledge to end FGM.

In 2020, 2,156 communities involving 2,220,937 people made public declarations to abandon Female Genital Mutilation. The cumulative number of public declarations since 2008, when the Joint Programme was launched, is 30,182, and more than 42 million people engaged in these commitments.

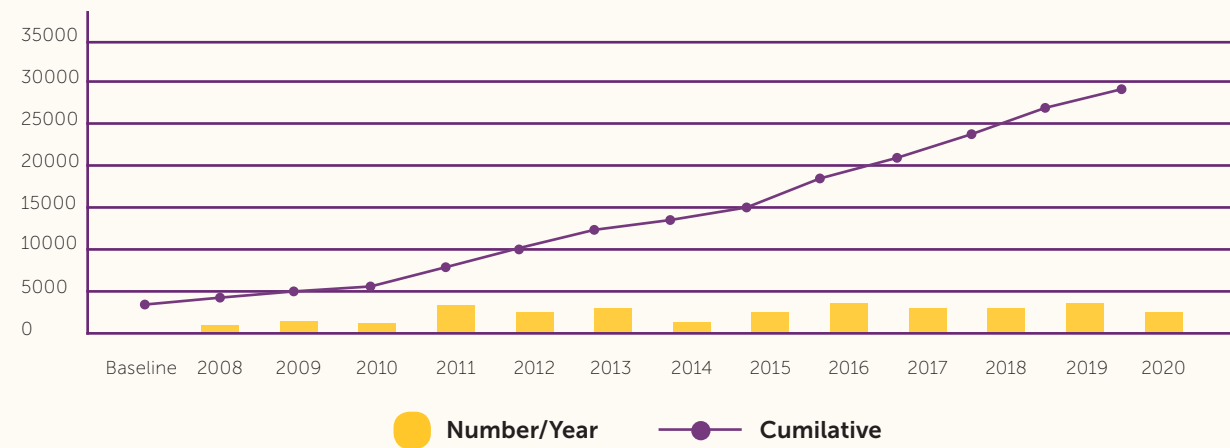


¹⁸Medicalization refers to situations in which FGM is practised by any category of health care provider, whether in a public or a private clinic, at home or elsewhere. UNFPA, UNICEF and WHO (2018).. Retrieved from <https://www.unfpa.org/resources/brief-medicalization-female-genital-mutilation>


Figure 10: Number of communities that have made public declaration of abandonmnet of FGM




Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



Women's Manifesto Opposing Female Genital Mutilation in Mauritania



©UNICEF Mauritania

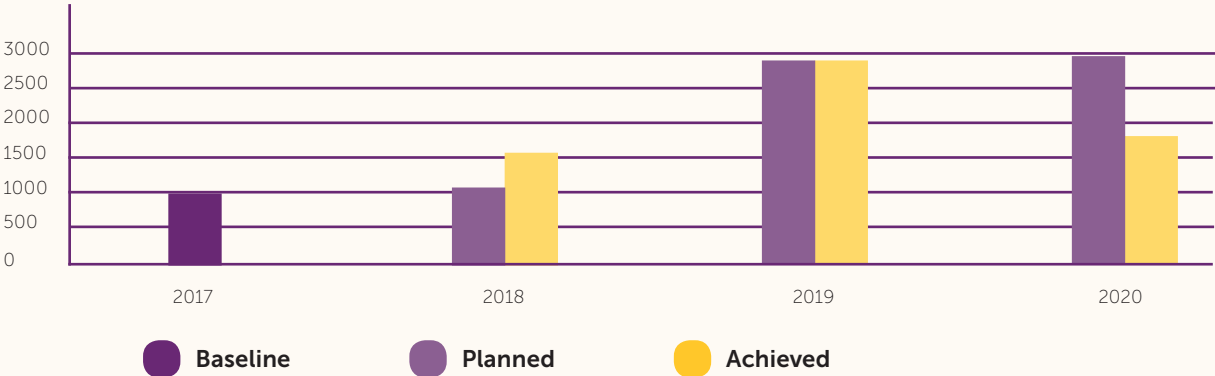
On February 6, International Day of Zero Tolerance for Female Genital Mutilation, ten influential Mauritanian women including parliamentarians, former ministers, lawyers, journalists, athletes, and artists jointly signed a manifesto titled 'say

NO to FGM'. As stated in the manifesto, "eliminating female genital mutilation means giving women and girls the means to be healthy, to continue their education, to make choices and to contribute to the economy".

COMMUNITY-LEVEL SURVEILLANCE SYSTEM MONITORING
COMPLIANCE WITH PUBLIC DECLARATION ON THE ELIMINATION
OF FEMALE GENITAL MUTILATION IN PLACE

In 2020, community-level surveillance systems were established across 14 countries. While the target for community-level surveillance systems was not met due to the pandemic, more than 60 percent of communities established surveillance structures following public declarations of FGM elimination. In some contexts, community surveillance systems were the only form of protection for girls at risk of FGM during the COVID-19 crisis. The pandemic has resulted in several countries integrating community surveillance as a non-formal protection system into the formal system.

Figure 11: Number of communities that have made public declaration of abandonment of FGM that have established community-level surveillance system to monitor compliance



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In support of improved coordination between ministries of gender and civil society in Kenya and Uganda, a WhatsApp group was created that enabled stakeholders to report and respond to cases of FGM in real-time. The WhatsApp group was set up to facilitate communications between leaders along the border of Kenya and Uganda, and has been partly responsible for many of the rescue initiatives of girls crossing into Kenya to undergo FGM.

In Mali, 317 new village communities in Kayes, Ségou and Koulikoro signed public declarations of FGM elimination. Each village community has set up an 'early warning alert and respond' community networks to monitor cases of FGM following public declarations. The networks are run by adolescent girls and young people, and in 2020 prevented 165 girls from undergoing FGM.

Nigeria adopted an innovative approach to public declarations, by broadcasting community pledges on the radio. Greater emphasis is being placed on community surveillance, which is a more tangible measurement for whether the practice has ended, as communities establish monitoring mechanisms following public declarations that ensure girls are protected from FGM, by reporting cases to the authorities.



An Smartphone App for Reporting Female Genital Mutilation in Kenya



©UNFPA Kenya

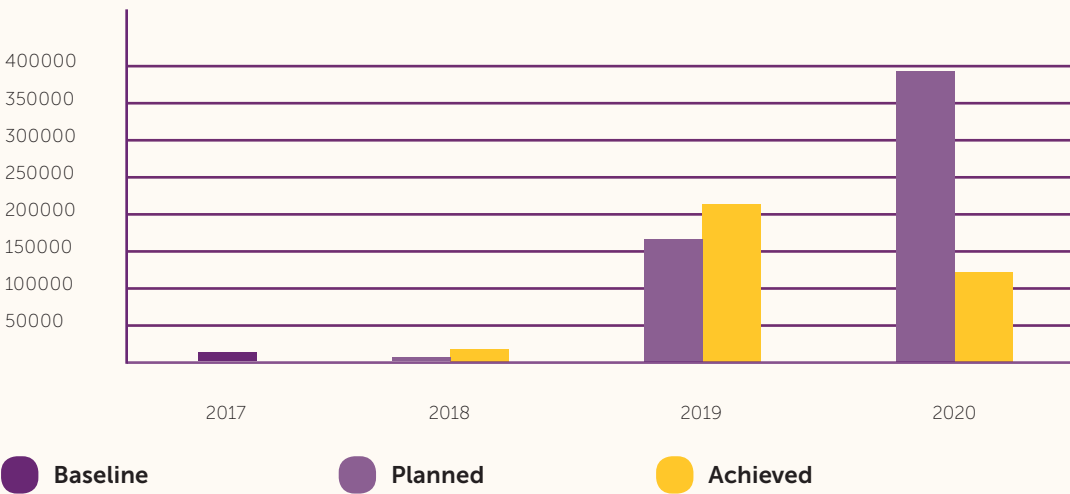
In Kenya, the app "Pasha" developed with support from the Joint Programme facilitates reporting not only on FGM, but also violence against children. It enables users to connect to the nearest service providers including legal aid. It also provides the status on reported cases

of FGM and highlights any bottlenecks in case management thus strengthening the accountability of the police, public prosecutors, village chiefs, and health and education officials. The app is managed by the Anti-FGM Board in Kenya. and is now available on Google Play.

COMMUNITY SURVEILLANCE MECHANISMS WHICH SAVED GIRLS FROM FEMALE GENITAL MUTILATION

While in previous years the Joint Programme exceeded the target on the number of girls prevented from undergoing FGM, in 2020 the target was not met. The primary reason is COVID-19 and the disruption in services. Health care providers and law enforcement pivoted to respond to the pandemic and social workers were initially designated as nonessential. As a result, even in communities where community surveillance structures identified a girl at risk of FGM, in some contexts, community members were unable to report cases.

Figure 12: Number of girls saved from FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Kenya, a total of 20,348 girls ages seven to 18 years were prevented from undergoing FGM. This number includes 9,348 girls who participated in life skills, mentoring and completed alternative rites of passage (ARP). The number of girls graduating from ARP has increased from 7,372 in 2019 to 9,348 in 2020.

In Mali, community networks were established involving adolescent girls and young people in Kayes, Koulikoro, Sikasso, Ségou and Bamako. Through these networks, 4,820 people (1,027 men, 2,791 women, 338 boys, and 664 girls) participated in awareness-raising sessions. Members of Child Protection teams in these locations prevented 165 girls, ages 0-9 years, from undergoing FGM.

Community interventions in Guinea included awareness-raising activities through education sessions on GBV and FGM, carried out by members of the community surveillance structures, NGOs and young leaders. In 2020, awareness-raising activities reached 2,047,137 people including 403,429 men, 743,709 women, 422,000 boys and 478,000 girls. Through community surveillance structures, 5,474 girls aged zero to 14 years were identified as vulnerable to FGM. These girls are supported by 522 female mentors and women leaders in their communities in transitioning from childhood to adolescence without undergoing FGM.

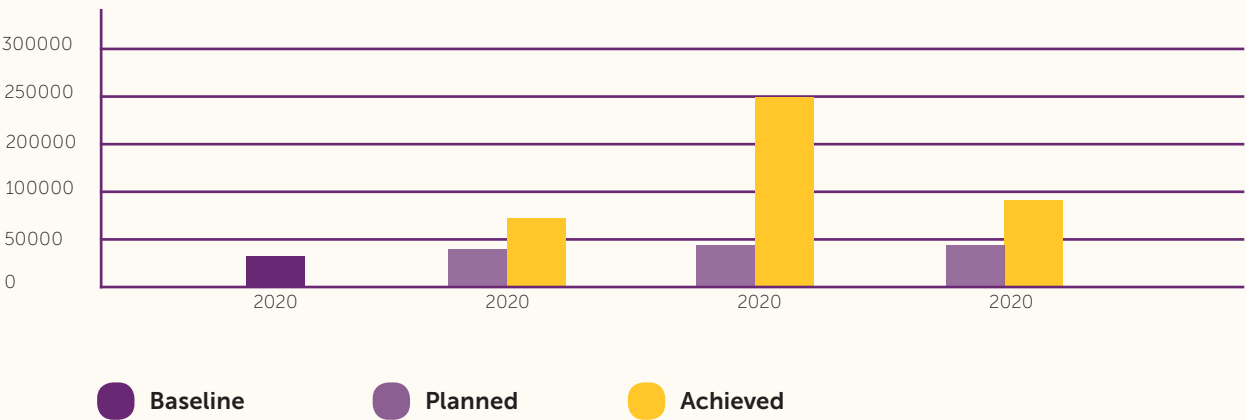
SUPPORTING ENABLERS OF SOCIAL NORM CHANGE IN COMMUNITIES



Girls become change agents after completing a capacity development package

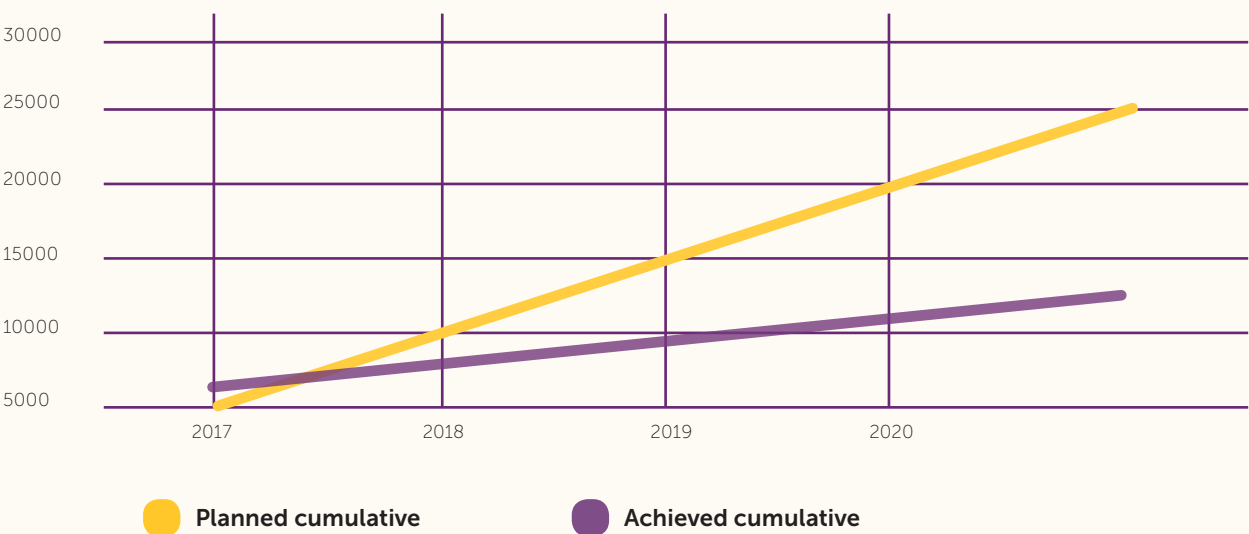
Within the Phase III timeframe, the Joint Programme has exceeded the target for the number of communities which provide capacity development packages including life skills and ARP programmes. This programmes include comprehensive sexuality education offered through school or community-based clubs. This has been attributed to the Joint Programme’s emphasis on gender-transformative approaches, including strengthening girls’ agency and empowerment, while in some communities, the school closures due to COVID-19 pandemic meant that clubs were the only social activity available to adolescents. As such, in 2020, despite the challenge posed by COVID-19, the number of communities where girls became change agents after completing a capacity development package was 3,622, overly exceeding the annual target of 1570.

Figure 13: Number of communities where girls become change agents after completing a capacity development package



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Figure 14: Projection of the number of communities where girls that have completed a capacity development package and are expected to become change agents based on actual performance (2018, 2019 and 2020), compared to planned targets



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Over 10,354 (6,396 females and 4,958 males community champions/role models including girls and women who have not undergone FGM, survivors, parents, religious leaders, politicians, academics, and professionals from the education, health, social services, and justice sector mentored and empowered girls through life skills programmes that reached 99,436 girls and women in Kenya.

In Senegal, 320 girls participated in initiatives that contributed to building their leadership competencies, and advocating against FGM, such as girls' clubs, the Grandmother Project's holistic development program for girls, and a programme called "building communities free from FGM."

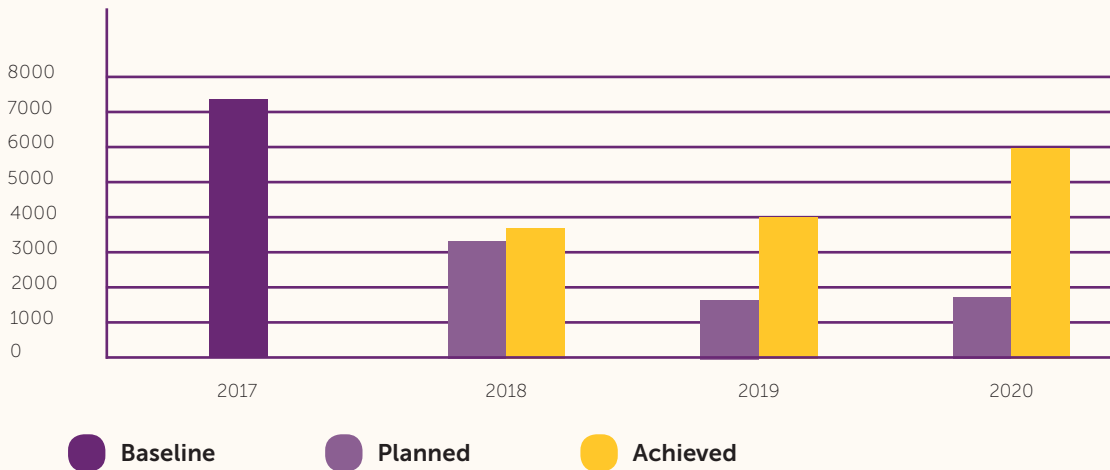
The Ministry for National Education in Mauritania provided capacity building to 24 teachers, on the use of educational tools for the launch of a pilot programme on reproductive health, including FGM, in secondary schools.

In Burkina Faso, life skills programmes included 10,595 awareness sessions on SRHR and FGM for adolescents and young people, reaching approximately 47,600 girls.

RELIGIOUS LEADERS PUBLICLY DELINK FEMALE GENITAL MUTILATION FROM RELIGIOUS REQUIREMENTS

The target number of communities where religious leaders delinked FGM from religious requirements has been exceeded throughout Phase III. This particular intervention is critical in shifting social norms in countries where FGM as a harmful practice is justified as a religious requirement. With the exception of Mali, where religious leaders remain resistant to eliminating FGM, all countries where the Joint Programme is being implemented worked with religious leaders, some using digital platforms, to reach communities. Religious leaders, as community gatekeepers, can strongly influence shifts in social and gender norms. Eight countries increased the number of religious leaders they worked with in 2020 including Burkina Faso, Egypt, Eritrea, Gambia, Guinea-Bissau, Kenya, Nigeria, and Uganda.

Figure 15: Number of communities where enablers of social norm change are in place: Religious leaders' public statements delinking FGM from religious requirements



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Mauritania, 100 Imams were mobilized through the Network of Oulemas RIOPEAB (Network of Imams and Ulemas for the Protection of Children and Charitable Actions), who made public statements de-linking FGM from religious requirements.

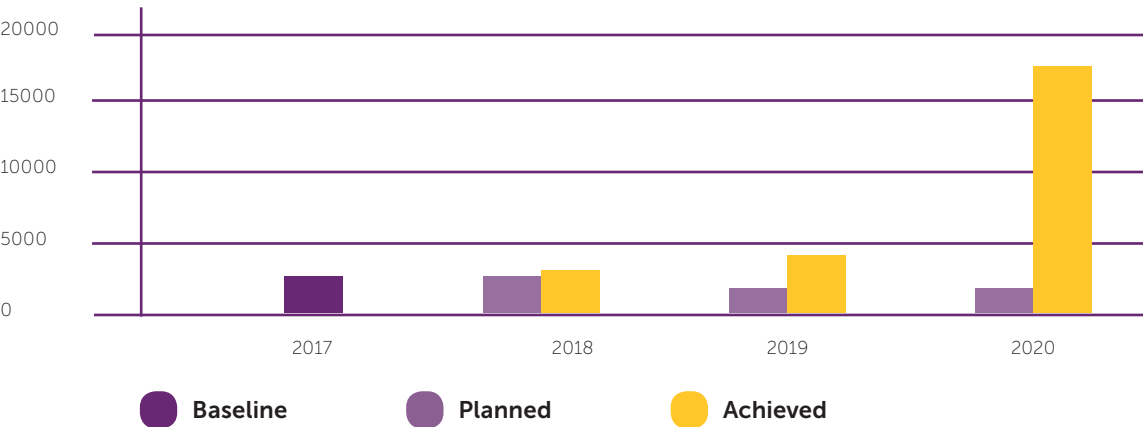
In Somalia, 148 religious leaders (30 women and 118 men) educated their peers and conducted education sessions about how Islam does not support FGM.

At the regional level, the Joint Programme partnered with the African Council of Religious Leaders (ACRL) to develop guidance on how to engage and communicate with religious leaders about FGM during the COVID-19 crisis. Through this collaboration, a well-known speaker from Al Azhar University in Cairo led a webinar on addressing religious misconceptions around FGM in Somalia.

COMMUNITY LEADERS/TRADITIONAL RULERS PUBLICLY DENOUNCE FEMALE GENITAL MUTILATION

The Joint Programme has exceeded targets on this indicator every year since the launch of Phase III, and the number reached in 2020 was significantly higher compared to 2018 and 2019. This intervention was implemented in 14 countries, with two countries showing a significant increase in the number of community leaders/traditional rulers publicly denouncing FGM: in Burkina Faso, there was an increase by 82 percent compared to 2019, and in Uganda there was a 75 percent increase compared to the previous year.

Figure 16: Number of Communities where enablers of social norm change are in place: Community/Traditional rulers publicly denounce FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Kenya, the Borana, Rendille, Orma, Wardei and Somali communities made public declarations pledging to end FGM, with 317,896 persons (165,306 females and 152,590 males) participating in programmes aired on local vernacular radio stations. The proportion of communities that made public declarations has increased from 20 percent in 2019 to 60 percent in 2020. Positive changes include the engagement and acceptance of religious and community leaders in supporting the elimination of FGM. This is demonstrated by the increased percentage of religious leaders making public statements to end FGM from 80 percent in 2019 to 87 percent in 2020, as well as the community leaders from 20 percent in 2019 to 33 percent in 2020. The five new public declarations resulted in a total of 1,654 girls declared safe from FGM.



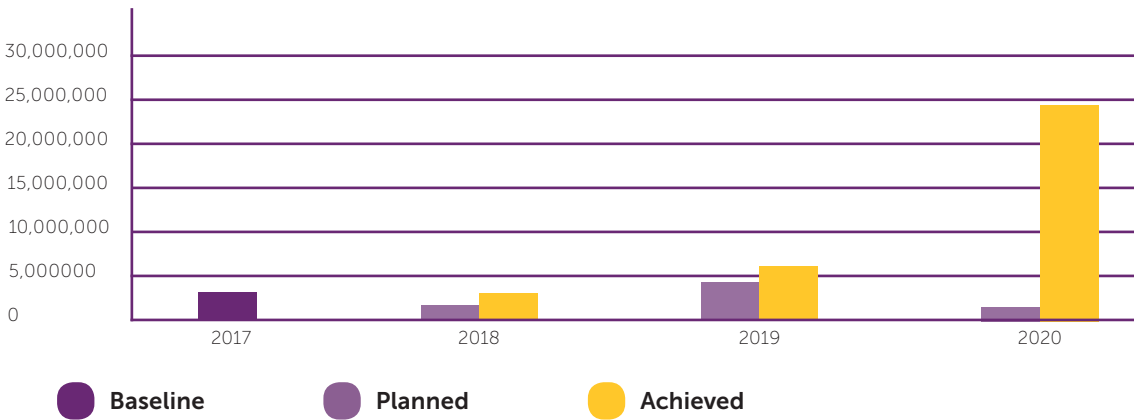


OUTPUT 2.1: Improved community and interpersonal engagement to address and amplify social and gender norms transformation

EDUCATION, SENSITIZATION AND SOCIAL MOBILIZATION PLATFORMS PROMOTING THE ELIMINATION OF FEMALE GENITAL MUTILATIONS

Since the launch of Phase III, the Joint Programme has managed to exceed targets related to this indicator. During the COVID-19 crisis in 2020, as access to communities was increasingly restricted, countries adapted and innovated to ensure continued engagement with communities using mass and social media, often integrating messages about FGM into RCCE campaigns about GBV and COVID-19.

Figure 17: **Number of people who actively participated in education/sensitization/social mobilization promoting the elimination of FGM**



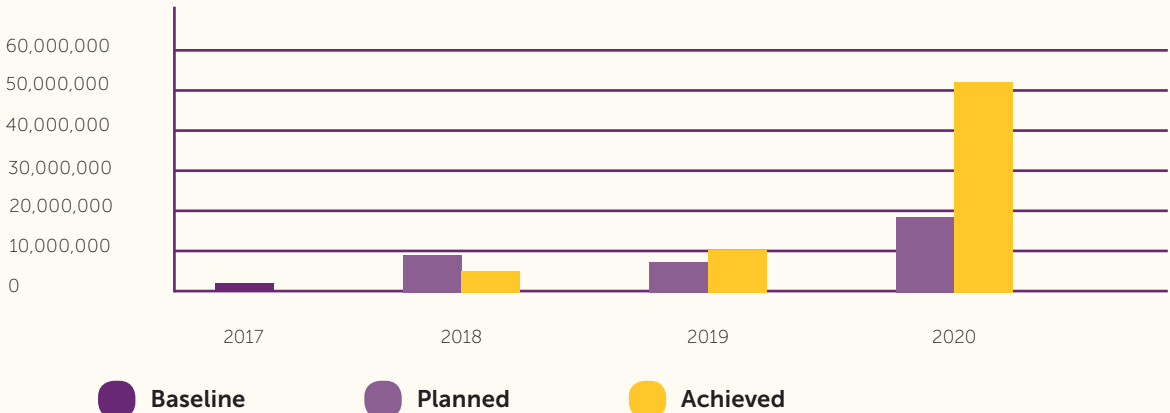
Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

In Mali, mass media and interpersonal communications promoted social and behaviour change despite the social distancing challenge. In 2020, 946,483 people were reached through 4,234 radio programmes; and 8,675 education sessions on the consequences of FGM were facilitated through community dialogues, Forum Theater, and home visits. Inter-community meetings were facilitated between 320 communities in Koulikoro, Dioila, and Ségou. These meetings made it possible to mobilize influential people, including village chiefs or their advisers, leaders of women’s associations and youth groups, community and religious leaders, and civil society. In Mali, the Joint Programme managed to reach 235,660 people.

REACHING MORE PEOPLE THROUGH RADIO/TV PROGRAMMES ON FEMALE GENITAL MUTILATION IN JOINT PROGRAMME TARGET AREAS

In 2019 and 2020, the Joint Programme exceeded the target for the number of people reached by radio and TV programmes on FGM. Again, disruptions in community-based interventions led to countries adopting innovative approaches to reaching communities at risk of FGM. The majority of people were reached through community radio.

Figure 18: **Number of listeners to radio/TV programmes on FGM in Joint Programme target areas**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

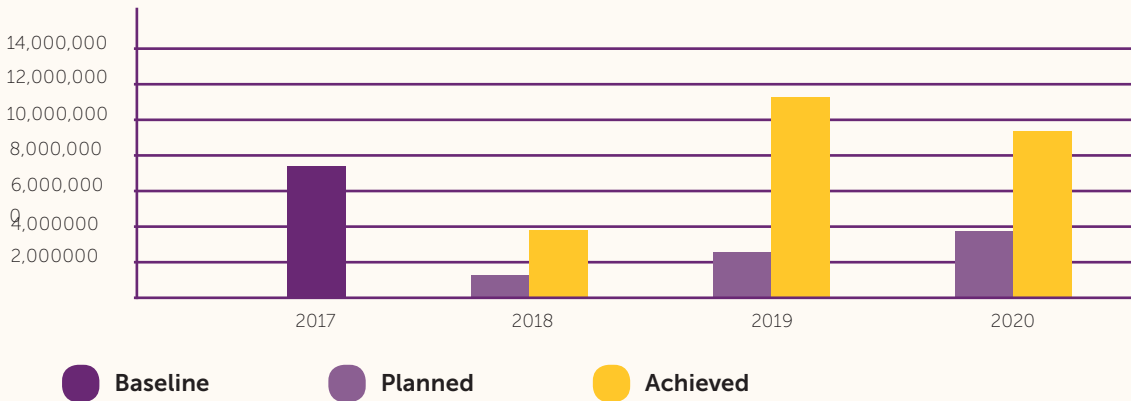
Over 24 vernacular community-based radio stations and two national television stations were used by the Joint Programme to meet the demand for information related to the elimination of FGM in Kenya. These engagements included radio/TV spots, live interviews, discussions, and call-in sessions that increased the number of listeners to radio/TV programmes on FGM in Joint Programme target areas, from 478,832 in 2019 to 655,002 in 2020. In particular, 85 percent of persons reached in 2020 supported their community discontinuing the practice, which is one way of stimulating positive internal discussions about ending FGM.

In Uganda, the Joint Programme conducted a cross-border dialogue that utilized a mixture of approaches including virtual (Zoom), video conferencing, television broadcasting, and social media engagement. The programme used UBC-TV, a national television with millions of viewers across the country. Also, the social media campaign for the cross-border meeting to end FGM during and post Covid-19 was livestreamed on Facebook and Twitter platforms using the hashtag #EndCrossBorderFGM. As a result, over 13.5 million people were reached (Impressions) with the messages across the East African region. Whereas at the district level, 10 talk shows were aired through local radios, reaching approximately 10,000 individuals across the FGM districts, in addition to 700 people who were reached through Facebook and twitter, with 13,182 direct followers.

THE POWER OF SOCIAL MEDIA IN MOBILIZING YOUNG PEOPLE AGAINST FEMALE GENITAL MUTILATION

Since the launch of Phase III, the Joint Programme has exceeded targets related to the use of social media. Social media is generally used to mobilize adolescents and young people, and provide opportunities for online civic engagement in supporting the elimination of FGM, as well as critical information about sexual and reproductive health rights (SRHR) and access to services.

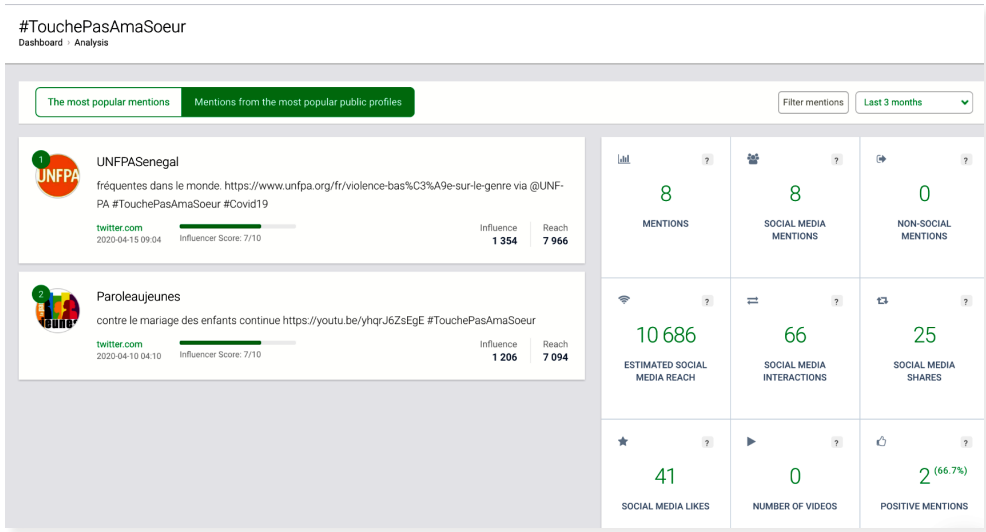
Figure 19: Number of interactions on social media activities related to FGM that are initiated with the Support of the Joint Programme



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

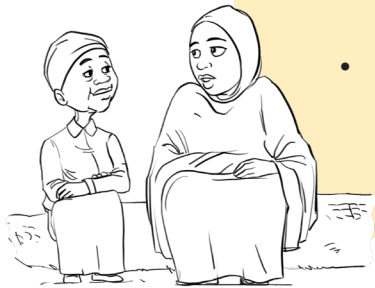
Leveraging the Joint Programme support, the QGJeune platform (www.qgjeune.org) in Burkina Faso, developed online content on life skills and FGM, supported interactive media campaigns for youth on SRHR issues, and offered an online health professional, who answers SRHR questions in real time. The website was designed to provide an online safe space for girls and women, and interactive learning tools. During 2020, 5,569 people were reached by QGJeune through Facebook; an FGM quiz was produced and posted on the platform; and messages on GBV prevention were posted by 70 QGJeune Ambassadors, in seven regions of Burkina Faso, as part of a youth outreach campaign. On Facebook, QG Jeunes has 26,000 subscribers and more than two million visitors to the site.

In Senegal, youth engaged as agents of change in the #TouchePasAMaSœur campaign to end GBV (including FGM), child marriage, and adolescent pregnancy. The #TouchePasAMaSœurs campaign reached 2,420,591 people from April to December 2020, including 1,822,836 people during 16 Days of Activism against GBV. An assessment of youth engagement in Senegal supported by the Joint Programme in 2020 found that the #TouchePasAMaSoeur campaign is making significant contributions to increasing awareness and shifting social norms related to FGM.



COMMUNITY-TO-COMMUNITY DIALOGUES ON ABANDONMENT OF FGM (WITHIN THE COUNTRY/CROSS-BORDER)

During the reporting period, 3,683 community-to-community dialogues were convened, a number significantly below the planned annual target of 13,144. This was largely due to travel restrictions and total lockdowns in some countries, which resulted into restricted movement of persons and affected community gatherings. Most activities involving community dialogues were between communities at risk of cross-border FGM, involving countries such as Burkina Faso, Djibouti, The Gambia, Guinea-Bissau, Kenya, Mali, Nigeria, Senegal, and Uganda.



- GUINEA BISSAU:** Transborder initiatives encourage communities living in the border areas of Guinea, Guinea-Bissau, and Senegal to strengthen joint efforts for preventing cross-border FGM.
- NIGERIA:** Visual mapping of communities that have made public declarations to end FGM is used to support cross-border planning for information sharing and joint interventions.
- SENEGAL:** Working with actors in border communities in Senegal and neighboring countries and facilitating joint actions to prevent cross-border FGM will also support community members in questioning FGM.



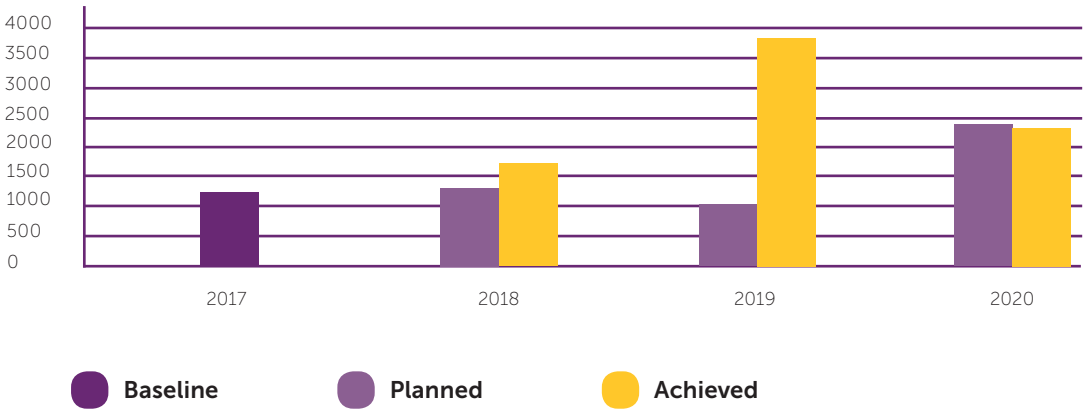


OUTPUT 2.2: Strengthened girls’ and women’s assets and capabilities to exercise their rights

CAPACITY DEVELOPMENT PROGRAMMES FOR GIRLS SUPPORTING THE ELIMINATION OF FGM

Although social distancing made it challenging to work directly with communities, the Joint Programme was able to achieve 97 percent of the targeted communities that implement a capacity development programme for girls. This intervention will remain a priority as the Joint Programme continues to strengthen girls’ agency and voice.

Figure 20: **Number of communities implementing a capacity package for girls related to FGM elimination**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

As presented in the graph below, more girls graduated from a capacity development package in 2020 than in 2018 even though the target for 2020 was not reached.

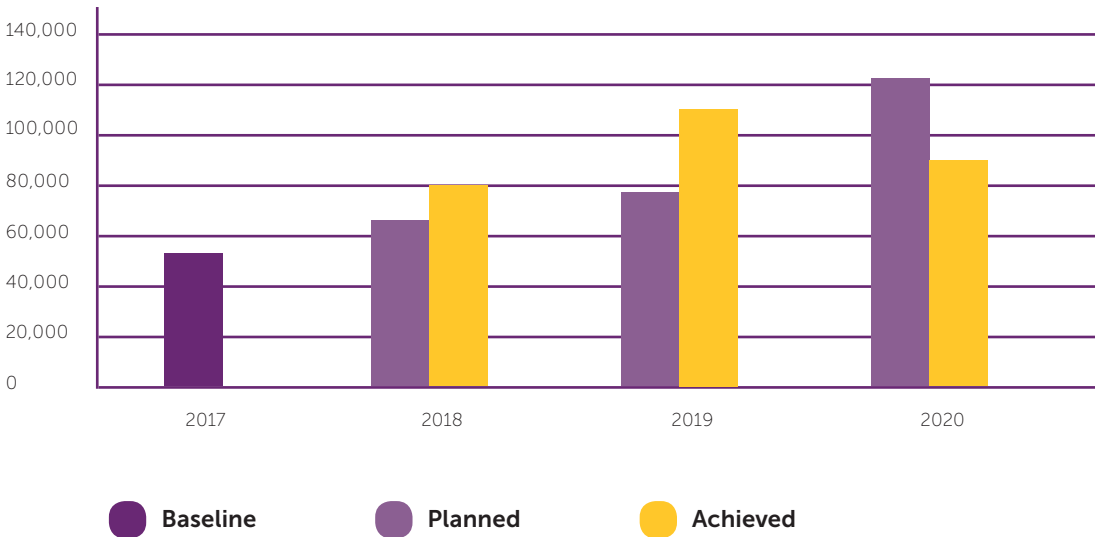


OUTPUT 2.3: Strengthened girls’ and women’s assets and capabilities to exercise their rights

MEN AND BOYS ENGAGEMENT AGAINST FGM IN THE JOINT PROGRAMME INTERVENTION AREAS

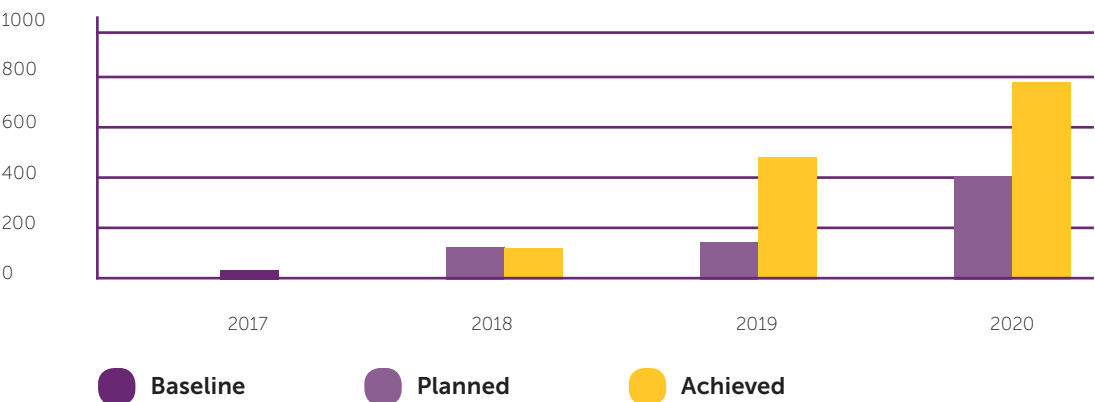
As it was in 2019, the Joint Programme once again exceeded the targeted number of intervention areas where men and boy’s networks/coalitions actively advocate for the elimination of FGM. This is attributed to the Joint Programme’s emphasis on positive masculinities, a strategic approach intended to enhance active engagement of men and boys in the advocacy for the elimination of FGM. For the Joint Programme examples on engaging men and boys, refer to the Report on Gender-Equitable Masculinities-The Role of Men and Boys in Preventing and Responding to FGM in the COVID-19 Context.

Figure 21: **Number of communities implementing a capacity package for girls related to FGM elimination**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

Figure 22: Number of Joint Programme intervention areas where men and boy’s networks/ coalitions actively advocate for the elimination of FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



OUTPUT 3: Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care

NUMBER OF GIRLS AND WOMEN WHO HAVE RECEIVED HEALTH SERVICES RELATED TO FGM

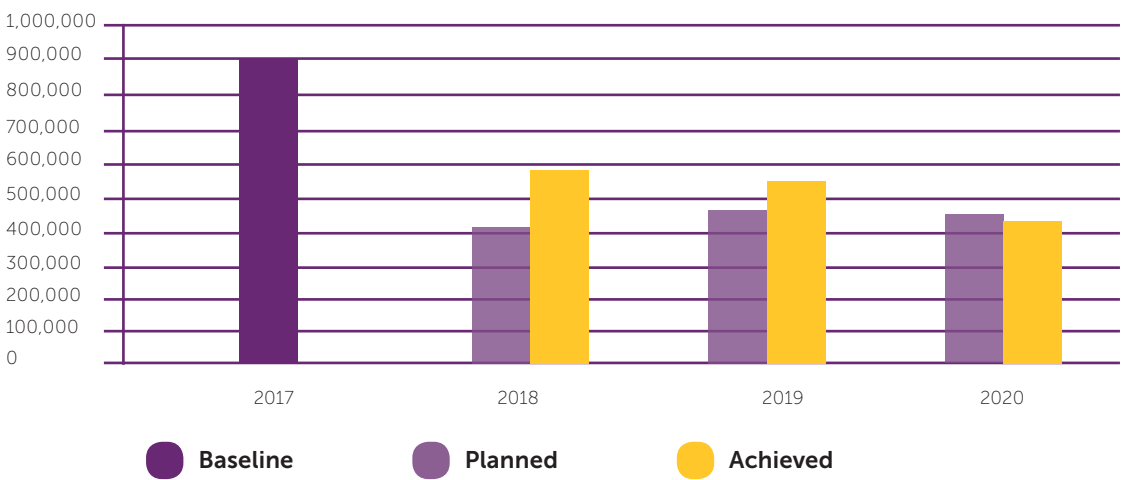
In 2020, 403, 748 girls and women received FGM health services, less than the annual target of 459, 046. As Neetu et al note, critical services, including health services, became either unavailable, deprioritized, or deemed non-essential during the COVID-19 crisis.¹⁹ Specifically, six countries reported a decrease in health care services: Burkina Faso, Egypt, Guinea, Senegal, Sudan, and Uganda.²⁰ As part of its response strategy to COVID-19 interruptions in health services, the Joint Programme advocated for the inclusion of FGM in national humanitarian response plans, which would support continuity of services. It is likely there was a period during the initial phase of the pandemic when girls and women were confined to their homes or services were unavailable. Projections show the Joint Programme exceeding the target for Phase III, which signifies noticeable shifts in seeking behaviors for health services related to FGM, as well as an increase in access to similar services by both survivors and girls and women at risk of FGM.

¹⁹John, Neetu et al. "Lessons Never Learned: Crisis and gender-based violence." *Developing world bioethics* vol. 20,2 (2020): 65-68. doi:10.1111/dewb.12261

²⁰Reports were provided in the Annual Report of the concerned countries where the Joint Programme is being implemented.



Figure 23: Number of girls and women who have received health services related to FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



©UNFPA Ethiopia

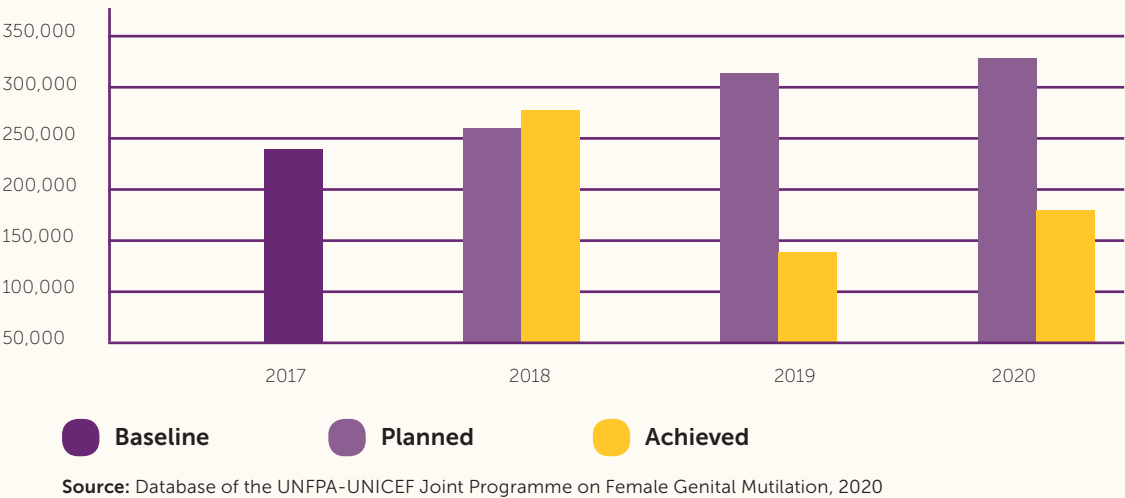
In Ethiopia, the Joint Programme ensured continuity of SRHR services, which were interrupted due to COVID-19 public health response. Support included providing training to 45 community-based Health Extension Workers and 319 health care providers, along with 258 trained birth

attendants on care services for girls and women affected by FGM, including mental health and psychosocial support (MHPSS). The trained health care workers reached 238,403 girls and women in 2020, providing front-line health care services.

NUMBER OF GIRLS AND WOMEN WHO RECEIVED SOCIAL SERVICES RELATED TO FGM

Despite the COVID-19 pandemic, the Joint Programme was able to support the provision of social services to 129,532 girls and women, more than what was achieved in 2019. Even if the annual target of 287,836 was not met, seven countries showed an increase in the number of girls and women accessing social services and these were: Djibouti, Egypt, Guinea-Bissau, Kenya, Mali, Mauritania, and Nigeria. Significant decreases were noted in Burkina Faso, Guinea, Senegal, and Uganda.

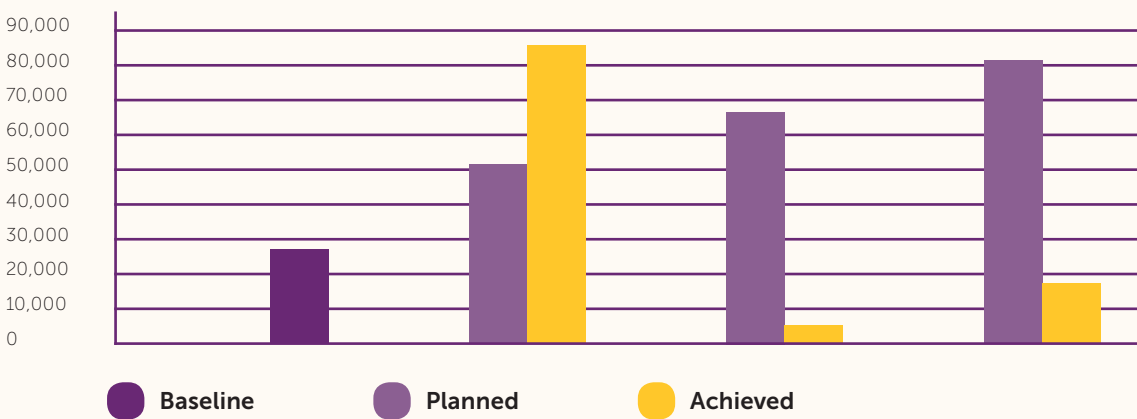
Figure 24: Number of girls and women who have received social services related to FGM



NUMBER OF GIRLS AND WOMEN WHO RECEIVED LEGAL SERVICES RELATED TO FGM

Also, during the reporting period, 16,380 girls and women received legal services related to FGM compared to 4,886 in 2019, even though in both years, the Joint Programme did not achieve the annual target. This shortfall was attributed to COVID-19 disruptions in legal service delivery. It is, however, important to also note that when countries received new reporting guidelines for this indicator in 2019, the numbers dropped. As such, in the post-Phase III, emphasis is envisioned to be given to efforts aimed at creating a common understanding of the indicators in the new reporting guidelines.

Figure 25: Number of girls and women who have received legal services related to FGM

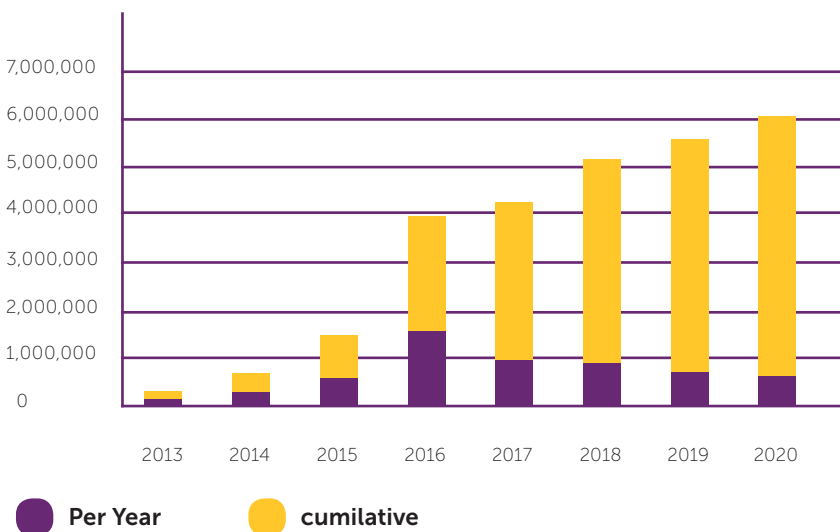


The Joint Programme supported capacity building trainings for Law Enforcement and Judicial Officers to apply anti-FGM Laws, one of the key strategies for the elimination of FGM in Nigeria. Since the launch of Phase III, there has been an increase in the number of officers trained to effectively apply these laws in accordance with the legal and regulatory provisions from 148 officers in 2018, to 252 in 2019, and 372 in 2020. The officers were selected from security agencies (Police and Nigeria Security and Civil Defence Corps), the Ministry of Justice (Prosecutors and Court Assessors), and the Judiciary (Magistrates and Judges). They were also selected from Local Government Areas where communities have made public declarations to end FGM and established community-level surveillance systems to monitor compliance. This capacity building approach is intended to strengthen the partnership between justice officials and communities in an effort to bringing perpetrators to justice.

To increase government commitment for the elimination of FGM through public financing, ownership and sustainability, an advocacy dialogue was also held with Ebonyi State Legislators for 22 lawmakers (seven females and 15 males). Sensitization and awareness-raising efforts about the prevalence and harmful effects of FGM, and the economic, social, and health costs of inaction were discussed. This spurred the legislators to make commitments to support End FGM awareness and sensitization campaigns in their routine engagements at the constituency level. The commitments included printing and disseminating additional copies of the Ebonyi State Violence Against Persons Prohibition Law 2018; review of the Law to better protect girls and women; and the passage of a budget for FGM; as well as women and child protection-related activities. As a result of these interventions, 16,069 girls and women received social and legal services, a significant increase from 4,564 girls in 2019.

Despite not reaching the target for 2020, the number of girls and women accessing legal services since 2013 has been steadily increasing. This is a positive trend, pointing to improvements in access and quality of legal services, which are critical in the prevention, protection, and care of girls and women who have survived FGM.

Figure 26: **Cumulative number of girls and women accessing legal services related to FGM**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

INJUSTICES: THE LINKS BETWEEN GBV, FGM AND VAC²¹

Discrimination based on gender, ethnicity, class, migratory, or disability status amplify vulnerabilities to violence. Although the fields of GBV and VAC developed separately, evidence highlights multiple intersections between the two including:

- **Unequal power relations:** Intimate Partner Violence (IPV), FGM, and violent discipline have common roots and risk factors, including gender inequality, unequal gender norms, and acceptance of violence.
- **Common underlying social norms:** Social norms condoning violence and/or reinforcing gendered power relations correlate with a higher risk of IPV, FGM, and VAC.
- **Co-occurrence:** IPV, FGM, and VAC often co-occur in the same household.²²

- **Intergenerational effects:** IPV, FGM, and VAC have gendered, intergenerational effects. Violent discipline and exposure to IPV in the childhood home both appear to increase the risk of violence in adulthood, either as victims or perpetrators, which in turn elevates the risk of violence for the next generation of children.
- **Common and compounding consequences:** Other common risk factors for IPV, FGM, and violent discipline include family stress, economic deprivation and disruption, lack of services for women, children and families, and weak legal sanctions against violence.

Evidence of common correlates suggests that consolidating efforts to address shared risk factors may help prevent these three forms of violence. Common consequences and intergenerational effects suggest a need for more integrated early intervention. Adolescence falls between and within traditional domains of both fields and deserves greater attention. Opportunities for greater collaboration include preparing service providers to address multiple forms of violence, better coordination between services for women and for children, school-based strategies, parenting programmes, and programming for adolescent health and development. There is also a need for more coordination among researchers working on GBV, FGM, and VAC as countries work towards the 2030 SDGs.



²¹Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*, 9, 31516. <https://doi.org/10.3402/gha.v9.31516>

²²The association between female genital mutilation and intimate partner violence. Salihu HM, August EM, Salemi JL, Weldeselasse H, Sarro YS, Alio AP *BJOG*. 2012 Dec; 119(13):1597-605; Female genital mutilation and domestic violence among Egyptian women. Refaat A, Dandash KF, el Defrawi MH, Eyada MJ *Sex Marital Ther*. 2001 Oct-Dec; 27(5):593-8. Yujiro Sano, Irenius Konkor, Roger Antabe & Rosalind Ragetlie (2021) Physical Intimate Partner Violence Justification and Female Genital Mutilation in Kenya: Evidence from the Demographic and Health Survey, *Journal of Aggression, Maltreatment & Trauma*, DOI: 10.1080/10926771.2020.1854913

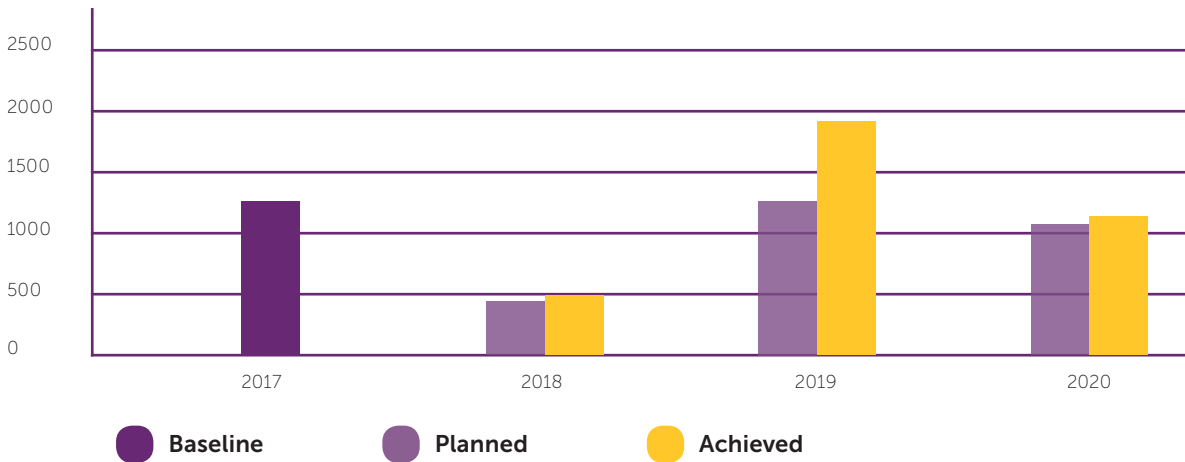


OUTPUT 3.1: Improved availability and quality of FGM services in Joint Programme intervention areas

NUMBER OF HEALTH SERVICE DELIVERY POINTS IN JOINT PROGRAMME INTERVENTION AREAS THAT PROVIDE FGM-RELATED SERVICES TO GIRLS AND WOMEN

Efforts to strengthen the health sector, to provide FGM-related services, in countries where the the Joint Programme is implemented have underway since 2017. Thus far, 4,805 health service delivery points in Joint Programme intervention areas provide FGM-related services to girls and women. In 2020, even in the context of COVID-19, with priority given to pandemic response measures, the Joint Programme registered 1,125 health service delivery points, exceeding the annual target of 1,110.

Figure 27: **Number of health service delivery points in Joint Programme intervention areas that provide FGM-related services to girls and women**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

NUMBER OF HEALTH SERVICE DELIVERY POINTS IN JOINT PROGRAMME INTERVENTION AREAS WHERE HEALTH CARE STAFF APPLY FGM CASE MANAGEMENT PROTOCOLS

In 2020, the Joint Programme achieved 924 health service delivery points where staff apply FGM case management protocols, exceeding the annual target of 857

NUMBER OF HEALTH SERVICE DELIVERY POINTS IN JOINT PROGRAMME INTERVENTION AREAS WHERE AT LEAST ONE HEALTH CARE STAFF MEMBER IS TRAINED ON FGM PREVENTION, PROTECTION AND CARE SERVICES

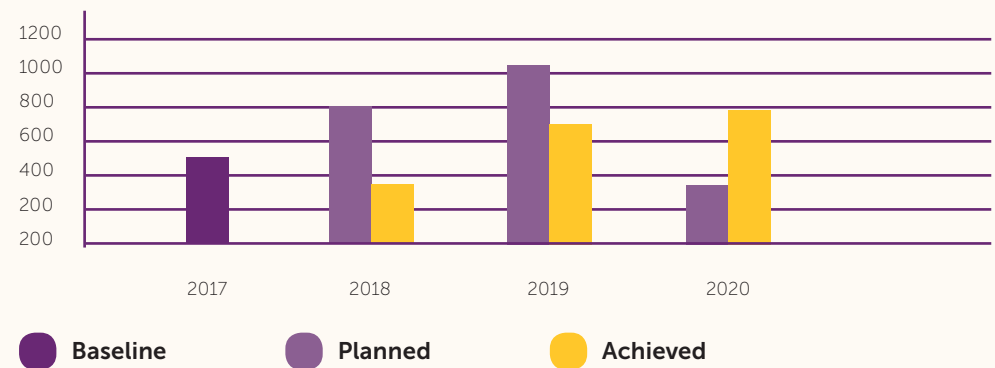
During the reporting period, seven countries – Djibouti, Egypt, Kenya, Mali, Mauritania, Senegal and Sudan – reported an increase in service delivery points, with at least one health care staff member trained on FGM prevention, protection, and care services, whereas seven countries reported a decrease. The difference is between countries that prioritized COVID-19 as a public health crisis, compared to countries where the Joint Programme had been strengthening the system over time, and results were beginning to show in 2020.

In ensuring access to health care for survivors of FGM in The Gambia, the Joint Programme provided training to 80 doctors, midwives and nurses on FGM case management at the health facility level. This comes against the backdrop of the limited availability of trained health personnel in FGM case management and having the trained professionals as advocates to end the practice. With the high level of FGM in the country, this intervention is necessary to equip health professionals on how to support survivors to cope with the complications they are currently faced with due to FGM. The training sheds light on all the various complications of FGM such as hemorrhage, acute urine retention, infections, clitoral neuroma among others.

NUMBER OF ORGANIZATIONS (GOVERNMENT/NON-GOVERNMENTAL ORGANIZATIONS/PRIVATE SECTOR) IN JOINT PROGRAMME INTERVENTION AREAS THAT PROVIDE SOCIAL SERVICES TO GIRLS AND WOMEN

For the first time since 2008, in 2020, the Joint Programme exceeded the target for this indicator. The Joint Programme recorded 760 organizations providing social services to girls and women, with 10 countries, noted to have had an increase in such organizations. The high number of organizations that provide social services partly reflects the higher number of volunteers and para-social workers, who provided informal community-level protection when social workers were unable to access communities.

Figure 28: Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide services to girls and women

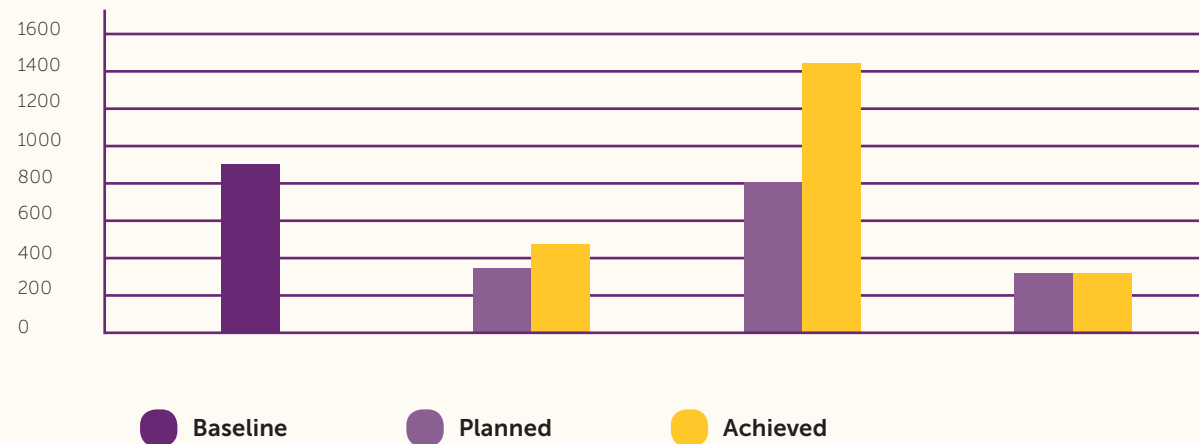


Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

NUMBER OF ORGANIZATIONS (GOVERNMENT/NON-GOVERNMENTAL ORGANIZATIONS/PRIVATE SECTOR) IN JOINT PROGRAMME INTERVENTION AREAS THAT PROVIDE LEGAL SERVICES TO GIRLS AND WOMEN

Despite COVID-19 related disruptions in the provision of legal services, in the reporting period, the Joint programme achieved 284 organizations providing legal services to girls and women in the intervention areas, a number slightly lower than the annual target of 288. Thirteen countries reported on this indicator, with six showing an increase in 2020 compared to 2019, the other six countries showing a decrease, and one country, Djibouti, reporting the same number in both years.

Figure 29: Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

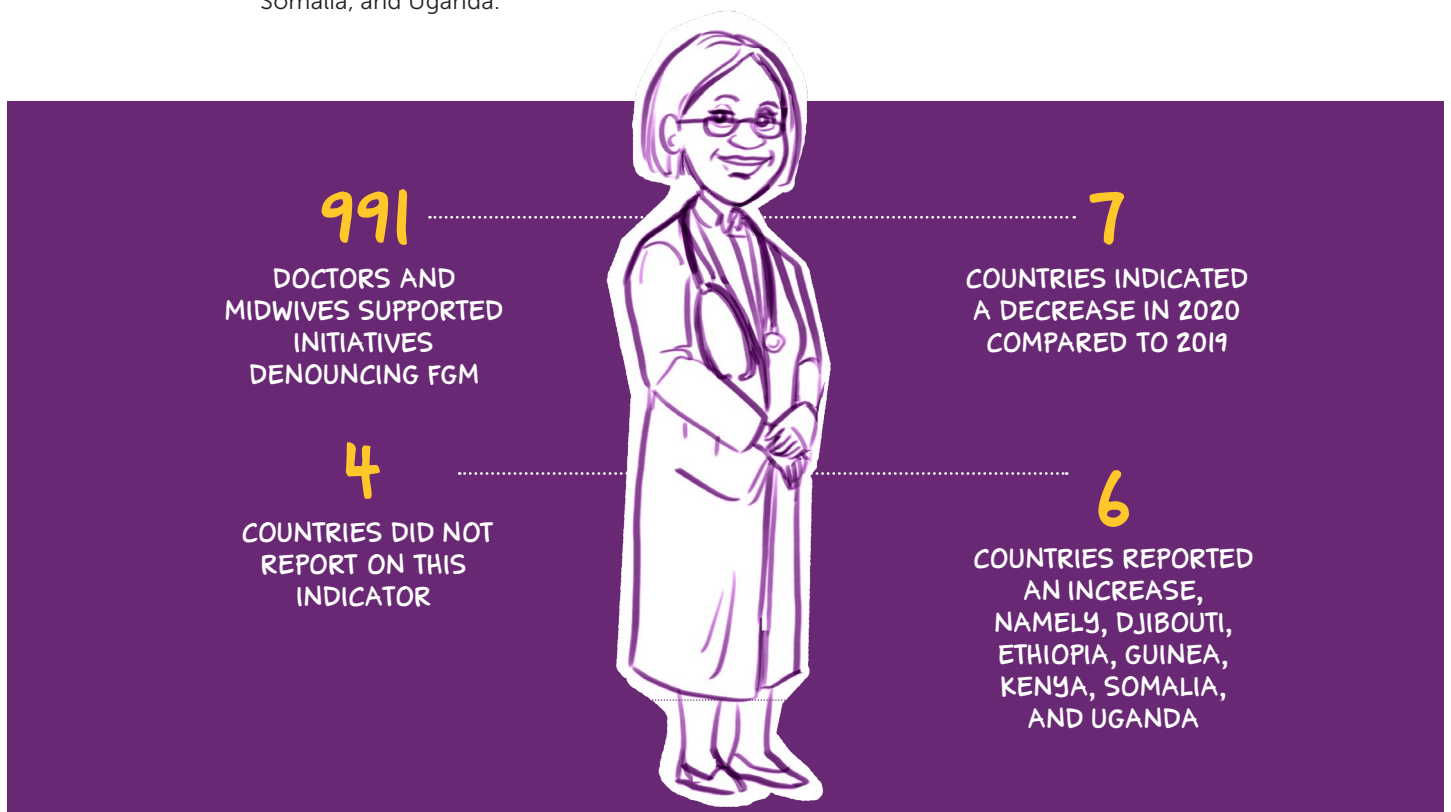
In Kenya, in partnership with International Federation of Women Lawyers-Kenya, Office of the Director of Public Prosecution, Womankind Kenya, and Adventist Development and Relief Agency Kenya, the Joint Programme provided access to legal, health and MHPSS services. Specifically, in 2020, 9,489 women received legal aid and psychosocial support and 97 accessed health services due to complications arising from FGM. The Joint Programme has started supporting the county governments of Kisii, Migori, Garissa and Tana River to develop a county-specific minimum package for FGM services including health, temporary shelter, education, legal and psychosocial support. This will improve FGM reporting and access to quality services, thus creating demand for such services from community members.



OUTPUT 3.2: Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses, and doctors

DOCTORS AND MIDWIVES WHO SIGN UP TO BECOME MEMBERS AND SUPPORT THE CAUSE OF THE ‘DOCTORS AND MIDWIVES AGAINST FGM INITIATIVES’

During the period under review, 991 doctors and midwives supported initiatives denouncing FGM which exceeded the annual target of 962 advocates. Four, but amongst those that submitted reports, seven countries indicated a decrease in 2020 compared to 2019, due to the pandemic, whereas six countries reported an increase, namely, Djibouti, Ethiopia, Guinea, Kenya, Somalia, and Uganda.





Health Care Providers Who Oppose/Support Medicalized FGM in Guinea



Formative research conducted by the World Health Organization (WHO) in Guinea found that, while health care providers are opposed to FGM and medicalisation – 94 percent believe it is a serious problem, 89 percent felt that it violated the rights of girls and women, and 81 percent supported criminalization – there is no enforcement or accountability in the health care system to the national law banning the practice.²³

Despite opposition to the practice, 38 percent of health care providers felt that FGM limited promiscuity, and 7 percent believed that it was a good practice.²⁴ The study points to how pervasive social and gender norms are, and the need to target health care providers in supporting critical reflection about the practice given how widespread medicalized FGM has become.



²³Balde MD, O'Neill S, Sall AO, Balde MB, Soumah AM, Diallo B, et al. (2021) Attitudes of health care providers regarding female genital mutilation and its medicalization in Guinea. PLoS ONE 16(5): e0249998. <https://doi.org/10.1371/journal.pone.0249998>

²⁴Ibid



OUTCOME 4: Countries have better capacity to generate and use evidence and data for policymaking and improving programming

DATA AND EVIDENCE FOR IMPROVING POLICIES AND PROGRAMMES TARGETING THE ELIMINATION OF FGM

All 16 countries that were planned as per the annual target are using data and evidence to improve policies and programmes targeting the elimination of FGM.





OUTPUT 4.1: Increased generation of evidence for social and gender norms change and improvements in programme performance

RESEARCH, STUDIES, IN-DEPTH ANALYSES, AND EVALUATIONS THAT FILL KEY KNOWLEDGE GAPS ARE CONDUCTED AND DISSEMINATED TO INFORM POLICY AND PROGRAMMES FOR THE ELIMINATION OF FEMALE GENITAL MUTILATION

In 2020, 11 countries conducted studies that addressed knowledge gaps on FGM in various areas, including estimates of FGM related indicators in high prevalent geographical areas. The studies also included a better understanding of the socio-cultural and anthropological realities linked to the practice of FGM, knowledge of the benefit, a mapping and assessment of FGM related support services. The Data and Evidence for Impact thematic report maps these studies, assesses the quality of the methodological approaches and provides a synthesis of evidence in the view of increasing the uptake among stakeholders of the Joint Programme.



OUTPUT 4.2: Enhanced knowledge management and exchange of good practices for policy and programme improvement

The Joint Programme supported the Building Bridges Community of Practice, managed by AIDOS and GAMS Belgique, which brings together practitioners, academics, and activists from the global north and south, to share knowledge and good practices in ending FGM. The Community of Practice provides a space for discussion among professionals, researchers, programme managers and others to share best practices, debate on what is working and what is not and recommend solutions and strategies to better inform initiatives addressing FGM. The discussions are open to Community of Practice members and others interested in the discussion. During the year under review, the Community of Practice moderated four online discussions (in English and French) on topics, including: What works, what doesn't work: Strategies to fight against FGM; Alternative Rites of Passage; and FGM, mental health and well-being, as well as Conversion of traditional cutters as a strategy to end FGM.



OUTPUT 5: The Joint Programme is managed to achieve maximum, sustained economy, efficiency, effectiveness, and equity

THE EXTENT TO WHICH THE JOINT PROGRAMME INTERVENTIONS INCLUDE THOSE AREAS LEFT BEHIND (VULNERABLE AND MARGINALIZED) WHERE FGM IS PREVALENT

The commitment to “leave no one behind” is at the heart of the Joint Programme. Girls and women, who are deprived in one dimension, are often more likely to experience deprivations in other dimensions as well. The intensity of these deprivations is greatest among girls facing multiple and intersecting forms of discrimination – it is they who are being left behind.

Through general assessments, during the reporting period, it was noted that majority of girls and women at risk of or those that have experienced FGM continued to face discrimination based on their gender, lived in poor households, resided in rural areas with weak infrastructure, and were less educated (and with school closures the gender gap in education will increase with approximately 20 million girls projected not to return to school even after the crisis is over).²⁵ In addition, they had less access to mass media, fewer opportunities for economic empowerment, and were often not protected by existing legislation, while their political participation at the community and national level continued to be low. These conditions were magnified by the COVID-19 pandemic, making the need to reach girls and women especially those at risk of FGM, and likely to be “left behind” more critical in 2020.

NUMBER OF COUNTRIES WHERE THERE IS JOINT PLANNING, MONITORING, REVIEW, AND REPORTING BETWEEN UNFPA, UNICEF, AND OTHER FGM STAKEHOLDERS (EFFECTIVENESS & EFFICIENCY)

The disruptions as a result of COVID 19 pandemic notwithstanding, in 2020, coordination engagements were undertaken in 15 countries with national coordination mechanisms. Virtual platforms were leveraged as means of engagement among implementing partners. In countries like Nigeria, through coordination engagements, specific indicators were assigned to implementing partners based on their competencies and comparative advantage. Relatedly, UNICEF and UNFPA mapped out local government areas to be supported by the Joint Programme to reduce duplication of efforts, promote accountability, and scale up activities in the southeast States of Ebonyi and Imo.



²⁵Malala Fund



Section C

Adaptive Monitoring, Evaluation and Learning in the COVID-19 Context in 2020

During the reporting period, the Joint Programme continued to develop and strengthen monitoring, evaluation, and learning systems at the global, regional, and country level for staff and implementing partners. The COVID-19 crisis has led to countries adopting adaptive monitoring systems to track cases of FGM. In all implementing countries, the Joint Programme has been supporting government systems while civil society partners have further strengthened community-level monitoring mechanisms.

DATA FOR ALL ENHANCEMENTS

In 2020, the Joint Programme introduced a series of enhancements for Data for All (DFA), including an improved dashboard with key performance indicators, knowledge library, network sharing, document repository, and data stories for the Joint Programme advocacy and communication. Enhancements to DFA include improvements in the quality of annual narrative reports.

QUALITATIVE MONITORING AND EVALUATION

Based on recommendations from the Joint Evaluation for Phases I and II, in 2020, the Joint Programme introduced qualitative monitoring and evaluation (M&E) methods, such as Outcome Mapping, Outcome Harvesting, and Most Significant Change. An online platform – Qualitative Monitoring And Evaluation of the Joint Programme – was launched which includes Monitoring, Evaluation, and Learning for trainings and programmes. Qualitative M&E approaches will support staff and partners in designing M&E frameworks that capture outputs, outcomes, and impact on norms and behaviors, access to services, and policies and legislation as steps towards achieving gender equality, girls’ and women’s empowerment, and the end of FGM. The three qualitative methods launched in 2020 do not require expertise in research, but rather introduces consultative and participatory processes for increasing ownership and learning over the Joint Programme, as well as recognizing positive social change on the pathway to eliminating FGM. At the end of 2020, 479 learners, including people external to the Joint Programme, were enrolled in the online course. However, only 10 percent of registrants completed the course, which can likely be attributed to limited access to or weak internet connection.

RESILIENCE OF MONITORING SYSTEMS DURING THE COVID-19 CRISIS

COVID-19 has exposed the weakness and adaptability of the monitoring system for FGM prevention and response programmes during emergencies, as it was unable to continue the tracking of FGM issues due to COVID-19 containment measures, which caused disruption of interventions.

The Joint Programme strengthened monitoring systems including:

- Enhancing community surveillance mechanisms at all levels (community to national) to ensure the monitoring of public declarations of FGM elimination, and the collection and periodic reporting of data on all girls identified at risk of FGM.
- An assessment of services available including GBV and FGM prevention and response in the context of COVID-19 to highlight strengths and weaknesses, and support adaptive measures to ensure continuity of services.
- Increasing the use of technology for real time data collection, coordination, communication, and reporting by shifting joint programmatic monitoring visits with partners and stakeholders to virtual meetings using web-based audio/video conferencing tools (e.g., Zoom), social media applications, and WhatsApp, for real-time information sharing and facilitating discussions on programme implementation and monitoring despite the challenges of COVID-19 restrictions.
- Designing data collection through digital platforms, such as Kobo Collect, that facilitates real time collection, processing, and reporting of quantitative and qualitative data on GBV, including FGM.
- Embedding FGM data collection into existing systems such as the WASH programme and its digital water platform, where specific FGM data are being transmitted through tablets, on a monthly basis.




Innovative Data Monitoring



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In Egypt, FGM was one of the main programmatic areas in UNFPA and UNICEF’s Mid-Term Reviews, including a reflection on the integration of FGM in UNFPA and UNICEF programming. The reviews looked at whether the Joint Programme aligned with national and international plans and strategies and identified, having governmental agencies as one of the main partners, a comparative advantage. The

review also found the Joint Programme’s ability to respond to circumstances on-the-ground and contextual changes an advantage as well. A recommendation included the need to engage programme participants by soliciting their feedback including the challenges they face as a way to ensure programme responsiveness.



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In Eritrea, community mapping is used as a monitoring tool in the absence of an institution-based monitoring system. Data has been collected using the mapping system in 2014, 2016/2018, and 2020. In 2020, data was collected from five sub-zones. The advantages of the mapping system for monitoring data include the following: it gives information at the community/village, sub-zone and zone level; it specifically measures the social norms change resulting from multiple interventions; it provides information on Knowledge Attitudes and Practices; and it serves as evidence for deciding whether communities are ready to publicly declare themselves FGM free. The main drawback of the mapping system is that it does not provide nationally representative data.

In Kenya, the Joint Programme partners developed a community-level monitoring mechanism. The local monitoring system has been providing relevant data to the county and national monitoring system.

Communities were given basic observable and reportable indicators related to the elimination of FGM including:

- Number of girls and women at risk of FGM or who have undergone FGM in that particular year.
- Number of FGM reported incidences, and their status in terms of provision of services including legal aid, health, temporary shelter, and MHPSS.
- The number of families rejecting all forms of harmful practices including FGM.
- The number of sessions of locally initiated community to community dialogues and exchange forums.

Community-level monitoring mechanisms were able to report an increase in FGM cases in 9 counties, which rose to 2,380 cases in 2020 compared to 1,074 reported in 2019, representing an increase in FGM in those counties by 121 percent.

Section D

Snapshot of the Programme Results Framework

RESULTS	INDICATORS	BASELINE 2017	PLANNED 2018	PLANNED 2019	PLANNED 2020	PLANNED 2021	PHASE III TARGET	RESULT 2018	RESULT 2019	RESULT 2020
OUTCOME 1: Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards	Number of countries having in existence features of an enabling environment for FGM elimination: Existence of legislation criminalizing FGM	13	13	14	15	16	16	13	13	14
	Enforcement of FGM legislation: number of arrests	255	282	308	321	367	1278	166	207	154
	Enforcement of FGM legislation: number of cases to court	267	243	266	289	298	1096	154	175	100
	Enforcement of FGM legislation: number of convictions and sanctions	182	159	158	135	171	623	34	41	47
	Number of countries with evidence-based costed national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors	5	11	13	16	16	16	8	10	12
	Number of countries with a national budget line for FGM	9	10	12	14	16	16	9	10	11
	Number of countries with at least 50 per cent of the national government budget line for FGM is utilized	8	8	11	13	15	15	8	10	9
	Existence of a functional national FGM monitoring mechanism characterized by: National FGM administrative data	4	10	14	15	15	15	8	13	13
	Existence of a functional national FGM monitoring mechanism characterized by: National coordination body/committee for FGM	10	11	15	16	16	16	12	15	15
	Existence of a functional national FGM monitoring mechanism characterized by: Annual implementation review system	9	11	15	16	16	16	11	12	14
OUTPUT 1.2: Increased national capacity for the development, enactment and implementation of FGM laws and policies	Existence of a costed national action plan addressing FGM	7	8	13	16	16	16	6	11	11
	Number of law enforcement staff (police, prosecutors, judges) competent to apply the FGM law	2675	595	1638	1187	1988	5408	1096	2612	1433

OUTPUT 1.3: Increased national capacity for the development, enactment and implementation of FGM laws and policies	Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people's networks and presented to policymakers to influence policy directions and implementation	23	13	20	19	25	77	18	21	19
	Number of medical and paramedical associations declaring FGM performed by health professional an unethical practice	6	4	14	16	18	52	16	20	73
OUTPUT 2: Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM	Number of communities that have made public declaration of abandonment of FGM	2960	2960	3426	3108	4600	14094	2950	3362	2156
	Number of people engaged in public declaration that they will abandon the practice of FGM	6180223	6358233.085	8787588	6584806	10189328	31919955.09	2815365	2804813	2220937
	Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance	892	1046	2864	2872	3711	10493	1519	2832	1792
	Number of communities where enablers of social norm change are in place: Girls become change agents after completing a capacity development package	1128	1475.4	1588	1570	1937	6570.4	2751	7696	3622
	Number of communities where enablers of social norm change are in place: Religious leaders' public statements delinking FGM from religious requirements	7343	3182	1594	1752	2348	8876	3516	3843	5879
	Number of communities where enablers of social norm change are in place: Community/traditional rulers publicly denounce FGM practices	2397	2611	1585	1784	2507	8487	2711	3852	17615
	Number of girls saved from FGM	11178	1446	164734	390523	562246	1118949	16251	213774	120605
OUTPUT 2.1: Improved community and interpersonal engagement to address and amplify social and gender norms transformation	Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM	2643867	1769717	4522818	1193100	4803000	12288635	2514310	5469599	25273281
	Number of listeners to radio/TV programmes on FGM in Joint Programme target areas	2031735	10000558	7136204	18494823	20509823	56141408	4939864	10600652	51989863
	Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme	7681526	1078883	2564722	3732918	3968604	11345127	3813746	11804035	9767221
	Number of community-to-community dialogues on abandonment of FGM (within the country / cross-border)	62338	11078	10959	13144	8700	43881	25592	13131	3683

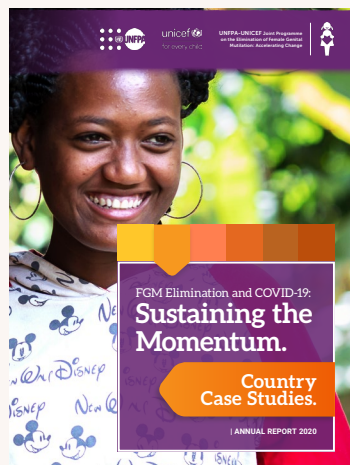
OUTPUT 2.2: Strengthened girls’ and women’s assets and capabilities to exercise their rights	Number of communities implementing a capacity package for girls related to FGM elimination	1176	1293.060433	1002	2332	2582	7209.060433	1619	3724	2258
	Number of girls graduated from a capacity development package	52990	66592	77439	122263	154880	421174	80478	109951	90302
OUTPUT 2.3: Increased engagement of men and boys on changing social and gender norms	Number of Joint Programme intervention areas where men and boy’s networks /coalitions actively advocate for the elimination of FGM	7	109	145	405	566	1225	108	483	749
OUTCOME 3: Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care	Number of girls and women who have received health services related to FGM	919901	402431	459289	459046	479318	1800084	578481	552306	417933
	Number of girls and women who have received social services related to FGM	193913	214587	273027	287836	298236	1073686	233837	86228	129528
	Number of girls and women who have received legal services related to FGM	25730	51496	64865	80417	125493	322271	84220	4886	16365
	Number of countries where FGM is mainstreamed into the curricula of medical and paramedical schools	10	12	13	12	15	15	12	13	14
OUTPUT 3.1: Improved availability and quality of FGM services in Joint Programme intervention areas	Number of countries where FGM is mainstreamed into the curricula of medical and paramedical schools	10	12	13	12	15	15	12	13	14
	Number of health service delivery points in Joint Programme intervention areas: that provide FGM-related services to girls and women	1267	464	1288	1110	981	3843	499	1914	1125
	Number of health service delivery points in Joint Programme intervention areas where health care staff apply FGM case management protocols	890	298.04	891	857	1020	3066.04	346	642	924
	Number of health service delivery points in Joint Programme intervention areas: where at least one health care staff member is trained on FGM prevention, protection and care services	1458	844	1680	1059	1053	4636	639	1244	1490
	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide social services to girls and women	482	749	1025	309	350	2433	318	673	760
	Number of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women	864	320	774	288	321	1703	437	1421	284

OUTPUT 3.2: Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses and doctors	Number of doctors and midwives who sign up to become members and support the cause of the ‘Doctors and Midwives against FGM Initiatives’	703	1233	561	962	3245	6001	956	1219	991
OUTCOME 4: Countries have better capacity to generate and use evidence and data for policymaking and improving programming	Number of countries using data and evidence to improve policies and programmes targeting FGM elimination	10	14	15	16	16	16	13	15	16
OUTPUT 4.1: Increased generation of evidence for social norms change and programme improvement	Researches, studies, in-depth analyses and evaluations that fill key knowledge gaps conducted and disseminated to inform policy making and programming for the abandonment of FGM	9	9	10	11	17	47	10	11	11
OUTCOME 5: The Joint Programme is managed to achieve maximum, sustained economy, efficiency, effectiveness, and equity	The extent to which the Joint Programme interventions include those areas “left behind” (vulnerable and marginalized) where FGM is prevalent (EQUITY)	9	13	14	15	15	15	13	14	15
	Number of countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS)	9	10	11	14	14	14	10	13	12

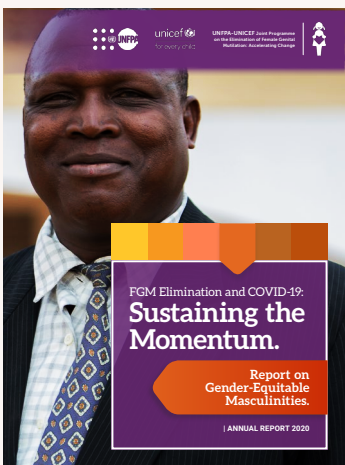


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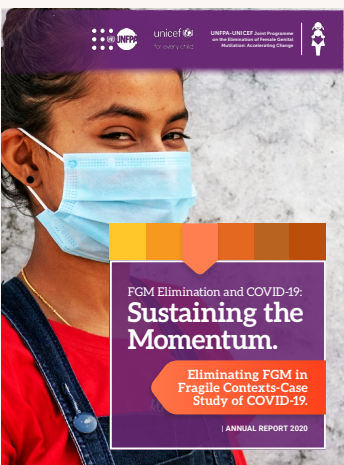
THE ADJOINING REPORTS



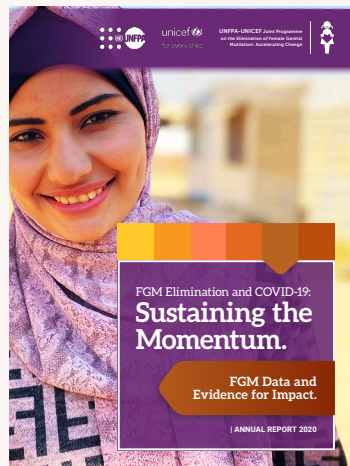
Country Case Studies



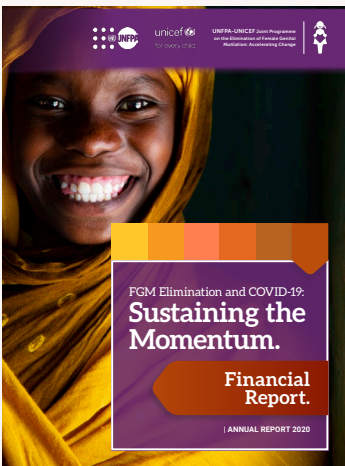
Gender-Equitable Masculinities in Preventing and Responding to Female Genital Mutilation in the COVID-19 Context



Eliminating Female Genital Mutilation in Fragile Contexts: COVID-19 Case Study



FGM Data and Evidence for Impact



Financial Report

UNFPA and UNICEF jointly lead the largest global programme on the elimination of female genital mutilation in 17 countries, with high prevalence and/or high burden of female genital mutilation. The programme is generously funded by the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain (AECID), Sweden, the United Kingdom, the United States of America and the European Union (through the Spotlight Initiative Africa Regional Programme).

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