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International Institute for Global Health

WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

CASE STUDY 2:

Empowering women and girls to resist gender and social norms that encourage female genital mutilation, promote positive masculinities, and strive for more equal gender power relations (Phase 3 of UNFPA-UNICEF Joint Programme on the Abandonment of FGM)

Gender & Health Hub

Knowledge. Policy. Action.

Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender (click here for the consolidated project report).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

Case study 2: Background

This case study, which relates to the first outcome group, focuses on the third phase of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation (FGM) to empower women and girls in communities to resist harmful social and gender norms promoting FGM.

The Joint Programme on the Abandonment of FGM, initiated in 2008, is funded by multiple donors and coordinated and administered by UNFPA while being jointly implemented with UNICEF. The first and second phases were implemented in 2008-13 and 2014-17 respectively. The programme is now in its third phase (2018-23). Activities of the Joint Programme are implemented at three levels: global, regional, and national. Across seventeen countries[a], activities included advocacy for policies and laws to eliminate FGM, strengthening the country's capacity for health service delivery while opposing medicalisation of FGM, and strategic community-level interventions to change social norms supporting FGM[1].

Implementing the first two phases of the Joint Programme achieved positive outcomes in terms of adopting laws and policies against FGM in many countries and a clear reduction in the prevalence of the practice in some countries. However, according to an evaluation at the end of the second phase, changes in unequal gender norms were modest, indicating the possibility that the reduction in the prevalence of FGM may have been the result of patriarchal pressure[2]. Following the evaluation, the third phase of the Joint Programme prioritised transforming unequal power relations, structures and norms that sustain gender inequality and harmful practices. The FGM programme resulted not only in a decrease in the prevalence of FGM in many countries, but also in addressing the root causes of harmful practices and changing gender norms[3].

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful implementation of the Joint Programme on the Abandonment of FGM.

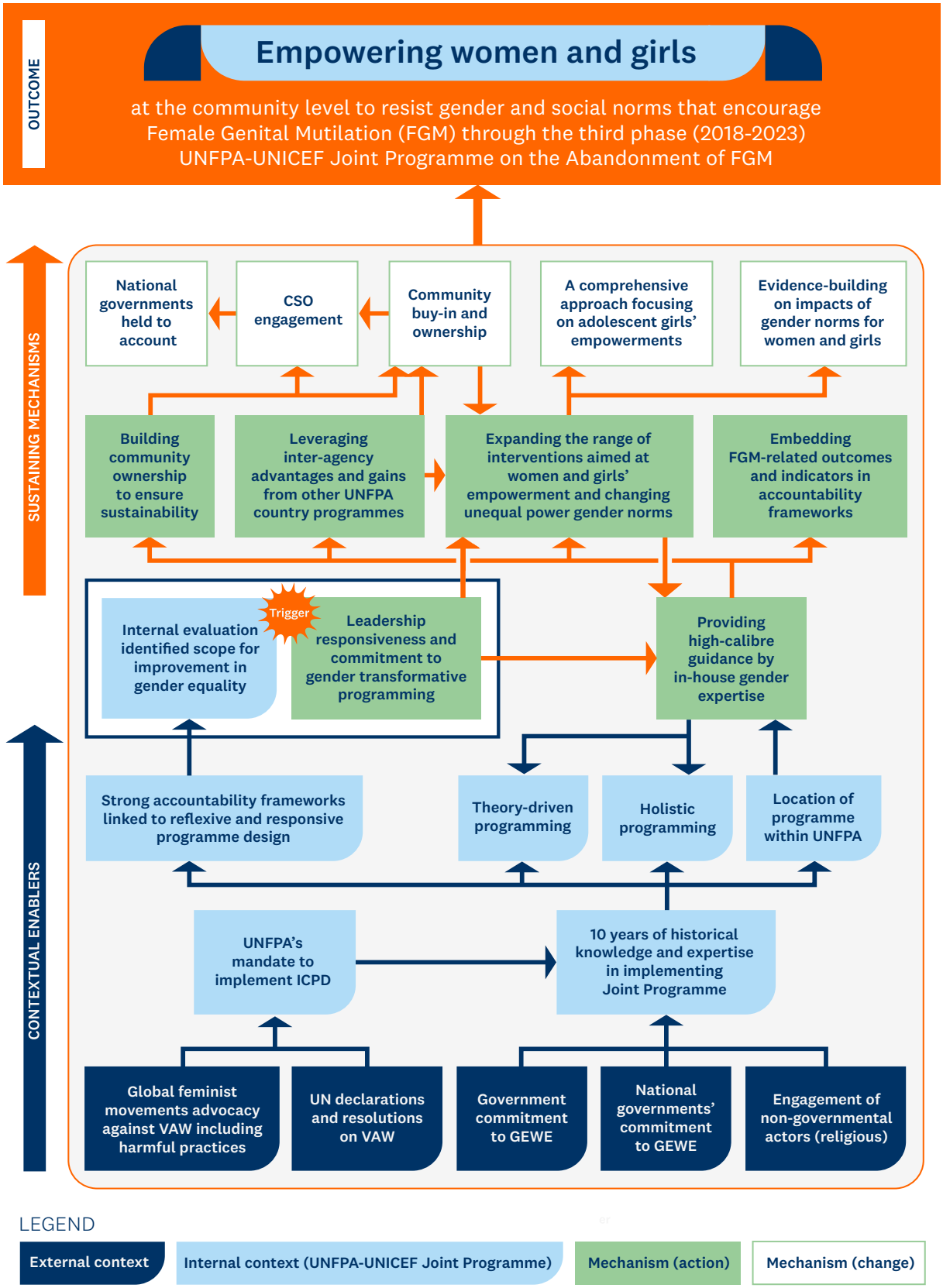
What were the triggers that catalysed the third phase of the Joint Programme on the Abandonment of FGM?

By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

An internal evaluation that identified scope for improvement in gender equality. After successfully implementing the Joint Programme's first two phases, the evaluation of the programme towards the end of the second phase highlighted that gender equality and women empowerment had not received adequate priority within the programming[2].

a In the following countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen

Figure 1. Overview of the triggers, contextual enablers and sustaining mechanisms for empowering women and girls to resist harmful gender and social norms that encourage FGM through the third phase of the UNFPA-UNICEF Joint Programme



Leadership responsiveness and commitment to gender transformative programming. Despite the programme's acknowledged success in achieving its objectives in the first two phases of the programme, there was leadership commitment to the twin objectives of eliminating FGM and addressing the root causes of harmful practices such as FGM. The programme lead at the global level acknowledged the need to strengthen the programme's gender responsiveness and intervened to make changes to the third phase of the programme (2018-2023)[4].

What enabling contextual factors facilitated change?

The triggers sit within a more extended history of the programme and a range of other broader enabling contextual factors at various levels—internationally, nationally, across the UN system, within UNFPA and within the Joint Programme.

Internationally, these enabling contextual factors included:

- The growing prominence of FGM as part of the women's movement advocating against violence against women, which included harmful traditional practices[5].
- Changing public attitudes towards discriminatory practices against women and girls.

At the national level, enabling contextual factors included:

- The longer history, within some countries, of decades of action to prevent FGM through community interventions to change norms. This created a critical mass of support for FGM elimination in some countries, with experience and evidence amassed by many civil society organisations (CSOs), women's organisations, and community groups who worked on the issue[6,7]. In some countries, the Church took a strong position against FGM[4,8].
- Governments positioning FGM in a larger agenda of gender equality, sexual and reproductive health and rights, and human rights issues. Consequently, this initiated multisectoral interventions to address FGM. In some cases this consisted of government commitments to promoting education and employment of girls and women, which contributed to local interest in eliminating FGM and child marriage as these two issues often go hand-in-hand in contexts. For example, FGM happens in adolescence which is also a period when child marriage occurs[4,9].

At the UN system-wide level, the enabling factors were:

- The 1990 Committee on the Elimination of Discrimination against Women's (CEDAW) General Recommendation No. 14 against female circumcision, which was the first mention on FGM within a UN body[10].
- The inclusion of FGM in the Declaration on the Elimination of Violence Against Women adopted by the UN General Assembly in 1993, which led to FGM becoming an important matter within the purview of international human rights law[11].
- In 1994, the International Conference on Population Development (ICPD), addressed the human rights implications of FGM.

- In 1997, a joint inter-agency statement was issued by WHO, UNFPA & UNICEF, which was subsequently renewed in the *Eliminating female genital mutilation: an interagency statement* in 2008[12,13].

- Target 5.3 under Sustainable Development Goal (SDG) 5 on gender equality calls explicitly to eliminate harmful practices such as child, early and forced marriage and FGM[14].

At the UNFPA organisational level, the critical enabling contextual factors were:

- UNFPA's mandate which aligned with dealing with the practice of FGM from the perspective of reproductive health and rights, gender equality and women's empowerment as well as adolescent reproductive health. Also, as the agency responsible for ensuring ICPD commitments, UNFPA had a clear mandate to address FGM, which was distinct from other agencies in the interagency division of labour[4].

- UNFPA's track record of holistic programming for eliminating FGM, which has been implemented in several African countries even prior to launching the Joint Programme with UNICEF in 2008[15].

At the Joint Programme level contextual enablers included:

- Strong accountability frameworks within the programme which were linked to reflexive and responsive prorgamme design. The programme was evaluated at every phase, and recommendations were made for further improvement. A published annual report of the programme made it publicly accountable for its progress[17].

- Reflexivity was part of the programme's ethos, and lessons from each phase informed the subsequent phase. Informal reviews supplemented the formal assessment. The Programme's Steering Committee (which included donors) made a once-a-year field visit to some programme sites. There were also field visits by senior managers of the programme. Field visits made possible interactions with the stakeholders and direct observations of the reality on the ground. Observations and reflections from these visits contributed to shaping the subsequent phases of the programme.[3]

- Regular internal dialogues, discussions, and reflections involving UNFPA programme personnel from headquarters and regional and country offices, including UNICEF teams, and national partners played a key role. The dialogues were factored in when planning the subsequent phases of the programme. Discussions also took place between programme personnel and the gender units on the trajectory of the programme. There was sufficient flexibility to respond to emerging issues. For example, cross-border FGM is an emerging issue, and interventions were developed to address this challenge.[3]

- The programme was theory-driven. Its initial phase was gender-specific and aimed to respond to the immediate need to reduce FGM incidence. It was based on an eco-social framework and focused on changing collective social norms rather than individual behaviour. Therefore, it included interventions at multiple levels aimed at legal and policy changes, influencing healthcare providers, and working with the community and religious leaders, men and boys, and women and girls on the ground. There was considerable success with this approach[18].

- The present phase moved forward based on earlier successes. It was designed to be gender-transformative, focusing on transforming unequal power relations, structures and norms that sustain gender inequality and harmful practices. The SDG call to leave no one behind

informed the design. It is consciously inclusive of the needs of girls further disadvantaged by other determinants such as ethnicity, socioeconomic position, disability, sexual orientation, and conflict situations[14].

The locating of the FGM programme within the Gender and Human Rights Branch (rather than part of the RH Programme) of UNFPA also made a difference. It provided access to gender expertise which guided it on the path towards gender transformation. Being a part of the Gender and Human Rights Unit allowed for more holistic programming, partnering with National Human Rights Institutions and ministries responsible for women's and children's affairs and CSOs[3,14].

What mechanisms sustained actions to empower women and girls to resist harmful gender and social norms in the context of FGM?

Providing high-calibre guidance by in-house gender expertise. UNFPA's robust gender architecture at the headquarters and regional office level guided the programme along the gender transformative pathway[4].

Drawing on the advantages of collaboration. As a joint programme with UNICEF, the FGM programme drew on UNICEF's comparative advantages. The advantages included a significant field presence, programme experience in the area of child protection, and a well-resourced Communication for Development Unit, which amplied the message of FGM as an issue of gender inequality. The programme also benefitted from UNICEF's expertise in programmatic gender mainstreaming[16].

Leveraging the gains from other UNFPA country programmes that advance gender equality and women's empowerment. In many countries, the FGM programme ran alongside or was built on many other UNFPA programmes that contributed to advancing gender equality and women's empowerment, which created a facilitating environment and mutual benefits of resources such as CSOs working in gender transformation[16].

Expanding the range of interventions aimed at women's and girls' empowerment and changing unequal gender norms. The third phase expanded the range of interventions aimed at changing gender norms. Some examples include:

- In-school and out-of-school girls clubs were established to build girls' capacities and assets. Leadership training programmes that developed girls into becoming local change agents were also implemented, with coverage targets set for 2017-19 being exceeded;
- Providing support for 21 CSOs and youth networks which held governments accountable for implementing actions against FGM, with a key role played by adolescent girls;
- Replicating and scaling up good practices in engaging men and boys.

- Communication efforts that highlighted stories of ordinary people who have adopted gender-equal norms and behaviour;

- Communication tools and resources for youth that helped them to develop critical consciousness to challenge harmful social norms[3].

A comprehensive approach focusing on adolescent girls' empowerment. In some countries, the partner CSOs implementing the FGM programme followed a comprehensive approach which empowered adolescent girls to analyse, understand and make decisions about problems they encounter. FGM was located within the broader range of issues related to adolescent girls' disempowerment and their lack of decision-making power and resources. In these instances, this approach successfully challenged gender norms and facilitated the scale-up of the programme[16].

Building community ownership to ensure sustainability. The programme worked with various community gatekeepers to address the root causes of FGM which brought about a change of social norms of not cutting women and girls. For example, in Senegal, communities and families made a pact declaring that they will not support harmful practices and keep girls in school. When the community owns the programme objectives in this way, the gains made are more likely to be sustained even after this specific Joint Programme comes to an end[16].

Embedding FGM-related outcomes and indicators in accountability frameworks. The Joint Programme's Results Framework includes outcomes and indicators of changes in gender norms. For example, Outcome 2 is "Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM" and Output 2.2 is "Strengthened girls' and women's assets and capabilities to exercise their rights"[3]. This stems from the development and piloting of new monitoring and evaluation framework (ACT Framework), which included assessing changes in gender norms[3].

Conclusion

This case study showcases that agencies can have a direct impact on empowering women, girls and other marginalised groups to resist oppressive gender norms affecting their health when gender mainstreaming is successfully integrated into operational functions. This brief, alongside analyses of the other case studies within the What Works in Gender and Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please click here for the full project report.

References

1 United Nations Population Fund and United Nations Children's Fund (2018). Performance analysis for Phase II: UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-UNICEF-Phase2Performance_2018_web_0.pdf

2 United Nations Population Fund and United Nations Children's Fund (2018). Joint evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change. Phase I and II (2008-2017). Volume 2- Annexes. https://www.unicef.org/evaldatabase/files/JP-FGM_Volume2_Annexes.pdf

3 United Nations Population Fund and United Nations Children's Fund (2020). Empowering girls and women to lead change. Annual Report 2019. https:// www.unfpa.org/publications/empowering-girls-and-women-leadchangeannual-report-2019.

4 Data from key informant interviews.

5 United Nations Children's Fund (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. https://www.unicef.org/reports/female-genital-mutilation-cutting

6 El Dawla AS (1999). Struggle over female genital mutilation in Egypt: Five years since the ICPD. Reproductive Health Matters 7(13): 128-136.

7 Muteshi J, Sass J. Female (2005) Genital Mutilation in Africa: An Analysis of Current Abandonment Approaches. Nairobi: PATH. https://path.azureedge.net/media/documents/CP_fgm_combnd_rpt.pdf

8 Kinyanjui R (2002). Hidden Cost of Rejecting Female Genital Mutilation [FGM]. Transformation 19(1): 72-77. http://www.jstor.org/stable/43052524

9 Government of Kenya and Population Reference Bureau (2013). Ending female genital mutilation: laws are just the first step. Policy Brief # 32. National Council for Population and Development (Kenya). https://www.ncpd.go.ke/wp-content/uploads/2016/11/Policy-Brief-32-Ending-Female-Genital-Mutilation-F.pdf

10 Committee on the Elimination of Discrimination against Women's (CEDAW) General Recommendation No. 14 against female circumcision (1990). https://www.refworld.org/docid/453882a30.html

11 United Nations General Assembly, Declaration on the Elimination of Violence against Women, 20 December 1993, A/RES/48/104 (1993). https://www.refworld.org/docid/3b00f25d2c.html

12 World Health Organization (2008). Eliminating female genital mutilation -An interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. Geneva, WHO, Department of Reproductive Health and Research. http://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf?sequence=1

13 World Health Organization, United Nations Population Fund & United Nations Children's Fund (UNICEF) (1997). Female genital mutilation: a joint WHO/UNICEF/UNFPA statement. World Health Organization. https://apps.who.int/iris/handle/10665/41903

14 United Nations (2021). Sustainable Development Goals Report 2021. https://unstats.un.org/sdgs/report/2021/The-Sustainable-Development-Goals-Report-2021.pdf

15 United Nations Population Fund (2007). A holistic approach to the abandonment of female genital mutilation/cutting. https://www.unfpa.org/sites/default/files/pub-pdf/726_filename_fgm.pdf

16 Data from case study workshop.

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