ANNUAL TECHNICAL CONSULTATION
June 2023 I Jordan

Meta-Presentation

UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise

Contact: jpendfgm@unfpa.org

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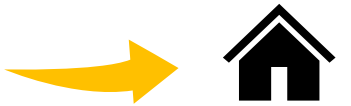


ANNUAL TECHNICAL CONSULTATION

DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 1 - Segment 1

Evidence to Action:

Delivering high quality research to maximise impact to end FGM

Manahil Siddiqi, Co-Coordinator, STAR Initiative to End Harmful Practices, UNICEF Innocenti

Without **evidence** to inform practice, it is like we are operating in the dark.

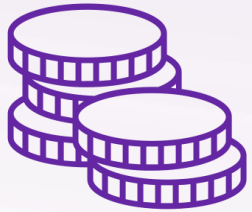
how

can we most effectively achieve a world free from FGM, where every woman and girl has voice, choice, and agency?

WHY EVIDENCE MATTERS
to end FGM

Strengthens programmes, policies and systems

Including effectiveness, efficiency, and equity; and informs scale-up



Enables more efficient use of resources

Important especially when resources are scarce

Produces results

Increase the transparency and accountability of policies, investments and interventions

Promotes credibility of advocacy

~~Evidence as usual~~

Session outline

The STAR Initiative as an “Evidence Doctor.”

Diagnosis

Common barriers and pitfalls in the evidence to action pathway identified through technical support

Treatment

The STAR strategy

Results

Panel discussion

Diagnosis

Evidence **Relevance**

Weak coordination and harmonisation of research activities (one-off projects)

Duplicative research that doesn’t fill critical gaps

Quantity over quality

Coordinated research activity, aligned to research priorities, with focused research questions to address gaps

UNFPA WCARO
UNICEF Guinea Bissau
UNICEF Yemen

Evidence **Rigor**

Poor quality research due to study design; skills gaps with consulting agency

Higher quality research outputs across all phases of research process

- UNICEF WCARO
- UNFPA MENA/ASRO
- UNFPA Egypt

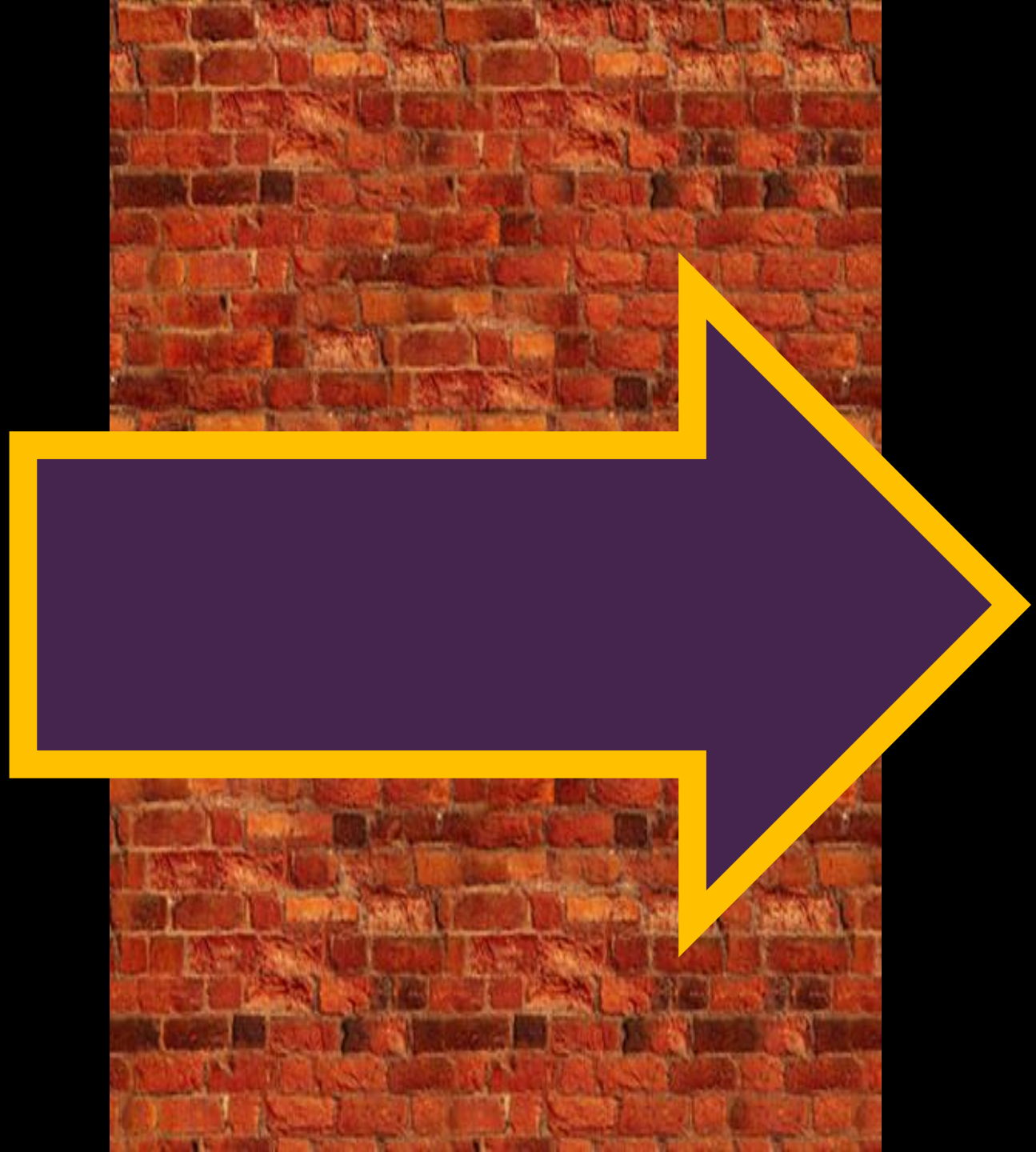
Evidence **Reach**

Generic recommendations not tailored to stakeholders

Research informing practice and programming

UNFPA ASRO

RESEARCH



ACTION

Treatment

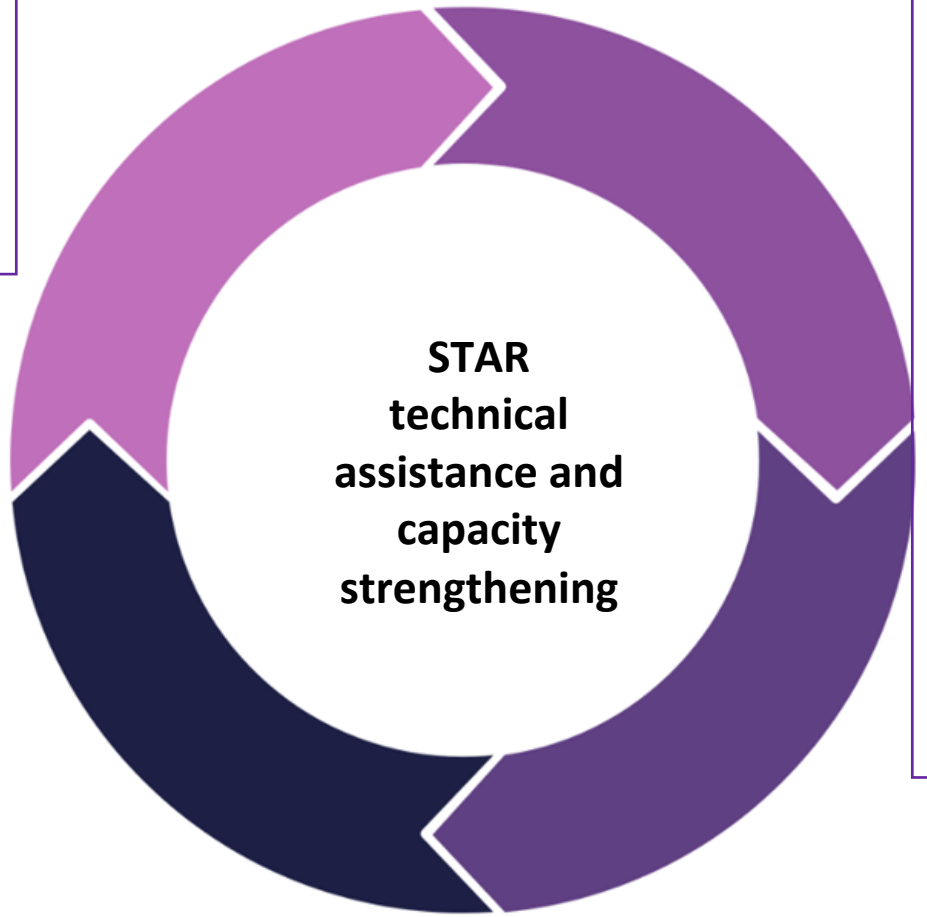
We work across 4 interrelated areas.

Research prioritisation

Responsiveness

Evidence generation

Rigour



Evidence translation

Reach

Capacity building

STAR support, at a glance

20
FGM research studies recieiving support.

11
offices STAR works with directly

14
studies receiving support from the planning phase

12
multi-country studies

Results

Interventions to address FGM

What works and HOW?
Humanitarian settings
Multi-sectoral approaches

Patterning and drivers

Hot spots vs cold spots
Drivers of change

Social and behavioral change

Implementation of ACT framework

Study title

Delivering interventions to address harmful practices in conflict, humanitarian and fragile settings in Africa: Assessment of, what works and how to inform guidance

Countries

Burkina Faso, Kenya, Chad, Mali, Mozambique, Niger and Uganda

Agencies

UNFPA CARO
UNICEF WCARO
UNFPA ESARO

Timeline

December 2024

Key objectives

Map the programmatic landscape of interventions undertaken by govt and its partners in reducing CM and FGM

Identify effective approaches, and explore the factors that influenced implementation and adaptation of programming in humanitarian settings

Review and identify gaps and entry points in humanitarian and fragile response.

Complement efforts by humanitarian nexus guidance and support uptake and fill operational gaps

Study title

Interlinkages between climate change and its link and influence on FGM and child marriage

Countries

Yemen, Djibouti, Sudan, Egypt, Jordan

Agencies

UNFPA ASRO
UNICEF MENA

Key objectives

Review impact of climate change on CM and FGM in the Arab region

Assess and propose programmatic interventions to address vulnerabilities related to FGM and CM in the context of climate change based on good practice

Inform ASRO's work on adaptation and tailoring of programmes to account for resilience

Timeline

Completed with a STAR supported Phase II planned

Study title

Adapt and operational use the global ACT framework for measurement of social norms change on child marriage and FGM in Guinea, Mali and Sierra Leone

Countries

Guinea
Mali
Sierra Leone

Agencies

UNICEF WCARO

Timeline

TBD

Key objectives

Validate and streamline indicator framework with core and optional indicators

Plan and execute three in country workshops focused on the contextualisation and implementation of the ACT framework

Support the operationalisation of the Measurement framework and collection of baseline data against the indicators

Produce implementation plan

Promote regional learning to scale up to additional country contexts

Session Takeaways

- Commit to the 3 R’s for evidence impact and prevent research waste
- Consider how your work aligns with priorities: High quality evidence generation in prioritized areas: intervention focused, SBC, humanitarian settings, hot spots
    - Gaps: Health systems
- Support is available – become a STAR champion!

ANNUAL TECHNICAL CONSULTATION

DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 1 - Segment 2

Evidence to Action:

Using the ACT Framework to Measure Social Norms

Alessia Radice, Social and Behavior Change Specialist, UNICEF HQ

What is the ACT Framework?

- A monitoring & evaluation tool
- Designed to measure social norms change relating to FGM, as well as other drivers of behavior
- Can be adapted to other issues (e.g. child marriage)

Why do we need to measure social norms & behavioral drivers?

- To track progress of our activities
- To determine if our programmes are moving in the desired direction
- To identify which drivers are most influential and tailor interventions accordingly

The ACT Framework

Contains a compendium of indicators across 4 dimensions

What people know, feel & do	Social Norms	Context	Exposure to activities
• Knowledge, attitudes, values • Reported behaviour & intention	• Descriptive norms • Injunctive norms • Outcome expectancies • Social networks	• Gender and power	• Extent to which respondent has been exposed to programme activities

The Behavioral Drivers Model

Measures behavioral drivers across three dimensions:

PSYCHOLOGY

Attitude, interest, self-efficacy, intent, risk perception

SOCIOLOGY

Social influence, norms, community dynamics, meta-norms

ENVIRONMENT

Communication environment, emerging alternatives, governing entities, structural barriers

Several countries are investing in measurement

Different implementation approaches:

- Conducting baseline evaluation, mid-line and end-line
- Include control communities for comparison
- Complement existing tools

Data helps them to:

- Track progress
- Tailor interventions
- Use the data to engage with government

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 1 - Segment 3

Evidence to Action:

The Foundation and Application of Public Declarations

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Session 1 - Segment 3

Public Declarations:

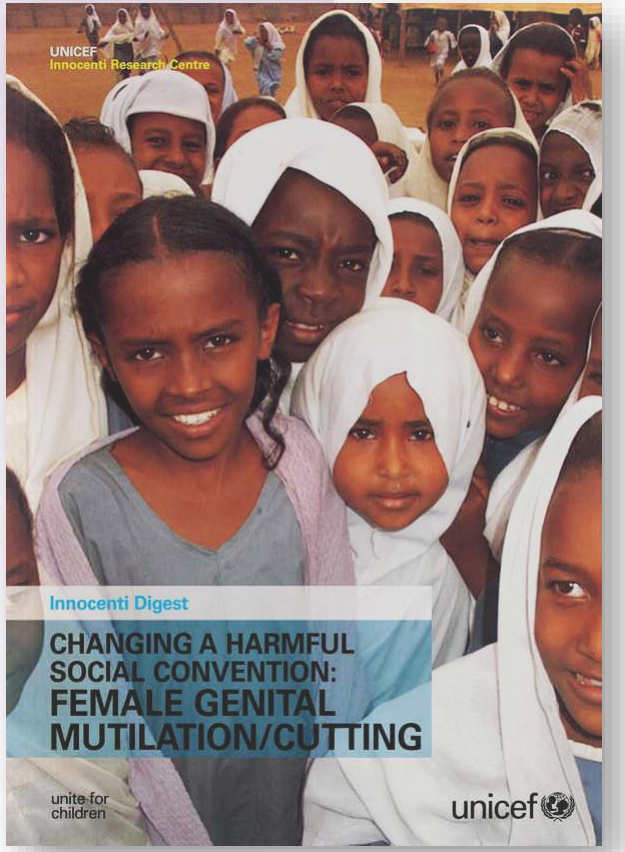
An Evidence-Based Approach to the Elimination of FGM

Stephanie Baric, Consultant HQ

Social Norms and Public Declarations

As a **social convention** related to marriageability, FGM is sustained by **social norms** that make the practice a valued, acceptable behavior.

Public declarations based on Gerry Mackie's 1996 article that draws parallels between FGM and foot binding, and the effectiveness of "pledges" by parent associations in ending the practice in China in one generation.



Social Norms and Public Declarations

FGM is based on **reciprocal expectations** of behaviour shared by interconnected members of a **reference group** (social network)

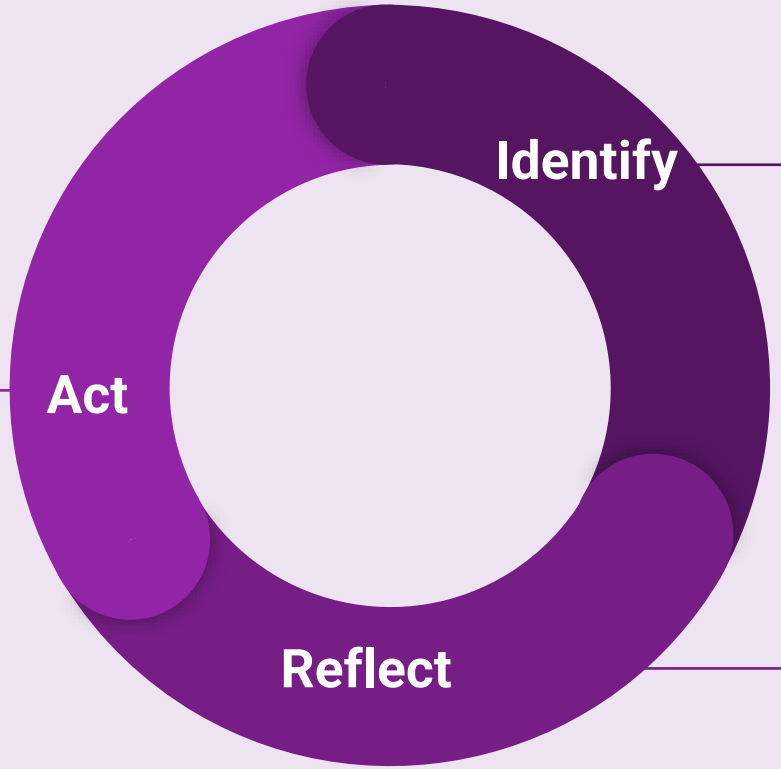
Ending FGM requires **changing social expectations**, in a public, collective way: **public declarations**

Public Declarations in Community-Led Approaches

1. Identify harmful social norms and practices such as FGM

2. Reflect on the extent to which FGM affect people's health, happiness and well-being

3. Act (Public Declarations) to end harmful norms and practices such as FGM



Public Declarations in Community-Led Approaches

Cheikh Anta Diop's *Towards the African Renaissance* (1996) calls for decolonization of African history, and **Africans driving their own development**

Paulo Freire's theory of **critical awareness, reflection and action** from *Pedagogy of the Oppressed* (1970)

Albert Bandura's *Social Learning Theory* (1971) through **observation, imitation, and modeling**. Actions rewarded are more likely to be imitated, those punished avoided. Observing others model change is often the best way of being sure of it.

Everett Rogers' *Diffusion of Innovations* (1962) theory of **critical mass or tipping point** in which sufficient number of adopters of an innovation in a social system becomes self-sustaining; **diffusion** is the process by which an innovation is communicated over time

Summary of Research on Public Declarations

Longitudinal study (UNICEF, 2008) on Tostan's Community Empowerment Programme (CEP) in Senegal (in Kolda, Thies, and Fatick regions) that made PDs in 2000 or earlier found:

- **FGM decreased** (girls 0-9) from 65% to 15% in CEP villages and in control villages from 86% to 47%
- Among women whose daughters did not undergo FGM, **3X as many women in CEP villages** than in control villages declared **no future intention of FGM**
- In CEP villages, **collective dedication to meeting their commitment to end FGM**, was stronger in CEP villages where they **determined the scope of the PD** compared to in non-CEP villages, community was not involved in PD
- **Without post-PD follow-up, local committees** established in CEP to monitor community commitments **vanished**

Summary of Research on Public Declarations

Findings from longitudinal study (Diop et al., 2008) on CEP's impact on FGM/child marriage in Senegal include:

- **Increase awareness about FGM risks prompted communities to call for PD**
- Most interviewees claim **FGM was eliminated** or cases were rare following PD
- **Situation on child marriage ambiguous**, lack of agreement on importance of ending child marriage
- **Leaders** seem to have taken it upon themselves to **remind people of PD**
- **Girl's FGM status did not impede her "marriageability"**
- **"Pioneers" expressed resentment on "insufficient rewards"** for FGM opposition
- **Women's status changed**, they were convinced they can hold public positions formerly held only by men

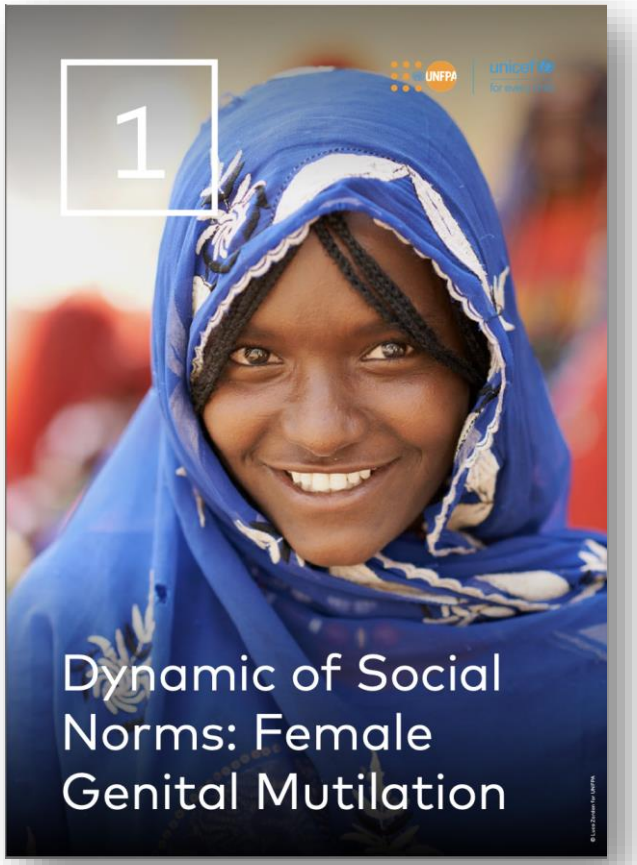
Summary of Research on Public Declarations

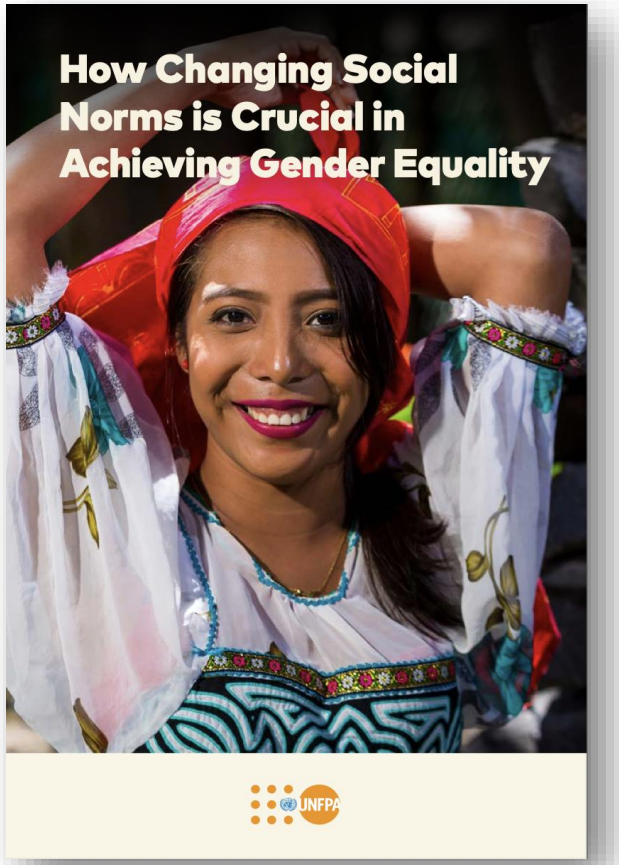
- **Collect and analyse data** relating to several aspects of the practice to fully grasp the social dynamics that sustain/eliminate FGM (UNICEF, 2013)
- **Pilot-test elimination strategies and evaluate effectiveness** in developing and scaling up successful programmes (Diop & Askew, 2006)
- Ensure community-led approaches are **participatory and empower communities** as opposed to vertical programmes that “lecture” communities (Berg & Denison, 2013)
- **Enhance women/girls’ agency** by providing them with o**pportunities to take up leadership roles in public spaces** through public speaking and the facilitation community dialogues (Diop et al., 2008; Cislaghi, 2018)

Recommendations for Strengthening Public Declarations

- Use **gender-synchronised approaches** (Cislaghi, 2019)
- Provide **opportunities for staff/facilitators unpack their own norms**, and increase skills/experience of facilitators in exploring and questioning harmful norms and practices (CARE, 2020)
- **Sustain social change** following public declarations (Diop et al., 2008)
- Do not assume PD is **effective because feasible/acceptable to community**, **measure/demonstrate effectiveness** using quasi-experimental studies (Izett & Toubia, 1999)
- **Explore adapting community-led approaches and PDs in humanitarian settings** (UNFPA & UN Women, 2020)

Recommendations for Strengthening Public Declarations





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Session 1 - Segment 3

Assessment of Public Declarations:

Practical Findings from Country Consultations

Alessia Radice, Social and Behavior Change Specialist, UNICEF HQ

Assessment of Public Declarations of Abandonment

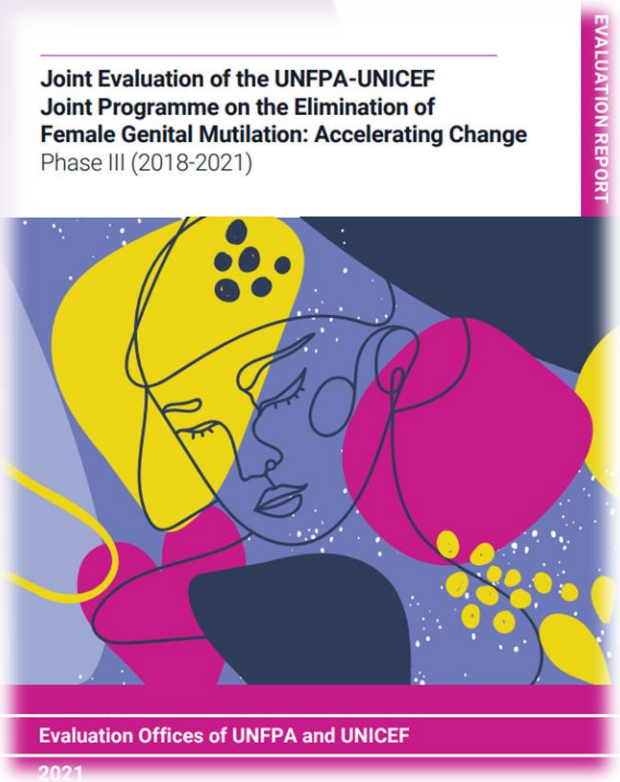
Joint Evaluation of the Joint Programme conducted in 2021:

- PDAs are used across the programme as an indicator of change
  - Unclear if this is an indicator of a step in the process or if it is the end goal

- Recommendation from the Management Response Plan to conduct an assessment of PDAs

- Desk review and country consultations

- Focus on gathering insights from country experiences



Public Declarations of Abandonment

A collective, formal, public ceremony involving one or more communities that take part in an event where they manifest, through their representatives, the specific commitment to abandon FGM.

They are the culmination of a process of engagement with communities.

They engage a wide range of stakeholders in the community

Assessment of PDAs

- Commonalities across countries in how they conduct PDAs
- Factors that seem to be associated with greater success
- Areas where consensus has not yet been found
- Ongoing challenges, as expressed by countries

Commonalities across countries

Common approaches to PDAs:

- Bring together different stakeholders
- Engage in community dialogue, awareness raising, value deliberation and other community engagement activities
- Engage with government to different extents
- Set up some sort of surveillance system post-declaration

Factors associated with greater success

- Ways of doing community engagement:
  - Facilitators are trained, use contextualized curriculum and follow clear engagement plans
  - Positive deviants are identified and equipped with skills to amplify change
  - Existing social systems and networks are leveraged
  - Both peer-to-peer dialogue, and dialogue led by leaders are adopted
  - Variety of approaches are used, before and after the declaration
- Strong government commitment & engagement
- Participatory community action plans are developed
- Strong community surveillance mechanisms with clear referral pathways are established

Areas where consensus has not yet been found

- Length of engagement with the community before doing the public declaration
- Frequency of engagement
- Signs that indicate a community’s readiness to change?
- Functioning of post-declaration mechanisms

Persisting Challenges

- High-costs of community engagement and surveillance
- Challenges in engaging nomadic and displaced populations
- Weak political will and lack of supportive legal policies
- Increased medicalization making follow-up harder
- Practice being driven underground
- Public declarations tend to engage those who are already in favour of abandonment
- Maintaining surveillance cells' commitment
- Monitoring activities of surveillance cells, especially in insecure settings

Key Recommendations

- Use a variety approaches both before and after the declaration
- Establish a standardized approach for engagement and surveillance with all stakeholders from the start
- Ensure adequate capacity strengthening/training of mobilizers, partners and communities
- Place particular attention to cases where the practice may be driven underground as a result of the declaration
- Ensure engagement of families most at risk
- Set up surveillance mechanisms, with clear referral pathways

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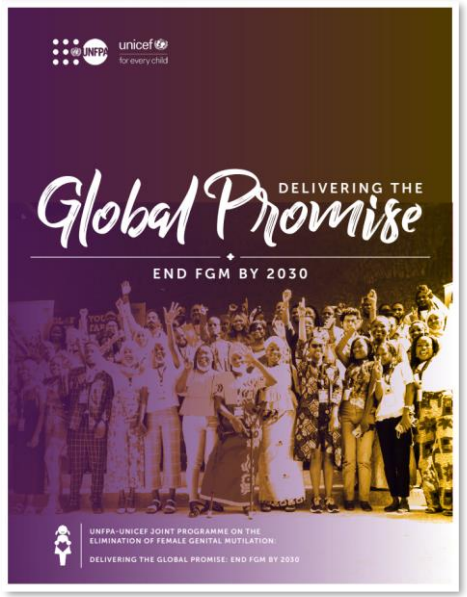
DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 1 - Segment 4

Monitoring the Joint Programme:
Experiences, Challenges, and Way Forward

Paulin Tra, M&E Specialist, UNFPA

Experiences



Results Framework

01

Principles

- Theory of Change
- 43 Core indicators
- Approved by donors

02

Ownership

- Contextualization
- Stakeholders in countries
- Commitment & Accountability

03

In Practice

- First year of reporting
- Metadata
- Baseline & Targets

Some Achievements in 2022 (Outcomes)

Outcomes 1

1002 - Number of girls aged 0-15 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme – 113,132↓

1101 - Number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice – **456,667↓**

1201 - Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance – **3,663↓**

1202 - Number of people engaged in public declaration that they will abandon the practice of FGM – **1,214,650↓**

Outcomes 2

2001 - Number of girls and women who receive prevention and protection services on female genital mutilation – 422,953↓

2101 - Number of medical and paramedical schools (public and non-public) supported by the Joint Programme that have mainstream FGM into the curricula training – **18↓**

2102 - Number of girls (0-19 years) and women who have received medical services related to FGM – **112,673↑**

2103 - Number of girls and women who have received social services related to FGM – **132,620↓**

2104 - Number of girls and women who have received legal services related to FGM – **36,302↑**

2105 - Number of vulnerable girls aged 5-19 years at risk of FGM who have received education support – **35,344↑**

Outcomes 3

3001 - Percentage of the national budget allocated to the prevention and elimination of female genital mutilation – 10 countries↓

3101 - Number of countries with a multisectoral evidence-based, gender transformative FGM elimination policy or strategy that includes a plan of actions with targets, a budget and an M&E framework, in line with human rights and the leaving no one behind principles – **12↑**

Challenges

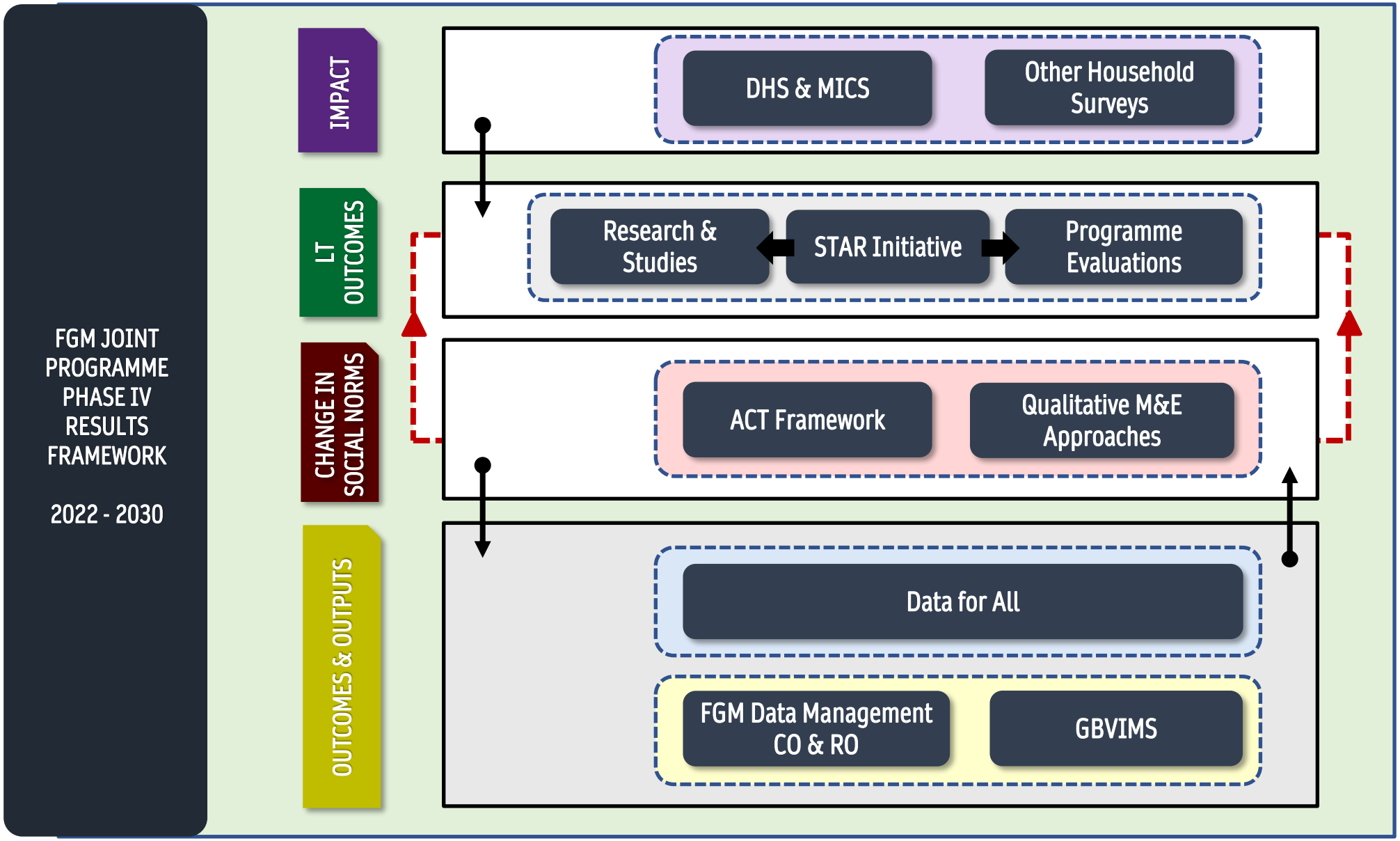
Generally observed

- Understanding the RF: Observed during the elaboration of country Annual Work Plan
- Different RF: As a results of the contextualization
- Incomplete report: Considering the investment the FGM JP
- Baseline & Targets: Missing baseline and targets
- Low engagement of M&E colleagues: Silo approach

For countries (Questions)

- How did you measure, compile and report the various indicators in the Phase IV results framework? Your first experience?
- What were your main challenges in terms of Phase IV indicators? What support will you need from the team? What are your recommendations?

Mapping initiatives supporting the RF



Experience

Research/Studies in Countries

Countries conduct research and studies on specific issues to improve programming and make informed decisions.

Example of countries: **Burkina Faso, Egypt, Ethiopia, Gambia, Mali, Mauritania, Nigeria, Senegal**

ACT Framework

The ACT Framework is being used by countries and partners to help them track and measure social norms change.

Countries: **Egypt, Ethiopia, Eritrea, Kenya, Mali, Senegal**

Qualitative M&E Approaches

Qualitative M&E approaches was adopted by the FGM JP to help countries to generate qualitative data on social norms changes in communities.

Countries: **Unknown**

FGM Data Management

FGM data management vary from one country to another one. However, some countries are demonstrating significant efforts to improve the process.

Example of countries: **Burkina Faso, Ethiopia, Guinea, Nigeria**

Data for All

Data for All is a platform deployed in 2015 to allow the FGM JP stakeholder to report and monitor the FGM programme indicators and assess progress towards the targets and goals.

Countries: **All 17 countries**

Challenges

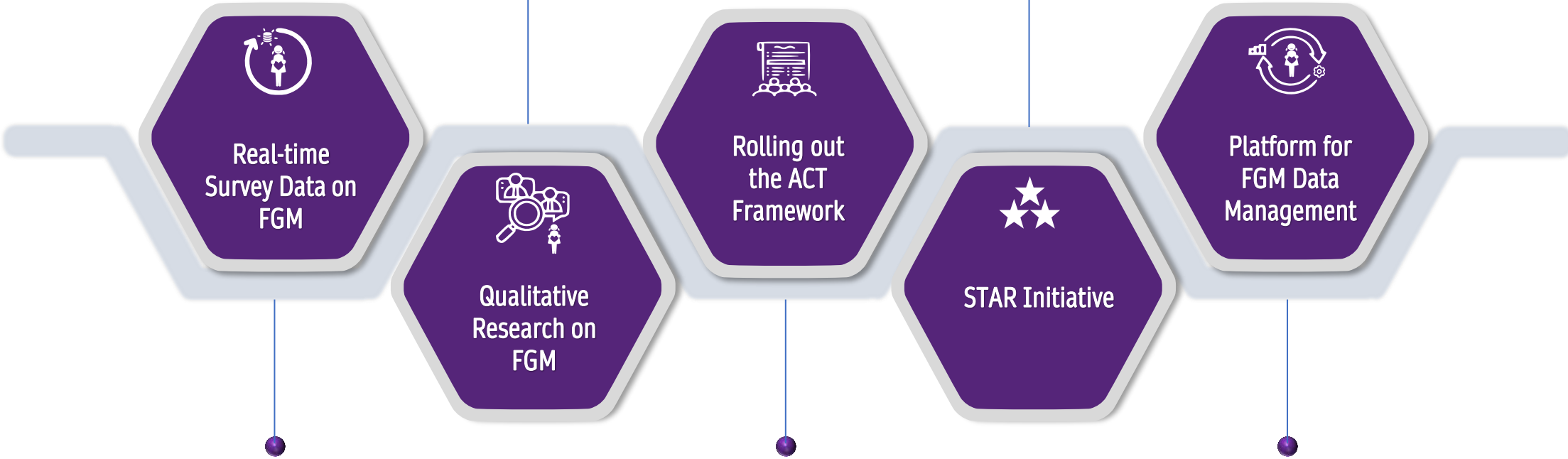
Generally observed

- Robustness of study/research: lack of strong methodology despite the resources.
- Limited qualitative data: Need qualitative data to complement quantitative findings.
- Measuring change in social norms: Many countries are still struggling to use the ACT framework
- Data disaggregation: Disaggregated indicators reported by very few countries

For countries (Questions)

- What could be the most appropriate approach to improve the quality of FGM studies/research conducted in your countries and generate more qualitative data on FGM?
- What do you suggest to allow countries to confidently measure changes in social norms considering the ACT framework?
- What is your experience and how would you like to manage the FGM programme data (quality, disaggregated sub-national)

Opportunities & Way Forward



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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 1.5

Evidence to Action:

Using data to inform FGM programming

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Session 1.5

Evidence to Action:

Using data to inform FGM programming

Colleen Murray, Statistics Specialist, UNICEF

Over **200 million** girls and women have undergone FGM

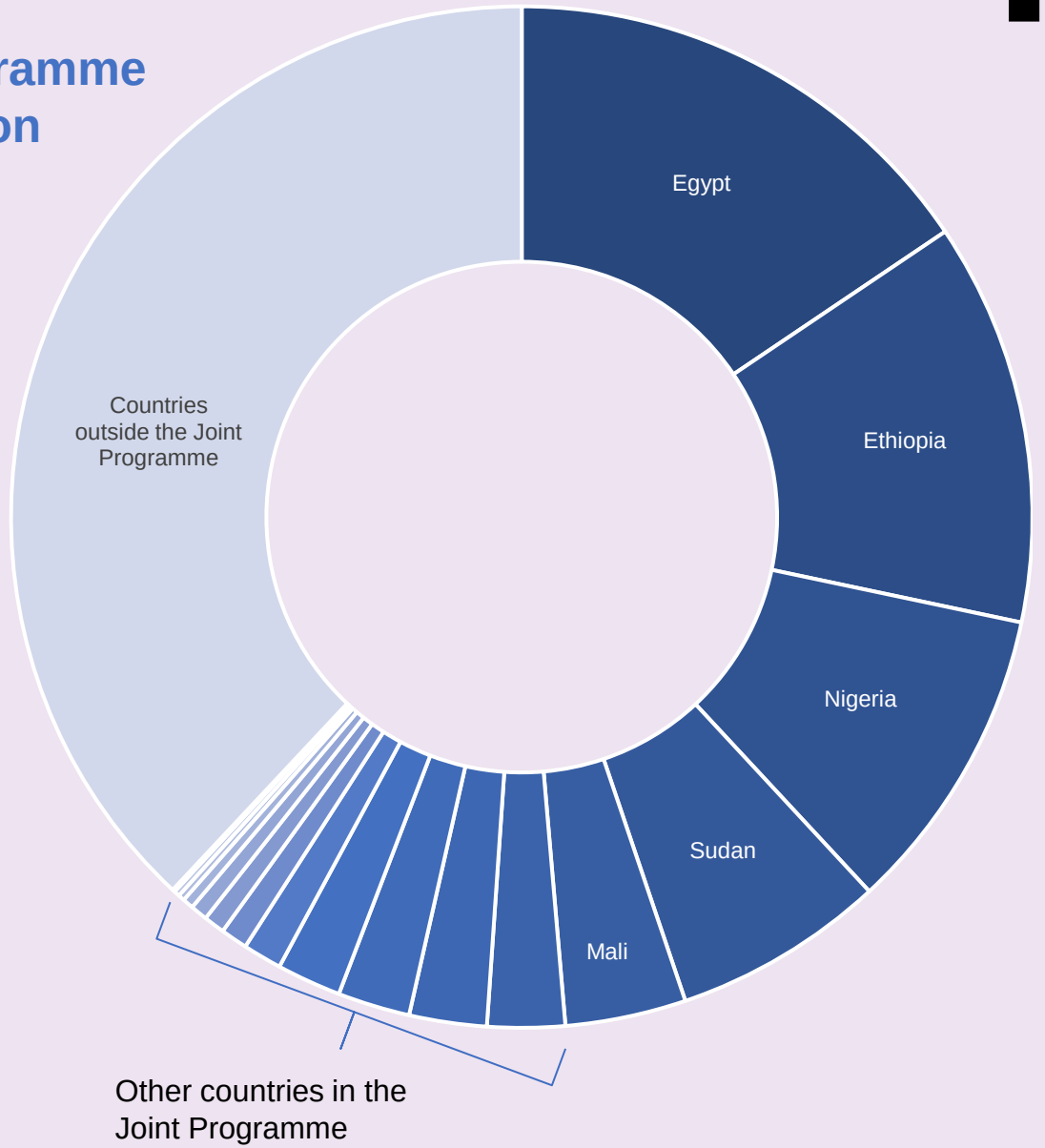
62 per cent of them are in the **17** JP countries

50 per cent are in **5** JP countries

Number of girls and women of all ages who have undergone FGM, in 31 countries with nationally representative data on the practice

Source: UNICEF global databases, 2023

Joint Programme = 127 million



In the Joint Programme countries...

WHAT IS THE RISK FOR GIRLS TODAY?

25 million girls under 15 have already undergone FGM

+

27 million girls alive today are at risk of being cut

WHAT IS THE RISK FOR GIRLS OF TOMORROW?

99 million girls will be born between now and 2030

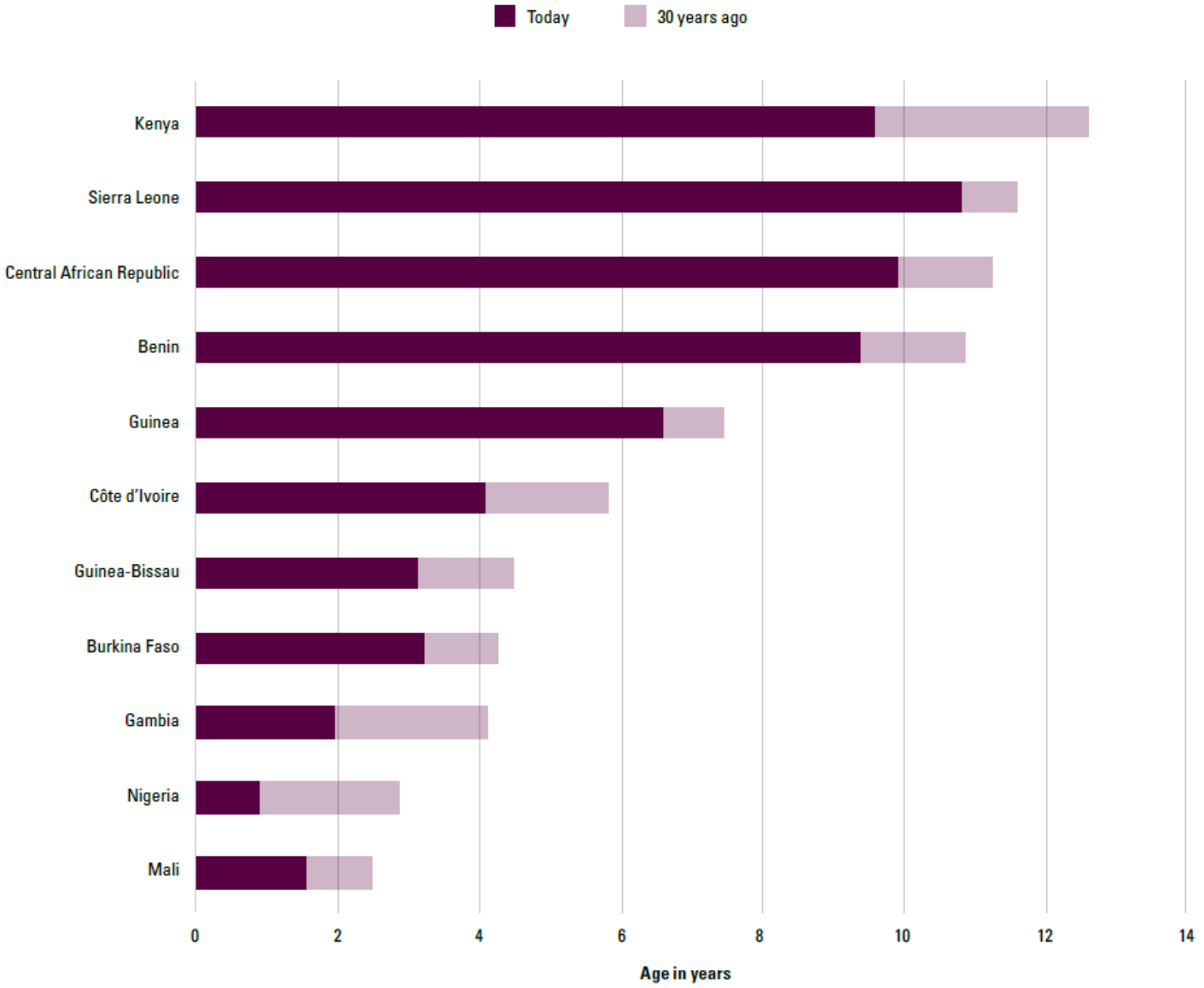
↓

31 million of these girls are expected to be cut

The period to act is shrinking

In many countries, girls are being cut at younger ages, meaning that the window of opportunity to intervene is closing

Among adolescent girls aged 15 to 19 years who have undergone FGM, the average age at which it was performed

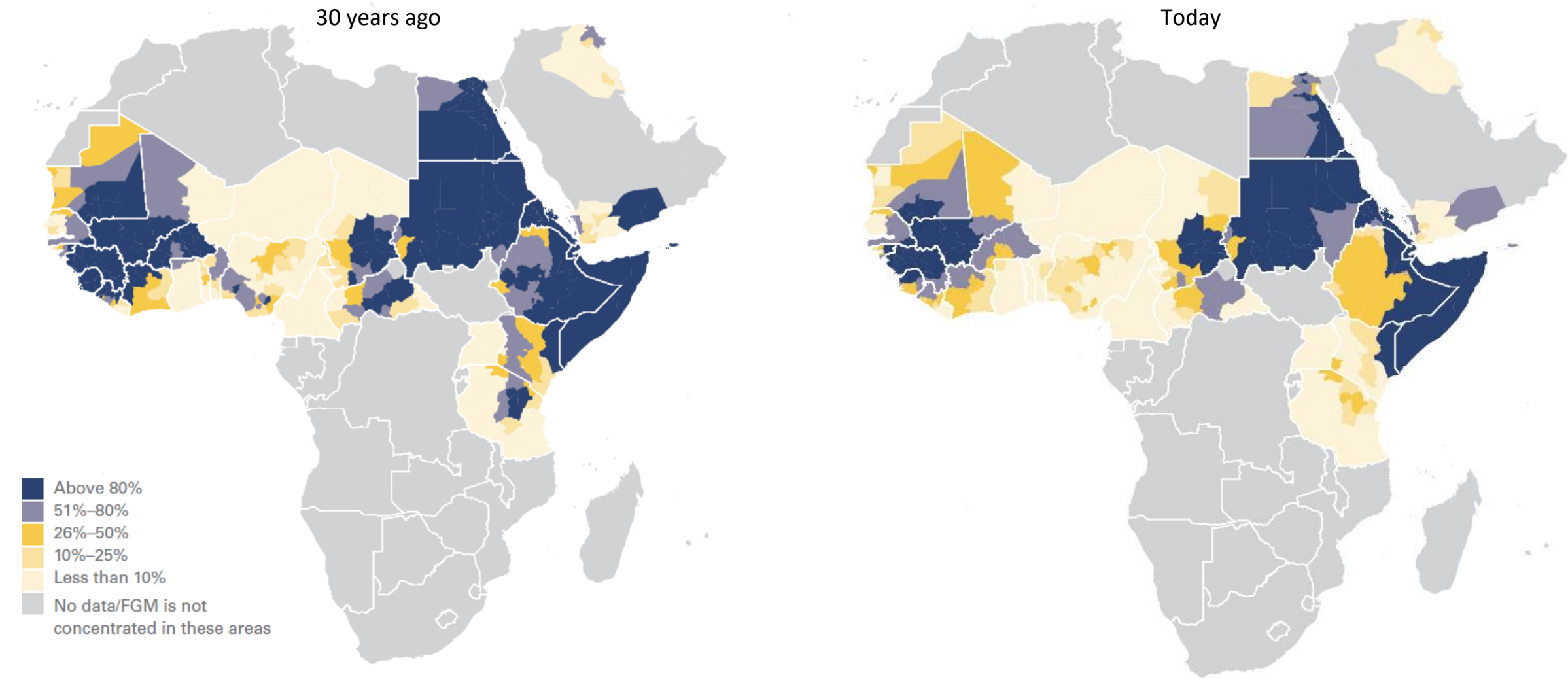


Note: Data are presented for countries in which there was a statistically significant change in the average age at cutting.
Source: United Nations Children's Fund, *The Power of Education to End Female Genital Mutilation*, UNICEF, New York, 2022.

SELECTED TRENDS IN PREVALENCE, ATTITUDES AND CIRCUMSTANCES

Areas where FGM is concentrated are shrinking

Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



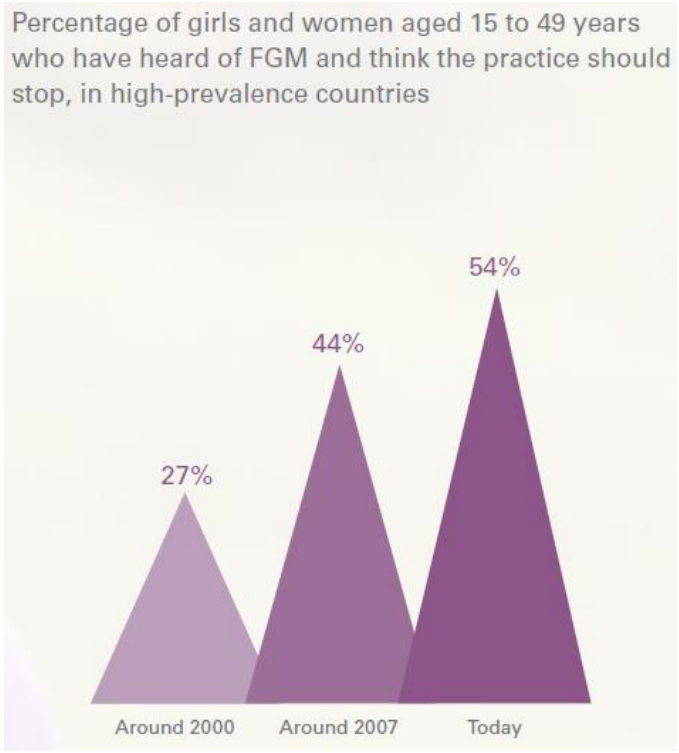
Notes: Geographical boundaries, names and designations used on these maps do not imply official endorsement or acceptance by the United Nations. Trend data are not available for Indonesia. The geography of the Maldives does not allow subnational trends to be visualized at this scale. For some subnational regions which would otherwise not have sufficient sample size to produce reliable estimates, data have been merged to show an age group larger than the standard five-year cohort.

Source: United Nations Children's Fund, *Female Genital Mutilation: A New Generation Calls for Ending an Old Practice*, UNICEF, New York, 2020.

Attitudes towards the practice are shifting

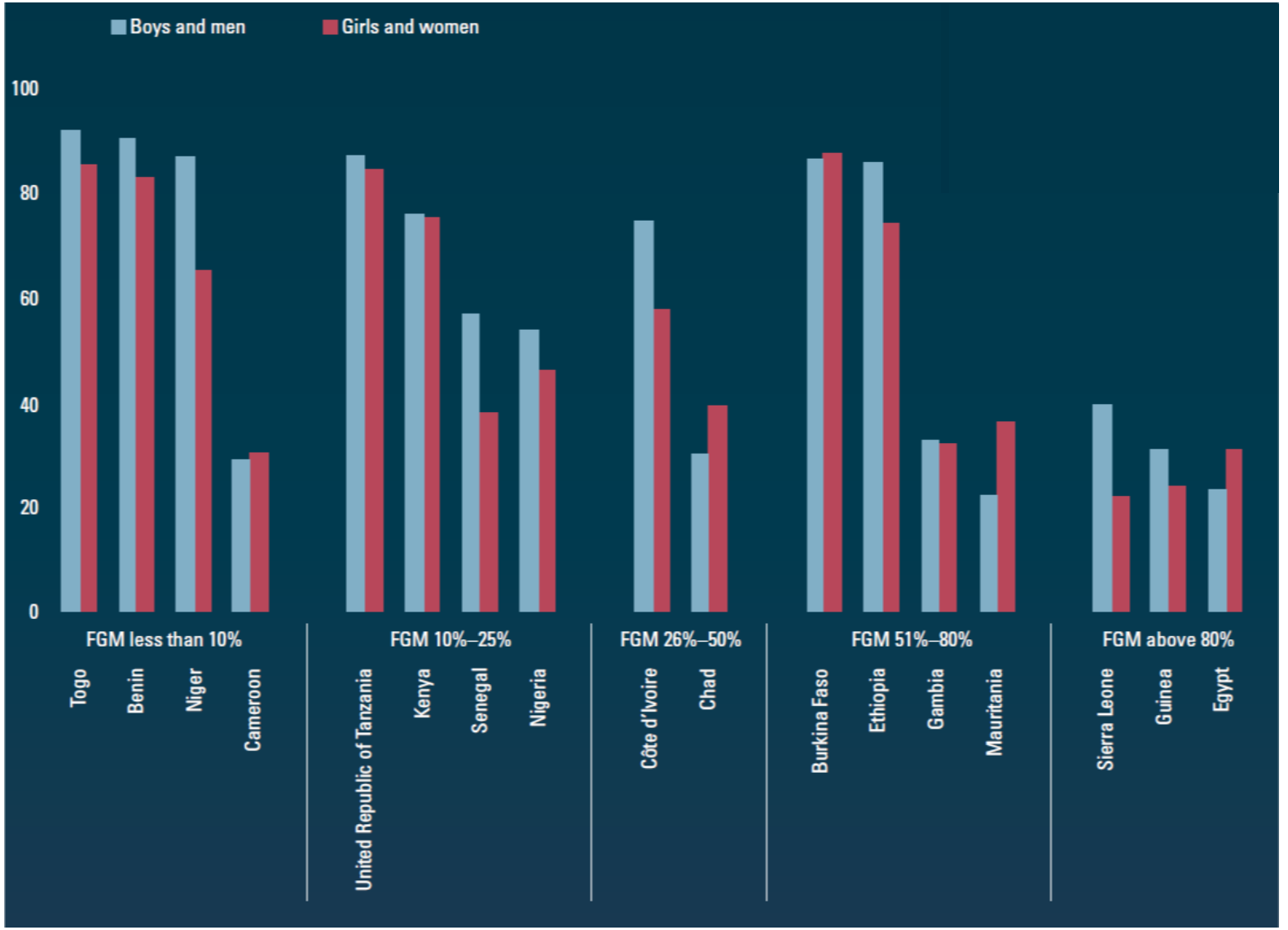
In the last two decades, opposition to FGM in high-prevalence countries has doubled

Adolescent girls are more likely than older women to oppose FGM



In most countries, boys and men from practising communities are at least as likely as girls and women to oppose FGM

In total, of the **300 million** boys and men living in practising countries in Africa and the Middle East, **200 million** think FGM should stop



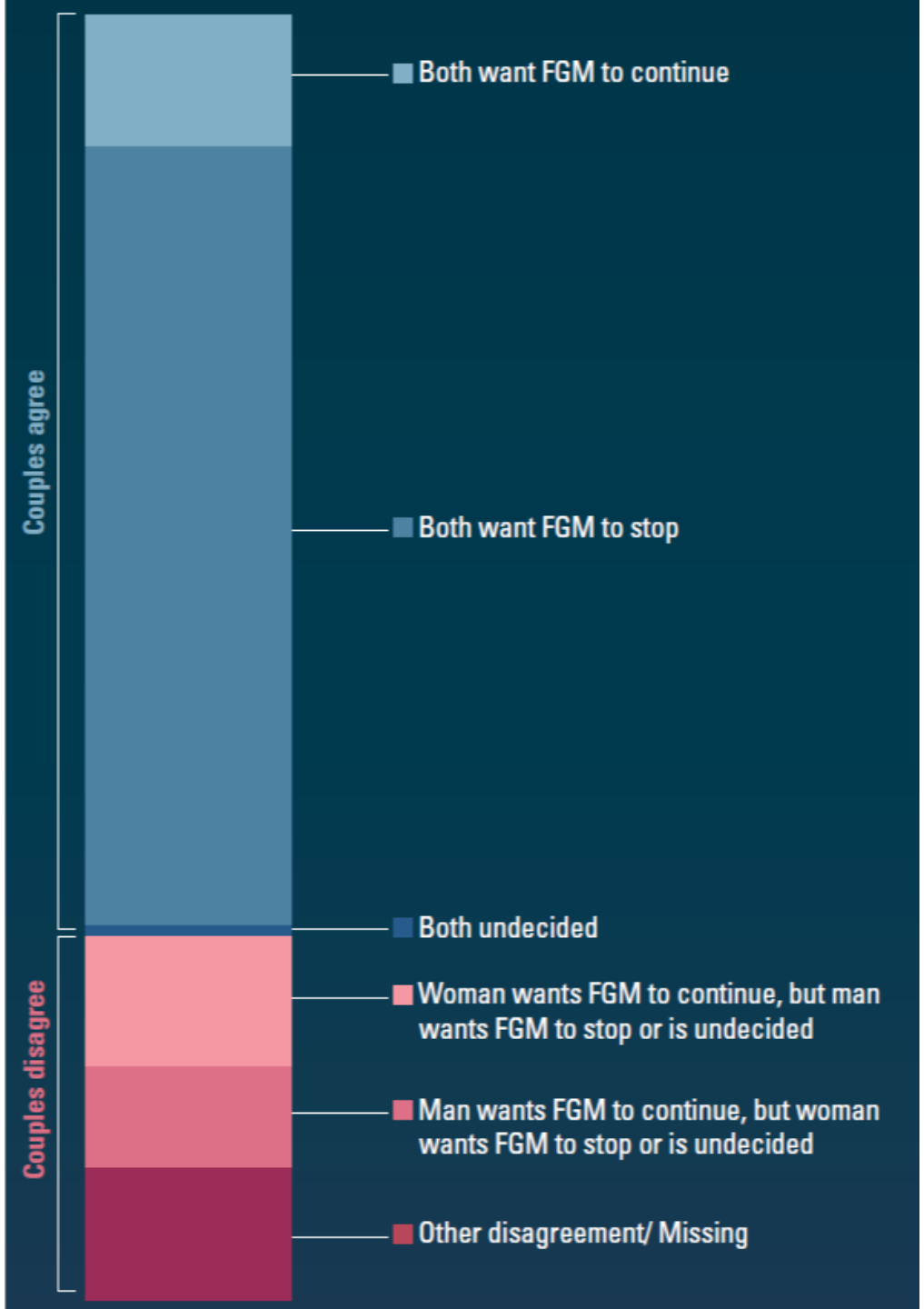
Percentage of girls and women aged 15 to 49 years who have undergone FGM and think the practice should stop; percentage of boys and men aged 15 to 49 years who live in a household with at least one person who has undergone FGM and who think the practice should stop

Source: United Nations Children's Fund, *Engaging Boys and Men to End Female Genital Mutilation*, UNICEF, New York, 2023.

To halt the transmission of the practice into the next generation, the attitudes of young girls' parents are especially important

Most parents of young girls share similar opinions about whether FGM should continue, but about 3 in 10 disagree

Disagreement is yet more common in some high-prevalence countries like Guinea (40%) and Sierra Leone (50%)



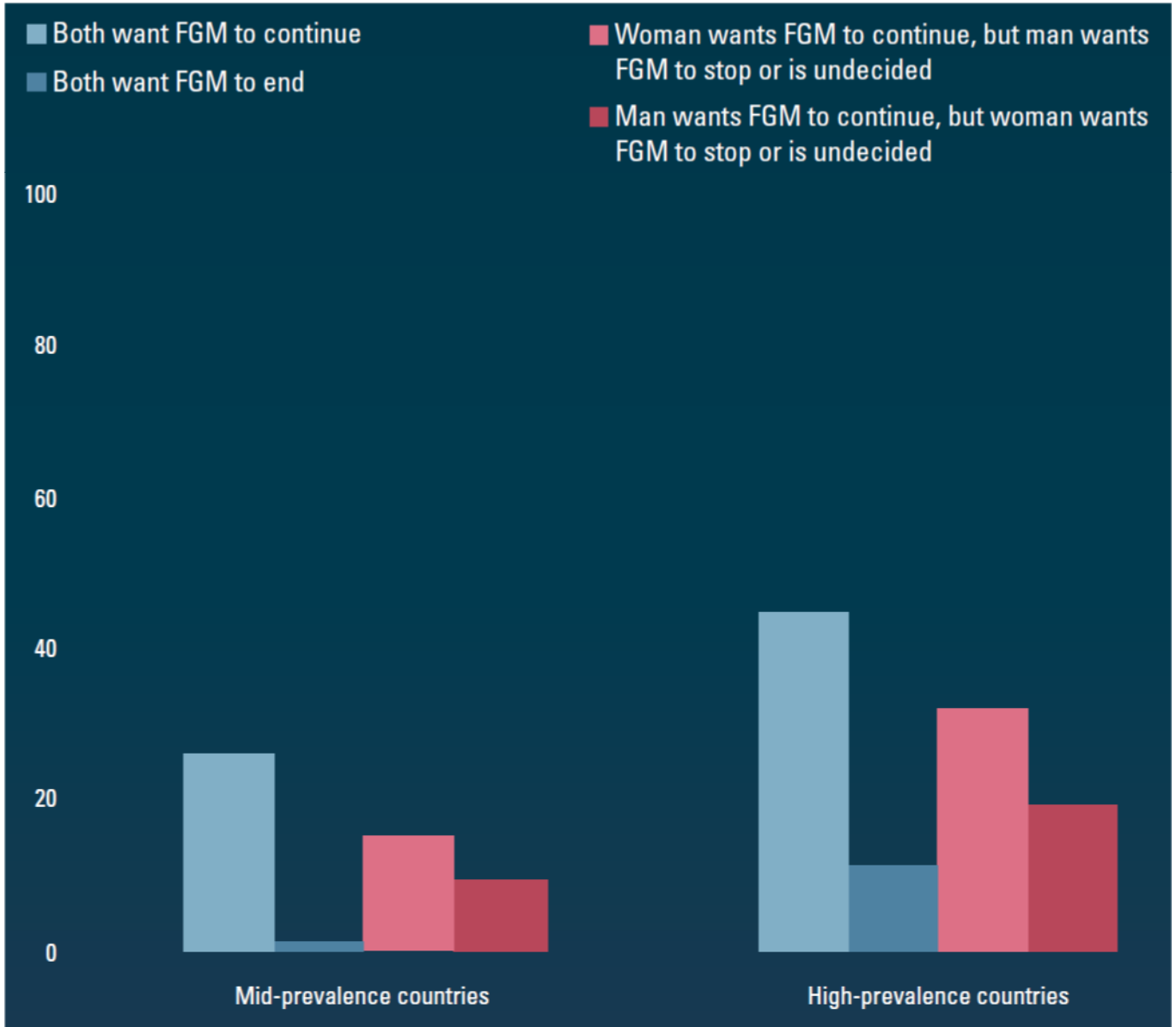
Percentage distribution of couples with at least one living daughter aged 0 to 14 years, by whether they have concordant or discordant opinions about the continuation of female genital mutilation

Source: United Nations Children's Fund, *Engaging Boys and Men to End Female Genital Mutilation*, UNICEF, New York, 2023.

The girls at lowest risk of undergoing FGM are those with both parents who oppose the practice

In cases of disagreement, the mother's wishes are more often followed

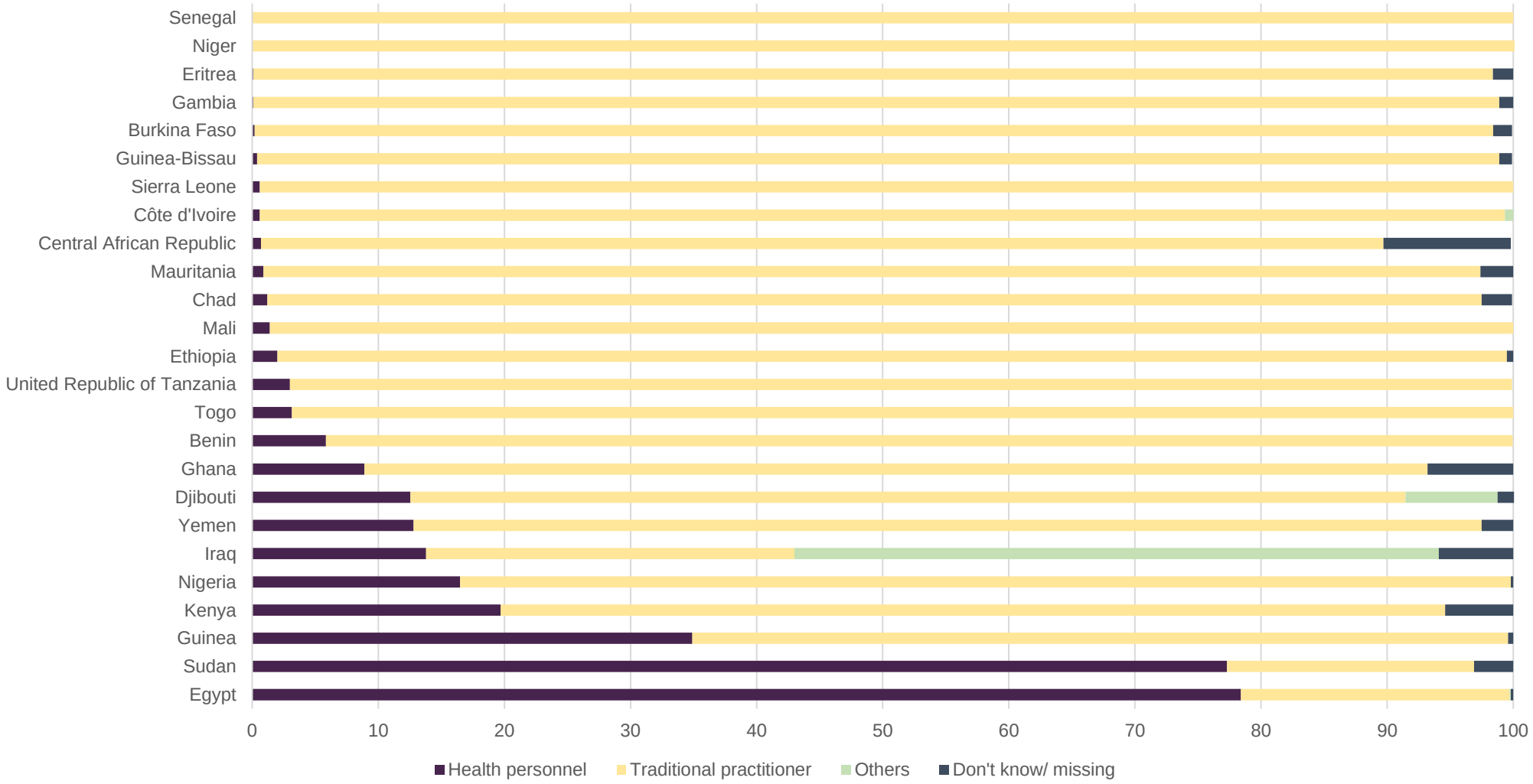
Many girls are cut despite having parents – especially fathers – who oppose the practice



Percentage of daughters aged 0 to 14 years who have undergone FGM, by parental opinions about the continuation of the practice

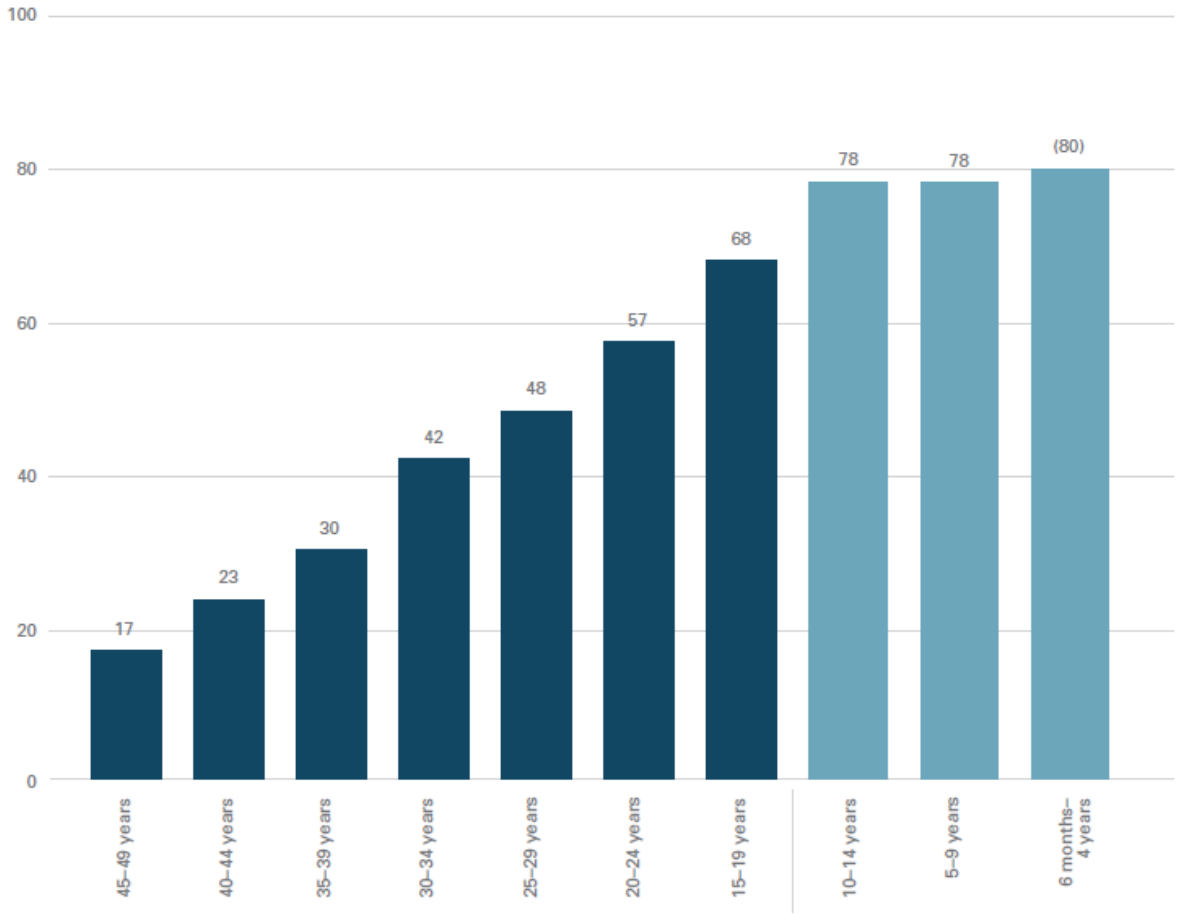
Source: United Nations Children's Fund, *Engaging Boys and Men to End Female Genital Mutilation*, UNICEF, New York, 2023.

FGM is mostly not medicalized, but where it happens, it’s picking up



Source: UNICEF global databases, 2023

Egypt



▶ **FIG.6** Percentage of cut girls and women aged 6 months to 49 years who underwent FGM by a medical practitioner, by age

Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Medical practitioners include doctors, nurses and other health providers. Data were collected from female respondents aged 15 to 49 years about their daughters aged 6 months to 14 years at the time of the survey. Girls' FGM status was reported by their mothers. Some girls under age 15 who have not been cut may still be at risk once they reach the customary age for cutting, which should be kept in mind when interpreting data for this age group (see box on page 7).

FGM has become **increasingly medicalized**: Of those who underwent the practice, 4 in 5 girls under age 15 experienced FGM at the hands of a medical professional, compared to fewer than 1 in 5 women aged 45 to 49 years

Source: United Nations Children's Fund, *Female Genital Mutilation in Egypt: Recent trends and projections*, UNICEF, New York, 2019.

FOCUS ON MEASUREMENT

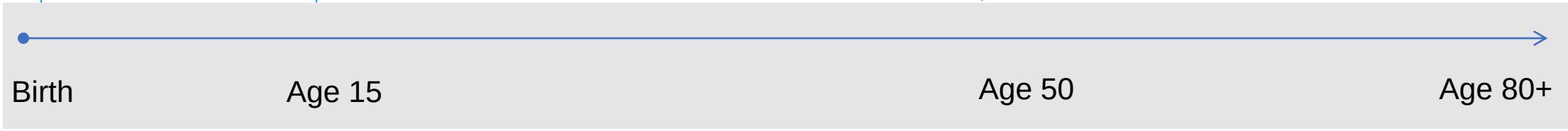
Detecting recent changes in FGM prevalence

How do we measure FGM?

Prevalence (%)

Percentage of **girls aged 0 to 14 years** who have undergone FGM

Percentage of **girls and women aged 15 to 49 years** who have undergone FGM (**SDG 5.3.2)**

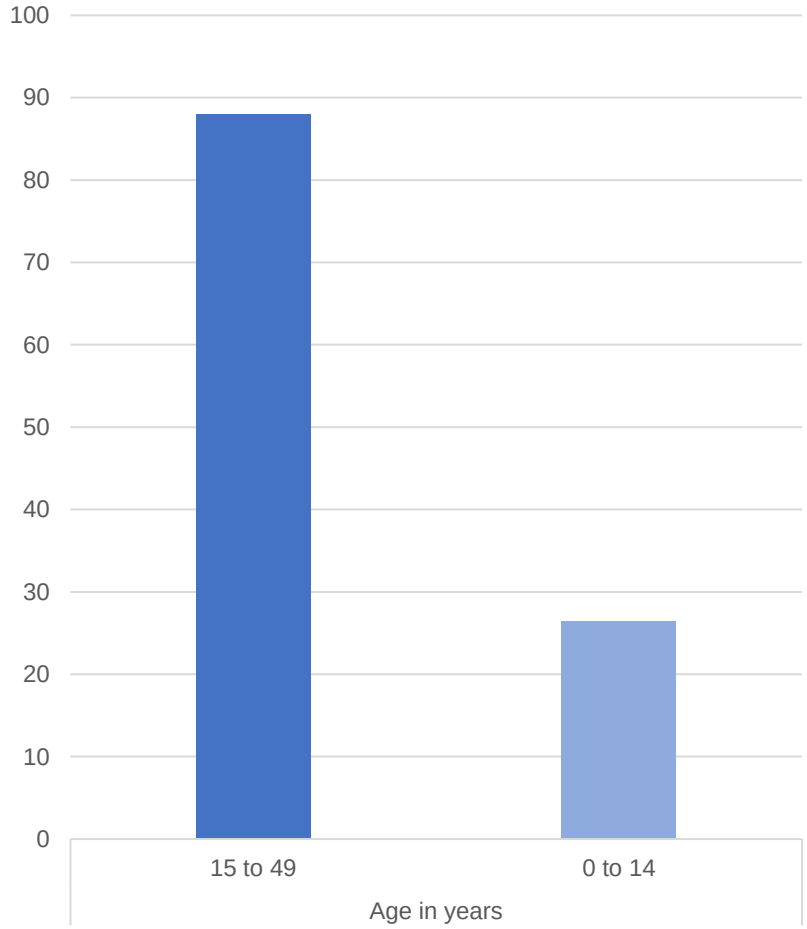


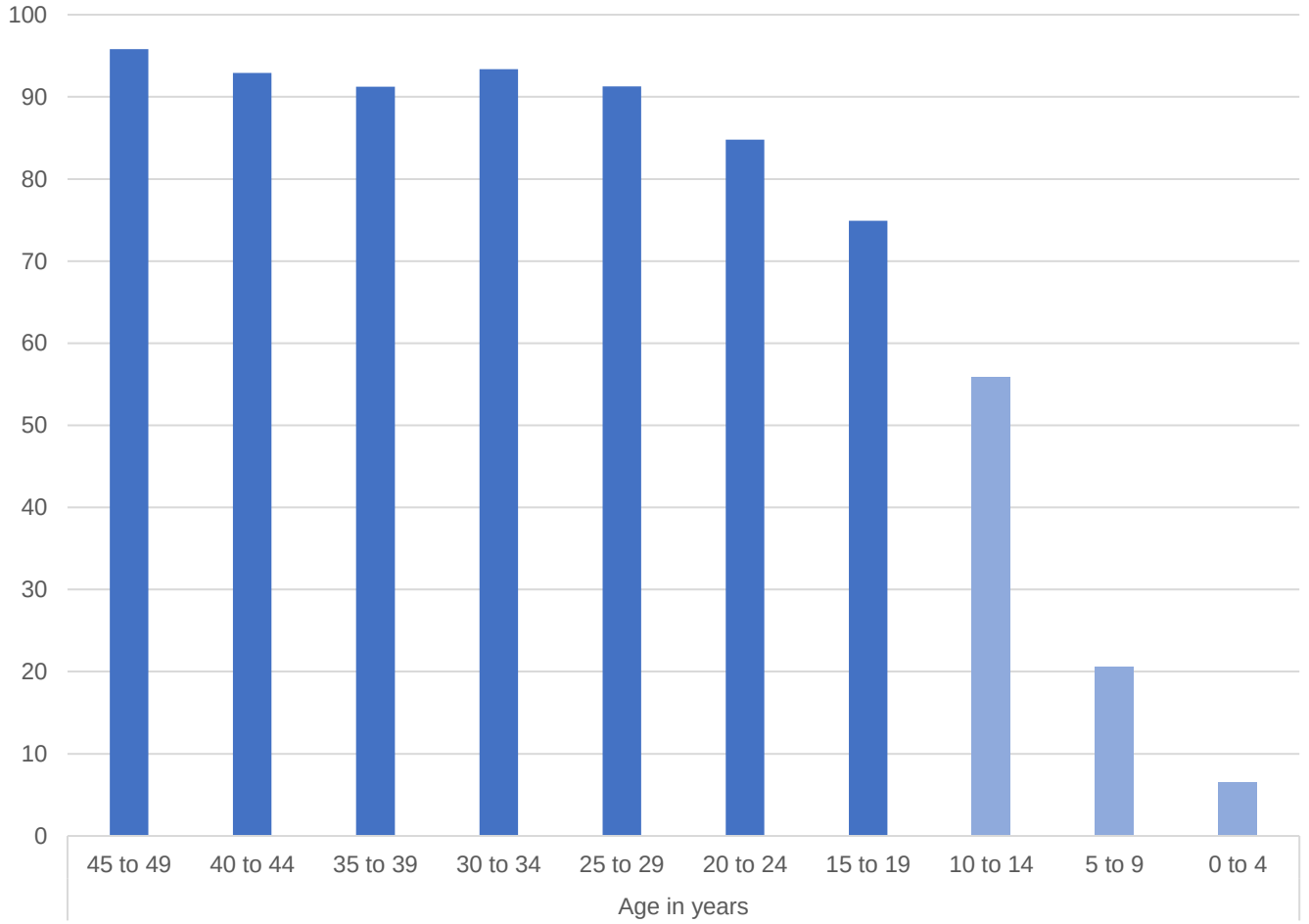
Burden (#)

Number of **girls and women of all ages** who have undergone female genital mutilatio

How can we tell if FGM is getting less common?

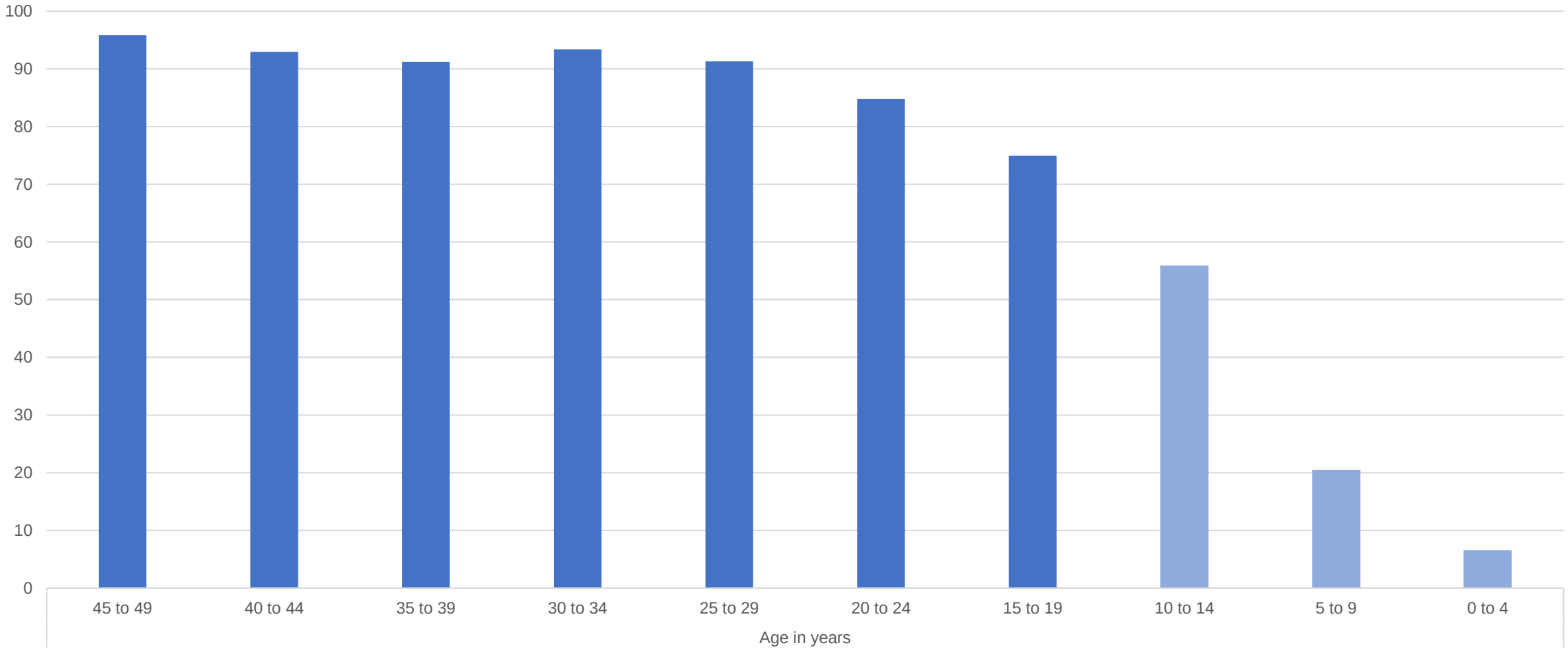
Percentage of girls and women who have undergone female genital mutilation, by age





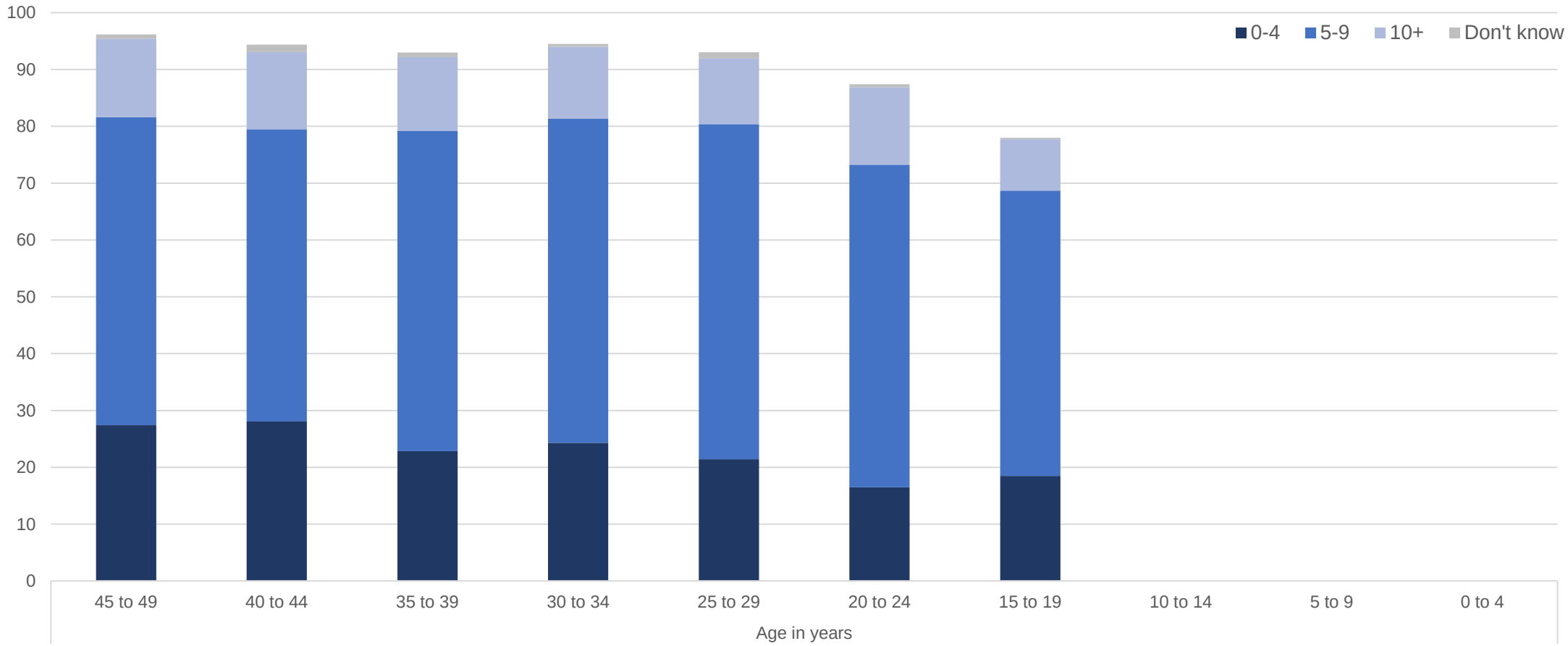
How can we tell if FGM is getting less common?

Percentage of girls and women who have undergone female genital mutilation, by age

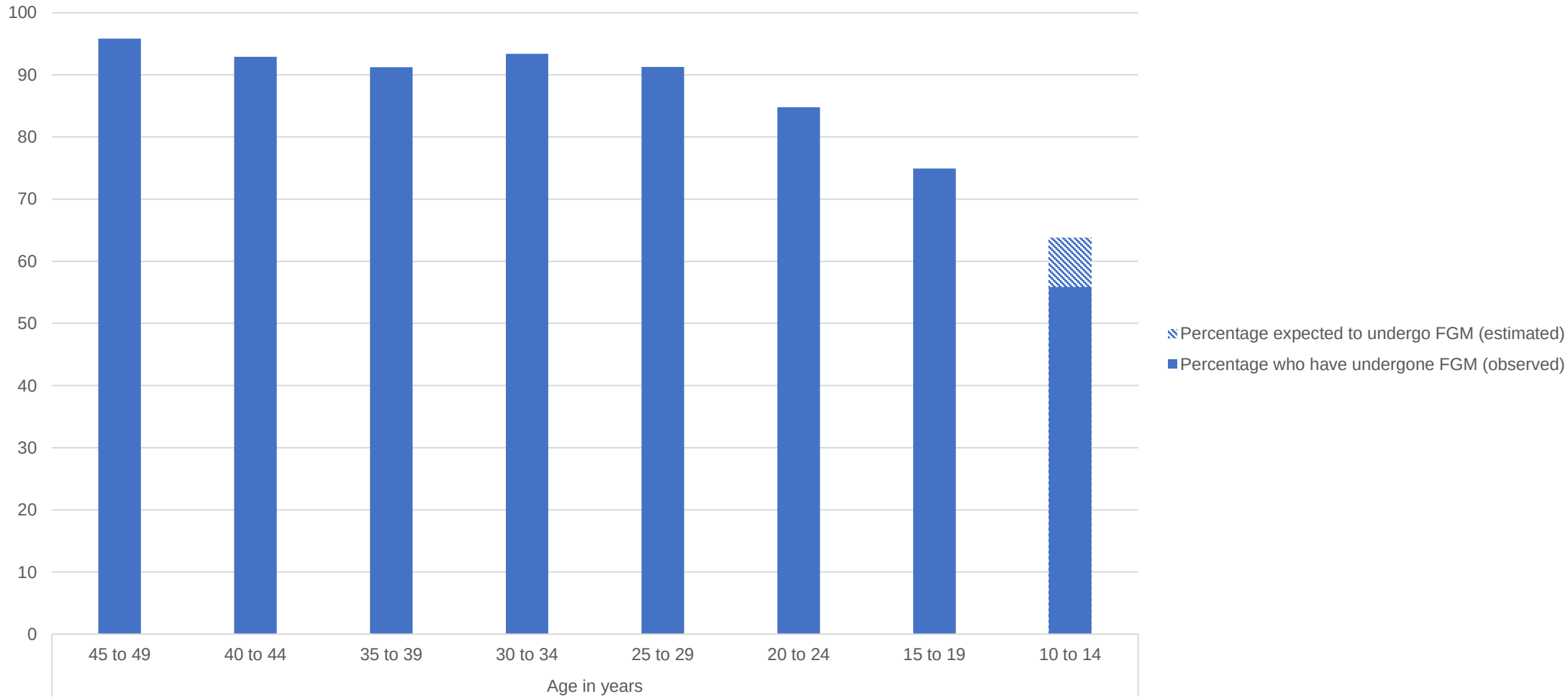


How can we tell if FGM is getting less common?

Percentage of girls and women who have undergone female genital mutilation, **distributed by age at which cutting occurred,** by age

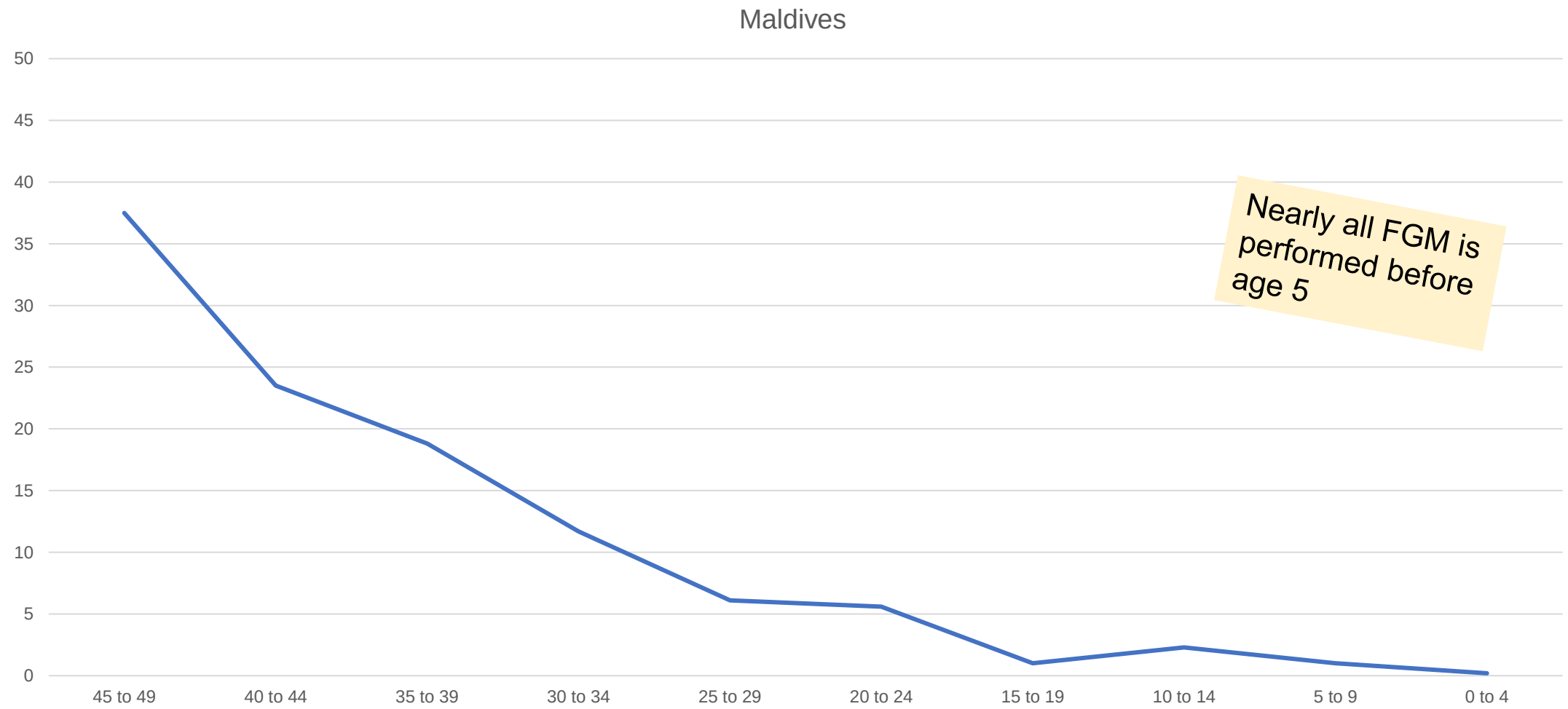


How can we tell if FGM is getting less common?



How can we tell if FGM is getting less common?

Percentage of girls and women who have undergone female genital mutilation, by age



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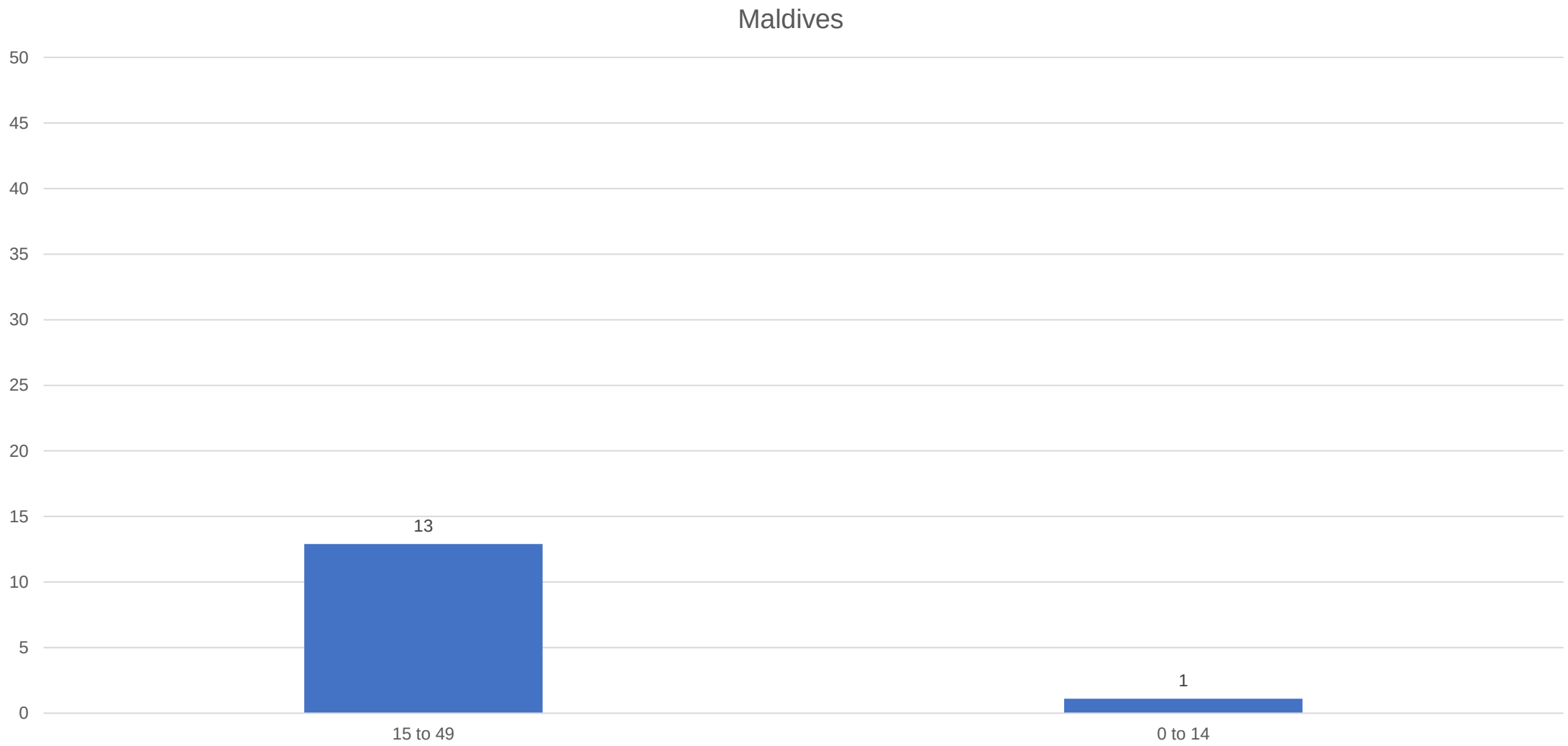
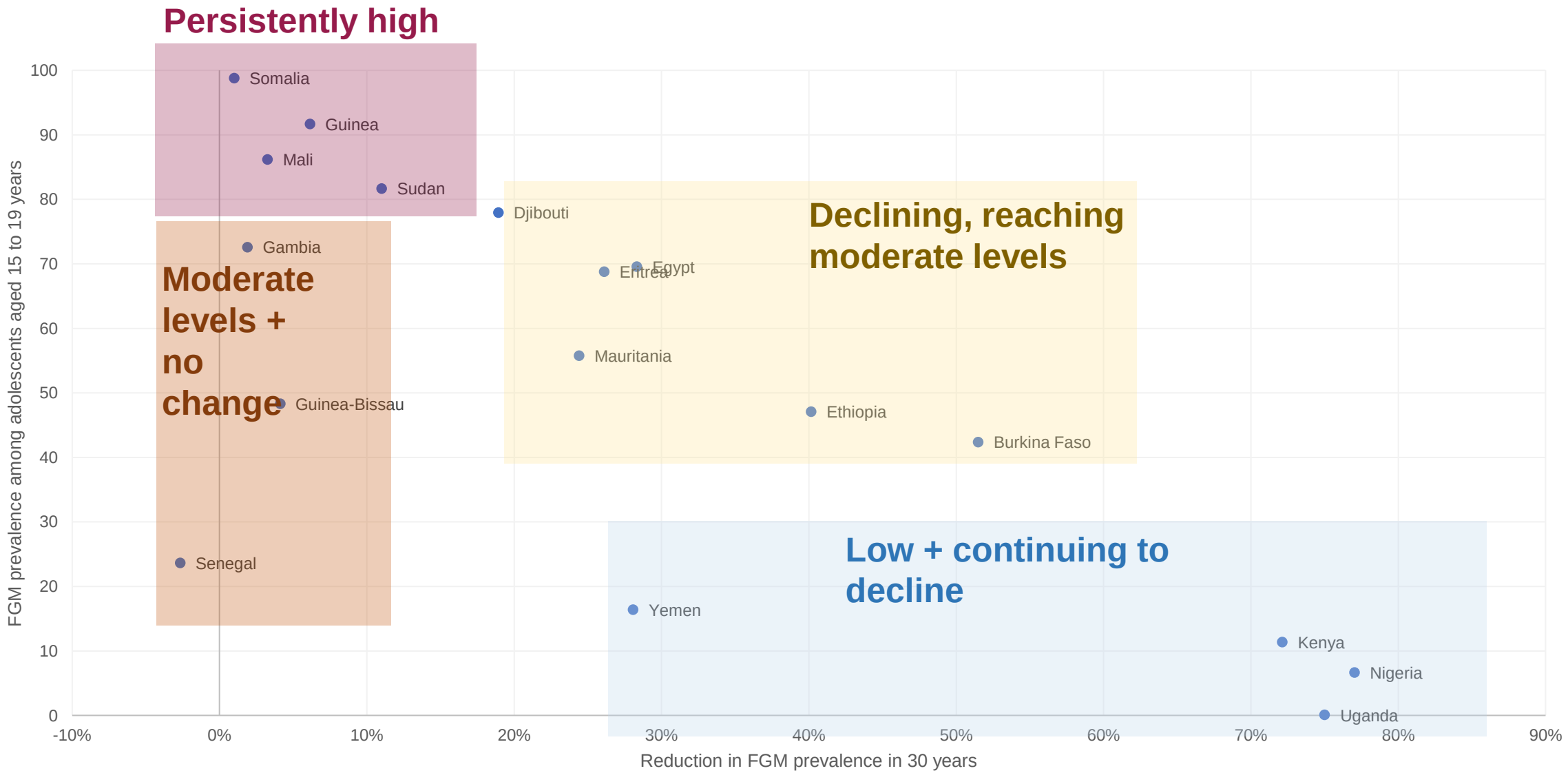


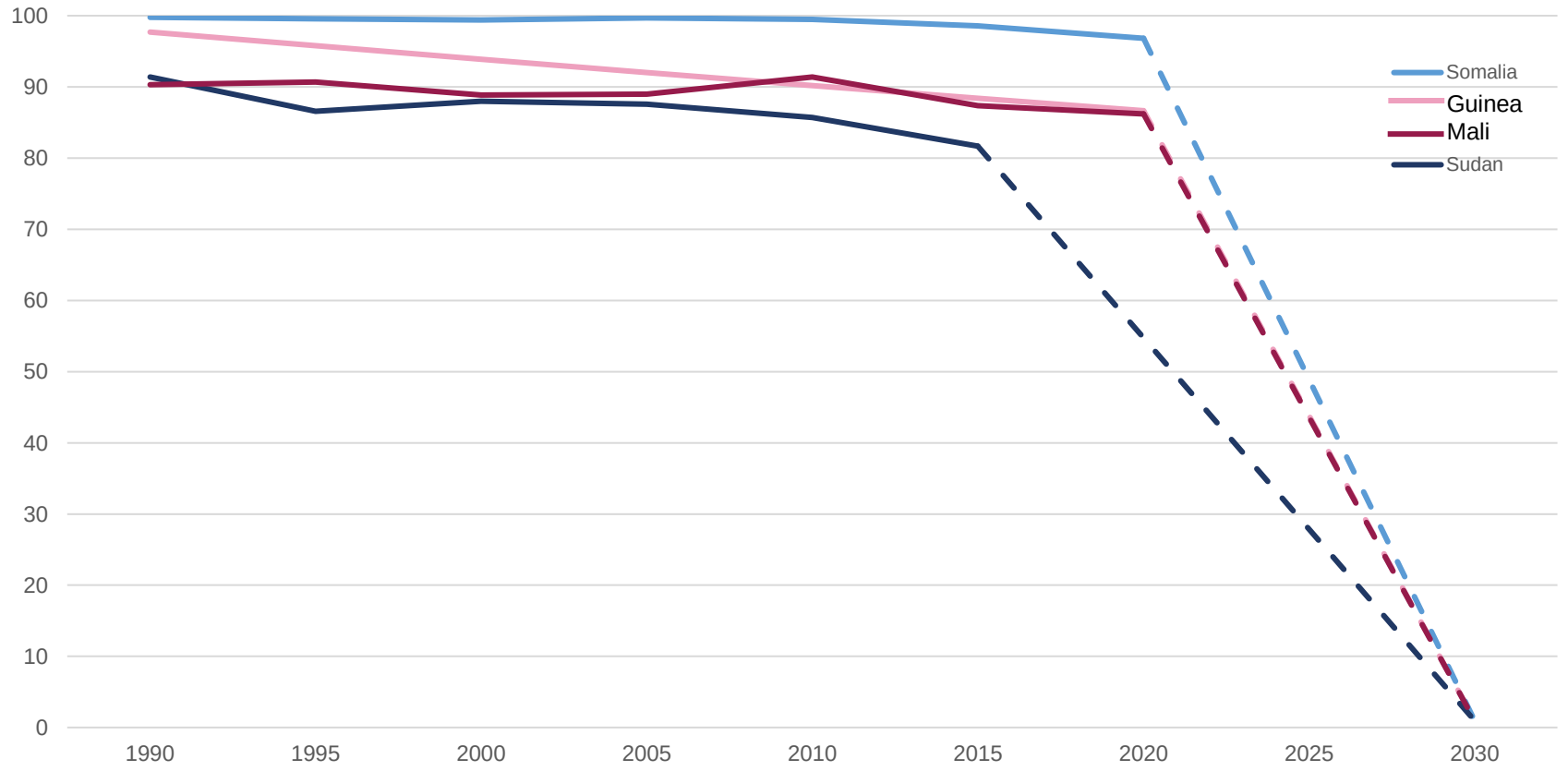
FOCUS ON JOINT PROGRAMME COUNTRIES

The Joint Programme includes a wide variety of countries: Both those with low and high prevalence, and those where the practice is declining and where it is resistant to change



Countries with **persistently high** prevalence face a steep challenge

FGM prevalence among adolescents aged 15-19 years, observed and required for elimination by 2030



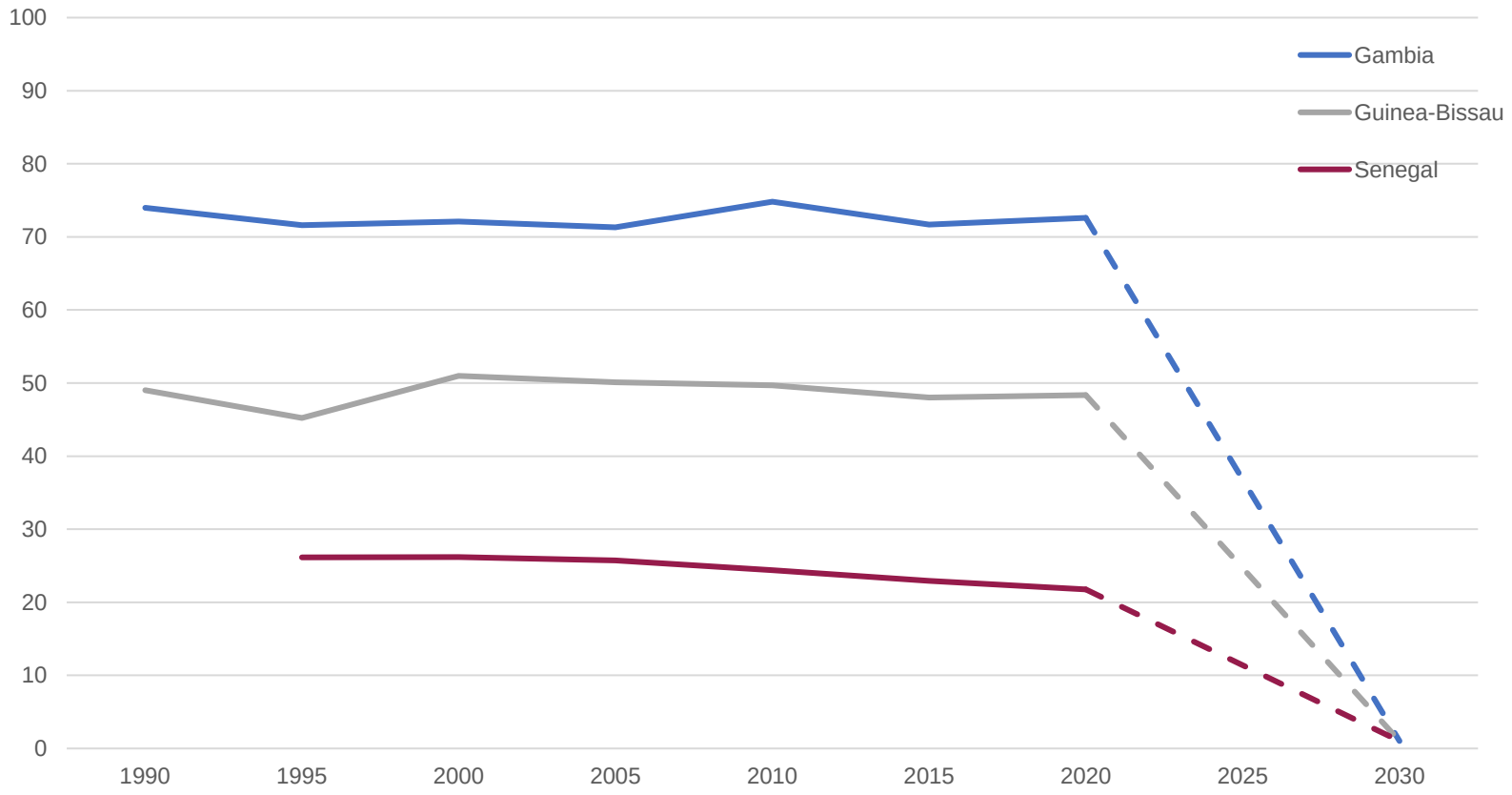
Notes: Trend analysis is based on FGM prevalence across age cohorts as collected in the latest available survey unless otherwise noted. For further details on the trend calculations for Mali, see technical notes in the linked publication.
Source: UNICEF global databases, 2023.

	Rate of change in past 10 years	Rate of change required for elimination by 2030
Somalia	0.1	45.7
Guinea	0.4	37.2
Mali	0.1	37.1
Sudan	0.7	27.3

Notes: Rates of change are calculated based on point estimates and do not take into account whether the change over the period is statistically significant. For statistical purposes, 'elimination' is defined as a prevalence of 1 per cent or lower.

Countries with **moderate levels + no change** must overcome decades of stagnation

FGM prevalence among adolescents aged 15-19 years, observed and required for elimination by 2030



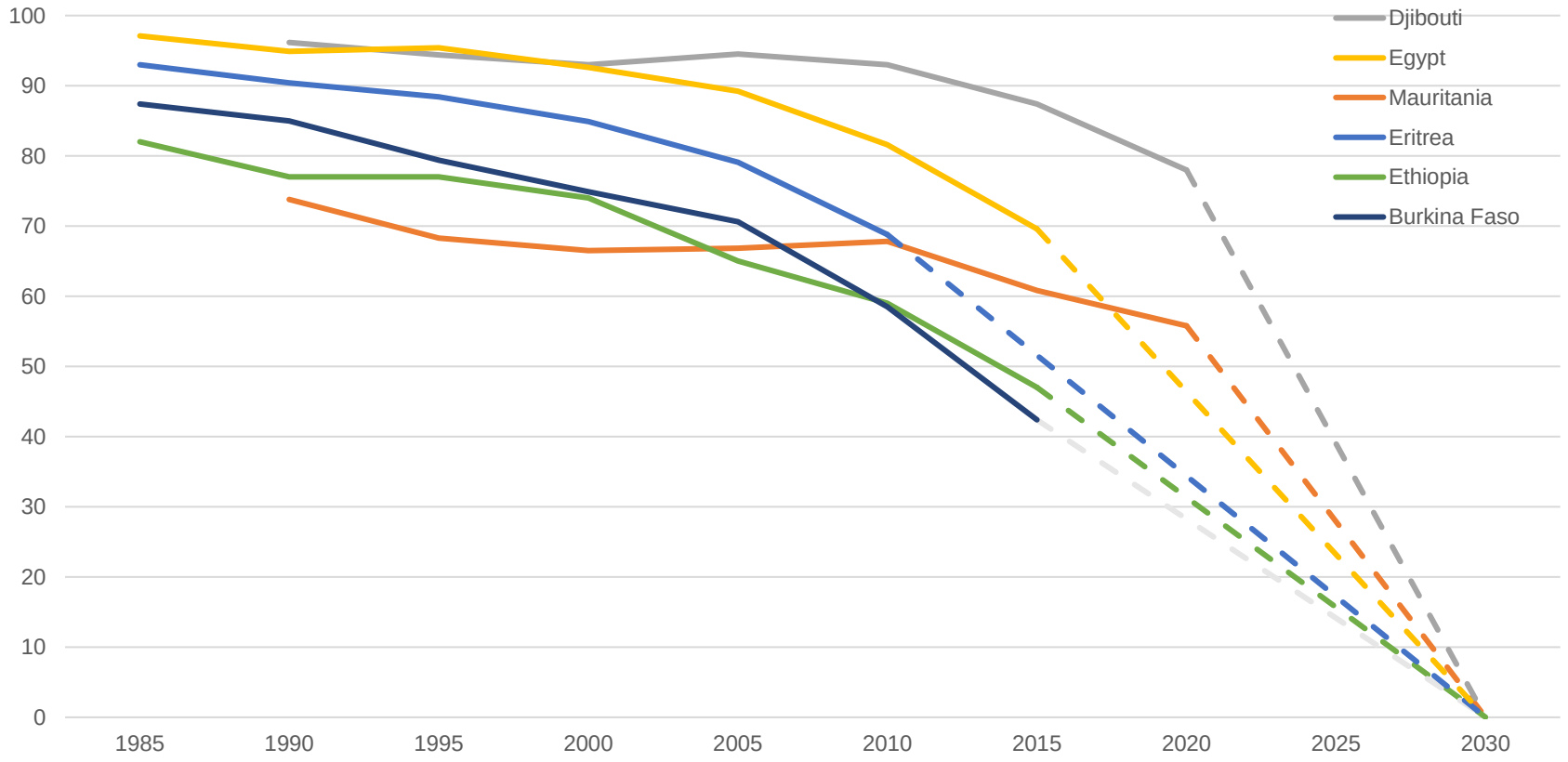
	Rate of change in past 10 years	Rate of change required for elimination by 2030
Gambia	0.3	42.8
Guinea-Bissau	1.0	35.3
Senegal	1.5	28.8

Notes: : Trend analysis is based on FGM prevalence across age cohorts as collected in the latest available survey unless otherwise noted. For further details on the trend calculations for Senegal and Guinea-Bissau, see technical notes in the respective linked publications.
Source: UNICEF global databases, 2022.

Notes: Rates of change are calculated based on point estimates and do not take into account whether the change over the period is statistically significant. For statistical purposes, 'elimination' is defined as a prevalence of 1 per cent or lower.

Countries with **declines to moderate levels of FGM** are moving in the right direction but require acceleration

FGM prevalence among adolescents aged 15-19 years, observed and required for elimination by 2030



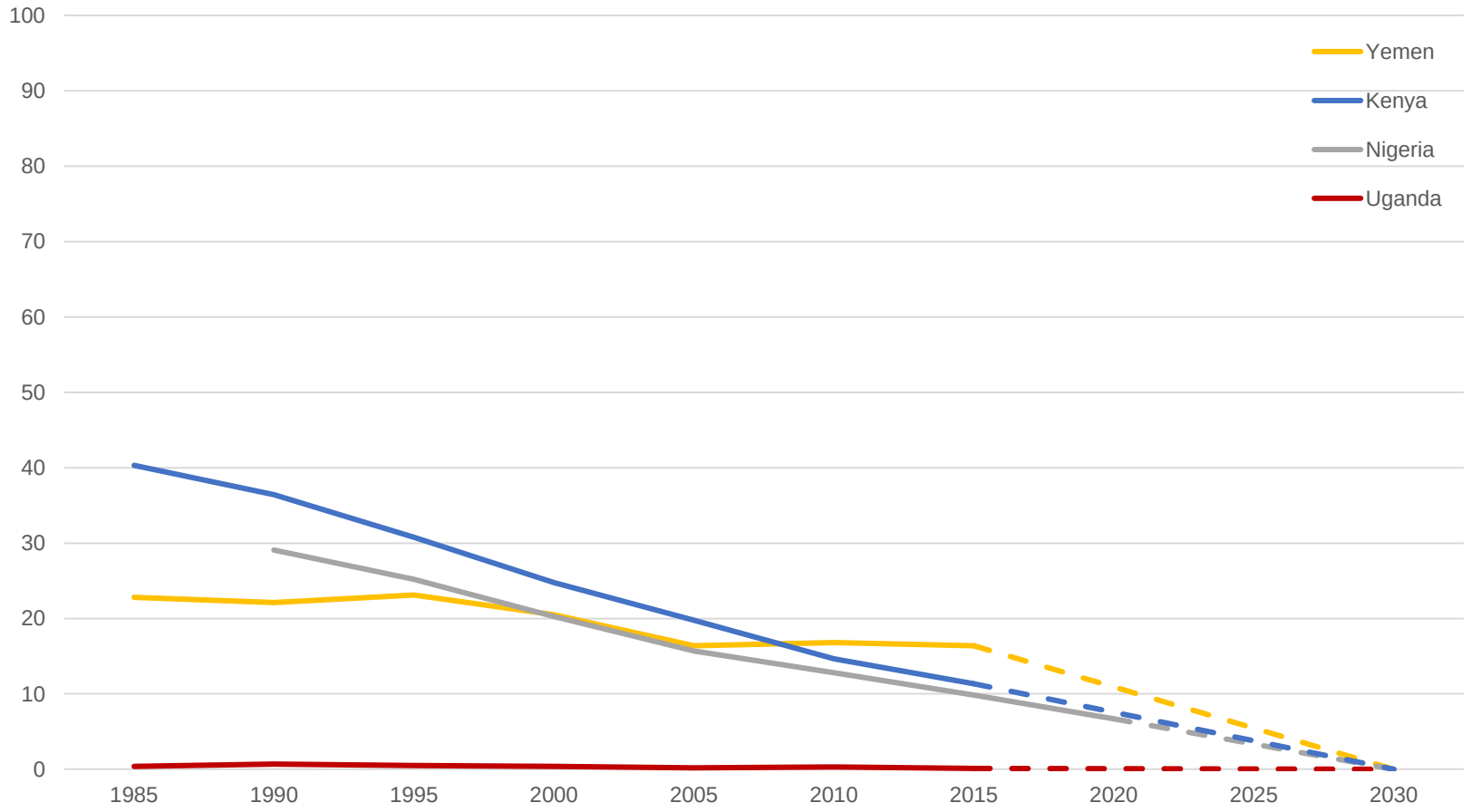
Notes: : Trend analysis is based on FGM prevalence across age cohorts as collected in the latest available survey unless otherwise noted. For further details on the trend calculations for Egypt and Ethiopia, see technical notes in the respective linked publications.
Source: UNICEF global databases, 2022.

	Rate of change in past 10 years	Rate of change required for elimination by 2030
Djibouti	1.8	41.2
Egypt	2.5	28.3
Mauritania	2.0	44.7
Eritrea	2.1	21.2
Burkina Faso	5.1	27.1
Ethiopia	3.2	27.5

Notes: Rates of change are calculated based on point estimates and do not take into account whether the change over the period is statistically significant. For statistical purposes, 'elimination' is defined as a prevalence of 1 per cent or lower.

Countries in which levels of FGM are **low and continuing to decline** are the nearest to reaching the SDG target

FGM prevalence among adolescents aged 15-19 years, observed and required for elimination by 2030



Note: : Trend analysis is based on FGM prevalence across age cohorts as collected in the latest available survey unless otherwise noted. For further details on the trend calculations for Kenya, see technical notes in the linked publication.
Source: UNICEF global databases, 2023.

	Rate of change in past 10 years	Rate of change required for elimination by 2030
Yemen	0.0	16.5
Kenya	4.6	16.8
Nigeria	6.5	28.3
Uganda	6.9	n/a

Notes: Rates of change are calculated based on point estimates and do not take into account whether the change over the period is statistically significant. For statistical purposes, 'elimination' is defined as a prevalence of 1 per cent or lower.

Country	Latest data source		New	Forthcoming
Benin	MICS	2014		**MICS 2021 underway, will not include FGM**
Burkina Faso	EMDS	2015		**DHS 2021 underway, will include FGM**
Cameroon	DHS	2004		
Central African Republic	MICS	2018-19		
Chad	MICS	2019		
Côte d'Ivoire	MICS	2016		**DHS 2021 underway, will include FGM**
Djibouti	EVFF	2019	NEW	
Egypt	Health Issues Survey (DHS)	2015	SOON>>>	Family Health Survey 2021 Key Results published, awaiting final
Eritrea	Population and Health Survey	2010		
Ethiopia	DHS	2016		
Gambia	DHS	2019-20		
Ghana	MICS	2017-18		DHS 2022 underway, will not include FGM
Guinea	DHS	2018		
Guinea-Bissau	MICS	2018-19		
Indonesia	RISKEDAS	2013		
Iraq	MICS	2018		
Kenya	DHS	2014		**DHS 2022 planned, will include FGM**
Liberia	DHS	2019-20		
Mali	DHS	2018		
Maldives	DHS	2016-17		
Mauritania	DHS	2019-21	NEW	
Niger	DHS	2012		
Nigeria	MICS	2021	NEW	
Senegal	DHS	2019		DHS 2023 underway, will include FGM
Sierra Leone	DHS	2019		
Somalia	SHDS	2020		
Sudan	MICS	2014		**MICS 2022 planned, will include FGM**
Togo	MICS	2017		DHS 2023 underway, FGM inclusion TBD
Uganda	DHS	2016		
United Republic of Tanzania	DHS	2015-16		**DHS 2022 planned, will include FGM**
Yemen	DHS	2013		**MICS 2022-23 underway, FGM not included**

ANNUAL TECHNICAL CONSULTATION

DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

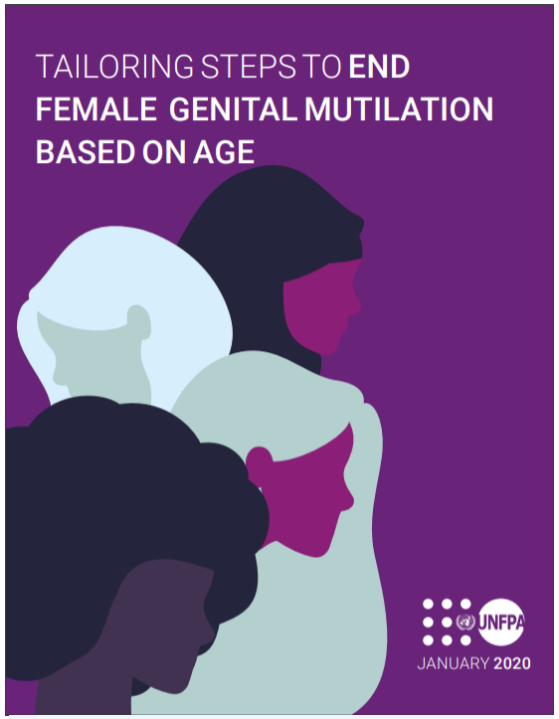
Session 1.1

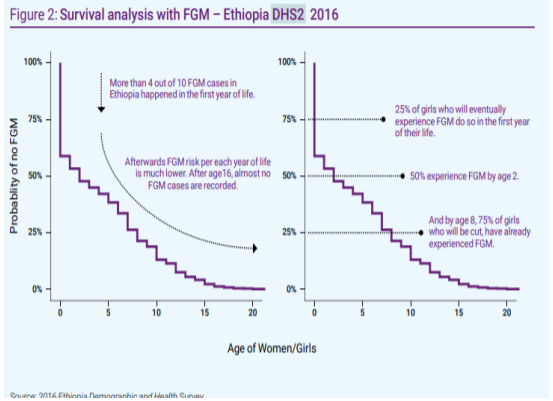
FGM Incidence Risk:

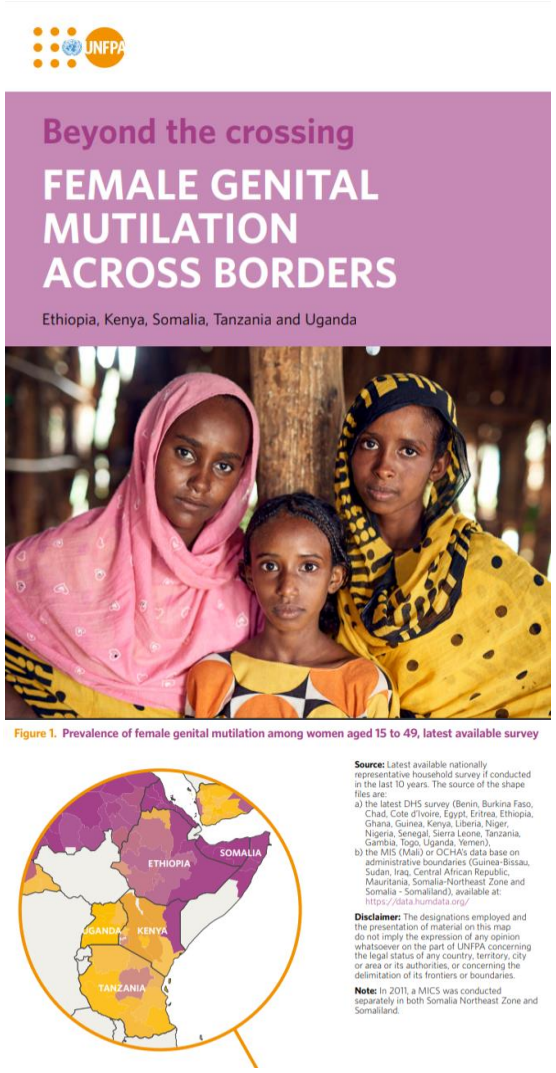
Data, Measurement and Analytical Insights

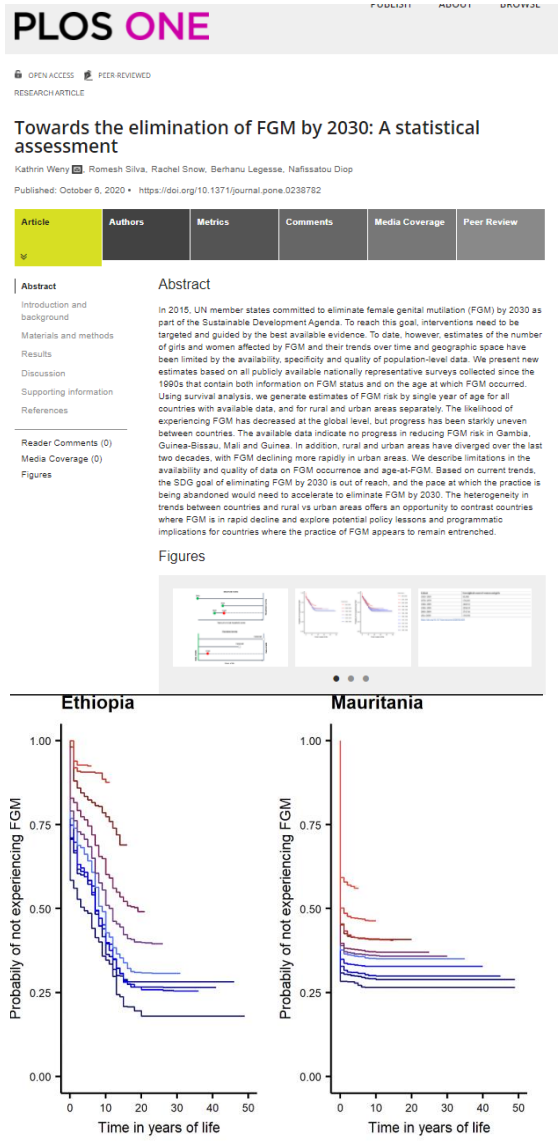
Romesh Silva, Senior Technical Specialist, Technical Division, UNFPA

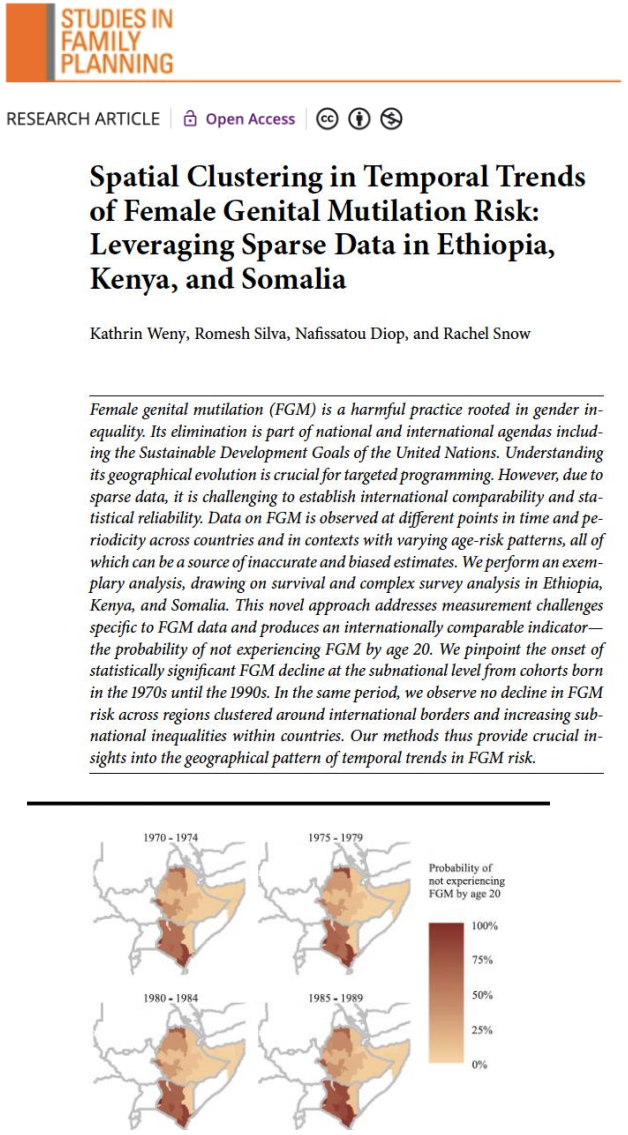
6+ years of collaboration b/w statisticians/demographers & FGM experts











Overview

1. **Context and Motivation:** Why an FGM Incidence Risk Measurement Framework?
2. **Levels and Trends:** What does current and future FGM risk look like?
3. **Methodological Framework:** Applying survival analysis to FGM survey data
4. **Subnational FGM Incidence Risk:** Clustering and increased subnational inequalities
5. **Future data + measurement directions:** Multiple data sources + refined projections

Context & Motivation: Why an FGM Incidence Framework?

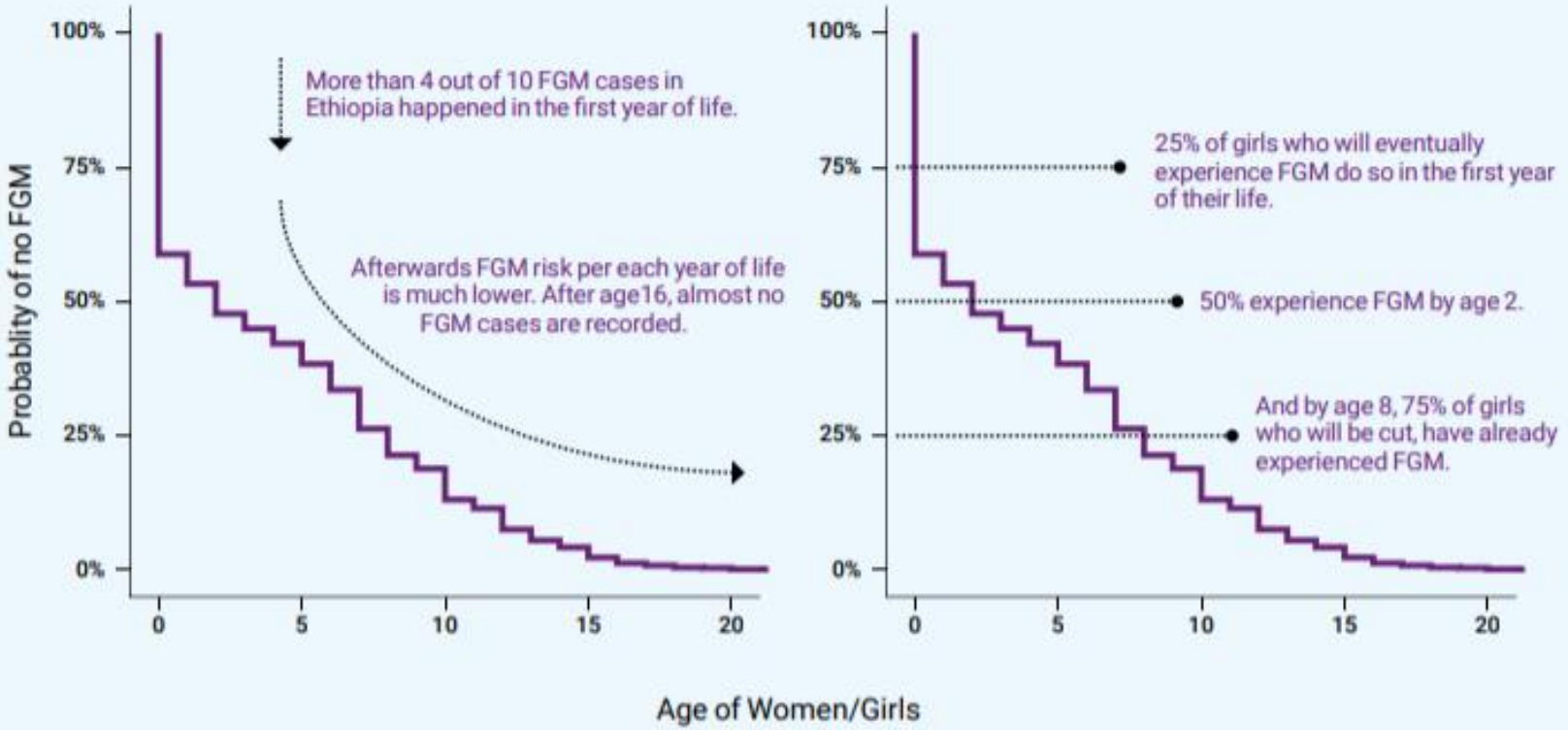
SUSTAINABLE DEVELOPMENT GOALS

Goal: Eliminate **all** acts of FGM by 2030 (i.e. zero FGM incidents by 2030)

5 GENDER EQUALITY

68 million women and girls are at risk of FGM between 2015 and 2030

Figure 2: Survival analysis with FGM – Ethiopia DHS2 2016



Source: 2016 Ethiopia Demographic and Health Survey.

Context & Motivation: Why an FGM Incidence Framework?

Figure 1: Projected number of girls at risk of FGM incidence, 2015-2030

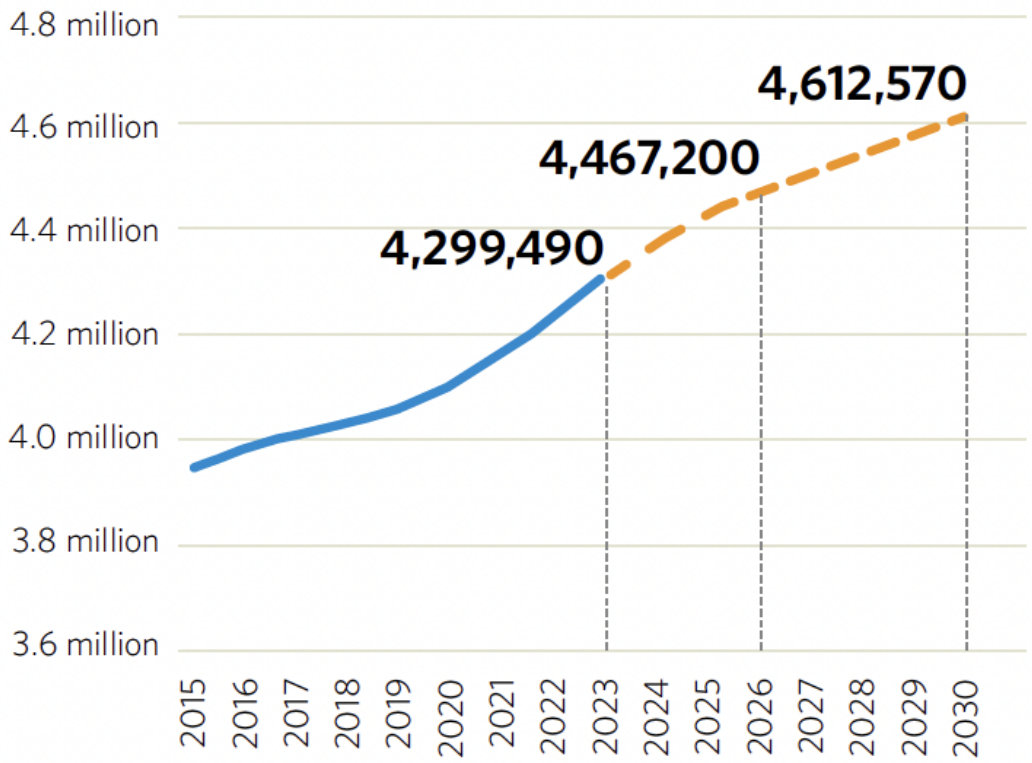
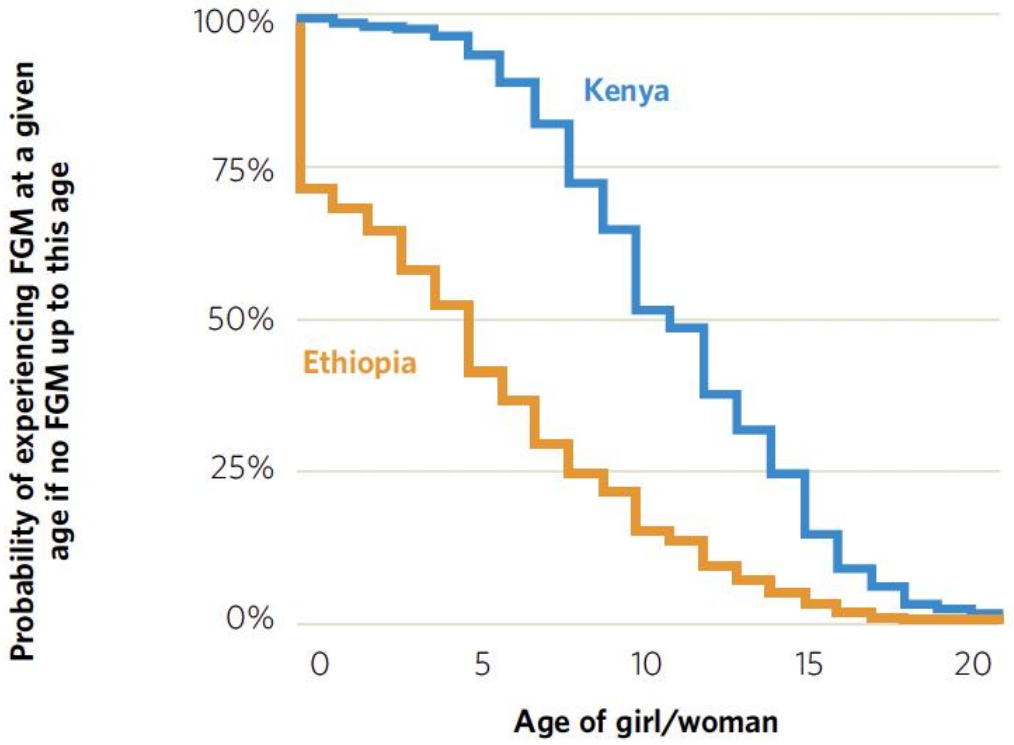


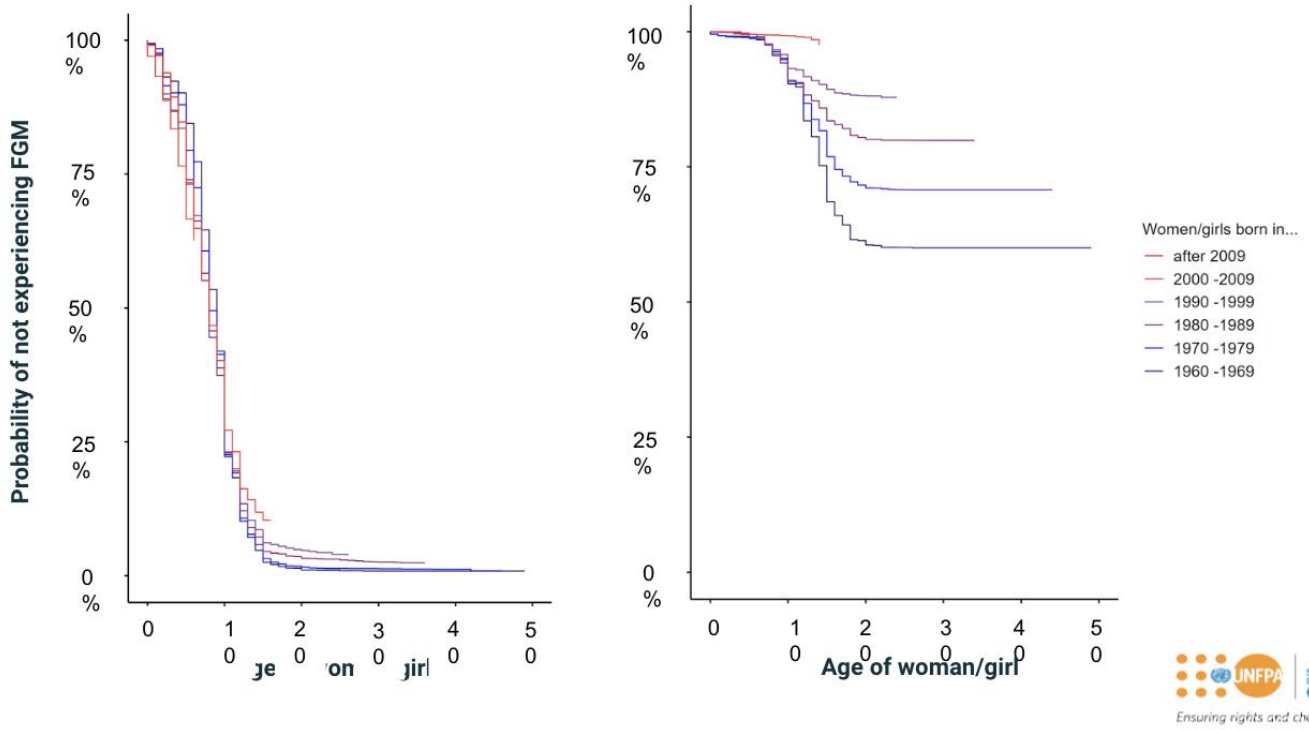
Figure 2: Risk of FGM incidence in Ethiopia and Kenya, by age of girls and women



Levels & Trends: What does current and future FGM risk look like?

Comparison across birth cohorts to estimate trend

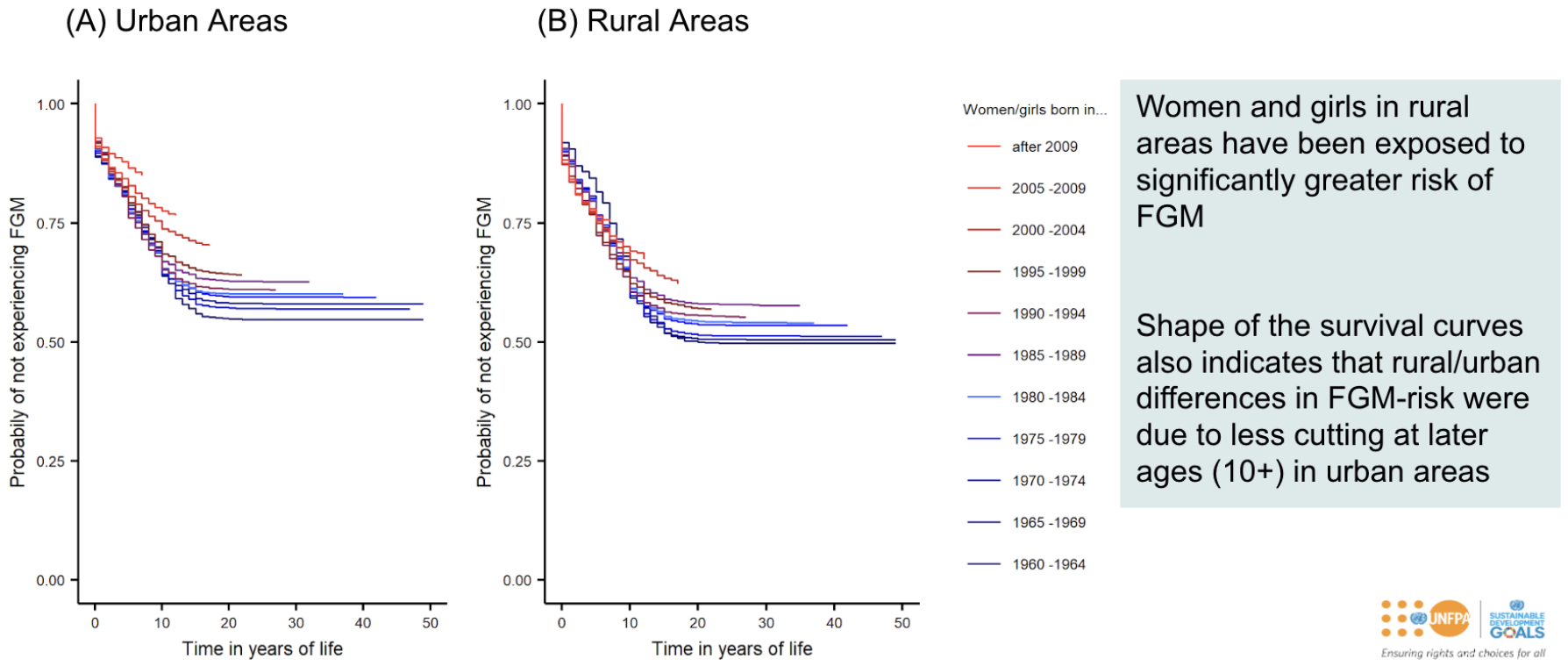
Kaplan Meier estimates (Guinea/Kenya)



UNFPA SUSTAINABLE DEVELOPMENT GOALS
Ensuring rights and choices for all

Levels & Trends: What does current and future FGM risk look like?

Faster decline in FGM observed in urban areas compared to rural areas

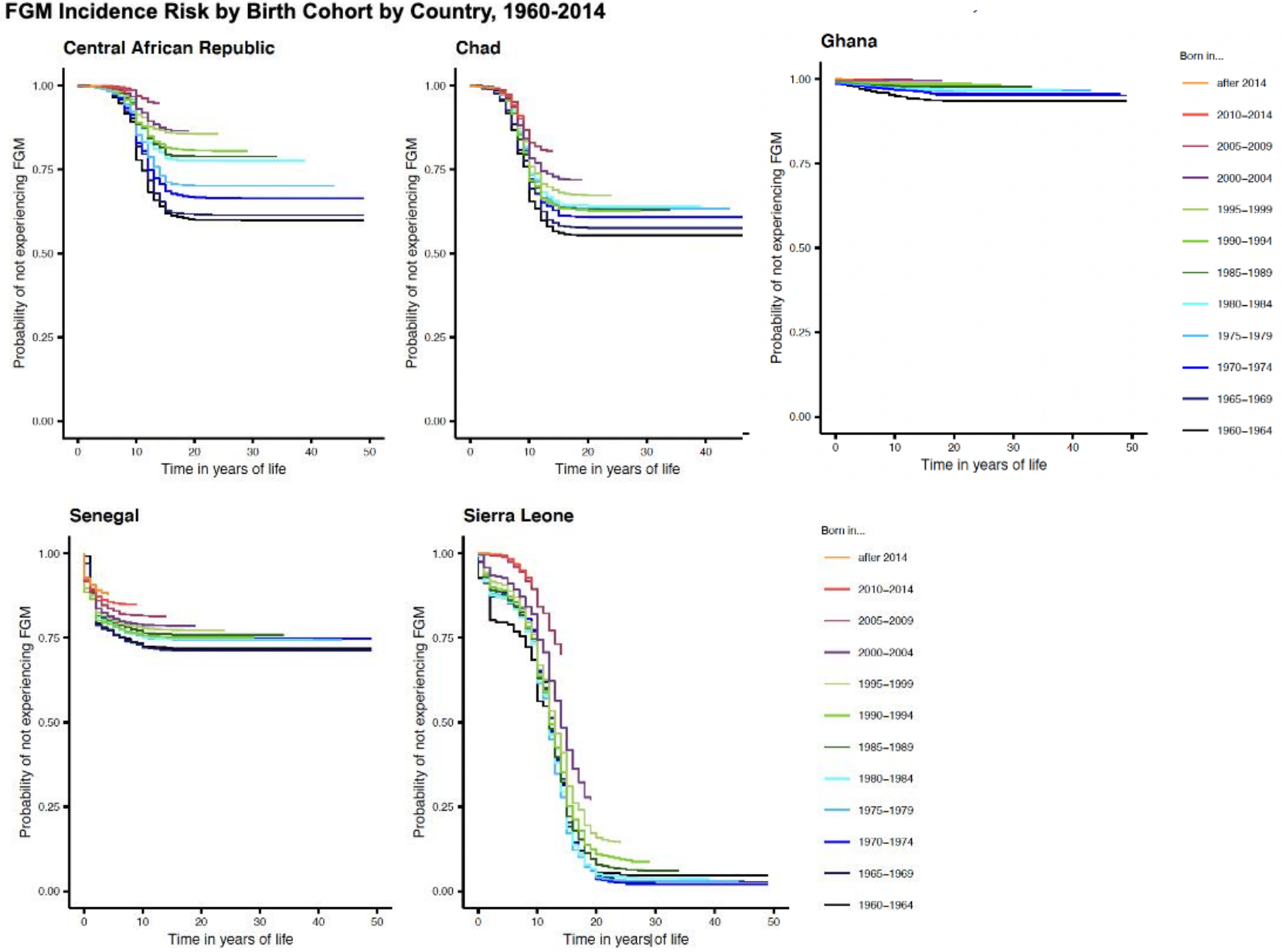


Women and girls in rural areas have been exposed to significantly greater risk of FGM

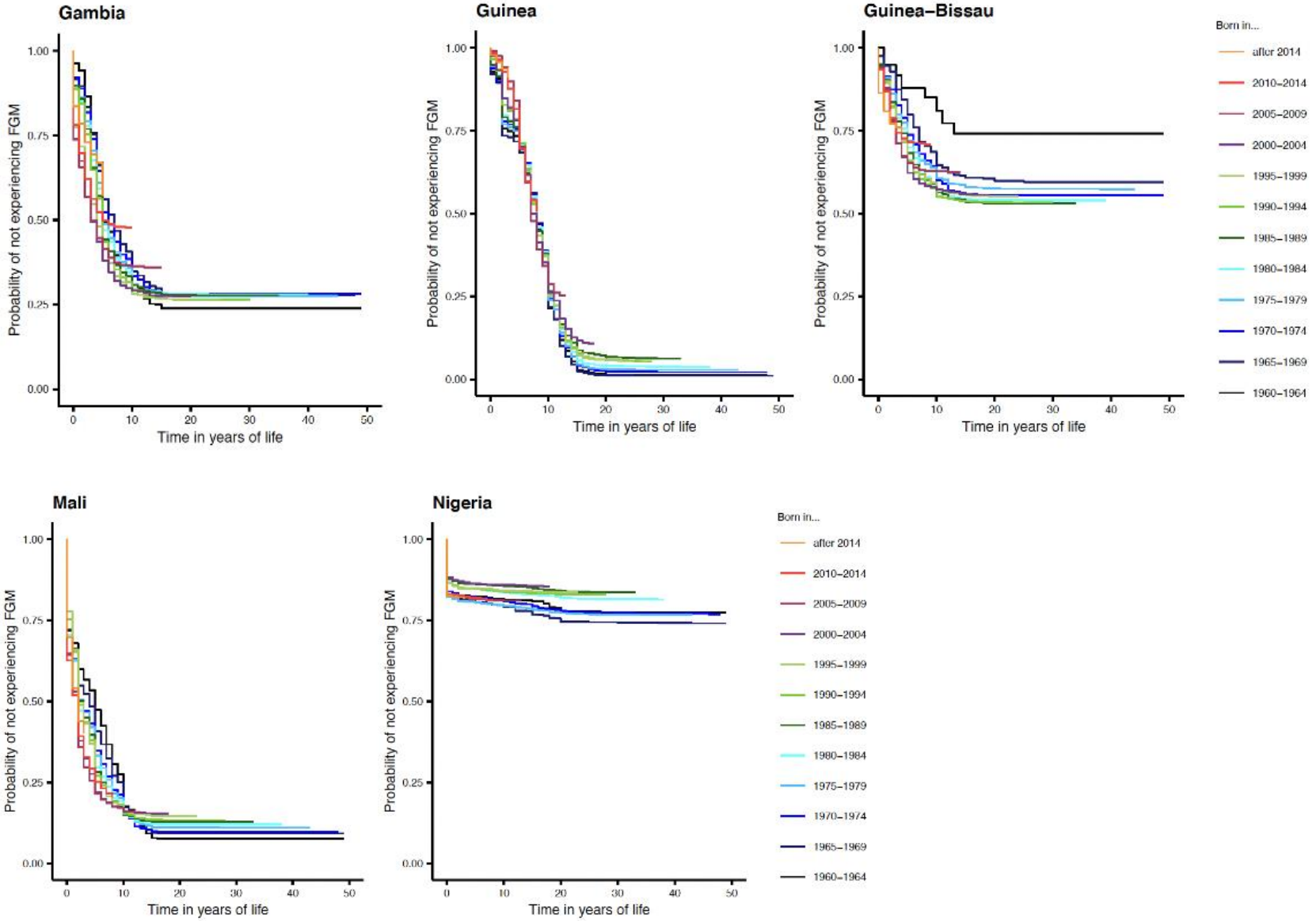
Shape of the survival curves also indicates that rural/urban differences in FGM-risk were due to less cutting at later ages (10+) in urban areas

UNFPA | SUSTAINABLE DEVELOPMENT GOALS
Ensuring rights and choices for all

FGM Incidence Risk by Birth Cohort by Country, 1960-2014



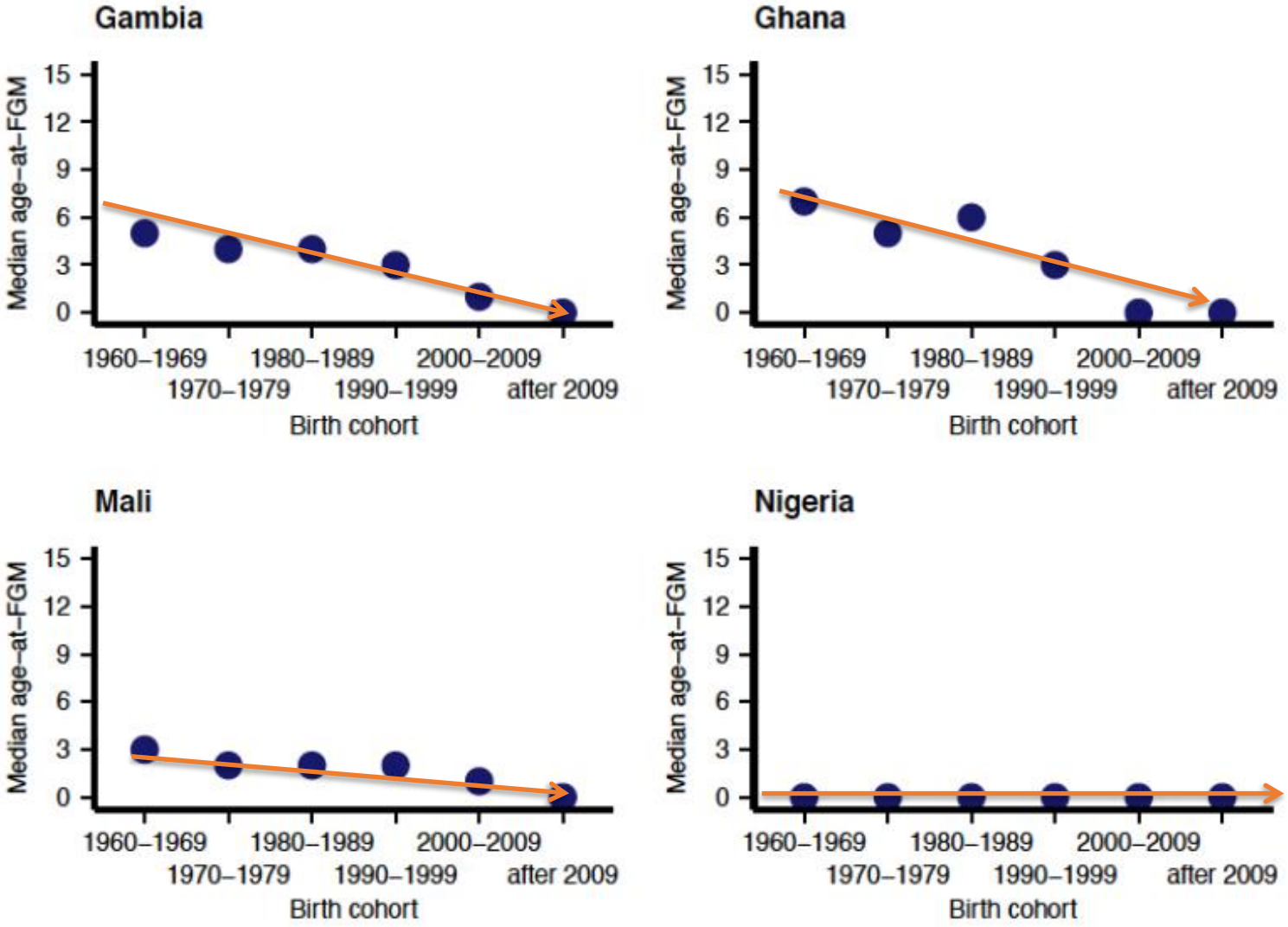
Recent declines in FGM Incidence Risk
Central African Republic
Chad
Ghana
Senegal
Sierra Leone



No measurable reductions in FGM Incidence Risk

- Gambia
- Guinea
- Guinea-Bissau
- Mali
- Nigeria

Levels & Trends: What does current and future FGM risk look like?



Notable variation in age at FGM across birth cohorts in some countries

Methodological Framework:
FGM Incidence Risk Measurement

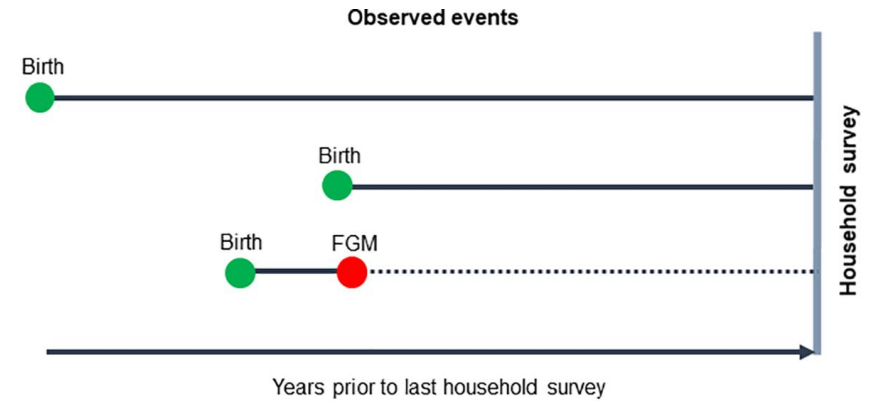
$$\text{Probability of being cut in year } i = \frac{\text{Girls being cut in year } i \text{ of their life}}{\text{Number of girls not having been cut at the start of year } i \text{ and older than } i}$$

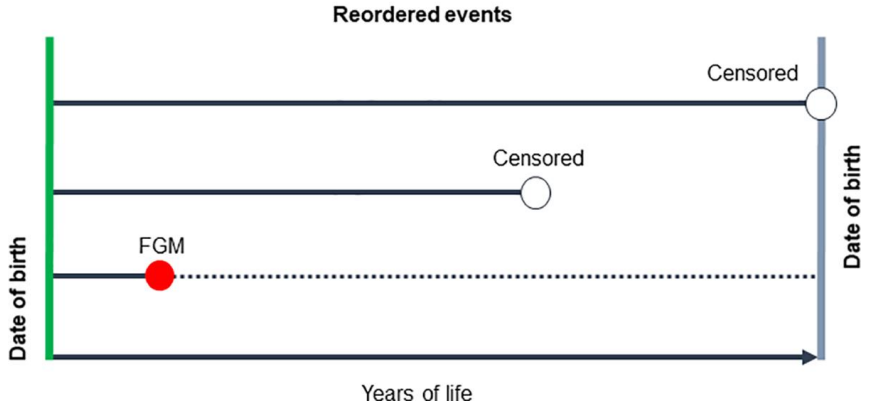
Recently available household survey data

Table 1. Unweighted count of women and girls by country, year, and survey type, DHS and MICS Surveys with FGM Modules conducted 2017-2020

Country	Survey Year	Survey	Number of women/girls
Central African Republic	2018-2019	MICS	18,388
Chad	2019	MICS	48,313
Gambia	2019-2020	DHS	11,070
Ghana	2017-2018	MICS	25,344
Guinea	2018	DHS	19,159
Guinea-Bissau	2018-2019	MICS	19,763
Mali	2018	DHS	10,674
Nigeria	2018	DHS	49,810
Senegal	2018	DHS	17,669
Senegal	2019	DHS	16,399
Sierra Leone	2019	DHS	26,049

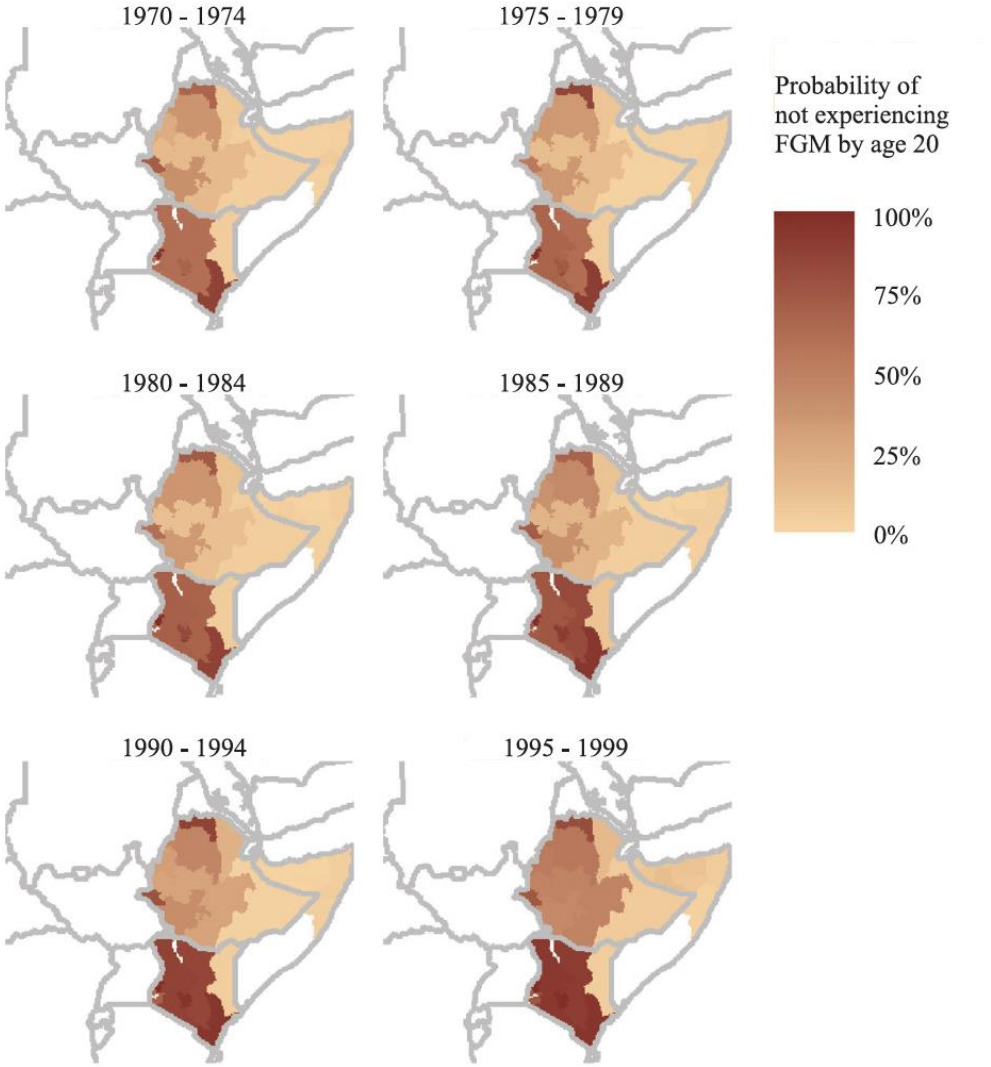
Cohort analysis of time-to-FGM-event





Subnational FGM Incidence Risk

Geographic clustering and increased inequalities within countries



Heightened subnational risk of FGM incidence is heavily concentrated in cross-border areas in Ethiopia, Kenya, Somalia and other countries*

Future Data and Measurement Directions

1. Go beyond DHS/MICS surveys for FGM Incidence Risk Measurement
→ leverage other data sources

2. When projecting future FGM incidence risk,
(a) model current and future population dynamics; and
(b) incorporate social and behavioral norms changes into future FGM incidence risks

Future Data and Measurement Directions

Table 1. Unweighted count of women and girls by country, year, and survey type, DHS and MICS Surveys with FGM Modules conducted 2017-2020

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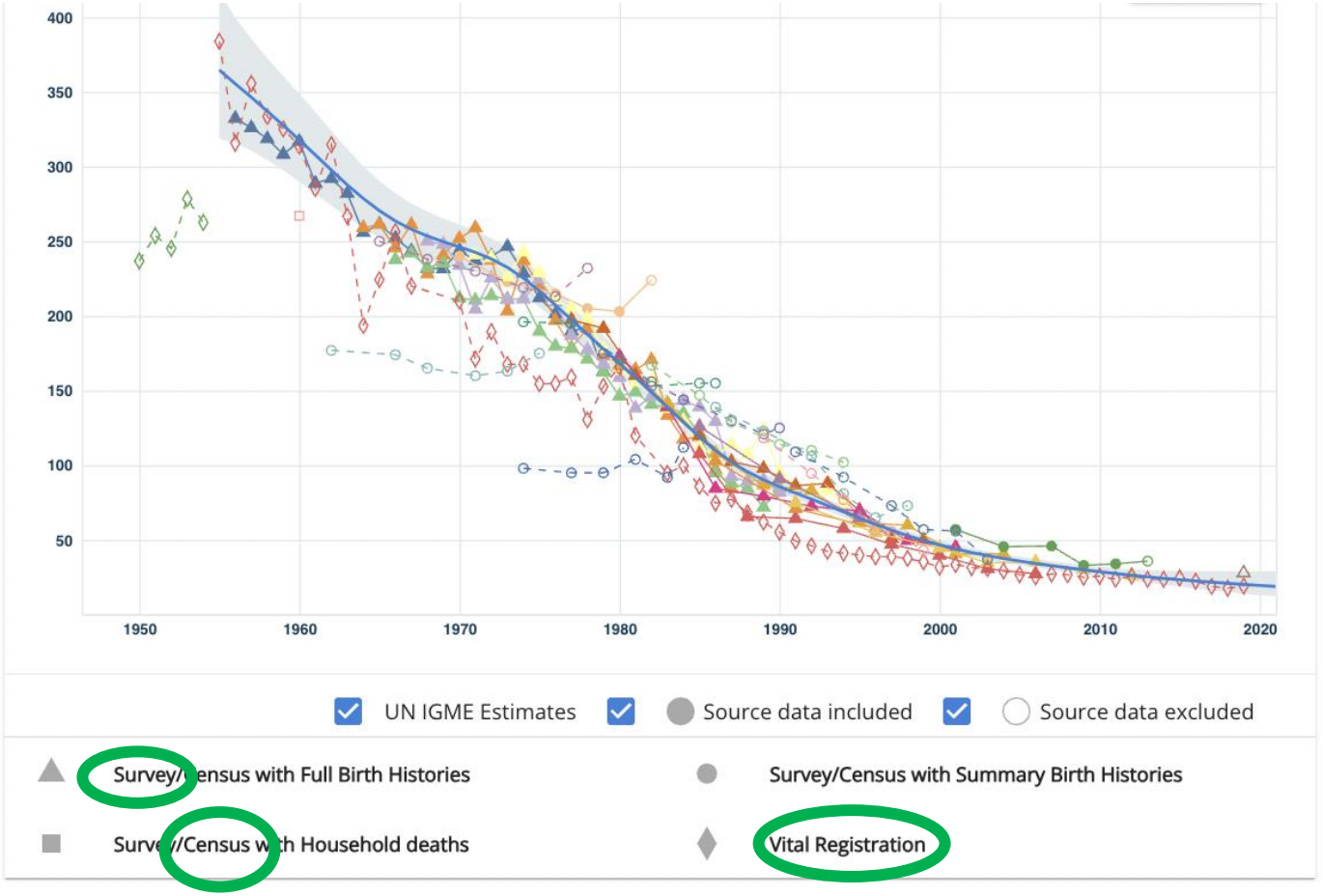
Estimated Under-Five Mortality Rate by Data Source Type, Egypt, 1955-2020



Future Data and Measurement Directions

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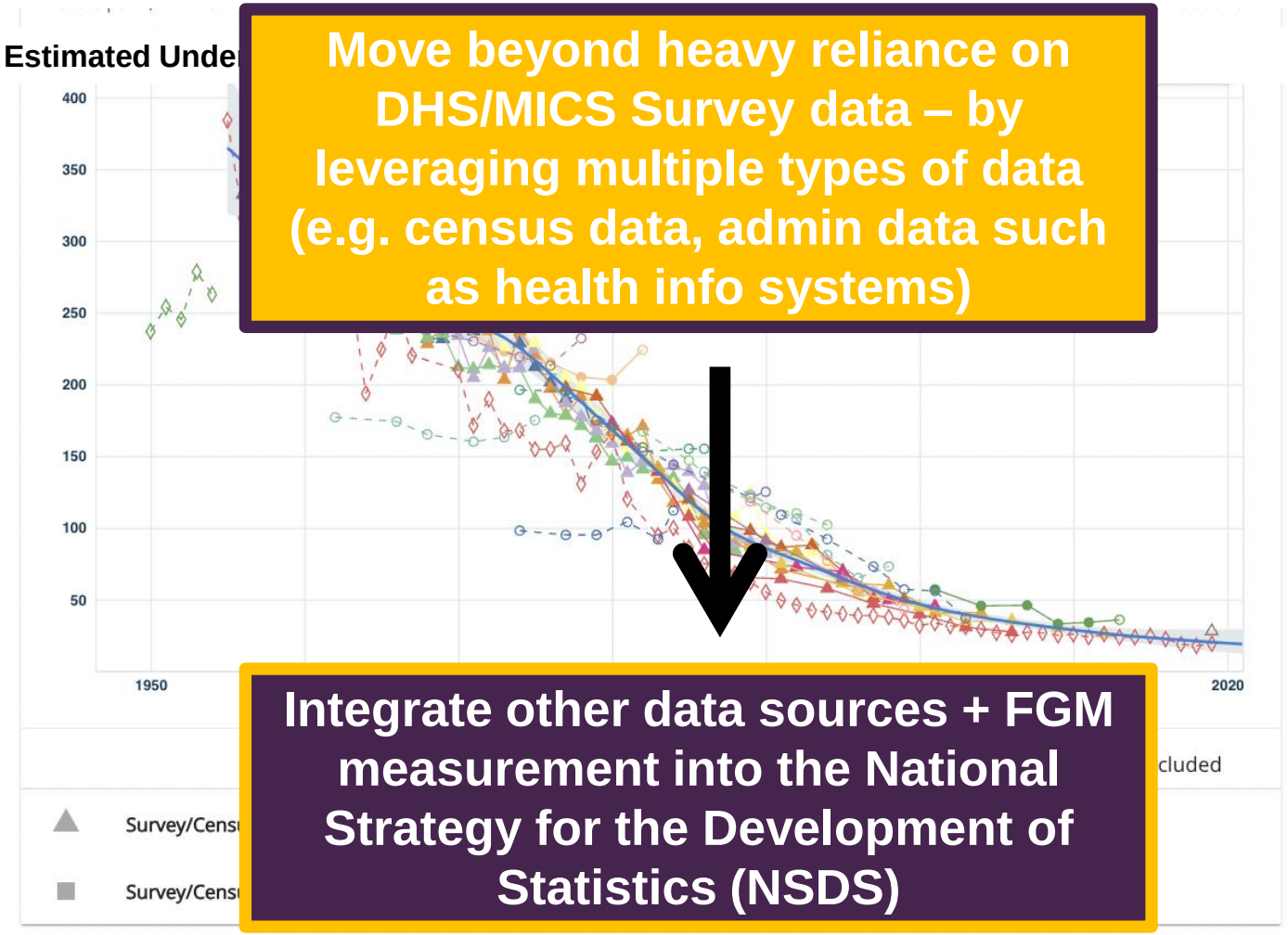
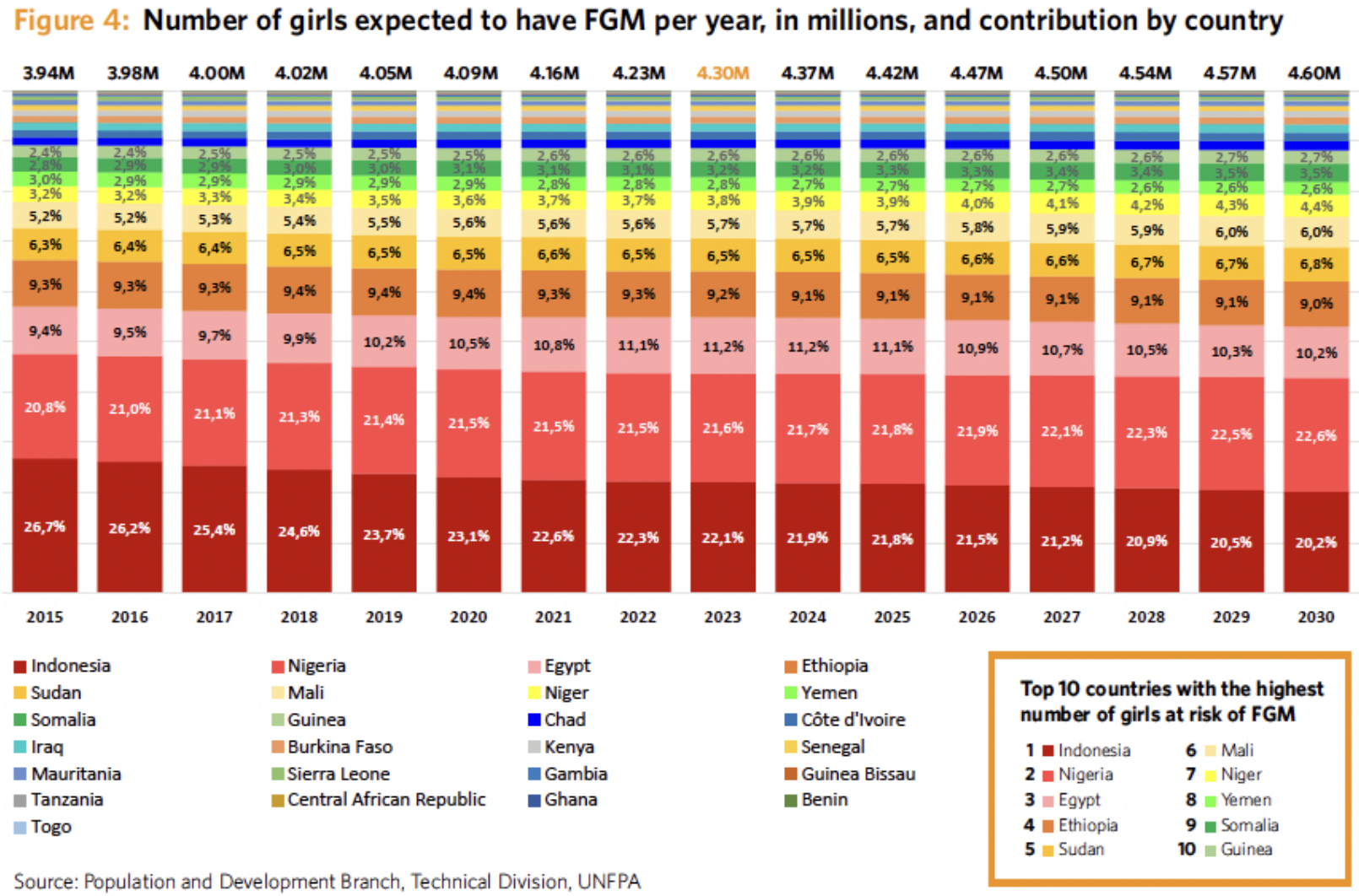
Chad	2019	MICS	48,313
Gambia	2019-2020	DHS	11,070
Ghana	2017-2018	MICS	25,344
Guinea	2018	DHS	19,159
Guinea-Bissau	2018-2019	MICS	19,763
Mali	2018	DHS	10,674
Nigeria	2018	DHS	49,810
Senegal	2018	DHS	17,669
Senegal	2019	DHS	16,399
Sierra Leone	2019	DHS	26,049



Move beyond heavy reliance on DHS/MICS Survey data – by leveraging multiple types of data (e.g. census data, admin data such as health info systems)

Integrate other data sources + FGM measurement into the National Strategy for the Development of Statistics (NSDS)

Future Data and Measurement Directions



Potential Future Improvements

Directly model population dynamics and megatrends

Incorporate social/behavioral factors in future modeled scenarios using ACT data etc.

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 2

Navigating the Polycrisis:

Positioning FGM in Humanitarian Response using Development- Humanitarian-Peace Nexus Approach

Elke Mayrhofer, Regional Humanitarian Advisor, UNFPA ASRO

Objectives:

1. **Underline the relevance of the Humanitarian Development Peace Nexus (HDPN) approach in building resilience, ensuring preparedness and response.**

2. **Facilitate a deeper understanding of the working mechanisms and coordination platforms within the humanitarian sector.**

3. **Identify entry points for FGM programming in the humanitarian context.**

4. **Country Experiences (Ethiopia, Burkina Faso)**

    - Discuss monitoring and reporting on Joint Programme initiatives within the humanitarian context.
    - Advocate for integration of FGM within the humanitarian context.

"… development partners have no entry strategy and humanitarian partners have no exit strategy…"

- Protracted crises & conflict & displacement
- Demographic changes
- Climate change

traditional delineations between "humanitarian" and "development" programming less and less applicable (Covid-19, economic downturn, climate change)

Investing in

- *short-term response* ("saving lives")

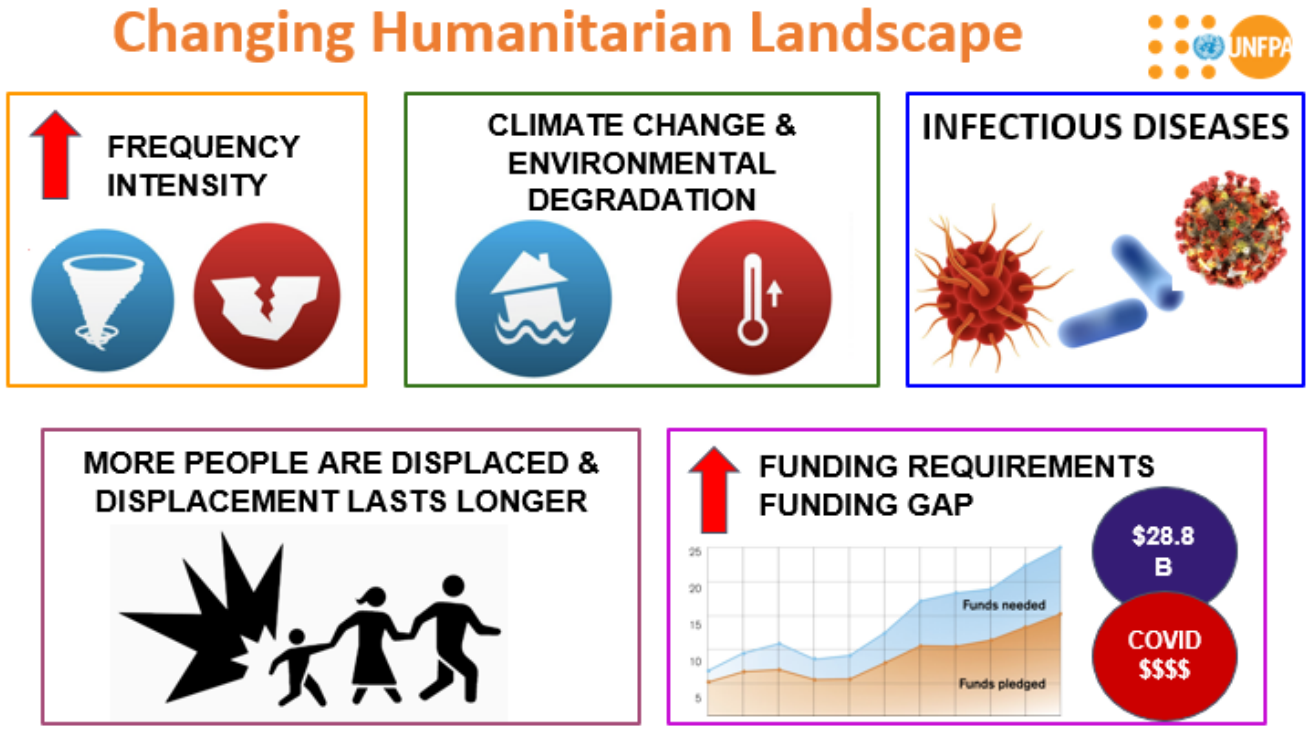
and

- medium to longer-term resilience and institution-building

sustainable, positive impact on development outcomes

Humanitarian Context

GLOBAL HUMANITARIAN OVERVIEW 2023



Impact of humanitarian situations on harmful practices

Impact of humanitarian situations on FGM

- ✓ HP often driven by pre-existing social and cultural norms exacerbated in humanitarian situations;
- ✓ Complex and multiple drivers

… but rarely considered a priority in humanitarian settings

- ✓ Limited funding for GBV
- ✓ Limited collaboration between humanitarian and development actors / different stakeholders
- ✓ Focus on response vs. prevention
- ✓ Not considered “life-saving” and contributing to “resilience”
- ✓ Social norms require time vs. short funding / project approach

Evidence Gap

- ✓ Lack of data and evidence on incidence of HP in these contexts
- ✓ Challenge of prevalence studies in fragile settings

Resilience Examples in the Context of FGM

National/ Societal

- Positive traditions & customs
- Anti FGM laws in place
- Early Warning/Early Action systems
- Flexible forecast-based financing
- Social protection schemes

Community

- Active participation
- Connectedness & collective action
- Local women's & youth group
- Engaging men & boys
- leadership & decision making
- Community based response plans
- Community watch groups (supportive to social norms change)

Institutional

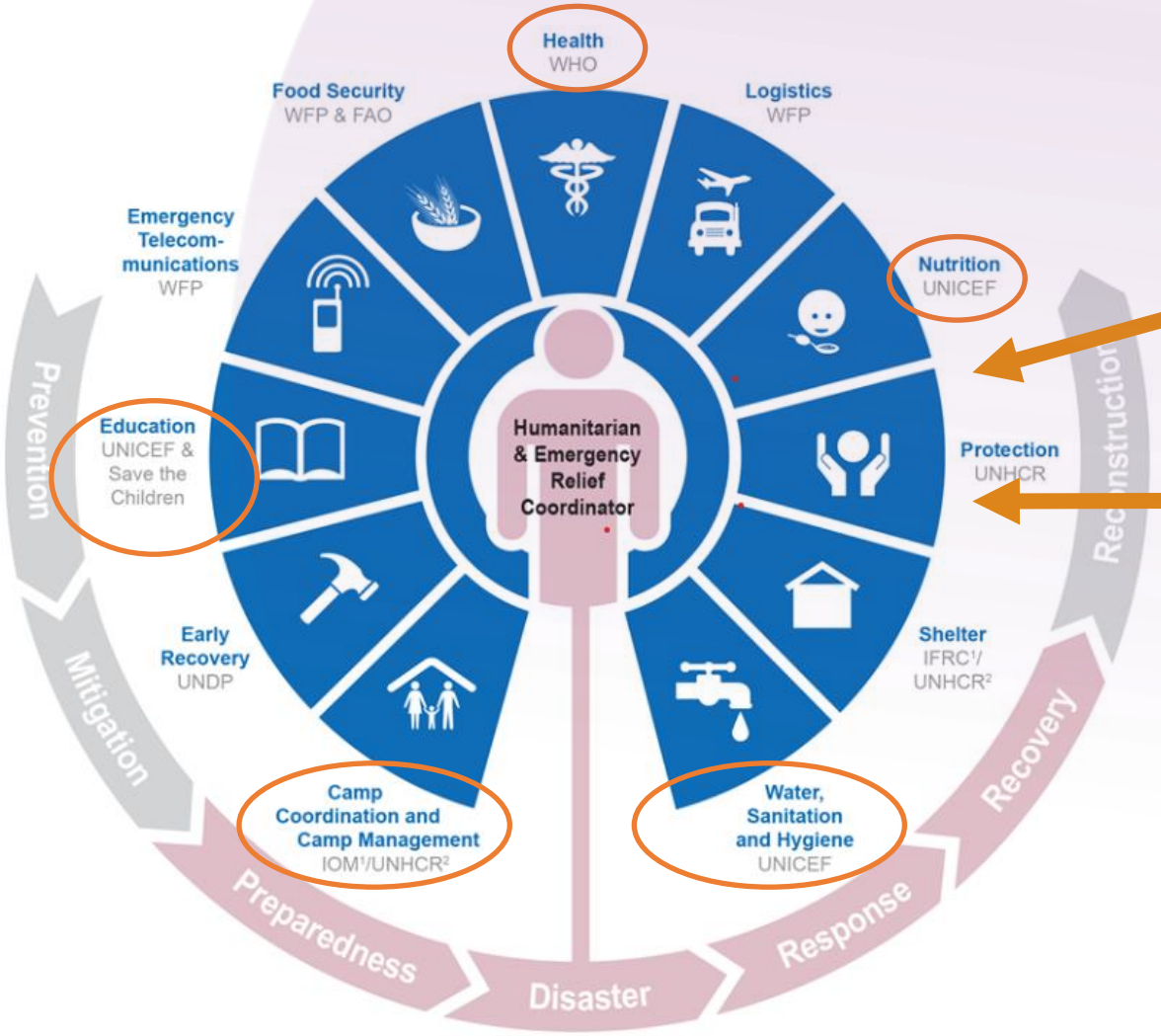
- Strong infrastructure (health, school, legal, social services)
- Empowered trained & skilled personnel
- Multi-Ministerial collaboration

Family/ Individual

- Equal household decision making
- Livelihood & economic opportunities
- Access to essential services (health, legal, social)
- Access to education & safe school
- Supportive intergenerational relationships
- Adolescent participation and empowerment

Humanitarian Mechanisms & Coordination Platforms: Inter-Agency Standing Committee

Situating FGM within the IASC humanitarian cluster / sector system



Child Protection

GBV AoR

… FGM entry points?

Closing the Evidence Gap:

Regional Example - UNFPA-UNICEF Study on the Interlinkages between Climate Change, CM and FGM in the Arab region (2022 / 2023)

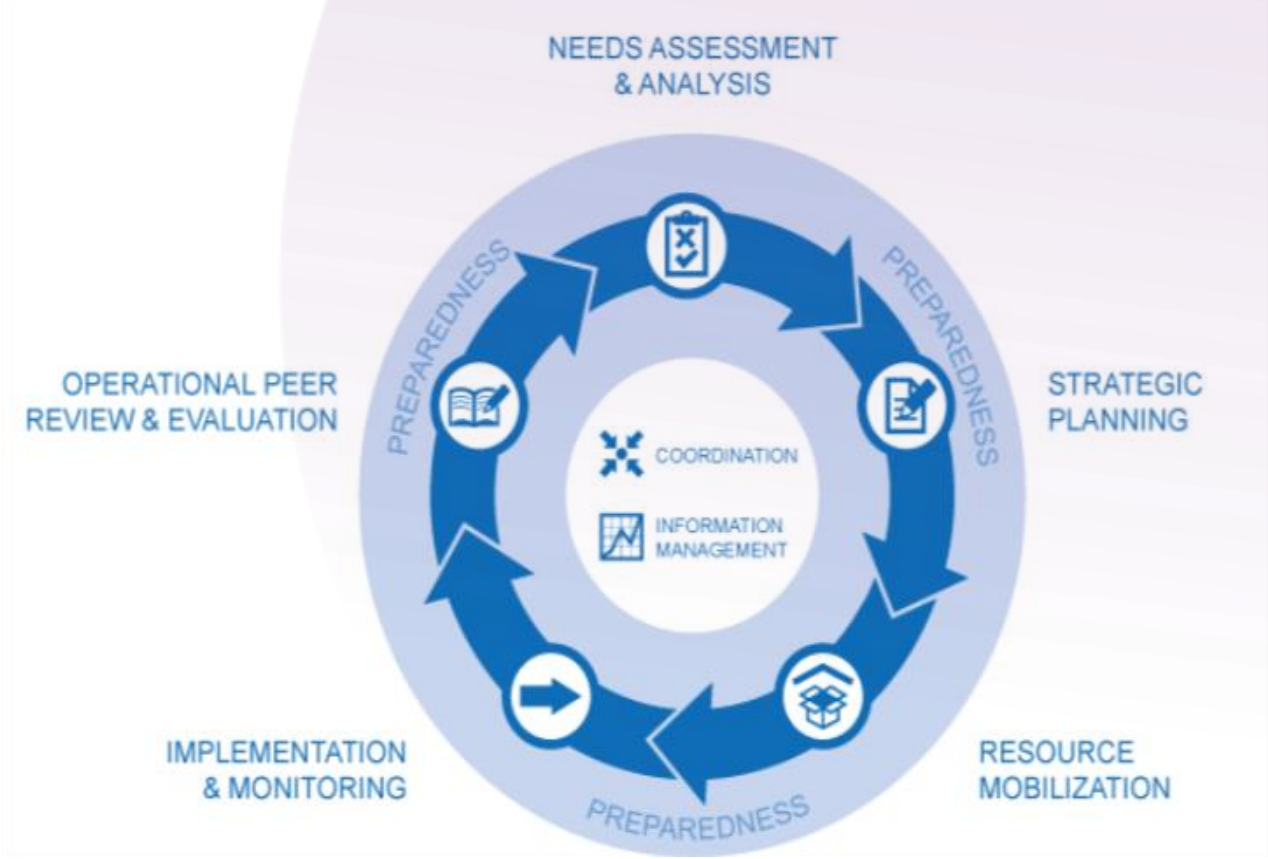
- **Focus countries:** Djibouti, Jordan, Somalia and Yemen

- **Review impact of climate change on child marriage and female genital mutilation in Arab region**
  ✓ factors & pathways through which climate change affects CM & FGM
  ✓impact of CC on drivers and risk factors
  ✓further research and programmatic response - strengthen resilience interventions across humanitarian development nexus

- **Findings related to:**
  ✓Climate-related economic pressures impact FGM practice in the Arab region
  ✓Displacement (multifaceted and context specific)
  ✓Disruption in services
  ✓School closures due to climate change

SITUATING WORK ON FGM WITHIN THE HUMANITARIAN PROGRAMME CYCLE

Humanitarian Programme Cycle (OCHA)



PREPAREDNESS

DURING CRISES

POST CRISES

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 4

Harnessing Media for Community Mobilization and Social Movements

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 4

Harnessing Media for Community Mobilization and Social Movements

Using and measuring media for positive behavior change

Population Media Center

Who is Population Media Center?

Our Mission

To use entertainment-education and mass media to promote social and cultural change by addressing the interconnected issues of the full rights of women and girls, population, and the environment. Our goals are to empower people to live healthier and more prosperous lives and to stabilize global population at a level at which people can live sustainably with the world’s renewable resources.

What do we do?

Trained in the art and science of **storytelling for social impact,** we partner with local talent and production teams to create award-winning, **popular entertainment for TV, radio, and the web** that is **positively life-changing**. Especially for women and girls.

Over the past 25 years, PMC has:

- Produced award-winning, locally-produced, TV and radio series in the US and 50+ countries
- Reached hundreds of millions of people through transformative, serial storytelling

How do we do it?

- Our stories **meet people in their homes**, in a **language they understand**, on **media they already use**.
- **Mass media** (radio, tv or the web) provides opportunities for whole communities to become audiences of stories.
- **Long-running stories** allow audiences to become connected to characters. As characters evolve, so do audience perceptions of difficult topics – creating **dynamic role models**.
- Our stories use **scientifically-backed social change theories**, creating **measurable behavior change**.

Building community & grassroots movements

Meet people where they are

- Formative audience research to inform storylines at the community level
- Relying on local talent (writers, actors, musicians, etc.)
- Written in the local language

Reach Large Audiences through Mass Media

- Distributed on most popular media platforms for the community
- Allows for large-scale awareness, contemplation, and change

Dynamic Role Models

- Motivates discussion between audience/community members on the topics and situations portrayed
- Illustrates realistic pathway to change for audience to follow in their own lives

Examples

PMC has been working to change attitudes and norms around FGM prevention/elimination, SRH, and social protection for over two decades. PMC is committed to putting our shoulders behind the wheel of this elimination progress in all countries where we and the practice of FGM are active.

Indicators of Change

- *Jigi ma Tigne* (“Hope is Allowed”), a PMC radio drama in Mali, reported that males who were frequent listeners were twice as likely to agree that “female circumcision is dangerous for the health of the girl/woman,” compared to male non-listeners (16% vs. 8%).
- Additionally, males who were frequent listeners to the program were more likely than male non-listeners to say they would “marry a non-circumcised woman” (22% vs. 13%).
- PMC Ethiopia conducted many workshops and capacity building trainings for various stakeholders. In Dawera Zone, participants were highly motivated to stop FGM of a 2-year-old girl. Officials showed up at the FGM ceremony and successfully intervened, with support of audience community members, and worked to dispel the community's 'chebella' myth.
- Listeners of PMC’s radio drama *Ngelawu Nawet* (“Winds of Hope”) in Senegal were 74% less likely than non-listeners to agree that “the practice of female genital mutilation is a cultural requirement.”

Example: Ethiopia

PMC-Ethiopia received this letter from a family:

"the story of Wubalem in your radio drama, and related discussions, have **aroused considerable popular indignation** about the harmful traditional practices in our country such as abduction and sexual violence. Our first child was married at the age of 14 after she was abducted. The people have **now strongly condemned such inhuman traditional practices**... more and more people are engaged in discussions on these crucial issues. Unlike in the past, **special punitive measures have now been taken by community people** against offenders.
Now we have no worry in sending our girls to school."

PMC’s approach to measuring behavioral and normative change

Measures impact along **stages of change**: increasing **awareness,** influencing **attitudes,** and changing **behaviors.**

Invests in continual measurement and refinement throughout the program – starting during design.

Seeks feedback from and listening to audiences.

- Listener groups and clinic monitoring
- Allows for pivots in the storyline to deepen impact

Conducts an impact evaluation after concluding every program.

- Allows for learning, reflection, and improvements

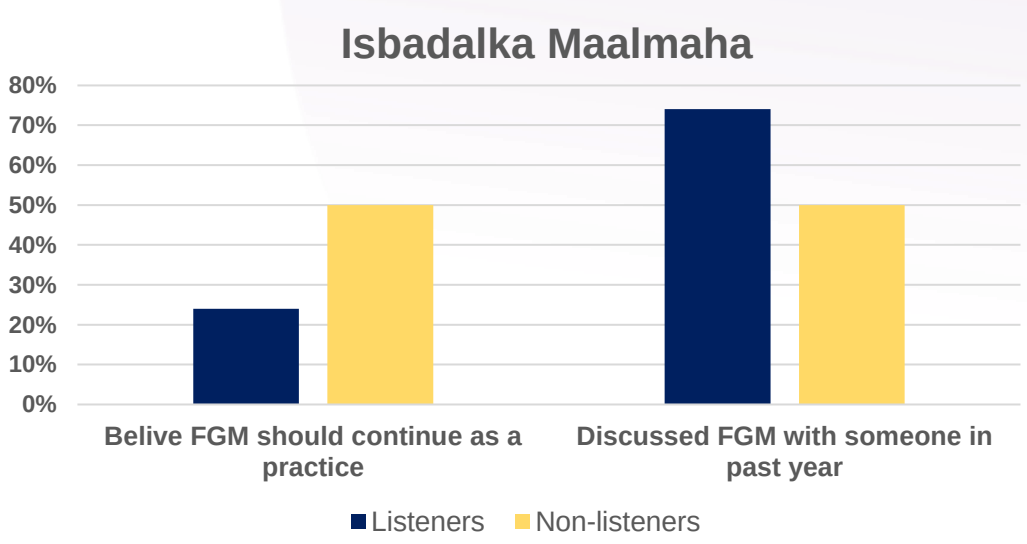
Example: Burkina Faso

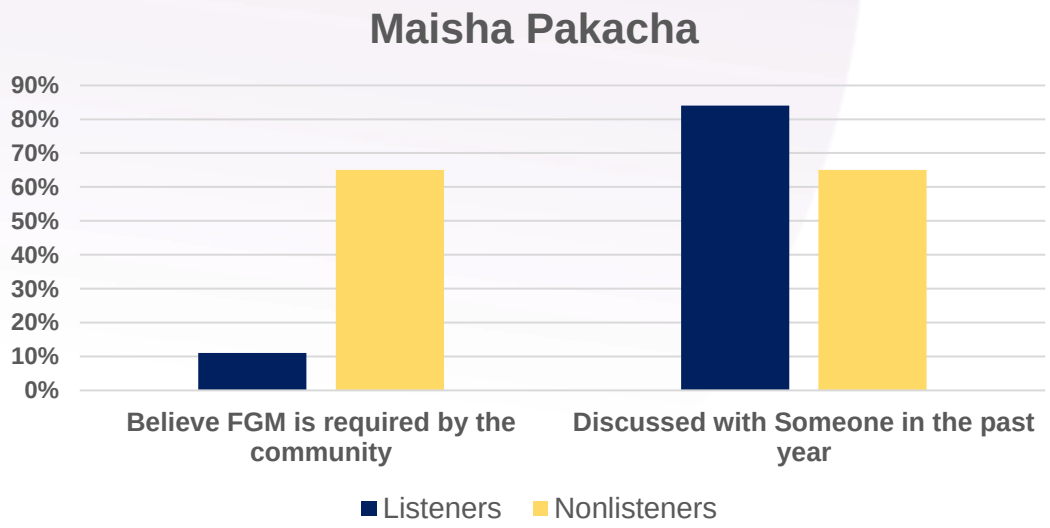
Rebroadcast of PMC's successful Yam Yankré ("The choice"),
a Mooré language radio show exploring themes of
prevention of FGM, family planning, **mother-child health**, *and* **HIV/AIDS**.

- **Awareness:** Listeners were 1.7 more likely than non-listeners to report that they have *heard messages about FGM in the past six months.*
- **Attitudes:** Listeners were 2.9 times more likely than non-listeners to say they *do not believe social acceptance is an advantage of FGM*.
- **Behaviors:** Listeners were 2.1 times more likely than non-listeners to say *they do not plan to have their daughters circumcised.*

Example: Kenya

Two radio serial dramas – *Isbadalka Maalmaha* (“Changing Days”) and *Maisha Pakacha* (“Life Is a Carrier Bag”) - focused on themes of **preventing FGM**, increasing access to **Family Planning and Sexual and Reproductive Health services**, preventing **gender-based violence**, and **nutrition**. Radio shows were accompanied by community health worker outreach, interactive talk shows, and listener discussion groups.





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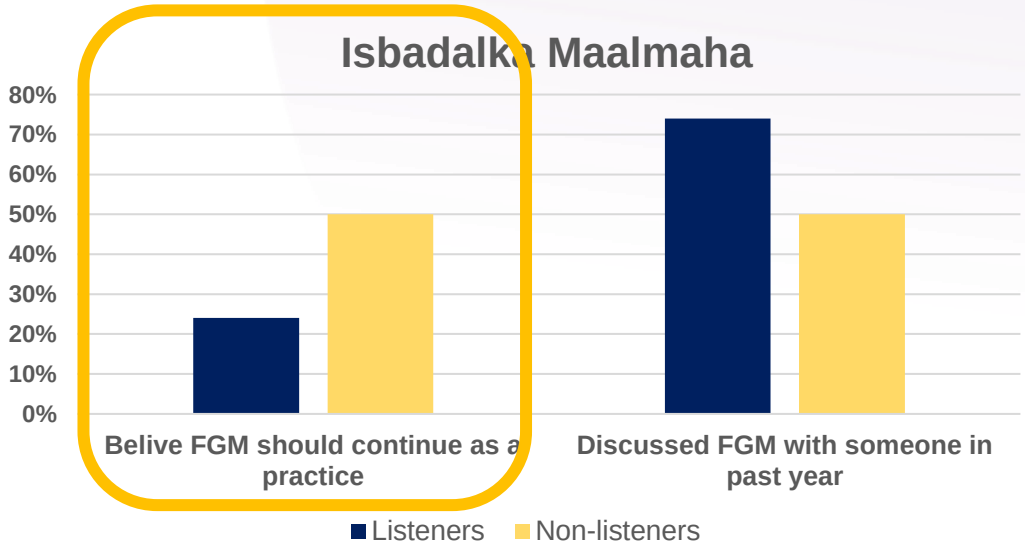

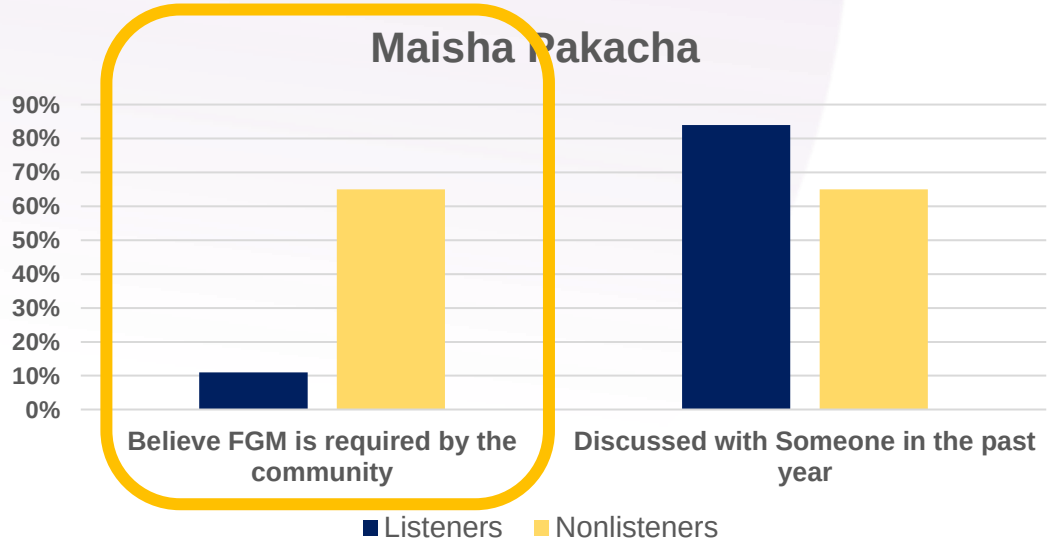

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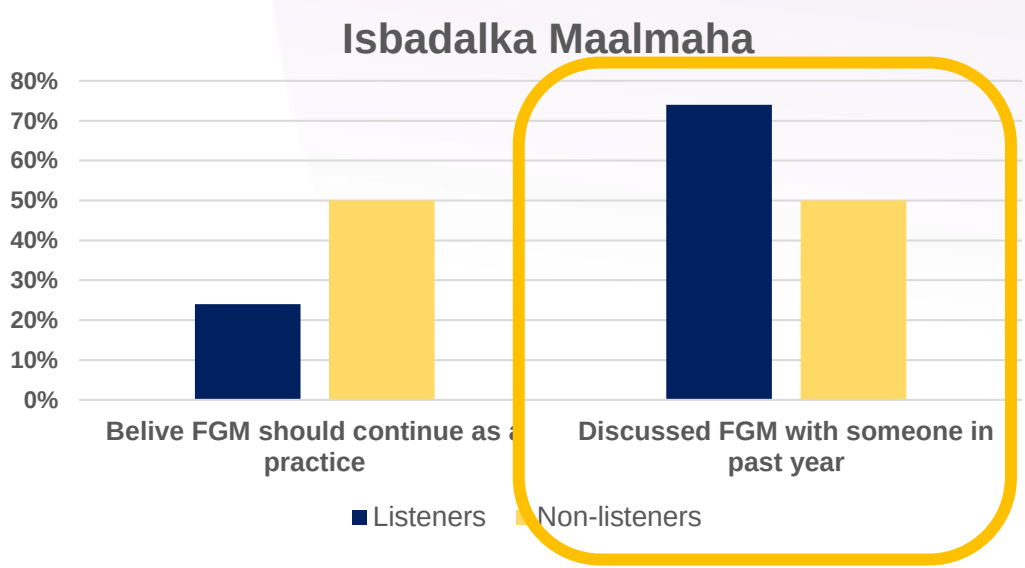

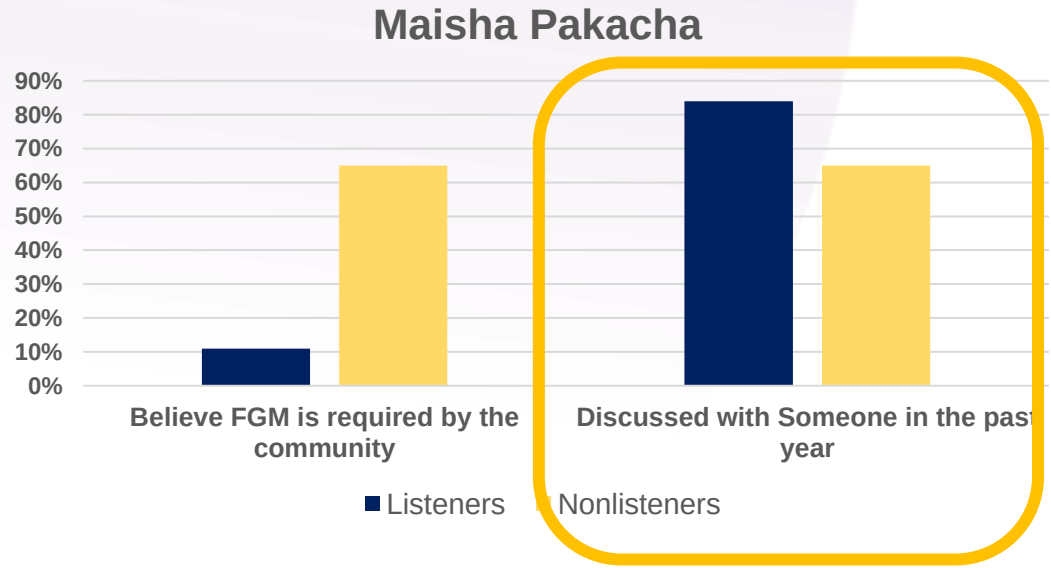

Deepening Impact

Behavior Change is a process – one that involves multiple stages of change – especially for deeply held, entrenched cultural practices.

Long-running programming without interruptions deepens impact and connection with audiences and is critical for sustained change.

pmc@populationmedia.org

Documents & Resources for further learning:

PMC: Focused on Impact

Endline evaluation results

- New Data: PMC Helps Change Norms in Nepal
- Nepal Endline Evaluation Report

Articles

- Maisha Pakacha, a fan favorite
- PMC-Ethiopia talk show supports end to FGM
- Burkina Faso: Creating Agents of Change on FGM

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 4

Harnessing Media for Community Mobilization and Social Movements

Media and the Movement for good to End FGM

Hadiza Abba, Child Protection Specialist, UNICEF Nigeria

Overview

Overview of Movement for Good to end FGM in Nigeria

Media and Movement for Good (2 specific examples)

Lessons learnt/Measurement – behaviour change

Overview of Movement for Good

Since the start of Phase IV, Nigeria has been involved in **dynamic and evolving work** under the movement building component of the programme (learning).

Officially launched in April 2022 (Govt, religious/trad leaders and witnessed by many)

A whole-of-society and community led undertaking that aims to mobilise and enroll a critical mass (**five million people)** to pledge to ***#Act2EndFGM*** and to collectively drive, accelerate and scale up efforts to endFGM.

Transform harmful gender norms and power imbalances that drive FGM

“I pledge to **take action** to stop FGM in my family and community.” on dedicated campaign page

Outlook so far

In partnership with 10 youth-led CSOs:

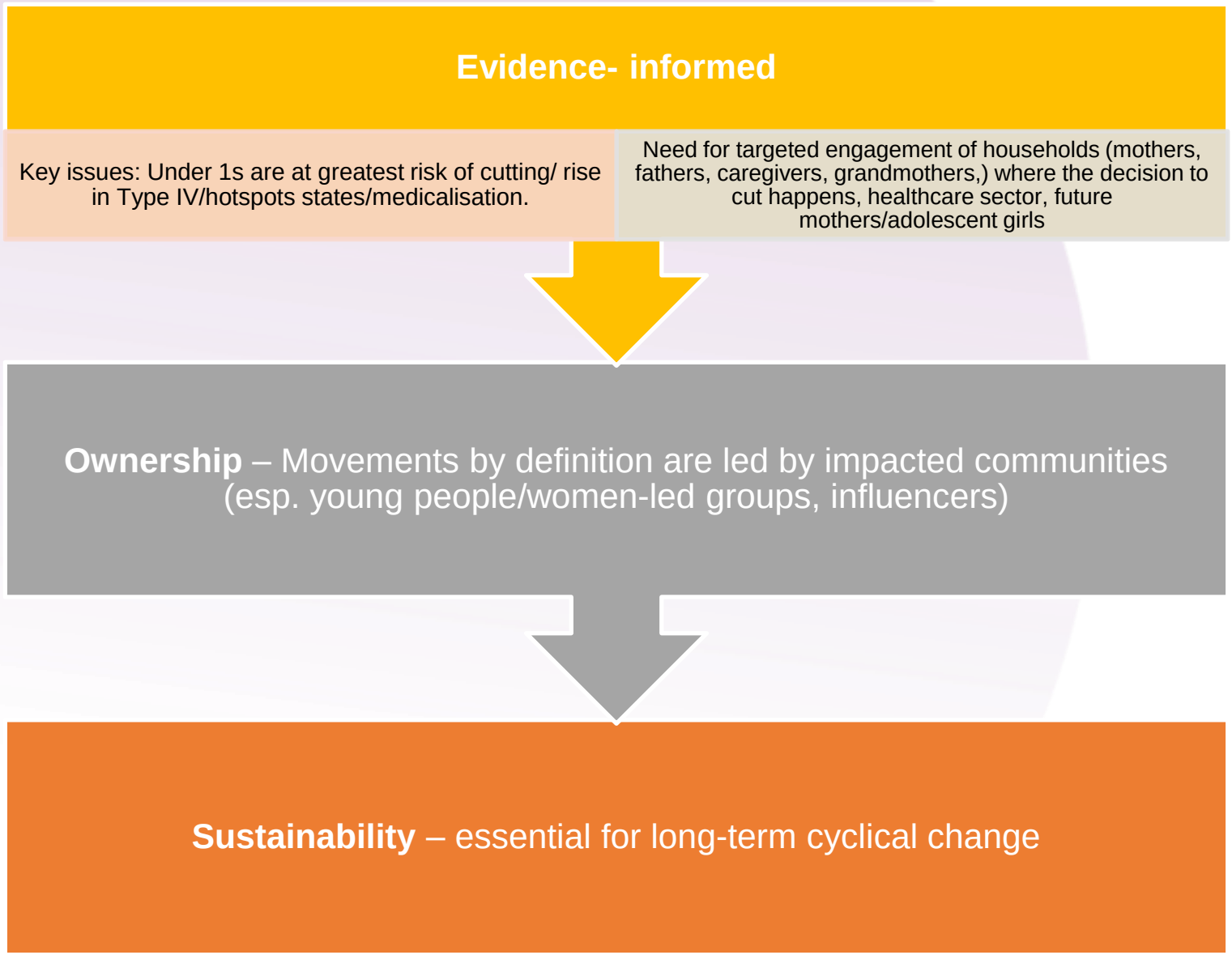
Gender
Women (57%)
Men (43%)

540,000+

PLEDGES FOR M4G TO END FGM

Age
25-29years (29%)
20-24 years (22%)

Approach: 3 key principles



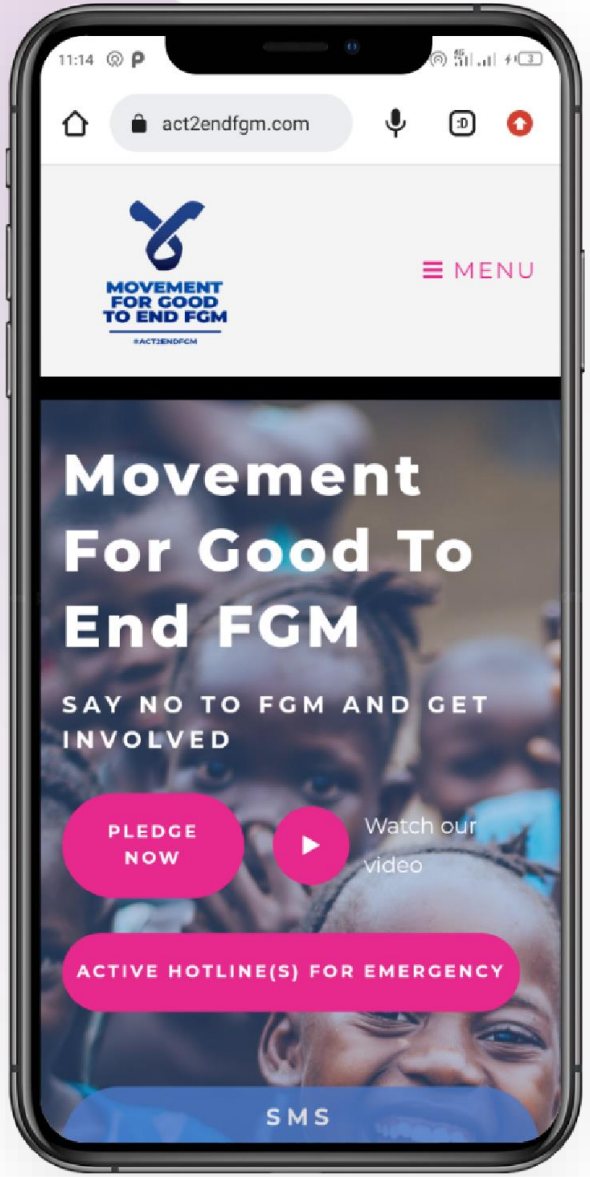
How the M4G campaign has effectively utilized media

Adopting a **below the line communication** for direct engagement of target groups **using**

- **Social** media – twitter conference, fb webinars
- **H2H visits**, peer groups (girls,men, women, grandmothers)

by community volunteers (490,192)

- **Movement website**
- Innovative way of tracking pledges (location, age and sex)
- Provides detailed data base for follow up actions
- Actions: create awareness, enroll, advocate religious leaders and report/refer
- Incentives – photo frames/Yoma



Influencers

Artists, religious leaders, health care professionals, youth activists – who have different spheres of influence

Next Steps:

- **Engagement of a local and prominent Communications and Marketing company** to execute a comprehensive Communication and Marketing Campaign (**to develop, disseminate and track the utilization of content**) like those used by corporates such as Coca-Cola and Pepsi**, for sustained engagement.**
  - Content to promote behavioural change
  - Using targeted and strong marketing channels, advertising platforms as entry points– e.g. sanitary pads, ante-natal clinics, men's and grandmothers platforms

Measurement: the effectiveness of the media interventions in terms of reaching target audiences and influencing behavior change regarding FGM?

Location, age and sex

- By tracking the number of pledges made through the website, the campaign measures its **reach and engagement**.
- **Increases in pledges** over time can indicate growing awareness and commitment among the target audience especially by location
- The breakdown by age group and sex also allows us to know who is pledging and those that are not, so that we can design our strategy on how to reach them.
- One year on – **Incorporation of routine monitoring and tracking of actions (by those who have pledged)**

Lessons learnt

- Business Un-usual –bottom-up approach to supporting efforts
- Inequalities to exposure and reach of mass media and social media
- Training of adolescent girl gender champions, survivors on digital skills to expand engagement to bridge digital divide
- Ethical issues around engaging with under 18years
- Confidentiality and integrity of data

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DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 8

Implementing Accountability Mechanisms:

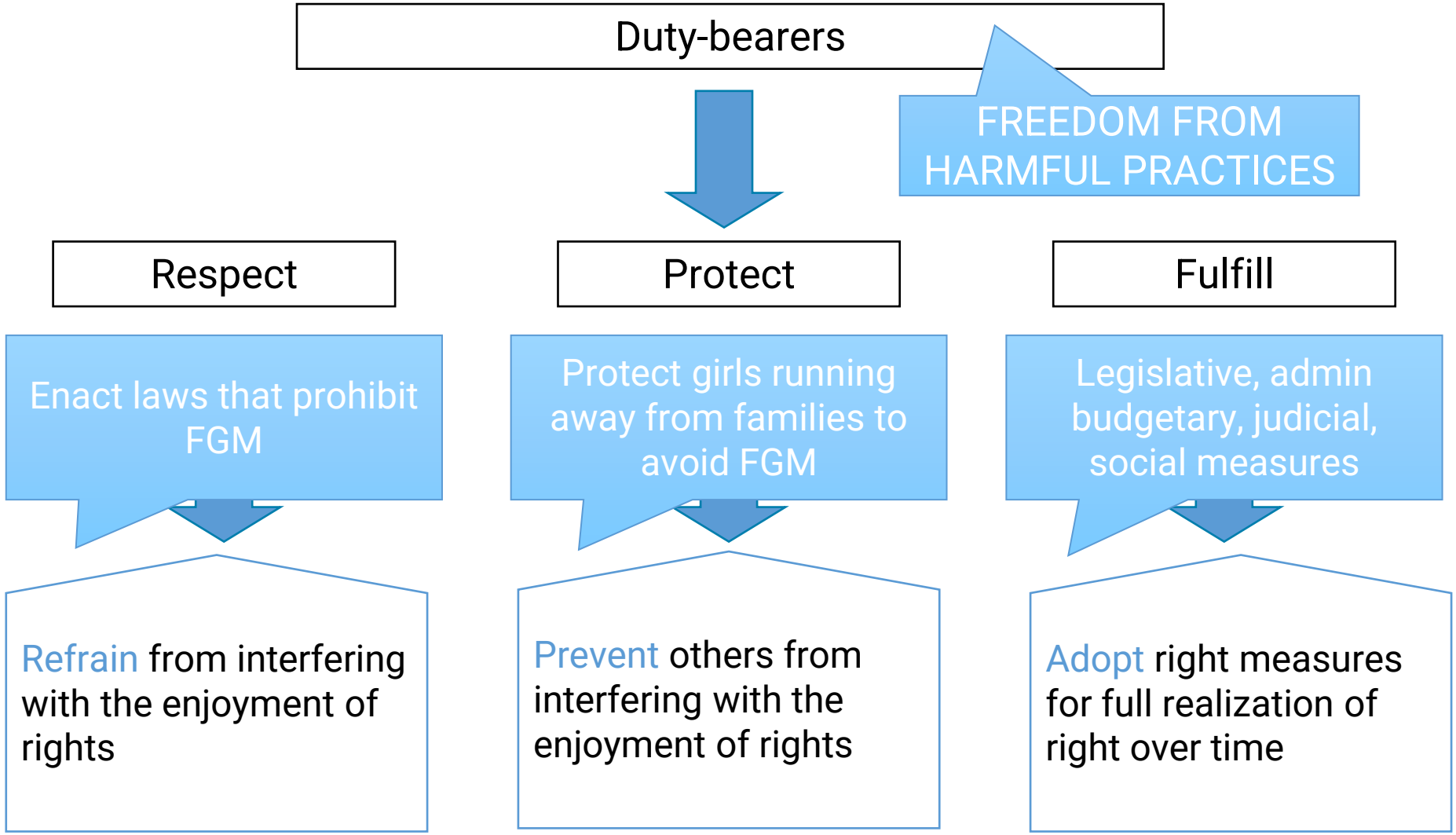
Strengthening Efforts for the Elimination of Female Genital Mutilation

14 June 2023

Why Accountability is Critical

- States have international and regional human rights obligation to respect, protect and promote the rights of women and girls.
- Universal human rights codified in international and continental human rights instruments
- States have international obligations to act
- Cost of inaction is too great – States and Stakeholders action on women, girls and children outcomes essential societal transformation and enjoyment of human rights for all

HUMAN RIGHTS OBLIGATIONS



SOURCES OF HUMAN RIGHTS

- UN Charter (1945)
- Universal Declaration of Human Rights (1948)
- Human Rights treaties
- Declarations
- International Labor Standards
- General Assembly, Human Rights Council resolutions, guidelines interpret, refine human rights content
- International Labour Standards

International Convention on the Elimination of Racial Discrimination (1965)

International Covenant on Civil and Political Rights (1966)

International Covenant on Economic, Social and Cultural Rights (1966)

Convention on the Elimination of All Forms of Discrimination against Women (1979)

Convention Against Torture + Optional Protocol (1984)

Convention on the Rights of the Child (1989)

Convention on the Protection of the Rights of All Migrant Workers and their Families (1990)

Convention on the Rights of Persons With Disabilities (2006)

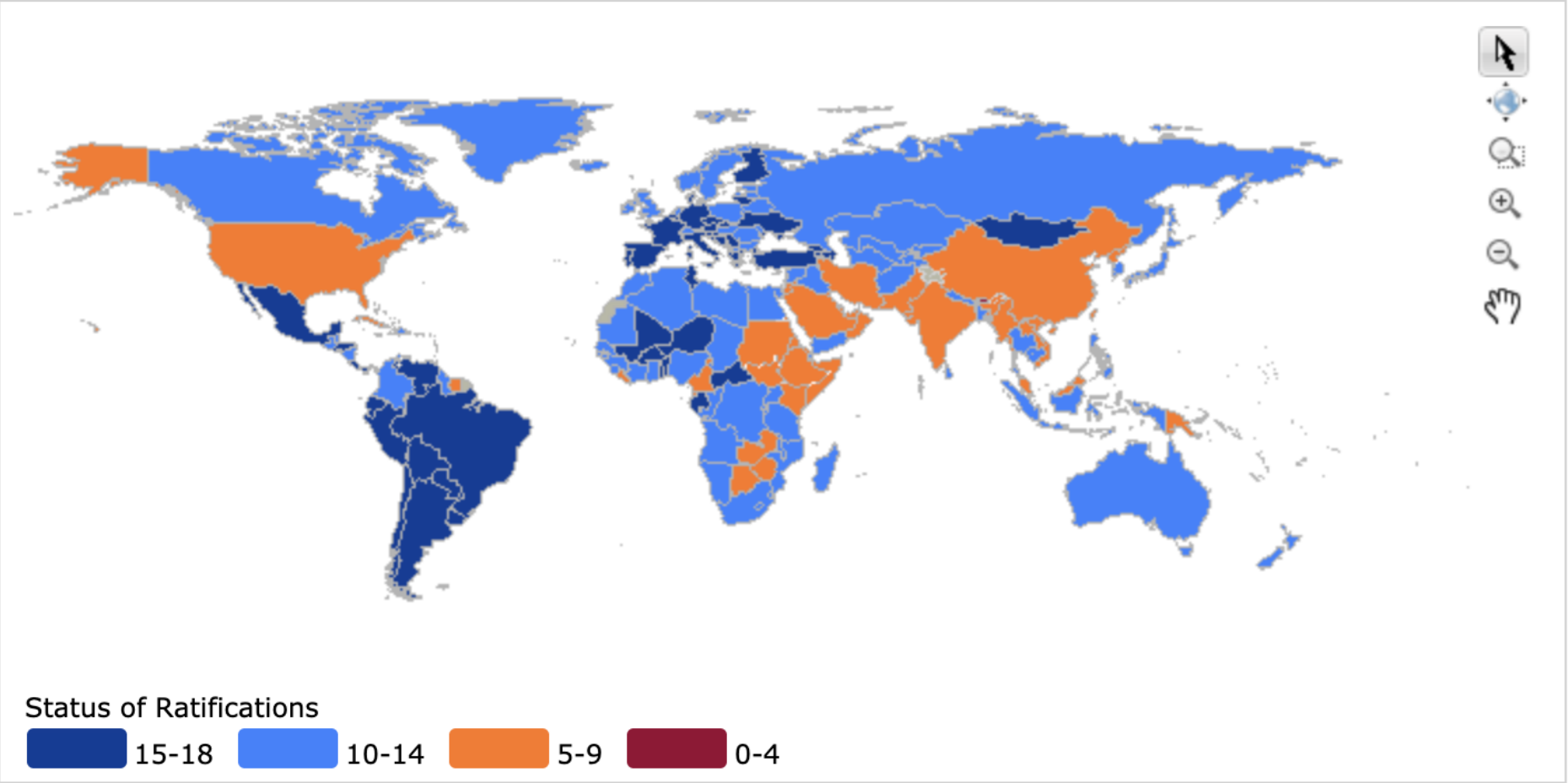
Convention on the Protection of Persons from Enforced Disappearances (2006)

Strengthening Strategic Engagement with International Human Rights Based Accountability Mechanisms

Engaging with UN Human Rights Mechanisms to Advance Action & Accountability at Country Level:

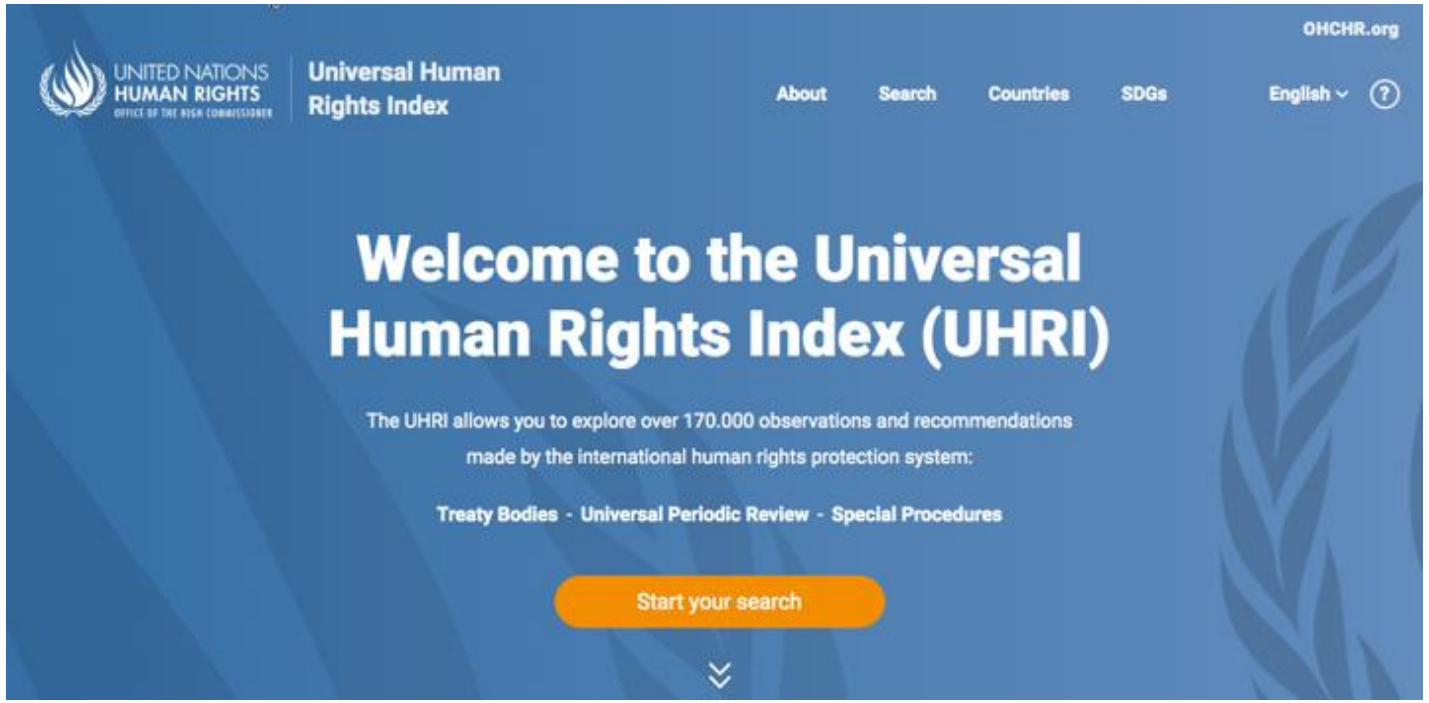
- Universal Periodic Review of the Human Rights Council
- Treaty Bodies: e.g CEDAW, CRC etc.
- Special Procedures, e.g Special Rapporteur Violence Against Women

Ratification of 18 International Human Rights Treaties



UNIVERSAL HUMAN RIGHTS INDEX (UHRI)

- UHRI facilitates access to human rights recommendations by HR mechanisms
- Users can produce overviews of recommendations by region, country, human rights themes, concerned groups and the Sustainable Development Goals (SDGs) and targets
- UHRI is a central repository of human rights information to assist in the implementation of these recommendations.

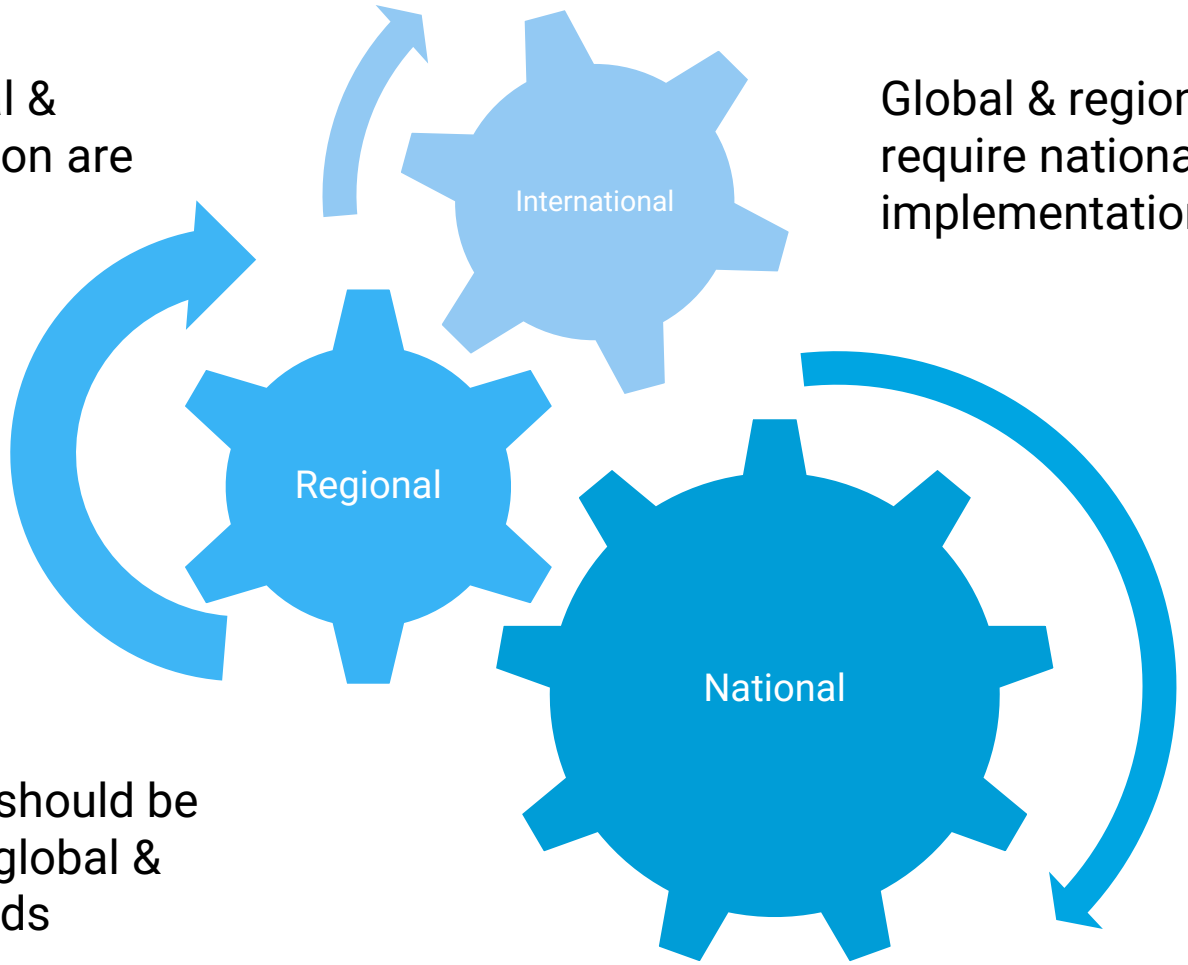


Watch: https://www.youtube.com/watch?v=j5nWgk7aBCM

Visit: https://uhri.ohchr.org/en/search-human-rights-recommendations

LINKS BETWEEN NATIONAL, REGIONAL AND INTERNATIONAL PROTECTION SYSTEMS

Global & regional & national protection are complementary



Global & regional norms require national implementation

National norms should be consistent with global & regional standards

Regional Accountability Mechanisms: AU

AUC Mandate on Eliminating Harmful Practices

Agenda 2063, Aspiration 6: An Africa, whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children.

AU Charters on Human and People's Rights; and Rights and Welfare of the Child

JP Engaging AUC started in 2016: Resources, Technical Assistance

- 2018 Ouagadougou International Conference: Call of Member States for Action
- 2019 AU Saleema Initiative adopted and launched through AU Assembly Decision 737/ 2019
- AU Heads of State Champions;
  - The President of Burkina Faso, designated AU Champion on Eliminating FGM
  - SYVAs Young women survivors ambassadors

Accountability within AU/ AUC Mandate for Women, Girls & Children

- Political – AU Heads of State and Government Summit, Executive Council and The Permanent Representatives Committee (PRC)
- AU Organs – ACERWC, ACHPR, ACJHR, PAP
- Special Mechanisms – AU Champions, Rapporteurs, Goodwill Ambassadors (e.g. Child Marriage)
- Specialized agencies/ centers e.g. AU International Centre for the Education of Girls and Women in Africa
- Strategies and Programmes to execute on decisions, outcomes at all levels
  - Monitoring action and evaluation

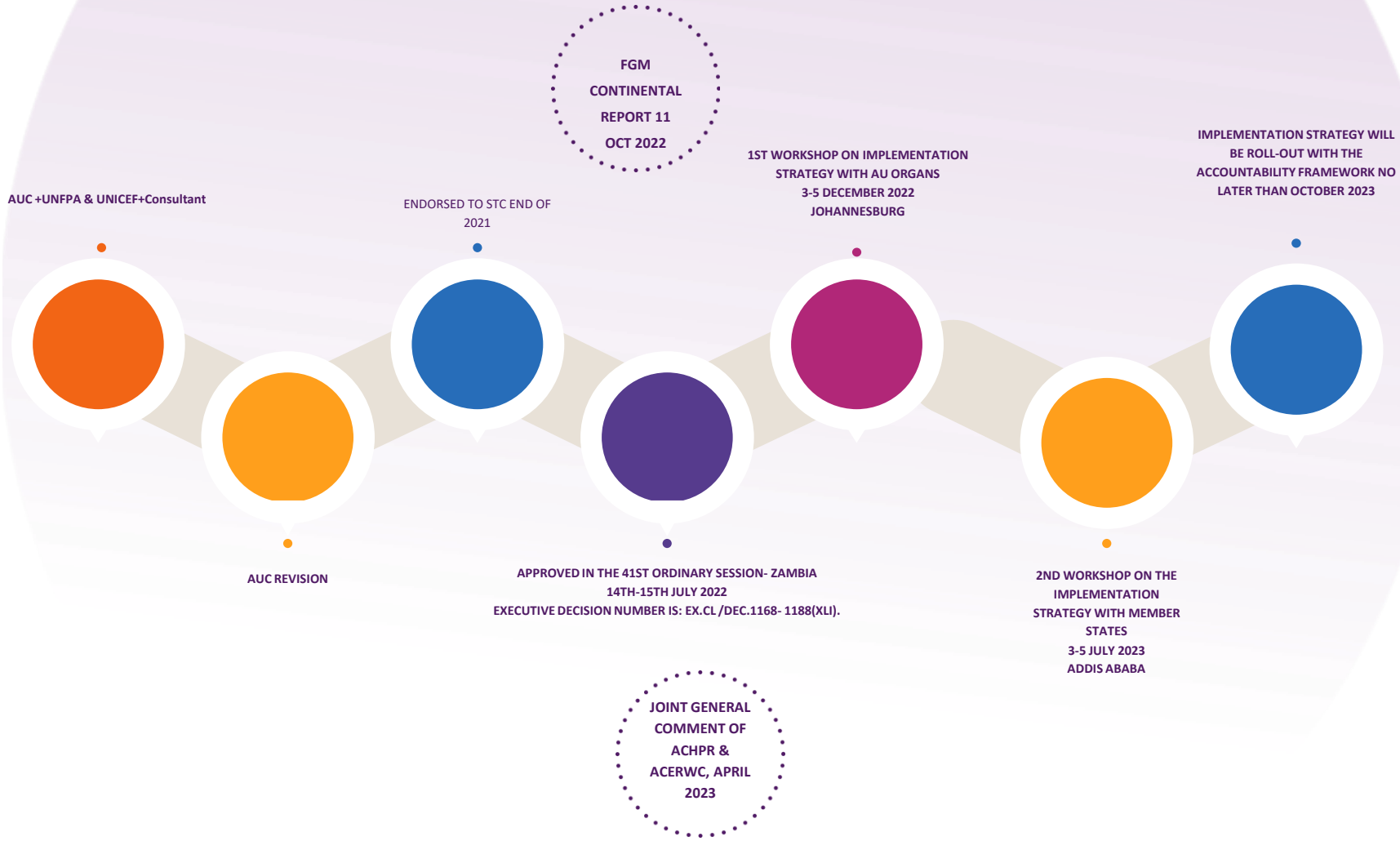
ACERWC: The African Committee Of Experts On The Rights And Welfare Of The Child

ACHPR: The African Commission on Human and People's Rights

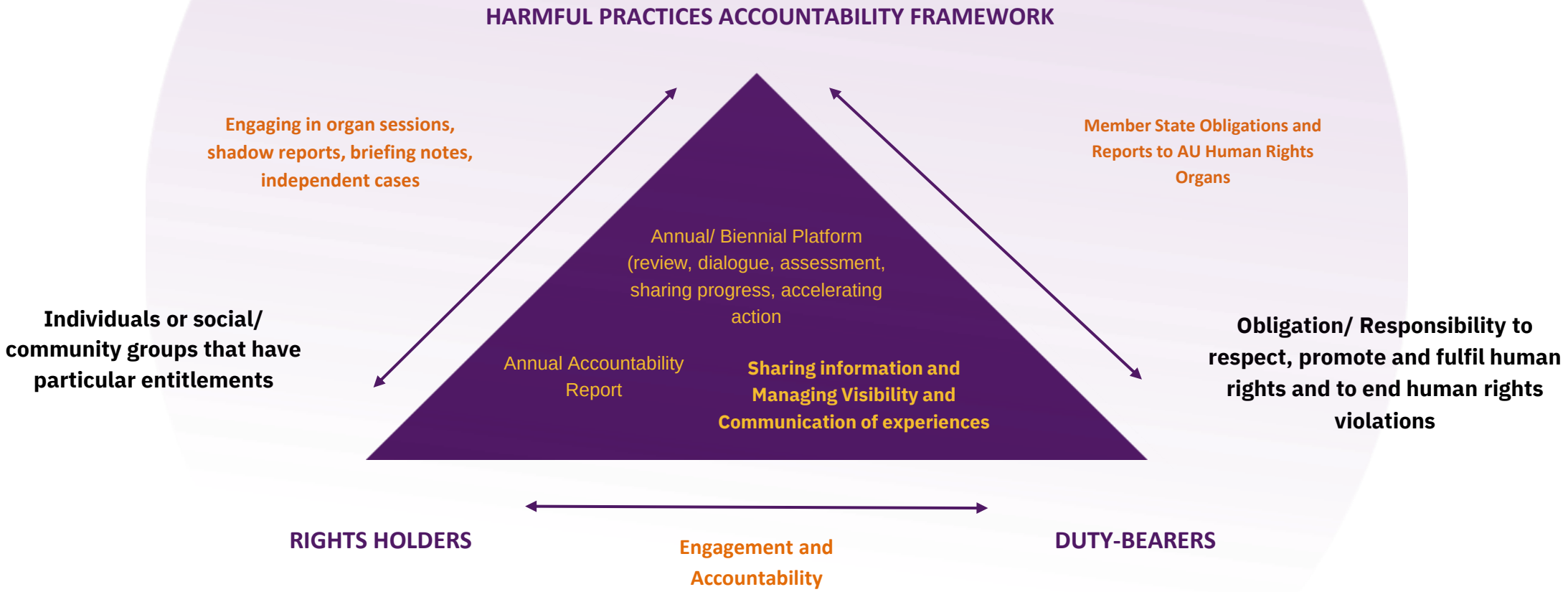
ACJHR: The African Court of Justice and Human Rights

PAP: Pan-African Parliament

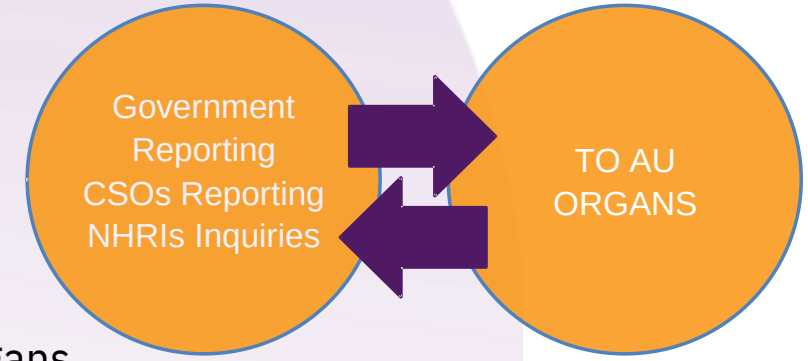
How the Accountability Framework Developed & Adopted



The Proposed Model



What can we do to strengthen strategic engagement with AU accountability mechanisms?



Regular reporting by all accountability levels

Evidence and data, with Member States leading and statutory reporting

Stronger and spotlight oversight on Harmful Practices by AU Human Rights organs

- Strengthening processes, policy and reporting guidance
- Joint efforts to standardize oversight and action on violations of human rights in the context of harmful practices – Joint GC on Child Marriage, FGM are excellent examples

Stronger language and reference on human rights dimension of harmful practices in both ACHPR and ACRWC

- Including reporting guidelines, sessions, monitoring missions

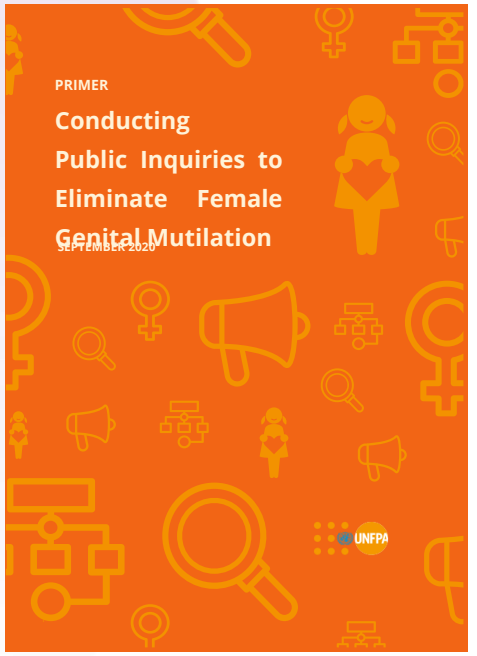
At National Level: Strengthen engagement with National Human Rights Institutions on FGM

UN Human Rights Council Resolution 2020 (44/16) on Elimination of FGM:

- “10. Urges States to take measures to develop and strengthen accountability systems ….
- (h) Developing the capacity of national human rights institutions to investigate human rights violations.”

Action: Strengthen engagement with National Human Rights Institutions across Africa:

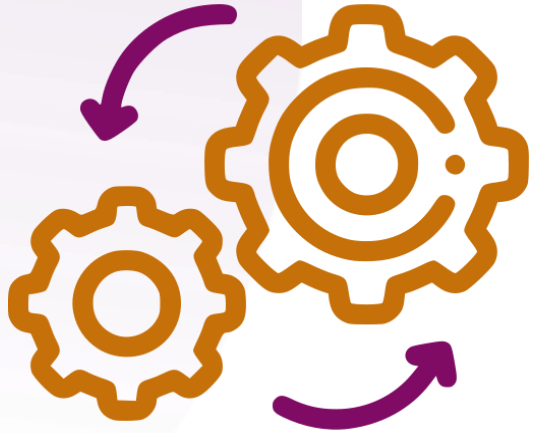
- 12 Anglophone NHRIs supported in December South Africa Workshop
- 24 Francophone NHRIs supported in May Senegal Workshop



Maximising Eco-System of Accountability Mechanisms to Eliminate FGM - 2023

- Develop compendium of accountability mechanisms relevant to hold national and subnational governments, regional bodies and global institutions compliant with existing and future commitments on the elimination of FGM

- Provide brief programming guidance of steps to take to engage strategically and comprehensively with these mechanisms to advance accountability of States



ANNUAL TECHNICAL CONSULTATION
DELIVERING THE GLOBAL PROMISE TO END FGM BY 2030

Session 8

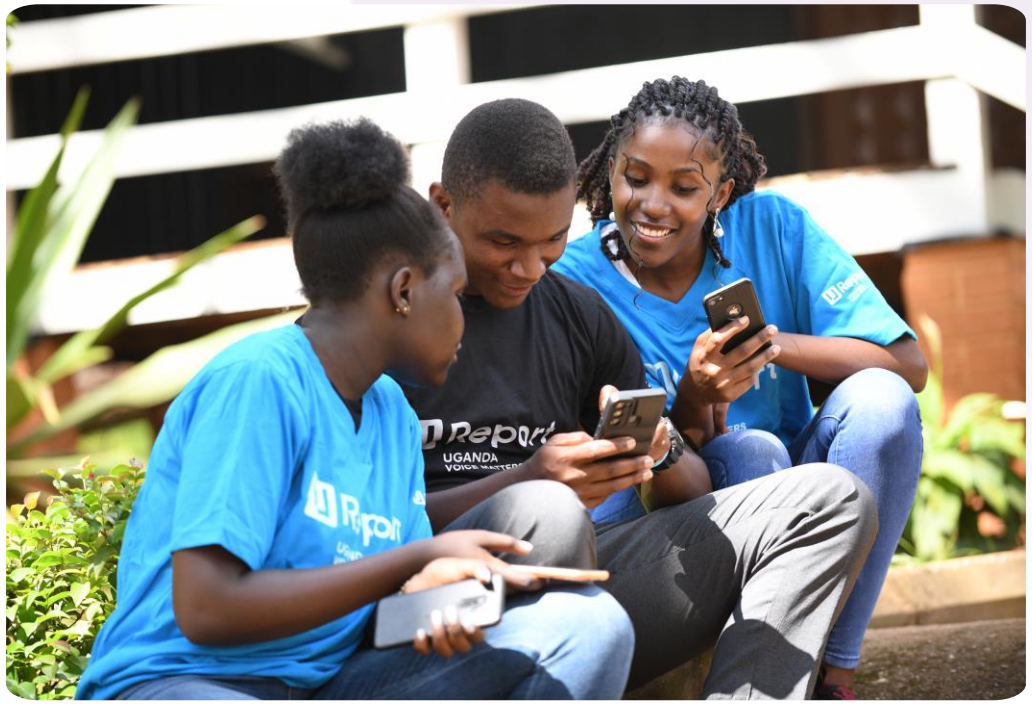
Implementing Accountability Mechanisms:

Strengthening Efforts for the Elimination of Female Genital Mutilation.

Experience from Uganda with U-Report as a Tool.

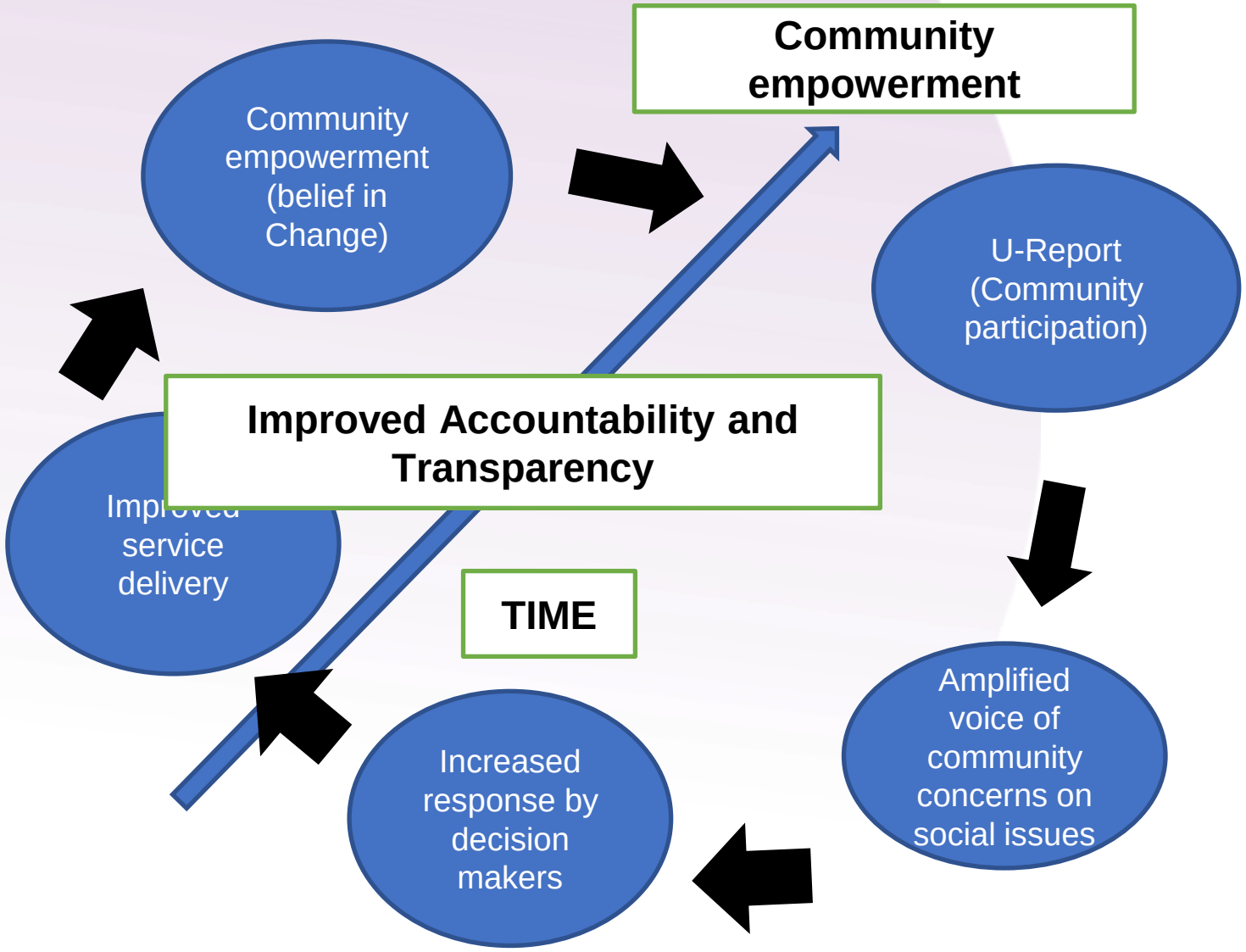
U-Report UGANDA VOICE MATTERS

Overview



- U-Report is social monitoring tool for community participation and empowerment that uses messaging platform including basic mobile phone. It is free, anonymous and easy to use.
- It was designed and developed in Uganda by the UNICEF Country Office in September 2010 and launched in 2011.
- 94 countries worldwide with 29.5 million U-Reporters.
- Uganda has over 600,000 U-Reporters (67%M, 33%F).
- It can be used in both **development and humanitarian** situations for advocacy.
- Its tool for information sharing, awareness raising, and quantifiable data collection on specific areas that impact young people.
- Responses received are analyzed in real-time, mapped and feedback is shared to inform programming and advocacy.

U-Report as a Social Accountability Tool



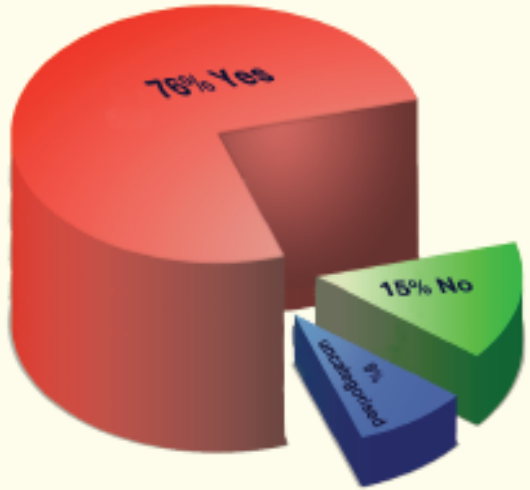
Connecting Government with People and People with Government

Zero Tolerence to Female Genital Mutilation

In support of the International Day of Zero Tolerance to Female Genital Mutilation U-reporters were asked:

Hi U-reporter, 6th February is International Day of Zero Tolerance to Female Genital Mutilation. Do u know female circumcision is illegal? Reply with YES or NO. See results below:

- 80,679 Participants received the question via the U-report SMS service
- 33,244 People responded via SMS.
- 41% Response Rate.



Results were shared via SMS with all U-reporters to raise awareness of the illegality of FGM.

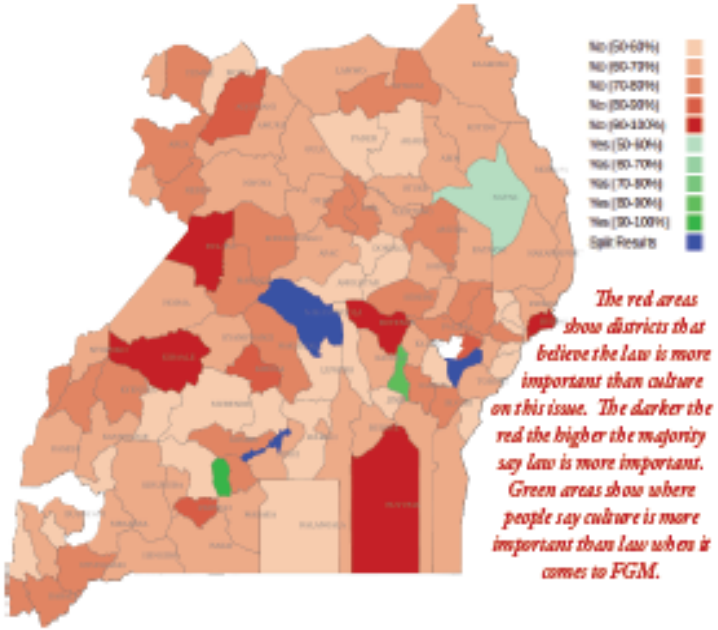
Feb 2nd "76% know female circumcision is illegal. Sjoyo, 24 says "Yes its very illegal because it can cause death due too excessive bleeding". This is true."

FGM and Culture

Akram told U-report "female circumcision is illegal but many people especially those in SABINI occupied areas consider it as CULTURE so it is 2 heard 2 stop it" so U-report asked:

Feb 6th: "6th Feb is day of zero tolerance to female circumcision. We know its illegal but is still practiced so is the culture more important than the law? YES or NO"

19,670 U-reporters responded and attitudes vary by region.



The red areas show districts that believe the law is more important than culture on this issue. The darker the red the higher the majority say law is more important. Green areas show where people say culture is more important than law when it comes to FGM.

District Focus: Napak. 20 people registered in Napak responded. 50% Said culture was more important. 40% said law was more important. 10% uncategorized. However, those that say culture is more important accept this is not the case with FGM.

Aguma says "Yes the culture is important but circumcision is not so it sh'ld be discouraged."

Nursing Assistant says "Yes, culture is more important but we can't tolorate female circumcision in any culture"

MPs Answer Ureport Questions

Hon. Benson Obua-Ogwal, MP Moroto County, Alebtong District

Q: Farmers are complaining on cotton prices. What are they doing in order to improve cotton price? Akwech Denish, 24, Alebtong.

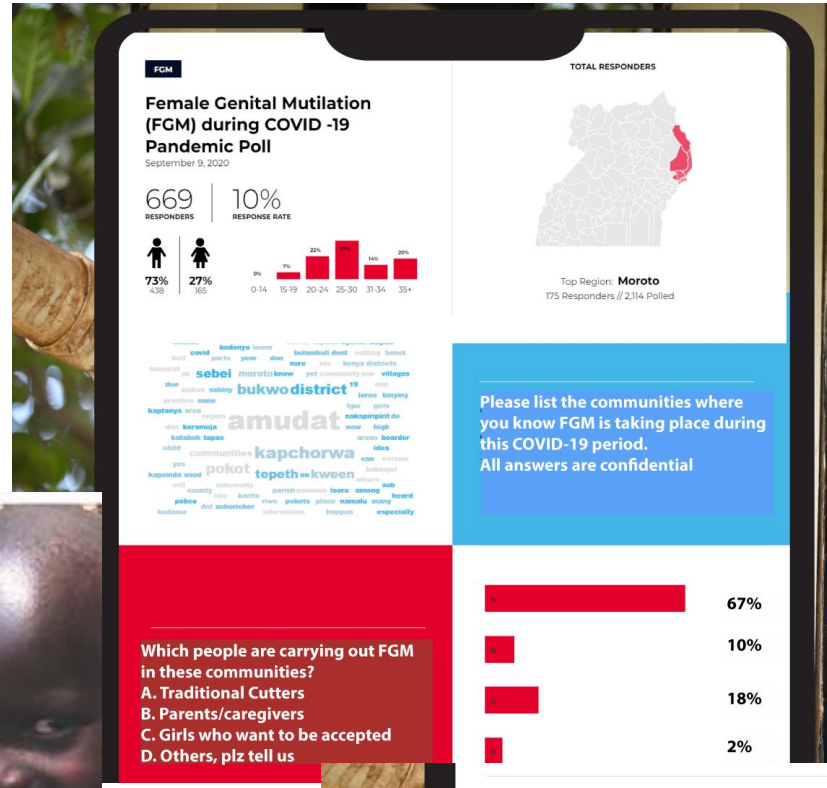
By the time you read this, Parliament will have debated and come with viable proposals to relevant authorities and agencies like the Ministry of Agriculture, Ministry of Trade and Cotton Development Authority (CDO). A Petition on cotton marketing by cotton farmers in Uganda and Lango sub-region in particular was presented to Parliament. Hon. Jimmy Akena has also moved a motion for a resolution of Parliament urging Government to expeditiously intervene by assisting cotton farmers. This motion has been debated in Plenary and will be concluded this week. The problem seems to be with CDO which in my opinion has failed to carry out its mandate. I assure the population that Parliament is working hard to address the issue.

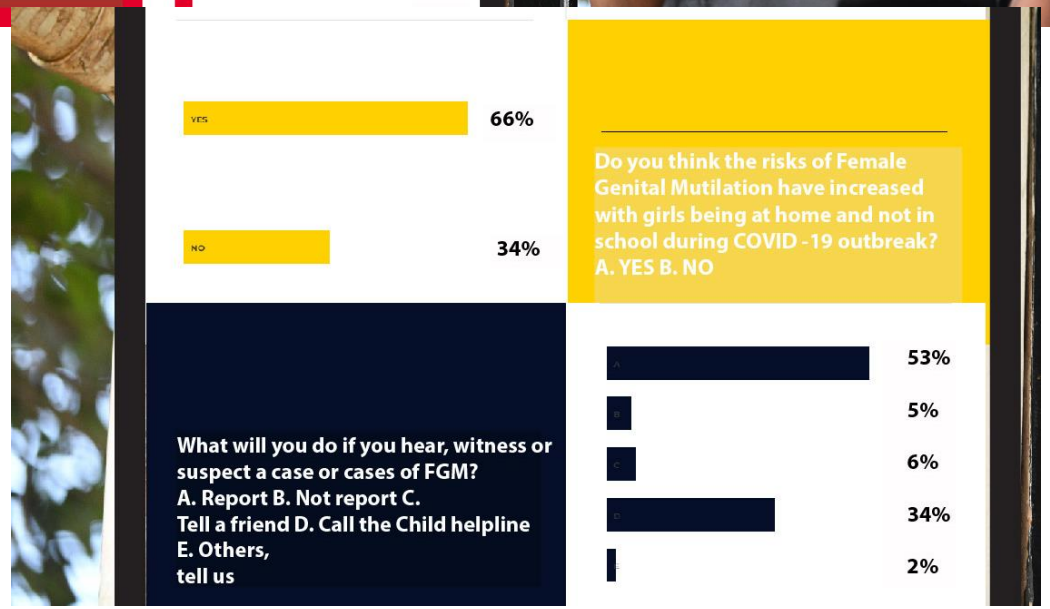
Q: The Government can help the farmers take advantages of current prices of agricultural produce. How can this be done? - Naomi, 22 from MUBS campus, Arua.

Hon. Dorothy Nsanja Kabaramya Kamwenge District Woman MP

The Government's strategy to increase household budgets depends on agriculture, and so does 80% of Uganda's population. The Government should implement the following to increase production so farmers can take advantage: 1) Increase the budget allocation for the Ministry of Agriculture. 2) Distribute improved seeds to farmers and other inputs such as fertiliser and herbicides. 3) Increase production mechanisation for example, tractors, which should be given to farmer groups. 4) Provide agricultural loans, especially to women because 60% of farmers are women. 5) The road network should be improved so produce can reach all markets in the country. 6) Government should own some of the marketing organisations for example, parastatals so that the farmers are not be deprived by the middle men who buy their produce at low prices. 7) Government should construct stores at sub-counties, district and national level to store the excess surplus food.

FGM Poll questions



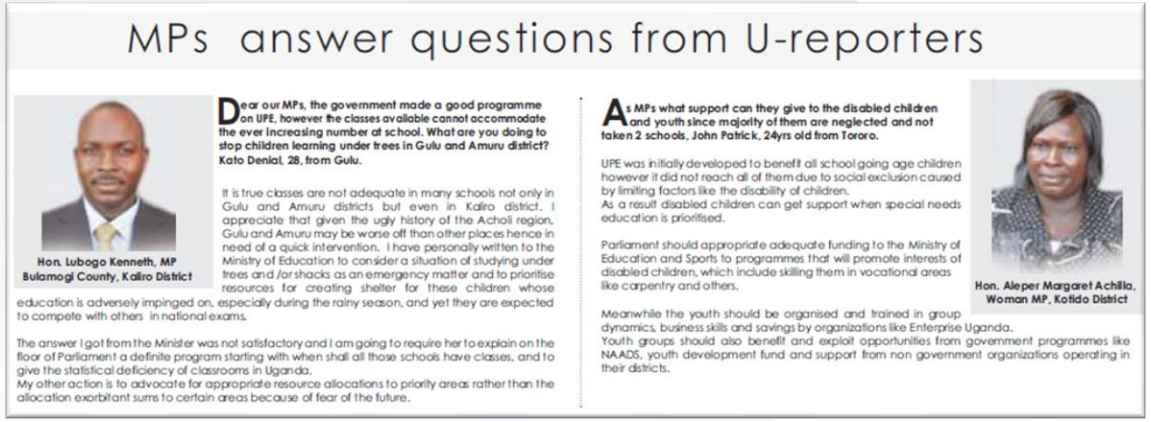


Advocacy Actions

Today, Tuliapong is a strong advocate against Female Genital Mutilation/Cutting. Having gone through the glue some experience, she traverses communities to sensitize adolescents and young people about the dangers of FGM/C while sharing her own experience and encouraging girls to go to school and stay in school.

"...all this I sacrifice my time because of the experience I passed through. "I cry day and night for this bad practice to end oh God! What I understand about my community is when these children are not attending school people take chance to marry them early."

Feedback shared with decision makers such as Members of Parliament



MPs answer questions from U-reporters

Hon. Lubogo Kenneth, MP Bulamogi County, Kaliro District

Dear our MPs, the government made a good programme on UPE, however the classes available cannot accommodate the ever increasing number at school. What are you doing to stop children learning under trees in Gulu and Amuru district? Kato Denial, 28, from Gulu.

It is true classes are not adequate in many schools not only in Gulu and Amuru districts but even in Kaliro district. I appreciate that given the ugly history of the Acholi region, Gulu and Amuru may be worse off than other places hence in need of a quick intervention. I have personally written to the Ministry of Education to consider a situation of studying under trees and /or shacks as an emergency matter and to prioritise resources for creating shelter for these children whose education is adversely impinged on, especially during the rainy season, and yet they are expected to compete with others in national exams.

The answer I got from the Minister was not satisfactory and I am going to require her to explain on the floor of Parliament a definite program starting with when shall all those schools have classes, and to give the statistical deficiency of classrooms in Uganda.
My other action is to advocate for appropriate resource allocations to priority areas rather than the allocation exorbitant sums to certain areas because of fear of the future.

As MPs what support can they give to the disabled children and youth since majority of them are neglected and not taken 2 schools, John Patrick, 24yrs old from Tororo.

UPE was initially developed to benefit all school going age children however it did not reach all of them due to social exclusion caused by limiting factors like the disability of children.
As a result disabled children can get support when special needs education is prioritised.

Parliament should appropriate adequate funding to the Ministry of Education and Sports to programmes that will promote interests of disabled children, which include skilling them in vocational areas like carpentry and others.

Meanwhile the youth should be organised and trained in group dynamics, business skills and savings by organizations like Enterprise Uganda.
Youth groups should also benefit and exploit opportunities from government programmes like NAADS, youth development fund and support from non government organizations operating in their districts.

Hon. Aleper Margaret Achilla, Woman MP, Kotido District

Lessons learnt in Uganda's context

- Its device based- phone based that has limited access that a mix approach for social change is recommended (Digital and the traditional channels for better results).
- Requires level of literacy, thus the need for the mix approach to reach most of the populace.
- Feedback is critical to keep the U-Reporters motivated .
- Program designers need to know what specific data and information is required for the poll designs.
- U-Report is not an end, the polls must be followed with other actions.