



NATIONAL POLICY FOR THE ELIMINATION OF **FEMALE GENITAL MUTILATION**

IN THE GAMBIA

2022-2026

CONTENTS

05 ↔ FOREWORD

06 ↔ ACRONYMS

07 ↔ CHAPTER 1

07 ↔ INTRODUCTION

- 07 ↔ 1.0 Contextual Background
- 07 ↔ 1.1 Rationale for the Policy
- 09 ↔ 1.2 Policy and Legal Context
- 10 ↔ 1.3 Scope of this Policy

11 ↔ CHAPTER 2

11 ↔ SITUATIONAL ANALYSIS OF FEMALE
GENITAL MUTILATION IN THE GAMBIA

- 11 ↔ 2.0 Introduction
- 12 ↔ 2.1 Definitions
- 12 ↔ 2.2 National Response to FGM in The Gambia
- 12 ↔ 2.3 Emerging Trends
 - 13 ↔ 2.3.1 Discreet cutting
 - 13 ↔ 2.3.2 Early cutting
 - 13 ↔ 2.3.3 Cross-border cutting
- 13 ↔ 2.4 **FGM Drivers**
 - 13 ↔ 2.4.2 Economic and monetary gains
 - 13 ↔ 2.4.3 Social norms and behaviour
 - 13 ↔ 2.4.4 Rites of passage
- 13 ↔ 2.4 Opportunities
 - 14 ↔ 2.4.1 Conducive International legal framework
 - 14 ↔ 2.4.2 The Women's Amendment Act, 2015
 - 14 ↔ 2.4.3 Strategic partnerships
 - 14 ↔ 2.4.4 The National Human Rights Commission
 - 14 ↔ 2.4.5 Current review of the Children's Act, 2005
 - 14 ↔ 2.4.6 Donor interest and support
 - 14 ↔ 2.4.7 Media engagement
 - 14 ↔ 2.4.8 Male involvement in eliminating the practice of FGM
 - 15 ↔ 2.4.9 Community-led approaches
- 15 ↔ 2.5 Challenges in addressing FGM
 - 15 ↔ 2.5.1 Lack of data on the progress made in the fight against FGM
 - 15 ↔ 2.5.2 Entrenched socio-cultural and religious beliefs
 - 15 ↔ 2.5.3 Government's lack of commitment and weak enforcement of the law
 - 15 ↔ 2.5.4 Resource constraints on the part of the police
 - 15 ↔ 2.5.5 Reluctance of witnesses to testify and communities to report cases
 - 16 ↔ 2.5.6 Stigma
 - 16 ↔ 2.5.7 Community Resistance to the Implementation of the Anti-FGM Law
 - 16 ↔ 2.5.8 Poor Coordination of interventions by stakeholders
 - 16 ↔ 2.5.9 Absence of statutory reporting obligation on key professionals such as medical officers, teachers, and social workers
 - 16 ↔ 2.5.10 COVID-19 and its restrictions

17 ↔ CHAPTER 3**17** ↔ POLICY GOAL, PRIORITIES AND GUIDING PRINCIPLES

- 17 ↔ 3.0 Introduction
- 17 ↔ 3.1 Policy Goal
- 17 ↔ 3.2 Policy Objectives
- 17 ↔ 3.3 Policy strategic priorities
- 18 ↔ 3.4 Guiding Principles
- 18 ↔ 3.5 Policy Approach
- 18 ↔ 3.6 Policy Outcomes and Outputs

20 ↔ CHAPTER 4**20** ↔ POLICY PRIORITY ACTIONS

- 20 ↔ 4.0 Policy Statements and Priority Actions
- 20 ↔ 4.1 Policy Priority 1: Enact comprehensive anti-FGM legislation in line with human rights standards
- 20 ↔ 4.2 Policy Priority 2: Enhancing multi-sectoral coordination and inter-system collaboration
 - 20 ↔ 4.2.1. Improve communication and collaboration between all FGM stakeholders
 - 21 ↔ 4.2.2. Engage Girls and Women, Men and Boys in the Prevention of FGM
 - 21 ↔ 4.2.3. Empower law enforcement and border communities to address cross-border FGM
- 21 ↔ 4.3 Policy Priority 3: Community engagement and amplification of social norms interventions
 - 21 ↔ 4.3.1. Improve communication and collaboration between all FGM stakeholders
 - 22 ↔ 4.3.2. Engage Girls and Women, Men and Boys in the Prevention of FGM
 - 22 ↔ 4.3.3. Establish regional anti-FGM Committees and facilitate communication platforms with existing community structures
 - 22 ↔ 4.3.4. Engage traditional female ex-circumcisers
- 22 ↔ 4.4 Policy Priority 4: Empowerment of girls and women to exercise their rights and establish a survivor-centred approach
 - 23 ↔ 4.4.1 Empower Girls and Women
 - 23 ↔ 4.4.2 Provide support to girls and women who are at risk of or who have experienced FGM and foster the active engagement of FGM survivors
- 23 ↔ 4.5 Policy Priority 5: Strengthening of data generation and knowledge management frameworks for policymaking and improving programming
 - 23 ↔ 4.5.1 Capacity support for data and monitoring systems development
 - 24 ↔ 4.5.2 Collaborate with anti-FGM NGOs and research institutions in research and documentation
- 24 ↔ 4.6 Policy Priority 6: Establishing a surveillance system to report and track FGM cases and develop a Policy implementation and enforcement framework
 - 24 ↔ 4.6.1 Establish surveillance mechanisms to report and track FGM cases
 - 24 ↔ Create a comprehensive anti-FGM implementation and enforcement framework

25 ↔ CHAPTER 5**25** ↔ INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

- 25 ↔ 5.1 Introduction
- 25 ↔ 5.2 Implementation Framework
 - 25 ↔ 5.2.1 The National Anti-FGM Board
 - 25 ↔ 5.2.3 Regional anti-FGM Committees
- 26 ↔ 5.3 Resource mobilization

28 ↔ CHAPTER 6**28** ↔ MONITORING AND EVALUATION

- 28 ↔ 6.0 Introduction
- 28 ↔ 6.1 Monitoring and Evaluation (M&E)
 - 28 ↔ 6.1.1 Establish a monitoring and evaluation mechanism to ensure the policy objectives are monitored and evaluated
- 28 ↔ 6.2 Research and Documentation
 - 28 ↔ 6.2.1 Enhance data collection, and collation on FGM prevalence to inform policies, planning and decision making
- 29 ↔ 6.3 Reporting
 - 29 ↔ 6.3.1 Enhance coherent reporting mechanisms by all institutional structures
- 29 ↔ 6.5 Policy Review

30 ↔ ANNEX

FORWARD

I am honoured to present the forward for the newly formulated Female Genital Mutilation (FGM) Policy, which marks a significant milestone in our commitment to protect the rights and well-being of women and girls. As the Minister of Gender, Children, and Social Welfare, it is my privilege to lead efforts aimed at eradicating harmful practices that affect the health and wellbeing of women and girls and also fostering gender equality and equity in our society.

Female Genital Mutilation (FGM) is a deeply rooted cultural practice that has caused immense physical and psychological harm to countless women and girls around the world. It is a violation of their fundamental rights, undermining their health, dignity, and potential. This policy represents a critical step towards ending this harmful practice and building a society that upholds the rights of all its citizens.

In light of the above, the formulation of this comprehensive FGM Policy would not have been possible without the dedication, expertise, and collaboration of numerous individuals and organizations. I would like to express my heartfelt gratitude to everyone who contributed to this important endeavour.

First, I extend my sincere appreciation to the survivors of FGM who bravely shared their personal stories, experiences, and insights.

Their courage and resilience have been instrumental in shaping this policy, ensuring that the voices of those most affected by FGM are heard and acknowledged.

I would also like to acknowledge the invaluable support and guidance provided by national and international organizations working tirelessly to combat FGM. Their expertise, research, and advocacy efforts have been vital in informing the policy's development and ensuring its alignment with international human rights standards.

Furthermore, I extend my gratitude to the dedicated professionals within the Ministry of Gender, Children, and Social Welfare, who have worked tirelessly to draft and refine this policy. Their commitment to the well-being of women and girls has been unwavering, and their expertise has been crucial in formulating a robust and comprehensive policy framework.

Lastly, I would like to express my appreciation to the members of the public who participated in consultations, dialogues, and public awareness campaigns related to FGM. Their active engagement and feedback have been invaluable in developing the policy and fostering a sense of ownership among communities.

Together, we can bring about lasting change and create a future where all women and girls can live free from the physical and emotional pain caused by FGM. This policy is a significant stride forward, but it is only the beginning. I call upon all Stakeholders, including Ministry's, Departments and Agencies', Civil Society Organizations, Communities, and Individuals, to join hands and work collectively towards the effective implementation of this policy.

Let us stand united in our commitment to protect the rights, dignity, and well-being of every woman and girl, and to create a society where gender equality prevails. Together, we can eradicate FGM and build a future that is just, inclusive, and empowering for all.



HONOURABLE FATOU KINTEH
MINISTER OF GENDER, CHILDREN AND SOCIAL WELFARE

ACRONYMS

ACHPR	African Commission on Human and Peoples' Rights
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CPA	Child Protection Alliance
CRC	Convention on the Rights of the Child
CRR	Central River Region
CSO	Civil Society Organization
FGM	Female Genital Mutilation
FLAG	Female Lawyers Association-Gambia
GAMCOTRAP	The Gambia Committee on Traditional Practices Affecting the Health of Women and Children
GBOS	Gambia Bureau of Statistics
KII	Key Person Interview
MAPUTOPROTOCOL	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
MICS	Multiple Indicator Cluster Survey
MOBSE	Ministry of Basic and Secondary Education
MOH	Ministry of Health
MOJ	Ministry of Justice
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission
TYW	Think Young Women
TGA	The Girls' Agenda
SDGS	Sustainable Development Goals
SHFG	Safe Hands for Girls
UNFP	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN	United Nations
URR	Upper River Region
LRR	Lower River Region
WHO	World Health Organization

CHAPTER 01

INTRODUCTION

1.0 CONTEXTUAL BACKGROUND

The recognition of Female Genital Mutilation (FGM) as a gross violation of the human rights of girls and women is well established in numerous international legal instruments.¹ FGM has been recognized as an extreme form of violation of the rights to dignity, life, health, autonomy, and integrity of women and girls. It constitutes both a result and a perpetuation of gender inequality and discrimination against women and girls and remains harmful to their lives, sexual and reproductive health rights, physical and psychological health, and education. Consequently, many countries have ratified international treaties that prohibit FGM.

FGM, however, remains widely practiced and The Gambia, despite domestic legislation banning FGM, remains one of the countries where the practice is common. Though the criminalization of the practice by the 2015 amendment of the Women's Act was major progress in tackling FGM, significant work still needs to be done to effectively eradicate the practice. Therefore, concerted efforts are needed to use culturally relevant strategies to end the practice.

While the Gambia has made some progress in the fight against FGM in the last decade, including the promulgation of an Act that prohibits the practice, there is a

recognition that a lot more work needs to be done to achieve Goal 5 of the Sustainable Development Goals (SDGs) and end FGM by 2030. This Policy is thus designed to contribute to that aspiration by identifying innovative strategies and milestone activities that would accelerate the abandonment of FGM in The Gambia.

The creation of the Ministry of Gender, Children, and Social Welfare (MoGCSW) in 2019, following the change of government in 2017, creates a very optimistic policy direction for this decade in advancing the sexual and reproductive health rights of women and children as an institutional anchor. This is the first strategic direction for the last decade in the advocacy to end FGM.

The many years of civil society advocacy on FGM resulted in several networks, lobby groups, and various youth-led engagements as well as the media has broken the taboo of silence on FGM. Similarly, policy and legal frameworks emanating as a result of many years of advocacy to end FGM will be the reference point of this policy document that will lead the road for the last decade and achievement of the sustainable development goal.

1.1 RATIONALE FOR THE POLICY

FGM is a harmful practice that has been internationally recognized as an extreme form of violation of the rights, health, and integrity of women and girls. FGM constitutes both a result and a perpetuation of gender

inequality and discrimination against women and girls. It violates the basic human rights of women and girls and is harmful to their lives in many ways, including to their physical and psychological health, and education.

¹ Satang Nabaneh & Adamson S. Muula 'Female Genital Mutilation/Cutting: A complex legal and ethical landscape' (2019) 145 (2) International Journal of Gynecology & Obstetrics 253-257. Available at <<https://doi.org/10.1002/ijgo.12792>>. See also E Durojaye & S Nabaneh 'Addressing Female Genital Cutting/Mutilation (FGC/M) in The Gambia: Beyond Criminalisation' in E Durojaye, G Mirugi-Mukundi & C Ngwenya (eds) Advancing Sexual and Reproductive Health and Rights in Africa: Constraints and Opportunities (Routledge, 2021) 116-131. Available at <<https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9781003175049-8/addressing-female-genital-cutting-mutilation-fgc-gambia-ebenezer-durojaye-satang-nabaneh?context=ubx&refId=a2e155fc-d1a5-48b7-b912-27b2580463a4>>

In The Gambia, FGM is done or performed throughout childhood. According to the 2018 Multiple Indicator Cluster Survey (MICS) 50.6 percent of those aged 0–14 years and 75.7 percent of women aged 15–49 years had undergone FGM.² The 2019–2020 Gambia Demographic and Health Survey (GDHS) shows a slight decrease, 73 percent of women aged 15–49 years undergoing the procedure compared to 75 percent in 2013.³

Although FGM reflects gender inequalities and violence against women and is prohibited by the Women's Amendment Act 2015, FGM continues to be practiced in The Gambia. Most of the practicing communities, if not all of them, consider it obligatory on them by religion (Islam) or as socially acceptable to subject their women and girls to this harmful traditional practice. Another reason why it is practiced is that it is considered a rite of passage into womanhood. There is a general belief amongst practicing communities that FGM prepares girls for womanhood, for their life ahead as wives, mothers, and caregivers.

In December 2015, an Executive proclamation was made banning FGM. This was followed by the amend-

ment of the Women's Act 2010, which imposed a legal ban on FGM. While there is a general notion that there has been a decrease in the practice as evidenced by the 2019/2020 DHS Multiple Indicator Cluster Survey (MICS) and perception surveys reflecting the shift in the attitudes and behaviours of many practicing communities, a significant number are not convinced that any change has taken place.

Owing to the existing ban, practising communities have devised several means of performing FGM on their girls and women without being exposed and prosecuted. These emerging trends consequently present unprecedented challenges to the fight against FGM.

Efforts geared toward the elimination of FGM, therefore, require urgent action from the Government to set in motion concerted efforts to eradicate the practice and a plan of action to adequately address the challenges. Consequently, an improved legal and policy framework that provides a holistic, multi-sectoral approach to the issues around FGM in the country to keep pace with evolving trends is a necessity.



² The Gambia Bureau of Statistics (GBOS) et al, 'The Gambia Multiple Indicator Cluster Survey 2018: Survey Findings Report' (2019). See Table PR.51: Female genital mutilation (FGM) among women, p. 353. Available at <[https://www.unicef.org/gambia/media/776/file/The Gambia Multiple Indicator Cluster Survey 2018.pdf](https://www.unicef.org/gambia/media/776/file/The%20Gambia%20Multiple%20Indicator%20Cluster%20Survey%202018.pdf)>.

³ Gambia Bureau of Statistics (GBOS) 'Gambia Demographic and Health Survey (GDHS)' (2020), p.299. Available at <<https://dhsprogram.com/pubs/pdf/FR369/FR369.pdf>>.

1.2 POLICY AND LEGAL CONTEXT

The Gambia has ratified several international and regional instruments, including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), the Convention Against Torture and other Cruel and Inhuman or Degrading Treatment or Punishment (CAT), Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACERWC), the African Charter on Human and People's Rights (ACHPR) and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol).

The 1997 Constitution of The Gambia provides a basis for the validity of all laws and actions in The Gambia. It recognizes several categories of laws that constitute the legal system. These include Acts of Parliament, Decrees, subsidiary legislation, Sharia law in matters of marriage, divorce and inheritance for Muslims, and customary law to some aspects of communities. Even though the lack of full enforcement of these laws has hindered the progress registered in the fight against FGM, the Constitution and some of the Acts of Parliament contain provisions that are essential in the fight against FGM.

The Women's Act 2010 and its 2015 amendment contain provisions protecting several rights which can cumulatively be used to fight FGM. The amendment also criminalized the practice of FGM and laid down several punishments accompanying the ban. The National Women's Council is also created under the Act to monitor compliance.

The Children's Act, 2005 requires the best interest of the child to always be paramount in any decision affecting the child. This requires that institutions, courts, or other bodies, in determining the best interest of the child, shall have regard to the harm that the child may suffer, her emotional and physical needs, likely effects of any changes in the child's circumstances and her wishes where they are ascertainable. Also, Section 19, prohibits subjecting a child to those practices which are prejudicial to the life and health of the child or discriminatory on the grounds of sex or other status.

The Domestic Violence Act, 2013 provides protection for women and girls who are victims of domestic violence. The definition of domestic violence under the Act is wide and includes engaging in any act that constitutes a threat or harm to a person under the Criminal Code and subjecting a person in a domestic relationship to cruel and inhuman or degrading treatment or punishment.

The Criminal Code of The Gambia did not make the practice of FGM a crime but the criminalisation of various forms of assault including assault causing bodily harm. It defines harm as any bodily hurt, disease, or disorder whether permanent or temporary; thus, acts of cutting, incision, stitching, and other methods of performing FGM can fall under the harm prohibited by the Criminal Code.

In terms of policy, several documents have scanty mention of FGM or harmful traditional practices but there is no specific national policy that addresses FGM adequately. The National Development Plan 2018 makes respect for human rights generally a strategic priority and with it abolishing harmful traditional practices, such as female genital mutilation.

The National Gender Policy 2010-2020 addressed issues such as gender and education, gender and health, and gender and human rights among others. Regrettably, this Policy attempted to provide a cushion for the protection of human rights, but it failed to address harmful traditional practices including FGM. Before phasing out, this policy was reviewed, and the Gender and Women Empowerment Policy 2017-2020 was developed. This revised version sought to 'promote and protect the human rights of women, men, girls and boys through the effective and full implementation of all human rights national and international instruments.' The Policy also sought to eliminate harmful traditional practices by lobbying for such change. These Policies have been phased out and in order to ensure the continuity of the protections that were provided, the current Policy will put in place mechanisms that will continue to fight against FGM. Even though the National Youth Policy 2019-2028 post-dated the FGM ban in 2015, it did not make adequate coverage of FGM and how it should be

tackled. The National Youth Policy recognised that young women continue to be victims of FGM and other harmful traditional practices⁴. [See the National Youth Policy, p 23.] The Policy goes further to target the elimination of harmful traditional practices and the enrolment and retention of girls in schools. It did not, however, provide details on how this is to be achieved.

1.3 SCOPE OF THIS POLICY

This Policy reflects and captures the status of FGM, social-norms drivers of the practice, stakeholder analysis, multi-sectoral needs for prevention and management, and emerging issues of FGM including, cross-border cutting and discreet cutting. The Policy covers both national and local governments, traditional and religious leaders, and non-state actors, including civil society organizations, community-based organizations, faith-based organizations, the private sector, development partners, opinion leaders, parents, and the communities.



⁴. See the National Youth Policy, p 23.

CHAPTER 02

SITUATIONAL ANALYSIS OF FEMALE GENITAL MUTILATION IN THE GAMBIA

2.0 INTRODUCTION

Despite The Gambia's ratification of the CRC on 9 August 1990; CEDAW on 6 April 1993; African Children's Charter on 14 December 2000; the Maputo Protocol on 25 May 2005; the enactment of the Women's Act, 2010 and the subsequent Women's (Amendment) Act, 2015; and the development of various national gender relevant policies, gender inequality persists with much discrimination against girls and women. This is especially manifested through harmful traditional practices and violence against women, including FGM, across the regions of the country.

According to the 2018 Multiple Indicator Cluster Survey (MICS), 75.7 percent of women aged 15–49 years and 50.6 percent of those aged 0–14 years had undergone FGM. The 2019–2020 Gambia Demographic and Health Survey (GDHS) shows a slight decrease, 73 percent of women aged 15–49 years undergoing the procedure compared to 75 percent in 2013. Although the minor decline is far from achieving the Sustainable Development Goals (SDGs) 5 target of zero FGM prevalence, progress has been registered as mirrored in the prevalence estimates of young girls who undergo FGM. For instance, there has been a 10% decrease observed for girls between the ages of 0–4 (27.3%) in the 2018 MICS compared to the 38.2 % in the 2010 MICS.

However, significant numbers of people continue to practice FGM indicating the need to accelerate the

abandonment of FGM in The Gambia. Consequently, an improved legal and policy framework that provides a holistic approach to the issues around FGM in the country to keep pace with evolving trends is a necessity.

The contextual analysis of FGM in this Policy is based on the Research Report for the Development of the National FGM Policy and Plan of Action, 2021, which utilized the following mixed research methods:

- 01 A comprehensive desk review of the relevant legal and policy frameworks, and literature review;
- 02 A comprehensive desk review of the relevant legal and policy frameworks, and literature review;
- 03 A comprehensive desk review of the relevant legal and policy frameworks, and literature review;
- 04 A comprehensive desk review of the relevant legal and policy frameworks, and literature review;
- 05 A comprehensive desk review of the relevant legal and policy frameworks, and literature review;

2.1 DEFINITIONS

Female Genital Mutilation (FGM) refers to 'all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons'⁵. [WHO 'Female Genital Mutilation Fact sheet' (2020). Available at <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>>.] The term 'Female Genital Mutilation' (FGM) will be used in reference to the practice. The World Health Organization (WHO) classifies FGM into four types —namely,

Clitoridectomy (Type I): Partial or total removal of the clitoris and or the prepuce.

Excision (Type II): Partial or total removal of the clitoris and the Labia minora, with or without excision of the Labia majora.

Infibulation (Type III): Narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the Labia minora and/or the Labia majora, with or without the excision of the clitoris.

Unclassified (Type IV): All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.

2.2 NATIONAL RESPONSE TO FGM IN THE GAMBIA

In the last few years, there has been a series of responses from Government and Non-Governmental Organizations (NGOs) in tackling FGM. Regardless of its shortcomings, the enactment of the Women's Amendment Act 2015, which bans FGM, marked significant progress in addressing FGM in the Gambia. While thousands of girls are still at risk of being subjected to FGM, there is growing evidence that progress is being made toward ending the practice in The Gambia. This could be credited or attributed to the growing inclusion of some communities in the development of interventions thus resulting in them taking ownership of these initiatives and influencing positive change in ending FGM. Community sensitization and outreach activities, including community dialogues with traditional, religious, and community leaders,

continue to take place and yield some positive results. The role of CSOs in the acceleration toward the abandonment of FGM in The Gambia cannot be overemphasized. For more than 30 years, the work to end FGM in The Gambia was championed by women's rights organisations, notably the Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP), the Foundation for Research on Women's Health, Productivity, and the Environment (BAFROW), Wassu Gambia Kafo and TOSTAN. Other organisations include the Network Against Gender-Based Violence, the Female Lawyers Association-Gambia (FLAG), Child Protection Alliance (CPA), and the Nova Scotia- Gambia Association (NSGA).

More young people have taken up active roles, particularly in grassroots settings, to change the narratives. This is largely due to the work done by youth-led organisations such as Think Young Women, The Girls Agenda, and Safe Hands for Girls, who are engaged in extensive awareness-raising programmes through media, community engagement, and trainings. The movement of young people is expanding and as a result, there is hope for the future of Gambia in terms of abandoning FGM. Other than being leading voices of young people in the FGM movement, these organizations have also shifted conversations of FGM to broader platforms, including social media, and have since, in addition to their community outreaches, been amplifying the call for the abandonment of FGM in The Gambia and a change in narratives of FGM being a religious obligation or a necessity for better womanhood.

While there is consensus that enacting laws and using a rights-based approach is a critical component in promoting FGM abandonment, interventions have also focused on addressing the socio-cultural elements underlining the practice. There is also inadequate enforcement of the FGM ban owing to non-reporting by community members, lack of resources, political will, and disconnect between relevant stakeholders. Lapses in communication and coordination have resulted in stakeholders working in isolation with minimal impact on the efforts to eradicate FGM.

2.3 EMERGING TRENDS

Since the banning of FGM in 2015, there have been significant efforts to eradicate the practice through

⁵. WHO 'Female Genital Mutilation Fact sheet' (2020). Available at <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>>.

sensitization and law enforcement. However, there remains a general belief that some communities are still practicing FGM despite the enactment of the law. Emerging trends that continue to perpetuate the practice have been observed.

2.3.1 DISCREET CUTTING

Unlike in the past when FGM was done in the open with large public ceremonies and displays of the practice, it has been observed that the practice is now done discreetly to avoid bringing any attention to it. Although the large ceremonies constitute a very significant part of the practice, the practicing communities are willing to sacrifice this to avoid bringing attention to themselves, and risk being reported to the Police and other national authorities. Some practicing communities who are not willing to give up the said ceremonies have developed the strategy of organizing the mutilation during the male circumcision season. This does not only increase the number of unreported cases in terms of the prevalence rate, but it also subjects more girls from those communities to harm with no reasonable suspicion thus absolving their perpetrators from liability.

2.3.2 EARLY CUTTING

To avoid the possibility of exposure to cutting older children, communities have now started resorting to cutting girls while they are still babies.

2.3.3 CROSS-BORDER CUTTING

Due to the ban on FGM and the legal consequences attached to it, practicing communities have started resorting to travelling across the border to the border villages of Casamance in neighbouring Senegal. Even though Senegal also banned the practice, it remains widespread in some parts of that country.

2.4 FGM DRIVERS

2.4.1 RELIGIOUS AND CULTURAL BELIEFS

FGM is a social norm that is deeply entrenched in the cultural, and historical beliefs of certain ethnic groups in The Gambia and has religious connotations. In many practicing communities, parents practice FGM on their

daughters because they believe that it is a religious obligation to do so. Consequently, parents and traditional and religious leaders continue to promote, perpetuate, and defend the practice. Statistically, in The Gambia, only about one-third of women (34%) and men (31%) believe that FGM is not a religious requirement. Less than half of women (46%) and men (42%) believe that female circumcision should not be continue.⁶

2.4.2 ECONOMIC AND MONETARY GAINS

Circumcisers use FGM as a means of gaining revenue for sustenance. Due to this monetary gain, circumcisers are reluctant to abandon the practice.

2.4.3 SOCIAL NORMS AND BEHAVIOUR

Communities perform FGM for various reasons. The retention and preservation of social heritage, family pride, prestige, community acceptance, avoidance of stigma, marriageability, and inclusion are among the main reasons why FGM is still practiced and perpetuated. Rejecting FGM has social, cultural, economic, and political consequences including stigmatization and discrimination. FGM is also considered a cultural identifier among the practising communities distinguishing their daughters from those of communities who do not circumcise their girls and women. The cutting of girls remains a norm in practising communities to the extent that there is acceptance for continuation and support for the practice.

2.4.4 RITES OF PASSAGE

FGM is also perpetuated by communities who consider it a rite of passage from childhood to womanhood for marriageability purposes. In these communities, a girl is viewed as a woman once subjected to FGM and FGM is a determinant of a marriage's worthiness. Adulthood is not only determined by biological age but by the rite of passage. The girls are married off soon after undergoing FGM. In these communities, parents and young women are under constant pressure to undergo FGM.

2.4 OPPORTUNITIES

2.4.1 CONDUCIVE INTERNATIONAL LEGAL

⁶ 2020 GDHS, p. 300.

FRAMEWORK

International and regional human rights frameworks obligate The Gambia as a state party to prohibit and condemn all forms of FGM through legislative and other measures. This provides the foundational basis for national interventions in addressing FGM.

2.4.2 THE WOMEN'S AMENDMENT ACT, 2015

Despite its shortcomings, the enactment of the Women's Amendment Act 2015, which bans FGM marked significant progress in addressing FGM in the Gambia. After more than 30 years of advocacy, a law was put in place that banned FGM, representing a step towards The Gambia fulfilling its international human rights obligations. After more than five years of existence, this amendment can be reviewed and a more elaborate anti-FGM law can be put in place.

2.4.3 STRATEGIC PARTNERSHIPS

Multiple stakeholders and CSOs are working together at the grassroots level to end FGM and coordinated efforts from these stakeholders present a strong front in the Anti-FGM campaigns.

2.4.4 THE NATIONAL HUMAN RIGHTS COMMISSION

The establishment of the National Human Rights Commission as a permanent institution mandated to protect and promote human rights in The Gambia presents a unique opportunity to victims of FGM. Both victims and witnesses of FGM can report it to the NHRC to seek appropriate redress.

2.4.5 CURRENT REVIEW OF THE CHILDREN'S ACT, 2005

There is currently a review of the Children's Act 2005. This provides an opportunity for stringent provisions against FGM. For example, there can be mandatory reporting of FGM incidents to social workers, teachers, medical workers, and other relevant professionals to the authorities.

2.4.6 DONOR INTEREST AND SUPPORT

Current donor interest in efforts towards the eradication of FGM could help to reach more communities and engage all critical stakeholders in the fight against FGM.

2.4.7 MEDIA ENGAGEMENT

Media engagement and advocacy can be used to publicise the Anti-FGM campaigns. FGM issues in The Gambia have been highlighted by the local, national, regional, and global media, hence building the momentum toward the eradication of this practice. At the community level, vernacular radio stations play a critical role in imparting knowledge on the consequences of FGM. Social media platforms can also be used to reach and educate the masses. Additionally, the Access to Information Act, 2021 provides an opportunity to ensure that institutions provide information on what efforts they are doing to combat FGM; or give out information on FGM cases, for instance, the Police and Ministry of Health.

2.4.8 MALE INVOLVEMENT IN ELIMINATING THE PRACTICE OF FGM

Historically, in executing their roles in patriarchal societies, men and boys have played a vital role in the continuation of FGM⁷ [Nesrin Varol et al 'The role of men in abandonment of female genital mutilation: a systematic review' (2015)15 BMC Public Health 1034. Available at <<https://doi.org/10.1186/s12889-015-2373-2>>.] This is because men are the major supporters and gatekeepers of FGM. However, there has been evidence of the improved role of men and boys in the fight against FGM. This became more pronounced during the COVID-19 pandemic⁸ as male members of society played an important role in preventing the reversal of the progress made prior to the pandemic. [UNFPA-UNICEF Joint Programme on the Elimination of FGM, Report on Gender - Equitable Masculinities - The Role of Men and Boys in Preventing and Responding to FGM in the COVID-19 Context, (2020) p.2. <https://www.unicef.org/media/107646/file/FGM%20gender%20equitable%20masculinities.pdf>.] Their capacities as family heads, religious leaders, and institutional heads present an opportunity in the fight against FGM as they can influence the abandonment of the

⁷ Nesrin Varol et al 'The role of men in abandonment of female genital mutilation: a systematic review' (2015)15 BMC Public Health 1034. Available at <<https://doi.org/10.1186/s12889-015-2373-2>>.

⁸ UNFPA-UNICEF Joint Programme on the Elimination of FGM, Report on Gender - Equitable Masculinities - The Role of Men and Boys in Preventing and Responding to FGM in the COVID-19 Context, (2020) p.2. <https://www.unicef.org/media/107646/file/FGM%20gender%20equitable%20masculinities.pdf>

practice. Organizations such as Think Young Women, The Girls Agenda, and Network Against Gender-Based Violence have been working with young men and young couples to have their buy-in in the fight against FGM and not to subject their daughters to FGM

2.4.9 COMMUNITY-LED APPROACHES

Community-based organizations (CSOs) with support from partners have been implementing programmes to address FGM at the community level with probable sustainability of interventions due to community ownership and leadership. The ex-circumcisers have been converted to home caregivers supporting the health care system as escorts of pregnant women as well as engaged in the advocacy within their cluster communities hence sustainability. The critical role they play has convinced many communities to abandon the practice.

2.5 CHALLENGES IN ADDRESSING FGM

Despite signs of progress in efforts to eliminate the practice of FGM, some complex challenges remain and continue to hinder the efforts to eliminate FGM in The Gambia.

2.5.1 LACK OF DATA ON THE PROGRESS MADE IN THE FIGHT AGAINST FGM

Challenges in the paucity of data on the progress made in the fight against FGM has meant that assessment of the evidence on programming for FGM remains extremely limited. Anti-FGM projects and interventions are often not evaluated to generate evidence and use it to inform ongoing or future programme implementation.⁹ [In 2021, UNICEF commissioned the assessment of the effectiveness of C4D interventions in The Gambia.] Thus, current evidence on FGM interventions remains limited. At the same time, the methodological approach in determining or selecting respondents may be flawed and may affect the cohort not intended to be covered. This may result in why the rate is still high despite the rigorous advocacy work and attention on FGM.

2.5.2 ENTRENCHED SOCIO-CULTURAL AND RELIGIOUS BELIEFS

There remain communities who believe FGM is a good practice and should never be abandoned. Some of

these communities are, therefore, reluctant to change, and hold the ardent belief that FGM is a cultural or religious practice that ought to be preserved and exhibit public hostility to the anti-FGM law.

Similarly, opinion shapers and influencers among some religious and community leaders contribute to the perpetuation of FGM. They have ardent followers among women and can influence their congregations resulting in resistance.

2.5.3 GOVERNMENT'S LACK OF COMMITMENT AND WEAK ENFORCEMENT OF THE LAW

The lack of effective implementation affects the level of commitment on the part of the Government to enforce the anti-FGM law also remains a challenge. Since the amendment of the Women's Act in 2015, no single case has been prosecuted successfully. Even though cases have been reported, prosecution remains minimal. The Government's commitment should, in addition to other things, be demonstrated through taking meaningful steps to prosecute perpetrators.

2.5.4 RESOURCE CONSTRAINTS ON THE PART OF THE POLICE

Inadequate budgetary allocations for key duty bearers continue to hinder the fight against FGM. Law enforcement officers often complain about using their monies to hire vehicles to investigate reported FGM cases.

2.5.5 RELUCTANCE OF WITNESSES TO TESTIFY AND COMMUNITIES TO REPORT CASES

Due to the close-knitted nature of Gambian society and the lack of legal protection, witnesses are often reluctant or unwilling to report cases and testify in court. In addition, communities are also reluctant to report cases. Considering that communities are close-knit, it is likely that no one would report an FGM case for fear of being found out and stigmatised. This is also attributed to the challenges the Government faces in enforcing the Women's Amendment Act, 2015. The effect of this has been the lack of successful prosecutions.

9. In 2021, UNICEF commissioned the assessment of the effectiveness of C4D interventions in The Gambia.

2.5.6 STIGMA

FGM is a social norm that cuts across a broad spectrum of practicing ethnic groups and is condoned over time to avoid stigma and discrimination among the practising groups. Similarly, families who are challenging the norms and not subjecting their children to FGM are excluded from participating in important activities of the community.

2.5.7 COMMUNITY RESISTANCE TO THE IMPLEMENTATION OF THE ANTI-FGM LAW

Some communities continue to resist the implementation of anti-FGM measures. These communities base their claims on protecting their cultural identity and rights. For instance, law enforcement officers, survivors, and witnesses in the communities where FGM is practiced are threatened by members of the community and risk being harmed for reporting incidences, effectively hampering the enforcement of the laws.

2.5.8 POOR COORDINATION OF INTERVENTIONS BY STAKEHOLDERS

While the Government and NGOs have been active in program implementation to end FGM, their efforts are not well coordinated. The disjointed efforts of organizations, compounded by their competition for funding, have resulted in duplication of efforts and, consequently, waste of resources.

2.5.9 ABSENCE OF STATUTORY REPORTING OBLIGATION ON KEY PROFESSIONALS SUCH AS MEDICAL OFFICERS, TEACHERS, AND SOCIAL WORKERS

While 32B (2) of the Women's Amendment Act, 2015 places a general obligation on every person to report incidents of FGM to the proper authorities, there is lack of clear guidelines on the statutory reporting obligations of key professionals such as medical officials, teachers, and social workers.

2.5.10 COVID-19 AND ITS RESTRICTIONS

COVID-19 is also a contributing factor to the most recent challenges. The pandemic affected advocacy efforts at communities at the grassroots level, as many of these efforts were halted due to restrictions on public gatherings.

CHAPTER 03

POLICY GOAL, PRIORITIES AND GUIDING PRINCIPLES

3.0 INTRODUCTION

Despite the country's ratification of the UN Convention on the Rights of the Child (1989), African Charter on the Rights and Welfare of the Child (1990), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW 1979), and enactment of the Women's (Amendment) Act (2015), discrimination against girls and women persist especially manifesting through many harmful traditional practices across the regions, including FGM. The current policies do not specifically address the issues of FGM comprehensively. There is a need to have a holistic approach to the issues around FGM in the country to keep pace with world progress on the practice. The Policy is critical in accelerating the elimination of FGM and ensuring continuous validation of FGM interventions in the Gambia. The Policy will reflect and capture the status of FGM, social-norms drivers of the practice and stakeholder analysis, multi-sectoral and intersectional approaches needed for prevention and management, and the emerging issues.

3.1 POLICY GOAL

To create an FGM-free society in The Gambia.

3.2 POLICY OBJECTIVES

THE OBJECTIVES OF THIS POLICY ARE:

- A** To facilitate the eradication of FGM in The Gambia over the next five years;

- B** To encourage systemic and multi-sectional and intersectional approaches and collaboration towards efforts directed at the abandonment of FGM by practising communities;
- C** To address emerging trends and practices through law reform, capacity building, partnership, and collaboration;
- D** To promote the empowerment of girls and women by addressing the factors that engender gender inequities and inequalities, and gender-based violence; and
e. To develop research, routine data collection, and knowledge management for programming, policy development, and resource allocation to facilitate the elimination of FGM.

3.3 POLICY STRATEGIC PRIORITIES

THIS POLICY HAS THE FOLLOWING STRATEGIC PRIORITIES:

- Priority 1:** Enacting a comprehensive Anti-FGM Law in line with human rights standards
- Priority 2:** Enhancing multi-sectoral coordination and inter-system collaboration
- Priority 3:** Community engagement and amplification of social norms interventions

- ▶ **Priority 4:** Empowerment of girls and women to exercise their rights and establishing a survivor centred approach
- ▶ **Priority 5:** Strengthening of data generation and knowledge management frameworks for policy-making and improve programming
- ▶ **Priority 6:** Establishing surveillance system to report and track FGM cases and monitor implementation of the Policy

3.4 GUIDING PRINCIPLES

The Policy rests on some fundamental pillars that inform its design, implementation, and response measures. The principles are standards against which the practice is measured and shall guide the rollout of the Policy. The principles are in line with the 1997 Constitution and other international human rights treaties and through them, the human rights of women and girls are to be respected and harmful practices eliminated.

- ▶ Bodily integrity and dignity
- ▶ Inclusivity and respect for diversity
- ▶ Participation
- ▶ Gender Equality
- ▶ Accountability
- ▶ Best Interest of the Child
- ▶ Do No Harm

3.5 POLICY APPROACH

THE FOLLOWING PROGRAMMING APPROACHES WILL BE USED TO ATTAIN THE POLICY OBJECTIVES:

- A** Multi-sectoral approach, leveraging on the roles of government, CSOs, traditional and religious leaders, women and men, youths, adolescent boys and girls;
- B** Socio-cultural approach to advocacy and sensitisation through the active engagement of community members, religious and traditional leaders, and circumcisers with a view to minimising the chances of anti-FGM campaigns being regarded as a 'Eurocentric' and a ploy against Islam;

- C** Survivor centred approach, focusing on the provision of support to girls and women who experience FGM;
- D** Preventative approach, including public awareness in all sectors of society, through information formal and informal education and outreach programmes to counter the justifications of the practice and changing social norms and practices around it;
- E** Human Rights-Based Approach, identifying the root causes of FGM and its causal effects, as well as the obligations of the state as primary duty bearer and other actors towards rights holders;
- F** Evidenced based approach, documenting challenges, progress and emerging trends and issues in the fight against FGM to better inform programming and policy and legal reforms;
- G** Gender-responsive approach, recognising the gender dynamics, impacts and consequences of FGM on women and girls respectively; and
- H** Child-sensitive approach, recognising the vulnerabilities of girls to FGM and is informed by the guiding principles of children's rights (non-discrimination, best interests, life, survival, and development and participation).

3.6 POLICY OUTCOMES AND OUTPUTS

THE EXPECTED OUTCOMES OF THIS FGM POLICY ARE THE FOLLOWING:

Outcome 1: The Gambia has an enhanced enabling environment through the enactment of a comprehensive national anti-FGM legislation to support the implementation of FGM programmes at all levels in line with human rights standards

OUTPUTS:

- ▶ Increased engagement of policymakers with CSOs, communities, and young people.

- ▶ Enhanced multi-sectoral and inter-system coordination of anti-FGM efforts in The Gambia to expand programmatic efforts to prevent and respond to FGM and advocacy for policy implementation.

1. THE GAMBIA HAS INCREASED CAPACITY TO ENSURE FGM PREVENTION, PROTECTION, AND CARE

OUTPUTS:

- ▶ Increased availability of response interventions to reduce risks to girls and women being cut, and with quality and accessible comprehensive services for survivors of FGM.
- ▶ Improved capacity of service provision (social and health), including health care providers, social workers, and teachers and institutional capacities (security personnel and law enforcement agencies) to prevent FGM, protect victims and prosecute violators.

OUTCOME 2: EMPOWERED WOMEN AND GIRLS ARE AT THE FOREFRONT OF EFFORTS TOWARD THE ABANDONMENT OF FGM

OUTPUTS:

- ▶ Strengthened capabilities of girls and women to claim their rights.
- ▶ Increased engagement of communities in changing restrictive gender norms.

OUTCOME 3: THE GAMBIA HAS ENHANCED CAPACITY FOR DATA GENERATION FOR INFORMED PROGRAMMING

OUTPUTS:

- ▶ Increased generation of credible, up-to-date data on FGM that inform evidence-based advocacy and programming.
- ▶ Scaled up community-level surveillance systems

CHAPTER 04

POLICY PRIORITY ACTIONS

4.0 POLICY STATEMENTS AND PRIORITY ACTIONS

The Policy aims at solidifying the gains already made in the fight against FGM, through the creation of national legislation and policies and the State's fulfilment of its regional and international obligations, to accelerate national efforts and initiatives towards the abandonment of FGM in The Gambia.

4.1 POLICY PRIORITY 1: ENACT COMPREHENSIVE ANTI-FGM LEGISLATION IN LINE WITH HUMAN RIGHTS STANDARDS

Policy Statement: by 2026, The Government of The Gambia shall enact comprehensive anti-FGM legislation to properly regulate FGM.

PRIORITY ACTIONS

4.1.1 INITIATE AND SUPPORT ADVOCACY FOR THE ENACTMENT OF COMPREHENSIVE LEGISLATION ON FGM

POLICY ACTION

- 1 Initiate review of existing national laws against the international and regional norms and standards and support advocacy for the enactment of a comprehensive and holistic Anti-FGM Law, including criminalisation of emerging trends of FGM;
- 2 Harmonise all FGM relevant laws;

- 3 Facilitate the training and sensitisation of law enforcement, prosecution, and judicial officers on handling matters related to FGM; and
- 4 Establish an Anti-FGM prosecution unit under the Director of Public Prosecution (DPP), Ministry of Justice.

4.2 POLICY PRIORITY 2: ENHANCING MULTI-SECTORAL COORDINATION AND INTER-SYSTEM COLLABORATION

Policy statement: The Government of The Gambia shall ensure effective coordination between institutions and inter-system collaboration towards the abandonment of eradicating FGM.

PRIORITY ACTIONS

4.2.1. IMPROVE COMMUNICATION AND COLLABORATION BETWEEN ALL FGM STAKEHOLDERS

POLICY ACTION

- 1 Improve the coordination efforts by MGCSW and all relevant stakeholders through the National Steering Committee on FGM and the Technical Committee on FGM;
- 2 Strengthen inter-system collaboration, particularly the inclusion of anti-FGM curriculum materials in the Education system;

- 3 Facilitate the effective coordination of local administrative and community service structures working on FGM;
- 4 Actively involve or include a cross-section of stakeholders such as former circumcisers, religious leaders and traditional FGM gatekeepers, educational institutions, government institutions, CSOs, and the Media;
- 5 Utilize the Women's Council as an umbrella body that can connect with different stakeholders to complement one another in the fight against FGM;
- 6 Encourage CSOs and youth-led groups involved in the fight against FGM to partner and collaborate more to ensure sustainable impact; and
- 7 Facilitate multi-stakeholder annual dialogue on FGM.

4.2.2. ENGAGE GIRLS AND WOMEN, MEN AND BOYS IN THE PREVENTION OF FGM

POLICY ACTION

- Identify and support anti-FGM champions nationwide;
- Continue anti-FGM awareness-raising campaigns targeting girls and boys throughout the country;
- Support FGM peer education to enhance meaningful participation of boys and girls in anti-FGM campaigns; and
- Encourage girls and boys to come forward and report FGM practices on other children.

4.2.3. EMPOWER LAW ENFORCEMENT AND BORDER COMMUNITIES TO ADDRESS CROSS-BORDER FGM

POLICY ACTION

- Law enforcement officers establish surveillance mechanisms to track and report cases of FGM;

- Build the capacity of law enforcement to be able to effectively investigate and prosecute FGM cases;
- Develop the capacity of police and security officers to handle cross-border cutting;
- Provide border officials with equipment to trace and apprehend suspects of cross-border cutting;
- Provide law enforcement with vehicles to be able to speedily respond to FGM reports;

4.3 POLICY PRIORITY 3: COMMUNITY ENGAGEMENT AND AMPLIFICATION OF SOCIAL NORMS INTERVENTIONS

Policy statement: The Government of The Gambia shall engage the community and religious leaders, young girls and boys to transform restrictive gender norms in communities to eradicate FGM.

PRIORITY ACTIONS

4.3.1 ENGAGE COMMUNITY LEADERS, INCLUDING RELIGIOUS AND TRADITIONAL LEADERS AND INFLUENCERS

POLICY ACTION

- Promote intergenerational convenings and dialogues on changing restrictive social and gender norms;
- Build the capacity of youth organisations, child-led groups and women's groups to be able to effectively engage in anti-FGM awareness raising amongst their peers;
- Build the capacity of community and religious leaders in order for them to spearhead the fight against FGM in their respective communities.
- Support existing community structures, including community-based child protection groups to serve as surveillance systems to monitor and report on FGM;

- ▶ Use all available media, including social media and 'Kanyeleng' groups (traditional communicators), to debunk misconceptions around FGM;
- ▶ Support and involve community structures in all regions to participate in FGM discourses and prevention measures, including engaging with religious leaders who use their platforms to encourage FGM; and
- ▶ Mobilise resources (material, financial and human) to support capacity building and empowerment of community structures to participate in the elimination of FGM in their communities.

4.3.2 ENGAGE COMMUNITY LEADERS ON EMERGING TRENDS IN FGM

POLICY ACTION

- ▶ Use traditional and religious leaders to fight emerging trends at the grassroots level by organising village/townhall lectures/talk delivered by the traditional and religious leaders;
- ▶ Facilitate reporting of cases to law enforcement by community and religious leaders;
- ▶ Create awareness of the duties of the community leaders in the fight against FGM and assign these leaders the roles and responsibilities of spearheading the grassroots initiatives in the fight against FGM;
- ▶ Promote community and health workers' awareness of the dangers and illegality of medicalisation of FGM;
- ▶ Facilitate collaborations between medical and health workers and community leaders in spotting and reporting FGM cases by conducting joint sessions mapping out ways of collaboration; and
- ▶ Facilitate bilateral collaborations of border communities with their counterparts in Senegalese border communities.

4.3.3 ESTABLISH REGIONAL ANTI-FGM COMMITTEES AND FACILITATE COMMUNICATION PLATFORMS WITH EXISTING COMMUNITY STRUCTURES

POLICY ACTION

- ▶ Establish regional anti-FGM Committees to coordinate efforts geared at the abandonment of FGM at the regional level; and
- ▶ Ensure that administrative machinery, including TACs under the regional governors, MDFTs, Ward Development committees, CCPCs and VDCs, National Women Councillors (NWC) and other administrative posts are co-opted and empowered to monitor FGM practices at the local level.

4.3.4 ENGAGE TRADITIONAL FEMALE EX-CIRCUMCISERS

POLICY ACTION

- ▶ Encourage ex-circumcisers to come forward and help others still practising to 'drop the knife';
- ▶ Foster platforms for ex-circumcisers to engage in campaigns for the eradication of FGM;
- ▶ To facilitate alternative income generation activity for ex-circumcisers; and
- ▶ Train ex-circumcisers on economic ventures to sustain their livelihoods.

4.4 POLICY PRIORITY 4: EMPOWERMENT OF GIRLS AND WOMEN TO EXERCISE THEIR RIGHTS AND ESTABLISH A SURVIVOR-CENTRED APPROACH

Policy Statement: The Government of The Gambia shall facilitate transversal policy implementation toward the empowerment, and socio-economic development programmes and services focused on girls and women and design programmes, which are survivor-centred and amplify survivor voices to comprehensively address FGM.

PRIORITY ACTIONS

4.4.1 EMPOWER GIRLS AND WOMEN

POLICY ACTION

- ▶ Prioritize empowerment programmes to strengthen the ability of girls and women to claim their rights;
- ▶ Support CSOs in expanding and amplifying existing girls' empowerment programmes targeted for both in and out of school settings.
- ▶ Foster linkages to existing programmes aimed at women's economic empowerment to provide incentives to change social norms and patterns of behaviour.
- ▶ Enhance linkages and support to direct interventions in girls' education, including government activities for girls to remain in schools, and community-based activities by CSOs, mothers and girls' clubs with the goal of amplifying social norms change.

4.4.2 PROVIDE SUPPORT TO GIRLS AND WOMEN WHO ARE AT RISK OF OR WHO HAVE EXPERIENCED FGM AND FOSTER THE ACTIVE ENGAGEMENT OF FGM SURVIVORS

POLICY ACTION

- ▶ Enhance the awareness of girls and women on the impact of FGM on their social, health, and economic rights;
- ▶ Create avenues for survivors to tell their stories in sensitisation programmes;
- ▶ Provide witness protection mechanisms for victims and their witnesses where prosecutions may lead to persecution and stigma at community levels;
- ▶ Ensure the availability of health services, including emergency healthcare services in the immediate aftermath of the cutting, and

long-term care as may be necessary for public health facilities and establish collaborations with private health facilities to expand the FGM scope of services available;

- ▶ Facilitate free of charge and in proximity, counselling and rehabilitation to girls and women who have undergone FGM;
- ▶ Enhance and popularise the Helpline, One-Stop centers and the GBV shelter to bring access to response teams closer to victims;
- ▶ Establish state-funded shelters for girls and women at risk in all regions to complement the existing GBV; and
- ▶ Support girls and women with vocational training to make them self-supporting.

4.5 POLICY PRIORITY 5: STRENGTHENING OF DATA GENERATION AND KNOWLEDGE MANAGEMENT FRAMEWORKS FOR POLICYMAKING AND IMPROVING PROGRAMMING

Policy Statement: The Government shall ensure the availability of periodic, credible, and up-to-date data on FGM to inform effective policy decisions, legal and institutional reforms, and strengthen programming aimed on the prevention and management of FGM.

PRIORITY ACTIONS

4.5.1 CAPACITY SUPPORT FOR DATA AND MONITORING SYSTEMS DEVELOPMENT

POLICY ACTION

- ▶ Support a diagnostic review of the status of the existing monitoring and evaluation (M & E) system on FGM to improve measurement of FGM incidence, prevalence and changes in the practice;
- ▶ Support the establishment of comprehensive and credible database development to bridge national knowledge gaps on factors contributing to continued practice, including socio-economic aspects

of FGM and the cost-effectiveness of FGM interventions to inform scaling interventions.

- ▶ Establish an effective knowledge management system, in the context of an overall M&E framework and covering an agreed set of indicators for systematic tracking and situation monitoring on FGM programming.
- ▶ Document findings from FGM studies and enhance knowledge transfer between policy-makers, researchers, communities, and other FGM data consumers; and
- ▶ Create, manage, and maintain an FGM databank to ease access to information on FGM through the use of modern technology to enhance efficient and proper information management and dissemination of available data.

4.5.2 COLLABORATE WITH ANTI-FGM NGOS AND RESEARCH INSTITUTIONS IN RESEARCH AND DOCUMENTATION

POLICY ACTION

- ▶ Establish partnerships with NGOs and research institutions, academia on research and documentation of FGM prevalence and cases;
- ▶ Publish findings and data gathered from research and documentation in both English and local languages; and
- ▶ Popularise findings through NGO outreaches and mobile sensitization programmes.

4.6 POLICY PRIORITY 6: ESTABLISHING A SURVEILLANCE SYSTEM TO REPORT AND TRACK FGM CASES AND DEVELOP A POLICY IMPLEMENTATION AND ENFORCEMENT FRAMEWORK

Policy statement: The Government shall establish surveillance mechanisms to report and track FGM cases and develop monitoring and evaluation platforms to ensure the policy objectives are monitored and evaluated.

PRIORITY ACTION

4.6.1 ESTABLISH SURVEILLANCE MECHANISMS TO REPORT AND TRACK FGM CASES

POLICY ACTION

- ▶ Support the establishment of a system for anonymous reporting and coordinate a digitalised FGM case reporting and documentation system; and
- ▶ Support the strengthening of existing surveillance systems, including community child protection committees (CCPC) and other community structures such as mother's clubs.

CREATE A COMPREHENSIVE ANTI-FGM IMPLEMENTATION AND ENFORCEMENT FRAMEWORK

POLICY ACTION

- ▶ Promote the development and strengthening of the capacity of institutions to prevent and respond to FGM;
- ▶ Support the development of mechanisms to reach communities with information on prevention and response to FGM; and
- ▶ Facilitate periodic evaluation of all priority areas and document progress, and gaps, and provide specific recommendations for improvement.

CHAPTER 05

INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

5.1 INTRODUCTION

Despite the amendment to the Women's Act 2010 banning FGM, weak enforcement and implementation, coupled with public hostility against the amendment, have consistently been identified as some of the main obstacles to the fight against FGM in The Gambia. To address this shortcoming, this Policy will incorporate multi-sectoral and intersectional approaches to implementation and enforcement that have clear linkages between legal, policy, advocacy, education, and community involvement. The Ministry of Gender, Children and Social Welfare (MoGCSW) shall take the primary leadership role in the implementation of the Policy. The National Action Plan shall guide the implementation process.

5.2 IMPLEMENTATION FRAMEWORK

The Policy shall be implemented in line with its plan of action and other National policies and priority actions through multi-sectoral and intersectional approaches that embrace collaborations and partnerships with state and non-state actors. The following shall implement the Policy:

5.2.1 THE NATIONAL ANTI-FGM BOARD

There shall be established, through the enactment of a comprehensive anti-FGM law, a semi-autonomous government agency, the Anti-Female Genital Mutilation Board. Drawing on the composition of the Inter-Ministerial Taskforce, this body may consist of a

chairperson appointed by the President, representatives from the relevant ministries, including the Ministry of Gender, Women and Social Welfare, the Ministry of Justice, the Ministry of Basic & Secondary Education, the Judiciary, Ministry of Interior, Ministry of Higher Education, Research, Science & Technology, Ministry of Health, Ministry of Finance & Economic Affairs, Ministry of Trade, Industry, Regional Integration & Employment, Ministry of Interior, Ministry of Youth, and. This body shall work closely with the institutions, agencies, and other relevant bodies to ensure efficiency and impact in the implementation of anti-FGM programmes.

5.2.3 REGIONAL ANTI-FGM COMMITTEES

There shall also be Regional anti-FGM Committees in each of the Regions. These Committees will be the leading regional bodies responsible for monitoring the implementation of the Policy. The Regional Governors will chair the Committees in each region, and the Mayors for Kanifing and Banjul. Other committee members may include:

- i. Regional Gender Officer
- ii. Regional Social Welfare Office
- iii. Regional Police Commissioners for each of the regions
- iv. District Chiefs

v. Regional Director of Health

vi. Regional Director of Education

vii.2 religious' leaders

viii.1 representative of civil society actors

ix.1 youth representative

x. Persons with disabilities

xi.1 National Women Councillor Rep.

xii.1 representative from Community Child Protection Committee

5.3 RESOURCE MOBILIZATION

The practical implementation of this Policy will require considerable financial and human resources. Consequently, the Government of The Gambia will ensure that the Anti-FGM Board and Regional anti-FGM Committees receive an adequate budgetary allocation to finance their programmes and activities. Development partners shall complement this budgetary allocation through resource mobilisation and collaboration. The human resource capacities of the different actors working on implementing this Policy shall be enhanced by hiring, training, and retaining competent individuals to execute the functions of these bodies.



TABLE 5.1 ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

co	KEY PLAYERS	ROLES
01	Ministry of Gender, Children and Social Welfare	As the line ministry for the implementation of this policy, the MGCSW will provide direction for the implementation of the policy. It shall also facilitate budget bilateral and resource mobilisation.
02	National Assembly	I. Support the enactment of a comprehensive anti-FGM law II. Support the prioritization of resources for the implementation of the Policy.
03	National anti-FGM Board	The National anti-FGM Board shall be the lead government body to coordinate the implementation of the Policy.
04	Regional anti-FGM Committees	i. Monitor implementation in the regions ii. Facilitate regional trainings. iii. Collect and consolidate district Committee Reports
05	Ministry of Health	i. Regulate the health component of FGM services guided by the WHO Guidelines on the Management of Health Complications from Female Genital Mutilation ii. Train health professionals to handle complications suffered by FGM survivors. iii. Address FGM as a reproductive health issue. iv. Integrate FGM in the curriculum of the medical school and nurses training institutions
06	Ministry of Finance	Provide funds for the implementation of the policy.
07	Ministry of Interior	v. Support the empowerment and capacity building of law enforcement. vi. Commit officers to specific FGM units. vii. Strengthen border patrol and presence viii. Liaise with counterparts in neighbouring countries to collaborate.
08	Ministry of Basic and Secondary Education	i. Develop and integrate FGM-related content into the formal education curriculum offered. ii. Support anti-FGM initiatives in basic education institutions iii. Support mother's clubs iv. Initiate research into the impacts of FGM on education and publish findings.
09	Ministry of Higher Education, Research Science and Technology	i. Integrate anti-FGM content in higher education curriculum. ii. Support anti-FGM initiatives in higher education institutions iii. Initiate research into the impacts of FGM on education and publish findings.
10	Ministry of Foreign Affairs	Facilitate bilateral and multilateral collaborations against FGM.
11	Ministry of Foreign Affairs	i. Mobilise religious and traditional leaders on campaigns against FGM. ii. Facilitate training of traditional leaders. iii. Support village and community-based organisations, including MDFTs, in their anti-FGM work
12	Ministry of Youth and Sports	i. Support and integrate anti-FGM campaigns in youth programmes. ii. Embark on sensitisation tours.
13	Ministry of Justice	i. Draft Legislation related to FGM ii. Prosecute FGM cases iii. Facilitate training for prosecution and judicial officers on handling matters pertaining to FGM
14	Judiciary	i. Develop jurisprudence to enhance legal interpretation of cases related to FGM. ii. Organize service week to attend to matters that deal with gender-based violence related cases including FGM. iii. Strengthen mobile courts that bring services closer to the community. iv. Enhance partnership with court users' committees for case follow up v. Educate the Public on availability and services provided by free legal aid/clinic. vi. Train judicial officials on victim-centred and victim-friendly interview techniques.
15	National Human Rights Commission	i. Integrate anti-FGM programmes into human rights protection and promotion mandate. ii. Support human rights-based studies on FGM. iii. Provide technical support to the VVAC and other committees where necessary. iv. Collaborate in the development of standards and guidelines for witness protection.
16	Research and Training Institutions	Participate and integrate FGM research in their activities
17	CSOs	i. Engage in collaborative efforts and interventions on FGM. ii. Advocate for both enactment and implementation of anti-FGM laws. iii. Raise awareness around FGM throughout the country.
18	The Media	Provide coverage and publicity to initiatives against FGM.

CHAPTER 06

MONITORING AND EVALUATION

6.0 INTRODUCTION

The success of this Policy will depend on the level of its implementation and the success rates of meeting the identified goals. Consequently, monitoring and Evaluation (M&E) shall be a vital component of this Policy. To achieve this, timely reporting and consistent monitoring of the implementation of the Policy shall be done. This will ensure that programming is tailored to meet emerging trends and evolving practices in order to achieve the Policy goals. To this end, quarterly and annual updates on progress made shall be provided by all bodies responsible for implementation of the Policy.

6.1 MONITORING AND EVALUATION (M&E)

6.1.1 ESTABLISH A MONITORING AND EVALUATION MECHANISM TO ENSURE THE POLICY OBJECTIVES ARE MONITORED AND EVALUATED

POLICY ACTION

- A** Devise and operationalise a monitoring and evaluation framework for each of the different bodies responsible for implementation of the Policy;
- B** Monitor and measure the progress of implementation of the policy consistently through sets of indicators in the plan of action; and
- C** Develop and institutionalize checklists for each implementing body to ensure effective monitoring and evaluation.

6.2 RESEARCH AND DOCUMENTATION

6.2.1 ENHANCE DATA COLLECTION, AND COLLATION ON FGM PREVALENCE TO INFORM POLICIES, PLANNING AND DECISION MAKING

POLICY ACTION

- A** Develop and launch an FGM database to be updated regularly by the key duty bearers and stakeholders;
- B** Use the data collected to evaluate whether Policy initiatives aimed at eradicating FGM had positive impacts on the target beneficiaries;
- C** Conduct regular research on FGM, its evolving trends and the justifications advanced by some cultures for the continued practice of FGM despite its harmful effects and violation of human rights; and
- D** Partner with all relevant sectors to explore innovative techniques to enhance FGM related data collection.

6.3 REPORTING

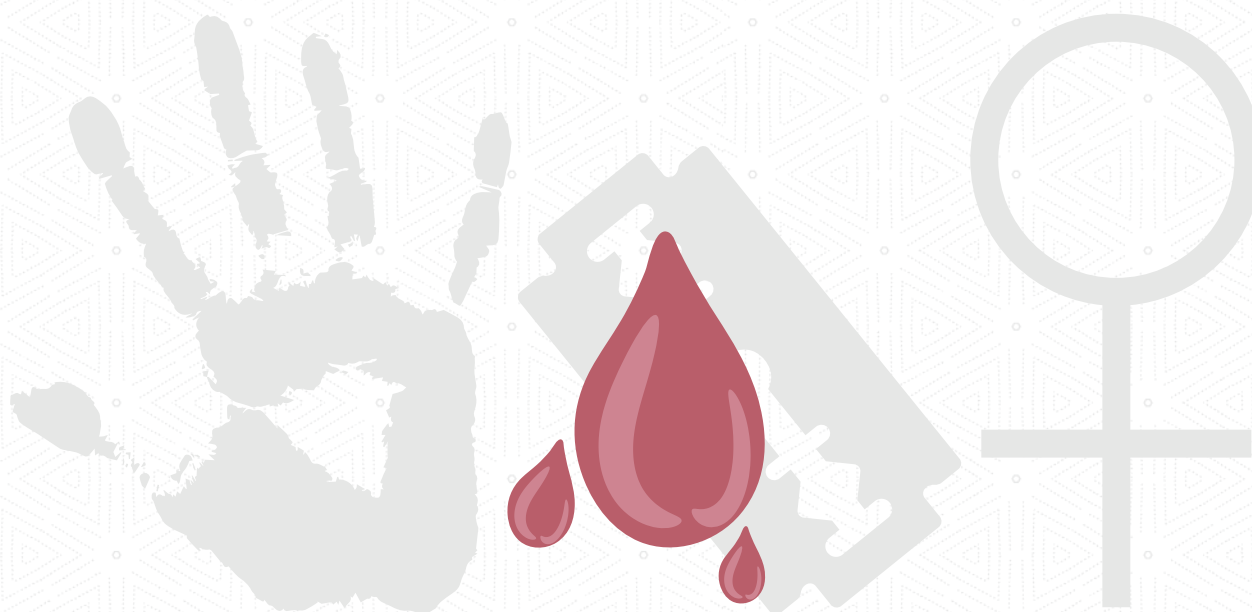
6.3.1 ENHANCE COHERENT REPORTING MECHANISMS BY ALL INSTITUTIONAL STRUCTURES

POLICY ACTION

- A** Put in place reporting mechanisms for all institutionalised anti-FGM structures

6.5 POLICY REVIEW

The Ministry of Gender, Children and Social Welfare shall spearhead the review of this Policy every five years. Additional measures may be incorporated depending on the societal practice, trends, laws, and emerging trends of FGM.



POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
Priority 1: Enact comprehensive anti-FGM legislation	1.1 Initiate and support advocacy for the enactment of comprehensive legislation on FGM	1. Organize advocacy meetings with key Government Ministries 2. Organize advocacy meetings with the relevant National Assembly Standing Committees 3. Organize stakeholders' meetings on the draft anti-FGM legislation 4. Organize a validation workshop of the draft anti-FGM legislation 5. Develop advocacy strategy	1. legislation enacted 2. Number of advocacy engagements organized 3. Number of stakeholders' meetings held 4. Existence of advocacy strategy	MoGCSW National Assembly Anti-FGM Steering Committee Regional Anti-FGM Committees NGOs	2022-2026		Government and Development Partners	Activity report Copy of the Advocacy strategy Copy of gazetted Law Validation workshop report
	1.2 Review of existing national laws against the international and regional norms and standards	1. Research conducted to comprehensively review all national laws	1. Study conducted	MoGCSW	2022		Government and Development Partners	Review of law report
	1.3 Training and sensitization of law enforcement, prosecution and judicial officers on handling matters related to FGM	1. Organize training workshops for law enforcement, prosecution and judicial officers	1. Number of trainings conducted	MoGCSW MOJ Judiciary	2022-2026		Government and Development Partners	Activity report
	1.4 Establish an Anti-FGM prosecution unit under the Director of Public Prosecution (DPP), Ministry of Justice	1. Organize cross-sectional discussions on the creation of the unit	1. Number of meetings conducted 2. Creation of Anti-FGM unit	MoGCSW MOJ	2022-2026		Government and Development Partners	Activity report

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
PRIORITY 2: Enhance multi-sectoral coordination and inter-system collaboration	2.1 Improve communication and collaboration	1. Organize multi-stakeholders dialogues to improve communication and collaboration 2. Develop communication guide on FGM for stakeholders	1. Number of Stakeholders included in implementation 2. Number of Multi-stakeholder dialogues held 3. Number of communication guides published and disseminated	MoGCSW Anti-FM Committees Community structures (TACs under the regional governors, MDTs, Ward Development committees, CCPCs and VDCs and other administrative posts)	2022-2023		Government and development partners	Activity Report Distribution list Copy of communication guide
	2.2 Engage Girls and Women, Boys and Men in the Prevention of FGM	1. Conduct training workshops on FGM prevention for young people, women and men in all regions of the country 2. Organize 'conversation circles' on FGM with young couples in selected communities in all regions 3. organize intergenerational dialogue in all regions 4. Expand both mass media and digital engagement to continue supporting sensitization	1. Number of people trained, disaggregated by gender and region 2. Number of trainings and sensitizations held 3. Number of 'conversation circles' organised for young couples, disaggregated by gender and regions 3. Number of Intergenerational Dialogues organized 4. Number of media products produced 5. Number of engagements on social media platforms such as Twitter, Facebook, Instagram, and WhatsApp	MoGCSW Youth Organizations CSOs	2022-2026		Government and Partners	Activity Reports Recordings of radio/tv programmes and copies of blog posts, newspaper articles Report of social media analytics on posts

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
PRIORITY 3: Engage communities and amplify social norms interventions	2.3. Empower Law enforcement and border communities	1. Conduct training workshops on FGM for law enforcers 2. Conduct awareness-raising sessions for border communities 3. organize cross-border dialogues in selected regions of the country	1. Number of Officers trained 2. Number of border communities sensitized 3. Number of cross-border dialogues 4. Number of MoU signed between border communities (cross border communities)	Interior Communities MoGCSW	2022		Government and Development Partners	Activity Report Signed MoU
	3.1 Engagements with community leaders, including religious and traditional leaders and influencers	1. Conduct community social mobilization in selected communities	1. Number of community members reached and by gender and region 2. Number of community social mobilization activities conducted	MoGCSW District Chiefs Village heads	2022-2026		Government and Development Partners	Activity report Copy of designed programmes Implementation guide
	3.2 Engage community leaders on emerging trends in FGM	1. organize sessions on FGM with religious leaders and scholars in all regions 2. Produce a handbook on Islam and FGM 3. Identify 'anti-FGM Champions' among religious leaders in all regions to serve as advocates	1. Number of religious leaders sensitized and by region 2. Number of sensitization sessions held and by region 3. Number of religious leaders identified as Champions, disaggregated by regions	MoGCSW Partners Community leaders	2022-2026		Government and Development partners	Activity report Copy of handbook

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
			4. Existence of a handbook on Islam and FGM					
	3.3 Establish regional anti-FGM Committees and facilitate communication platforms with existing community structures	1. Develop ToR and select members of the regional anti-FGM Committees Develop communication protocol for anti-FGM stakeholders 2. Organize consultation meetings on the communication protocol	1. ToR of Regional Anti-FGM Committees developed 2. Communication avenues established 2. Number of consultations/meetings 3. Existence of communication protocol or strategy	MoGCSW Committees in regions, districts, and Communities Interior MoI	2022-2026		Government and development partners	Terms of Reference for the Activity report Regional Anti-FGM Committees Minutes of meetings Copy of Communication protocol
	3.4. Engage traditional female ex-circumcisers	1. Organize anti-FGM campaigns with ex-circumcisers in all regions of the country 2. Train ex-circumcisers on livelihood and vocational skills 3. Provide ex-circumcisers with 'seed money' 4. Mobilise and train ex-circumcisers as change agents against FGM	1. number of campaigns using ex-circumcisers 2. number of gardens and trade initiatives set up or ex-circumcisers 3. Number of trainings for ex-circumcisers 4. Number of ex-circumcisers' groups formed, disaggregated by region	SGBV Board Ministry of Finance Ministry of Trade Ministry of Agriculture MGCSW Regional and community committees	2022-2026		Government and Development Partners	Activity reports Visits to trade and gardening sites

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	CO ST	SOURCE OF FUNDING	MODE OF VERIFICATION
PRIORITY 4: Empower girls and women to exercise their rights and establish a survivor-centred approach	4.1 Empower girls and women	<p>1. Girls and women in communities trained on human rights and able to claim their rights</p> <p>2. Resources allocated to CSOs in expanding and amplifying existing girls' empowerment programmes targeted for both in and out of school settings.</p> <p>3. Provide support and make direct linkages to existing programmes aimed at women's economic empowerment to provide incentives to change social norms and patterns of behaviour.</p> <p>4. Provide support to direct interventions in girls' education, including government activities for girls to remain in schools, community-based activities by CSOs, mothers and girls' clubs with the goal of amplifying social norms change.</p>	<p>1. Percentage of girls and women demonstrating knowledge and capacity on FGM and gender issues to influence and protect the next generation from FGM</p> <p>2. Proportion of allocated funding to CSOs' existing girls' empowerment programmes targeted for both in and out of school settings</p> <p>3. Percentage of women participating in women's economic Programmes who exercise agency.</p> <p>4. Percentage of girls who exercise agency in regularly attending or participating in girls' mentorship or leadership programmes</p>	MoGCSW MoBSE Partners CSOs Association of Women Entrepreneurs Gambia Women's Finance Association	2022-2026		Government and Development Partners	Activity Reports Financial Reports Assessment/re-search reports showing impact

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
PRIORITY 5: Strengthen data generation and knowledge management frameworks for policymaking and improved programming	4.2 Use survivor stories in awareness raising and prosecution	2. Establish a crisis center for FGM survivors 3. Train law enforcers on how to successfully investigate and prosecute violators of anti-FGM laws 3. Train survivors on video recording 4. Document and disseminate survivors' stories 5. Organise TV and radio talks shows for survivors	1. Number of prosecutions and convictions 2. Existence of crisis center 3. Number of videos recorded 4. Number of TV and radio talk shows conducted	MoGWSW Police MoJ Judiciary Survivors CSOs Partners	2022-2026		Government and development partners	Activity report Development of training manuals
	4.3 Support the empowerment of FGM survivors and their active inclusion in anti-FGM initiatives	1. Produce and air documentary on FGM survivors 2. Conduct 'listening circles' with survivors in selected communities in all regions of the country	1. Number of survivors in FGM initiatives 2. Number of 'listening circles' held	MoGWSW CSOs Survivors	2022-2026		Government and development partners	Activity reports Testimonies of survivors
	5.1 Capacity support for data and monitoring systems development	1. Conduct diagnostic review of the status of existing monitoring and evaluation (M & E) system on FGM	1. Number of diagnostic review conducted 2. Number of studies conducted 2. data collection and storage systems created	MoCI MBSEC MoHERST MoGCSW Partners Media	2022-2026		Government and development partners	Diagnostic Report Study reports Publications Data collection and storage systems

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
PRIORITY 6: Establish or strengthen existing surveillance systems to report and track FGM cases and develop a Policy implementation and enforcement framework		2. Conduct studies on factors contributing to continued practice, including socio-economic aspects of FGM and the cost-effectiveness of FGM interventions to inform scaling interventions 2. Establish data collection and storage systems 3. Conduct Qualitative Research to identify Positive Deviants for FGM in selected regions	3. Number of Positive Deviants for FGM identified, disaggregated by regions					
	5.2 Collaborate with anti-FGM NGOs in research and documentation	1. Sign MoUs with anti-FGM NGOs 2. Undertake joint research on FGM with anti-FGM NGOs	1. Number of MoU signed 2. Number of joint research undertaken	MoGCSW Partners Research Institutions	2022-2026		Government, development partners Research institutes	Signed MoUs Research reports Activity reports
	6.1 Establish surveillance mechanisms to report and track FGM cases	1. Conduct ongoing capacity building for prosecutors, investigators, and judges to improve their skill levels to investigate, prosecute, and adjudicate FGM cases	1. Number of capacity building workshops 2. Increased number of prosecutions 3. Anti-FGM implementation and enforcement framework	MGCSW Judiciary Police Interior DPP CSOs	2022-2026		Government and partners	Guidelines on reporting Copy of implementation and enforcement framework

POLICY PRIORITY	POLICY ACTION	ACTIVITIES	INDICATORS	ACTORS	TIMEFRAME	COST	SOURCE OF FUNDING	MODE OF VERIFICATION
		3. Support existing surveillance groups (CCPC, Mother's Clubs)/Establish 'surveillance groups or Watchdog Groups in communities for reporting FGM cases	1. Number of surveillance groups established	MGCSW Parliament CSOs	2022-2026		Government and partners	
		1. Development of implementation and enforcement framework 2. organize best practices sharing forum with other countries						



**STOP THE
PRACTICE**

