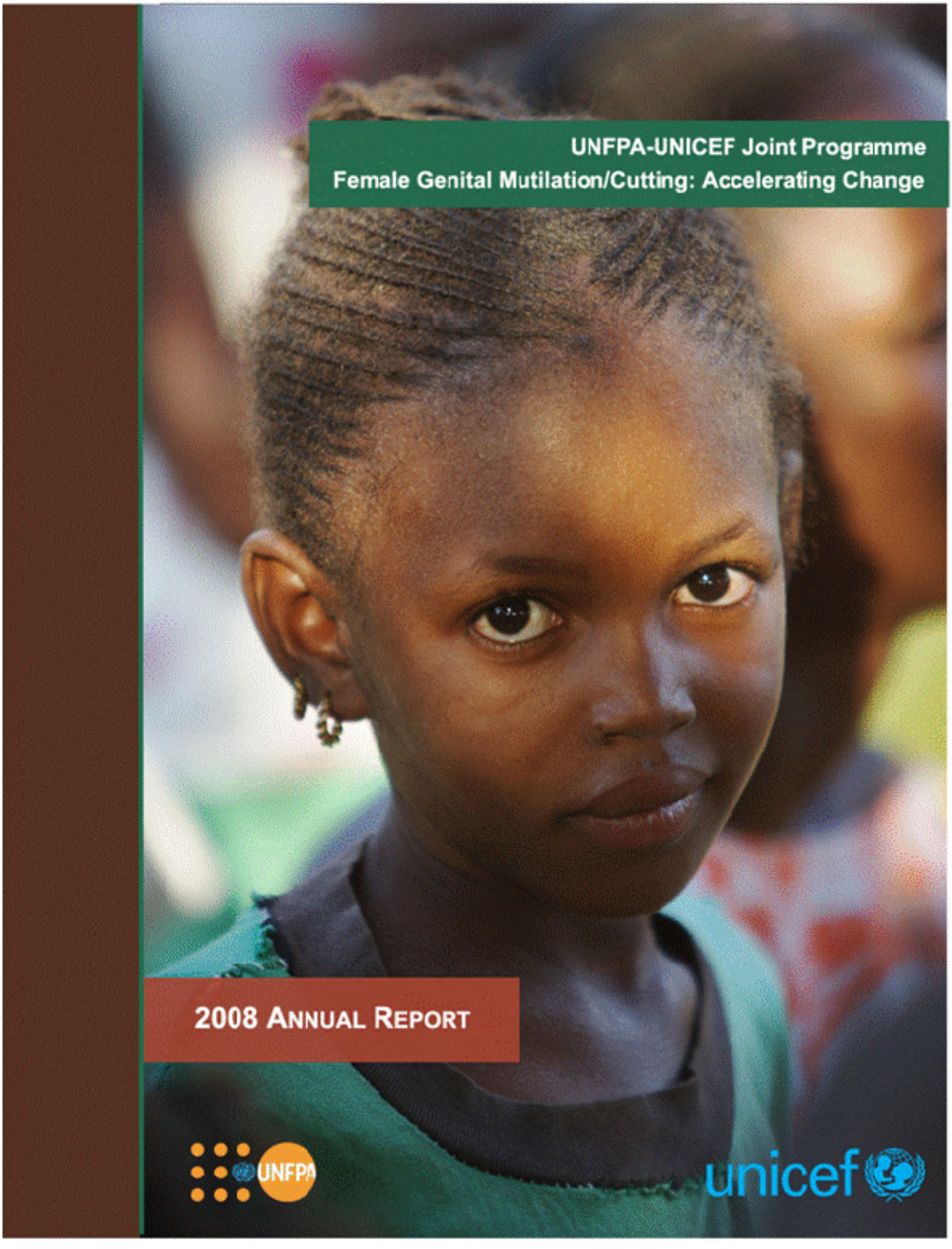
UNFPA-UNICEF Joint Programme
Female Genital Mutilation/Cutting: Accelerating Change
2008 Annual Report
UNFPA
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UNFPA-UNICEF JOINT PROGRAMME

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

EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.0 BACKGROUND

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

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

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

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

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

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

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

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

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