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Equality Now
A just world for women and girls.

USE OF THE MULTI-SECTORAL APPROACH TO ENDING GENDER-BASED VIOLENCE AND FEMALE GENITAL MUTILATION IN AFRICA

December 2021

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We also acknowledge the contribution of staff from Equality Now in facilitating the research, reviewing, and contributing to the report particularly Faiza Mohamed (Director Africa Office), Sheena Crawford (Interim End Harmful Practices Lead), Caroline Lagat (Programme Officer) and Sarah Wambui (Media Lead).

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ABOUT EQUALITY NOW

Equality Now is an international human rights organization founded in 1992 to protect and advance the rights of women and girls around the world. Its campaigns focus on four programmatic areas: legal equality, ending sexual violence, ending harmful practices and ending sexual exploitation, with a cross-cutting focus on the special needs of adolescent girls.

Equality Now connects grassroots activism with international, regional, and national accountability mechanisms to bring about legal and systemic change for the benefit of all women and girls. It works to get governments to enact and enforce laws and policies that support women and girls' rights in line with international human rights standards.

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FOREWORD

Over the past thirty years, Equality Now has been on a quest to realise a just world for women and girls by addressing the systemic roots of misogyny in the fight for gender equality through our programmes focusing on ending sexual violence, harmful practices including female genital mutilation (FGM) and child marriage, trafficking women and girls for sexual exploitation, and achieving legal equality. We have engaged in legal advocacy at national, regional, and international levels to end gender-based violence (GBV), including female genital mutilation (FGM), by advocating for the adoption of a multi-sectoral approach (MSA) involving both state and non-state actors.

The MSA is a crucial strategy for accelerating delivery on commitments to upholding and advancing women's rights through the involvement of all stakeholders concerned by any particular issue (e.g. ending FGM). It builds on the fact that the promotion and protection of women's and girls' rights under national and international law cannot be delegated only to the national mechanisms responsible for advancing women's rights. For impactful change and to eliminate GBV/FGM, a holistic approach needs to be adopted, ranging from adopting legislation to using a multi-sectoral approach at all levels, that involves relevant stakeholders in the planning and implementation of programmes.

While we advocate for the adoption of MSA by governments across all their programmes, we have observed that MSA takes different forms in different countries. We, therefore, commissioned this study to analyse the diverse experiences of select African countries and share good practices and strategies adopted to prevent, address, and eliminate GBV/FGM.

This report firstly demonstrates the importance of making GBV/FGM a national priority to be successful in elimininating them. One way of doing so is through legislation which cements the rights of women and girls to be protected from GBV/FGM.

Secondly, making the prevention and response to GBV/FGM a national priority ensures the allocation of resources to such programmes. Thirdly, the report finds that countries that have instigated multi-sectoral co-ordination have encountered similar challenges which have hindered the full potential of approach. Fourthly, all MSA initiatives studied lack adequate funding to enable governments to effectively implement their GBV/ FGM-related programmes. Finally, we found glaring gaps in countries' implementation of the MSA, which were made more apparent as COVID-19 exposed the extent of GBV/FGM. For example we found that grassroots organisations are being excluded from MSA despite these being the organisations often being closest to vulnerable women. The active participation of grassroots organisations in an MSA model is critical, and countries should be engaging and collaborating with them.

I encourage you to read this report with the hope that you will draw good practices to adopt into your multi-stakeholder engagements to strengthen efforts to prevent, respond and eliminate GBV/FGM in Africa and around the world. Any feedback you would like to share with us will be most welcome.

FAIZA MOHAMED
DIRECTOR | AFRICA OFFICE | EQUALITY NOW

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ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DHS	Demographic and Health Survey
FGM	Female Genital Mutilation
GBV	Gender-based violence
H.E.	His Excellency
ICPD	International Conference on Population and Development
MSA	Multi-Sectoral Approach
NGO	Non-Governmental Organization
SOP	Standard Operating Procedures
SADC	Southern African Development Community
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

INTRODUCTION

BACKGROUND AND CONTEXT

Gender-based violence (GBV) often referred to as "violence against women" is considered as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.[1] It can take many forms such as physical, sexual, emotional, or economic violence, child marriage, and female genital mutilation (FGM). Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO). GBV, including FGM, is recognized as a human rights violation with adverse effects on women and girls.

Globally, one in three women experiences either intimate partner violence or non-partner sexual violence during their lifetime (WHO). Regarding harmful practices, recent UNFPA data (2018) estimates that, worldwide, about 68 million girls will be at risk of FGM by 2030, if current levels of intervention remain in place. This includes 50 million girls at risk in Africa. Africa is one of the continents with the highest rates of GBV, including FGM. These rates are maintained by the persistence of harmful gender norms. Women and girls living with disabilities, and in situations of conflict, terrorism, and natural disasters, are at a heightened risk of violence. Adequate protection is not always available.

Programmes to end harmful practices and GBV are often planned and implemented separately. "While this is intended so programmes can be tailored accordingly, it can result in isolation of initiatives that would otherwise benefit from sharing of knowledge and good practices and, from strategic, coordinated efforts".[2]

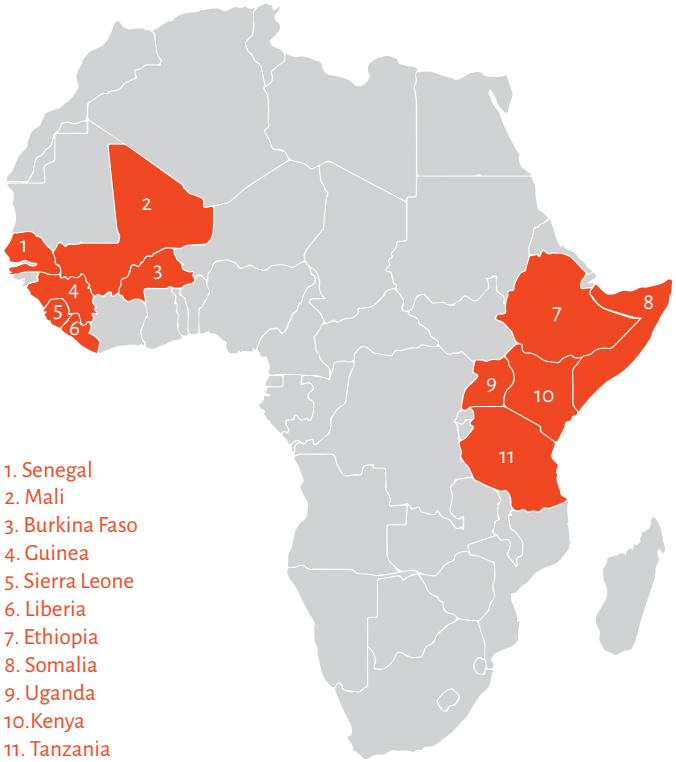
Equality Now, an international human rights organization dedicated to ending violence and discrimination against women, is engaged in enhancing the use of the Multi-Sectoral Approach (MSA) towards ending FGM. Since 2012, Equality Now, in partnership with the Solidarity for African Women's Rights (SOAWR) coalition, has conducted at least 11 national and regional trainings where over 230 state and non-state actors, across 23 African countries, were trained on using the MSA to implement state obligations under the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).

Equality Now, in partnership with UNFPA, seeks to strengthen the MSA towards ensuring enforcement of global and regional accountability mechanisms on ending FGM, both at a national and regional level. This work is carried out, within the framework of the Spotlight Initiative Africa regional programme, and Phase III of the UNFPA-UNICEF Joint Programme on the Elimination of FGM.

PURPOSE OF THE REVIEW

This desk review of the use of the MSA to address GBV, including FGM, in different countries of Africa, was realized with the purpose to produce a report, analyzing the experiences of different African countries in using the MSA, that can serve as good practice and learning for efforts to address harmful practices, particularly FGM.

The targeted countries include:



1. Senegal
2. Mali
3. Burkina Faso
4. Guinea
5. Sierra Leone
6. Liberia
7. Ethiopia
8. Somalia
9. Uganda
10. Kenya
11. Tanzania

Although FGM is a form of GBV, the terms "GBV and FGM" are used independently in this review, so as to emphasize the focus on FGM.

1 IASC. GBV Guidelines 2015. p.5.

2 UN Women, UNFPA, UNICEF. Policy note - Female genital mutilation/ cutting and violence against women and girls: Strengthening the policy linkages between different forms of violence. 2017. p.4.

METHODOLOGY

Qualitative and quantitative secondary data collection

The methodology focused on collecting both qualitative and quantitative data from target countries. Secondary data have been collected through a desk review in order to map evidence on the adoption and implementation of the MSA to address GBV and FGM. This included the review of the legislation, key policies and strategies, diverse programmes' documents and reports as well as the institutional frameworks. In addition to documents provided by Equality Now, different resources were collected online and through persons interviewed, including from UNFPA.

Limitations

The limits are mainly related to the unavailability of different resource persons to complete the survey or to take part in interviews. In addition, some countries have limited online resources regarding Government interventions related to GBV and FGM. This made the collection of a full range of specific cases more difficult.

Online survey and interviews

An online questionnaire was developed through Google Form and administered to representatives of the target countries in French and English. Specifically, UNFPA focal persons, representatives from Government departments responsible for GBV and FGM and from CSOs. In addition, interviews were conducted with some of these key stakeholders. This focused on qualitative information related to countries' experiences, including processes, stakeholders, successes, challenges, lessons learned, and opportunities related to the implementation of the MSA (List of persons consulted in annex 2). At the regional level, focal points from UNFPA and UNICEF were consulted.

KEY FACTS ON TARGET COUNTRIES

Characteristics of these countries, in relation to FGM, are given in Table 1 below and Figure 1 overleaf.

Table 1. Prevalence of FGM, child marriage and intimate partner violence in target countries

Sources: DHS- Continuous Multisectoral Survey (CMS)[1]

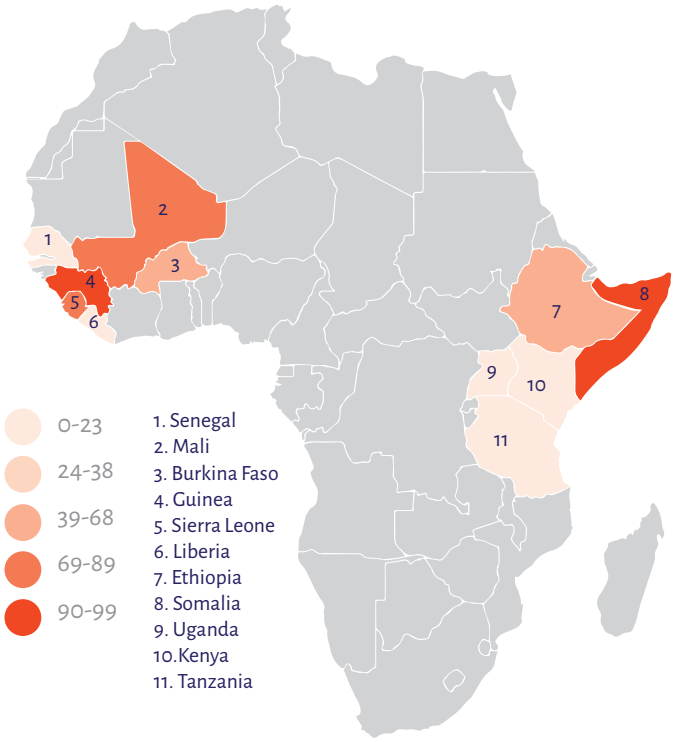
COUNTRIES	% of girls and women (aged 15-19 years) who have undergone FGM	% of child marriage	% of lifetime physical and/ or sexual intimate partner violence
Burkina Faso	68	51	12
Ethiopia	65	40	28
Guinea	95	46	-
Kenya	21	23	41
Liberia	38	30	46
Mali	89	53	39
Senegal	23	30	22
Sierra Leone	89	37	52
Somalia	99	34	13
Tanzania	10	35	42
Uganda	0.3	40	50

1 DHS Burkina Faso (2010 + CMS 215), Ethiopia (2016), Guinea (2018), Kenya (2014), Liberia (2019-20), Mali (2018), Senegal (2017 & 2018), Sierra Leone (2019), Somalia (2020), Tanzania (2015-2016) and Uganda (2016).

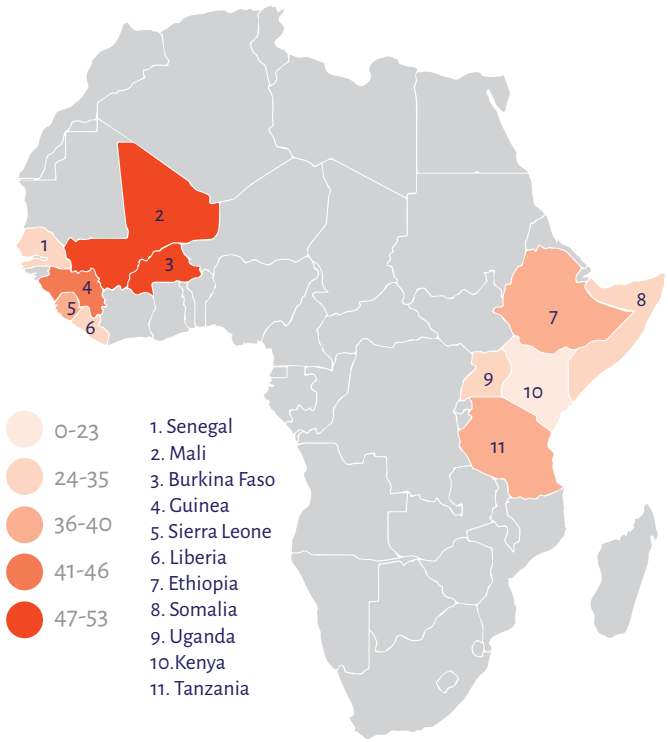
Figure 1:

Prevalence of FGM, child marriage and intimate partner violence in target countries

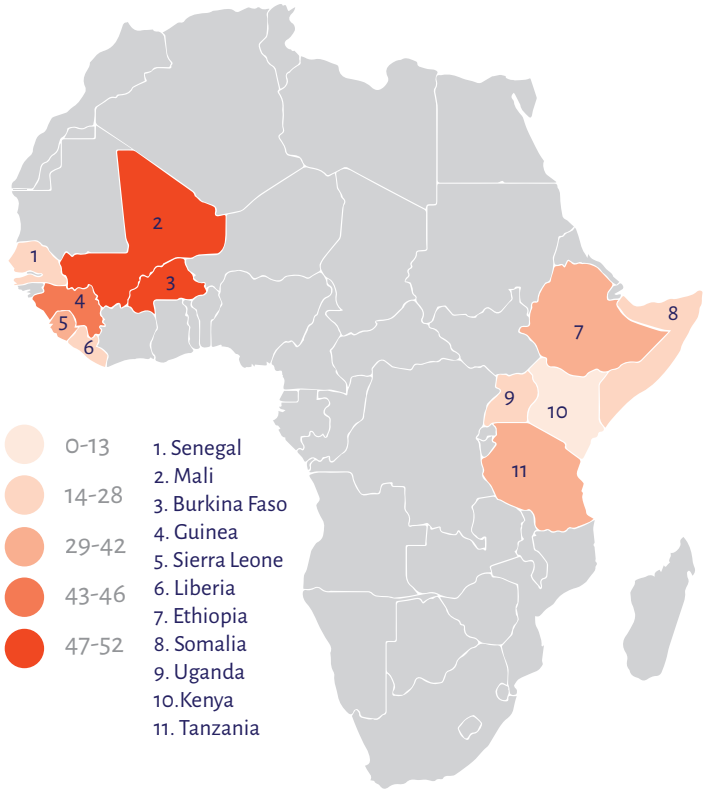
% of girls and women (aged 15-49 years) who have undergone FGM



% of child marriage



% of lifetime physical and/or sexual intimate partner violence



Sources: DHS- Continuous Multisectoral Survey (CMS)[1]

1 DHS Burkina Faso (2010 + CMS 215), Ethiopia (2016), Guinea (2018), Kenya (2014), Liberia (2019-20), Mali (2018), Senegal (2017 & 2018), Sierra Leone (2019), Somalia (2020), Tanzania (2015-2016) and Uganda (2016).

ABOUT THE MULTI-SECTORAL APPROACH (MSA) TOWARDS ENDING GBV AND FGM

The MSA is a strategy for accelerating delivery on commitments for women's rights through the involvement of different sectors' stakeholders concerned by the issue. It builds on the fact that the implementation and monitoring of progress in the respect, promotion, and protection of women's rights under CEDAW, the African Charter on Human and Peoples' Rights and its Protocol on the Rights of Women in Africa and other human rights instruments, cannot be delegated only to the national women machinery for the advancement of women.[1] Addressing GBV and FGM requires countries to adopt legislative, judicial, administrative, educative, and other appropriate measures. So, a range of public or governmental authorities at national, regional, and local levels, need to be engaged for effective results.

According to the manual on the "Multi-sectoral approach to women rights in Africa"[2] and the tool for "Using the multi-sectoral approach to implement the African Union's Women's Rights Protocol",[3] this approach comprises five key premises:

- Promoting women's rights and empowerment is a national priority and not just of importance to the women's machinery in government.
- Each organ and department of government is responsible and accountable for women's rights falling within its mandate.
- Coordination is the key to successful multi-sectoral initiatives.
- Technical expertise is necessary.
- Partnerships are critical for success.

This approach brings together relevant state and non-state actors and provides a platform for coordination in the development and implementation of national programmes and actions to end GBV and FGM, including the allocation of resources.

1 Florence Butegwa and Taaka Awori- UN Women. Multi-sectoral approach to Women Rights Manual in Africa. 2010. p. 14.

2 Ibid.

3 Equality Now- SOAWR. Using the multi-sectoral approach to implement the African Union's Women's Rights Protocol- Implementation tool. 2016. p.14-18.

KEY FINDINGS

The key findings on the use of the MSA to address GBV and FGM are highlighted below in line with the five key premises defined by the MSA tool. This takes into consideration the extra burdens on countries, and the efforts made, during the COVID-19 pandemic.

ADDRESSING GBV AND FGM AS A NATIONAL PRIORITY

Integrating prevention and response to GBV and FGM as part of a country's national priorities helps to ensure resources for implementation. According to the MSA tool, this approach is most effective when it is implemented in a context where women's rights are regarded as a national priority and this could be reflected in laws, policies, budgets, or through integration within the National Development Plan.[1] Many African countries have made efforts to strengthen their legislation, to integrate gender-related issues into their national development plan, to develop policies, strategies, or action plans to address these issues, including GBV and FGM.

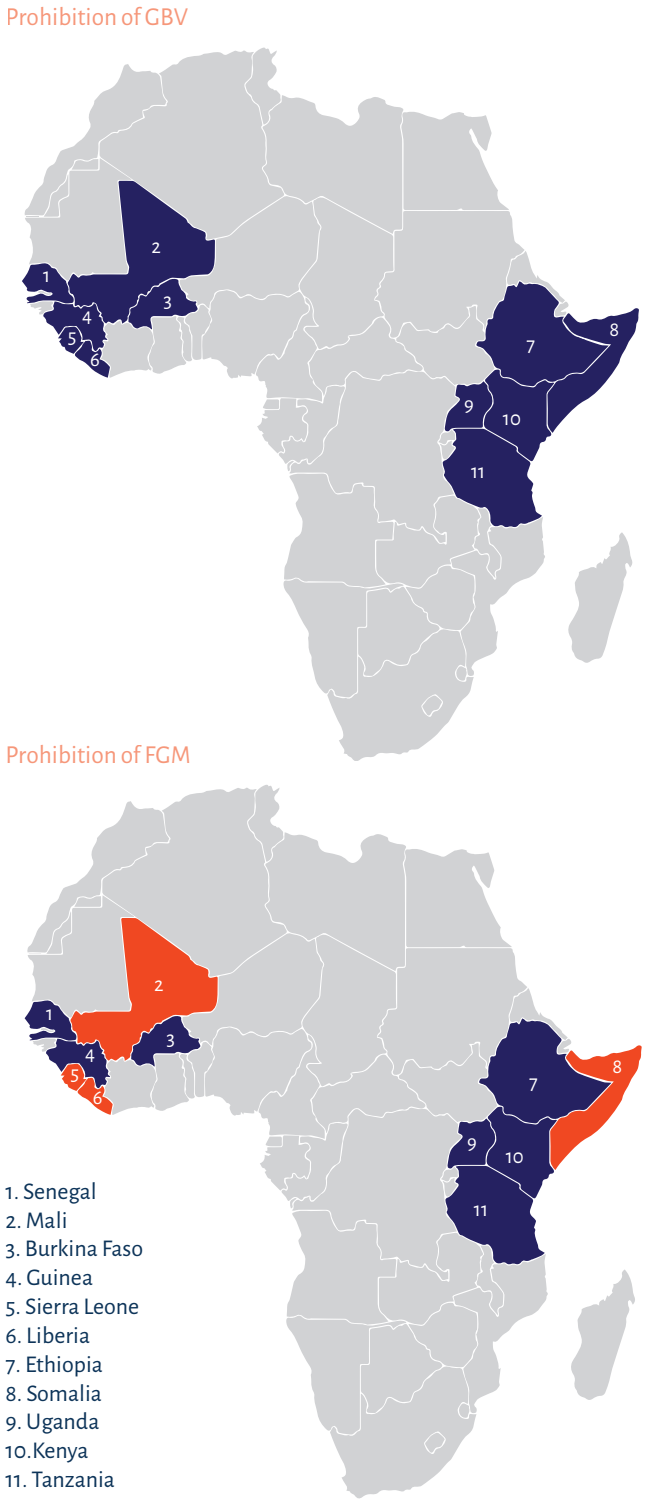
All the focus countries are part of the key international and regional human rights instruments related to GBV and FGM. [2]

All of the eleven countries have signed or ratified the Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights (ACHPR), the Maputo Protocol and the African Charter on the Rights and Welfare of the Child (ACRWC). Only Somalia has not signed or ratified the Convention on the Elimination of all forms of Discrim ination Against Women (CEDAW).

Seven out of the eleven focus countries of this analysis have national legislation on GBV and FGM (Burkina Faso, Ethiopia, Guinea, Kenya, Senegal, Tanzania and Uganda).

These legislations comprise specific or general laws integrating GBV issues and criminalizing FGM. In most cases, the Constitution and the Penal Code are the foundation of GBV and FGM prohibition. For instance, in the absence of specific laws, the Constitution (1995) and the Criminal Code (2004) of Ethiopia criminalize FGM and other forms of GBV such as domestic violence, sexual violence, forced and early marriage, forced and unauthorized abortions and assaults on pregnant women.

Figure 2:
Existence of national legilsation on GBV and FGM in target countries



Source: Various national legislation documents.

1 Ibid p.3

2 Sources: United Nations (https://treaties.un.org/Pages/ParticipationStatus.aspx?clang=_en) and African Union (https://www.acerwc.africa/ratifications-table/ and https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa).

Four countries do not have national laws criminalizing FGM (Liberia, Mali, Sierra Leone and Somalia).

Sierra Leone has laws on sexual offences (Sexual Offences Act - Amendment 2019) and domestic violence (Domestic Violence Act 2007), but not on FGM. The Constitution of Somalia (Article 15) prohibits "circumcision of girls", but there is no specific law criminalizing it for the whole country. In 2016, a Sexual Offences Act was enacted in Puntland, which is a region of Somalia and addresses harmful practices.[1] In Liberia, the former President Ellen Johnson Sirleaf signed an Executive Order, temporarily banning the practice of FGM for one year.[2] This ban came to an end in January 2019 making the practice of FGM legal.

Only Kenya and Uganda have a specific legal provision on cross-border FGM practice.

All the eleven focus countries have at least a national strategic document that focuses on or integrates GBV and FGM.

These are gender or GBV policies, strategies, and/or national action plans to end GBV or to end FGM. Five countries have a specific strategy or action plan to end harmful practices, particularly FGM and child marriage (Burkina Faso, Ethiopia, Guinea, Kenya, and Uganda).

In line with the MSA, some countries have integrated GBV and FGM issues into different sector priority documents.

These are, for instance, the Strategic Plan on HIV/AIDS (Burkina Faso), Education Policy (Tanzania) and Adolescent Sexual and Reproductive Health Policy (Ethiopia and Kenya).

1 28TOOMANY. Somalia: the law and FGM. 2018. p.3.

2 Equality Now. Liberia: Enact a comprehensive anti-FGM law.

Evidence from Burkina Faso, Kenya and recently Liberia with the COVID-19 pandemic, has shown that high political commitment is key in achieving progress towards ending GBV and FGM.

In these countries, the Presidents have personally committed to addressing the issues. The President of Burkina Faso, (H.E) Roch Marc Christian Kaboré, was appointed by the African Union (AU) as the Champion for the elimination of FGM and he launched, together with the AU Commission, the Saleema Initiative, in 2019. During the ICPD +25 Summit (2019), President (H.E) Uhuru Kenyatta made a bold commitment to ending FGM in Kenya by 2022, leading to the development of a National Presidential Plan. In Liberia, at the onset of the pandemic, President H.E. George Manneh Weah declared rape as a national emergency and called for the development of a multi-stakeholder national roadmap to end GBV, after noting the increase of cases in the country.[3]

At a local level, sub-regional or district leaders' commitments are strong in some countries and some specific regions.

In Ethiopia, the local Government of the Tigray region is committed and has allocated funds for interventions on GBV in the region that is affected by a conflict, with increased risks of GBV.[4]

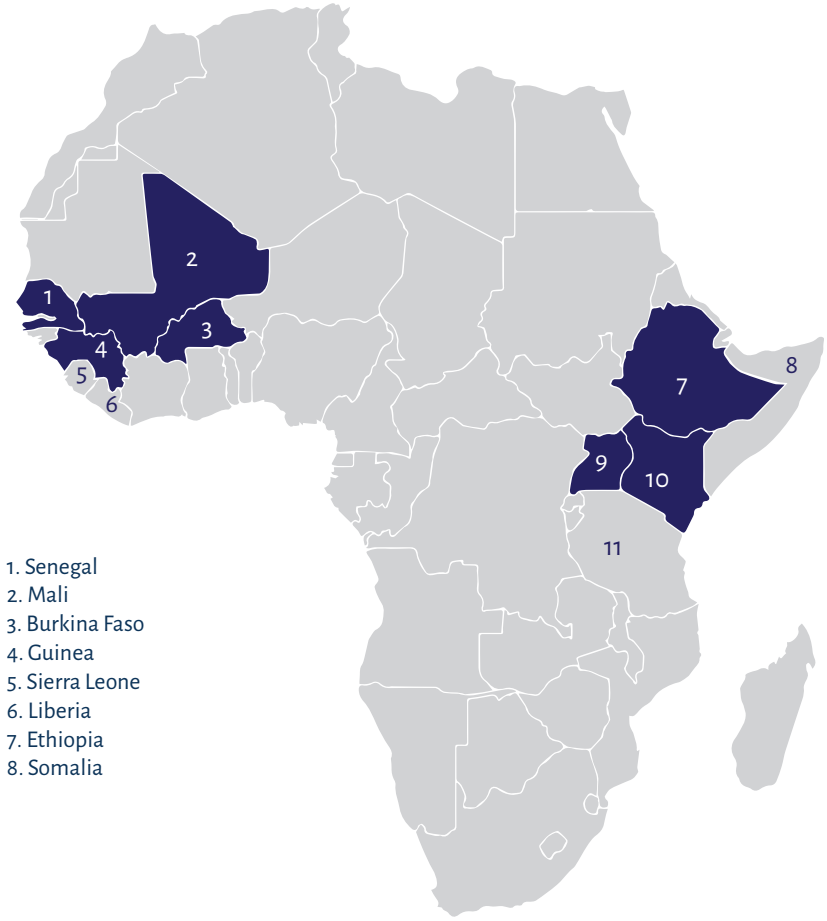
Seven countries have a national budget line for programmes against FGM[5] (Burkina Faso, Ethiopia, Guinea, Kenya, Mali, Senegal and Uganda).

3 African Union, Guidance document: GBV in Africa during the COVID 19 pandemic, 2020.

4 Statement by Principals of the Inter-Agency Standing Committee on Gender-Based Violence in Tigray region of Ethiopia, 2021. https://interagencystandingcommittee.org/inter-agency-standing-committee/statement-principals-inter-agency-standing-committee-gender-based-violence-tigray-region-ethiopia

5 UNFPA-UNICEF Policy brief. p.7.

Figure 3:
Existence of a national budget line for interventions against FGM in target countries



Source: UNFPA 2020[1]

CHALLENGES

While progress has been made by countries in the adoption and ratification of international, regional, and national women's rights instruments, laws and strategic frameworks to advance women's rights in Africa, their implementation remains a big challenge and not as effective as it should be. Consultations with stakeholders and results from the desk review show that the implementation of national priorities related to GBV and FGM is lagging, due to a lack of technical and financial resources and weak leadership from some governments. The enforcement of laws remains a major issue in a context where African judicial systems have limitations and many actors, including judges, are influenced by unhelpful social norms and stereotypes.

1 Source: Various national legislation documents.

CONTRIBUTION OF GOVERNMENT DEPARTMENTS TO ADDRESSING GBV AND FGM

The second premise of the MSA is that each organ and department of government is responsible and accountable for women's rights falling within its mandate.[1] According to the analysis, different sectors' departments are specifically contributing to efforts to address GBV and FGM in the target countries.

All the countries have identified the key departments and public institutions concerned by GBV and FGM.

The level varies depending on the country but all of them have identified, through their policies, strategies and action plans, the different sectors supposed to contribute to efforts to address these issues. Apart from the ministry in charge of gender or women, the main ministries identified include those in charge of basic and senior education, finances, health, justice, public security (or ministry of interior), social welfare and youth.

Because of the medicalisation[2] of FGM and the priority given in practice to the medical support for GBV and FGM survivors, the sector with the highest level of collaboration with the Ministry in charge of gender in the eleven countries is the Ministry of Health.

Evidence demonstrates that the national prevalence of medicalised FGM is particularly high in Guinea (15%), in Kenya (15%) and Somalia (33% for girls in Somaliland[3]). The health sector has been particularly engaged through the integration of GBV and FGM in reproductive health services although there are still more interventions to be made. In Senegal, community-based intervention through the "School of Husbands" (Ecole des Maris) serves as an entry point for the integration of FGM in reproductive health services in Tambacounda Region.[4]

Where Africa has been affected by humanitarian situations, it is important to note that a fruitful intersectoral collaboration between protection and health programmes has helped meet some of the specific development needs of adolescent girls, especially in areas with security challenges.[5] This is particularly the case in Burkina Faso and Mali.

1 Florence Butegwa and Taaka Awori- UN Women. Multi-sectoral approach to Women Rights Manual in Africa. 2010. p.15.

2 According to WHO, the medicalisation of FGM " refers to situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere".

3 UNICEF. The medicalization of FGM in Kenya, Somalia, Ethiopia and Eritrea. 2021. https://www.unicef.org/esa/media/8866/file/The-Medicalization-of-FGM-2021.pdf

4 UNFPA. Evaluation of UNFPA support to gender equality and women's empowerment in Senegal. 2021.

5 UNFPA-UNICEF. Joint Programme on the Elimination of FGM - Annual Report. 2020. p.25.

INTEGRATING FGM IN SEXUAL AND REPRODUCTIVE HEALTH SERVICES

FGM has serious implications for the sexual and reproductive health of women and girls. Immediate complications include severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue, infections, and septicemia. Haemorrhage and infection can be severe enough to cause death. Long-term consequences include anaemia, cysts and abscesses, keloid scar, damage to the urethra resulting in urinary incontinence, painful sexual intercourse, sexual dysfunction, and increased risk of HIV transmission, as well as psychological effects. When giving birth, those who had undergone FGM face a significantly greater risk of requiring a caesarean section, an episiotomy, an extended hospital stay, and also of suffering a post-partum haemorrhage.

Through the support from the UNFPA-UNICEF Joint Programme on the Elimination of FGM, all the target countries have increased their capacities to integrate FGM in sexual and reproductive health services over the years. This has been done under the leadership of Ministries in charge of health, through capacity building for health care providers (doctors, nurses, midwives, anaesthetists), and prevention and services provided to survivors (including repair surgery) through FGM case management protocols. Beyond care services, training for health care providers also cover FGM prevention and protection as an integrated approach.

According to the Joint Programme annual report for 2020:

- 14 countries (out of 17)[6] have mainstreamed FGM into the curricula of medical and paramedical schools.
- In 924 health service delivery points, FGM case management protocols are applied by health care staff apply.
- 417,933 girls and women received health services related to FGM.

Although Tanzania is not part of the programme, the country has been using the same approach with support from UNFPA.

Sources:
https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions / UNFPA-UNICEF. Joint Programme on the Elimination of FGM reports 2019/2020

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

Other sectors strongly involved in the prevention and response to GBV and FGM are the departments of education, justice and public or interior security. This results in the prosecution of GBV and FGM cases, though there remain some challenges in terms of limited numbers of prosecutions and delay in the judicial process.

- The involvement of the justice sector in addressing FGM has led to the existence of mobile courts supported by a specific budget line in Burkina Faso, Ethiopia, and Uganda.
- Since 2009, the National Office for the Protection of Gender, Children and Morals (OPROGEM) was created under the Ministry of Security in Guinea and handles cases related to violence against women and children.
- In Mali, the National Police had adopted a Three-year National Action Plan (2018-2020) to address GBV.
- Sierra Leone created a Sexual Crimes Department within the High Court to expedite the processing of GBV, including sexual violence cases.
- In April 2021, the Ministry of Justice of Guinea adopted a circular intended for the courts, stressing that the fight against impunity is one of the main objectives of the justice system and inviting them to be more rigorous, vigilant, and responsible in the treatment of cases of violence against women and FGM.
- In Burkina Faso, the Government has engaged a process of integrating modules on FGM into the primary, secondary, and professional curricula and in non-formal schools (this includes national schools of health, gendarmerie, police, and teachers).

Sources: Interviews / UNFPA-UNICEF Joint Programme on the Elimination of FGM - Annual Report. 2020.

All the focus countries have a gender focal person in the different ministries or gender desks or directorates in charge of gender-related issues, including GBV and FGM, in some key departments. Few of them have these desks or directorates in all Ministries. For instance, Ethiopia has a "gender directorate" and Guinea a "gender and equity directorate" in all the Ministries and some public institutions. Uganda and Tanzania have gender desks at a police station level, that handle GBV and FGM cases.

CHALLENGES

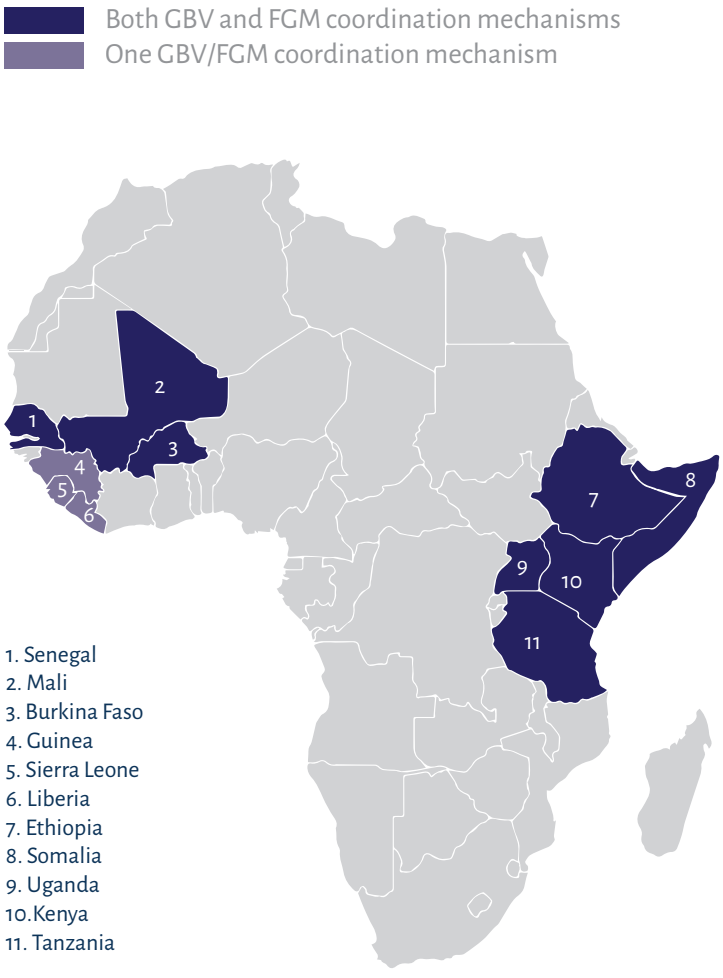
For gender focal persons, desks or directorates, the issue of technical capacity remains a challenge as some of the personnel are not trained or given the space to assume this role. They do not always participate in existing coordination mechanisms, which means they are not attending or if they are attending, they are not contributing technically. In addition, they can be overwhelmed by their regular tasks, therefore, limiting the achievement of their responsibilities related to GBV and FGM.

COORDINATION OF MULTI-SECTORAL INITIATIVES

All the focus countries have at least a multisectoral coordination mechanism for GBV and FGM interventions bringing together state and non-state actors, including national and international NGOs, UN agencies and sometimes donors. Depending on the country, there is either one national coordination mechanism taking into consideration GBV and FGM (Guinea), or two mechanisms on the broader GBV issue and FGM (Burkina Faso, Kenya, Mali, Senegal, Sierra Leone, Tanzania, Uganda). In the different countries, these mechanisms have a sub-regional representation led by the local Governments or the regional directorate of the Ministry in charge of women and gender, involving members from the different local states and non-state actors. In the case of Somalia, there is an FGM Task Force in both Somaliland and Puntland with no coordination mechanism covering both these regions.

The Ministries in charge of women or gender coordinate the prevention and response to GBV and FGM in all the countries. In some countries, the Office of the President (Kenya) or the Office of the Prime Minister (Tanzania, Burkina Faso) chairs a steering committee that serves as the orientation and decision-making body involving inter-ministerial members. The context of Tanzania is particular as the country is subdivided in two: the coordination body is the Ministry of Health, Community Development, Gender, Elderly and Children (gender section) on the mainland and the Ministry of Health, Social Welfare, Elderly, Gender and Children (gender department) in Zanzibar. An Annual Stakeholders' Meeting (ASM) at the national level is chaired by the Permanent Secretary of the Prime Minister's Office to ensure a high-level political will, accountability and unified coherence. [1]

Figure 4:
Existence of GBV and FGM coordination mechanisms in target countries



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10. Kenya
11. Tanzania

Source: Mixed data collection (desk review, survey, interviews)

1 National Plan of Action to End Violence Against Women and Children in Tanzania (2017/182021/22). p.13, 20, 26.

RESTRUCTURING THE COORDINATION MECHANISMS IN GUINEA

FGM In 2018, the evaluation of the National Strategic Plan for the Abandonment of FGM highlighted major coordination challenges with related recommendations. There was a multiplicity of coordination frameworks at both national and local levels related to FGM, child marriage and child protection. Between 2019 and 2021, after several consultations with different sectors and actors, the Government initiated a reform of the coordination sector, which has led to the creation of the integrated National GBV/FGM Coordination mechanism. An action plan for coordination was developed and efforts are ongoing to strengthen the functionality of this mechanism at both national and local levels.

Source : Interviews.

Countries have increased efforts to improve national capacities to generate and use evidence and data for policymaking and programming. Uganda has an online national database on GBV. The other countries have different data mechanisms that integrate specific indicators on GBV and FGM. For instance, in Burkina Faso, related indicators are integrated into Justice, Health and social action sectoral databases (statistical yearbook). In Senegal, the Ministry of Health integrated FGM indicators into the health management information system (DHIS2) and revised the reporting tools to include guidelines for health workers at the grassroots level for reporting information collected in relation to FGM. For the availability of timely data that informs FGM programming, the Kenya National Bureau of Statistics included indicators on social norms in the FGM section of the national and regional surveys conducted annually.[1] Except for Burkina Faso and Senegal, all the countries (Ethiopia, Guinea, Kenya, Liberia, Mali, Sierra Leone, Somalia, Tanzania and Uganda)[2] use the GBV information management system (GBVIMS), particularly for humanitarian response. These different data mechanisms are multisectoral and bring together stakeholders from medical, psychosocial and legal sectors who provide support to survivors.

All the target countries take into consideration an MSA when reporting on human rights instruments. For accountability purposes, the different international and regional human rights instruments (including CEDAW, CRC, ACHPR, ACRWC and the Maputo Protocol) have a mechanism of periodic review where countries can report on progress made. Beyond the fact that the content of these instruments integrates articles that systematically involve different sectors, African member States organize the reporting with the involvement of different states and non-state actors. In all the target countries, there is no unique strategy for all reports. Three approaches are used by the different countries depending on the instrument and availability of resources:

a) The lead department sets an internal committee that develops a draft of the report that is shared with the concerned sectors' departments and partners who make comments and inputs. Their contributions are integrated before finalization and submission by the state department.

b) The lead department sets up a multisectoral committee that initiates the drafting of the report. Stakeholders receive the draft for their inputs before finalization and submission.

c) The lead department recruits a consultant with support from partners. The consultant drafts the report which is also submitted to stakeholders for their input. The work is supervised by a multisectoral committee.

1 UNFPA-UNICEF. Joint Programme on the Elimination of FGM - Annual Report 2018. p 44.

2 https://www.gbvims.com/what-is-gbvims/where-gbvims-is/

CHALLENGES

According to the Joint Programme on FGM, "a functional national mechanism for monitoring programs aimed at eliminating FGM must include at least: a national administrative data on FGM, a national coordination body/committee for FGM programmes, and an annual implementation review system for FGM programmes".[1] These mechanisms should also be available in countries to address GBV as well as FGM. Unfortunately, this is not effective in all the target countries. There are many challenges related to coordination and these are mainly on the functionality.

The finding is that **beyond their existence, most of the coordination mechanisms do not function as per their terms of references.** An effort is made to hold regular meetings (monthly, quarterly, or bi-annually), but most of these are donor-funded and when there are no funds the meetings do not take place. The department in charge of women and gender, which is in most cases the one leading the coordination has limited resources, sometimes not even sufficient for running costs.

Moreover, the meetings tend to be very informative and less strategic. While the coordination frameworks offer the opportunity to engage all concerned sectors, enhance the efficiency of programmes and projects, create synergies among stakeholders, avoid duplications and even mobilize resources, sometimes partners are not invited or are invited at the very last minute, therefore losing an important opportunity for engagement.

The lack of strong leadership and commitment are also challenges. For the different national coordination frameworks under the department in charge of women or gender, the analysis shows that they are under the lead of the General Director in charge of gender or the Permanent Secretary. However, this role is often delegated in practice to subordinates who do not all have the capacity to assume it. Even when the government body in charge of coordination puts efforts into making the coordination mechanism functional, there is a lack of commitment by some of the stakeholders, including government sectors' departments. It has been recorded that some departments tend to identify as focal points less powerful persons to attend the coordination frameworks.

In terms of monitoring and evaluation, not all countries have a clear mechanism with developed tools. Countries such as Burkina Faso, Kenya, and Tanzania have developed specific tools for monitoring and reporting from the local level to the national level. In general, the lack of harmonized monitoring tools and financial constraints limit the monitoring and technical supervision at sub-regional and district levels. For countries such as Burkina Faso or Mali which are affected by terrorism,

Despite efforts, the lack of a centralized information management system is a challenge and does not facilitate the availability of a comprehensive set of data in most of the countries studied. There are also challenges related to real-time data gathering as not all data systems are computerized and online or when they are online, access to the internet is sometimes challenging and can impact on reporting. The use of GBVIMS is an advantage however, it does not have national coverage in concerned countries and is not led by the Government.

Even though stakeholders and the different sectors are involved in the process of reporting on human rights instruments, it happens that some contributions, which are not favourable to the Government, are not integrated. In cases, such as for CEDAW, civil society and the United Nations develop their reports separately. The combined analysis of the reports allows for a better view of progress.

1 UNFPA-UNICEF. Joint Programme on the Elimination of FGM - Annual Report 2020. p 24.

ENSURING TECHNICAL EXPERTISE

Component 4 of the MSA framework recommends the establishment of a technical and advisory unit, well-resourced in terms of human, financial, and logistical capabilities, with clear modalities of work and communication channels with individual lead ministries/sectors, and with the coordinating mechanism.[1]

In countries with existing specialized coordination bodies, such as the National Council for the Fight against the Practice of FGM in Burkina Faso, the Anti-FGM Board in Kenya, or the Secretariat of the National Plan of Action to End Violence Against Women (NPA-VAWC) in Tanzania, there is some technical expertise to directly engage with other sectors. In collaboration with partners, these bodies directly work with the different concerned Ministries and other stakeholders and provide some technical support to ensure the issue is integrated and addressed by them.

CHALLENGES

As gender is not the main focus of most of the state departments, they usually lack capacities to integrate GBV and FGM issues in their action plans and interventions.

Almost all the countries face the issues of human and technical resources linked to limited financial resources, including the specialized coordination bodies. The existing coordination mechanisms do not always include technical support to sectors. The thematic groups, under the national coordination groups, supposed to provide technical content to some coordination initiatives are not tasked to support the different sectors' Ministries.

PARTNERSHIPS FOR THE SUCCESS OF MULTI-SECTORAL INITIATIVES

Partnerships, particularly those with donors and civil society, enable Governments to secure the financial and technical resources required to protect women's rights through an MSA.[2] African countries and particularly the eleven target countries have limited resources to address GBV and FGM. The respective Governments have partnerships with bilateral (States)[3] and multilateral partners (ECOWAS, African Union, European Union, United Nations, World Bank, etc.), national and international NGOs, faith-based organizations, and media, etc. It is important to note that not all donors directly support Governments, but through support provided to the United Nations and CSOs, they contribute to the achievement of national priorities.

There is an increasing partnership development with the private sector, particularly with telecommunication companies for initiatives such as U-report (UNICEF initiative) or different GBV and FGM related messages diffusion.

CHALLENGES

Due to the limits of the coordination, Governments do not leverage enough available resources from partners to ensure synergies and avoid duplication for interventions to address GBV and FGM. Women and youth organizations play an important role in community mobilization and for survivors' access to multi-sectoral services. However, they do not benefit from a strong partnership with Governments, including for capacity building.

1 Florence Butegwa and Taaka Awori- UN Women. Multi-sectoral approach to Women Rights Manual in Africa. 2010. p.18.

2 Equality Now- SOAWR. Using the multi-sectoral Approach to implement the African Union's Women's Rights Protocol- Implementation tool. 2016. p .12.

3 This includes but is not limited to the governments of Austria, Canada, France, Iceland, Japan, Italy, Luxembourg, Netherland, Norway, Spain, Sweden, the United Kingdom, the United States of America, the German Federal government.

LIMITED PARTNERSHIP WITH CSOs FOR MSA IN SOCIAL NORMS CHANGES AT COMMUNITY LEVEL

The MSA also envisages a scenario where: "community members, including men and boys and religious leaders, deliberate new norms and are equipped with the skills to motivate others to abandon FGM; girls and women are empowered to defend their rights and access education, social, health and legal services; and FGM is mainstreamed in social development and services for women and girls". Beyond the involvement of different sectors like justice and health actors in community awareness, different researches have shown that the use of a multisectoral and holistic approach in communities is a good strategy to end FGM. In successful cases, the MSA leads to public declarations of FGM abandonment. Between 2019 and 2020, the Joint Programme on Eliminating FGM reported public declarations of FGM abandonment in 5,518 communities.

One of the most known approaches is the "community education and empowerment programmes (CEEP)" of Tostan largely implemented in Senegal, the Gambia, Guinea and other countries like Ethiopia, Mali and Somalia. This strategy enables communities to receive formal and informal education through four modules which include human rights, problem-solving, basic hygiene, and women's health. FGM is not a subject that is directly addressed from the beginning, as the strategy allows communities to identify, for themselves, their issues and apply their learning to address them. First started in 1991, the approach involves community leaders and members, as well as decision-makers and has resulted in many public declarations of FGM abandonment in beneficiary communities. Lessons learned include the importance of using a human rights-based approach, showing respect to people, involving community leaders and men, addressing basic issues related to education, health, poverty, or governance. Despite the evidence of results in social norms changes, Governments in Africa have not enthusiastically adopted this approach. Tostan is currently collaborating with the Government of Nigeria to strengthen Ministries and local Governments' staff capacities to apply this approach.

More generally, NGOs and other civil society organizations have been instrumental in enhancing social norms change at a community level. It is important for Governments to strengthen their partnerships with these organizations so that more can be achieved.

Sources: Matanda Dennis, Groce-Galis Melanie, Gay Jill & Hardee Karen (2021). Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation: A Review of Evidence. UNFPA, UNICEF, WHO and Population Council, Kenya. p.72. / Diop, NJ, Askew, I. 2009. The effectiveness of a community-based education program on abandoning female genital mutilation/cutting in Senegal. Studies in Family Planning, vol. 40(4), p.307–318. / UNFPA-UNICEF. Policy Brief. Enabling environments for eliminating female genital mutilation - Towards a Comprehensive and Multisectoral Approach. 2020.

INCREASED USE OF MSA DURING THE COVID-19 PANDEMIC

To prevent the spread of the global pandemic of COVID-19, African countries adopted restrictive measures, including border closures, curfews, general or partial lockdowns, school closures, prohibition of group activities, social distancing measures and movement restrictions. Evidence[1] from countries has shown that the pandemic, particularly the restrictive measures, have had an impact on women and girls' rights, with an increase of GBV cases in several contexts. Beyond these impacts, the pandemic has drawn Governments' attention in most African countries, to the need for strong and multi-sectoral actions to end GBV. All of the eleven countries have initiated some additional and specific actions in collaboration with partners and involving different sectors concerned by GBV and FGM. More importantly, with the closure of some services, stakeholders realized the importance of grassroots organizations which are more accessible to vulnerable women and girls and have continued to be active and to provide support, to the extent of their capabilities. More than ever, capacity-building, for these organisations, is essential.

1 African Union, Guidance document: GBV in Africa during the COVID 19 pandemic, 2020 and UN Policy Brief: The impact of covid-19 on women, April 2020.

LIMITED PARTNERSHIP WITH CSOs FOR MSA IN SOCIAL NORMS INITIATIVES ACROSS SECTORS TO ADDRESS GBV AND FGM DURING THE COVID-19 PANDEMIC

BURKINA FASO: Actions continued in four regions affected by the security and terrorism crisis, (the East, the Sahel, the North Center, and the Boucle du Mouhoun), particularly in the fight against child marriage and FGM, through the animation of safe spaces for adolescent girls to strengthen their life skills and knowledge on sexual and reproductive health rights (SRHR) and GBV. The national Humanitarian Response Plan integrated GBV and FGM across social protection, health, education, and humanitarian programmes.

ETHIOPIA: In Hawassa City, Safe City messages on prevention and response to domestic and sexual violence have been shared with religious authorities for community outreach.
Guinea: The Government adopted, in May 2020, in collaboration with stakeholders a "Social Response Strategy to the Coronavirus Epidemic" that addresses GBV/VAC and takes into account the intersectionality aspects, considering the most vulnerable persons (those affected by the COVID-19 or living with disability, people on the move, etc.).

KENYA: The Government adopted a national response plan on GBV and harmful practices in the context of COVID-19, in addition to research conducted by the Office of the President, on the impact of COVID-19 on girls and young women. The research was personally ordered by the President, with regards to the increase of violence against women and girls as a result of COVID-19 restrictions.

LIBERIA: The Government adopted a multi-stakeholder national roadmap to end GBV following the call from President (H.E) George Manneh Weah who noted the increase in cases in the country.

MALI: The United Nations realized a study on the "Impact of COVID19 on Gender-Based Violence in Mali" to guide multi-sectoral efforts.

SENEGAL: The Ministry of Gender and Family Affairs developed a "Resilience Plan for the Protection of Vulnerable Women and Children" which supports a continuum of essential services, including prevention and response services for GBV and FGM, with referrals provided by helplines.

SIERRA LEONE: Seven government one-stop centres continuously provided multisectoral services to GBV survivors with support from partners (Government of China, Irish Aid, UNFPA, UN Women).

SOMALIA: The government has been running spot messages on violence against women and children on five main radio stations and using the hotline number of Saferworld (NGO) as the point of contact for service provision. A significantly increased number of calls were recorded.[1]

TANZANIA: The Government, with support from UN Women, mainstreamed violence against women and children specific information in standard operating procedures (SOPs) and protocols to facilitate service providers to conduct related screening, in reported cases of COVID-19.

UGANDA: The COVID-19 Essential Services Committee of the Ministry of Health, with the support of UNFPA and other partners, developed Standard Operating Procedures (SOPs) to ensure continuity of GBV (including FGM), sexual and reproductive health and HIV services during the pandemic. The SOPs enabled the Ministry of Health to prioritize integrated services as part of the essential service package in COVID-19 case management.

Sources: African Union. Policy Paper-Gender-based Violence in Africa during the COVID-19 pandemic. / UNFPA-UNICEF. Resilience in action: Lessons learned from the joint programme during the COVID-19 crisis.2020. / UNDP-UN Women. COVID-19 Global Gender Response Tracker Fact sheet.

1 Saferworld. Gender and COVID-19: responding to violence against women and children in Somalia. 2020.

COUNTRY CASE STUDIES

There is no country perfectly using the MSA to end GBV and FGM, however, promising and good practices exist. In addition to practices mentioned in the previous section, some of them are highlighted through the country cases below.

BURKINA FASO

KEY FACTS

- 20% of women aged 15 -49 years have experienced physical violence since age 15.
- 7% of women aged 15-49 years have experienced sexual violence.
- 12% of ever-married women aged 15- 49 years have experienced spousal physical or sexual violence.
- 68% of girls and women aged 15-49 years have undergone FGM.
- 51% of women aged 20 to 49 years were first married or in union before age 18.
- Recent estimates indicate that between 2015 and 2030, about 957,000 girls are at risk of undergoing FGM (UNFPA 2018).

Source: DHS 2010. Social Institutions and Gender Equality Survey, Multi-sector continuous survey 2015. UN Women global database.

Gender inequalities are embedded in social norms in Burkina Faso and remain persistent despite the government's efforts to address them. GBV is widespread and is manifested in multiple forms of violence. In addition to domestic violence and harmful practices (child marriage and FGM), the social exclusion, and violence against women accused of witchcraft, remain a reality. 454 women survivors of this violence were registered in shelters in 2017.[1] The security and terrorism crisis, which started in 2015, has increased the risks of GBV for women and girls, particularly in the Sahel region, and has affected the availability of multisectoral services in affected areas.

Burkina Faso has shown progress in addressing GBV and FGM, with a steady decline of FGM. The most recent Continuous Multisectoral Survey (2015) reported that the prevalence of FGM is 67.6%, a decrease from 75.8% as reported by the DHS 2010.[2]

A reinforced legislation against GBV and FGM

Burkina Faso has strongly strengthened its national legislation in recent years to address GBV and FGM. The specific law on "prevention, repression and reparation of violence against women and girls and care for survivors" was adopted in 2015. The Penal Code amended in 2018 clearly defines and criminalizes forced and child marriage (Articles 531-4), domestic violence (Articles 531-8 to 531-11) and FGM (Articles 513-7 to 513-9) with stiffer penalties.

Burkina Faso is one of the countries which has ratified all international and regional instruments related to GBV and FGM. This includes the CRC, the ACHPR, the Maputo Protocol, and the ACRWC. These instruments have been integrated into the national legislation through the Constitution (Preamble).

1 Burkina Faso, National Strategy on Gender 2020-2024. P.53.

2 UNFPA-UNICEF Burkina Faso. Female Genital mutilation and child marriage- Thematic report based on the DHS 2010 and EMC-MDS (Multi-sector continuous survey) 2015. p.7.

An institutionalized MSA

The different policies and strategic plans to address GBV and harmful practices in Burkina Faso clearly identify sectors supposed to contribute to efforts. The National Development Plan (PNDESII 2021-2025) identifies the elimination of harmful practices (FGM and child marriage) and the elimination of gender inequalities across sectors, as priorities. The National Gender Strategy (2020-2024) prioritizes the protection of women and girls, including those internally displaced, and the elimination of harmful practices (Axis 1), as well as equal access to justice and the reduction of GBV (Axis 2).

As with the strategic frameworks mentioned the previous paragraph, the National Strategy for the Prevention and Elimination of Child Marriage (2016-2025) also identifies ministries in charge of basic, secondary, and higher education, health, gender, justice and human rights, security and territorial administration, social affairs. The National Strategic Plan for the Elimination of FGM (2016-2020) promoted an MSA that brings together 13 ministries, women's groups, religious and community leaders, law enforcement officials and magistrates to oversee the implementation of the law to eradicate FGM. [1]

Strong political leadership

As the African Union Champion for the Elimination of FGM, the President of Burkina Faso, (H.E) Roch Marc Christian Kaboré, is an advocate for actions toward ending GBV and FGM. He was designated, by the 32nd Session of the Assembly of African Union Heads of State and Government (2019- Addis Ababa), to spearhead the Saleema Initiative to End FGM. He has been engaged at the national level in enhancing the involvement of sectors and partners to address FGM. In addition to the international day on the elimination of FGM celebrated on 6th February, a national day celebrated each 18th May was instituted, with the involvement of various sectors and stakeholders.

Under the leadership of Mrs Sika Kaboré, First Lady of Burkina Faso, spouses of ministers are committed against FGM and child marriage through the lobbying and advocacy action group (GALOP). GALOP engages with different sectoral departments, CSOs, community members and other partners.

Coordinating efforts towards ending GBV and FGM

The Ministry of Women, National Solidarity, Family and Humanitarian Action is the lead department for coordination of GBV and FGM interventions. As a national decision-making and [4] guidance framework, the National Council for Gender Promotion (CONAP Gender) coordinates the implementation of the national gender policy, which integrates GBV priorities. CONAP Gender is chaired by the Prime Minister with the participation of other members of the government and partners (CSOs, customary and religious communities, private sector, technical and financial partners). The National Gender Strategy (2020-2025) provides for an Intersectoral Gender Dialogue Framework, which is the technical coordination framework that brings together the same categories of stakeholders.

Under the humanitarian response, there is the GBV Nexus Sub-Cluster, chaired by UNFPA and the International Rescue Committee (IRC), with participation from Government and in collaboration with the national body coordinating the humanitarian response, the National Council for Emergency Relief and Rehabilitation (CONASUR).

The National Council for the Fight against the Practice of FGM (Conseil National de Lutte contre la Pratique de l'Excision- CNLPE), established in 1990 with the mandate to coordinate national actions to fight against the practice, directly engages with different stakeholders and sectors for prevention and response to FGM. In addition to CSOs and ministries in charge of education, finances, health, justice and human rights, security and interior affairs, social affairs and youth, non-traditional ministries such as those in charge of communication, foreign affairs, and transport, are involved.[2] The Council is under the Ministry of Women, National Solidarity, Family and Humanitarian Action and exists locally at three different levels: the regions, the provinces, and the municipalities.

Innovative approach for cases prosecution

The justice sector in Burkina Faso is strongly involved in the fight against GBV, particularly FGM. Like many African countries, the judicial system has its limitations but was able to adopt an approach that combines effective law enforcement and awareness-raising. It is the use of mobile courts called "Public hearings" (Audiences foraines) that make public judgment sessions in communities. During the sessions, the judges discuss FGM with community members, explaining the harmful consequences and why it is a crime within the Penal Code. People can ask questions and get responses. Afterwards, the court case begins, and the judge proclaims its verdict, which reinforces the message that FGM is prohibited and that offenders will be brought to justice.[3] To date, 394 people have been sentenced for practising FGM, including cutters and accomplices.[4]

Free call lines, an entry point for a multi-sectoral response to GBV and FGM

With support from partners, the Ministry of Women has set up a free call line used to report all forms of GBV and facilitate the referral for multi-sectoral support (psychosocial, medical, and legal). It is linked to the 13 existing one-stop centres and shelters in Ouagadougou and in other different regions of the country.[5]

Another line "SOS Excision" is used to report girls at risk of FGM and alerts the local police who can intervene and prevent girls from being cut. It also refers survivors to support services, which include reconstructive surgery.

1 UN Info. "Don't turn away from the fight against female genital mutilation, urges Burkina Faso" https://news.un.org/fr/story/2021/06/1098802

2 Decree on the creation, attributions, organization and functioning of the National Council for the fight against the practice of excision. 2018.

3 UNFPA, Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa. P.61.

4 UNFPA-UNICEF. Country case studies. Progress in the Elimination of Female Genital Mutilation. Annual report 2020. p.4.

5 Burkina Faso, National Strategy on Gender 2020-2024. P.55.

DEVELOPING STRATEGIC FRAMEWORKS THROUGH A MULTI-SECTORAL CONSULTATIVE PROCESS

For the elaboration of the new National Strategic Plan against FGM (2021-2025), a consultation was organized by the Ministry of Women, National Solidarity, Family and Humanitarian Action, with key ministries and partners to assess the previous strategy (2009-2019) and to identify the priorities for the new one.[1] A multi-sectoral committee was set up to follow up the elaboration of the document which was shared with stakeholders for their input. A final workshop will be held for them to validate the new strategy. So, the different ministries, CSOs, traditional and religious leaders, bilateral and multilateral stakeholders are involved in all the processes, not just at the end to provide inputs and validate the document. This allows the country to integrate the different sectoral aspects in this new strategic orientation document against FGM for the next five years. This approach is used in the development of different strategic frameworks to ensure that needs and perspectives from the different sectors and stakeholders are integrated to better address GBV and FGM.[2]

Source: Interviews.

CHALLENGES

- Limited resources, of sectoral departments, to fully implement the MSA, including limited resources for the Women's Department to ensure coordination.
- Limited functionality of the technical coordination mechanism.
- Limited availability of centralized disaggregated data for documentation and monitoring of progress towards ending GBV and FGM. Existing data are available across sectors (justice, health, social action) yet do not cover all indicators.
- Security issues due to the terrorist-related crisis, and limited capacities of national institutions to address GBV in humanitarian settings.

1 https://lefaso.net/spip.php?article105717

2 Persons consulted from Burkina Faso.

KENYA

KEY FACTS

- 45% of women aged 15 -49 years have experienced physical violence since age 15.
- 14% of women aged 15-49 years have experienced sexual violence.
- 39% of ever-married women aged 15- 49 years have experienced spousal physical or sexual violence.
- 21% of girls and women aged 15-49 years have undergone FGM.
- 43% of girls aged 15–19 years underwent FGM between the ages of 10 and 14 years.
- 23% of women aged 20 to 49 years were first married or in union before age 18.
- Recent estimates indicate that between 2015 and 2030, about 800,000 girls are at risk of undergoing FGM (UNFPA 2018).

Source: DHS 2014. UN Women global database.

Kenya, like many other African countries, is affected by GBV and harmful practices (particularly FGM and child marriage). However, it is one of the countries with an evidenced reduction in FGM prevalence. According to the Kenya Demographic and Health Survey, 2014, the national prevalence of FGM stands at 21% compared to 27% in 2008/9, and 32% in 2003. In spite of progress, FGM remains highly prevalent amongst some communities such as the Somali (94%), Samburu (86%), Kisii (84%) and Maasai (78%).[1]

An enabling environment

Kenya has robust legislation that addresses GBV and FGM. The legislation comprises ratified international and regional instruments recognized in the Constitution (Article 2) and the Penal Code which defines and criminalizes different forms of GBV, including FGM. The Children Act, 2001, protects children from all forms of abuse (including physical and sexual—Section 13) and harmful cultural practices, (including FGM and child marriage -Section 14). The Protection against Domestic Violence Act (2015) and the Prohibition of FGM Act (2011) are both specific laws that prohibit and respectively provide for protective measures for survivors and victims of domestic violence and FGM.

The Vision 2030 Third Medium-Term Plan (2018–2022) clearly outlines the prevention and response to GBV and the eradication of FGM, as a national priority. The Vision takes into consideration the need for improvement in the utilization of essential GBV services, the establishment of integrated one-stop GBV recovery centres in counties in collaboration with health institutions, and the operationalisation of the information management system. The National Policy for Prevention and Response to GBV prioritizes the MSA as outlined in objective 1 "To increase access to quality and comprehensive response and support services across sectors".

1 Anti-FGM Board-UNICEF. Case Study on the End Female Genital Mutilation (FGM) programme in the Republic of Kenya. 2021. P. 4.

Ending FGM by 2022, an ambitious political will led by high-level leadership

During the Nairobi Summit, on the 25th Anniversary of the International Conference on Population and Development (ICPD+25) in 2019, the President of Kenya, (H.E) Uhuru Kenyatta made a firm commitment to put an end to FGM by 2022 and to eliminate all forms of GBV, including child and forced marriages, by 2030. As a global co-leader of Generation Equality Forum's Action Coalition to End GBV, he adopted, prior to the forum, the "*Roadmap to advancing gender equality, ending all forms of GBV and FGM by 2026*". The road map integrates strong specific commitments with important budget allocation aspects.

In 2020, a costed Presidential plan "Multi-agency Implementation Plan on the Acceleration to Eliminate Female Genital Mutilation by 2022 (Fy 2020/21) in twenty-two (22) Counties with high FGM Prevalence" was developed. This was a key milestone in efforts to realise the strong commitments from the President. The Presidential Plan recognizes that "to realize the President's vision of ending FGM by 2022, it has become necessary to adopt an MSA in programming and operationalize partnership and collaborative frameworks between relevant state and non-state actors". It engages various departments, including Ministries in charge of Education, Health, Interior and Social Protection, the County Governments, the National Treasury and Planning and the Office of Director of Public Prosecutions (ODPP). The plan is implemented from local to central level, involving the 22 hot spot counties which have initiated local policies integrating GBV and FGM and in alignment with the National GBV Policy.

The monitoring mechanism, established under the leadership of the Anti-FGM Board, includes an elaboration of semi-annual reports with the involvement of all stakeholders. Two reports have been submitted to the President as of mid-2021. The reports are prepared by the Multi-Agency Committee to End FGM by 2022.

As part of the use of an MSA towards ending GBV and FGM, the National Police Service (NPS) developed an Integrated Response to Gender Based Violence Operational Document (PoliCare).

A specific multi-sectoral coordination framework to address GBV and FGM

Kenya has two coordination mechanisms related to GBV and FGM. Overall, the National Gender Sector Working Group (NGSWG) is the coordination framework for multi-sectoral GBV stakeholders. It is led by the Ministry of Public Services, Youth and Gender. FourThe four thematic groups enable stakeholders to address sectoral, gender-related issues (GBV, socio-economic empowerment and financial inclusion, women in leadership and decision-making, and women in peace and conflict resolution). To enhance the coordination, a co-lead is identified annually, on a rotational basis, among state and non-state actors. This enables the strengthening of partners' commitments to ensure their effective participation and helps to strengthen the Government's coordination capacity.

For 2021, the co-lead is the Embassy of Canada. At the county level, there are County GBV Committees. The GBV working group is also attended by the Anti-Female Genital Mutilation Board (Anti-FGM Board).

The Anti-FGM Board, a semi-autonomous government agency established in 2013 as per the FGM Act 2011, coordinates national efforts to specifically end FGM and has shown several achievements in collaboration with multi-sectoral stakeholders. The Board leads the Multi-Agency Technical Committee (MATC), which is the coordination framework for FGM stakeholders, including sectoral departments, CSOs, UN agencies and donors. The MATC prepares the bi-annual report on the progress made to end FGM in accordance with the President's directive.

Budget allocation for national and local GBV and FGM interventions

Compared with several other African countries, Kenya is quite advanced in terms of budgetary allocation for GBV and FGM. For 2021-2022, the Ministry of Public Services, Youth and Gender[1] budget to address GBV and FGM is 127 million Kenyan shillings (around US$1.15 million). This does not include the budget of the Anti-FGM Board. The roadmap to ending all forms of GBV and FGM by 2026, endorsed by the President, is backed by a significant increase in funding, dedicating US$23 million by 2022, increasing to US$50 million by 2026.[2]

Relevant Ministries and departments have integrated FGM into their action plans and were able to get resources allocated for related interventions. For example, the Ministry of Education included FGM within the curriculums and receives funding for the distribution of sanitary towels to vulnerable girls. In line with GBV and FGM policies being finalized by counties, related activities will get into county integrated plans, which leads to allocation of budget. Counties with some budgets already include Kajiado and Meru.

"WE ARE AWARE THAT ADDRESSING GBV IS COMPLEX AND REQUIRES MULTI-SECTORAL COORDINATION AND SUPPORT FROM ALL SECTORS, INCLUDING THE COURTS, PRISONS, COMMUNITIES, NON-GOVERNMENTAL ORGANIZATIONS, AND CIVIL SOCIETY"

FIRST LADY MARGARET KENYATTA[3]

1 Source: Interview with Ministry of Public Services, Youth and Gender representative.

2 https://kenya.un.org/en/133232-president-uhuru-kenyatta-gives-roadmap-accelerate-national-efforts-end-gender-based-violence

3 https://www.president.go.ke/2021/10/13/first-lady-margaret-kenyatta-calls-for-multi-sectoral-approach-to-fight-against-sgbv/

COORDINATING EFFORTS TO END FGM ACROSS BORDERS IN EAST AFRICA

Further to the commitments on "galvanizing political action towards the elimination of Female Genital Mutilation" (Ouagadougou 2018), the Government of Kenya hosted in April 2019 an inter-ministerial meeting with the aim of strengthening coordination and cooperation to eliminate FGM and, in particular the cross-border dimensions. As a result, a Declaration and Action Plan to End cross-border FGM was adopted by Kenya, Tanzania, Uganda, Ethiopia and Somalia as part of the global goal of ending FGM by 2030.
The Plan of Action has 4 priority areas:

1. Improvement of the legislative and policy frameworks as well as the environment to end cross-border FGM.
2. Effective and efficient coordination and collaboration, amongst the 5 national governments to end FGM within their borders.
3. Communication and advocacy on cross-border FGM prevention and response.
4. National governments, academia and statistical offices have a better capacity to generate and use evidence and data for addressing cross border FGM.

The effective implementation of this action plan requires an MSA at both national and regional levels, involving different ministerial sectors, CSOs and partners. With support from the UNFPA-UNICEF Joint Programme on the elimination of FGM, a study was conducted in 2020 on "FGM among cross-border communities in Kenya, Uganda, Tanzania, Ethiopia and Somalia" to generate evidence to guide the implementation of the action plan.

It's important to note that there is regional legislation "the East African Community Prohibition of Female Genital Mutilation Act", adopted in 2016 and criminalizing FGM as a transnational crime between its member countries (including Kenya, Tanzania and Uganda).

Sources: UNFPA. Ending cross border FGM: First inter-ministerial meeting to end cross border FGM. 2019./ UNFPA-UNICEF, FGM among cross-border communities in Kenya, Uganda, Tanzania, Ethiopia and Somalia, 2020. / East African Community Prohibition of Female Genital Mutilation Act 2016.

CHALLENGES

- GBV and FGM are deeply rooted in cultural practices, particularly in some communities.
- Limited resources for effective multi-sectoral interventions and coordination, despite efforts highlighted above.
- Emerging new trends, including the medicalisation of FGM and cross-border FGM.
- Covid-19 restrictive measures that have increased poverty and at the same time the risks of GBV and FGM.
- Lack of commitment from some of the state actors and other stakeholders to coordinated efforts, resulting in duplication of activities.

Kenya's Investment Case for ending GBV and FGM for Transformative Results, being developed as an accountability framework for implementation of International Conference on Population and Development (ICPD)+25 commitments, presents an opportunity to focus on the unfinished business of the ICPD Agenda in Kenya, by defining the scale and scope of investments needed to prioritize proven, high- impact and cost-effective interventions that are required to accelerate progress towards achievement of the transformative results committed to by the government and key partners.

Sources: Generation Equality Forum: Kenya's Roadmap to advancing gender equality, ending all forms of GBV and FGM by 2026. 2021. https://www.icrw.org/wp-content/uploads/2021/06/GEF_Kenya_GBV_roadmap-05.21-web.pdf

UGANDA

KEY FACTS

- 51% of women aged 15 -49 years have ever experienced physical violence since age 15.
- 22% of women aged 15-49 years have ever experienced sexual violence.
- 56% of ever-married women aged 15- 49 years have ever experienced spousal physical or sexual violence.
- 0.3% of girls and women aged 15-49 years have undergone FGM.
- 40% of women aged 20 to 49 years were first married or in union before age 18.

Sources: UDHS 2016. UN Women global database.

The low national prevalence of FGM masks significant variations in incidence across geographic regions and ethnic groups. While nationally, the prevalence is at 0.3%, the FGM survey realized in 2017 by the Ugandan Bureau of Statistics (UBOS) indicates a rate of 26.7% for the two regions where FGM is carried out (Karamoja and Sebei) and up to 67% in Tapac.[1] Among Pokot women, FGM is still being performed mostly on adolescent girls as a rite of passage before marriage. Among the Sabiny, FGM is increasingly performed among older uncut married women.[2]

As result of interventions made to end FGM, Uganda has shown a decline in the practice over the years. According to the latest Demographic Health Survey (UDHS), the national prevalence among girls and women aged 15-49 years declined from 0.6% in 2006 to 0.3% in 2016.[3]

An enabling environment

Uganda has a comprehensive legal and policy framework that clearly prohibits GBV and FGM, starting with the Constitution (Articles 33 and 34). The Domestic Violence Act, adopted in 2009, recognizes domestic violence in all its forms (physical, economic, emotional, verbal, and psychological) and provides a wide range of remedies to victims, including criminal sanctions, civil remedies, and compensatory provisions.

It addresses the issue of consent stating that "the consent of the victim shall not be a defense to a charge of domestic violence".

One of the particularities of this law is that it recognizes the competencies of local council courts to prosecute domestic violence cases. This can contribute to reducing the caseload for the common law courts.

The FGM Act 2010 is a comprehensive law that defines and prohibits FGM and sets out the related criminal offenses. Section 3 of the Act, on "Aggravated female genital mutilation" addresses the issue of the medicalisation of FGM as an aggravating circumstance for sanctions and the perpetrator is liable on conviction to life imprisonment. Through this law, Uganda is one of the rare African countries (like Kenya) to clearly criminalize cross-border practice (Section 15 on extra-territorial jurisdiction). The Children Act (1996), as well as the Penal Code (1950), contain provisions on FGM offenses including fines (Children Act, Section 7) and imprisonment (Penal Code, Section 219).

In terms of the definition of GBV as a national priority, the country has a National Policy on Elimination of Gender Based Violence in Uganda (2016) and its National Action Plan 2016–2021. A Strategy to End Child Marriage and Teenage Pregnancy (2015-2020) exists, with a new version under development for the next five years.

1 UBOS-UNICEF. Female genital mutilation/cutting survey report. 2020.

2 UBOS-UNICEF. FGM in Uganda. 2020.

3 UDHS (2006 & 2016)

The GBV reference group and the National FGM alliance are the coordination mechanisms under the Ministry in charge of gender with similar groups existing locally under the leadership of the local Districts Governments.

Evidence-based national and local costed action plans

Efforts to end GBV and FGM in Uganda are various and include the prioritization of the issues by key public national and local institutions. Since 2019, the Joint Programme on FGM continually supported the Ministry of Gender, Labour and Social Development and the National Population Council to engage with Parliamentarians and District Local Governments to integrate FGM interventions into the 2019/2020 and 2020/2021 financial year national, district and sub-county development plans and budgets.[1] This was made possible through collaboration with selected government sectors, CSOs, and faith-based organizations. The progress made by the central and local governments contributes to ensuring that interventions against FGM are systematically implemented at different levels and influence the interventions and support provided by different stakeholders and partners.

Strong engagement of local districts governments

The particularity in Uganda is that FGM is mainly practiced in the regions of Karamoja and Sebei, and particularly in 6 districts (Moroto, Nakapiripirit, and Amudat (Karamoja region); Kween, Kapchorwa, and Bukwo (Sebei region)) out of 111 districts in the country. Beyond national efforts to address GBV, including FGM, stakeholders have realized the importance of a local political leadership and have engaged with local districts governments through advocacy, capacity building, technical and financial support. This has been successful as, in addition to the integration of GBV and FGM by the 6 districts in their action plans with specific budget line, the districts coordinate interventions and stakeholders through the District FGM alliances. Despite the challenges related to the limited resources, the district leaders have shown commitments through different interventions for community awareness and for multi-sectoral support to girls at risk, or survivors of FGM. Together with partners, they ensure that these girls benefit from support like temporary accommodation, psychosocial and medical support, a free integration in schools or vocational training.

GBV and FGM integrated into the Uganda National Police institutional framework

Among the entities within the Uganda National Police Headquarters, the main actors related to GBV are the Sexual Offence and Children Department of Criminal Investigation Directorate (SOCD-CID) and the Child and Family Protection Department (CFPD). GBV crimes are investigated by the SOCD-CID and the CFPD manages domestic violence (including economic violence, psychological violence, and light physical violence), awareness raising, and victim protection, and sends cases to the Family and Children Court.[2] Specific focal points are designated in the different police stations.

Addressing cross-border FGM practice through the platform of Whatsapp

Efforts to address cross-border FGM have increased in Uganda, in close collaboration with Kenya, a neighbouring country. Building on an existing WhatsApp network used to share information and better coordinate district-level work on child protection issues, a more focused coordination and communication mechanism about cross-border FGM was set up between Moroto, Bukwo and Amudat Districts in Uganda and four neighboring districts in Kenya (Alale, Kacheliba, Kongelai and Kapenguria). It has been operational since April 2020, and through the COVID-19 pandemic. The platform called "Kenya Uganda Anti-FGM Forum" is administrated by local sub-county chiefs on both sides of the border and the membership is diverse, including Community Development Officers, District Probation and Social Welfare Officers, village chiefs, and others. Local surveillance is done by community volunteers who inform members of the platform in other districts, and across the border, of the community plans to cut girls, including their planned travel route and any contacts that they might have at their destination and along the way. District authorities are then able to organize for the girls to be intercepted and accompanied by the Probation and Social Welfare Officers to the few temporary rescue centers set up to provide interim care. Support provided to girls includes the opportunity to attend nearby schools, psychosocial counselling, and connections to vocational and livelihood opportunities.[3] Between April and October 2020, 37 girls were intercepted in Kenya and returned, uncut, to Uganda, by the Kenyan authorities.[4]

1 UNFPA-UNICEF. Country case studies. Progress in the Elimination of Female Genital Mutilation. Annual report 2020. p.95.

2 JICA-IC Net. Data Collection Survey on Measures against Gender Based Violence in Conflict Affected Countries in Africa. 2019. p.20.

3 UNICEF. Case study on ending cross-border female genital mutilation in the Republic of Uganda. 2021.p.7.

4 UNFPA-UNICEF. Country case studies. Progress in the Elimination of Female Genital Mutilation. Annual report 2020. p.96.

A National Gender-Based Violence Database for improved multi-sectoral prevention and response interventions

In 2015, the Ministry of Gender, Labour and Social Development (MGLSD) developed, with support from partners, a National Gender-Based Violence Database (NGBVD) that enables actors in Uganda who are responding to GBV and FGM to collect and store data safely as well as to generate analyzed reports in real time. The database is active in 55 districts out of 111 districts in the country [1] and all the 6 FGM practicing districts are part of it. It is designed to collect, store and analyze GBV data in both humanitarian and non-humanitarian settings. It is also a tool for monitoring and evaluating GBV interventions that involve compiling and monitoring reported GBV incidents. In addition, the data collected is used for strategic planning by sectors.

From development to ongoing functioning, the MGLSD has been using an MSA, involving health, psychosocial, security and justice stakeholders. This includes relevant Government departments, local District governments, national and international NGOs as well as UN agencies. A document of Standard Operating Procedures (SOPs) was developed, defining minimum standards, procedures and guidelines that guide the various actors in GBV data collection and analysis.

The MGLSD is an online information management system accessible through http://ngbvd.mglsd.go.ug

CHALLENGES

- Limited resources to implement the national, district and sub-county level action plans integrating GBV and FGM, including coordination. The allocated resources are mostly from partners, including the Joint Programme on FGM.
- Limited resources to engage all relevant sectors in efforts to address GBV and FGM.
- At Police level, financial constraints, and lack of resources for investigation, lack of facilities for victim interviews that provide privacy, lack of shelters for children and survivors, and lack of materials to support activities to raise awareness.
- Delays in data reporting in the NGBVD, including internet connection issues, and limited geographical coverage for data collection.

1 UNFPA Uganda evaluation. p.33.

KEY LESSONS LEARNED FROM COUNTRIES

There is no country perfectly using the MSA to end GBV and FGM, however, promising and good practices exist. In addition to practices mentioned in the previous section, some of them are highlighted through the country cases below.

- The use of an MSA enables governments to leverage the comparative advantages of organizations, promotes a synergy of actions among state and non-state actors, and facilitates women's and girls' access to support services.
- Strong political will and commitment are key drivers for an effective use of the MSA towards ending GBV and FGM.
- Strong leadership in the Ministry coordinating the efforts to address GBV and FGM, supported by adequate resources, is key for a successful use of a MSA in a country.
- Lack of funding lessens the effectiveness of the MSA. When sectors do not have enough resources, they prioritize basic interventions instead of those addressing the root causes of GBV and FGM.
- Each sector and partners have competitive requirements and priorities that go beyond GBV and FGM. This needs to be considered by the coordination mechanism when engaging with them, in order to ensure their participation and contribution.
- Having the judicial sector engaged in both law enforcement and awareness-raising is powerful and contributes to accelerated social norms changes in communities, particularly for FGM abandonment. Law enforcement can have a side effect in terms of underground or cross-border practice of FGM. To avoid this, the judicial system needs to be strongly involved in awareness raising.
- Close monitoring of the effects of the involvement of various sectors to address GBV is important, as it can help to address the side effects (underground FGM, cross border practice, etc.).
- The high level of turnover of staff, in government institutions, compromises the effectiveness and sustainability of the MSA. Turnover can create gaps in coordination and in sectoral interventions.
- A computerized, national database for real-time data collection and reporting is important for good and evidence-based multi-sectoral planning, monitoring and coordination.
- Grassroots organizations, particularly women's and youth organizations, are important entry points for a MSA at community level and a bridge between communities and support services.
- Institutionalizing the MSA is the best way of ensuring its sustainability. This helps to avoid the need to restart advocacy due to frequent changes in political leadership.
- Integrating GBV- and FGM- related targets in staff performance reviews, in all sectors helps to ensure clear achievements.

OPPORTUNITIES AT GLOBAL AND REGIONAL LEVELS

There are different global and regional initiatives that can contribute to enhance the use of the MSA towards ending GBV and FGM. The international and African regional instruments related to women's and children's rights, the ICPD plan of action, the Sustainable Development Goals (SDG 5) are, among others, global commitments that urge States, including those in Africa, to make greater efforts to end GBV and FGM, taking into account all promising or successful approaches. Other specific frameworks exist and offer opportunities.

The Spotlight Initiative

A global multi-year partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls. Building on a MSA, it directly covers 10 out of the 11 eleven target African countries of this analysis (not Tanzania) and engages with the African Union as well as the regional economic communities (RECs) for regional actions.

The Southern African Development Community (SADC) GBV model legislation[1]

In line with the conclusion of its Regional Women's Parliamentary Caucus (RWPC), held in Maputo (Mozambique) during the 44th Plenary Assembly Session in 2018, SADC developed a model law on GBV to be utilized by Member States (including Tanzania) to prevent, address, and eradicate these forms of violence. The aim is to ensure a regional harmonization of national legislations addressing GBV related issues and the model law will assist member states, in particular policy makers and legislative drafters, to address the lacunae and all areas in need of legislative reform, without interfering with the authority of national legislatures. This initiative should serve as an example for other regions in Africa.

The Joint Global Programme on Essential Services for Women and Girls Subject to Violence

Launched in 2013, two phases have already been implemented and the third phase is under development. It has been instrumental in assisting a number of countries to improve the quality of, and access to, essential multi-sectoral services for women and girls who have experienced violence. It involves four sectors – health, police and justice, social services and coordination, and governance. The participating UN agencies include: UNFPA, UN WOMEN, WHO, UNDP and UNODC.

The Saleema initiative

A continental initiative on Eliminating FGM launched along the margins of the 32nd Ordinary Session of the African Union Summit of Heads of State and Government in February 2019 in Addis Ababa (Ethiopia). Led by the Government of Burkina Faso and the African Union Commission, the Saleema Initiative is designed to galvanize political action to accelerate the elimination of the harmful practices, that is FGM and child marriage.

1 https://www.justgender.org/wp-content/uploads/2021/09/Information-Pack_SADC-Model-Law-on-GBV.pdf

CONCLUSION

OVERALL FINDINGS

The general observation in the eleven countries analyzed is that governments have made efforts to implement a MSA, but there is still a lot of work to be done, knowing that GBV and FGM are rooted in social norms and that, to eradicate them, will require social change. Although there is evidence of progress in social norms changes in countries, a stronger synergy of actions is needed from different sectors over the long term. The following general findings require special attention:

- Key mechanisms for multi-sectoral prevention and response to GBV and FGM exist but their functionality is not always effective in countries.
- There is limited integration of FGM in GBV interventions and coordination, even though stakeholders are mainly the same and the root causes also remain the same. There are several parallel initiatives.
- Overall, there are more specific mechanisms set up to address harmful practices (particularly FGM) than GBV in general. As a result, there is more evidence of progress on efforts towards ending FGM. Improved national planning involving inter-sectoral coordination across government ministries, and the participation of civil society, have shown positive results in all the target countries. This can be, in part, be explained by the fact that the different countries (except Tanzania) are part of the Joint Programme on FGM and have received, over the years, financial and technical supports for interventions.
- While the specific FGM bodies have allocated resources to engage with different sectors' departments, even though resources are not adequate, this is not the case for most broader GBV entities. This limits efforts to address and coordinate interventions related to the various forms of GBV.
- In general, there are missed opportunities as sectors have not taken up the full range of possibilities to contribute to GBV and FGM prevention and response.

RECOMMENDATIONS

- Strengthen the coordination between GBV and FGM institutional mechanisms to ensure harmonized communication and collaboration between the different sectors and partners, as well as integrated interventions.
- Strengthen the integration between GBV, FGM and child protection programmes, building on the Joint Programmes on FGM and child marriage, as well as other GBV initiatives at national and regional levels.
- Improve national budget allocations for the implementation of multi-sectoral GBV and FGM interventions, in accordance with stated national priorities in each country.
- Allocate adequate resources (financial and human) to the Ministry in charge of the coordination of GBV and FGM so that it can carry out its leadership role.
- Strengthen the capacities of the different sectoral departments so that GBV and FGM can be better integrated in their action plans and so the departments can contribute to national coordination efforts.
- Ensure the availability of GBV and FGM related national data management systems that are functional and can inform the use of MSA at country level and for regional initiatives.
- Build on the experience from East Africa regarding the development of an "Action Plan to End Cross-border FGM by Kenya, Tanzania, Uganda, Ethiopia, Somalia" and the "East African Community Prohibition of Female Genital Mutilation Act", to develop similar initiatives in West Africa through ECOWAS and in other regions of Africa where the cross-border practice remains a challenge.
- Strengthen the capacities of grassroots organizations, particularly women's and youth organizations, so that they may contribute better to the MSA, and can facilitate survivors' access to multi-sectoral support services.
- Enhance experience sharing among African countries so that they can learn from each other's experiences of using a MSA.

"WE KNOW WHAT WORKS. WE TOLERATE NO EXCUSES. WE HAVE HAD ENOUGH OF VIOLENCE AGAINST WOMEN AND GIRLS. IT IS TIME TO UNITE AROUND PROVEN STRATEGIES, FUND THEM ADEQUATELY AND ACT."

UNICEF EXECUTIVE DIRECTOR HENRIETTA FORE AND UNFPA EXECUTIVE DIRECTOR DR. NATALIA KANEM [1]

1 Extract from the Joint Statement by UNICEF Executive Director Henrietta Fore and UNFPA Executive Director Dr. Natalia Kanem on the International Day of Zero Tolerance for Female Genital Mutilation, February 2021.

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Annex 1: *Summary on laws, policies, and co-ordination frameworks per country*

COUNTRIES	Specific legislation on GBV and FGM	Legislation with provision on GBV and FGM	Main GBV / FGM related policies / strategies	Multi-sectoral coordination mechanisms*	Coordination Bodies
Burkina Faso	Law on "prevention, repression and reparation of violence against women and girls and care for survivors (2015)	Constitution (1991) Law on Reproductive Health (2005) Penal Code (revised 2018)	National Gender Strategy (2020-2024) National Strategic Plan for the Elimination of FGM (2016-2020/new strategy under development) National Strategy for the Prevention and Elimination of Child Marriage (2016-2025)	National Council for the Fight against the Practice of FGM (CNLPE) National Council for Gender Promotion (CONAP Genre)	Ministry of Women, National Solidarity, Family and Humanitarian Action
Ethiopia	No	Constitution (1995) Federal Family Code (2000) Criminal Code (2005)	National Policy on Ethiopian Women (1991/ under revision) National Strategy and Action Plan on Harmful Traditional Practices (2013) National Policy on Ethiopian Women (1993)	National platform on harmful and traditional practices Harmful Eliminating Practice Committees (local level)	Ministry of Women, Youth and Children's Affairs
Guinea	No	Constitution (2000) Penal Code (2016) Law on Reproductive Health (2000) Children Code (2019)	Revised National Gender Policy (NGP II) and its strategic implementation plan (2018-2022) National Strategic Plan for Accelerating the Abandonment of FGM and its Roadmap (2019-2023) National Strategic Plan to Promote the Abandonment of Child Marriage (2021-2025)	GBV/FGM National Coordination	Ministry of the Promotion of Women, Children and Vulnerable Persons
Kenya	FGM ACT (2011) Protection Against Domestic Violence Act (2015) Sexual Offences Act (2006)	Constitution (2010) Penal Code (revised 2014) Marriage Act (2020) Revised Children Act (2016)	National Strategy for the Fight against GBV (2019-2023) National Policy for Prevention and Response to Gender Based Violence (2014) National Policy on the Elimination of FGM (2010) National Adolescent Sexual and Reproductive Health Policy (2012) National Plan of Action for Children (2015-2022)	Multi-Agency Technical Committee (M-ATC)- FGM GBV Sector Working Group (under the National Gender Sector Working Group) County GBV Committees (local)	Ministry of Public Service, Youth and Gender Anti-FGM Board Counties Governments

*Coordination mechanisms led by the Government.

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Liberia	Domestic Violence Law (2019) Rape Law (2005)	Constitution Penal Code	National Gender Policy (2009)	GBV Inter-agency Coordination Task Force	Ministry Of Gender Children and Social Protection
Mali	No	Constitution (1992) Penal Code (2001)	National Gender Policy (2010)	National Committee for the Fight against Harmful Practices GBV sub-cluster**	Ministry for the Promotion of Women, Children and the Family
Senegal	Law against the practice of excision (1999) Law criminalizing rape and pedophilia (2020)	Constitution (1963) Penal Code (amended 2020)	National Strategy for the Fight against GBV and action plan National Strategy for Gender Equity and Equality (2016-2026)	National Technical Committee for the eradication of GBV National Technical Committee for the Abandonment of FGM	Ministry of the Promotion of Women and the Family
Sierra Leone	Sexual offenses Act (amendment 2019) Domestic Violence Act (2007)	Child Rights Act (2007) Anti-Human Trafficking Act (2005)	Gender Equality and Women's Empowerment Policy (2020)	National Committee on Gender-Based Violence	Minister of Gender and Children's Affairs
Somalia	Not at federal level but Zero tolerance FGM fatwa enacted for Puntland in 2014 Sexual offenses Law for Puntland (2016)	Constitution (2012) Penal Code (1962)	FGM policy for Puntland (2014)	GBV working group (Somaliland) FGM Task Force (Puntland)	Ministry of Labour and Social Affairs (Somaliland) Ministry of Women's Development and Family Affairs (Puntland)
Tanzania	Sexual offenses Special Provisions Act 1998 (SOSPA) amending the section 169 of the Penal Code	Constitution (1977) Child Act (2009) Education Act of 1978 (amended in 2016) Zanzibar Evidence Act No. 9 (2016)	National Plans of Action to End Violence Against Women and Children (NPA-VAWCs) in Mainland (2017/18 - 2021/22) and Zanzibar (2017-2022) Women and Gender Development Policy 2000 (under review) Child Development Policy 2008	National Committee on Violence Against Women and Children (in Mainland and Zanzibar) National Anti-FGM Working Partners' Group	Ministry of Health, Community Development, Gender, Elderly and Children (Mainland) Ministry of Health, Social Welfare, Elderly, Gender and Children (Zanzibar)
Uganda	FGM Act (2010) Domestic Violence Act (2010)	Constitution (1995) Penal Code (1950) Children Amendment Act passed into Law (2016)	National policy on GBV (2016) + Action Plan (2016-2021) Strategy to end child marriage and teenage pregnancy (2014/2015 – 2019/2020) (new strategy under development)	GBV reference group National and districts FGM abandonment Alliances	Ministry of Gender, Labour and Social Development Districts local Governments

*Coordination mechanisms led by the Government

** The GBV sub-cluster in Mali is co-chaired by UNFPA and the Ministry in charge of Gender. It brings together all GBV stakeholders.

Annex 2: *List of persons consulted**

COUNTRY/ REGION	Name	Title/Position	Organization/institution
Burkina Faso	Edith Ouédraogo/Compaoré	Programme Analyst Gender, Culture and Human Rights	UNFPA
	Lacina Zerbo	Programme Associate Gender/ JPFGM Focal Point	
	Abdoul-Karim Sawadogo	Information Management Officer	
	Mariam Lamizana	Director	Voix de Femmes
	Raphael Zongonaba	Social Affairs Administrator	
Ethiopia	Bethlehem Kebede	Programme Specialist: Gender and Human Rights	UNFPA
	Tsehay Gette	National Programme Analyst- Gender and Harmful Practice	
	Mujejeguwa Loka	Focal Point	Women Development Association
Guinea	Fanta Wague	Programme Analyst Gender	UNFPA
	Bamba Kamissoko	GBV Focal Point	National Directorate for Gender and Equity / Ministry of Women's Rights and Empowerment
	Souleymane Camara	FGM Focal Point	
Kenya	Caroline Murgor	GBV/Gender Advisor	UNFPA
	Asenath Mwithigah	Programme Analyst and Coordinator of UNFPA-UNICEF Joint Programme on Elimination of FGM	
	Emily Opati	Deputy Director for Gender	State Department for Gender Affairs
Mali	Faye Nana Mouneissa Toure	Gender Programme Officer	UNFPA
	Moussa Diallo	National Coordinator	TOSTAN
Senegal	Lydie Sanka	Programme Spécialiste Genre, VBG, Droits Humains	UNFPA
	Marie Thereze Sambo	Project Officer	Enda Jeunesse Action
	Hyacinthe Coly	Executive Secretary	Youth Network for the promotion of FGM abandonment
Sierra Leone	Betty Alpha	Gender Specialist	UNFPA
	Charles Vandi	Director of Gender Affairs	Ministry of Gender and Children's Affairs
	Anita Koroma	Country Director	Girl Child Network Sierra Leone
Somalia	Ifrah Ahmed	Founder	Ifrah Foundation
Tanzania	Maja Hansen	Technical Advisor - Gender Equality	UNFPA
	Enrica Hofer	Programme Analyst Gender	
	Ali Hamad	Programme Analyst Gender	
	Mboni Mgaza	Director for Gender	Ministry of Health, Community Development, Gender, Elders and Children
	Mwelinde Katto	Community Development Officer	
	Anna Meela	Country Director	WiLDAF

*Persons consulted online by survey and interview, including those who facilitated the identification of resources, persons, and interviews.

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COUNTRY/ REGION	Name	Title/Position	Organization/institution
Uganda	Florence Apuri Auma	Programme Specialist Gender and Human Rights	UNFPA
	Harriet Ndagire	Programme Analyst GBV	
	John Odaga	Programme Specialist- Monitoring and Evaluation	
	Nivatiti Nandujja	Manager - Women Access to Social Justice	Action Aid
West and Central Africa Region	Agnes Bangali	FGM Technical Specialist	UNFPA
	Moly Melching	Founder and Creative Director	TOSTAN
East and Southern Africa Region	Julie Diallo	Programme Specialist, Gender	UNFPA
	Massimiliano Sani	Social and Behaviour Change (SBC)/ Communication for Development (C4D) Specialist	UNICEF

*Persons consulted online by survey and interview, including those who facilitated the identification of resources, persons, and interviews.

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Spotlight Initiative
To eliminate violence against women and girls