



SUMMARY

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

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ABOUT EQUALITY NOW







Equality Now is a human rights organisation working to advance equality for women and girls around the world through the law. By working to guarantee that women and girls have equal rights and opportunities in the world, we seek not only to advance humanity but also address critical issues like peace and security and climate change, for which gender equality is a solution.

Our programmes focus on ending sexual violence, ending harmful practices including female genital mutilation (FGM) and child marriage, ending 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). In particular, we advocate for the adoption of a multi-sectoral approach (MSA) involving both state and non-state actors.

This document is a summary of [*Use of the Multi-Sectoral Approach to Ending Gender-Based Violence and Female Genital Mutilation in Africa*](#), a report published in March 2022 by Equality Now in partnership with UNFPA as part of the Spotlight Initiative. The report analyses the diverse experiences of select African countries and shares good practices and strategies to prevent, address, and eliminate GBV/FGM.

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.

To strengthen efforts to prevent, respond and eliminate GBV/FGM in Africa and the world, we encourage you to read the [full report](#). We welcome you to share your feedback with us.

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“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 Kanem¹

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.

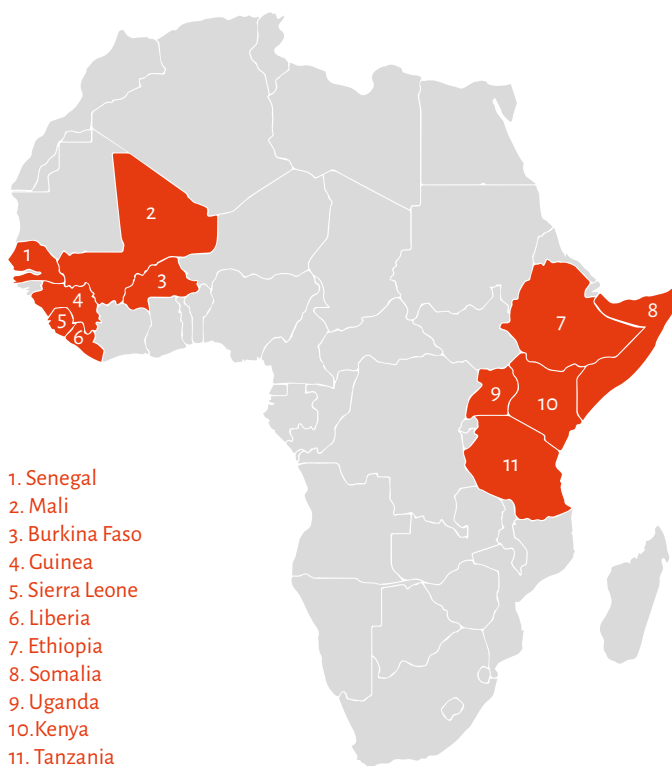
THE MULTI-SECTORAL APPROACH: A CRUCIAL STRATEGY

To eliminate GBV/FGM, a holistic approach is needed, ranging from adopting legislation to using a multi-sectoral approach at all levels, involving relevant stakeholders in the planning and implementation of programmes. Our advocacy for the adoption of the MSA by governments across all their programmes acknowledges that the MSA takes different forms in different countries.

To understand the different factors that make the MSA effective in preventing and addressing GBV and FGM, we have produced this report to illustrate good practices adopted by the 11 countries of focus. These countries are **Burkina Faso, Ethiopia, Guinea, Kenya, Liberia, Mali, Senegal, Sierra Leone, Somalia, Tanzania, and Uganda.**

This report delves deeper and paints a full picture of how the focus countries have adopted a multi-sectoral approach in their various contexts and their strategies to eliminate GBV and FGM.

Figure 1:
Featured countries



WHAT IS THE MULTI-SECTORAL APPROACH?

Addressing GBV and FGM requires countries to adopt legislative, judicial, administrative, educative, and other appropriate measures. A range of public or governmental authorities need to connect and engage at national, regional, and local levels for effective results.

The multi-sectoral approach (MSA) brings together relevant state and non-state actors. It provides a platform for coordination in developing and implementing national programmes and actions to end GBV and FGM, including the allocation of resources.

This approach accelerates the delivery of commitments on women's rights through the involvement of different sectors' stakeholders. It builds on the fact that the implementation of programmes relating to the respect, promotion, and protection of women's rights under regional and international human rights conventions² and the monitoring of progress cannot be delegated only to the national women machinery for the advancement of women.³

According to the manual on the *Multi-Sectoral Approach To Women Rights In Africa*⁴ and the tool for *Using The Multi-Sectoral Approach To Implement The African Union's Women's Rights Protocol*⁵ this approach comprises five fundamental 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.

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 have been 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).

2 The Convention on Elimination of all forms of Discrimination against Women (CEDAW), the African Charter on Human and Peoples' Rights (the Banjul Charter), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), and the African Charter on the Rights and Welfare of the Child (ACRWC) among others

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

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

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

IN FOCUS: HOW THESE AFRICAN COUNTRIES ARE ADDRESSING GBV/FGM

All the eleven countries reviewed in the report 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 CEDAW.

Additionally, all the 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).

Further, some of the 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).

However, only seven out of the eleven focus countries have national legislation on GBV and FGM. These countries are Burkina Faso, Ethiopia, Guinea, Kenya, Senegal, Tanzania, and Uganda. Only Kenya and Uganda have a specific legal provision on cross-border FGM practice.

Four countries do not have national laws criminalising FGM, namely Liberia, Mali, Sierra Leone, and Somalia.

Only seven of the reviewed focus countries have a national budget line for action against FGM⁶, namely Burkina Faso, Ethiopia, Guinea, Kenya, Mali, Senegal, and Uganda.

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. H.E. President Roch Marc Christian Kabore of Burkina Faso was appointed the AU Champion for the elimination of FGM and subsequently launched the Saleema Initiative in 2019. H.E. President Uhuru Kenyatta of Kenya made a bold commitment to end FGM by 2022. H.E. George Weah, President of Liberia, declared rape 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.

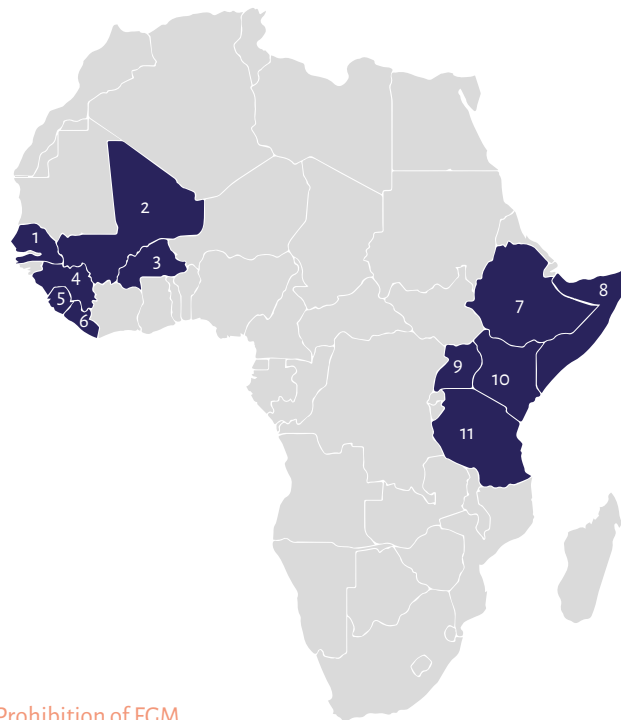
At a local level, sub-regional or district leaders' commitments are strong in some countries and some specific regions. In Ethiopia, for example, the local Government of the Tigray region is committed to ending GBV. It has allocated funds for interventions on GBV in the region affected by a conflict, with increased risks of GBV.⁷

Figure 2:

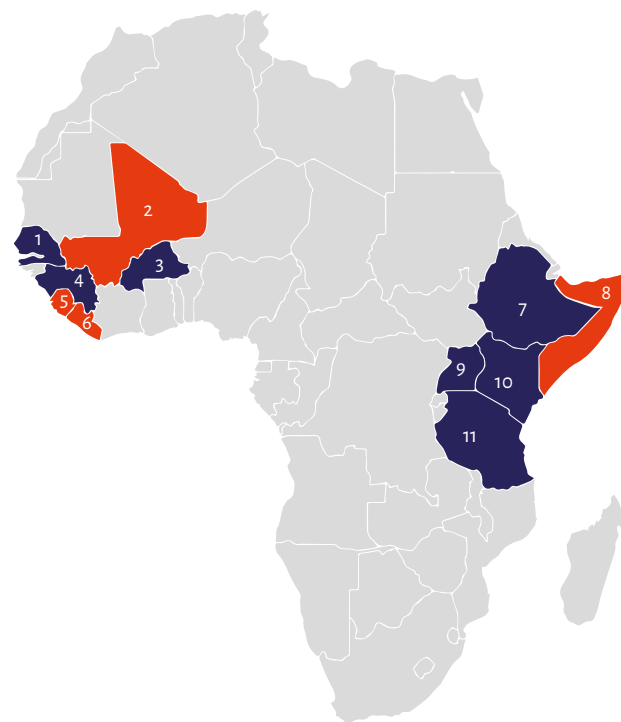
Existence of national legislation on GBV and FGM in target countries

Countries with a national legislation on GBV and FGM
 YES NO

Prohibition of GBV



Prohibition of FGM



⁶ UNFPA-UNICEF Policy brief. p.7.

⁷ 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>

KEY FINDINGS

- ⇒ The general observation from the eleven countries analysed is that **no country is perfectly using the MSA to end GBV and FGM**; however, there are good and promising practices in how the various governments adopted MSA.
- ⇒ There is still a lot of work to be done. Addressing the social norms that are firmly rooted in GBV and FGM will require social change. Although there is evidence of progress in social norms changes in some countries, a stronger synergy of actions are needed from different sectors over the long term.
- ⇒ There is limited integration of FGM in GBV interventions and coordination, even though stakeholders are mainly the same and the root causes remain the same. Parallel initiatives need to be brought together for greater impact.
- ⇒ There are more specific mechanisms set up to address FGM than GBV. As a result, there is more evidence of progress on efforts towards ending FGM. Improved national planning on FGM involving inter-sectoral coordination across government ministries and civil society participation has shown positive results in all the target countries. Except for Tanzania, the countries with improved national planning are part of the UNFPA-UNICEF Joint Programme on the Elimination of FGM. They have, therefore, received financial and technical support for interventions over the years.
- ⇒ The specific FGM bodies have allocated resources, albeit limited, to engage with different sectors' departments. This is not the case for most broader GBV entities, limiting efforts to address and coordinate interventions related to the various forms of GBV. There are generally missed opportunities as sectors have not taken up the full range of possibilities to contribute to GBV and FGM prevention and response.

KEY LESSONS

- ⇒ The use of the MSA enables governments to leverage the comparative advantages of organisations collaborating with them on FGM/GBV initiatives, 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 the 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 also key for the successful use of the MSA in a country.
- ⇒ Lack of funding reduces the effectiveness of the MSA. When sectors do not have enough resources, they prioritise basic interventions instead of those addressing the root causes of GBV and FGM.
- ⇒ Each sector and partners have competitive requirements and priorities beyond ending GBV and FGM. This needs to be considered by the coordination mechanism when engaging with them to ensure their participation and contribution.
- ⇒ Having the judicial sector engaged in both law enforcement and awareness-raising is robust and contributes to accelerated social norms changes in communities, particularly for FGM abandonment. For example, law enforcement can result in the practice of FGM going underground or across borders. 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. It can help address emerging issues perpetrators may have adopted to avoid prosecution, such as FGM being performed underground and cross border practice.
- ⇒ High staff turnover in government institutions compromises the effectiveness and sustainability of the MSA as it creates gaps in coordination and sectoral interventions.
- ⇒ A computerised, national database for real-time data collection and reporting is key for good and evidence-based multi-sectoral planning, monitoring, and coordination.
- ⇒ Grassroots organisations, particularly women's and youth organisations, are important entry points for the MSA at the community level and a bridge between communities and support services.
- ⇒ Institutionalising the MSA is the best way of ensuring its sustainability by eliminating 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.

RECOMMENDATIONS TO AFRICAN GOVERNMENTS

- ⇒ Strengthen the coordination between the GBV and FGM coordinating mechanisms to ensure harmonised communication and collaboration, and ensure integrated interventions between the different sectors and partners.
- ⇒ Strengthen different sectoral departments' capacity to better integrate GBV and FGM within their action plans and better contribute to national coordination efforts.
- ⇒ 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.
- ⇒ Improve national budget allocations for the implementation of multi-sectoral GBV and FGM interventions in accordance with national priorities.
- ⇒ Ensure the availability of GBV- and FGM-related national data management systems that are functional and can inform the use of the MSA at the 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 organisations, particularly women's and youth organisations, so that they may contribute better to the MSA and can facilitate survivors' access to multi-sectoral support services.
- ⇒ Enhance experience-sharing amongst themselves so that they can learn from each other's experiences of using the MSA.







To strengthen efforts to prevent, respond and eliminate GBV/FGM in Africa and the world, we encourage you to read the [full report](#). We welcome you to share your feedback with us.

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**Spotlight
Initiative**
*To eliminate violence
against women and girls*