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# UNFPA- UNICEF JOINT PROGRAMME ON THE ELIMINATION OF FEMALE GENITAL MUTILATION

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ACCELERATING CHANGE:  
UNFPA RESPONSE TO ELIMINATE  
CROSS-BORDER FEMALE GENITAL  
MUTILATION IN EAST AND  
SOUTHERN AFRICA

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# TABLE OF CONTENTS

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BACKGROUND AND PURPOSE	<b>4</b>
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PILLAR 1: Improved legislation and policy frameworks in Kenya, Uganda, Tanzania, Ethiopia and Somalia	<b>5</b>
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PILLAR 2: Coordination and collaboration	<b>8</b>
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PILLAR 3: Communication and advocacy	<b>12</b>
--------------------------------------	-----------

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PILLAR 4: Evidence, research and data gathering	<b>15</b>
---	-----------

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KEY CHALLENGES	<b>17</b>
----------------	-----------

---

LESSONS LEARNED AND PRIORITIES FOR 2021	<b>18</b>
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## BACKGROUND AND PURPOSE

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The UNFPA Strategic Plan 2018–2021 outlines the agency's goal to achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality. The mission is to improve the lives of women and young people, ensuring that they are able to live healthy lives and realize their full potential. UNFPA recognizes that the role of sexual and reproductive health rights is at the centre of achieving gender equality and women's empowerment, which is one of the four core priority areas of UNFPA's work.

Through the 2030 Agenda, particularly Sustainable Development Goal 5.3, and the objectives listed in the International Conference on Population and Development (ICPD) Programme of Action, UNFPA reaffirmed its commitment to end all forms of gender-based violence (GBV) and other harmful practices affecting the lives of millions of women and girls every day, ensuring that no one is left behind. To accelerate the implementation and increase the effectiveness of interventions that tackle these issues, UNFPA has intensified efforts towards:

- 1 | Strengthening legal frameworks**
- 2 | Leading GBV responses under the Global Protection Cluster of international humanitarian response agencies**
- 3 | Building comprehensive programmes that address social norms and values around GBV and other harmful practices, such as female genital mutilation (FGM)<sup>1</sup>**

Addressing the increasing prevalence of more complex forms of and trends in FGM is crucial for eliminating the practice, in accordance with the objectives listed in the 2030 Agenda. One of these issues is the prevalence of cross-border FGM practices in the border areas of Ethiopia, Kenya, Somalia, Tanzania, and Uganda. The following report aims to provide insights into the work that UNFPA has been doing to tackle FGM across borders in these border areas, where country offices are implementing a wide range of initiatives to address the issue. The information provided in this report is structured into four pillars, namely those listed in the regional action plan to eliminate cross-border FGM endorsed by the Governments that participated in the interministerial meeting on ending cross-border FGM held in 2019.

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1 UNFPA Strategic Plan 2018–2021.

## PILLAR 1

# IMPROVED LEGISLATION AND POLICY FRAMEWORKS IN KENYA, UGANDA, TANZANIA, ETHIOPIA AND SOMALIA

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In developing and implementing improved legislative and policy frameworks and an enabling environment for ending cross-border FGM in Kenya, Uganda, Tanzania, Ethiopia and Somalia, a variety of initiatives has been undertaken by UNFPA in collaboration with government counterparts to ensure the elimination of new forms of and trends in FGM by 2030. Governments have allocated specific budgets to tackle FGM in border areas, and UNFPA is dedicated to supporting these efforts through the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation. Similarly, some of the countries have reiterated their commitment to ending cross-border FGM by developing their own action plans or incorporating a cross-border component into existing plans that address violence against women and girls, and FGM in particular.



## ETHIOPIA

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UNFPA reviewed the regional action plan in collaboration with the Ministry of Women, Children and Youth, covering each of the points and developing, alongside the United Nations Children's Fund (UNICEF) and the National Alliance to End Child Marriage and Female Genital Mutilation, a national costed roadmap, which was presented at the Nairobi Summit. UNFPA also supported and offered technical and financial support for the implementation and familiarization of this national costed roadmap to end FGM and child marriage, which is multisectoral and covers border areas. **A current budget of US\$271,600 is being allocated to addressing cross-border FGM in Ethiopia, with US\$210,210 coming from the Joint Programme.**

## KENYA

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At the Nairobi Summit, Kenya made the commitment to end FGM in all its forms by 2022. The Government also endorsed the declaration made by the Borana leaders at the 41st Gumi Gayo Assembly in Ethiopia, held on 14 September 2020, reiterating its commitment to ending FGM. In support of this commitment, UNFPA is assisting in the process of validating and launching the Costed regional action plan to End Cross-Border FGM. This launch is planned for November 2021. A national framework has also been developed with support from UNFPA for developing county-specific policies to address FGM, including counties located in border areas. **Currently, a national budget of US\$1,827,439 is being allocated to tackling FGM in Kenya including in the border areas.**

In Uganda, a national-level policy dialogue was carried out in 2019 with Members of Parliament to ensure that cross-border FGM is made part of the policy agenda. Uganda also participated in an interministerial dialogue with Kenya in November 2020, which is considered a positive step towards building intercountry efforts to address FGM in border areas. UNFPA supported policy dissemination of the national FGM Act and regional action plan in 2019, targeting parliamentarians and civil society organizations (CSOs) in FGM-practising districts. **A total budget of US\$55,000 has been allocated by the Government to supporting FGM interventions in the Sebei districts.** As part of these efforts, UNFPA has continued to lobby for increased funding and to advocate for district-level FGM budget allocations in border areas. **From the Joint Programme, a total of US\$47,111 has been allocated to addressing cross-border FGM.**

## TANZANIA

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In line with the African Union's Saleema Initiative and the Costed Regional Plan of Action to end cross-border FGM, Tanzania made a commitment at the Nairobi Summit to end FGM in order to realize all individuals' potential to be agents of change in their societies by 2025. To achieve this, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) developed the national Anti-FGM Strategy and Implementation Plan (2020/21–2024/25), which is rooted in the National Plan of Action to End Violence Against Women and Children (NPA-VAWC) 2016/17–2021/22 of mainland Tanzania. UNFPA has supported the validation and implementation of the first two initiatives and worked with MOHCDGEC to align the national strategy with incorporating cross-border activities into the Saleema Initiative. The Anti-FGM Strategy is projected to be launched in 2021 focusing on different levels of engagement, and UNFPA is playing an active role in this process; the activities planned for the launch include a study tour of one of the border intervention areas, various dialogue sessions and a thematic symposium with partners to discuss the cross-border declaration and facilitate knowledge-sharing. **A total budget of \$110,300 has been allocated to addressing cross-border practices in 2020/21.**



## PILLAR 2

# COORDINATION AND COLLABORATION

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Efforts to tackle cross-border FGM in East Africa have largely centred around effective and efficient coordination and collaboration to end FGM within and across borders. Such initiatives include providing FGM services and shelter for survivors and working with law enforcement agencies to facilitate reporting and improved case management of FGM in border areas.





## UGANDA

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In Uganda, UNFPA supported cross-border engagement meetings in the districts of Amudat and Bukwo throughout 2019 and 2020. More of these meetings are planned and they bring together participants from both districts to build common strategies for tackling FGM across borders. UNFPA has also carried out advocacy efforts, inviting communities, including those located in border regions, to abandon harmful practices. As a result, five declarations to end FGM had been signed at community level. Within the Joint Programme, UNFPA and UNICEF staff were trained on intergenerational dialogue, with the purpose of engaging people of different ages in how to address FGM in the border districts.

During the lockdown period due to the COVID-19 pandemic, UNFPA supported cross-border surveillance and collaboration, and the monitoring and tracking of FGM cases in Uganda. As a result, a total of eight cases were reported during this period and investigations remain ongoing as part of a joint operation with authorities at the Kenya-Uganda border. UNFPA also continues to engage with the Ministry of Justice in Uganda to ensure that judicial officers assist in minimizing the prevalence of FGM across borders.

With regard to service provision, UNFPA has worked with the Ministry of Health and partner CSOs in Uganda to develop a training package for health workers on how to address emerging forms of and trends in FGM, including medicalization. **As a response to the increase in new forms and emerging trends, women and girl survivors are being referred to government livelihood programmes such as the Youth Livelihood Programme (YLP) and the Uganda Women Entrepreneurship Programme (UWEP).** UNFPA supports this process by ensuring that FGM interventions are also integrated into these programmes.

## TANZANIA

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In Tanzania, UNFPA is supporting ongoing efforts to strengthen standard operating procedures (SOPs) for responses to FGM cases in cross-border areas and the integration of this element into the regional action plan, where the Tanzania Child Helpline (116) would like to lead efforts. This focus is based on the points agreed on during the Regional Consultation of Child Helplines in Africa and Middle East and North Africa (MENA) held in November 2019, which was endorsed by the Regional Representative of Child Helplines in Africa. UNFPA is also currently supporting cross-border meetings along the Tanzania-Kenya border among CSOs working on FGM to boost cross-border coordination. Finally, it will also support a meeting among faith leaders from all five countries, tentatively planned for December 2021.

The Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania is also in the process of finalizing policy and management guidelines on health-sector prevention of and responses to GBV, violence against children and FGM, and SOPs. These are projected to be finalized by the end of 2021 and UNFPA will play a supporting role in their implementation.

Within these guidelines, border regions will be a priority, and UNFPA is projected to focus on the training of trainers and the training of service providers. To further strengthen the competencies of health workers in FGM, Tanzania has finalized a new curriculum for nurses and midwives that includes a module on the issue of the medicalization of FGM, a rising trend in Tanzania based on anecdotal evidence from local partners.

An intercountry meeting held with Uganda and Tanzanian police officers in December 2019 explored opportunities for collaboration on formalizing case management and tracking among law enforcement agencies across borders. In this process, UNFPA is supporting the establishment of police gender and children's desks in the Mara and Manyara regions, presenting an opportunity to work with migration authorities to further improve the case management system in Tanzania's border regions. Other efforts focus on building capacity for providing effective case management support to shelters in border areas on issues such as alternative rites of passage and increasing community awareness. In this respect, UNFPA provides support to the Masanga Rescue Centre for mapping cross-border stakeholders to facilitate collaboration and knowledge-sharing on increasingly prevalent forms of and emerging trends in FGM.





## ETHIOPIA

In Ethiopia, UNFPA has partnered with CSOs to provide training for health professionals and plans to continue building the capacities of service providers to prevent and respond to FGM and provide related services in 2021. One such partner is Norwegian Church Aid, which provides services for survivors and strengthens the role of faith-based organizations (FBOs) in the abandonment of FGM and harmful practices. Recently, 48 health-care providers and 114 health extension workers were trained in FGM prevention, complication management and referral linkages in 45 health facilities and catchment health posts across Ethiopia. As a result, 379 FGM cases were identified last year and treated accordingly. Five hundred and ninety-six women and girls received psychosocial services including general guidance and referrals to health services at regional and woreda levels.

Within the Joint Programme, activities were included in the work plan to be implemented around the border areas of Ethiopia, particularly around the Kenya border, with an allocated budget and financial support from the Government. Some of these activities include holding interfaith dialogues with religious leaders at the grass-roots level to avoid the institutionalization of harmful practices, FGM and child marriage within religious structures.

UNFPA developed the Ninth Country Programme (2021–2025) with the idea of identifying priority regions for upcoming country programmes in Ethiopia. In this analysis, the border region of the Southern Nations, Nationalities, and People's Region (SNNPR) was identified as important for future activities addressing FGM practices. However, the issue of security is a problem in SNNPR, as insurgencies and armed conflicts are widespread, with a high number of internally displaced people in the region making it difficult to implement community outreach activities, particularly in the Dasenech and Moyale districts. UNFPA projected implementing community-to-community outreach activities to facilitate knowledge-sharing among communities with similar customs and traditions in 2021.

## PILLAR 3

# COMMUNICATION AND ADVOCACY

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Increasing communication and advocacy on cross-border FGM prevention and responses is essential to ensure the elimination of this practice in border areas, where a lack of awareness is a root cause of its prevalence. UNFPA has carried out the actions described below to ensure that tackling cross-border FGM becomes a local, national and regional priority in the East Africa region.



## KENYA

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In Kenya, high-level advocacy to end cross-border practices was a priority for UNFPA during the 2019–2020 period, in accordance with the presidential agenda to accelerate the end of FGM by 2022. Similarly, community advocacy interventions in counties (Wajir, Garissa, Mandera, Narok, Kajiado, Migori, Marsabit, West Pokot, Bungoma, Taita and Taveta) located in border areas were projected for 2021. These efforts will ensure that gender is a key priority in policymaking processes at county level, including GBV and FGM.

## TANZANIA

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In Tanzania, UNFPA has been implementing awareness-raising initiatives through the review and dissemination of leaflets in communities in relation to the National Plan of Action to End Violence Against Women and Children, especially in the border regions of Mara and Manyara. These efforts involve sharing information on all types of discrimination and harmful practices, including FGM, and actions within the Regional Action Plan and the African Union's Saleema Initiative. Efforts have also included the production of an informative and pocket-sized brochure (an FGM passport) for girls at risk of being forced to migrate and undergo FGM in Kenya, with information about where to seek support.

UNFPA has also been working on the development of a package of resources on alternative rites of passage for advocacy and communication purposes in areas around the Tanzania-Kenya border, where FGM is highly prevalent. This package will target children, young people, women, men and community leaders across borders. Further actions include the training of district-, village- and ward-level protection committees on FGM. Although progress has been made in raising awareness and building capacities, monitoring the results of this training in terms of accountability and quality assurance is difficult.

At the national level, UNFPA has supported or is planning to support the following initiatives in Tanzania:

- **Media engagement on cross-border strategies and the implementation of the national Anti-FGM Strategy in 2021**
- **The 28 Too Many initiative's updated country profiles including cross-border work, which provide valuable information as regards policies, data and good practices**
- **The translation of the regional cross-border declaration on ending FGM into Swahili**

## ETHIOPIA

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In Ethiopia, UNFPA collaborates with the Population Media Center (PMC) on a radio talk show called *Yalaleke Guzo (Unfinished Journey)*, aired once a week and reproduced in collaboration with the Southern Nations and Nationalities Mass Media Agency and the Fana Broadcasting Corporation in the border regions. This talk show has contributed to providing knowledge on norms, attitudes and practices in relation to FGM and child marriage, as well as other gender issues. Furthermore, the talk show has allowed a deeper exploration of the effects of FGM on the health, well-being, productivity and economic independence of women and girls, and encourages community conversation.

UNFPA also supports the Bureau of Women in SNNPR with a variety of awareness-raising initiatives, from disseminating information through the regional FM radio stations to exploring opportunities for community dialogue in Ethiopia. One of these activities includes the active training and mobilization of religious leaders in the Dasenech district, one of the border districts where FGM is most prevalent. Furthermore, interfaith dialogue sessions with religious leaders have been broadcast by different media outlets, providing the opportunity to reach out to faith communities including those living around border areas.

In collaboration with Norwegian Church Aid, reproductive health education messages have been transmitted through health workers in border areas, where UNFPA offers financial and technical support in the training-of-trainers process in relation to FGM practices.

## UGANDA

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In Uganda, UNFPA has supported advocacy platforms led by community-based CSOs that target district-level government on law reform and interventions to address FGM practices in border areas. Similarly, cross-border meetings have been held on a quarterly basis with implementing partners to discuss the issue.

UNFPA has also supported the celebration of cultural days in an effort to shed light on FGM practices in vulnerable districts, with a focus on engaging the participants and cultural leaders present at these events. Most recently, an athletics campaign was used as a strategic way of raising awareness of FGM practices. **Over 100 runners participated in the event and held a banner to support advocacy efforts against FGM, mobilizing communities to participate in this engagement.** End FGM media campaigns have been supported and led by the Ministry of Gender, Labour and Social Development, and have included the Live Your Dream multimedia campaign.



## TANZANIA

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In Tanzania, UNFPA will further support the completion of the Tanzanian data presented in the regional study in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children. Furthermore, a mapping study to identify girls at risk of FGM was completed and was then scaled up in 2021 with the support of digital champions in **more than 200 villages**. UNFPA will introduce the alternative rites of passage and this journey will be documented and its impact on FGM practices across borders in the coming years.

## UGANDA

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In Uganda, UNFPA has focused on building the capacities of district-level government, including in border districts, to report FGM data through the national GBV database. These efforts are being made in collaboration with the national Government to ensure that local authorities have the means to generate up-to-date data and are able to report cases through the national database system.





## KEY CHALLENGES

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Ethiopia, Kenya, Uganda and Tanzania have faced common challenges in addressing the increased prevalence of cross-border FGM in the region:

The COVID-19 pandemic has affected the implementation of activities due to lockdowns and restrictions enforced by national Governments. Similarly, these measures have limited the ability of survivors to access FGM services in border communities. Anecdotal evidence also demonstrates an increase in the number of cases of FGM outside the so-called cutting seasons; some families and communities have taken advantage of school closures, which were enforced in some countries as part of COVID-19 prevention measures, to mutilate girls.

Activity implementation has also been affected by the general social and political instability in the region due to ongoing conflicts and high numbers of internally displaced people in border areas.

Border porosity is high and people are able to cross borders without restrictions in some regions, enabling perpetrators to seek and perform FGM across borders.

Delays in case management are prevalent, preventing perpetrators from being held accountable in a timely manner. Gaps within justice systems often lead to cases being delayed for years, which discourages witnesses and survivors from reporting.

Although policies and laws addressing GBV and FGM are in place, the implementation and enforcement of these remains a challenge.

The lack of a common regional framework targeting cross-border FGM inhibits collaboration and coordination among border authorities and other local partners.

The use of the FGM issue for political purposes, including electoral campaigns, has remained a big problem, preventing Governments from adopting cohesive approaches and continuing efforts to address the issue.

Resources are inadequate and there is a high dependence on a limited number of donors. Moreover, the funding available is limited, especially for vulnerable implementing partners.

The capacity to and use of evidence to inform activities are limited, with few human resources available to acquire information about the latest evidence from partners.

Coordination and collaboration efforts among CSOs/non-governmental organizations (NGOs) remain inefficient across borders and finding opportunities to leverage and capitalize on what is being done should be prioritized.

The increasing prevalence of new forms of and emerging trends in FGM across borders, such as medicalization and shifting demographics, pose challenges.

## LESSONS LEARNED AND PRIORITIES FOR 2021

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Based on UNFPA's experiences in responding to cross-border FGM, the lessons and priority areas described below were identified for 2021.

### ETHIOPIA

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In Ethiopia, bringing FBOs together with other stakeholders such as legal bodies, service providers and media outlets was found to create synergies and facilitate referral linkages for GBV service provision. Similarly, capacity-building that focuses on religious leaders and faith institutions through training, panel discussions and material provisions was found to be helpful in reaching communities in border regions, which UNFPA is planning to support.

### UGANDA

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In Uganda, intensified community policing and surveillance and increased engagement with political leaders in border districts will be a priority. Increased sensitization of law enforcers and dissemination of GBV and FGM policies have also been found to be crucial in tackling FGM across borders. Furthermore, integration and convergence with other United Nations programmes such as JPECM, the Joint Programme on Gender Based Violence and the Spotlight Initiative could increase the effectiveness of future cross-border interventions.

### TANZANIA

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In Tanzania, UNFPA will focus on improving the documenting of increasingly prevalent forms of and emerging trends in FGM and FGM cases received and referred through national child helplines. Furthermore, a multi-stakeholder dialogue has been proposed to coincide with the launch of the national Anti-FGM Strategy, tentatively scheduled for 2021, to discuss cross-border work and increase sensitization of newly elected parliamentarians in collaboration with key partners. UNFPA will also document and review the impact of the introduction of alternative rites of passage on FGM practices across borders.

The better mapping of implementing partners and girls at risk of FGM along the Kenya-Tanzania border is also an area that UNFPA wants to support in the coming year. Opportunities for the capacity-building of Government and NGOs in good practices for social norms change will be further explored and increasing resource mobilization will be prioritized throughout 2021.



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**United Nations Population Fund  
East and Southern Africa Regional Office**

9 Simba Road / PO Box 2980,  
Sunninghill, South Africa, 2191

Tel: +27 11 603 5300

Email: [esaro.info@unfpa.org](mailto:esaro.info@unfpa.org)

Website: [esaro.unfpa.org](http://esaro.unfpa.org)

Twitter: [@UNFPA\\_ESARO](https://twitter.com/UNFPA_ESARO)

Facebook: UNFPA East and Southern Africa Regional Office

Instagram: [unfpaesaro](https://www.instagram.com/unfpaesaro)



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