



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

2008 ANNUAL REPORT



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UNFPA-UNICEF JOINT PROGRAMME

Joint Programme Title:	UNFPA-UNICEF Joint Programme Female Genital Mutilation/Cutting: Accelerating Change
Duration of Joint Programme:	5 years (January 2008 – December 2012)
Reporting Period:	January – December 2008
Benefitting Countries in 2008:	Egypt, Sudan, Djibouti, Kenya, Ethiopia, Senegal, Guinea, Guinea-Bissau

EXECUTIVE SUMMARY

The UNFPA-UNICEF Joint Programme contributes to the global and national efforts towards accelerated abandonment of Female Genital Mutilation/Cutting (FGM/C) within a generation (25 years). More specifically, the UNFPA-UNICEF Joint Programme's objective is to contribute to a 40 percent reduction of the practice among girls aged 0-15 years, with at least one country declared free of FGM/C by 2012. The Joint Programme aims at being implemented in 17 countries in Africa—Egypt, Sudan, Djibouti, Somalia, Kenya, Ethiopia, Uganda, Tanzania, Eritrea, Senegal, Guinea, Guinea-Bissau, Burkina Faso, the Gambia, Ghana, Mali and Mauritania. In 2008, the Joint Programme was implemented in eight countries—Egypt, Sudan, Djibouti, Kenya, Ethiopia, Senegal, Guinea and Guinea-Bissau.

Significant progress was made during the first year as shown by the following summarised results.

Consultation with Countries: UNFPA and UNICEF Headquarters organised the first consultation with the eight countries in Florence, Italy to plan for the implementation of the Joint Programme based on a common understanding of the basic principles as reflected in the Joint Programme document.

Appointment of Global Coordinator: In April 2008, a global coordinator to provide technical assistance and policy guidance to the implementing countries was appointed and is based in UNFPA Headquarters, New York.

Development of Annual Workplans: UNFPA and UNICEF in each of the eight countries prepared a Joint Annual Workplan which was reviewed and finalized with the technical assistance of the Global Coordinator. The eight Annual Workplans were consolidated at the Headquarters into one Global Workplan and funds were allocated to the countries accordingly. At the beginning of the implementation process, each country recruited a national coordinator and/or assigned a focal person to the Joint Programme.

Launch of the Joint Programme: UNFPA and UNICEF Country Offices jointly advocated with the governments to take a leading role in the FGM/C abandonment campaign. Successful advocacy was noted in five countries (Djibouti, Kenya, Guinea, Guinea Bissau and Ethiopia) where the governments took a leading role to launch the UNFPA-UNICEF Joint Programme, which demonstrated a high level commitment. In Guinea and Djibouti, the First Ladies officially launched the Joint Programme, while Ministers in charge of Children and Gender officially launched the Joint Programme in Kenya and Guinea Bissau. In Ethiopia, the Regional Vice-President launched the Joint Programme.

Government Mechanisms Established: With the support of the Joint Programme, the National Child Act was amended in Egypt and Sudan; the National Action Plan was updated in Senegal; a National Workplan to implement an FGM/C abandonment campaign and a coordinating Committee and Secretariat were set up in Kenya; a National Steering Committee was set up in Sudan and Senegal within the General Assembly and; a National Criminal Law was amended to include specific articles to ban FGM/C practice. In Djibouti, the Joint Programme was integrated into the five year Government Programme.

Baseline Studies Undertaken: To assess the Joint Programme's efforts over the five year period, countries undertook baseline studies especially in those communities where the Joint Programme was to be initiated.

Community Led Activities to Abandon FGM/C: Communities were identified for the implementation of the common programmatic approach to accelerate FGM/C. Facilitators were trained and initiated dialogue on FGM/C abandonment using the Human Rights Approach resulting in:

- Capacity built for 2,400 community members and youth leaders to support abandonment campaign in Kenya
- Capacity built for 34,929 community members in 190 communities including 1,125 youths in Egypt
- Capacity built for 33 communities in Djibouti
- Capacity built for 42 trainers and nine supervisors in three regions in Guinea Bissau
- 200 women in Sudan declaring publicly not to excise their daughters and awarded certificates by the First Lady
- 10,000 people signed a Taga cloth to support abandonment of FGM/C including 44 community chiefs in Sudan
- 889 villages publicly declared FGM/C abandonment; capacity built for 951 community members and youth networks in three regions in Senegal
- 29 villages declared FGM/C abandonment in Djibouti

Creation of Networks: Through the UNFPA and UNICEF Joint Programme, Parliamentarians Networks were created in five countries (Senegal, Sudan, Kenya, Egypt and Djibouti); NGOs Networks were created in four countries (Sudan, Djibouti, Guinea Bissau and Egypt); Media Local Committees were created in Senegal; agreement was signed with the media in Egypt for covering and advocating for FGM/C abandonment; and professional medical associations joined together to support the FGM/C abandonment campaign in Sudan. Capacity was built for the following professional associations and networks to support FGM/C campaign:

- Women Lawyers Associations in Kenya and Ethiopia to support the FGM/C campaign
- 19 Muslim scholars in Kenya to lobby the Muslim leaders in the communities that practice FGM/C
- 80 religious scholars, community imams and 400 women advocates in Sudan
- 300 religious leaders in Egypt from three governorates
- 150 religious leaders in Djibouti
- 60 media personnel in Sudan
- 26 journalists in Kenya
- All government media personnel in Djibouti
- 100 journalists and traditional communicators in Guinea
- 30 journalists and animators in Guinea Bissau

UNFPA and UNICEF worked with international, national and local media to popularize the FGM/C abandonment campaign and the Joint Programme throughout the year and specifically during the launch.

The Joint Programme worked with Ministries of Health to advocate for stronger integration of FGM/C into reproductive health services as well as in training modules of service providers to manage complications resulting from excision. This resulted in:

- Reproductive health strategy revised in Sudan and Egypt
- Training package for health workers and medical practitioners manuals developed in Sudan and Egypt respectively
- Counselling and psychological Care Module updated in Djibouti
- Capacity built for 100 senior health providers and managers and nine district health teams
- Reproductive health guidelines and protocols on management of complications revised in Senegal
- Capacity built for health providers in Djibouti
- 40 frontline health workers in six districts trained to make referrals for patients with complications resulting from FGM/C practice

At the Headquarters' level, UNFPA and UNICEF worked with the Donors Working Group on FGM/C to develop fact-sheets on the links between FGM/C and gender-based violence, human rights, religion, culture, education and the Millennium Development Goals (MDGs). The two agencies supported the Donors Working Group to develop and finalize the "Platform for Action: Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)." This Platform for Action summarizes key elements of a common programmatic approach resulting from an in-depth analysis and evaluation of programme

experiences supported by national governments and non-governmental organisations working on the ground. The analysis was also informed by social science theories and human rights perspective and it highlights which approach works and why.

1.0 BACKGROUND

Female Genital Mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Female genital mutilation is mostly carried out on girls between the ages of 0 and 15 years. Occasionally, adult and married women are also subjected to the procedure. The World Health Organization (WHO) has made three classifications of this procedure namely:

Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Type 4: All other harmful procedures to the female genitalia for non medical purposes, for example: pricking, piercing, incising, scraping and cauterization.



Netsanet Assaye/Photoshare

The immediate health consequences of FGM/C may last a long time if the victim survives. They include: haemorrhage which could be severe due to the injury caused by cutting of the clitoral artery; excessive pain from the mutilated tissues and; blood loss and trauma which can lead to blackout or even death due to circulatory failure. In addition, infections (like urinary tract infection and pelvic infection) and abscess can occur due to the use of unclean instruments, herbs or ashes or due to urine and faeces. Acute urinary

retention can result from the swelling and inflammation around the wound as well as the girls'/women's fear of pain from urine coming in contact with the fresh and sore wound. Injury can also occur to the neighbouring tissues such as the urethra and the vaginal opening. Fractures and dislocation have been reported especially to the pelvis due to heavy pressure being applied to resisting girls and women.

Long-term consequences are more likely to occur with the more severe types of mutilation (Type 2 and 3) and include cysts and abscess on the vulva and recurrent urinary tract infections which can at times spread to the kidneys. Painful menstruation and accumulation of menstrual blood in the vagina can occur as a result of total or partial occlusion of the vaginal opening. Chronic pelvic infection can occur and sometimes be accompanied by discharge which can spread to the uterus and the fallopian tubes. Slow and incomplete healing of the wound and infection can lead to production of excessive connective tissue in the scar and this leads to keloid scar formation. This may obstruct the vaginal opening leading to painful menstrual periods and difficulties in providing gynaecological care. Sexual dysfunction may also occur in both partners as a result of painful intercourse. Psychological consequences include: worry, nervous shock, loss of trust and of self confidence and lack of interest in marital sexual relations due to pain.

A World Health Organization (WHO) study in 2006 on FGM/C and obstetric outcomes in six African countries (Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan) confirmed that deliveries by women who have undergone FGM/C are significantly more likely to have caesarean sections, risks for extensive bleeding, longer hospital stays after delivery, perineal tear, prolonged labour, the need for episiotomies, and death. The risk increases with the extent of cutting, with greatest risk experienced by women who have undergone Type 3 of FGM/C (infibulation). The death rate among babies during and immediately after birth was found to be much higher for infants born to excised mothers; the rate increased with the type of 'cut'. The consequences for the countless women who deliver at home without the help of qualified health service providers and their babies are likely to be worse.

WHO estimates that about 100 to 140 million women have been subjected to Female Genital Mutilation/Cutting (FGM/C) in 28 countries in Africa as well as immigrants in Australia, New Zealand, Canada, Europe and the United States. FGM/C is practiced in Yemen. Some form of FGM/C is also reported in Central and South America. There are unconfirmed reports of limited incidence of FGM/C in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and certain Kurdish Communities in Iraq. Beyond these areas, the practice has also been reported among certain populations in India, Indonesia, and Malaysia. UNICEF estimates that three million girls are at risk of undergoing the procedures every year.

Cultural beliefs and practices underpin the consideration that FGM/C is necessary for all girls in the community to prepare them for adulthood and marriage. The practice is often seen as part of the process of girls becoming clean, well-mannered, responsible, beautiful, mature and respectful adults. FGM/C is often believed to discourage behaviour that is considered frivolous, and hence it is assumed to ensure and preserve modesty, morality and virginity. FGM/C is often expected to reduce women's sexual drive, and thus ensure their self-control. In cases of infibulation, this control is further exerted by effectively constituting a physical hindrance to sexual intercourse. In societies in which FGM/C is widely practised, it is generally considered an important part of the cultural identity of girls and women, and may therefore impart a sense of pride, a coming of age and a feeling of community membership.

From a human rights perspective and from the foregoing discussion, FGM/C is rooted in a culture of discrimination against women and control of their sexuality. It is a human rights violation that deprives the individual of bodily integrity and freedom from torture and degrading and inhumane treatment. It is therefore intimately linked to the unequal position of women in political, social, and economic structures of societies where it is practiced.

The Millennium Development Goals 3, 4, and 5 cannot be achieved unless FGM/C is totally abandoned.

2.0 UNFPA-UNICEF JOINT PROGRAMME

In the development of the Joint Programme, UNFPA and UNICEF were guided by their common objective towards accelerated abandonment of FGM/C. UNICEF's mandate covers child survival, development and participation, while UNFPA's mandate is to reduce maternal morbidity and mortality. The two UN organizations made a decision to develop a joint and innovative initiative that would move to action the "Inter-Agency Statement on the Elimination of Female Genital Mutilation". This resulted in the Joint Programme to accelerate the abandonment of FGM/C within a generation in the context of the 'UN to deliver as one'. The two UN organizations based their conceptual framework on social science research findings and country experiences that show the following:

- FGM/C is a social convention among communities that practice it. Families carry out FGM/C in order to ensure the marriageability and status of their daughters within the intramarrying group. What one family chooses to do, depends on what other families in that community choose to do. No one family has an incentive to abandon FGM/C: if they do, their daughter is destined to not be

married or to have a poor marriage. Even people who are opposed to this practice do it because of the pressure from the community.

- The practice has been aimed to promote female chastity and fidelity by controlling female sexuality.
- The practice is passed on from generation to generation and is supported and transmitted by women often through a culture of silence.

FGM/C therefore requires a social convention shift in communities where it is practiced. Having an enabling environment is of paramount importance for social change. Its abandonment can be accelerated using the following principles:

1. Culturally sensitive approaches that respect the community and encourages collective and coordinated decisions based on empowering knowledge, dialogue and reflection
2. Demonstration of the positive decision through public manifestation of commitment to abandon
3. Inclusion of the neighbouring communities through organized diffusion
4. An enabling environment created through national level actions including: legal measures, management of complications resulting from FGM/C, media bringing the knowledge to the community and encouraging debates, support by important stakeholders especially professional associations, religious leaders, parliamentarians, civil society and NGOs.

Based on these principles, the two agencies developed a segmentation approach to identify 17 countries that would be supported through the Joint Programme for accelerated abandonment of FGM/C. Implementing the Joint Programme in the 17 countries (Egypt, Sudan, Djibouti, Somalia, Kenya, Ethiopia, Uganda, Tanzania, Eritrea, Senegal, Guinea, Guinea-Bissau, Burkina Faso, the Gambia, Ghana, Mali and Mauritania) would foster coordinated action among countries with similar characteristics that include status of the practice; attitude; history of abandonment; regional and ethnic connections and an enabling environment.

2.1 The Goal of the UNFPA-UNICEF Joint Programme

The goal of the Joint Programme is to contribute to the accelerated abandonment of FGM/C within a generation in 17 countries in Africa demonstrated by 40% reduction of the practice among girls aged 0-15 years and at least one country declared free of FGM/C by 2012.

This global initiative is being implemented for five years (2008-2012).

2.2 Planned Outcomes

- ▶ The process of abandonment of FGM/C is accelerated in the 17 countries covered by the programme, with at least one country declared FGM/C free by the end of the programme.
- ▶ Community and national efforts, already identified as promising for leading to positive social transformation, are expanded and constitute a large scale movement, within and across national boundaries.

2.3 Joint Programme Outputs

The Joint Programme has nine outputs:

- ▶ Effective enactment and enforcement of legislation against FGM/C
- ▶ Knowledge dissemination of socio-cultural dynamics of FGM/C practice
- ▶ Collaboration with key development partners on a common framework for the abandonment of FGM/C
- ▶ Evidence-based data for programming and policies
- ▶ Consolidation of existing partnerships and forging of new partnerships
- ▶ Expanding network of religious leaders advocating abandonment of FGM/C
- ▶ Media campaigns emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt
- ▶ Better integration of implications of FGM/C practice into reproductive health strategies.
- ▶ Building donor support to pool resources for a global movement towards abandonment of FGM/C

3.0 PLANNED RESULTS FOR 2008

UNFPA and UNICEF stressed that the Joint Programme would contribute to the following results during the first year of implementation, namely:

- a) UNFPA-UNICEF Joint Programme would be launched by the governments in eight countries. This would be a demonstration of governments' commitment to work with the two UN organizations and other partners towards accelerated abandonment of FGM/C within a generation.
- b) Governments would set up national mechanisms to support acceleration of FGM/C.

- c) Innovative approaches for social transformation at community level would be scaled up, resulting in many communities making public pledges to stop FGM/C.
- d) Support for the Donors Working Group would be continued to ensure that the FGM/C dialogue is kept alive globally.
- e) Baseline surveys would be conducted in the eight selected countries to help monitor results of the programme.
- f) Networks and coalitions of various partners would be established especially among NGOs, Parliamentarians, civil society organizations, religious leaders and the media. These networks would work with the UN organizations to promote FGM/C abandonment and lobby for changes in policy and laws to support abandonment of FGM/C.
- g) Capacity would be developed for different groups and networks to have adequate knowledge and skills to support FGM/C abandonment.

Support would be provided to Medical Schools and the Ministry of Health to review curriculum and modules with a view to integrating FGM/C in the curriculum and in service delivery. This would ensure that service providers are equipped to manage complications resulting from FGM/C practice. Also, women and girls who are victims of FGM/C would receive needed services.



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4.0 FUNDS RECEIVED IN 2008¹

UNFPA and UNICEF appreciate very much the funds received as follows from the Government of Norway, Ireland and Austria for the activities in 2008². The table below shows the contribution made.

Donor	Contribution in US\$	Contribution Date
Ireland	737,463.13	18-Dec-07
Norway	3,642,987.25	13-Dec-07
Austria	155,763.24	30-May-08
Total allocated in 2008	4,536,213.562	

5.0 RESULTS ACHIEVED IN 2008

The two UN organizations worked in synergy to support FGM/C campaign to accelerate abandonment. Country offices and headquarters acted as a catalyst through partnership building at country level to ensure critical mass of supporters. The results achieved are detailed in the following sections.

5.1 Results Achieved at Headquarters

UNFPA and UNICEF initiated continuous dialogue to influence governments and partners to think and act differently towards a faster acceleration of FGM/C abandonment. The two organizations at headquarters provided technical support to all eight countries in the development and finalization of their first joint workplans. They supported country offices to lobby governments for a high level launch to give it increased visibility and prominence. They provided needed tools to support the countries to monitor progress on a quarterly basis and to prepare their annual reports.

¹ In accordance with the UNDG Joint Programme Guidelines, UNFPA as Administrative Agent charges 1% of each contribution.

² In addition, the Joint Programme received generous contributions from the Government of Italy (\$2,590,673.58) as well as the second payment from the Government of Norway (\$2,865,329.51) in December 2008, which will be allocated to the activities in 2009.

UNFPA and UNICEF at headquarters continued to work with the Donors working Group on FGM/C and supported the development of fact sheets on FGM/C and its link to gender based violence, human rights, religion, culture, education and the Millennium Development Goals (MDGs). They also supported the Donors Working Group in the finalization of the “Platform for Action: Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)”. Furthermore, they worked with other donors to initiate a website for the Donors Working Group.

5.2 Results Achieved at Country Level

Major results were achieved at the country level despite of the programme starting in the second quarter of the year in many countries. All the countries identified national coordinators for the Joint programme to follow-up on its implementation. The expenditure is summarized under each of the nine outputs.

OUTPUT 1: Effective enactment and enforcement of legislation against FGM/C

Under this output it was planned that the Joint Programme would be launched at a high level in the eight countries. This would demonstrate governments’ commitment towards FGM/C campaign. Furthermore the governments would be lobbied to set up national mechanisms to guide the implementation of FGM/C abandonment interventions. The following are the results achieved in 2008 under this output.

Egypt: In June 2008, the Parliament included FGM/C as a punishable offence in the Penal Code and amended the Child Law to require the creation of decentralized Child Protection Committees at the Governorate and District levels. The legislation provides punitive measures from a sentence of three months to two years or a penalty of a minimum of 1000 and a maximum of 5000 Egyptian pounds. UNFPA and UNICEF were among the partners advocating for the legislation. UNICEF through the Joint Programme lobbied for the amendment of the *Child Law or National Child Act* . In accordance with the amended child law, nation-wide **28 Child Protection Committees** at Governorate and District level have been formed, with the duties to design child protection policies and monitor policy implementation.

With the contribution of the Joint Programme, Egypt established and launched its *National Strategy* towards FGM/C abandonment. This strategy is expected to guide all players to ensure focused attention to the FGM/C abandonment campaign and also provide an avenue through which the government would monitor national and local activities.

Senegal: Through the financial support from the Joint Programme, the existing *National Action Plan* was updated and disseminated to Parliamentarians and other groups. This National Action Plan aims at

creating a vast movement of social transformation at community level and commitment of national authorities, Parliamentarians, NGOs, civil society associations, religious leaders and traditional leaders, the media, women, teenagers and youth. In addition, a *National Steering Committee* was established to monitor changes in FGM/C abandonment.

Kenya: UNFPA and UNICEF lobbied key legislators to support FGM/C campaign. This led to a high level launch of the Joint Programme in September 2008 by the Minister of Gender, Children and Social Development. During this launch, the Minister committed the Government to support the establishment of a Coordinating Committee with a Secretariat to bring together all partners working on FGM/C and to develop a National Strategy towards accelerated FGM/C abandonment. In addition the Government would amend the Children Act to ensure strengthened protection of children from this practice. In this respect the Minister categorically stated that the people who practice FGM/C should be jailed for life. The Minister called upon development partners to support scaling up of FGM/C interventions throughout the country. The launch was attended by over 100 dignitaries among them senior Government officials, Parliamentarians, the National Coordinating Agency for Population and Development, the National AIDS Control Council, development partners, CIDA, USAID Cooperating Agencies including the Population Council and Equality Now; UN Country team (UNCT), NGOs, civil society organizations, faith-based organisations, youths, international, national and local media.

With the support of the Joint Programme, the government developed a FGM/C *Joint National Workplan (2008-2012)*. Under the auspices of the Ministry for Gender, Children and Social Development, the Government established *a National Coordinating Committee* and a Secretariat with clear terms of reference to monitor and report progress on FGM/C abandonment. It also established a monitoring and evaluation mechanism which would ensure that results being achieved by different stakeholders are documented.

Sudan: Through advocacy and support from the Joint Programme, a *Steering Committee* was formed in Sudan within the General Assembly as a supervisory body to oversee FGM/C interventions in the country.

The FGM/C *National Strategy and National Action Plan* for the accelerated abandonment campaign of FGM/C was also developed and launched at national level during the International Zero Tolerance Day by the Federal Minister of Social Welfare and Women and Child Affairs. The two frameworks were also launched in Gadarif and South Kordofan States. UNICEF supported the revision of the *National Child's*

Act to include FGM/C as a criminal offence and the *State Child Act* in Kordofan, West and North Darfur and Kassala States.

In support of the Joint Programme, commitments were made by State Ministers, the Advisor to the Governor of Women and Child Affairs, the Legislative Council and the Secretary General of the State Council for Child Welfare in five states to support the accelerated abandonment of FGM/C and child protection and to issue States level laws to ban FGM/C. The government also agreed to integrate FGM/C issues in *teachers training guides* and in *students' curriculum*. Following advocacy efforts by the Joint Programme, the *National Criminal Law* was amended to include specific articles related to banning of FGM/C. This law calls for policy dialogue, forums and public debates at the national level and in Gadarif and South Kordofan States. Special sessions to discuss the implementation of the law were organized and attended by 60 parliamentarians.

Guinea Bissau: UNFPA and UNICEF lobbied the Government to support the FGM/C abandonment campaign. This led to the *launch* of the Joint Programme by the Minister of Social Solidarity, Family and Poverty Eradication in June 2008. The Minister observed that the launch was a demonstration of the good relationship between the Ministry and the partners of the UN System. The Minister indicated that FGM/C was and is an evil practice that causes psychological and physical harm and is a violation of human rights. The launch was attended by 250 people including parliamentarians, representatives of government ministries, UNCT, representatives of embassies, international and local NGOs, media organizations, youth associations, local artists and theatre troupes.

In addition, *a coordination mechanism* on FGM/C and other harmful practices was created under the aegis of the Women and Child Institute. Two consultants were recruited by the Institute to elaborate the *National Strategic Document* for the Abandonment of FGM/C in the country.

Guinea: A national conference was held to lobby the Government to take ownership of the FGM/C abandonment campaign. The Government agreed to take a leading role in the *launch* of the UNFPA-UNICEF Joint Programme which took place in September 2008 led by the First Lady Madame Henrietta Conte. The First Lady assured the audience of her determination to fight FGM/C. The Prime Minister who also spoke at the launch observed that FGM/C was used as an economic enterprise and “this must stop”. The Government observed that UNFPA-UNICEF Joint Programme was an ambitious programme and therefore, it was important to develop a national strategy that would lead to the accelerated abandonment of FGM/C. The Launch was attended by 250 people among them Government Ministers, former Ministers, UNCT, religious leaders, the media, NGOs, civil society organizations, and the youth. The Government also made commitments to contribute US\$40,000 towards the Joint Programme.

Djibouti: The First Lady Mrs. Kadra Mahmoud Haid *launched* the Joint Programme in May 2008 following UNFPA and UNICEF concerted advocacy efforts. She described FGM/C as a manifestation of gender inequalities: ‘If Djibouti is to win the struggle against Female Genital Mutilation/Cutting (FGM/C), it must fight poverty and ignorance. Abandonment of FGM/C will therefore contribute to the empowerment of women; improvement of maternal health and reduction of child mortality.’ The Djibouti Minister of Islamic Affairs described FGM/C as a socio-cultural phenomenon with no basis in the Koran and urged doctors and Islamic scholars to work together to sensitize their communities on the negative effects of the practice. The launch was attended by over 200 people that included: 12 Government Ministers, Members of Parliament, UNCT, Ambassadors, religious leaders, NGOs and civil society organizations. All of them pledged to support acceleration of the abandonment of FGM/C within a generation.

Following the launch, the Government integrated the UNFPA-UNICEF Joint Programme into the *five year National Programme* aimed to accelerate the abandonment of FGM/C. The Ministry for the Promotion of Women Affairs and the Ministry of Muslim Affairs as well as the National Union of Djibouti Women were given the mandate to implement the National Programme.

Ethiopia: Through formal consultations with the Afar Bureau of Women Affairs, the Joint Programme was *launched* by the Afar Regional Vice President in December 2008. The Bureau is taking leadership in the implementation of the UNFPA-UNICEF Joint Programme in Afar region.

The total amount spent in output one was US\$ 177, 237.41

OUTPUT 2: Knowledge dissemination of socio-cultural dynamics of FGM/C practice

Under this output, the Joint Programme anticipated innovative approaches to change the prevailing social convention for social transformation at community level to be scaled up, resulting in many communities making public declaration to stop excision. Therefore, the UNFPA and UNICEF Joint Programme mobilized their partners to work in this area using a human rights approach to allow communities to change the prevailing social convention of “cutting” and to make public declaration adopting positive social convention of “not cutting.” Seven countries reported results under this output.

Senegal: With contribution from the Joint Programme, social mobilization campaigns were undertaken in *120 villages*. The capacity was built for *7,951 participants* through human rights classes and social transformation processes. This led to 120 communities abandoning FGM/C and influencing *360 other*

villages through the organized diffusion strategy. This brought the total of villages that declared abandonment of FGM/C to 3,300 villages out of the initial 5,000 villages practicing FGM/C. In this process, youth participation was scaled up by involvement of the youth networks in three regions.

Egypt: The National Council for Childhood and Motherhood with the support of UNDP established FGM/C Free Village Model which is operational across Egypt to support grassroots mobilization in the abandonment of violence against children. The Joint Programme *recruited 40 Egyptian UN Volunteers* to help the expansion of the Free Village Model in Egypt. These volunteers are addressing FGM/C as a social convention and a violation of Child Rights.

Kenya: Through the support of the Joint Programme, *69 Chiefs* and *District Officers from three regions* of Northern Kenya were trained on Child Protection & Kenyan Laws and FGM/C. As a group of administration staff in charge of combating FGM/C and increasing enrolment of children in schools, the training was considered timely. The Chiefs and District Officers resolved to address FGM/C at community level based on information received on the Kenyan law and child protection, the adverse effects of FGM/C and the facts on religion and FGM/C. Community Forums providing communities with information and space to reach decisions with regards to FGM/C is one of the strategies that supports the abandonment process of FGM/C. The engagement and dialogue with religious leaders on FGM/C in Northern Kenya is bearing fruit as youthful religious scholars are now emerging, and endorsing the “no-cutting” stand.

Capacity was built for *240 community* members from Tana River area in the Coast Province on FGM/C and its link to human rights and social and psychological effects of FGM/C. In addition, community dialogue was undertaken during the capacity building session to create an understanding that FGM/C is not linked to religion.

Sudan: The Joint Programme supported the event where *200 women* were conferred awards of “The Saleema mothers” by the First Lady. These are women who had vowed publicly not to excise their daughters. The event was attended by a total of 400 people, including the ex-Prime Minister, Imam El-Sadig Almahadi, NGOs and other celebrities who joined the celebration and awarding of the certificates. The Taga (cloth) in Sudan was signed by around *10,000 people* to signify their commitment towards abandonment of FGM/C. In addition, the capacity of *44 community chiefs* was built to support abandonment of FGM/C.

Ethiopia: The Joint Programme formalized a partnership with a local NGO, Rohi Weddu, to facilitate community dialogue on the abandonment of FGM/C in *two zones*. It also formalized partnership with the Afar Pastoralist Development Association (APDA), to facilitate community dialogue in *six districts* of Afar region.

Djibouti: The Joint Programme supported the implementation of the common programmatic approach on social transformation in *33 communities* resulting in public declarations to abandon FGM/C in *29 communities*. To mobilize religious leaders and the women in the country, the Ministry for the Muslim Affairs and the National Union of the Djibouti Women was given mandate to implement FGM/C campaign abandonment nationwide.

Guinea Bissau: The Joint Programme funded a common programmatic approach on social transformation which was launched in *three regions* of the country. The Joint Programme secured an agreement between the Government and the NGO Tostan to implement and follow-up the common approach on social transformation. Towards this effort, capacity was built for community facilitators and supervisors. Tostan undertook policy dialogue with the national and local authorities in the regions of Oio, Gabu and Bafata. The NGO planned to train supervisors and trainers of the community organizers in 50 villages.

The total amount used under this output was US\$ 728,704.28

OUTPUT 3: Collaboration with Key Development Partners on a Common Framework for the abandonment of FGM/C

UNFPA and UNICEF at headquarters continued to work with the Donors Working Group on FGM/C (DWG) to ensure that the dialogue is kept alive globally. The DWG has since 2001 brought together key governmental and inter-governmental organisations and foundations committed to supporting the abandonment of FGM/C.

The two agencies participated in the development of *fact sheets* on FGM/C and its link to gender based violence, human rights, religion, culture, education and the Millennium Development Goals (MDGs). They also supported the Donors Working Group in the finalization of the **“Platform for Action: Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)”**.

At country level, this output was implemented by four countries Sudan, Egypt, Kenya and Ethiopia. The following results were achieved:

Sudan: Through the efforts of the Joint Programme, a common framework for the abandonment of FGM/C was disseminated specifically by UNICEF at National and State levels. The capacity of **30 senior curriculum personnel** and **teacher trainers** on Life skills was built, emphasizing accelerated abandonment of FGM/C. Participants committed themselves to advocate for a curriculum review to include FGM/C. UNFPA and UNICEF Country Offices initiated **collaboration with WHO Country Office** on the Programme, particularly on the issue of medicalization.

Egypt: A series of meetings between UNDP, UNICEF, UNFPA and UNIFEM led to the development of a **UN FGM/C Joint Programme** as part of the wider FGM/C national framework incorporating the different activities conducted by UN organizations.

Ethiopia: The Joint Programme's objectives and rationale were shared with the **UN Gender Technical Working Group** to facilitate discussion on areas of collaboration with other UN organizations towards accelerated abandonment of FGM/C.

Kenya: National FGM stakeholders planning meeting was supported by the Joint Programme to develop terms of reference for the **National Coordinating Committee** and **the Secretariat** on FGM/C. The team, comprised of UN agency staff, government officers and NGOs, also designed a FGM/C **Joint workplan (2008–2012)** that includes **national monitoring and evaluation framework**.

The total amount used under this output was US\$393,000.07

OUTPUT 4: Evidence-based Data for Programming and Policies

Under this output, baseline studies were planned to be conducted in the eight countries to help monitor results of the Joint Programme and its contribution towards FGM/C abandonment in each country. By the end of 2008, four countries had completed the baseline studies and three countries (Sudan, Djibouti and Kenya) submitted the results. The Joint Programme also supported other studies reported under this output.

Sudan: A **baseline study** for the targeted communities was completed. Among the results, 65% of all study respondents stated that the practice has no benefits at all. Also the results showed that trained midwives use sterilized environment to operate on girls and make the majority of practitioners (95%). Very few medical doctors practice FGM/C (only three are known). Other studies supported by the Joint

Programme included: *Knowledge, Attitudes and Practices (KAP) study* undertaken in three States. Also, a *working paper on social dynamics* of FGM/C summarizing the cumulative knowledge and approaches to scale-up the abandonment of FGM/C underscored how theory and experience have helped to promote collective positive social change through community empowerment.

Kenya: A *Baseline study* conducted in three districts (Tana River, Baringo and Samburu) showed that FGM/C is universal and is being performed among the lower age group. Most respondents were aware of the harm done by FGM/C and had resulted to minimizing the harm by practicing what they called “Sunni” (Type 1). The study recommends that community dialogue be used to avoid hostility towards FGM/C campaign and capacity be built among community facilitators to lead such dialogue toward FGM/C abandonment. Also, with funding from the Joint Programme, a National Study on FGM/C was undertaken. Two research studies were supported by the Joint Programme. One was to determine the effectiveness of the *Children’s Act in protecting children against FGM/C* which showed that the Act would have been more successful if the cultural concerns were taken into consideration hence the need for cultural sensitivity. The second one was to collect *Judicial Precedents on FGM/C* on adult women and the results showed that the Kenyan Law does not extend protection to adult women against FGM/C hence the need to revise the law to protect women of all ages.

Djibouti: A *baseline study* was undertaken and showed that many parents of the excised girls had low level of education, and live below the poverty line. It was recommended that religious and community leaders would specifically target this group to build dialogue and consensus towards positive social transformation. The Joint Programme also supported survey of all stakeholders in the country to determine appropriate collaborative efforts.

Egypt: A *Participatory Rapid Appraisal (PRA)* study was completed in 20 UNICEF targeted communities in four Upper Egypt Governorates to assess baseline indicators for FGM/C and violence against children, to map existing services, and to identify gaps and needs. Additionally, there were two studies on religious leaders that were undertaken to explore arguments of the Muslim religious leaders on FGM/C abandonment and continuation.

Senegal: The Joint Programme supported the *evaluation of the 2000-2005 National Action Plan* for the abandonment of FGM/C and the reinforcement of national ownership. Following this, the government led in the development of a new National Action Plan 2008-2015.

Ethiopia: A *baseline study* was undertaken in Afar region and completed during the year. However, the analysis was still being processed in 2009.

Guinea Bissau: The Joint Programme supported a study on the link of sexual rights and FGM/C in 50 villages.

The total amount used in this output was US\$139,812.31

OUTPUT 5: Consolidation of existing partnerships and forging of new partnerships

Building of partnerships is critical to create synergy for accelerated abandonment of FGM/C. In this output, the Joint Programme planned to support the establishment of networks and coalitions of various groups of partners especially among Parliamentarians, NGOs, professional associations, civil society organizations and human rights organizations. It was thought that these networks would work with UNFPA and UNICEF under the Joint Programme to lobby for policies, laws and other national frameworks to support abandonment of FGM/C as well as speak up for positive social transformation. The following results were achieved.

Egypt: The Joint Programme identified an *Egyptian NGO* to facilitate the establishment of an NGO coalition. As a result, an *NGO-Advocacy Coalition* was then established to coordinate FGM/C abandonment interventions. Through the efforts of the Joint Programme, the capacity of 20 NGOs was built to prepare them as advocates for the implementation of legislation banning FGM/C at the community level and to be watchdogs for medical practitioners performing FGM/C.

A project cooperation agreement between five NGOs in Upper Egypt Governorates was signed with UNICEF to implement community led initiatives that promote abandonment of FGM/C and protection of children from violent practices. These NGOs are:

- a) Family and Environment Development Association (FEDA) in Qena;
- b) Human Development Egyptian Association (HDEA) in Sohag;
- c) Childhood and Development Association (ACDA) in Assiut; and
- d) Better Life Association for Community Development (BLACD) in Minia.
- e) The Cairo Family Planning and Development Association (CFPDA)

The capacity of **28 staff from these NGOs** was developed on facilitation and social communication skills.

Sudan: A *network of Obstetricians and Gynaecologists' Society, Medical Council, Deans of Faculty from six Universities and the Paediatrician Society* was created with the support of the Joint Programme. This network influenced the creation of a technical committee to revise reproductive health strategy and training package for health workers. The *network of parliamentarians* was created to lobby for the

implementation of the penal code to criminalize FGM/C. An *NGO-Advocacy coalition of 30 NGOs* was established to support the Joint Programme to document their experiences towards the strengthening of FGM/C abandonment interventions.

Senegal: With the aid of the Joint Programme, a *network of 22 Parliamentarians* was created to lobby for the implementation of the penal code to criminalize FGM/C. Their capacity on human rights and on existing laws was built. The Joint Programme also supported the *creation of youth and teenagers federations* in the regions as well as the establishment of a *network of NGOs*.

Ethiopia: The Joint Programme supported all the NGOs working in Afar region to form an *NGO-Advocacy Coalition* to strengthen FGM/C abandonment intervention in the region.

Djibouti: The Joint Programme supported the *creation of a network of parliamentarians* to lobby for the implementation of the penal code to criminalize FGM/C. Another *network of 14 male dominated NGOs* was established to specifically target men to support FGM/C.

The Joint Programme supported capacity building of *30 parliamentarians* in the network and *24 town councillors* on FGM/C and its link to human rights.

Kenya: The Joint Programme helped the establishment of a *network of 17 Parliamentarians* and *chairpersons of Parliamentary Committees* and the strengthening of their capacity to lobby for the revision of laws to include a clause to protect adult women against FGM/C practice. In addition, the Joint Programme organised a policy dialogue forum attended by *15 members of Parliament* from FGM/C high prevalence areas (pastoralist areas).

The Joint Programme funded a women's forum that was held on International Women's Day (8th March) and attended by *37 women among them two Parliamentarians* resulting in the development of a strategy to accelerate FGM/C abandonment.

A national coordinator for the Joint Programme based in the Ministry of Gender, Children and Social Development where the national Secretariat was established, continued to assist in the *coordination of the FGM/C interventions undertaken by different partners nationally*.

Guinea Bissau: Through the initiative of the Joint Programme, a *network of women Parliamentarians* was established and is currently engaged in active FGM/C abandonment campaign.

Guinea: With support from the Joint Programme, a *directory of partners* working on the abandonment of FGM/C campaign in the country was completed.

The total amount used for this output was US\$208,688.04

OUTPUT 6: Expanding network of religious leaders advocating abandonment of FGM/C

Under this output the Joint Programme planned to support the establishment of networks of religious leaders to make a national statement to separate FGM/C from religion and to promote its abandonment among the religious communities. Five countries reported on this output. The following results were achieved.

Guinea Bissau: A *formal statement* was made by key Islamic religious leaders committing themselves to collaborate with UNFPA-UNICEF Joint Programme towards abandonment of FGM/C.

Djibouti: Through the support of the Joint Programme, a *study trip* of religious leaders to Egypt was undertaken to find out how religious leaders in that country are addressing FGM/C abandonment among their own colleagues and how they have tackled challenges arising from such dialogue.

Sudan: With contribution from the Joint Programme, *advocacy capacity* was built for *religious leaders* and *scholars* in Blue Nile and North Darfur. As a result, some reputable religious leaders publicly declared that there was no link between FGM/C and Islam and actively participated in the FGM/C national campaign.

Senegal: With support from the Joint Programme, *Muslim religious leaders* were incorporated into the *Steering Committee of the National Action Plan*. The leaders were expected to influence the other Muslim leaders and the community towards the abandonment of FGM/C.

Kenya: A lobby group of *19 Muslim scholars* was established with the support of the Joint Programme, these scholars are from communities that do not practice FGM/C. They made plans to organize dialogue forums with other Muslim scholars in the communities that practice FGM/C using religious arguments to separate FGM/C from Islam to create a national stand of Muslim scholars against the practice.

Under this output the funds used were US\$ 104,560.92

OUTPUT 7: Media campaigns emphasizing FGM/C abandonment process in sub-Saharan Africa, Sudan and Egypt

Under this output the Joint Programme planned to support media advocacy on FGM/C abandonment. The media would also collaborate in development of radio, TV programme and disseminate positive messages through the printing media. The following results were achieved.

Ethiopia: The Joint Programme worked with the media in the development of *briefs* and *brochures* in English, and two local languages (Amharic and Afarigna). The briefs and brochures were disseminated to the community during the launch of the Joint Programme in November 2008.

Djibouti: The Joint Programme undertook media advocacy through *dialogue meeting with government media houses*—State Radio, television networks and the main newspapers—in the country. Djibouti does not have private media agencies.

Guinea: The Joint Programme *lobbied the media houses* to have FGM/C on the *media agenda*. This resulted in the development of a television spot which was aired on a weekly basis to sustain the debate of FGM/C abandonment and to advocate with *policy makers to speak up* against the practice.

Kenya: Following the launch of the Joint Programme, there was an increased *commitment by the media houses* (radio, TV and print) to sustain the FGM/C debate. In respect to this, the Minister for Gender, Children and Social Development, was interviewed by several TV stations after the FGM/C launch. Furthermore there was frequent broadcasting of messages on weekly basis on FGM/C as well feature, stories in the print media.

Thanks to strong media advocacy, the *public started speaking up* for the FGM/C abandonment and reporting incidents. For example, community members in Narok district reported a case to the coordinator and the police which generated a lot of media interest.

The Joint Programme supported the *media network to build capacity of journalists* assigned to follow up on FGM/C issues.

Furthermore a *FGM/C documentary* depicting engagement with communities in Northern Kenya and the journey towards abandonment of FGM/C was completed. The FGM/C film has documented the community perceptions and use role models to discourage the practice. This film is being disseminated widely to facilitate in information sharing and to lead to positive social change.

Sudan: A *communication expert was recruited* by UNICEF with funds from the Joint Programme to provide technical support to government and other partners in the production of communication materials in the framework of the Saleema campaign. With the support of the Joint Programme, the Federal Ministry of Health enhanced the *capacity of the media personnel* from television, radio, and the newspapers. The capacity built was specifically on the implications of FGM/C in health and development and its link to religion. A *Ministry of Health (MOH)-media alliance* was created to undertake advocacy towards accelerated abandonment of FGM/C. Following this, a *media sector action plan* was developed

with the support of the Joint Programme and in collaboration with the President of the Media Committee in the National Assembly and media personnel from Television and radio networks and the newspapers.

This action plan was used by the media to support the implementation of the National Strategy towards FGM/C Abandonment. One of the major outcomes was the production of *seven messages* aired by the Sudan National Television. *Other materials* were developed to support the Saleema campaign, officially launched by the First Lady, and included

- a) four posters,
- b) electronic board messages,
- c) 25,000 posters, 3000 t-shirts,
- d) 5000 pieces of cloth material with Saleema design,
- e) 5000 stickers,
- f) A campaign song, and a 17-second spot aired for two months.

Egypt: A *roundtable discussion* on the ‘role of the media in the promotion of FGM/C abandonment’ was organized with the support of the Joint Programme. It was attended by *30 representatives of media houses, government, donors and UN agencies* and this resulted in the increased commitment of the media to keep FGM/C agenda and child protection issues alive.

The Joint Programme also supported *INTACT* (a network to analyze, communicate and transform data in a user-friendly manner) to continue FGM/C abandonment campaign through its website. INTACT also updated its English website and established an Arabic website to include information and data on FGM/C in Egypt and other practicing countries in the region.

Senegal: Through the support of the Joint Programme, participation of media agencies in the campaign was enhanced through *72 radio broadcasts*. This resulted in a widespread dissemination of information that has encouraged the *360 communities* who are not direct recipients of the Joint Programme to join the movement for human dignity and human rights.

Guinea Bissau: Through the initiative of the Joint Programme, a *network of journalists* was established and is currently engaged in active campaign for FGM/C abandonment.

Under this output the total amount used was US\$ 223,791.55

OUTPUT 8: Better integration of implications of FGM/C practice into reproductive health strategies

Under this output the Joint Programme planned to support Medical Schools and the Ministries of Health to review curriculum and modules with a view to integrating FGM/C within the curriculum and in service delivery. This would ensure that service providers are well equipped to manage complications resulting from FGM/C practice and women and girls who are victims of FGM/C would receive needed services. Four countries implemented this output. The results were as follows.

Djibouti: UNFPA and UNICEF noted that FGM/C was already integrated in the medical curriculum before the initiation of the Joint Programme. It was however planned that the curriculum would be updated in 2009.

Senegal: The Joint Programme supported *capacity building* for Tamba Regional team comprising **100 senior health providers and health managers, nine district Health Teams** on management of complications associated with FGM/C and the revision of reproductive health guidelines and protocols. **300 copies were printed and 200** distributed to health providers in Tamba region.

Egypt: Through a consensus building workshop supported by the Joint Programme, a *plan of action (2008-2009)* for the Ministry of Health and Population (MOHP) was revised to strengthen FGM/C abandonment interventions. A *medical practitioners' manual* was also developed and reviewed by NCCM and the Ministry of Health.

Sudan: A *national consultant was recruited* with funding from the Joint Programme to develop a training package for training of health workers on FGM/C. The Joint Programme also supported the *establishment of a technical committee to revise the existing 5-Year Reproductive Health Strategy and training materials* for the health providers by incorporating the FGM/C content. A *manual on FGM/C for health cadre* was developed. In addition, the *capacity was built* on advocacy and communication skills for *reproductive health Trainers and State FGM/C focal Points* in five states (Kassala, Gadarif, White Nile, South Kordofan and Gezira).

Under this output the amount used was US\$124,611.00.

OUTPUT 9: Building donor support to pool resources for a global movement towards abandonment of FGM/C

This output was specifically thought to be implemented by Headquarters New York; however countries were encouraged to collaborate with donors in the field and this resulted in the following activities.

Egypt: UNICEF submitted a project proposal to the UNICEF Swiss National Committee which focused on:

- Support of the child protection committees in different governorates so that they could assist in the reinforcement of the new legislation banning FGM/C ban and,
- Development and implementation of a nationwide social communication plan.

Ethiopia: UNFPA raised US\$ 200,000 from Catalonia (Spain) to support the reproductive health services in Afar region, the site for the FGM/C abandonment campaign.

Kenya: UNFPA provided strong recommendation to the “Urgent Action Fund” for the proposal submitted by the Federation of Kenyan women lawyers (FIDA). The Funds when received will be used in 2009 to support the drafting of an FGM/C abandonment bill aimed to protect adult women from being excised and to advocate to relevant parliamentary committees. Presently, the existing law protects girls from 0 to 18 years only.

Senegal: The Joint Programme in collaboration with *WHO and the Population Council developed a common vision* for the FGM/C abandonment campaign. The *capacity of governmental institutions at national and local levels* was built to better coordinate and monitor their activities on FGM/C abandonment.

Sudan: UNFPA and UNICEF held policy dialogue meetings with *MSF Belgium, International Plan Sudan, Save the Children, Sweden, and Norway* with the aim of supporting local NGOs. UNICEF Country Office completed and submitted a project proposal to the *Swiss National Committee* to support child protection committees in different governorates and to develop a nationwide social communication plan on FGM/C.

Under this output the total amount used was US\$7,611.00

6.0 FINANCIAL EXPENDITURE IN 2008

Implementation of the programme commenced towards the end of the second quarter, thus conveying a variance in expenditure levels by the countries. The table reflects the total expenditure at country level by output and Headquarters expenditure.

OUTPUTS	TOTAL
1 Effective enactment and enforcement of legislation against FGM/C	177,237.41
2 Knowledge dissemination of socio-cultural dynamics of FGM/C practice	728,704.28
3 Collaboration with key development partners on a common framework for the abandonment of FGM/C	393,000.07
4 Evidence-based data for programming and policies	139,812.31
5 Consolidation of existing partnerships and forging of new partnerships	208,688.04
6 Expanding network of religious leaders advocating abandonment of FGM/C	104,560.92
7 Media campaigns emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt	223,791.55
8 Better integration of implications of FGM/C practice into reproductive health strategies	124,611.00
9 Building donor support to pool resources for a global movement towards abandonment of FGM/C	7,611.00
GRAND TOTAL	2,108,016.58
Total by HQ (UNFPA and UNICEF)	560,520.41
Overall Total by the Joint Programme	2,668,536.99³

³ Inclusive of indirect cost of both agencies

7.0 CHALLENGES IDENTIFIED IN 2008

The following challenges were identified by countries as they implemented the Joint Programme. These challenges will be addressed in 2009:

Political Support

- Some legislators are afraid to speak out against FGM/C for fear of losing political support at grassroots level in Kenya.
- There is no enforcement mechanism that has been established for the newly promulgated FGM/C criminal law in Egypt.
- Political and religious opposition against the implementation of the FGM/C law is still strong in Guinea Bissau.

Coordination

- The lack of synergy among actors slowed down the implementation of the national action plan in Senegal.
- The lack of a functional coordination mechanism and a national action plan creates challenges towards having adequate support and guidelines for the accelerated abandonment of FGM/C in Guinea Bissau and Egypt.
- The lack of a functional monitoring and evaluation system makes it difficult to monitor results towards FGM/C abandonment nationally in Djibouti.

Medicalization of FGM/C

Medicalization practice, which means that health service providers do the excision in clinics, is on the increase and was specifically reported in four countries:

- In Sudan, three female gynaecologists openly advocated for a special surgery “Shari” and used the opportunities afforded to them to make presentations to support their arguments.
- While the Ministry of Health made public proclamations that medicalization of FGM/C practice is unethical; it was reported to be on the rise in Kenya.
- Medicalization of FGM/C continues in spite of the declaration made by the Ministry of Health and Population to stop health service providers from performing excision in Egypt. Indeed, about 67.6 percent of the FGM/C practice was conducted by medical personnel (doctors, nurses and trained midwives) in Egypt.
- Medical personnel (doctor, nurse, midwives) conducted 10 percent of the excision in Guinea.

- Family members were reported to be increasingly visiting doctors to have their daughters excised so as to minimize the risks linked to the traditional method in Guinea.

Religious and Traditional leaders

- Some faith-based leaders and custodians of traditional customs continued to demonstrate strong opposition to FGM/C abandonment in Kenya.
- Religious leaders who support the continuation of FGM/C were reported to be cynical about the stand of the Islamic institutions in Egypt and the abandonment campaign was often associated with the ‘western agenda’ and political affiliations.
- Some traditional and religious leaders misinterpreted religious texts to support the continuation of the FGM/C practice in Guinea and in Ethiopia.

8.0 RECOMMENDATIONS

Recommendations were made by UNFPA and UNICEF to address the challenges identified in 2008. In this respect, the Joint Programme recommends to:

- Organize policy dialogues with the governments to ensure that national mechanisms, especially on coordination, oversight, monitoring and evaluation are created and implemented for quality performance and reporting.
- Work with WHO and the Ministry of Health to address medicalization whose continuation is slowing down the accelerated abandonment of FGM/C.
- Identify and work with religious leaders who are considered credible in their societies to influence their colleagues towards a unified stand on FGM/C abandonment.
- Determine an evaluation methodology, to include process and impact indicators likely to measure the results of the UNFPA-UNICEF Joint Programme and its contribution to the national efforts.
- Document good practices that detail the process of social change and public declarations.
- Provide technical assistance to needy countries promptly.

ACRONYMS

AIDS	Acquired immune deficiency syndrome
CIDA	Canadian International Development Agency
CSO	Civil Society Organisation
DWGS	Donors Working Group
FGM/C	Female Genital Mutilation/Cutting
KAP	Knowledge Attitudes and Practices
MDGS	Millennium Development Goals
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MSF	Medicins Sans Frontieres (Doctors without Borders)
NCCM	National Council for Childhood and Motherhood
NGO	Non-Governmental Organisation
PRA	Participatory Rapid Appraisal
UN	United Nations
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organisation