

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

Technical Guidance

A Comprehensive
Approach to
Accelerating the
Elimination of
Female Genital
Mutilation



ACKNOWLEDGEMENTS

This technical guidance document synthesizes findings from research and evidence-informed interventions, strategies and lessons learned in eliminating female genital mutilation, based on the experiences of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change and various partners working on the issue. The guidance can inform the development of programmes to eliminate female genital mutilation at the country, regional and global levels. Users may identify priority interventions based on a programme's mandate, capacity and available resources. As a living document, the guidance will continue to be updated as new experiences, innovations and evidence emerge. We encourage all users to share feedback and suggestions to improve it.

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Acronyms

COVID-19	Coronavirus Disease 2019
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
Joint Programme	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change
MICS	Multiple Indicator Cluster Surveys
NGO	Non-Governmental Organization
SDG	Sustainable Development Goal
SMS	Short Message Service
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
Y-PEER	Youth Peer Education Network



Introduction

Female genital mutilation (FGM) is globally recognized as a violation of girls' and women's human rights, including their right to health, to be free from violence, to life and physical integrity, to non-discrimination, and to be free from cruel, inhuman and degrading treatment. Eliminating FGM is an aim of the global agenda for achieving Sustainable Development Goal (SDG) 5, on gender equality and women and girls' empowerment, target 5.3 is to eliminate all harmful practices by 2030.

Why this publication?

Since 2008, the UNFPA, the United Nations Population Fund and the United Nations Children's Fund (UNICEF) have been jointly leading the largest global programme to accelerate the elimination of FGM by 2030. The Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change (Joint Programme) partners with key stakeholders in 17 countries to:

1. Create an enabling environment through supportive policies and legislation.
2. Empower communities to transform social and gender norms that sustain FGM.
3. Strengthen girls' and women's assets and agency.
4. Ensure access to essential services.
5. Contribute to a global evidence base on FGM.

Following a decade of Joint Programme implementation and consultations with various stakeholders, this guidance synthesizes findings from research and evidence-informed interventions, strategies and lessons learned in eliminating FGM. It was developed in consultation with colleagues in UNFPA and UNICEF country and regional offices. We hope this information will support greater use of evidence-informed interventions and contribute to achieving the commitments made at the Nairobi Summit to mark the twenty-fifth anniversary of the 1994 International Conference on Population and Development (ICPD+25) and to realizing the aspirations of Generation Equality, as well as the call by the United Nations Secretary General for “bold and ambitious solutions” within the [Decade of Action to achieve the SDGs](#), and ultimately, target 5.3.

What does this guidance include?

The guidance includes numerous programme examples, offers suggestions on how to design and implement effective programmes, foster learning, and generate evidence. Links guide readers to tools and reference materials.

Who is the intended audience?

The primary audience is stakeholders working towards the elimination of FGM, such as United Nations entities, governments, civil society organizations and academic institutions.

How is this guidance meant to be used?

The guidance can inform the development of FGM elimination programmes at country, regional and global levels. Users may identify priority interventions based on a programme's mandate, capacity and available resources.

Guidance features



Tools include manuals, guidelines, technical notes, briefs or reports that provide useful information for FGM programming, found at the end of each chapter.



Highlighted boxes showcase concepts or actions to consider at different stages of programming.



Case examples showcase innovative approaches from the Joint Programme and other programmes.



Resources for further reading are provided in Annex D.



1

A Global Overview of Female Genital Mutilation

It is estimated that more than 200 million girls and women have undergone FGM in 31 countries in Africa and Asia. Smaller scale studies in countries without nationally representative survey data suggest the existence of the practice in other countries in Europe, North America, Australia and New Zealand (Cappa et al., 2019).

In the last three decades, the overall FGM prevalence rate has been significantly reduced. Today, a girl is about one-third less likely to undergo than in 1997. Girls and women aged 15 to 19 years are less likely to have undergone FGM than women in older age groups. More girls and women are opposed to FGM than in the past, and more women and men are aware of FGM's health consequences.

As the world's population continues to grow, though, more girls will be at risk of FGM (UNDESA, 2019). By 2030, more than one in

FGM and COVID-19

With the emergence of the COVID-19 pandemic and its stresses on families and communities, and on prevention and protection programmes, UNFPA estimates 2 million additional FGM cases could occur over the next decade that would otherwise have been averted. At the same time, the response to COVID-19 has generated innovative ways to use information technology for outreach, monitoring and learning. The experience will influence all FGM programming in the future.

Source: [UNFPA interim technical note](#).

three girls worldwide will be born in 29 of the 31 countries where FGM is prevalent, with as many as 68 million girls aged 0 to 15 years at risk of FGM (UNFPA, 2020). If interventions are not scaled up to outpace these demographic trends, the number of girls and women undergoing FGM will continue to increase, and the absolute number of girls who have experienced FGM will be higher by 2030 than today. Significant global investment is required to accelerate the elimination of FGM to keep up with the growing number of girls at risk.

Other noteworthy trends

Growing medicalization of FGM. The medicalization of FGM refers to any category of health-care provider, in a public or private clinic, at home or elsewhere, performing FGM. According to a recent estimate by UNICEF, around one in four girls and women who have undergone FGM worldwide were subjected to FGM at the hands of a health provider. Almost twice as many girls aged 15 to 19 reported a health-care provider as performing FGM on them compared to women aged 45 to 49. The twofold difference indicates significant recent growth in medicalized FGM. Medicalizing the practice does not eliminate the health risks, as it still removes and damages healthy and normal tissue, and interferes with the natural functions of a girl's body. Medicalization by health-care providers only helps to legitimize the practice (UNFPA, UNICEF and WHO, 2018; UNFPA, 2018; Population Council, 2017).

According to a recent estimate by UNICEF, around

1 in 4 girls and women

worldwide were subjected to FGM at the hands of a healthcare provider

FGM in the context of humanitarian crises. While FGM in emergencies is largely under-researched, existing literature suggests the needs and rights of girls at risk of or affected by FGM are neglected in emergency settings. FGM is often deprioritized in humanitarian crises because prevention and response interventions are not considered lifesaving or essential to girls' resilience. During the outbreak of COVID-19, most national humanitarian response plans did not initially include FGM prevention and response interventions. As the global community increasingly faces protracted crises, there is a need for increased direct investments, and a stronger commitment to ensuring the integration of FGM in humanitarian preparedness and response plans. Humanitarian actors must also take greater ownership of SDG target 5.3. This means recognizing that the elimination of FGM plays a critical role in achieving equitable social and economic development, and ensuring no girl is left behind.

FGM as a cross-border phenomenon. Cross-border FGM involves crossing international borders to have girls undergo the practice (box 1). Families that wish for their daughters to undergo FGM in a country that outlaws FGM may travel to another country that has not outlawed the practice or does not have extraterritorial jurisdiction in prosecuting FGM cases based on existing criminal legislation. Cross-border FGM undermines decades-long effort to eliminate the practice.

**BOX
1****FGM among cross-border communities in Kenya, Uganda, Tanzania and Somalia**

A recent study sought to understand legislative and policy frameworks in relation to FGM in the cross-border areas in Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania. The study concludes that the lack of specific regional legislation to prohibit FGM challenges collaborative efforts to eliminate the practice.

When it comes to the effects of FGM on the economic well-being of girls and women, the study found economic productivity is lower for girls and women who have undergone the practice. FGM is equally associated with a highly negative impact on education. Poor performance and low retention rates among girls in school is largely associated with psychological trauma, frequent absenteeism related to the healing process and early marriages.

The study found that FGM as a practice is seen as a major indicator of gender inequality and is linked to child marriage, forced sexual initiation and health consequences across the life course of girls and women. Lower levels of education and early marriage trap girls and women in a cycle of poverty.

The following three strategies were identified by respondents as important for reducing FGM:

Strategy	Male %	Female %	Total %
Enforcing anti-FGM legislation	85	78	81
Girls' education	73	76	75
Increasing knowledge and awareness about FGM in communities	40	44	42

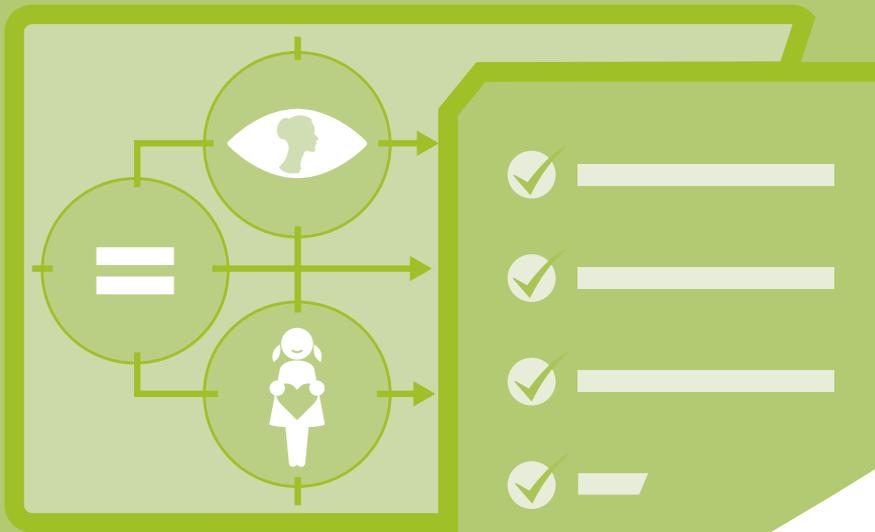
Recommendations from the study include creating a regional law, developing a regional plan of action, providing capacity building to law enforcement, increasing knowledge about legislation, and supporting a multisectoral approach to working with FGM-affected border communities.

Source: [FGM among cross-border communities in Kenya, Uganda, Tanzania, Ethiopia and Somalia](#)



TOOLS

- UNFPA and UN Women (2020). [Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming](#).
- UNICEF (2020). [The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation](#).
- UNFPA (2014). [Demographic Perspectives on Female Genital Mutilation](#).
- Barret, H. R., et al. (2020). [The Female Genital Mutilation \(FGM\) – migration matrix: The case of the Arab League Region](#). Health Care for Women International, 9 September. Study supported by UNFPA.
- UNFPA (2019). [Beyond the Crossing: Female Genital Mutilation Across Borders: Ethiopia, Kenya, Somalia, Tanzania and Uganda](#).
- UNICEF (2017). [Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya](#).



2

Programme Planning for Ending Female Genital Mutilation

Priority countries supported by the Joint Programme already have a foundation of programme investment; a new round of planning will build on this foundation. Other FGM programmes operate alongside Joint Programme-supported efforts; a new round of planning will consider the current programme mix and gaps. This chapter first reviews fundamental principles that should underpin FGM programmes, and the root causes and drivers that perpetuate the practice.

It then moves to formative assessments to guide strategic programme decisions, based on the current FGM programme landscape and gaps (later chapters address strategies by programme area). Formative assessments include conducting desk reviews of FGM-related drivers, the policy and legislative landscape, and the current programme landscape. Once programme areas are identified, the chapter moves to more-localized formative assessments to understand more deeply the socio-normative and other drivers within communities. A plethora of tools exists to guide different aspects of community-level formative assessments; recommended tools are found at the end of this chapter.

Formative assessments include:

- conducting desk reviews of FGM-related drivers
- the policy and legislative landscape
- the current programme landscape

The values underpinning FGM abandonment efforts are reflected as programme principles (see box 2) and are core to all abandonment efforts.

BOX 2

Core programming principles for FGM elimination programmes

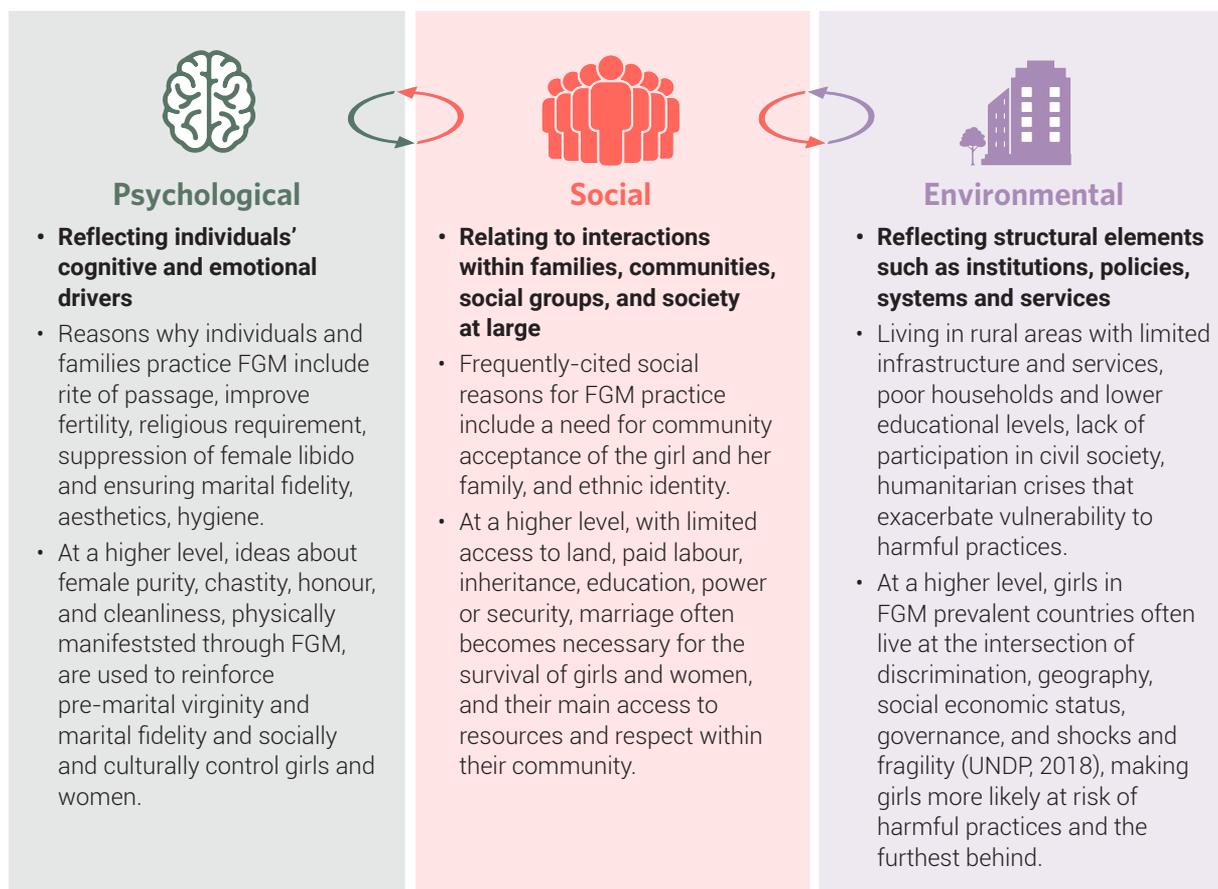
- 1 Respect human rights.** Respect for human rights places the practice of FGM within a broader social justice agenda – one that emphasises the responsibilities of governments to ensure the realization of the full spectrum of girls' and women's human rights.
- 2 Focus on gender-equality.** Being responsive to gender equality means that programmes are designed so that men and women, and girls and boys equally enjoy the same rights, access to resources, opportunities and protection mechanisms.
- 3 Be sensitive to local culture.** By understanding and respecting the socio-normative and cultural context under which families and communities practice FGM, programmes are better positioned to initiate conversations about abandonment. "Starting where the community is" helps avoid the resistance and backlash that can occur when changes are seen as imposed from outside.
- 4 Leave no one behind.** Ensuring no one is left behind implies programmes that systematically identify and reach vulnerable populations at risk of FGM. They pay special attention to the intersectionalities facing girls and women who experience multiple forms of discrimination, such as those that may be linked to location, lower socioeconomic status, unresponsive governance structures, and/or shocks and stresses that increase their risk of undergoing FGM.
- 5 Do no harm.** "Do no harm" programmes take all measures necessary to prevent or limit unintended adverse effects, and to avoid exposing people and communities to harm through the implementation of humanitarian and development programmes.
- 6 Zero tolerance for FGM.** The United Nations advocates zero tolerance of FGM, which means a programme's ultimate aim is the complete elimination of the practice. It is incorrect to promote less invasive forms of FGM on a pathway towards elimination.

Root causes and drivers of FGM

There are many social, economic, religious and cultural drivers of FGM, making it a complex behaviour to address as a development issue. These psychological, social and environmental drivers (Petit, 2019) are multifaceted, entangled and operate at different levels (see figure 1). Historically, FGM has been shaped by economic realities and textured by religion or ethnicity; such “root cause” factors cannot be easily picked apart. At a higher level, FGM is primarily driven by gender inequality and norms that seek to control girls’ and women’s bodies and sexuality.

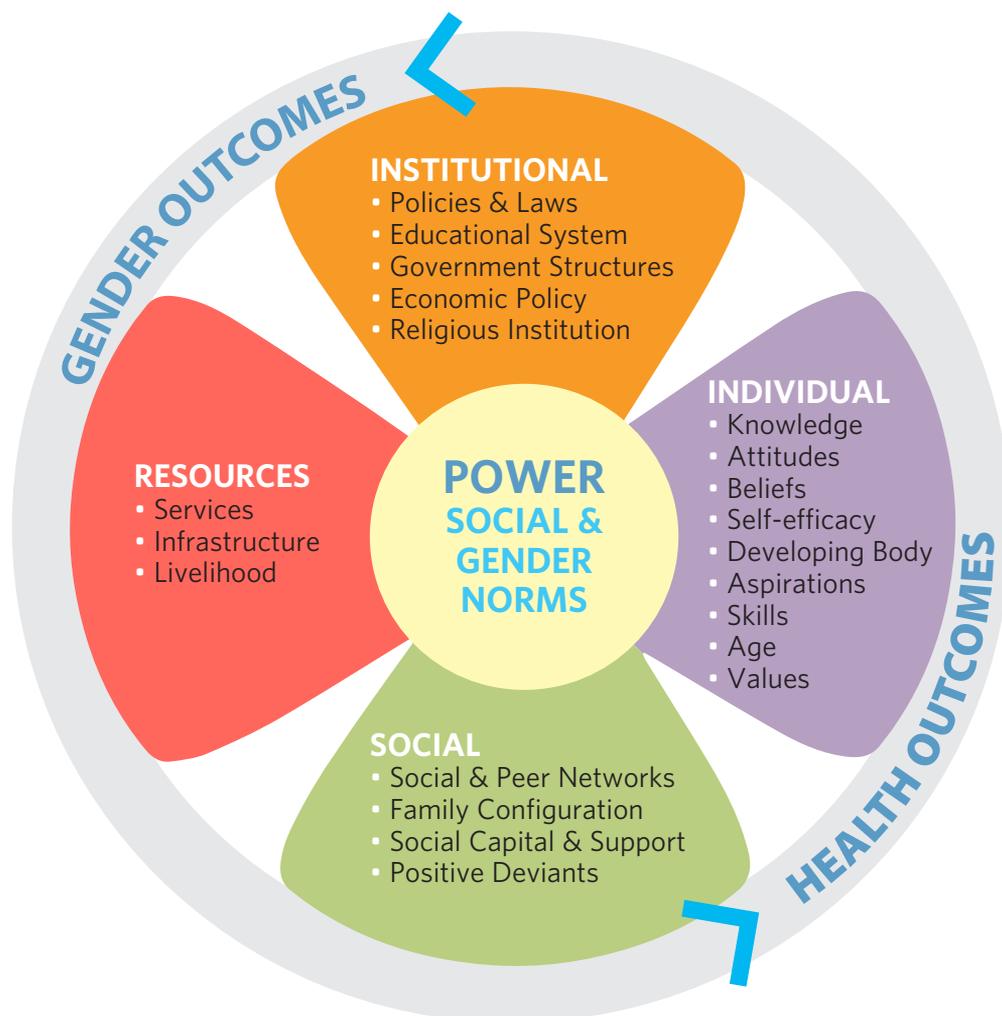
At a more proximal level, social norms that stigmatize girls and their families who choose not to undergo FGM can be a strong driver of the practice. In others, the process of “gender socialization” – the way people learn to behave according to internalized gender norms – normalizes FGM. As a result, it persists, even when parents (and girls) believe it should be eliminated, due to fears that if a girl has not undergone FGM, the family will be socially sanctioned by the community. While in most regions, FGM and child marriage are not necessarily linked, in communities where FGM is a precursor to child marriage, it should be linked programmatically.

FIGURE 1. What drives FGM behaviours?



One way to think about this complexity is shown in figure 2. It shows as “flower” that places power structures and gender and other social norms at its centre. This centre influences all levels of the socioecological framework, including structural (how policies and laws are written and enforced), and who can access health, education and social welfare services and other resources (whether determined by poverty or other factors). Power manifests at a social level as social influence within women’s and men’s networks and as part of family configurations that can continue to perpetuate the practice of FGM or not. Individuals, including girls and key adult influencers on FGM, also express relative powers and agency about decision-making related to the practice.

FIGURE 2. The flower for sustained health: An integrated socioecological framework for normative influence and change



Source: The Learning Collaborative to Advance Normative Change. 2019. *Social Norms and AYSRH: Building a Bridge from Theory to Program Design*. Washington, D.C.: Institute for Reproductive Health, Georgetown University.

Formative assessment at national and community level

This subsection focuses on steps to conduct formative assessments, beginning with reviewing existing data, legislation, policies and programmes to understand the current situation and gaps. This allows the selection of strategic programme areas and regions in which to focus a new round of efforts. Once these have been selected, community-level assessments to identify drivers of FGM are conducted. The chapter shares an overview of tools and approaches; actual how-to tools are at the end of the chapter.

- A. Conduct a desk review.** The first step in a formative assessment is conducting a desk review, gathering relevant data that are widely and publicly available. These might include reports, guidelines, research, existing practices, policies, planning guidelines, dashboard information, survey data, etc. Critical sources of nationally representative data and information about FGM include the [Demographic and Health Surveys \(DHS\)](#) and [Multiple Indicator Cluster Surveys \(MICS\)](#). Also look for special studies and further analyses based on DHS and MICS data, such as projections, patterns and other trend analyses (for example, a [further analysis](#) of Ethiopia DHS data). Smaller-scale studies and evaluations related to FGM programmes likely also exist. Policy institutes and associated programmes may have conducted policy analyses and legislative reviews. See box 3 on critical programming information in a desk review of FGM and existing laws and policies.
- B. Map existing interventions.** This includes mapping non-governmental organizations (NGOs), community-based organizations, projects, interventions and institutional programmes engaged in the elimination of FGM at different levels, including policy and legislation; services such as health care, social welfare and justice; communities; and in terms of girl's and women's empowerment. Stakeholders may comprise governments and civil society organizations, including NGOs, as shown below. In this example, each programme would have its own row, facilitating later analysis across programmes of what is being addressed, where are the gaps, and what might be scaled up. Note there are different variations of this type of table (box 4); those collecting programme information should develop a table that suits their analytical needs.

There are many social, economic, religious and cultural drivers of FGM, making it a complex behaviour to address as a development issue.

Critical information derived from a desk review

Information and data on how and why FGM is practised:

- **Prevalence of FGM by age** (0-14, 15-19 and 15-49 years) and by ethnic groups at the national and at the subnational level (if disaggregated data are available). Look for trend analyses over past years and projections into the future.
- **Attitudes towards FGM** disaggregated by age, sex and geographic areas.
- **Age at which girls undergo FGM**, which is typically performed up to age 15. In some areas, FGM is performed during infancy, in other places, it happens during childhood or adolescence.
- **Who is performing FGM?** Is FGM performed by a traditional practitioner or a health-care provider? In some countries, the medicalization of FGM has led to health-care providers performing FGM, including doctors, nurses or midwives, which programmes need to address.
- **Who are key influencers** of decisions on whether a girl or woman undergoes FGM? Interventions should target decision makers (i.e., mothers, fathers, grandmothers or other relatives) and should promote inclusive decision-making, especially when members of a household or family oppose the practice.

Information and data on the policy and legal context:

- **Is there a national enabling environment** in terms of policies and legislation that supports the elimination of FGM? In which sectors (health, social welfare and/or justice)?

In determining whether there is an enabling environment, consider the following questions:

- **Is there legislation criminalizing FGM?** If laws do not exist, are there plans to adopt legislation? If legislation exists, is it being enforced?
- **Is there a national strategy on FGM?** Or is FGM referenced in other national plans on harmful practices, gender-based violence or violence against children?
- **Have cost-benefit or cost-effectiveness analyses** been conducted on FGM policies and legislation? Cost-benefit analysis involves deciding which legislative option or policy will benefit society the most, and assessing its associated costs. Cost-effectiveness analysis aims to evaluate the following: Given a particular legislation or policy, what is the most cost-effective method of implementing it?
- Is there a **national action plan on FGM?** Is it costed?
- Is there a **national budgetary allocation** by the government for programmes addressing FGM? If yes, what is the amount, and what is the funding trend over the years?
- Is there a **national coordination mechanism**, either a standalone mechanism for FGM, or as part of other focus areas such as harmful practices, gender-based violence or violence against children? Does the mechanism also exist at the subnational or local level where programme implementation takes place? How functional are these mechanisms, that is, do they have a host organization and scope of work? Are they supported with a standing budget?
- Who are **allies and champions** to push forward a policy-legal agenda at different levels?
- What are the **motivations of frontline officials and workers** who want to address bottlenecks and move forward policy and legal implementation?
- What is **the situation in a neighbouring** country where legislation or attitudes may be less restrictive towards FGM? One area of concern may be where individuals and families cross borders to perform the practice because laws are less restrictive or they will evade prosecution.

**BOX
4****Illustrative model for mapping existing interventions**

Organization	Thematic areas (circle)	Strategies	Location
<ul style="list-style-type: none">• Organization and project name, duration	<ul style="list-style-type: none">• Government accountability• Social mobilisation• Girls' and women's assets and agency• Health, education, social welfare services and child protection services• Others	Key intervention target groups and strategies	Geographic area of intervention and characteristics (e.g., hard-to-reach, urban/rural, border areas, poor infrastructure, etc.)

C. Conduct community-level formative assessments. Once the programme determines its geographic focus, and understands the policy and legal context, a community assessment helps to deepen understanding of the “flower” configuration and drivers in the local context. Community assessments lead to understanding the core drivers of gender and other social norms, and understanding the structural, resource, social and individual level interests, behaviours and needs of communities or target populations, and how these factors influence decisions and actions. They identify:

- Relevant characteristics of the target community: sociodemographic factors; way of life and daily routine; current practices, knowledge and attitudes regarding FGM; and gender roles and dynamics relating to FGM
- Community perceptions of FGM, and causes and potential solutions to stop the practice
- Community readiness to end the practice within the target population

Depending on the envisioned programme, formative assessments can also help develop a local understanding of how FGM is practised, service availability and programme responses, and the extent to which policies and legislation are enacted locally. There are many ways to do community formative assessments; see the end of the chapter for several field-tested how-to documents. There are also many analytical angles to consider. Box 5 provides examples of the types of analyses to answer specific questions, see resources on how to undertake such analyses at the end of this chapter.

Participatory approaches, including participatory learning and action and participatory action research, are often employed in formative assessments. They allow programmers to understand and learn from communities about their perceptions of FGM, and their analysis of factors that push

the practice as well as what changes they would like to see happen (i.e., the end of FGM). Such approaches empower all those engaged (e.g., community members including youth, community and religious leaders, health-care providers, teachers and social workers) and promote community accountability and ownership in the FGM elimination process (box 6). The “research”, “learning” and “action” are interrelated and inform each other through an iterative reflective process.

BOX 5

Possible sub-analyses within a community-level formative assessment

Influence analyses | Who are the key influencers at the community level? Are they traditional/community and religious leaders or health-care providers, regarding the continuation or elimination of FGM? Who are key decision makers within and outside of the family?

Power analyses | Who are the key decision makers and others who have power relative to a specific issue, including access to information and resources, as well as people and organizations who can influence those people?

Social norms analyses | What are the different roles and norms for girls and boys, women and men vis-à-vis FGM; the different levels of power they hold; their various needs, constraints and opportunities; and the impact of these differences on FGM? Are there sanctions for not adhering to a norm? To what extent do norms drive FGM behaviours compared to other factors?

Gender analyses | How does gender equality/lack of equality manifest throughout the entire process of a programme? How is power manifested in roles and decision-making (see above)? How do programmes incorporate roles, needs and participation of women, men, girls and boys?

Analyses of FGM in humanitarian contexts | What is the historical context in which a crisis has occurred, and its current situation, and how is FGM occurring and being addressed?

BOX 6

Engaging adolescents in participatory action research

Adolescents often are part of participatory action research teams to bring in their understanding of what changes they would like to see happen (i.e., ending FGM), to help track changes as they occur, and to analyse what provokes change and what does not. When adolescents engage with their peers in information gathering, they often obtain different or richer information on peers' views and concerns. Equally, when the community sees adolescents playing participatory action research roles, they begin to give more value to youth contributions to community accountability and intergenerational ownership in the FGM elimination process.

See: UNICEF, [Adolescent Participation in Research: Innovation, rational and next steps](#).



TOOLS

Key influencer analyses

- Oxfam (2019). [Oxfam's guide to feminist influencing and analysis](#).
- Palitza, K. (2014). [Traditional leaders wield the power, and they are almost all men: the importance of involving traditional leaders in gender transformation](#). Sonke Gender Justice Network.
- UNICEF (2010). [Dynamics of social change: Toward the abandonment of female genital mutilation/cutting in five African countries](#). Florence: UNICEF Office of Research-Innocenti.

Community mapping and readiness-to-change FGM as a harmful practice

- UNICEF (2021). [Case study on ending female genital mutilation in the State of Eritrea](#).
- Ministry of Health and UNICEF Eritrea (2014). [Eritrea's Community Mapping on Female Genital Mutilation/Cutting \(FGM/C\)](#).

Power analyses

- Oxfam (2014). [Quick Guide to Power Analysis](#).
- Powercube. [Understanding power for social change](#).
- Swedish International Development Agency (2013). [Power Analysis: A Practical Guide](#).

Social norms analyses

- Department for International Development (2016). [Shifting Social Norms to Tackle Violence Against Women and Girls \(VAWG\)](#).
- Learning Collaborative to Advance Normative Change, The Institute for Reproductive Health (2019). [The Social Norms Exploration Tool \(SNET\)](#).
- UNICEF and UNFPA (2020). [The ACT Framework: Towards a new M&E model for measuring social norms change around female genital mutilation](#).

Gender analyses

- CARE (2012). [Good Practices Framework: Gender Analysis](#). CARE International Gender Network.
- UNICEF (2018). [Gender Toolkit: Integrating Gender in Programming for Every Child in South Asia](#).

Humanitarian needs assessment and analyses

- UNFPA (2019). [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#).
- UNICEF (2018). [Guidance on Risk-Informed Programming: How to integrate an analysis of risk into child rights-focused planning and programming](#).

General information on using participatory approaches in formative assessments

- UNICEF (2020). [Participatory Research Toolkit for Social Norms Measurement](#)
- Action Against Hunger (2018). [Formative Research for Assisting Behaviour Change: A Practical Guide for Field Workers](#).
- UNICEF (2014). [Participatory Approaches](#). Methodological Briefs: Impact Evaluation 5. Florence: UNICEF Office of Research-Innocenti.

Guidance on programming

- UNFPA (2020). [Guidance Note for Applying a Human Rights-Based Approach to Programming in UNFPA](#).
- UNFPA (2020). [How Changing Social Norms is Crucial in Achieving Gender Equality](#).
- UNFPA (2020). [Primer: Conducting Public Inquiries to Eliminate Female Genital Mutilation](#).
- UNFPA and UNICEF (2020). [Policy Brief: Enabling Environments for Eliminating Female Genital Mutilation](#).
- UNICEF (2020). [COVID-19: Digital and Remote Approaches in Eliminating Female Genital Mutilation and Child Marriage](#).
- UNICEF (2020). [A Decade of Action to Achieve Gender Equality: The UNICEF Approach to the Elimination of Female Genital Mutilation](#).
- UNICEF (2020). [Gender Transformative Approaches for the Elimination of Female Genital Mutilation](#).



3

Programme Design

After determining programme parameters, and defining FGM drivers and programme gaps, the next step involves three critical elements of programme design. These comprise developing the theory of change, defining programme approaches, and developing the system for results-based management and learning.

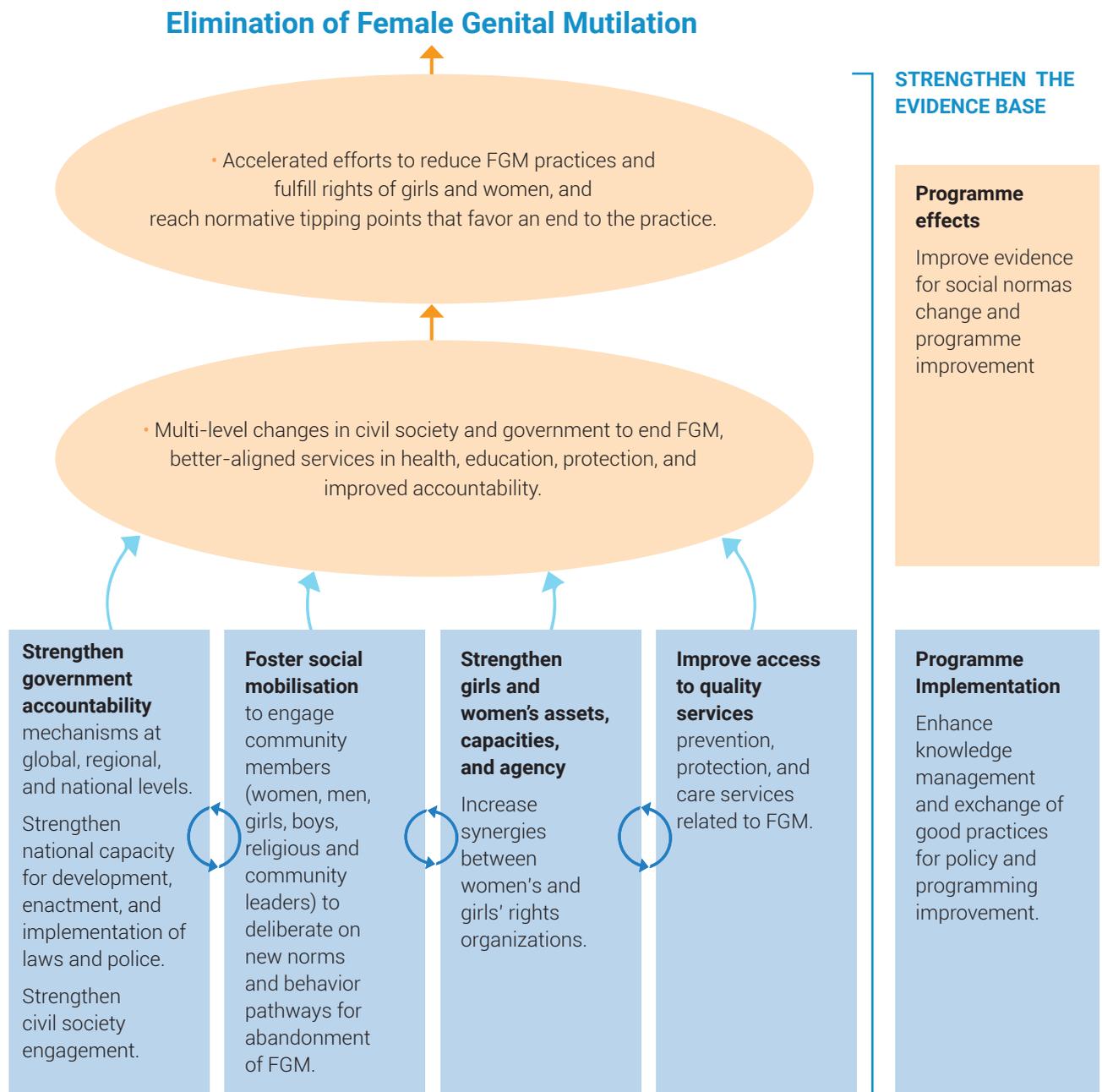
These elements are interlinked: programme theories of change are essential to articulate thinking on how programme activities lead to defined outcomes. Principles underpinning programme approaches such as gender equality and human rights guide equity-based approaches that lead to intermediate effects (such as gender-responsive and human rights-based approaches). Results-based management and learning provide the system of data collection to monitor programme performance, guide learning and related studies, and provide a base of information for programme decision-making.

The Joint Programme theory of change provides guideposts for the country programme theories of change. The global theory of change builds on valuable lessons learned from several decades of programming and research. It is directly linked to [SDG target 5.3](#) to end all harmful practices by 2030. The slightly adjusted version in figure 3 (see the full version in annex A) includes four programme areas plus a fifth relating to evidence generation.¹

¹ Compared to the formal Joint Programme theory of change in annex A, the adapted theory of change in figure 3 is organized by programme areas (outputs in the formal theory of change), and subdivides outcome 2 into individual-level strategies (women's and girls' assets and agency) and community-level strategies (social mobilisation). These distinctions are helpful from a programming perspective.

Activities in the four programme areas and their change pathways contribute to the ultimate elimination of FGM. They encompass strengthening government accountability, including through civil society engagement; fostering social mobilisation at community levels; strengthening girls and women's assets and agency; and improving access to health, education and social welfare services.

FIGURE 3. A theory of change for reference in programming



Adapted from the Joint Programme Theory of Change

These interlinked pathways lead to a range of intermediate effects. For example, changes in civil society beliefs and expectations of benefits from continuing FGM, and legislation supporting abandonment together contribute to reaching normative tipping points where new ideas and behaviours are diffused at all levels, accelerating norms change on the pathway towards elimination. The fifth pathway, on building the evidence base for programming, indicates the importance of monitoring, evaluation and learning from activities, intermediate effects and impacts. Equally crucial is for programmes to devote time and resources to strengthen evidence of what works within and between pathways, and related effects that contribute to the goal of FGM elimination.

Developing a country programme theory of change

While the Joint Programme theory of change can guide conceptualization of country or regional programmes, all of these operate in unique contexts. There should not be a “one-size-fits-all” approach to FGM elimination programmes. While FGM shares commonalities across countries and communities, the practice has different drivers and meanings depending on the context. Comprehensive programmes need to be designed to address such factors at multiple levels. The findings of the formative research (chapter 2) should inform the country-level programme theory of change, as well as programme duration and resources to implement interventions.

Subsequently, a country programme theory of change should explain how Joint Programme-supported interventions could produce a range of intermediate results that contribute to achieving the final programme outcomes or results.

Three decisions are needed to create parameters when developing a country programme theory of change. First, what are the expected programme outcomes or results? Second, which critical activities will be implemented in each programme area? And third, what are the change pathways or intermediate effects of programme activities to arrive at outcomes?

Once programme outcomes or results are defined, and activities within each programme area are delimited, developing a country programme theory of change can often be achieved in a participatory workshop engaging different stakeholders. Programme staff work with implementing partners involved in the four programme areas in the theory of change, with each developing change pathways leading to expected outcomes. When combining various understandings of how a programme should work, it becomes clearer where and how pathways lead to intermediate results such as those found in the Joint Programme global theory of change.

Defining principles-based programme approaches

An important product of building a programme theory of change is the articulation of the approaches that will be used, based on the principles that underpin a programme (refer to chapter 2, box 2 for principle-based approaches). Several principles that cut across the four programme areas of the Joint Programme theory of change are briefly discussed here.

- Are FGM programmes sensitive to the local context, reflecting an understanding of local drivers and meanings of the practice?
- Do programmes take time to understand which norms most influence behaviours around the practice, and then use this information to address harmful norms and practices that manifest at the community level, services level and government accountability levels?
- Are programmes designed to be gender-responsive and work at multiple levels to address the root causes of gender inequality? The Joint Programme aims for gender transformation. Given renewed attention to the gender norms and power dynamics that drive FGM, gender equality approaches are essential (see box 7).
- Do programmes reflect attention to intergenerational exchanges and implications based on the age of cutting? For example, does it make sense to target girls at risk or only adolescent girls? Should this be done independently or in parallel to work with key influencers and decision makers?
- Is anyone being left behind? Do approaches recognize the intersections of different forms of discrimination against girls at risk of FGM?

Attention to context and FGM practices and drivers can lead to more targeted programmes and improve effectiveness.

Defining interventions by programme area and developing a workplan and budget. The next four chapters offer guidance on intervention design in: strengthening government accountability, fostering social mobilisation at the community level, building girls' and women's assets and agency, and increasing access to services.

Developing a monitoring, evaluation and learning plan

The theory of change provides the foundation for developing a monitoring, evaluation and learning plan. Steps are shown in figure 4. After the theory of change and results framework are developed, workplans are created and implemented. Monitoring systems capture results and other accomplishments. Collected information should be reviewed regularly with stakeholders, and challenges and lessons learned discussed, potentially leading to programme adjustments.

Integrating gender transformative approaches

A gender transformative approach aims to promote gender equality:

- By fostering critical examination of inequalities and gender roles, norms and dynamics.
- By recognizing and strengthening positive norms that support equality and an enabling environment.
- By promoting the relative position of girls and women, and transforming the underlying social structures, policies, and broadly held social norms that perpetuate and legitimize gender inequalities.

Gender transformative approaches work at all levels of the social ecology.

- 1 Place girls at the centre of programming efforts; build their skills and agency to open alternative life choices.** Programmes that help girls to develop critical thinking and problem-solving skills, that build their sense of personal worth and agency, and that teach them to interact with others constructively and effectively have transformative potential.
- 2 Gender-responsive information and services, including education about sexual and reproductive health and rights.** Interventions that institute gender-responsive policies/guidelines to overcome barriers girls face in accessing education, health, protection and other services, with a trained workforce including young women who act as mentors, can be particularly transformative as girls' transition to adulthood.
- 3 Engage men and boys for gender equality.** Programming that creatively engages boys and men with activities that allow them to question and recognize issues of masculinity, which can harm men and their relationships. Recognizing also the privilege and the power they wield in society helps men to engage and become change agents for gender equality.
- 4 Mobilize communities, systems and social networks, including through effective communications strategies to demonstrate positive attitudes towards and investment in girls.** Community dialogues that are rights-based, inclusive and participatory build trust, clarify perceptions and foster change towards investing in girls and promoting positive gender norms.
- 5 Build strong institutional partnerships with government, civil society and the private sector.** Partnerships that foster national laws and well-resourced policies to protect and promote the rights of girls contribute to sustained shifts in gender norms upheld by structural factors.

Gender transformative approaches work towards the right of the gender equity continuum.



Source: Adapted from UNFPA, UNICEF and UN Women (2020): [Technical note on gender- transformative approaches](#)

FIGURE 4. Results-based management and learning



Source: UNFPA and UNICEF (2017), Programme document for Phase III of the Joint Programme.

Develop a system to monitor programme performance. Monitoring allows the tracking of programme performance. When working with multiple stakeholders and organizations executing numerous interventions, a set of core indicators can help managers and stakeholders see country-level progress and their contributions to the more extensive programme being implemented.

As programmes begin, it may be useful to spend time in a workshop setting with concerned stakeholders and executing organizations to develop consensus on core monitoring indicators. Country-specific indicators should be linked to critical actions and intermediate effects in the country programme theory of change.

Support creation of a comprehensive FGM monitoring system. This will facilitate annual reviews with the government and other stakeholders, and support accountability.

- Review management information systems in different sectors to identify FGM-relevant indicators in the health, education, social welfare and judicial spheres, where available. Routine services data from health management information systems may include data on FGM-related consultations and treatment.
- Review, if available, cross-cutting information systems such as those focused on gender programming and youth programming.
- Eventually, FGM indicators may be integrated into the National Standard Indicator Framework, where the government is responsible for the production, development, compilation and dissemination of performance outcomes. Integrating FGM indicators will improve accountability.

Monitor social change effects due to programme implementation. The DHS and MICS and above monitoring systems are currently the primary sources of information on FGM. Yet they are not designed to provide information on social norms and other changes that represent intermediate effects of programme implementation. The Joint Programme, in partnership with Drexel University, has developed a global monitoring and evaluation framework known as the ACT Framework. It facilitates the collection of qualitative data on perceptions, attitudes and behaviours at the individual and community levels to assess programme performance on shifts related to gender and social norms change.

Programme evaluation. The Joint Programme wants to build a strong evidence base on what works. Yet there are relatively few evaluations of FGM programmes. Most are focused on longer-term outcomes, losing an opportunity to assess changes in intermediate effects, which gives information on what is working/not working in terms of programme practices.

The Joint Programme has developed a [Compendium of Indicators on FGM](#) that provides a comprehensive set of indicators.

Within the field of evaluation, other qualitative monitoring and evaluation methods have been developed to assess social change in complex environments, including [Outcome Mapping](#), [Outcome Harvesting](#) and [Most Significant Change](#). Programme managers and monitoring and evaluation specialists can employ such participatory, qualitative techniques at midpoint and programme end to document the effects of social norm change. The Joint Programme recently launched a [training programme](#) on qualitative monitoring and evaluation methods.

No “one-size-fits-all” approach

There should not be a “one-size-fits-all” approach to FGM elimination programmes. While FGM shares commonalities across countries and communities, the practice has different drivers and meanings depending on the context. Comprehensive programmes need to be designed to address such factors at multiple levels.

Supporting organizational learning

An essential part of results-based management is learning. Formative research, situation analyses, implementation monitoring, rapid studies to test strategies and evaluations build knowledge that is part of the learning process, in addition to assessing whether a programme is effective. While programme oversight and monitoring are vital to ensure quality implementation, a learning approach across stakeholders and interventions will create synergies in learning and programming areas. A shared learning approach via a network of collaborating organizations can foster accountabilities for the more extensive programme.

The value of a learning agenda goes beyond sharing experiences and documenting them. As new evidence is examined from implementation, and monitoring and other data, implementing agencies have latitude to make adjustments to improve programme functioning.

Platforms to facilitate learning and the sharing of experiences and other data will vary by country. Box 8 sketches some ideas for leveraging existing platforms to improve knowledge management, and presents tips to develop and use learning questions to guide programme learning.

The Joint Programme is at a critical junction, needing better evidence of what works and what does not work. Programme funds should be allocated to foster learning during implementation and to document lessons learned.

BUILDING KNOWLEDGE

Formative
research



Situation
analyses



Implementation
monitoring



Rapid studies to
test strategies and
evaluations

Using platforms and learning agendas as part of results-based management

Common platforms that can facilitate learning

Annual global technical meetings organized by the Joint Programme for focal points working at the country, regional and global levels.

The Joint Programme supports the [Building Bridges to End FGM Global Community of Practice](#), which links practitioners, activists and academics interested in furthering programming and learning.

Global and regional webinars on FGM elimination are periodically held to share information and engage in dialogue on FGM-related issues.

Regional network meetings, e.g., on child protection, health and human rights, offer scope to put FGM on the agenda.

In-country technical collaboration groups, such as a working group with executing agencies, government ministries, civil society organizations, cross-sectoral groups and gender groups, may offer learning opportunities.

Cross-programme learning exchanges might include exchange visits between programmes and relevant stakeholders, and annual learning reflections by FGM actors, focusing on themes of common interest, such as managing social opposition.

Creating learning agendas to guide reflection

A learning agenda includes:

- 1) A set of questions addressing the critical knowledge gaps impeding informed design and implementation decisions.
- 2) Plans for learning activities to help answer those questions.

Good practices in launching learning agendas

- Learning activities should include analysis and synthesis to make sure learning gets used; sharing learning with decision makers and stakeholders also supports use.
- Collaboration is critical in establishing and implementing learning agendas. Bringing stakeholders into the design and implementation oversight process will increase buy-in and the willingness to contribute to learning activities.
- Starting with learning ensures we focus on the knowledge that is most important for programme effectiveness.



Source: United States Agency for International Development (2017), [Establishing a Learning Agenda](#).



TOOLS

Theory of change

- For general guidance on developing a programme theory of change, see [BetterEvaluation](#).
- Innovation for Poverty Action (2016). [Guiding your program to build a theory of change](#).

Results-based management/monitoring evaluation and learning

- Oxfam (2017). [Applying Feminist Principles to Program Monitoring, Evaluation, Accountability and Learning](#).
- UNFPA (2019). [Results Based Management Principles and Standards: The 3+5 framework for self-assessment](#).
- UNICEF (2017). [Results-Based Management Handbook: Working Together for Children](#).



4

Strengthening Government Accountability in Policy and Legislation

Country and global/regional policy and legal frameworks reinforce and legitimatise FGM elimination efforts. A national legal framework that affirms that FGM is a human rights violation plays an essential role. Nearly all 29 African countries where FGM is most prevalent have legislation against it, yet enforcement remains a significant challenge. This chapter suggests strategies to strengthen and reinforce government accountability in FGM policy and legislative actions at a national level, followed by ideas and actions for advocacy at the global and regional levels. Several case studies highlight innovative legislative and policy practices and advocacy actions. See more examples in annex B.

National-level legislative action

In countries where legislation does not exist, it should be introduced. Where legislation does exist, but there are challenges in implementation, consider the following:

Conduct formative research to understand issues with implementation. Is the issue a lack of awareness of the laws? Are there capacity gaps in law enforcement, social welfare or the judicial system? Are courts geographically accessible? Are legal services free and accessible? Are there community surveillance structures? See the mobile court case below.

Support efforts to develop and implement a legal framework, including by raising awareness about the legislation at the national and community levels; building the capacity of members of the justice sector such as police, prosecutors and judges; providing free legal services for girls and women at risk of and affected by FGM; and creating synergies with other sectors, including health, education and social welfare.

- **Support access to justice for girls and women** who have experienced or are at risk of FGM. This is a critical step in making the government commitment explicit (refer to chapter 7 for more information on strengthening girl- and women-friendly legal services). Interventions might include capacity building for social workers, protection officers, prosecutors, judges and lawyers.
- **Support police enforcement of FGM legislation.** Interventions might include capacity building for police officers as well as for those engaged with women and girls to prosecute law violations.



Increasing girls' and women's access to justice through mobile courts in Burkina Faso

Burkina Faso is known for its leadership in the implementation and enforcement of anti-FGM legislation. To address community-level access to law enforcement bodies in a culturally acceptable way, the innovative idea of having courts come to the community, versus community members travelling to courts, was developed. Mobile community courts bring legal proceedings “to the people” and build collaboration between communities and the justice system. They ensure access to justice for girls and women affected by FGM in even the most remote regions of the country. Mobile community courts also sensitize the public and communities on the harmful effects of FGM, and they allow judges to penalize perpetrators as well as accomplices in front of a local audience. The involvement of all community members and local media reporting contributes to FGM prevention.

Source: Population Council (2020), [When and how does law effectively reduce the practice of female genital mutilation/cutting?](#)



National and local policy action

National and local policies or strategies for the elimination of FGM strengthen local ownership and hold governments as well as civil society and communities accountable for protecting girls.

Since FGM issues span a range of policy areas and sectors, mechanisms are needed to coordinate work to eliminate the practice. These help keep FGM on the political agenda, prevent duplication, and allow stakeholders to collaborate and share expertise and experience. It is important to consider supporting the following:

- **Development of a costed national action plan and/or local action plans** that define goals, activities, expected outcomes, responsible institutions, planned and required resources, and the period for achieving each goal. Ensure annual implementation reviews are conducted to monitor plan implementation and make adjustments to improve effectiveness. Regardless of whether action plans are developed at the national or local level, girls and women should participate in plan design and monitoring. Plans should include budgets to support annual implementation.
- **Strengthening a national coordination body/committees** to ensure synergy among key ministries, civil society and the private sector, and other stakeholders who create and/or implement policy and legislation.
- **Supporting regular, systemic data collection** that is robust cross-nationally and comparative. It may include statistics compiled by health-care providers, social workers, law enforcement agencies and/or judicial bodies.
- **Creating opportunities for social accountability** through supporting civil society activities to review annual progress reports on national and local action plans, including women- and youth-led organizations and networks. This formalizes the interaction of youth as future citizens and bolsters government understanding of accountability to communities affected by harmful practices.

Global and regional advocacy holds governments accountable for their commitment to eliminating FGM and keeps the practice high on international and regional development agendas.

CASE
EXAMPLE

Improving implementation monitoring of Ethiopia's National Costed Roadmap to End FGM and Child Marriage (2020–2024)



The Government of Ethiopia criminalized FGM in 2004. Ethiopia has long used policy and legislation to guide FGM programming and action, but implementation was not well coordinated and erratically funded. In 2019, the Ministry of Women, Children and Youth used a participatory approach involving country stakeholders, including UNICEF, UNFPA and UN Women, to develop a National Costed Roadmap to End FGM and Child Marriage (2020-2024).

The Roadmap provides a theory of change that identifies drivers of FGM, strategies for FGM elimination, key outcomes and a results pathway towards achieving outcomes. It presents evidence-based strategies to eliminate FGM in Ethiopia by 2025, and outlines costs required, legitimizing efforts to increase government budgets for eliminating harmful practices. Five core strategies comprise: 1) empowering adolescent girls and their families, 2) community engagement, 3) enhancing systems, accountability and services across sectors, 4) creating and strengthening an enabling environment, and 5) increasing data and evidence generation and use. The monitoring and evaluation framework includes indicators for each outcome and straightforward ways that specific agencies involved in implementation can verify results and be held accountable.

Five core strategies comprise:

1. Empowering adolescent girls and their families
2. Community engagement
3. Enhancing systems, accountability and services across sector
4. Creating and strengthening an enabling environment
5. Increasing data and evidence generation and use.

Results are still pending to confirm whether a costed Roadmap will improve accountability in resource allocation and bolster political commitment. The use of a participatory process to develop the Roadmap bodes well for implementation, though, as critical stakeholders provided important inputs into its development.

Source: Ministry of Women, Children and Youth and National Alliance to End FGM and ECM (2019), [National Costed Roadmap to end child marriage and FGM/C in Ethiopia \(2020-2024\)](#).

Global and regional advocacy

Global and regional advocacy holds governments accountable for their commitment to eliminating FGM and keeps the practice high on international and regional development agendas. There are many possibilities to increase the visibility of FGM. Box 9 makes some suggestions, while box 10 looks specifically at public inquiries.

BOX 9

Ideas for supporting global and regional FGM elimination efforts

Many international and regional forums advocate FGM elimination, aiming to develop consensus around FGM as a violation of the human rights of girls and women, and encourage deliberate efforts to make FGM a development priority.

Be creative and innovative in organizing global and regional advocacy events that attract attention, keep FGM high on the political agenda, and generate new energy and momentum around elimination. Powerful evidence-based communications materials can make a major contribution.

Advocacy events can take different formats, including high-level panels, meetings, campaigns, exhibitions and social media initiatives.

Advocacy can be aligned with widely recognized international days and other events, which provide opportunities to advocate for the elimination of FGM. These comprise:

- International Day of Zero Tolerance for Female Genital Mutilation (6 February)
- United Nations Commission on the Status of Women (annually)
- International Day of the Girl Child (11 October)
- 16 Days of Activism against Gender-Based Violence (25 November to 10 December)
- United Nations General Assembly (annually)
- African Union Heads of States and Government Summit, and similar forums

Numerous international and regional human rights instruments and consensus documents are relevant to advocacy. See a comprehensive list in annex C.

Global and regional advocacy campaigns should include strategies for mobilizing resources to address FGM, given that current resources do not match what is needed for elimination by 2030.

**BOX
10**

A primer on conducting public inquiries to eliminate FGM

A public inquiry is an exploration of a systemic human rights problem where the public is invited to play a key role. It can lend national human rights institutions, which have a central part to play in advocating to eliminate FGM, a powerful tool to engage and educate the public, analyse a systemic human rights violation and advance elimination.

The primer is designed for national human rights institutions in countries where FGM is prevalent as well as their partners. It provides a concise one-stop resource for planning and conducting a public inquiry on FGM, with essential knowledge and guidance on:

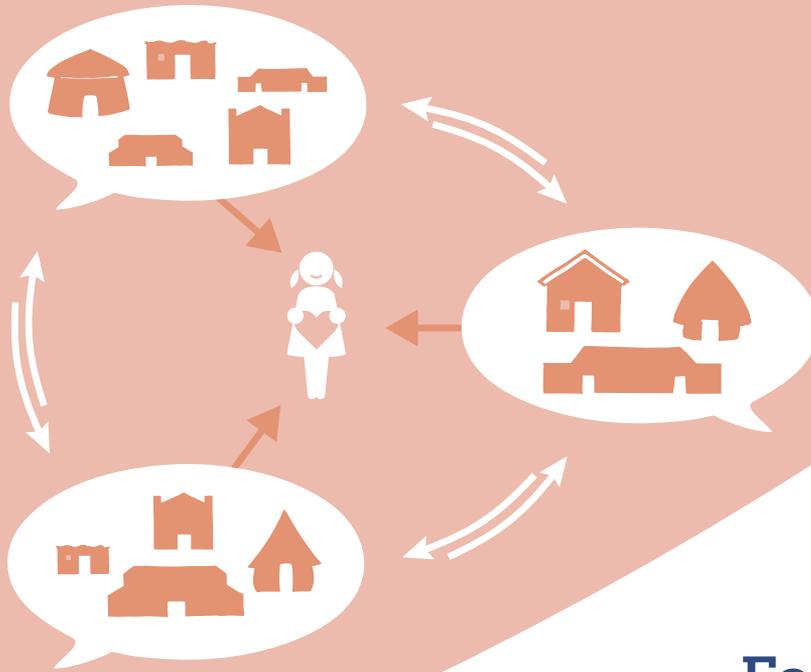
- The context for national human rights institutions in focusing on gender equality, and sexual and reproductive health and reproductive rights
- Linkages between human rights related to FGM, national human rights institutions and public inquiries
- The global and regional human rights frameworks applicable to FGM
- The rationale for prioritizing public inquiries as strategic interventions for eliminating FGM
- A step-by-step outline to hold a public inquiry on FGM, including programming guidance in the wake of COVID-19

Source: UNFPA (2020), [Primer: Conducting Public Inquiries to Eliminate Female Genital Mutilation](#).



TOOLS

- UNFPA (2014). [Driving Forces in Outlawing the Practice of Female Genital Mutilation/Cutting in Kenya, Uganda and Guinea-Bissau](#).
- UNFPA (2014). [Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation](#).
- UNFPA (2020). [Fact Sheet. Accountability for Eliminating Female Genital Mutilation: A Focus on the Third Cycle of the Universal Periodic Review](#).
- UNFPA and UNICEF (2020). [Policy Brief: Enabling Environments for Eliminating Female Genital Mutilation](#).
- UNICEF (2010). [Legislative Reform to Support the Abandonment of FGM](#).



5

Fostering Social Mobilisation at the Community Level

Community-based interventions that emphasise the engagement of social and civic structures may exist, but may or may not be committed to or effective in ensuring community development and well-being.² While they may look similar on the surface, community-based interventions may have different aims, use different strategies and achieve different outcomes. Community-based interventions that seek social and structural change use social and behaviour change approaches to raise awareness and encourage critical questioning, leading to new ideas and understanding contributing to normative change and abandonment.

This chapter is organized by four types of community-based approaches that can be combined with social and behaviour change strategies to aim for social and structural change (box 11). Several case examples highlight different mobilisation innovations; see additional examples in annex D. Note that interventions to build girls' and women's assets and agency using interpersonal and group approaches (chapter 6) often operate in parallel to create greater social impact. Media can amplify ideas and messages to support social change.

Much attention has been paid to interventions leading to public declarations to end FGM (social mobilisation). Yet other approaches such as alternative rites of passage (positive deviance) have been effective in contributing to abandonment. In Kenya, alternative rites of passage among practicing communities mark a girl's entry into adulthood without FGM. Alternative rites involve community

² This chapter draws heavily from Storey et al., 2011.

participatory education on local culture, life skills, communication skills, self-awareness, family relationships, sexuality, coping with adolescence, sexually transmitted infections, HIV/AIDS and gender-based violence.

**BOX
11**

Influencing social and structural change for the abandonment of FGM: Four community-based approaches plus social and behaviour change strategies

- 1 Community mobilisation** approaches are designed to encourage action or participation on a broad scale (rather than by a relatively limited number of individuals) within a particular community. Such interventions tend to be strategically integrated, employing health service providers, child protection networks, community leaders, outreach activities, community events and media in an attempt to cover the entire community while simultaneously engaging the social structures that deliver and support services.
- 2 Social mobilisation** can be defined as a broad effort to engage people in achieving development goals through self-reliant efforts and multilevel dialogue. Like community mobilisation, social mobilisation efforts typically look beyond behaviour change to social change, and attempt to address marginalization and inequality by involving all relevant segments of society, reaching multiple sectors or a larger geographic area than a physical community.
- 3 Positive deviance** is a newer approach. It is community-based in the sense that deviance is defined against a community standard. The approach is “strength based” and involves identifying people who practice uncommon but successful behaviours (positive deviants), and then publicizing the benefits and the means to realize these behaviours. The approach succeeds by promoting successful alternatives to current normative practices.
- 4 Social movements and empowerment** refer to broad, far-reaching political and social change efforts. Social movements tend to have a more explicit political agenda, like the empowerment of girls and women. Such interventions often seek to redress wrongs or correct inequalities. With a few exceptions, interventions in this category tend to measure structural and process changes rather than behaviour changes.
- 5 Social and behaviour change strategies** play a specific and integral role within community-based approaches to address social and structural issues. The combined strategy of social mobilisation and community engagement creates public spheres for debate, critical reflection and building of cross-community partnerships; uses advocacy to mobilize resources; and engages media and leaders to raise awareness on issues of concern.

Source: Adapted from Storey et al. (2011), “Social & Behavior Change Interventions Landscaping Study: A Global Review.”

Community-based interventions that seek social and structural change use social and behaviour change approaches to raise awareness and encourage critical questioning, leading to new ideas and understanding contributing to normative change and abandonment.

Digital and mass media campaigns can take on social activist roles like the #TouchePasAMaSoeur (Don't Touch My Sister) online campaign, an example of a social movement and empowerment. Other initiatives, like The Grandmother Project's [Girls Holistic Development Project](#) in Senegal, use community dialogue, particularly intergenerational dialogue, for community sensitisation and reflection on culture, tradition, and girl-child issues including FGM, serving as a process of community and social mobilisation. Community-based interventions need to be complemented by communications approaches that catalyse new ideas leading to social changes and enabling the elimination of FGM. The last section of this chapter briefly discusses communications and social norms change.

CASE
EXAMPLE

Community mobilisation can accelerate girls' holistic development in Senegal

The Girls' Holistic Development Program in Senegal developed by the Grandmother Project through support from UNICEF promotes social norms change related to girls' education and FGM by empowering girls and creating an enabling environment for families and communities to support change for girls. A realist evaluation funded by the United States Agency for International Development (USAID) under the Passages project found considerable positive effects on intergenerational dialogue and support, self-efficacy of girls, caregivers, and grandmothers, and on social norms related to FGM and girls' education.



Key findings from the evaluation include:

- Reduced incidence of FGM: Fewer daughters in the intervention group (26.3%) compared with the control group (56%) have had FGM performed on them.
- Greater adolescent girl involvement in decision-making to stay in school: girls exposed to the intervention were significantly more likely than those not exposed to believe that their opinion will be considered when making a decision about leaving school (86 vs. 62%) and more believed they will stay in school as long as they want (79 vs. 63%).
- Grandmothers in intervention sites were significantly more likely to feel like valued parts of the community and to be providers of advice and support to adolescent and their caregivers.

Source: Grandmother Project – Change through Culture: Girls' Holistic Development Program Quantitative Research Report. May 2020. Washington, D.C.: Institute for Reproductive Health, Georgetown University with the United States Agency for International Development (USAID).

Community mobilisation

Community mobilisation approaches are designed to encourage action or participation on a broad scale within a particular community, rather than by a relatively limited number of individuals. Such interventions tend to be strategically integrated across the levels of social ecology: households, communities, service delivery systems, and social and political environments. They may employ health service providers, community leaders, child protection committees, outreach activities, community events and media in an attempt to cover the entire community while simultaneously engaging the social structures that deliver and support services. A combination of community mobilisation, communications and social norms change, and advocacy approaches can elevate them to a level that may be needed for broad social change.

Social mobilisation

Social mobilisation is a broad effort to engage people in achieving development goals through self-reliant efforts and multilevel dialogue. Like community mobilisation, social mobilisation typically looks beyond behaviour change to broader social development. Social mobilisation interventions attempt to address marginalization and inequality; to achieve this aim, they involve all relevant segments of society and reach multiple sectors or a larger geographic area than a physical community. Accordingly, communications approaches often build capacity to increase self-reliance and provide opportunities for dialogue across the social ecology. Social mobilisation and advocacy for the marginalized go hand in hand.



SASA! community mobilisation approach

In Uganda, the Start, Awareness, Support, Action (SASA!) methodology addresses FGM and gender-based violence by exploring the gender aspects of power. Sasa is a Kiswahili word for “now”. The process involves engaging a critical mass of people across all levels of society to create social norms change. Through community mobilisation, SASA! promotes sexual and reproductive health and rights by changing attitudes and behaviours that perpetuate power imbalances in relationships between men and women. SASA! walks communities through a process of change that evolves step-by-step, using four strategies: local activism, media and advocacy, communications materials and training to reach a variety of people. A 2014 evaluation found a noticeable reduction in cases of FGM and gender-based violence.



Source: UNFPA (2020), [Evaluation Report on the Government of Uganda/UNFPA 8th Country Programme \(2016-2020\)](#).

Positive deviance

Positive deviance is community-based in the sense that deviance is defined against a community standard. The approach is “assets-based”. It identifies people who practice uncommon but successful behaviours (positive deviants), and then publicizes the benefits of these behaviours and the means to realize them. The approach succeeds by promoting successful alternatives to current normative practices. Properly used, the positive deviance approach involves more than just research on normative behaviour. It requires intensive community engagement and dialogue to both understand normative repression of healthy practices and mobilize support for normative change.



Fostering social mobilisation to end FGM through the Community Empowerment Programme



The social norms approach to FGM elimination in the Community Empowerment Programme, launched in 1988 in Senegal, and implemented by Tostan, an NGO, UNICEF and the Government of Senegal, has proven effective. The model supports social norms change by stimulating personal and collective reflection and critical thinking about FGM through community dialogues, education sessions and “organized diffusion”. The last involves spreading and reinforcing information about the benefits of FGM elimination within and between communities using various communications methods such as peer-to-peer or interpersonal channels, and mass media including television, radio, newspapers and social media.

By working through multiple channels, the model generates a social movement, mobilizing people among practising groups and other individuals who are influential in the decision to continue FGM, such as traditional and religious leaders and older family members. Once enough community members establish a critical mass or reach a “tipping point” where they are ready to adopt a new social norm that keeps girls and women intact, the collective shift is marked by a community pledge – a public declaration of FGM abandonment. This serves as a moment or process of public commitment that marks a critical step towards ensuring elimination of the practice.

Source: N. J. Diop, A. Moreau and H. Benga (2008), Evaluation of the long-term impact of the TOSTAN programme on the abandonment of FGM/C and early marriage – results from a qualitative study in Senegal. Washington, DC: Population Council. UNICEF (2008), [Long-term evaluation of the Tostan programme in Senegal: Kolda, Thiès and Fatick regions](#).

Social movements and empowerment

Social movements and empowerment refer to broad, far-reaching political and social change efforts. Social movements tend to have a more explicit political agenda, like the empowerment of girls and women. With a few exceptions, interventions in this category tend to aim for structural and process changes rather than behaviour changes. Because social movements have a broad view and an often loose structure, communications approaches and programme evaluation can be challenging. They require real-time flexibility to keep up.

Communications for social and behaviour change

Social and behaviour change are complementary but distinct. Behaviour change enables groups of individuals to engage in participatory processes to define their needs and demand their rights. Collaborative, transformative actions emphasise public and private dialogue to change behaviour on a large scale, including norms and structural inequalities. Social change is a deliberate, iterative process of public and private exchange, debate and negotiation that focuses on the community as the unit of change. It aims to shift behaviours on a large scale, eliminate harmful practices, and transform social norms and structural inequalities.



A digital youth movement to speak out against harmful practices through Senegal's #TouchePasAMaSoeur

The #TouchePasAMaSoeur campaign (Don't Touch My Sister) was created to catalyse the energy of young people, many of whom oppose FGM according to multiple studies. Implemented by youth associations such as the African Youth and Adolescents Network (AfriYAN), with the support of UNFPA, #TouchePasAMaSoeur uses digital messaging and face-to-face events to raise awareness and build collective action to end harmful practices such as FGM and child marriage.

AfriYAN aims to increase meaningful youth participation in Africa's development by convening all national development networks. It works through its members to create an enabling environment for the effective participation and leadership of adolescents and youth in the fight against HIV/AIDS, poverty, unemployment, gender-related inequalities, and the promotion of sexual and reproductive health. AfriYAN has also led the #PutYoungPeopleFirst digital campaign, a call for more concrete and inclusive policies to help young people, and for the greater participation of youth in key decision-making and political processes.

Source: <https://www.facebook.com/AfriYANetwork/>



Strategies for social change

In its purest form, community-based social change strategies use participatory processes to allow communities to define their needs and identify their rights. They lead members to collaboratively transform the way their social system is organized, including the distribution of power within social and political institutions. Collective community action, based on negotiating and partnership, creates joint ownership of the change process. Community members control the tools of communication, which fosters empowerment and helps them shift social norms, policies and culture. Much has been written on strategies – see the tools at the end of this chapter and other resources in annex D. This section shares three critical points.

Ensure interventions have characteristics that foster norms shifting. The Learning Collaborative to Advance Normative Change in 2017 undertook a literature review of community-based programmes in a range of sectors, including gender-based violence, youth sexual and reproductive health, and HIV/AIDS, to identify characteristics important for social change. Although the review did not assess which attributes are the most critical, every reviewed intervention included at least several to foster social change: social and behaviour change strategies and community reflection materials that address power imbalances, work within community value systems, and the use of organized diffusion to reach the broader community with new ideas and behaviour models. See figure 5.

Remember that social change agents often come from the same communities where elimination efforts operate, and may hold the same harmful beliefs and practices. To be effective, programme staff and other change agents' attitudes and beliefs need to be consistent with a programme's social change objective. In addition to technical capacity building, training should facilitate change agents' own critical reflections on their beliefs. Staff clarification of their values contributes to increasing the quality of service delivery and community mobilisation efforts.

Be mindful that social change is both a process and an outcome. As a process, social change interventions engage communities in examining the drivers that influence the practice of FGM in their communities, including social and normative shifts. As an outcome, social change results in a more enabling socionormative environment that sustains forward movement towards abandoning FGM, the ultimate aim. Box 12 highlights how to clarify the process and outcomes of social change processes.

FIGURE 5. Attributes of norms-shifting interventions

Note: The list is merely a list. An intervention will likely include multiple attributes, but not necessarily all attributes.



SEEKS COMMUNITY-LEVEL CHANGE

Shifts social expectations, not just individual attitudes and behaviors, and clearly articulates normative shift outcomes at the community-level.



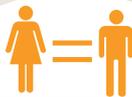
ENGAGES PEOPLE AT MULTIPLE LEVELS

(Ecological Model) Uses multiple strategies to engage people at different levels: individual, family, community, and policy/legal.



CORRECTS MISPERCEPTIONS AROUND HARMFUL BEHAVIORS

Sometimes individuals engage in a harmful behavior because they mistakenly think these behaviors are more common than they are. For example, if binge drinking is driven by a belief that “everyone does it,” a norms-shifting intervention might reveal that most people, in fact, drink in moderation.



CONFRONTS POWER IMBALANCES

Within sexual and reproductive health and within programs focused on adolescents and youth development, confronting power imbalances is an important attribute of norms-shifting programming.



CREATES SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS

Deliberately promotes sustained, critical reflection that goes beyond trainings, one-off campaigns or ad-hoc outreach, often in small group settings.



ROOTS THE ISSUE WITHIN COMMUNITY'S OWN VALUE SYSTEMS

Identifies how a norm serves or contradicts a community's own values, rather than labeling a practice within a given community as bad.



ACCURATELY ASSESSES NORMS

Identifies which norms shape a given behavior and which groups uphold the norm. Social norms exist within reference groups - the group of people that are important to an individual when s/he is making a decision.



USES “ORGANIZED DIFFUSION”

Sparks critical reflection to shift norms first within a core group, who then engage others to have community-level impact. This is a technique to generate and diffuse normative shifts that has successfully been used by Tostan around FGC and others with SASA!



CREATES POSITIVE NEW NORMS

Creates new, shared beliefs when harmful norms have strong support within groups. While it is common for programs to focus on negative consequences of a behavior, this can unintentionally reinforce that behavior by making it seem widespread.

Source: Learning Collaborative to Advance Normative Change (2017), [Community-based, norms-shifting interventions: definitions and attributes](#).

**BOX
12****Public declarations of FGM abandonment – part of a social change process or an outcome?**

The Joint Programme pursues multiple interventions to educate and mobilize communities, leading to a public declaration to abandon FGM. The culmination of a long process of community sensitisation, dialogue sessions and awareness-raising interventions, a public declaration represents a collective moment when individuals in a community come together to express their readiness and decision to stop practising FGM. A public declaration is a significant achievement and a critical milestone, but it is not an end of engagement with communities, nor does it imply that a community no longer practices FGM. Instead, it is part of a process of moving towards abandonment, an intermediate outcome or effect within a change process.

What should happen post-declaration, then, to support actual abandonment? Continue critical communications activities, but adjust them to build community reflection on important declarations that were made. Further, establish or strengthen community surveillance of social change effects. Existing groups, such as child protection committees and support networks for vulnerable girls, can take on roles in monitoring community commitment to abandoning FGM. Those with monitoring responsibility should link with community leaders, women's or youth groups, social workers and law enforcement to facilitate service referrals and the reporting of cases of FGM for prosecution where laws exist criminalizing the practice.

**TOOLS****Social norms change**

- UNFPA, UNICEF and Drexel University (2020). [The ACT Framework Package: Measuring Social Norms Around Female Genital Mutilation](#)
- Learning Collaborative to Advance Normative Change (2017). [Community-based, norms-shifting interventions: definitions and attributes](#).
- Marcus, R., et al. (2015). [How Do Gender Norms Change?](#) An ODI Research and Practice Note.
- UNFPA (2020). [How Social Norms are Crucial in Achieving Gender Equality](#).
- UNFPA and UNICEF Joint Programme on FGM (2016). [Joint Programme Manual on Social Norms and Changes](#).
- UNICEF (2010). [Dynamics of Social Change: Towards the abandonment of female genital mutilation/cutting in five African countries](#).

Communications for social change

- The Girl Generation. [How to...Use Community Dialogue to End FGM](#).
- Girl Generation has [six other guides](#) on different elements of communication interventions.

- [Raising Voices](#), SASA! Community mobilisation programme for the prevention of FGM and GBV.
- UNFPA (2009). [Guidelines for Engaging Faith-based Organizations \(FBOs\) as Agents of Change](#).
- UNFPA (2014). [Overview of Inter-Religious and Intercultural Activities](#).
- UNICEF (2019). [Everybody Wants to Belong: A Practical Guide To Tackling And Leveraging Social Norms In Behavior Change Programming](#).
- UNICEF (2019) [Technical Guidance for Communication for Development Programmes Addressing Violence Against Children](#).
- UNICEF (2020). [COVID-19: Digital and remote approaches in eliminating female genital mutilation and child marriage](#).



6

Strengthening Girls' and Women's Assets and Agency

Programmes should engage girls in meaningful participation in matters affecting them within their families, schools, communities and beyond, and also provide opportunities for girls to build and exercise their leadership skills. Leadership skills can contribute to helping girls better articulate their needs, protect their personal assets, and overcome barriers as they grow older and navigate through life. Girls' ability to develop self-esteem and leadership skills for transformative change in their lives is largely dependent on acceptance and support from family, community, and peers that surround them and leaders that champion their rights. Providing girls with channels of social support and guidance can help to alleviate such risks and ensure girls develop vital social competencies and skills. Meaningful participation and leadership skills can help girls develop the life skills and opportunities they need to realize their aspirations and define a future without FGM.

This chapter is focused on interpersonal interventions and group-based interventions that help to strengthen girls' and women's assets and agency, and the assets and agency of male peers and adults to support girls, and to advocate and act against FGM. Interpersonal interventions focus on building individual assets and agency, and include mentoring and counselling, household outreach by health and other providers, and formal school and informal education approaches. Group-based strategies seek to reinforce social influence and increase support within peer groups, such as through girls' or adolescent clubs.

Information and communication technology (ICT) and digital media platforms are changing the ways that young people interact. Often facilitated by young people, digital media interventions work across interpersonal and group-based domains. SMS-based initiatives, for example, have been used to create spaces for individual learning, for exchanging ideas and for advocacy against FGM. While they give rise to new and diverse audiences beyond young people's physical communities, as a relatively new programming area, digital technologies also bring concerns for safety, and the gender divide should be closely monitored.

Although not addressed in this chapter, supporting adults, including parents and teachers, to engage meaningfully with young people is a crucial subintervention. It may be important to pay attention to two "adult" issues relating to intergenerational communication and interaction as programmes are developed. First, given that delivery issues often arise when teachers and other providers feel uncomfortable discussing sexuality, programmes may need to support teacher and provide training, particularly around sexuality and FGM. Second, many adults also need sensitisation and skills building around how to support or facilitate meaningful participation for youth-led interventions and providing girls with leadership opportunities.

Interpersonal intervention approaches

Consider supporting a range of interpersonal intervention approaches. Several frequently used ones are listed below.

- **Mentorship interventions** link younger girls with older girls (essentially creating "big sister" relationships) or caring adults, role models. Mentors provide advice and counsel on girls' issues, helping girls develop a deeper level of self-awareness and positions on FGM.
- **Peer education interventions** train girls and boys to be champions in addressing gender inequalities and harmful practices, and give young people a way to engage with other young people and adults in their communities on FGM.
- **Intergenerational dialogues** provide community spaces that bring adults and young people together to discuss essential issues in non-threatening, non-judgmental ways.
- **Adolescent and multimedia engagement** provides creative ways to engage young people as thought leaders and advocates on FGM elimination. Multimedia can include blogging, music, photography and filmmaking, participation in social media, TV, radio and citizen journalism.

Group-based interventions

Consider supporting a range of group-based interventions, such as the commonly used ones listed below.

- **Girls' or adolescents' clubs** are a popular approach for promoting empowerment. The clubs provide safe spaces for receiving and internalizing information about rights, and discussions often cover issues related to sexual and reproductive health, including FGM. Club participation helps build life skills, self-confidence and agency. Clubs can also be effective in challenging harmful gender norms. Girl solidarity helps members confront, for example, school and community barriers to girls' continuing education.
- **Engaging men and boys** as allies in gender equality and FGM elimination. Interventions that include boys and men can help them become active FGM change agents who can interrogate and challenge power dynamics in their families, schools and communities.



Youth-led “Champions of Change” address gender inequality and harmful practices with peers and adults

“Champions of Change” is a community-based methodology focused on youth engagement and peer-to-peer mobilisation to promote gender equality and social norms change. This model equally targets girls and boys through small group discussions guided by modules on gender awareness, body confidence, sexual and reproductive health and rights, and abandonment of harmful traditions, including FGM. In addition, the model fosters intergenerational dialogue between youth committed to gender equality and their community. It operates in multiple countries as part of the Joint Programme.

Plan International, with support from UNFPA, implements Champions of Change. Girls and boys are trained to identify and challenge toxic, harmful masculinities that perpetuate discrimination and inequality. Community members regularly participate in youth-led critical dialogues, fun activities such as interactive puppet shows and educational camps.

Anecdotal evidence, including a publication of stories from community champions, shows that this model has educated the community on the risks of FGM and mobilized them to collectively abandon the practice.

Source: Plan International (2018). Champions of change for girls' rights and gender equality. <https://www.alignplatform.org/resources/champions-change-girls-rights-and-gender-equality>



Girls for Change in The Gambia



Girls for Change is an advocacy initiative in The Gambia that targets girls between the ages of 5 and 18. Supported by UNFPA's implementing partner, Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP), a leading organization committed to girls' and women's rights, the initiative amplifies the voices of girls on issues related to gender-based violence and harmful practices. Through mentorship and development, girls are trained as peer communicators to become advocates against violations of their human rights. Through organized diffusion, the girls champion their rights by sensitizing their families and communities about harmful practices, including FGM.

The initiative plans to work with 10,000 girls across the country, including in hard-to-reach communities through the following activities:

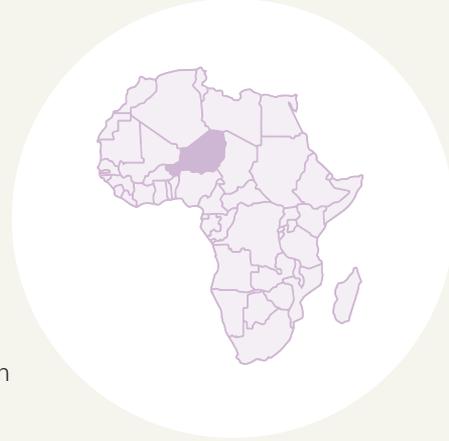
- Strengthen the capacity of Girls for Change to conduct outreach programmes
- Create capacity-building packages for the girls and introduce peer group activities
- Develop communications materials to reach girls with learning disabilities and who are differently able to ensure the initiative is inclusive and effective, and meets the needs of marginalized girls
- Provide internship packages for adolescent girls in various occupations and sectors to develop job specific skills, build their self-esteem and introduce work-related opportunities promoting gender equality in the workplace
- Collaborate with girls' organizations worldwide to share good practices and identify ways to improve the Girls for Change initiative

Source: [The Gambia Committee on Traditional Practices Affecting The Health of Women and Children](#).

- **Comprehensive sexuality education:** Given high rates of attendance by girls and boys, schools provide an effective way to reach most adolescents with sexuality education. Many countries have invested in comprehensive sexuality education curricula that are gender-equitable, age-segmented to the needs and concerns of young people, and participatory. But FGM is not consistently thought about, so integrating it can be very important, given the gender-equitable and age-specific lens of quality comprehensive sexuality education. Significant spillover effects may follow. Teachers and parents develop their understanding of the practice and ways to support anti-FGM efforts with children and adolescents outside school. Since young people who are not in school often lose opportunities for comprehensive sexuality education, special work to reach them through other platforms may be required to ensure that they are not left behind. For more on links between FGM and education more generally, see box 13.

CASE
EXAMPLE

Taking to scale the Husbands' School model in Niger



Since 2004, UNFPA and SongES (Soutien aux ONG: Empowerment et renforcement de capacités, Strategies de développement) have supported village-level Husbands' Schools in Niger. They involve men in supporting women's use of sexual and reproductive health care; fostering a more enabling environment for using antenatal, delivery and family planning services; and laying foundations for gender equality in health care decision-making. Husbands' School members are trained on leadership, teamwork, communications, advocacy and negotiation techniques as well as basic sexual and reproductive health and service utilization. Model husbands then reach out to other men (and, via their own wives, other women) to facilitate community-level sensitisation discussions on sexual and reproductive health, and women's and men's engagement. As community role models, their actions influence a more enabling socio normative environment that allows men to play new roles in health promotion and engage the larger community to support use of sexual and reproductive health services, as well as increased sharing and decision-making between couples.

Although a 2014 evaluation of the Husbands' Schools revealed an increase in women's use of sexual and reproductive health care, it did not explore gender dynamics. A second study by the Institute for Reproductive Health at Georgetown University to assess change in gender dynamics and how new ideas and actions were diffusing confirmed that gender-shifting pathways were moving in the equitable ways assumed in the programme theory of change. It clarified how information and new ideas were spreading through women's and men's social networks. Wives of model husbands were sharing information through women's networks. Husbands and wives said that they were talking to each other more. Men better understood the importance of the health of their wives and children. Member husbands were acting as guides for their own families and for other families that find it hard to get to a health centre. Other changes in behaviour have occurred among villagers more broadly, authorities and health-care workers. Health centres that achieve the best results are those where health-care workers have good relations with local people and the Husbands' Schools in particular. There is greater confidence that the approach is working well in a variety of sociocultural contexts and is ready for further scale-up.

The model has been adapted by the Joint Programme to engage men in advocating for girls' rights, including the right to be free from FGM. It works through peer sensitisation and joint decision-making by couples in eliminating the practice in Burkina Faso, The Gambia, Guinea-Bissau, Mali, Mauritania, Nigeria and Senegal.

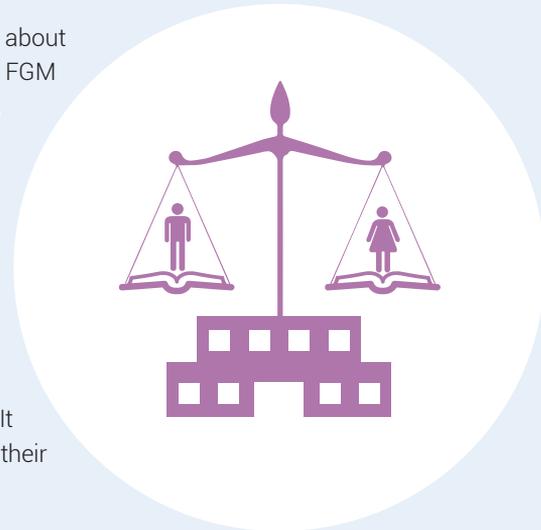
Sources: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (2020), [Evaluating, Learning, and Adapting for Scale: Understanding How Norms-Shifting Interventions Work Through a Realist Evaluation of the Husbands' School](#). D. Saley (2014), [Evaluation of the Niger Initiative Husbands' Schools: Final Report](#).

**BOX
13**

The connection between FGM and education

The connection between FGM and education is not only about increasing girls' and boys' awareness and knowledge of FGM and then developing a position on it. School attendance, itself, plays a role. Evidence is growing that basic education can be an effective instrument for FGM abandonment. Numerous studies show that women are less likely to have their daughters undergo FGM as their level of education rises. Also, fathers are less likely to support FGM as their education level rises.

Why? Education exposes students to a variety of competing ideas and concepts and a broader worldview. It allows them to make more informed decisions regarding their sexual and reproductive health and agency.



Key take-away: Support efforts to keep girls in school as well as boys!

Source: International Center for Research on Women (2016). *Leveraging Education to End Female Genital Mutilation/Cutting Worldwide*.

- **Life skills programmes:** Life skills are defined as “a large group of psychosocial and interpersonal skills that can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help lead a healthy and productive life” (UNICEF, 2019). FGM themes should be part of life skills programmes in countries where it is practised. While life skills interventions can be standalone initiatives offered to adolescents in out-of-school settings, often they are integrated into interpersonal and group-based programmes to provide foundations for developing assets and agency. Life skills programmes can be designed to reach out-of-school youth.
- **Digital media interventions:** A growing programming area, digital media interventions often co-exist along with interpersonal and group FGM interventions, and open new avenues for interpersonal exchange and advocacy. Young people, in particular, are committed to the digital world, making it a particularly relevant platform to reach and engage youth. Consider supporting a range of digital media interventions, and testing innovations of more local initiatives.

CASE
EXAMPLE

Youth Peer Education Network in Egypt

The Youth Peer Education Network (Y-PEER) was launched in 2001 by UNFPA as an innovative youth-to-youth education initiative to advance a comprehensive agenda for young people's sexual and reproductive health. Today, Y-PEER is a global network of more than 2,000 non-profit organizations, governmental institutions, community-based groups, institutions, youth activists, and peer educators and trainers. It has over 33,000 young members from 59 countries working to promote adolescent sexual and reproductive health, including physical and mental health, and issues related to HIV/AIDS, maternal health, gender-based violence, youth participation, civic engagement and active citizenship.



A [2015 evaluation](#) found that Y-PEER develops social capital and creates an enabling environment that facilitates healthy change. Trained peer educators "gained invaluable experience and skills for life-long decision-making, social activism, behaviour change and communication that will impact upon their peers and communities."

In Egypt, Y-PEER supports Population Awareness Clubs that use peer education, music, interactive theatre, sports and painting to raise awareness among youth about FGM. In late 2019, young participants [improvised eight songs](#) that address different issues, including FGM and child marriage, in a music and singing camp, where they took part in several workshops.

Y-PEER produces "Peer Cast", a podcast that addresses sexual and reproductive issues, including an [episode on FGM](#).

Interpersonal interventions

- UNESCO (2018). [International technical guidance on sexuality education: An evidence-informed approach](#).
- UNFPA and UNICEF (2019). [Technical Note on Life Skills Programmes for Empowering Adolescent Girls: Notes for Practitioners on What Works](#).

CASE
EXAMPLE

Youth U-reporters in Uganda and the campaign #endcuttinggirls



U-Report is an open-source mobile messaging programme managed at the country level by UNICEF with youth and NGO partners. U-Report trains volunteers as U-reporters who receive SMS polls and collect real-time responses from their communities. U-reporters are also trained to send messages to stakeholders and disseminate information to community members. The programme was launched in 2011 in Uganda, and by 2019, eight million young people and communities were part of it in 65 countries. They pursue diverse programme objectives and emergency response needs in highlighting the views and experiences of adolescents and young people around the world.

U-Report offers four distinct impact modalities:

- 1. Feedback:** UNICEF country offices and partners at United Nations entities, governments and NGOs use U-Report polls to collect information directly from young people.
- 2. Live chats:** U-Reporters offer one-on-one advice and services and can act as a complaints mechanism.
- 3. Self-skilling:** U-Report bots allow young people to navigate content and information on specific issues to self-educate.
- 4. Community action:** U-Report is used to mobilize thousands of young people physically to take on-the-ground action and contribute to positive change in communities.

U-Report in Uganda began a community action campaign #endcuttingofgirls. Responses to FGM questions were analysed in real-time, mapped and displayed on a public dashboard, ensuring that local and national governments would see them and take action. Live chats offered one-on-one advice and services, and grievance reporting.

An independent evaluation by the Department for International Development in 2018 found U-Report to be the most reliable source of information and the most valued service for emergency-affected communities and response partners in Sierra Leone and recommended that U-Report be used in every emergency globally. An evaluation by Deloitte found that U-Report is a powerful tool that allows UNICEF and partners to directly achieve its strategic priorities, mission and mandate, demonstrating measurable outcomes for young people.

Source: UNICEF (2019), [Scaling for Sustainability, Evolving Methods and Models](#).



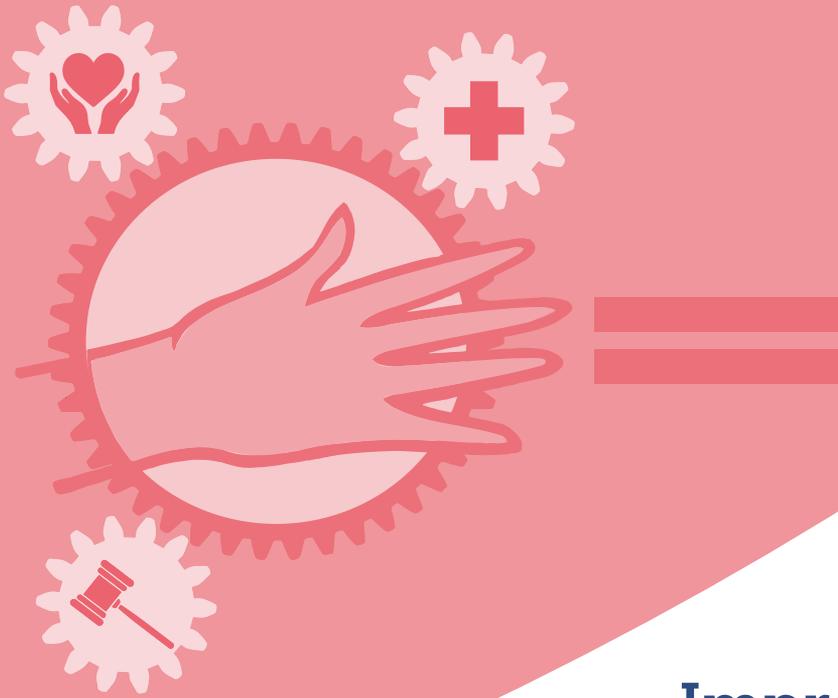
TOOLS

Group-based interventions

- R. Marcus et al. (2017). [Girls' Clubs and Life Skills Programmes and Girls' Well-being Outcomes: A Rigorous Review.](#)
- Overseas Development Institute (2015). [Girls' clubs and empowerment programmes.](#)
- Promundo and UNFPA (2016). [Adolescent boys and young men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities.](#)
- UNFPA (2014). [Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender.](#)
- UNFPA (2019). [My Body, My Life, My World: Rights and Choices for All Adolescents and Youth.](#)
- UNFPA and EngenderHealth. [Engaging Men in Sexual and Reproductive Health and Rights Including Family Planning: Why Using a Gender Lens Matters.](#)
- UNFPA, UNESCO, WHO, UNICEF and UNAIDS (2020). [International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education.](#)

Digital media interventions

- The Girl Initiative. [How to engage the media to end FGM.](#)
- U-report: <https://ureport.in>



7

Improving Access to Health, Social Welfare, Legal and Education Services

Prevention, protection and care for girls and women who have been subjected to FGM requires an essential package of services that includes health-care, social welfare and legal services. Since a girl or woman may require several services, the ideal is a comprehensive package that is gender and age-sensitive and allows a person to navigate and obtain different quality services as needed. In most countries, this package remains aspirational. Two challenges exist:

- First, to arrive at comprehensive services implies a two-step process of ensuring a response to FGM exists within individual health, social welfare and legal services, and then creating referral systems that allow users to seamlessly access services across sectors.
- Second, within services in each sector, a series of interlinking issues needs to be addressed to ensure quality. Policies and service protocols may/may not be child/woman-friendly and may/may not specifically address FGM case management. When policies and protocols do exist, providers may not follow them because protocols have not reached service delivery sites, and also because providers may disagree due to personal beliefs and community norms about FGM.

This chapter presents strategies and case examples by service area to improve girls' and women's access to health, social welfare and legal services. Other examples are found in Annex B. Of those listed, most operate in the health sector. Some innovative interventions address psychosocial issues, social welfare and legal services. This important programming area in general requires more development accompanied by testing and documenting approaches and lessons learned.

Health services

Consider supporting a range of interventions to improve health services access, including:

- **Pre-service and in-service training of health-care providers** to raise awareness of the health and ethical issues surrounding FGM. Subjects should include knowledge about FGM and its health consequences; skills development in counselling and managing health complications (obstetric, gynaecological and urogynaecological); addressing mental and sexual health issues; and making referrals for additional care and support. Training should include time for values clarification of providers for the reasons noted above.
- **Engage with professional associations** (e.g., associations of medical doctors and midwives) to raise awareness of professional codes of conduct and engage peers in the prevention of FGM medicalization. Ensure that professional associations have clear guidelines and standards for providers that outline sanctions on those who perform FGM. Professional associations have broad reach with public and private sector providers, and through peer pressure can address FGM and unacceptable trends towards medicalization.
- **Support enforcement of legislation on FGM and medicalization, where it exists.** Ensure that health regulatory agencies have clear guidelines and standards for providers that outline the sanctions on those who perform FGM.
- **Support the establishment of multiservice referral systems** that help FGM survivors readily access a range of needed services.
- **Involve health-care providers in community dialogues and awareness-raising.** Health-care providers are often respected members of their community and can champion the elimination of FGM through community outreach. Health care providers have the opportunity to also provide information around FGM during pre and post natal consultations.

Medicalization is when FGM is performed by health-care providers such as doctors, nurses or midwives, which can have spillover effects across health, social and legal services.

Medicalization is a violation of girls' and women's human rights, and an ethical issue that conflicts with the "do no harm" precept of medical practice.

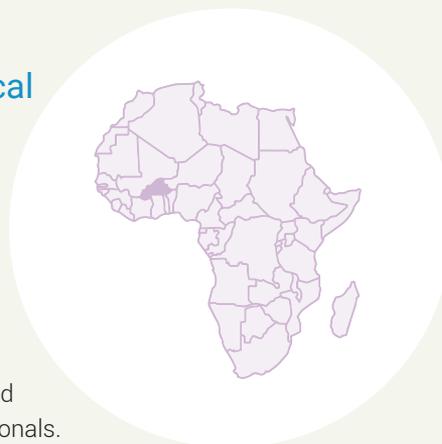
CASE
EXAMPLE

Medical school training on FGM physical and psychosocial complications can create a ripple effect

The National Programme in the Fight Against Excision was established in 2002 in Mali by the Ministry of Women's Promotion, Children and Family. It coordinates and evaluates strategies against FGM. The Programme led the preparation and implementation of an anti-FGM curriculum that was introduced into medical schools and then extended to other schools for different cadres of health professionals. Doctors, nurses and midwives have learned to recognize and treat physical and psychosocial complications of FGM.

UNICEF's Annual Report for Mali in 2013 reported that the programme curriculum reached 350 health-care workers and 50 health-care supervisors that year, increasing rates of treatment for women and girls affected by FGM. In addition, the programme had an unexpected outcome: Many women who were treated became allies in advocating for the elimination of FGM.

Source: UNICEF (2013). [UNICEF Annual Report 2013 – Mali](#)

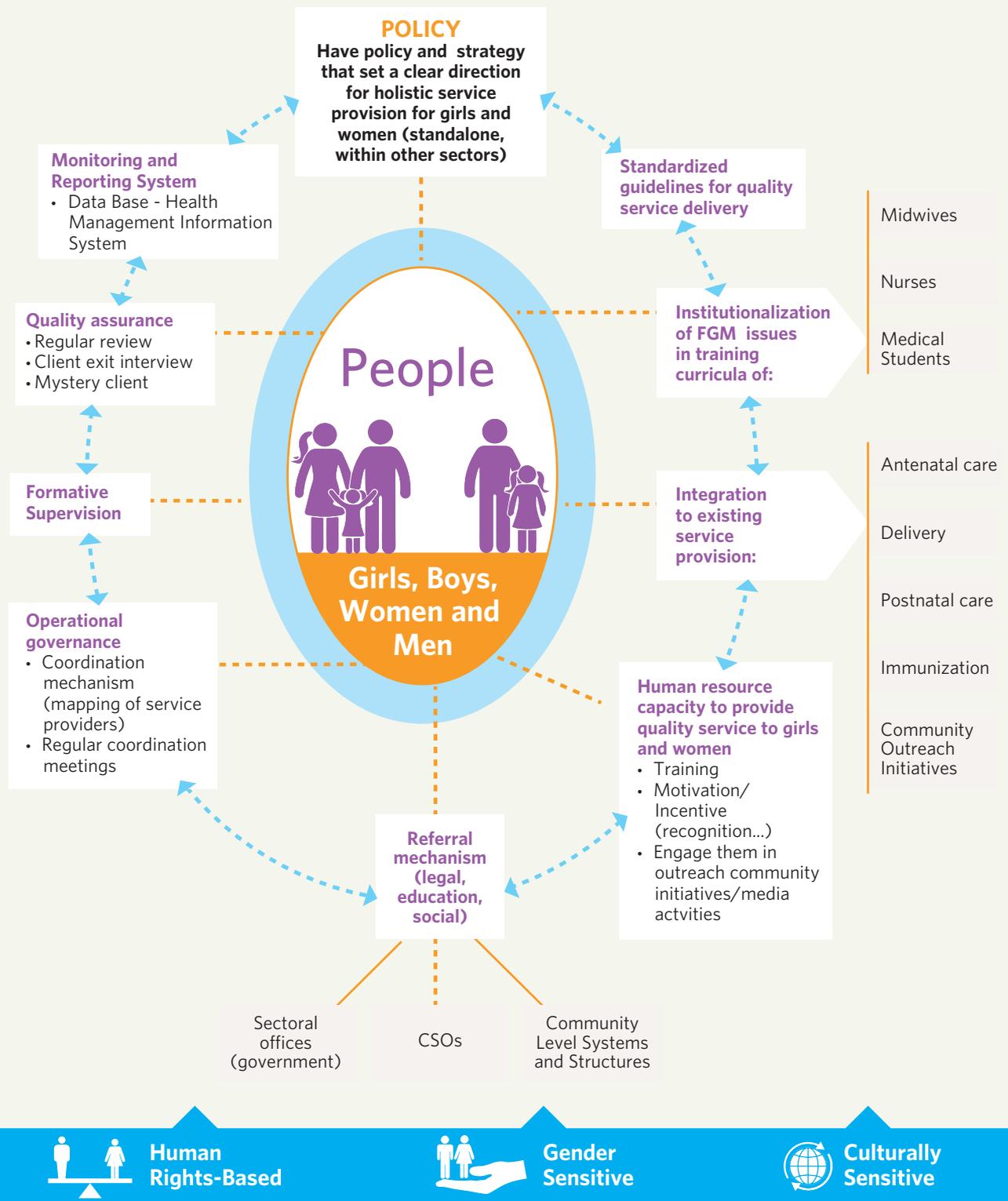


Social welfare services

Social welfare services provide critical support in upholding the rights, safety and well-being of girls and women at risk of or affected by FGM. Access to counseling, referrals, or safe spaces for girls and women provide a secure and safe option for accommodations (where needed). A comprehensive social welfare approach might include:

- **Pre-service and in-service training** of social workers and child protection officers on the vulnerabilities faced by those who wish to go against the norms of FGM.
- **Women's and girls' access to crisis information and helplines.** Helplines provide an essential link to information, counselling and support services for women and girls. They often operate separately from, but alongside, law enforcement and other emergency helplines.
- **Girls' and women's access to counselling, referrals or safe spaces** to provide an immediately secure and safe option for accommodation.
- **Support for families, friends and others who assist girls and women** in accessing these services safely.
- **Empowerment for girls and women** entails linking them with efforts to build agency and skills, and move away from vulnerability, such as through economic development opportunities.

FIGURE 6: Holistic, integrated, and quality service delivery related to FGM



Source: UNFPA and UNICEF (2019)

CASE
EXAMPLE

Youth-friendly health services in Egypt



In Egypt, a 2015 country evaluation found that UNFPA increased the availability of integrated sexual and reproductive health services for adolescents and youth through the establishment of youth-friendly centres. These were funded by the Egyptian Family Planning Association and the General Organisation for Teaching Hospitals & Institutes, and supported with capacity building, including through the development of manuals for service providers and adolescent and youth peer educators. UNFPA used human rights-based language in its information, education and communication materials, and advanced the human rights agenda for adolescents and youth through advocacy and policy and legislative work, particularly on FGM.

Source: [Evaluation of UNFPA Support to Adolescents and Youth \(2008-2015\)](#).

CASE
EXAMPLE

Health service delivery to women and girls in rural Ethiopia



UNFPA supports the Afar Pastoralists Development Association (APDA) to deliver services to women and girls in rural Afar, a regional state with inadequate infrastructure and poor health outcomes. APDA established a maternity hospital in 2011 to provide much-needed maternal health services in the area. The hospital has units equipped to assist high-risk and emergency deliveries. Nearly all women treated at the hospital are survivors of FGM (mostly infibulation, the severe form), one of the factors behind a high rate of obstetric complications. A country programme evaluation completed in 2019 found that more than 8,000 girls and women have been treated by the hospital and had access to a safe and dignified pregnancy and birth. APDA has also established a rigorous birth attendant training programme that includes a module on FGM and related medical complications and supports health teams within local communities.

Source: [Government of Ethiopia/UNFPA 8th Country Programme \(2016-2020\)](#).



Child Helpline 16000 fields thousands of FGM-related calls in Egypt



Operating in Egypt since 2005 under the aegis of the National Council for Childhood and Motherhood, the Child Helpline 16000 receives and records child protection complaints. Providing a range of tele-services, including psychiatric consultations and family support, the helpline offers a gateway to refer children and families who are experiencing violence, abuse and neglect to relevant services.

The anonymous helpline began a three-month national campaign in 2019 on rights, health and religion, and received more than 1,500 calls in response to radio spots, including calls about FGM, some of which led to referrals. Most calls originated from families but also from girls themselves. Nearly half of the calls were from fathers, who are often the decision makers on FGM. Close to 90 per cent of callers wanted to talk about the practice, and about nine per cent reported incidents or threats.

Source: UNICEF (2019). [Goal Area 3 Every child is protected from violence and exploitation: Global Annual Results Report 2019](#).

Legal services

Legal services that are friendly to girls and women, low-cost or free and locally available open a powerful opportunity for girls and women who are at risk of or have undergone FGM to exercise their rights. In criminal cases, establishing proof beyond a reasonable doubt that FGM has occurred without a person's consent is crucial, making investigation and evidence gathering especially important. Many women and girls may be seeking services for the first time, and do not understand the justice system, its legal processes and their rights.

A comprehensive legal services approach might include:

- **Pre-service and in-service training of law enforcement officers, providers of legal services and members of the justice sector**, including prosecutors and judges, on FGM as a human rights violation, and where applicable, a legal violation. A further element entails understanding and managing community resistance to the law and low rates of reporting of FGM cases by survivors or families.

- **Training of police officers on sensitivities and protocols for FGM investigations.** Attitudes of practising communities as well as law enforcement officials themselves play roles in the effectiveness of investigations and evidence-gathering.
- **Support for mandatory reporting of FGM cases by providers who come in contact with children,** such as medical personnel, teachers and protection officers.
- **Community outreach efforts** to educate the community on why and how to access legal aid.
- **Support to para-legal organizations/NGO** to provide support to survivors during the legal process



Legal reforms change norms and policies in Kenya

In 1998, 43 women's organizations formed the Kenya Women's Political Caucus, mobilizing around gender equality and negotiating space for women's participation in constitutional reforms. Legal organizations such as the Federation of Women Lawyers (FIDA-Kenya) advocated for women's rights, including by introducing legislation that would prevent and protect girls and women from gender-based violence and FGM. As a result of this growth in and alliance across women's movements and civil society as well as legal and judicial activism, constitutional reform and the inclusion of activists in the Government created opportunities and formal spaces for policy change. In addition to pushing for the adoption of the 2011 Prohibition of Female Genital Mutilation Act, FIDA used court cases to increase the visibility of FGM and drew policy attention to it. Committed, passionate women lawyers became members and took up FGM cases pro bono. FIDA today partners with UNFPA and provides pro bono legal services to girls and women at risk of and affected by FGM.

Source: R. Loewenson et al. (2019), [Kenya case study: Building policy reforms on sexual offenses, female genital mutilation and domestic violence](#).



Education services

Although the links between education and FGM are under-researched, girls' education appears to be a protective factor in reducing FGM prevalence. Girls and women with limited or no education face a higher risk of FGM. Mothers with lower levels of education are more likely to support FGM and have their daughters undergo the practice. While maternal education is a strong predictor of FGM, it cannot be interpreted as a direct causal factor as household wealth and maternal labour force participation are also predictors of FGM and both are linked to maternal education.

Consider supporting a range of interventions to increase girls' universal access to primary and secondary education, including:

- **Conducting gender analyses** in the education sector that identify context-specific gender issues such as FGM, and support gender-responsive pedagogy that not only educates girls and boys about the consequences of the practice, but also builds girls' agency and supports girls and boys in challenging social and gender norms that perpetuate the practice.
- **Integrate FGM** into the formal education curricula and train teachers, school administrators and parent associations in: providing information to girls and boys about the physical and mental health risks involved with FGM; preventing the stigmatization of girls who have not undergone FGM; and detecting and reporting cases of FGM, as well as providing referrals to appropriate services.
- **Invest in research** to determine the impact of girls' education on reducing FGM prevalence rates, as well as the impact of FGM on girls' retention and completion rates.



- UNFPA, UNICEF and WHO (2018). [Calling for the End of the Medicalization of Female Genital Mutilation](#)
- UNFPA, UNICEF and WHO (2018). [Brief on the Medicalization of Female Genital Mutilation](#).
- World Health Organization (2018). [Care of Girls & Women Living with Female Genital Mutilation: A Clinical Handbook](#).



8

FGM in Emergencies and the Humanitarian- Development-Peace Nexus

Humanitarian crises can result from natural or human-made disasters, or complex emergencies. The number of crises and their duration has grown dramatically in the last decade, making it more likely that more countries will experience them in the future. Gender-based violence is endemic to any crisis. All humanitarian crises give rise to displaced children and families who face physical, social and emotional upheaval, and who are vulnerable yet often lack access to social support, let alone health, education and legal services.

A response to FGM is rarely reflected in humanitarian preparedness planning. Yet FGM may increase in crises for different reasons, including lack of legal enforcement or as a precursor to marriage. See box 14.

A response to FGM is rarely reflected in humanitarian preparedness planning. Yet FGM may increase in crises for different reasons.

FGM in Mali: A protection crisis in Central Sahel

Since 2012, Mali has experienced protracted crises involving violent conflict, extreme poverty, climate shocks and more recently the COVID-19 pandemic. In 2020, UNFPA supported the government in conducting research on FGM in the Timbuktu region. The study compared DHS data from 2006 and 2018, and also included interviews and focus group discussions.

According to the 2018 DHS, 89 per cent of girls and women aged 15-49 and 73 per cent of girls aged 0-14 have undergone FGM. Only 18 per cent of girls and women and 13 per cent of boys and men think the practice should be eliminated. Despite government commitment to end the practice, Mali still has one of the highest FGM prevalence rates in the world. In 2006, there was little difference between variables (i.e., ethnicity, geographic region, maternal education, wealth quintile) in terms of increasing or reducing girls' risk of FGM.

The Timbuktu region has been engulfed by violence and extremism since 2012. Timbuktu, like Gao and Mopti, currently hosts the highest concentration of internally displaced people (78 per cent). Their numbers swelled by 75 per cent from January 2019 to January 2020 (IOM 2020), with most fleeing insecurity and intercommunal conflicts. Climate shocks have contributed to high levels of poverty and food insecurity. School closures in the last two years and no access to alternative learning opportunities mean hundreds of thousands of children are out of school.

The 2018 DHS also showed that 76 per cent of women experienced FGM before 5 years of age. Traditional practitioners; performed FGM on 94 per cent of girls aged 0-14 and 89 per cent of girls and women aged 15-49. Among those surveyed, 70 per cent of women and 68 per cent of men aged 15-49 believed that FGM is a religious requirement, and 76 per cent of women and 74 per cent of men in the same age group believed the practice should continue.

The study found an increase in FGM in Timbuktu and concluded there were two reasons for this. First, ethnic groups with higher FGM prevalence have settled in the region. Second, the security crisis that began in 2012 has led to more conservative attitudes as well as a disruption in government services and civil society programmes promoting FGM prevention. The study showed an increase in the risk of FGM based on multiple variables. In comparing 2006 and 2018 DHS data, the study showed the following trends:

- There has been an increase in FGM prevalence in the Timbuktu region between 2006 and 2018 from 44 per cent to 50 per cent. This period coincides with the disruption of services and programmes promoting FGM elimination.
- Between 2006 and 2018, FGM prevalence among ethnic groups increased from 50 per cent to 60 per cent among Sonrai and 22 per cent to 29 per cent among Tuareg/Bella.
- In 2006, 61 per cent of girls and women aged 15-49 living in rural areas experienced FGM compared to 71 per cent in 2018.
- From 2006 to 2018, the risk of undergoing FGM based on maternal FGM status increased from 50 per cent to 75 per cent.
- In 2006, women opposed to the practice were 84 per cent less likely to subject their daughters to undergo FGM. In 2018, opposition to FGM had a negligible impact in reducing a girl's risk of undergoing FGM.

The study recommends that key governmental and non-governmental stakeholders addressing FGM return to the region to re-establish services, relaunch community mobilisation activities and support economic programmes for girls who are vulnerable to harmful practices or who may experience stigma as a result of remaining intact.

Source: National Directorate of Statistics and Informatics, Mali (2020), Study on Female Genital Mutilation in the Timbuktu Region.

Emergency response programmes and service providers are often ill-prepared to address FGM in emergencies. Possible actions to take during an emergency response include:

- **Use a participatory approach to learn from girls and women** to understand whether they are at increased risk of gender-based violence and FGM.
- **Build the capacity of governments, civil society and NGO staff** to respond to cases of FGM. Train health-care providers and protection officers on FGM prevention and response, and develop referral systems.
- **Partner with local women and youth groups who understand the local context.** They will have an understanding of girls' and women's access to resources, capabilities and opportunities.
- **Support adolescent girls and women as active participants and leaders in communities.** That makes it more likely that their distinct needs will be met, including protection from gender-based violence.

Possible actions to take, with a longer view:

- **Advocate for the inclusion of FGM in national and local emergency preparedness and response planning.** When the next emergency hits, an FGM response will be available.
- **Ensure that country-level FGM programme guidance, provider training and service protocols** exist as part of emergency response plans within the United Nations Office for the Coordination of Humanitarian Affairs, host governments and funding agencies.
- **Invest in strengthening planning around the humanitarian-development nexus that includes FGM prevention and response efforts.**



- UNFPA (2019). [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.](#)
- UNFPA and UNICEF (2020). [Resilience in Action: Lessons Learned from the Joint Programme during the COVID 19 Crisis.](#)
- UNICEF (2020). [The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation.](#)



9 Financing for the Elimination of Female Genital Mutilation

One major barrier to eliminating FGM is persistent and chronic underinvestment. The current level of global investment in programmes addressing FGM is below what is required to realize the global vision of eliminating the practice by 2030. A recent estimate by UNFPA indicates that \$2.4 billion is needed to eliminate FGM by 2030 in 31 priority countries. The estimate further suggests that the amount of development assistance expected to be spent in these 31 priority countries from 2020 to 2030 is \$275 million, indicating a resource gap of about \$2.1 billion.

Resource mobilisation is needed at all levels – global, regional and national – to create synergies and accelerate elimination. The gap in funding calls for intensified efforts by and with partners to mobilize the required resources. Such measures can be linked to financing for SDG 5 on gender equality, particularly target 5.3 on the elimination of FGM (see the [Financing for Sustainable Development Report 2019](#) for more information).

Committing domestic financial resources alongside international development cooperation demonstrates national ownership and leadership. The Joint Programme provides technical support on developing evidence-based, costed national action plans. These help to establish well-targeted policies and laws, backed by appropriate resources. As of 2019, 15 of the Joint Programme-supported countries were implementing a costed national action plan that includes allocating domestic resources for programmes on FGM.

The African Union Summit in 2019 called for increased allocation of domestic financial resources, and a framework to monitor progress in achieving national and regional commitments.

Country programmes are encouraged to develop cost-estimates to eliminate FGM by 2030. Since national action plans on FGM include a cost component, programmes could adapt the global methodology (i.e. (cost modelling). Having strong evidence on cost can spur awareness and advocacy for resources with different partners.

In addition to traditional resource mobilisation from donors, consider the following actions to increase investment in the elimination of FGM:

- **Advocate for government budget allocations** at the national and subnational levels. Government allocations integrated in budgets may be retained over the years, offering sustained funding.
 - Although some countries have budget lines for interventions related to FGM, most priority countries do not yet have budget lines.
 - Gender-responsive planning and budgeting may be able to support the integration of an FGM budget line, given that gender inequality is a root cause of the practice.
 - Invest in cost analysis to present clear documentation of public financing for FGM. An analysis of the size, composition, equity, efficiency, effectiveness and transparency of public spending to end the practice can be useful in policy advocacy within the government, and with donors and the private sector. The analysis may include interventions in relevant sectors (such as strengthening national child protection and social welfare systems, and appropriate sexual and reproductive health interventions).



- [Joint Programme Resource Mobilisation Strategy](#) provides a comprehensive plan that highlights trends and opportunities to consider and leverage as UNFPA and UNICEF country offices strengthen advocacy and fundraising support for the Joint Programme.
- **Identify possibilities to leverage funding** from interventions in other sectors such as sexual and reproductive health, gender-based violence and child protection.



TOOLS

- UNFPA (2020). [Costing the Three Transformative Results: The cost of the transformative results UNFPA is committed to achieving by 2030.](#)
- WHO (2020). [FGM Cost Calculator.](#)



> 2030

10

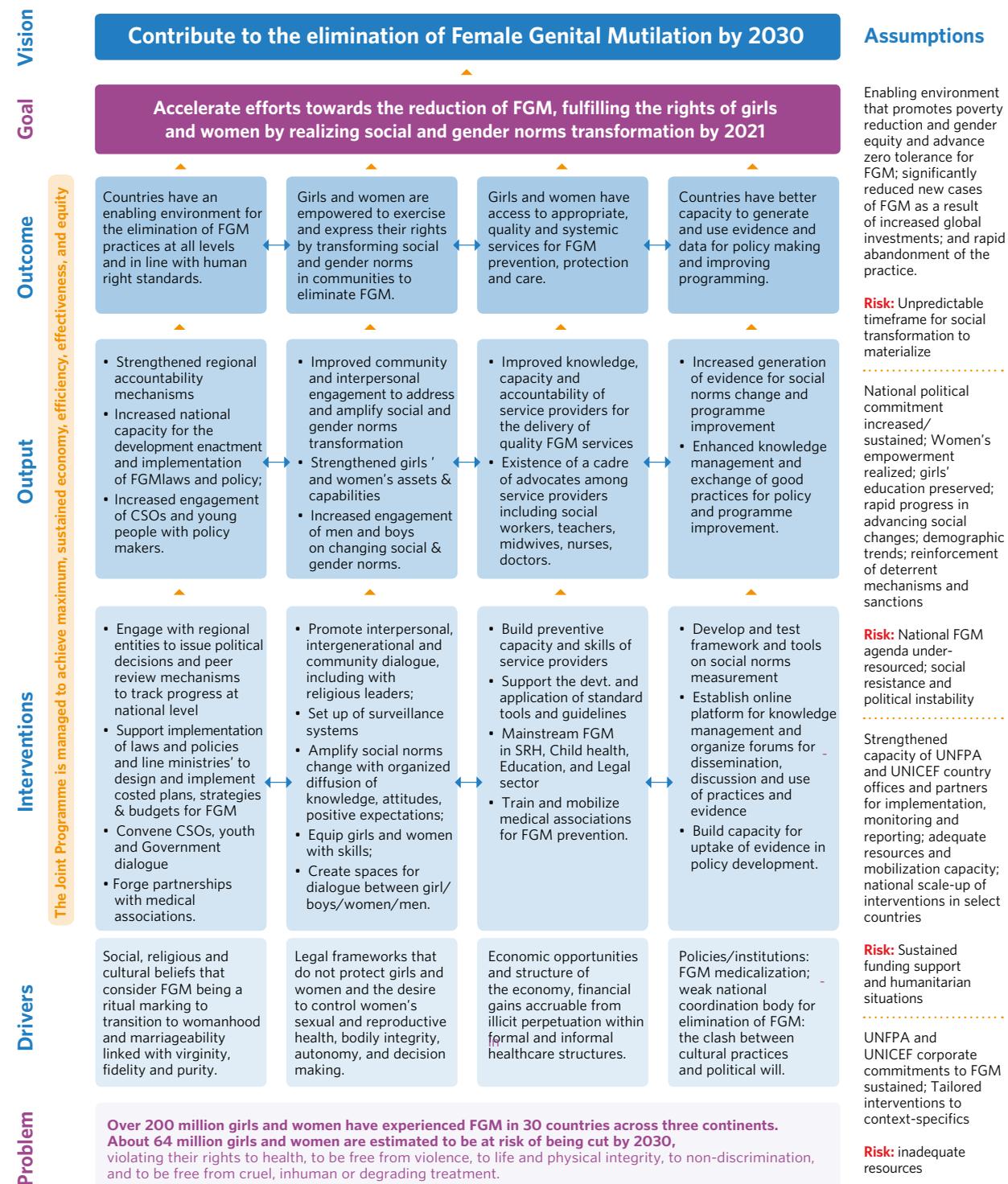
Conclusion

In all programming areas and at all levels, the Joint Programme challenges actors intent on FGM elimination to continue to innovate programmatically and to reach tipping points of normative change by 2030. More explicit attention to gender equality will create new foundations that interact with social norms and other drivers of FGM for sustained elimination results. Paying greater attention to learning will generate programme evidence to benefit the larger development community. Building a better knowledge base of what works requires careful documentation and evaluation, guided by country, regional and international learning agendas.

This guidance contains ideas for action, lessons learned, and a multitude of links to tools and resources for further ideas and concepts in the different programme areas. As a living document, the guidance will continue to be updated as new innovations and evidence emerge.

ANNEX A

A Full Theory of Change of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation – Phase III



ANNEX B

Case Studies Organized by Programme Area

Strengthening government accountability in policy and legislation

Global and regional advocacy

INTERVENTION: International advocacy campaigns

Advantages

- Builds a broad base of international support and creates opportunities to advocate for ending FGM
- Encourages efforts to highlight FGM as a development priority

Ways to strengthen

- Align campaign with recognized international days
- Organise a creative array of interactive campaign events including social media initiatives, exhibitions and panel discussions

Example(s)

The African Union Campaign for the Elimination of FGM

In 2018, UNFPA, UNICEF and the African Union co-hosted an international conference, "Galvanizing political actions to accelerate the elimination of female genital mutilation", in Ouagadougou, Burkina Faso. The conference adopted the [Ouagadougou Call for the Elimination of Female Genital Mutilation in Africa and the World](#).

As a follow-up to this conference, the African Union Campaign for the Elimination of FGM was officially launched in 2019, and a continental social marketing campaign is currently being implemented. This initiative was modelled after the successful Saleema communications initiative in Sudan. As part of the campaign, an accountability framework is under development to follow and report on national implementation based on different reporting mechanisms.

The adoption of the Ouagadougou Call for the Elimination of Female Genital Mutilation in Africa and the World was a critical step in mobilizing the support of African Union member states by creating a peer-review mechanism to monitor national actions to eliminate FGM. Results of the campaign have yet to be measured, but thus far, it has successfully engaged high-level political champions in strengthening regional commitments to work towards elimination.

See: [Launch of the African Union Campaign on Ending Female Genital Mutilation](#).

INTERVENTION: Cross-border FGM collaboration

Advantages

- Recognizes the cross-border dynamics of FGM
- Can lead to intergovernmental policy that mutually reinforces FGM elimination efforts

Ways to strengthen

- Establish a coalition to organize intergovernmental coordination and collaboration
- Possibly align FGM efforts with other girl or gender initiatives operating regionally

Example(s)

Intergovernmental collaboration to address cross-border FGM in Eastern Africa

The first interministerial meeting with representatives from Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania took place in 2019 in Kenya to address the cross-border dynamics of FGM. The meeting provided an opportunity to identify ways to strengthen policy and legislation, and increase collaboration among governments in the region in targeting border communities that are most vulnerable to cross-border cutting.

The outcome of the meeting was the Declaration and Action Plan to End Cross-border FGM in East Africa. It will be implemented in cooperation with regional economic communities including the East African Community and the Intergovernmental Authority for Development.

See: [Ending cross-border FGM](#).

National-level legislative action

INTERVENTION: Introduce national legislation

Advantages

- Sends a clear message that FGM is not a socially accepted practice
- Protects the rights of girls and women to health, bodily integrity, and freedom from violence and discrimination

Ways to strengthen

- Support governments in developing capacity to implement legislation

Example(s)

Criminalizing FGM in Sudan in 2020

In 2020, following 14 years of advocacy led by women's and children's rights activists, NGOs, donors, women political leaders, and UNFPA and UNICEF, Sudan formally ratified legislation criminalizing FGM. UNICEF is coordinating a road map for rolling out the legislation providing communities, civil society and government ministries with information about it. The legislation is a major step in protecting girls' rights, including their rights to health and bodily integrity and autonomy. As part of a broader collaborative platform, UNFPA and the women's movement contributed to securing government support to integrate gender and reproductive health issues in national policies and action plans, such as the National Policy on the Empowerment of Women (2007), the Female Genital Mutilation Abandonment Strategy (2008-2018) and the National Campaign for Combating Violence against Women (2018).

INTERVENTION: Increasing girls' and women's access to justice

Advantages

- Approach operates at different levels of influence – legal, traditional, community, media – to support law's application

Ways to strengthen

- Include social accountability measures in programming
- Advocate for regulations that guarantee care for FGM complications
- Use alongside access to justice and other interventions that encourage community dialogue on FGM

Example(s)

FIDA-Kenya's presence at a community grassroots level continues to be enhanced through the initiative of engaging with Councils of Elders and local administration on enhancing access to justice through alternative dispute resolution (ADR). Most of the matters they handle range from family disputes on land (women's land rights), wife and widow eviction, maintenance and custody of minors, FGM cases, child protection and sometimes rape and defilement which are then referred to chiefs and the police. Matters that exceed their capacity are referred to Federation of Women Lawyers - Kenya (FIDA - Kenya) as well. This partnership through which their capacity on ADR has been enhanced has had the benefit of allowing Clients to easily obtain letters from their Chiefs for the purposes of filing a suit to obtain letters of petition and such, for the many legal processes where one must start off with letters from their local area chiefs.

During this year, 2019, the Gusii Council of Elders added one hundred (100) women to their network of elders. Seven (7) of those women were trained as professional mediators under the FIDA-Kenya- MTI mediation training program. Three (3) have since been accredited as court annexed mediators. During the reporting period, the new women elders were able to mediate and settle thirty-eight (38) cases at community level.

FIDA Kenya (2020): [Annual Report 2019](#)

National policy supporting FGM elimination

INTERVENTION: National policy for the elimination of FGM

Advantages

- Coordination mechanisms ensure government and non-governmental actors implement national strategies or action plans efficiently and effectively

Ways to strengthen

- Include social accountability measures in programming
- Advocate for regulations that guarantee care for FGM complications
- Use alongside access to justice and other interventions that encourage community dialogue on FGM

Example(s)

National Policies and Coordination to End FGM: Kenya Case Study

In 2008, the Joint Programme supported the creation of an FGM Secretariat in the Ministry of Gender, Children and Social Development in Kenya, and funded the position of a national coordinator to staff the Secretariat. A 2013 evaluation found that the Secretariat and coordinator played key roles in enhancing information exchange and collaboration among government and non-governmental actors working on FGM. For the first time in Kenya, the national coordinator conducted a systematic mapping of actors working on FGM and facilitated the creation of the National Committee on the Abandonment of FGM, bringing together government and non-governmental stakeholders working on FGM.

In 2009, the Joint Programme provided financial and technical support to the Ministry to develop the National Policy for the Abandonment of FGM. Later the same year, led by its implementing partner, the Kenya Women Parliamentary Association, the Joint Programme helped draft the FGM Bill (2010), which led to the Prohibition of FGM Act, passed by Parliament in 2011. The 2013 evaluation concluded that without the Joint Programme, the FGM Act would not yet be in place, and that the support of UNFPA and UNICEF had clearly accelerated the process of enhancing the legal framework for FGM elimination. The evaluation also emphasised that the Act filled an important gap in the Kenyan legal framework in terms of addressing FGM. It now serves as one of several tools for further advocacy and information work at both the national and community levels. The Anti-FGM Board was launched in 2013.

Source: UNFPA & UNICEF (2013), [Kenya Case Study: Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting \(FGM/C\)](#).

Fostering social mobilisation at community levels

Community mobilisation

INTERVENTION: Intergenerational dialogues for girls' holistic development

Advantages

- Allows communities to develop and publicly act on a new consensus on harmful practices
- Increases appreciation of positive traditions and strengthens ties among generations

Ways to strengthen

- Encourage critical discussion of age and agency and gender norms and roles that underpin harmful practices
- Possibly engage boys and men more explicitly

Example(s)

The Accelerating Abandonment of Female Genital Mutilation and Child Marriage Project launched in 2016, seeks to end FGM and child marriage in the following Kenyan counties - Kajiado, West Pokot, Marsabit and Samburu. It is being implemented by World Vision through support from UNICEF.

Community Change (C-Change): This model is executed through Community Dialogues led by trained facilitators. They help communities to understand the adverse effects of FGM and become ambassadors for the anti-FGM movement. Community Dialogues are held mostly in school compounds as mobilisation is usually done through schools. A community resource person facilitates the dialogues twice a month. The dialogues are usually themed around FGM, child marriage and quality education for girls and boys. Dialogues for different groups (men, youth, women and council of elders) are held separately to ensure adequate and meaningful participation. Intergenerational dialogues are also organised when the various groups are ready to provide a platform for open talks between parents/guardians and their children. The dialogues are usually conducted in the local language.

Other examples of community mobilisation include:

GIZ (2012), [How to organise Generation Dialogues about Female Genital Cutting: A guidance note for community-based organisations and for agencies providing funding and technical support](#).

Online training on GTZ's [Generation Dialogue Approach](#) and [The Generation Dialogue Approach in Guinea](#).

INTERVENTION: Engaging with religious leaders

Advantages

- Religious leaders can convince community members to end FGM
- Addresses norms and attitudes in which FGM is embedded
- Engaging community leaders can create community ownership in social and gender norms change

Ways to strengthen

- Only use where religion plays a large role in community life
- Encourage other community leaders to facilitate discussion in their places of worship on social and gender norms that underlie FGM

Example(s)

The Religious Approach to FGM Elimination in Ethiopia

In Ethiopia, UNICEF supported FGM elimination through social change achieved by sustained dialogue, complimented by teaching and/or awareness-raising activities from the perspectives of health, religion and legal awareness. Religious leaders supported the end of FGM by: 1) involvement in teaching about the harmful effects of FGM, 2) teaching through interpreting the scripture and clarifying that religion doesn't require that females undergo FGM, 3) leading and enforcing a campaign of ostracizing those that break the declaration of abandonment, 4) giving their blessing and support to teaching by health workers and law enforcement, which gives credibility and weight to these actors and their work in the eyes of the community, and 5) requiring practitioners to take an oath in front of religious leaders not to practice anymore.

According to an [evaluation](#) completed in 2012, community dialogues appear to have been successful when they were carried out in a continuous and sustainable manner and reached as many *kebeles* (neighbourhoods) as possible, including remote ones. The involvement of religious leaders and elders, health extension workers and law enforcement officials contributed immensely to passing on required messages to the community. The most effective and common strategies in 10 *woredas* (districts) surveyed have potential for raising awareness and paving the way towards attitudinal changes that may in turn result in the abandonment of FGM.

Social mobilisation

INTERVENTION: Linking legislative action to community sensitisation

Advantages

- Addresses gaps in community support and awareness of FGM
- Contributes to social accountability for legal frameworks
- Creates an enabling environment for social and gender norms change

Ways to strengthen

- Align community sensitisation with recognised community days

Example(s)

Declarations Against FGM Day During Community Cultural Days – An Innovation from Uganda

The FGM Act 2010 in Uganda is a comprehensive law against FGM. It clearly defines FGM and criminalizes the performance, procurement, attempt, and aiding or abetting of all forms of the practice.

To create community support for eliminating FGM and promote bringing cases to courts, the Joint Programme worked with POZIDEP, a local faith-based organization in Amudat district, Uganda. POZIDEP organized public declarations against FGM as part of Community Cultural Days. The initiative involved selecting role models in the community who would publicly voice their commitment to FGM abandonment.

Planning their declarations around the Days allowed role models to uplift positive traditions, like poetry recital and dance, while insisting that FGM was no longer culturally relevant. These declarations primarily targeted community elders, seen as custodians of culture and tradition. Elders were included in community dialogues on FGM, and during the 2011 Days, eight elders publicly declared their abandonment of the practice and signed the FGM abandonment declaration.

An evaluation showed that public declaration programming increased knowledge on the negative consequences of FGM for elders, girls and local excisors in the community. Elders and girls reported spreading their new knowledge among peers. Additionally, elders stated that school dropout rates of girls decreased due to the programme, and that many communities began discouraging FGM.

See: [Declarations Against FGM/C Day During Community Cultural Days – An Innovation from Uganda](#).

INTERVENTION: Participatory theatre

Advantages

- Provides an engaging, interactive experience for the community
- Can spark community dialogue on FGM
- Can support FGM survivors in accessing justice

Ways to strengthen

- Include trusted medical professionals and religious leaders as story characters
- Facilitate discussion on social and gender roles acted out in the performance

Example(s)

Interactive Theatre in Egypt

The Joint Programme has partnered with the theatre group Noon Creative Enterprise to create interactive theatre performances on sensitive issues, such as child marriage and FGM. These pieces are often performed by youth in the streets, making them accessible to community members. Performances are followed by community discussions that involve religious leaders and medical professionals.

Interactive theatre has proven to be an effective way to entertain community members while informing them of girls' rights, risks of FGM and how FGM is addressed by the Egyptian Government. By providing information on services available to survivors of FGM, these performances also seem to support them in accessing justice.

See: [Hara TV 3 Presents Interactive Theatre on FGM in Egyptian Governates](#).

INTERVENTION: Web-based community edutainment

Advantages

- Engages community members to create widespread awareness of FGM
- Targets youth and tech-savvy community members
- Can spark dialogue to change social and gender norms

Ways to strengthen

- Screen the series in community spaces to increase exposure
- Provide opportunities for community reflection and discussion about FGM, such as through digital forums

Example(s)

Sandra's Cross in Nigeria

In Nigeria, a six-part web series, "[Sandra's Cross](#)", was produced supporting increased awareness and discussions about gender-based violence, including FGM. One main character deals with the long-lasting physical and emotional scars of FGM.

Social media advocates are trained to provide viewers with the opportunity to post answers to questions or comments related to the series on what they think is the outcome of an episode, both online and at several viewing centres and youth forums. This highlights the idea that there are alternative social norms.

INTERVENTION: Empowering "deviant" individuals to break community silence

Advantages

- Brings community awareness to FGM
- Empowers individuals and families who have abandoned FGM
- Places girls at the centre of programming

Ways to strengthen

- Use alongside strong media campaigns that emphasise child rights
- Build community discussion into the intervention that includes social networks within communities, religious leaders and doctors who support elimination

Example(s)

FGM Abandonment Programme in Egypt

From 2003 to 2006, UNICEF in partnership with the Center for Development and Population Activities piloted the Female Genital Mutilation Abandonment Programme based on the positive deviance approach. The pilot focused on identifying individuals within local communities who chose not to practice FGM, and building on their experiences to encourage other community members to abandon the practice.

First, programme leaders identified positive deviants and girls at risk of FGM, and raised local awareness of FGM. Next, leaders conducted home visits for girls at risk and their families, in which they educated families on the experience of positive deviants in order to convince them to abandon the practice.

By 2007, the programme had been implemented in at least 40 communities in Upper Egypt, using the support of four partner NGOs and 20 NGOs led by local communities.

Evaluations have shown a failure to integrate community members in planning and operating the programme. Yet it succeeded in empowering positive deviants to break the silence around their experience with FGM and become advocates of elimination.

See: [Ending Female Genital Cutting - Positive Deviance Initiative](#)

Social movements & empowerment

INTERVENTION: Social media communications campaigns

Advantages	Ways to strengthen	Example(s)
<ul style="list-style-type: none"> • Provides a platform for youth voices • Can reach wide audiences • Can spark dialogue to change social and gender norms 	<ul style="list-style-type: none"> • Recruit credible leaders with large social media following • Include training to counter misinformation and encourage discussion on gender and social norms • Consider expanding digital engagement platforms, such as Twitter chats, Facebook conferences, digital comic books, video games, web series and courses 	<p>The #TouchePasAMaSoeur campaign in Senegal</p> <p>In Senegal, #TouchePasAMaSoeur (Don't Touch My Sister) is a communications campaign by Paroles Aux Jeunes, UNFPA and The Girl Generation. The campaign targets youth with interactive discussions about gender-based violence and FGM through social media platforms such as Facebook and Twitter.</p> <p>The campaign also enlists girls and women to reach community members without access to technology by going village to village, and engages popular Senegalese musicians to perform music with messages about elimination.</p> <p>Although formal evaluations of the campaign have not taken place, it is considered a successful example of a campaign led by youth that has enhanced regional awareness of FGM and mobilized communities against the practice.</p> <p>See: #TouchePasAMaSoeur Facebook page.</p>

INTERVENTION: Social norms marketing campaigns

Advantages	Ways to strengthen	Example(s)
<ul style="list-style-type: none"> • Promotes widespread community knowledge and awareness of existing and new meanings of FGM • Media reach helps attain a critical mass of supporters of abandonment • Can promote and link with community dialogue on FGM 	<ul style="list-style-type: none"> • Feature community leaders in campaigns • Use participatory approaches to train community members to lead campaigns • Use alongside community dialogues that support creating an enabling framework for social and gender norms change 	<p>Saleema in Sudan</p> <p>The Saleema communications initiative in Sudan is a social marketing campaign that seeks to create positive new meanings around keeping girls and women intact. The campaign encourages families and communities to leave their daughters <i>saleema</i>, which in Arabic means whole and healthy.</p> <p>Branded tools were designed to resonate with the Sudanese people, including clothing, drama and theatre work, dialogue sessions and mass media programmes, as well as poster sets, stickers, a multimedia campaign kit comprising a song, an animated television spot, radio spots, a set of linked posters and a comic book for young readers.</p> <p>A three-year external impact evaluation of Saleema showed it was a success, with findings published in <i>Reproductive Health</i> in 2018. Based on the initiative, the African Union Campaign for the Elimination of FGM in launching a continent-wide social norms marketing campaign to discourage FGM.</p> <p>See: Qualitative evaluation of the Saleema campaign to eliminate female genital mutilation and cutting in Sudan</p>

INTERVENTION: Public declarations

Advantages

- Creates a sentiment of change within communities
- Can symbolise a moment of social recognition of FGM's unacceptability
- Can guarantee social acceptance and marriageability of girls who have not undergone FGM

Ways to strengthen

- Precede public declarations with strong community education and dialogue
- Follow up with community surveillance on fulfilment of commitment

Example(s)

Public Declarations in Ethiopia, Guinea-Bissau, Mali and Senegal

In Senegal, various members of the community participate in public declarations, including public authorities, law enforcement, local elected officials, departmental child protection committee members, village chiefs, artists, community members, former excisors, sectoral representatives, local NGOs and journalists. The declarations consist of a ceremony presided over by the local administrative authorities. There are theatrical performances by children, and poetry and music by traditional communicators.

In Ethiopia, public declarations happen at different levels. The first one is in each community dialogue group involving only dialogue members, and then more formally at the district level, which involves dialogue participants, other community members, religious leaders, clan leaders and leaders in the local administration.

In Mali, the process is not just about abandoning FGM but other issues such as child marriage, physical abuse, poverty, women's empowerment and girls' development. The roles and responsibilities of each stakeholder in the process and compliance following the declaration are discussed during the public declaration.

In Guinea-Bissau, declarations cover FGM and broader concerns such as gender-based violence and the role of women and girls in the community, violence against children, and girls' enrolment and retention in school. A database compiles all issues addressed in each community. The National Committee for the Abandonment of Harmful Practices developed a form filled out by community facilitators every month, with issues addressed and the number of people who have participated in a public declaration, disaggregated by age and gender.

See: [Declarations on female genital mutilation/cutting abandonment](#).

INTERVENTION: Community surveillance post-public declaration

Advantages

- Plays a key role in monitoring the efficacy of public declarations
- Serves as an entry point to intervene if further action is needed

Ways to strengthen

- Build surveillance into intervention plans from the beginning

Example(s)

Community Surveillance in Senegal

In 2019, the Ministry of Women, Family, Gender and Child Protection in Senegal conducted a study, "Qualitative Analysis to Document Community Dynamics Relating to Surveillance and Respect for Public Declarations of FGM Abandonment". The study looked at 37 villages that had made public declarations to eliminate FGM to determine their level of commitment to ending the practice. The villages were placed in three categories, weak, average and strong, as follows:

- 45 per cent of villages were identified as "weak" in their commitment to end FGM based on the following criteria:
 - Documented cases of FGM
 - Religious and community leaders support the continuation of the practice
 - There was no process or mechanism for supporting elimination
- 35 per cent were "average" which meant:
 - Health and/or community actors claim the practice continues in secret
 - Religious or community leaders oppose the practice
 - Community-based child protection mechanisms exist
 - Community actions and initiatives for the elimination of FGM are noted
- 20 per cent of villages displayed a "strong" commitment which included:
 - FGM elimination is documented
 - Community and religious leaders, health-care providers and community actors support the elimination of FGM
 - A community mechanism for monitoring elimination is operational

In identifying an approach for community surveillance, as a way to keep communities on track following a public declaration of abandonment, the study included an assessment of existing models in Kolda implemented by NGOs. It recommended the "village decrees" promoted by OFAD Nafore, a Senegalese NGO. The OFAD Nafore model involves child protection committees adopting a village decree prohibiting FGM and a code of conduct specifying the commitment of each member of the committee to protect children from all forms of violence, including FGM. The model encompasses building community capacity and awareness about children's rights, issuing communication materials on the harmful effects of FGM, establishing a box for anonymous complaints and creating a process for reporting cases of FGM.

Strengthening girls' and women's assets and agency

Interpersonal interventions

INTERVENTION: Youth champions of change

Advantages	Ways to strengthen	Example(s)
<ul style="list-style-type: none"> Equally targets girls and boys Educates youth on gender issues that affect their lives Promotes positive masculinity and youth ownership of FGM elimination 	<ul style="list-style-type: none"> Emphasise the societal benefits of youth empowerment to families and communities Use alongside interventions that target community members at different life stages Ensure long-term funding for gender transformation to be sustainable 	<p>Kenya's Champions of Change</p> <p>In Kenya, Champions of Change is a community-based methodology of youth engagement and peer-to-peer mobilisation to promote gender equality and social norms change. The model views youth as key gatekeepers of social norms in communities.</p> <p>Champions of Change equally targets girls and boys through small group discussions, comprising modules on gender awareness, body confidence, sexual and reproductive health rights, and abandonment of harmful traditions, including FGM. In addition, the model fosters intergenerational dialogue between youth committed to gender equality and their community.</p> <p>Anecdotal evidence, including a publication of stories from community champions, shows that this model has educated communities on FGM risks and mobilized them to collectively abandon the practice.</p> <p>See: Champions of Change: Community voices driving campaign against FGM</p>

Group-based interventions

INTERVENTION: Girls' clubs

Advantages	Ways to strengthen	Example(s)
<ul style="list-style-type: none"> Educates girls and encourages critical thinking about gender issues that affect their lives Provides girls with referrals to health, legal and social services Supports girls in exercising their rights 	<ul style="list-style-type: none"> Use alongside interventions that encourage discussion of gender norms among different community members and women at different life stages Use alongside interventions that strengthen government and improve access to services 	<p>Integrated Programme on the Elimination of FGM and Child Marriage in Ethiopia</p> <p>UNFPA supports an integrated programme to prevent FGM and child marriage in the Afar region of Ethiopia. It targets unmarried and married adolescent girls, teaching them about their human rights. Implemented by the Afar Region Women's and Children's Affairs Bureau, the programme gives girls a safe space to share personal experiences. It also empowers them to become advocates in their communities, while communities in turn are sensitized about the importance of education. The programme provides educational materials and dignity kits for economically disadvantaged girls to enable them to stay in school.</p> <p>In each intervention area, the Afambo District Women, Children and Youth Affairs Office works with a committee composed of representatives from the district administration, law enforcement bodies, religious and clan leaders, school administrations and parent-teacher associations. This collaboration includes other influential players at the community level, such as traditional birth attendants, former circumcisers and community health workers. The idea is to have stakeholders work together in supporting adolescent girls at risk of FGM and child marriage.</p>

INTERVENTION: Engaging men and boys

Advantages

- Actively engages boys and men in challenging power dynamics to change social and gender norms
- Boys' and men's allyship can make social change sustainable
- Engaging boys and men can promote positive masculinity

Ways to strengthen

- Use alongside interventions that engage and empower girls and women to amplify their voices and perspectives

Example(s)

Kenya MenEngage Alliance

The Kenya MenEngage Alliance (KEMEA) links men working to advance social justice, human rights and gender justice. Members have participated in the "End FGM Race", a charity marathon in Mt Elgon, Bungoma County that is part of 16 Days of Activism for No Violence Against Women and Children. In running, walking, raising funds and engaging in public dialogues about their participation in the race, KEMEA members highlight the importance of boys and men in FGM elimination and sensitise communities on FGM legislation.

Research has not yet been conducted on KEMEA's efforts, but the organisation provides an example of a promising way to engage boys and men around ending FGM.

See: [Amplifying voices against FGM](#)

Digital media interventions

INTERVENTION: Youth-led social media strategies

Advantages

- Provides a platform for youth voices
- Can reach wide audiences
- Can spark dialogue to change social and gender norms

Ways to strengthen

- Recruit leaders with local credibility and a large social media following
- Include training for countering misinformation and encouraging discussion on gender and social norms
- Consider building engagement with innovative approaches, such as Twitter chats, Facebook conferences, digital comic books, video games, digital courses and web series

Example(s)

The #endcuttinggirls Campaign in Nigeria

The [#endcuttinggirls series](#) campaign builds on a UNICEF-supported social media strategy to spark widespread awareness of FGM issues through "real-time reporting" on social media. Campaign leaders trained social media advocates to engage in ongoing conversations on FGM on Instagram, Facebook and Twitter using the hashtag #endcuttinggirls.

In organised social media chats, the advocates asked questions raised by community members and provided live feedback to user comments. Advocates also compiled YouTube videos for a UNICEF-supported channel that provides updated information on FGM abandonment efforts.

Formal evaluations are needed to understand the implications and potentially unintended consequences of this and other social media efforts. Yet #endcuttinggirls has dispelled myths around FGM, provided education on long-term effects and allayed community concerns around abandonment.

INTERVENTION: #YouthAgainstCOVID19

Advantages

- Public-private partnership
- Content of videos is developed by youth for youth
- The videos counter disinformation

Ways to strengthen

- Promote and support civic education and development of digital literacies and skills
- Consider how digital civic engagement by youth can drive youth participation in more traditional forms of civic engagement
- Consider the risks of digital civic engagement by youth

Example(s)

Joint COVID-19 Awareness Campaign

Prezi and UNFPA launched a joint COVID-19 awareness campaign with youth organizations to encourage and equip young people to stay informed and do their part to flatten the curve of infection – and to urge their peers to do the same.

The #YouthAgainstCOVID19 video campaign consists of six educational videos on how young people can fight COVID-19 anywhere in the world. Produced in multiple languages, the videos feature young people sharing ideas and guidance on how to better cope with the impacts of the pandemic as well as how COVID-19 might be affecting their sexual, reproductive and mental health.

ANNEX C

Human Rights Frameworks and Consensus Documents that Support Policy Advocacy

Human rights frameworks can be incorporated into advocacy to reinforce existing consensus on female genital mutilation as a violation of the human rights of girls and women. Numerous international and regional human rights instruments and consensus documents are relevant to FGM including:

International legal frameworks: Universal Declaration of Human Rights, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of All Forms of Discrimination Against Women, Convention on the Rights of the Child.

Regional legal frameworks: Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol), African Charter on the Rights and Welfare of the Child, European Convention on Human Rights, Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará), American Convention on Human Rights (Pact of San José), Charter of Fundamental Rights of the European Union.

Consensus documents: International Conference on Population and Development Programme of Action (1994), Nairobi Statement on ICPD25: Accelerating the Promise (2019), Fourth World Conference on Women Declaration and Platform for Action (1995), General Assembly resolutions on intensifying global efforts for the elimination of female genital mutilations, Human Rights Council resolutions on elimination of female genital mutilation, General Assembly Declaration on the Elimination of Violence Against Women, Human Rights Council resolution on the Elimination of Female Genital Mutilation, Transforming Our World: The 2030 Agenda for Sustainable Development.

Note: For more information, please see UNFPA (2014): Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation.

ANNEX D

Resources for Further Reading

CHAPTER 1

- 28 Too Many (2014). [The Impact of Emergency Situations on Female Genital Cutting](#). Briefing paper.
- Barrett, H. R., et al. (2020). [The Female Genital Mutilation \(FGM\) – Migration Matrix: The Case of the Arab League Region](#). Health Care for Women International, supported by UNFPA.
- UNFPA (2020). [Tailoring Steps to End Female Genital Mutilation Based on Age](#).
- UNICEF (2020). COVID-19: [Digital and remote approaches in eliminating female genital mutilation and child marriage](#).
- UNFPA and Harvard School of Public Health (2010). [A Human Rights-Based Approach to Programming: Practical Information and Training Materials](#).
- UNICEF (2013). [Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change](#).
- UNICEF (2019). [Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms in Behaviour Change Programming](#).

CHAPTER 2

- Petit, V. (2019). [The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming](#). New York: UNICEF.
- University of Pennsylvania. (2020) [Online introductory course on social norms and behaviour change](#).

CHAPTER 3

- Rogers, P. (2014). [Theory of Change](#). Methodological Briefs: Impact Evaluation 2. Florence: UNICEF Office of Research-Innocenti.
- UNFPA and UNICEF (2017). [Programme document for Phase III of the UNFPA-UNICEF Joint Programme Elimination of FGM – Accelerating Change](#).

CHAPTER 4

- 28 Too Many (2018). [The Law and FGM: An Overview of 28 African Countries](#).
- Muthumbi, J., et al. (2015). "Female Genital Mutilation: A Literature Review of the Current Status of Legislation and Policies in 27 African Countries and Yemen." [African Journal of Reproductive Health](#) 19(3): 32-40.

CHAPTER 5

- Learning Collaborative to Advance Normative Change (2017). [Identifying and describing approaches and attributes of norms-shifting interventions](#). Background paper.
- Ministry of Public Service, Youth and Gender Affairs and Anti-FGM Board, Kenya (2018). [Guideline for Conducting Community Dialogues: A Community Engagement Tool for Conducting Effective Dialogue on Female Genital Mutilation \(FGM\)](#).
- Newman, A., and 28 Too Many (2019). [FGM and Social Norms: A Guide to Designing Culturally Sensitive Community Programmes](#).
- Storey, D., et al. (2011). [Social and Behavior Change Interventions Landscaping Study: A Global Review](#).
- Tostan, [Community Empowerment Program](#).

CHAPTER 6

- Ministry of Public Service, Youth and Gender Affairs and Anti-FGM Board, Kenya (2018). [Guideline for Conducting an Alternative Rite of Passage](#).
- UNICEF (2018). [Programme Guidance for the Second Decade: Programming with and for Adolescents](#). UNICEF Programme Division.
- Watson, C., and C. Harper (2013). [Adolescent girls and gender justice: Understanding key capability domains across a variety of socio-cultural settings](#). London: ODI.

CHAPTER 7

- 28TooMany (2018). [The Law and FGM: An Overview of 28 African Countries](#).

CHAPTER 8

- UNFPA and UN Women (2020). [Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming](#).
- UNICEF (2020). [Technical Note on COVID-19 and Harmful Practices](#).
- UNICEF (2020): [COVID-19: Digital and Remote Approaches in Eliminating FGM and Child Marriage](#).

CHAPTER 9

- The [global framework for financing development programmes](#).



United Nations Populations Fund
605 Third Avenue
New York, NY 10158
www.unfpa.org



United Nations Children's Fund
Three United Nations Plaza
New York, NY 10017
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UNFPA-UNICEF Joint Programme
on the Elimination of
Female Genital Mutilation:
Accelerating Change



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