WAYS TO END FGN/G







Acknowledgements

Cover photo: Sukaku project in Burkina Faso, including Madame Mariam Kabore, Hamidou Sawadogo, Amadou Sanogo and Desiré Zagreb along with many of the girls they work with. This photograph, as well as many others in this report, have been generously provided by Luca Zordan, who is contributing his energy and skills to an ongoing project documenting the impact of FGM/C on girls and women as well as spotlighting champions of positive change in several Joint Programme countries.

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Our appreciation is extended as well to each national and local government and to civil society organizations for their collaboration in accelerating the abandonment of FGM/C through their in-depth local perspectives and for their political support, without which the achievements in this report would not have been possible.

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LESSONS FROM THE FIELD

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Companion booklet to the 2016 Annual Report of the UNFPA-UNICEF Joint Programme to End Female Genital Mutilation/Cutting: Accelerating Change

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Foreword

Last year's annual report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C) focused on the strategic and formal underpinnings of our work. It described the theory of change that guides interventions and the metrics by which we measure results. This year's annual report provides two perspectives:

- The main document analyses progress in quantitative terms, provides an account of how our budget was allocated and offers profiles of each of the 17 programme countries.
- This companion booklet—17 Ways to End FGM/C—uses a narrative approach to examine more specifically the challenges, complexities and achievements on the ground. It explores the innovative approaches that enable Joint Programme teams, local partners and advocates to deconstruct the social norms that allow FGM/C to continue in many communities.

The work of the Joint Programme is complicated because FGM/C is not one practice—it is a tradition that carries different meanings for different communities, and sometimes multiple meanings within one community. The practice can range from a minor cut to a major excision followed by stitching of the vaginal opening. It may be carried out on infants before they know what is happening or on adolescent girls as a rite of passage and a preparation for marriage. FGM/C may be ostensibly practised for reasons of hygiene or aesthetics, or out of a sense of religious, cultural or familial obligation. It may appear to enjoy widespread support, even while privately opposed by a significant proportion of the community. Or it may be carried out surreptitiously by a few. But what makes ending FGM/C so complex is that, in almost all contexts, parents genuinely want to do what is right for their child and family.

Like other forms of social change, the process of ending FGM/C often proceeds slowly at first, and then, as new tipping points are reached, all at once. The creative and strategic responses to the fluid situations encountered by Joint Programme teams and partners, and the lessons learned, form the subject of this volume. The many youth, women and men of all ages and from all walks of life—community and religious leaders, custodians of culture, youth ambassadors, griots, former excisors, health professionals, traditional healers, celebrities, policymakers and development experts—are its heroes.

17 WAYS TO END FGM/G: LESSONS FROM THE FIELD

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