



**FOURTH ORDINARY SESSION OF THE SPECIALISED
TECHNICAL COMMITTEE ON SOCIAL DEVELOPMENT,
LABOUR AND EMPLOYMENT (STC-SDLE-4)
04-08 APRIL 2022
ADDIS ABABA, ETHIOPIA**

Theme: “Building forward Better Well Being and Living Standards in Africa”

**SALEEMA INITIATIVE
AFRICA UNION INITIATIVE ON ELIMINATING FEMALE GENITAL
MUTILATION
PROGRAMME AND PLAN OF ACTION 2019 – 2023**

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1. Foreword

The African Union is shaping an agenda that engages Member States, traditional and religious leaders, partner organisations and civil society organisations, to end female genital mutilation within the context and guidance of Africa's Transformative Agenda 2063. African Union Heads of State and Government have also provided the basis and a vehicle for this work to take shape, in the form of Assembly Decision [Assembly/AU/Dec.737 \(XXXII\)](#) on "[Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa](#)" and the African Union (AU) Initiative on Eliminating Female Genital Mutilation.

The decision endorsed and requested the African Union Commission (AUC) to implement an AU Initiative on Eliminating Female Genital Mutilation – called the Saleema Initiative; it designated H.E. Roch Marc Christian Kaboré, the President of Burkina Faso, as the AU Champion on Eliminating Female Genital Mutilation; and requested the AUC to implement an accountability framework for the initiative, as well as reporting periodically on the status of female genital mutilation in Africa.

The Commission is dedicated to rolling out this agenda. The Saleema Initiative will be the platform for the AUC, Regional Economic Communities (RECs), regional and national civil society organisations, community groups and our committed partners to galvanise continental political action. The initiative will also be crucial to accelerating efforts at the regional, national and community levels.

The number of young girls, particularly below 15 years of age, that are at risk of being subjected to this injurious harmful practice is too high. Africa, through all avenues, must amplify what is working. The goal must be to ensure we are not leaving any girl or any woman behind. And to this, we wish to thank all Member States for the response, dedication and commitment to this agenda. We also thank all our partners – particularly Burkina Faso as the leading and convening Member State, as well as the United Nations, through the UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation for the technical expertise and support.

Female Genital Mutilation is not just about girls and women – it is about everyone, including men and boys. Let us all be part of the process, and ensure our actions count.

H.E. Mrs. Amira Elfadil Mohammed Elfadil
Commissioner, Social Affairs Department
African Union Commission

H.E. Moussa Faki Mahamat
Chairperson
African Union Commission

2. Introduction

Female Genital Mutilation (FGM) is recognized internationally as a violation of the human rights of girls and women, and a form of gender based violence, as stated in numerous regional and international human rights instruments such as the African Charter on People and Human Rights and its Protocol on the Rights of Women (the Maputo Protocol), the African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights.

As a harmful practice, FGM presents a significant obstacle to addressing poverty and advancing human development outcomes. Girls and women who undergo FGM face lifelong psychological and physiological complications, which include severe pain, haemorrhage, menstrual problems, depression and anxiety. The practice is also a significant driver of negative maternal, new-born and child health outcomes, with an increased risk of childbirth complications and need for additional surgeries, particularly when FGM type 3 is involved¹. Furthermore, FGM violates human rights principles and standards including the principles of equality as well as non-discrimination on the basis of sex, the right to freedom from torture or cruel, inhuman or degrading punishment, the right to the highest attainable standard of health, the rights of the child, and the right to physical and mental integrity, and even the right to life.

The African Union commitment to eliminate female genital mutilation builds on decades of work carried out by a diverse range of change agents in the Member States, where girls and women are at risk of genital mutilation. A number of continental and regional initiatives and campaigns, including the Campaign to Accelerate the Reduction of Maternal Mortality in Africa (CARMMA), the African Union Campaign to End Child Marriage, and the Saleema Campaign (implemented in Sudan) to eliminate Female Genital Mutilation, provide a strong reference point for political and community level action to end perpetual gender based violence, support change in social norms that do not benefit girls and women and contribute to delivering the “Africa We Want”.

African Union Member States and the Commission are guided by Africa’s Transformative Agenda 2063 in addressing the pervasive gender based violence and

¹ FGM Type III (Infibulation) - Involves the narrowing of the vaginal orifice (opening) with the creation of a covering seal by cutting and bringing together the inner and outer vaginal folds, with or without the removal of the clitoris.

human rights violation that is the practice of FGM. Building on ongoing efforts to accelerate efforts towards eliminating this harmful practice, Africa's Agenda 2063 on the "Africa We Want", under aspiration 6, priority 6.1.2, calls for the "eradication of all forms of gender-based-violence...including female genital mutilation". This is linked to the 2030 Agenda for Sustainable Development, under goal 5 of the Sustainable Development Goals on "achieving gender equality and the empowerment of women and girls", and calls for the elimination of all harmful practices, including female genital mutilation.

3. Background and Rationale – Why End FGM in Africa

The African Union (AU) Initiative on Eliminating Female Genital Mutilation – Saleema Initiative – is a continent-wide effort to accelerate action to end the practice. The AU Saleema Initiative was endorsed by and launched on the side-lines of the 32nd Session of the African Union Heads of State and Government Summit, February 2019. The African Union Heads of State and Government Assembly Decision Assembly/AU/Dec.737(XXXII) endorsed the implementation of the Saleema Initiative and named the President of the Republic of Burkina Faso, H.E. Roch Marc Christian Kaboré, as AU Champion on Eliminating FGM.

3.1 Problem Statement – Context

FGM refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for cultural and non-medical reasons". The practice occurs across all age brackets – children, young girls and adult women. But young girls below 14 years of age are particularly at risk, accounting for between 1 to 3 in 4 cases² across the countries with prevalence.

More than 125 million girls and women have undergone female genital mutilation in Africa, accounting for more than 60% of the global prevalence – 200 million. Across the continent, prevalence rates ranges from 15% to over 95% for girls and women aged 15 to 49 years, with select countries in Central and Western Africa regions accounting for a large part of the figures. Based on current estimates, more than 50 million girls between 0 - 14 years of age will be at risk of undergoing FGM by 2030 in Africa if no urgent action is taken to reverse current trends.

² UNFPA-UNICEF Joint Programme on Eliminating FGM: Accelerating Change

Overall progress in reducing FGM in Africa is relatively positive but slower than expected. Across Africa, countries are experiencing high population growth. Current estimates put the population of the continent at 1.2 billion people³, and this is but projected to continue increasing in the coming decades. Yet, the trend in decreasing FGM prevalence is not in tandem with increasing population and this contributes significantly to the slow progress seen. However, in recent years a number of positive signs of change have emerged, including;

- a) Significant drops in prevalence among some groups due to a lowering in the age of practicing FGM,
- b) There is evidence of an increasing number of communities publicly declaring abandonment of the practice,
- c) Traditional and religious leaders are taking an active role in addressing negative attitudes and social norms that perpetuate the practice of FGM,
- d) More than 20 countries have laws banning/ criminalising FGM,
- e) Informed by evidence and best practices, AU Member States, particularly in the Horn and Eastern Africa, are coming together to address cross-border practice of female genital mutilation – with legislative frameworks, service delivery, community mobilisation and sensitisation efforts under way.

Types of Female Genital Mutilation

Type I: Clitoridectomy

Partial or total removal of the clitoris and/or the prepuce (or foreskin). This means;

- a) Removal of the clitoral hood or prepuce only and or;
- b) Removal of the clitoris with the prepuce

Type II: Excision

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. This can include;

- a) Removal of the labia minora (inner vaginal fold) only;
- b) Partial or total removal of the clitoris and the labia minora;
- c) Partial or total removal of the clitoris, the labia minora and the labia majora (outer vaginal fold)

Type III: Infibulation¹

This is the narrowing of the vaginal orifice (opening) with the creation of a covering seal by cutting and bringing together the inner and outer vaginal folds, with or without removal of the clitoris.

Type IV: Others

Harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization

³ [World Population Review, 2019](#)

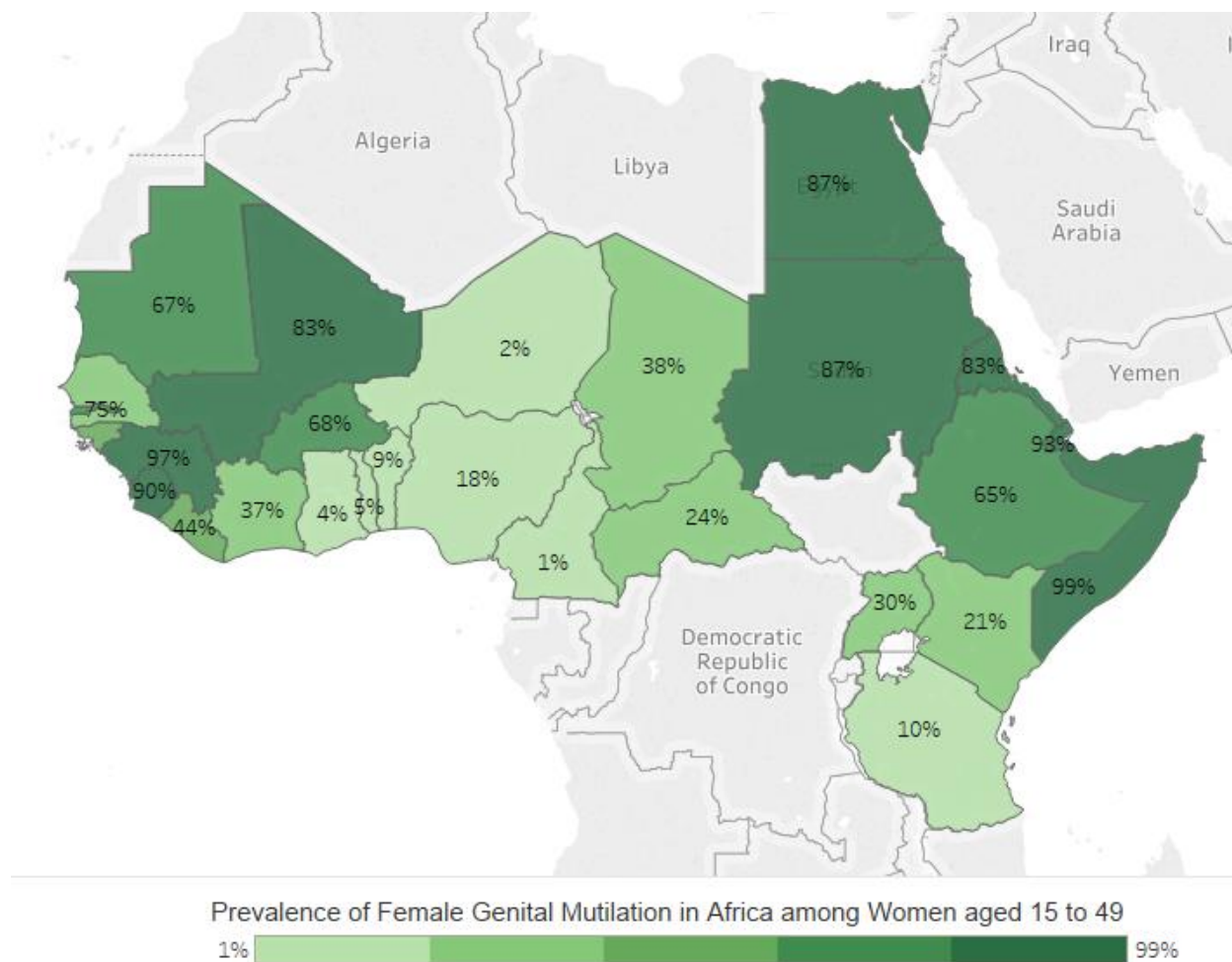


Figure 1: UNFPA, Member States DHS and MICS, 2019

Conversely, efforts to end the practice have also given rise to some negative trends – particularly FGM Medicalisation, which means the practice is conducted by trained/ professional health providers including doctors, nurses and midwives. In several Member States, qualified health providers perform FGM under the pretext of reducing the risks associated with traditional methods. More than 20 million women globally have been cut at the hands of health providers, and of these an estimated 18 million (93%) are in three African countries – Egypt, Nigeria and Sudan⁴.

3.2 Drivers and Causes of Female Genital Mutilation

Different communities express varying internal reasons for FGM when challenged on ending the practice. The most consistent defence is culture and identity; that FGM is part of socio-cultural practices that define the communities where it is practiced, and this

⁴ UNFPA-UNICEF Joint Programme on Eliminating FGM: Accelerating Change

forms the fabric of their identity. Further compounding the issue, where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially, FGM is almost universally performed and unquestioned. There are also numerous social drivers and root causes of FGM. These stem from normative expectations related to gender inequality, including a desire to control female sexuality, supporting some religious interpretations, ritual marking of a girl's transition to adulthood, limited access to education and economic opportunities for girls and women, and assurance of girls' or women's social status, chastity, purification and or marriageability. Research and assessments have shown that FGM operates as a social norm, and is held in place by reciprocal expectations within communities. As a result, the social rewards and sanctions associated with FGM are a powerful determinant of both the continuation or the abandonment of the practice. These are the manifestations of deeply entrenched gender inequalities, discrimination, gender stereotypes and harmful masculinities in societies that endorse FGM requiring a gendered approach to address the root causes as well as their effects.

The practice has been de-ritualized and driven underground in many communities across the continent, leading to girls being subjected to cutting at much younger ages amidst greater secrecy about the practice. These trends are widely interpreted as reactionary, springing from pressure to change when it is not authentically rooted in the worldview and culture of the people most affected by the practice. Such developments speak of a need not only to accelerate and extend current efforts but also to innovate and to diversify the African Union Commission's approaches. Above all, increased efforts must be made to engage holistically with the social contexts in which communities today are compelled to navigate, including the negative cultural heritage of FGM. One important approach that embodies these aims is the Saleema Initiative.

3.3 AUC's Policies and Programmes

The African Union Commission is guided by Agenda 2063 in advancing the agenda to end female genital mutilation, which under aspiration 6, priority 6.1.2, calls for the "eradication of all forms of gender-based-violence...including female genital mutilation". This is echoed by a number of legal instruments in operation, including the African Charter on People and Human Rights and its Protocol on the Rights of Women (the Maputo Protocol), the African Charter on the Rights and Welfare of the Child, and strategic programmes such as the Maputo Plan of Action (2016 – 2030) for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights, the AU Strategy for Gender Equality and Women's Empowerment, CARMMA and the Addis Ababa Declaration on Population and Development.

3.4 AUC's FGM Agenda Today

The African Union commitment to eliminate female genital mutilation builds on decades of work by different change agents across Member States, where girls and women are at risk of genital mutilation. In 2011, African Union Heads of States at the 17th Ordinary Session held in Malabo, Equatorial Guinea from 30th June to 1st July 2011, adopted the Decision [Assembly/AU/Dec.383\(XVIII\) on the “Support of a Draft Resolution at the Sixty Sixth Ordinary Session of the General Assembly of the United Nations to Ban Female Genital Mutilation in the World”](#). This resulted in United Nations (UN) General Assembly resolutions [A/RES/67/146 \(2012\)](#), [A/RES/69/150 \(2014\)](#) and [A/RES/71/168 \(2016\)](#) on “Intensifying global efforts for the elimination of female genital mutilations”. At the 32nd Ordinary Session of the AU Heads of State and Government Assembly, Heads of States adopted [Assembly/AU/Dec.737\(XXXII\) on “Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa”](#), which endorsed the AU's Initiative on Eliminating FGM – the Saleema Initiative. The decision also called on Member States to implement the Saleema Initiative, with a focus on changing social norms and cultural dimensions, including to address “cross border practice of female genital mutilation, in addition to implementing strong legislative frameworks, allocating domestic financial resources, promoting use of evidence and data, regular reporting, and the engagement of civil society and community groups in ending female genital mutilation.

3.5 The Saleema Initiative – Accelerating Action in Africa

The African Union Initiative on Eliminating Female Genital Mutilation – Saleema Initiative – is a continent-wide effort to accelerate action to end the practice. The Saleema Initiative was endorsed by African Union Heads of State and Government Assembly Decision [Assembly/AU/Dec.737 \(XXXII\)](#), and launched on the side-lines of the 32nd Session of the African Union Heads of State and Government Summit, February 2019. The Summit also designated the President of the Republic of Burkina Faso, H.E. Roch Marc Christian Kaboré, as AU Champion on Eliminating FGM.

The AU Saleema Initiative builds particularly on the Saleema Campaign – a social communication campaign implemented in Sudan since 2008. Saleema, Arabic for “whole, healthy in body and mind”, championed positive terminology for girls who have not undergone female genital mutilation thus challenging mainstream terminologies to describe girls and women who have undergone this harmful practice.

The Concept of Saleema: This approach aims to accelerate actions that ensure every African girl can grow to maturity in her natural and original form: complete, unharmed, *saleema*. It is based on the premise that FGM is rooted in socio-cultural norms and contexts and therefore the power to abandon the practice resides with families and communities. Only people-driven change can effectively end the practice. A distinctive feature is the use of strong and positive communication techniques and approaches, affirming important cultural values, while building aspiration for change. The focus is not on what communities ‘need to give up’ but rather on “what they stand to gain by changing”.

The AU Saleema Initiative will advocate for accelerated action at African Union Member States level for protection and care of young girls and women towards zero cases of female genital mutilation by 2030. It will involve prioritising a comprehensive package of interventions, including high level interventions on policy and legislative action, domestic financial resource allocation, and service delivery as well as a community engagement for social norms change through a holistic approach, and creating a new cultural narrative to address the underlying gender gaps and inequalities that drive the practice of female genital mutilation in the communities most affected, across the continent and globally.

The initiative will seek to drive action at all levels, with specific focus of Saleema communication for social norms change on one side, encouraging particular focus at community level (within the family nucleus and beyond) to increase sensitisation and awareness that leads to social norm change. It will promote positive communication approaches to support efforts towards abandoning female genital mutilation and mobilise community leaders and advocacy groups to hold local and national governments accountable. Community leaders are critical in communicating to make change happen and they will be an important dynamic in the Saleema Initiative as gate-keepers of traditions and cultural practices. Efforts to promote positive acceptance of abandoning the practice of FGM will engage the community as a whole, including local leaders and duty bearers. Grassroots and bottom-up approaches that directly engage and amplify the voices of ordinary community members will also be prioritised. Inclusiveness in positive communication will be key in the initiative to ensure uncut girls and women are accepted and empowered. To this end, national human rights institutions will be critical in advancing the human rights discourse and advocating for accountability on regional and international human rights obligations to eliminate female genital mutilation.

The initiative will also place emphasis on high level advocacy to mobilise political commitment, strengthen accountability through “national, regional and continental accountability mechanisms”, strengthen data, evidence and sharing experiences and information on progress, as well as engaging partners to bridge policy and programmatic gaps towards accelerating implementation. The Plan of Action of the Saleema Initiative and its accountability framework will provide guidance to Member States, partners, civil society and community groups. It is expected that the Saleema Initiative shall create a momentum that results in scaling-up efforts to bring to an end the practice of FGM in Africa by 2030.

4. Theory of Change

The Saleema Initiative seeks to engage the political mechanisms in Africa, particularly through the African Union, to elicit commitments and action to accelerate the elimination of female genital mutilation. Theory of Change assumes progressive buy-in by AU Member States to implement deliberate and targeted programmes, and where existing, to strengthen programme implementation towards elimination of female genital mutilation. These are expected to deliver a minimum package in line with AU Assembly decision Assembly/AU/Dec.737 (XXXII), which calls for greater attention to the social norms and cultural dimensions perpetuating the injurious practice; addressing cross border practice of FGM; implementing strong legislative frameworks, allocating domestic financial resources, promoting use of evidence and data, regular reporting, and the engagement of civil society and community groups in ending female genital mutilation.

With a multi-pronged approach, the initiative will seek to utilise political advocacy and accountability avenues to deliver commitments and actions to eliminate FGM at the continental and regional levels. This will include engaging Member States at the African Union level, through statutory bodies and processes, as well as ordinary and extraordinary Member States gatherings. In addition, a dedicated advocacy and communication campaign will seek to popularise and disseminate information, whilst also challenging the social and cultural dynamics driving the practice of FGM. As a result of these efforts, national level actors – including Governments, Community, Traditional and Religious Leaders, Partners and Civil Society Organisations will drive country level action through existing interventions and programmes. Where programme interventions are lacking, it is expected that local actors will push for urgent implementation, through a coordinated and costed manner, that prioritises use of evidence and data, information and experience sharing, innovation and regular reporting.

Key partners in the initiative will include AU Member States, particularly those with FGM prevalence, regional economic communities, regional organisations and programmes (such as the Spotlight Initiative and supporting programmes including the UNFPA-UNICEF Joint Programme on Eliminating FGM), national and community organisations, leaders (political, community, religious, traditional) and the media (traditional and modern). **Please see Section 10 for a detailed Theory of Change outline.**

5. Strategic Objectives and Outcomes

5.1 Goal

The goal of AU's Saleema Initiative is to galvanise political commitment and accelerate action towards zero female genital mutilation cases by 2030 in Africa.

5.2 Objectives

- a) To implement a targeted and strategic communication and advocacy campaign to mobilise political and stakeholder engagement to address the social norms and cultural dynamics driving on female genital mutilation.
- b) To mobilise capacities, technical assistance and tools to accelerate the implementation of policies and programmes on eliminating female genital mutilation at country level.
- c) To strengthen continental data and evidence for effective advocacy and programming on the elimination of female genital mutilation.
- d) To institutionalise an AU accountability framework among Member States on the elimination of FGM on the continent.

5.3 Expected Outcomes/ Pillars

- a) Marked positive change in social norms and cultural dynamics contributing to pervasive human rights violations and gender based violence, through the practice of female genital mutilation, driven by a targeted and strategic communication and advocacy campaign.
- b) Strengthened stakeholders' capacities and policies, resulting in programmes operating at scale, and contributing to accelerating elimination of female genital mutilation.

- c) Africa is generating evidence, data and information on, and increasing efficiency of programming, policy formulation and service delivery towards eliminating female genital mutilation.
- d) Institutionalised and functional AU accountability framework, with Member States, Rights Holders and Duty Bearers at the centre, for the Saleema Initiative.

6. Communication and Advocacy Strategy

This Saleema Initiative Programme and Plan of Action includes a Communication and Advocacy strategy which will look to amplify three (3) key elements:

- a) Positive and culturally sensitive communication on ending the practice of female genital mutilation,
- b) Behavioural, attitude and social norm change – particularly at the family nucleus and community levels and taking into account regional, national and global contexts and drivers,
- c) Positioning and visibility of the Saleema Initiative on community, national, regional and global levels.

The Saleema Initiative’s communication and advocacy drive will utilise a mix of approaches and methodologies. These will include;

- a) Creating an innovative, positive and empowering narrative on accepting and leading social norm change towards the elimination of female genital mutilation,
- b) Use of *Sufara* Saleema (ambassadors), opinion leaders, and iconic community symbols to widen the network of change,
- c) Media sensitisation and activation on abandoning female genital mutilation,
- d) Using social marketing to promote Saleema Initiative related messages,
- e) Utilising the media to disseminate information on the scope, impact, challenges and best practices in response to the practice of female genital mutilation,
- f) Multi-Media channels (traditional⁵ and modern⁶) monitoring and reviews to track trending discussions on FGM,
- g) Documenting and disseminating opinion leaders and community voices,
- h) Packaging and disseminating evidence and data through innovative mediums, including info-graphics, data visualisation and animation,

⁵ Radio and Television

⁶ Website, Social Media Outlets, YouTube

- i) Organising training workshops, policy roundtables, develop guidelines and communication alternatives for behavioural change, including with policy makers, social and cognitive sciences experts and other mobilisation activities to advance the FGM abandonment agenda.
- j) Create opportunities for communities to discuss and reflect on new knowledge in public. Such public dialogue provides opportunities to increase awareness and understanding by the community on girls and women's human rights and on national and international legal instruments on female genital mutilation, and to reach offline communities.

At the core of the communication strategy will be a deliberate effort to align with the extensive experience and programming by Member States to advance social and behaviour change and communication (SBCC) approaches on ending harmful practices, including female genital mutilation. The Saleema Initiative will map and analyse existing, Member States led SBCC efforts on the ground to identify areas of convergence and provide a guiding tool to align the initiative with and further amplify the work at country and community levels.

A detailed breakdown of the communication and advocacy package can be found in **Annex 10.1**.

7. Implementation Arrangement

The AU Saleema Initiative is a continent-wide initiative that will target all Member States, with a particular focus on countries where FGM is prevalent⁷.

- a) At the **Continental and Regional Economic Communities (REC) level**, the AUC in Addis Ababa, has and will lead on overall design, development, monitoring, reporting and accountability of this initiative, including advocacy and convening Member States, in addition to providing oversight, technical support and capacity development where the initiative will be implemented. The Commission will equally engage RECs to utilise their regional expertise, legislative frameworks, processes and convening platforms, and AU institutions such as [the African Academy of Languages \(ACALAN\)](#) and civil society, as it seeks to benefit from specialized expertise at various stages of the initiative.

⁷ Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania

- b) At **the country level**, individual Member States will lead in implementing, monitoring and reporting on the initiative. Through existing national FGM Coordination Mechanisms, and where non-existent, newly established ones, Member States will lead the initiative and partners on the ground to support implementation. Countries will select, contextualise and implement Saleema Initiative according to their own specific FGM situation analysis, national priorities, and available capacities and resources. In addition, the Initiative will encourage cross-border cooperation between Member States to mobilise and strengthen new types of partnerships and action to eliminate the practice across border communities.
- c) At **the community level**, individual Member States will identify specific communities by mapping the most relevant, accessible and highest potential areas for change based on the socio-cultural context. Member States will lead the response at this level, where civil society and community groups, traditional, religious and opinion leaders' engagement will be highly encouraged. The Commission will provide technical support and capacity building, particularly a standard toolkit to provide Member States with a mix of ideas, lessons and best practices with which to localise the Saleema Initiative within target communities.

8. Resource Mobilisation

Getting to zero cases of female genital mutilation by 2030 requires adequate investments and resources for service delivery, programmes and justice delivery mechanisms and community engagement. Country level budget allocations from domestic sources are imperative for a sustained national level response to eliminate the harmful practice. For the Saleema Initiative, the resource requirements will involve programmatic, operational and country level intervention support. The African Union welcomes and encourages the engagement of a mix of partners in the Saleema Initiative to coordinate action and resources.

9. Monitoring and Evaluation

At the continental level, the Saleema Initiative will work with a number of baseline considerations, including;

- a) The most recent prevalence rates,
- b) Legislation enactment dates and quality,
- c) Domestic resource allocation rates and analysis as an indication of State commitment implementation,

- d) Service delivery figures,
- e) Reported community FGM abandonment figures and,
- f) Ratification and domestication of important regional and continental policy and legal instruments, as well as fulfilment of obligations.

Monitoring and reporting will be carried out all through the implementation cycle by conducting programme reviews to address issues related to the plan of action. Through this initiative, the AUC will support the development of harmonized methodologies and tools for data collection and analysis that will rely on Member States data and reports, as well as implementation of an accountability framework.

Thematic evaluations on selected key programmatic interventions on FGM will be conducted to draw lessons and inform modelling on selected themes. A periodic report, will be produced on an annual basis to chronicle progress on the advocacy and communication strategy, utilising the initiative's channels to solicit and disseminate information. This will contribute to the overall Saleema Initiative annual report, to be shared by the AU Champion on Eliminating FGM through a detailed statement delivered at the January/ February Heads of State and Government Summit. In the first five (5) years of the Initiative, at least 2 evaluation exercises will be commissioned to strengthen programmatic conception, help to review tools and methods, and delivery of interventions.

The first five years of the Saleema Initiative will represent Phase I of the initiative, following which an extensive review of the programme implementation (conception, methodology, interventions) to inform follow-up action.

9.1 Accountability Framework

A critical component of the Saleema Initiative, as called for under AU decision Assembly/AU/Dec.737(XXXII), will be the Accountability Framework that will provide guidance to “*account and monitor progress at the regional and national level in line with commitments*”. The framework will build on and benefit from existing AU accountability frameworks – working within ongoing processes to ensure Member States account on policy and programmatic action to eliminate the continued practice of FGM. These will include the African Commission on Human and People's Rights (ACHPR) – also known as the Banjul Commission, and the Committee of Experts on the Rights and Welfare of the Child (ACERWC).

In addition, the framework will also seek to engage the African Court on Human and People's Rights to build capacity of non-state actors (community leaders, civil society

groups, regional and national human rights institutions) to utilise the spectrum of tools and processes at the disposal of the court in protecting and safeguarding the rights of girls and women in efforts to eliminate FGM. Further to this, the accountability framework will also utilise the African Union Gender Observatory (AUGO), which is a knowledge management platform to monitor the implementation and enforcement of regional and international instruments, including but not limited to the Maputo Protocol, the Solemn Declaration on Gender Equality in Africa (SDGEA) and Agenda 2063. In addition, the mechanism will also rely on existing reporting frameworks, such as the AUC’s Africa Health Stats, the CARMMA Scorecard, the Africa Development Bank’s (AfDB) African Gender Equality Index among others.

The Saleema Initiative accountability framework will be a triangular feedback-loop, involving identified **AU Accountability Mechanisms** (*ACHPR, ACERWC, AfCHPR*), voices from **Rights Holders** (*FGM victims, traditional and religious leaders, civil society and community groups, and national human rights institutions*) and **Duty Bearers** (*community leaders, sub-regional, NHRI’s and national government leaders*). It is important to note that some National Human Rights Institutions (NHRI’s) are statutory entities, albeit independent, hence in some cases they would be regarded as part of the duty bearers node. The framework also considers the scope of work of each platform, opportunities for engagement as well as any limitations. A detailed analysis of each platform will be carried out in a close and inclusive consultation.

In addition, the AU Champion on Eliminating FGM – H.E. Roch Marc Christian Kaboré, President of Burkina Faso, will deliver a status report annually to the African Union Heads of State and Government Summit, as well as convene a High Level Side-Event at the margins of the Summit on FGM in partnership with other AU Champions, Member States and partners.

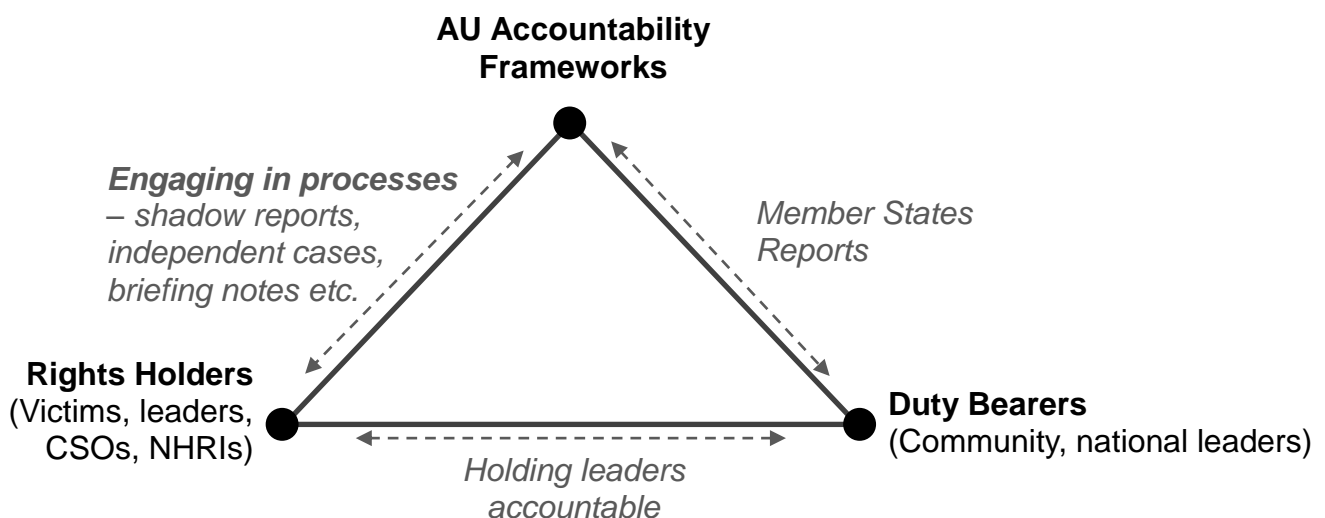


Figure 1: Illustration of the Saleema Initiative Accountability Framework, building on the "Mutual Accountability Mechanisms: Accountability, Voice, and Responsiveness Resource Kit, 2006, UNDP

10. Detailed Theory of Change

Goal	Galvanise political commitment and accelerate action towards zero female genital mutilation cases by 2030 in Africa				
Outcomes	Marked positive change in social norms and cultural dynamics contributing to pervasive human rights violations and gender based violence, through the practice of female genital mutilation, driven by a targeted and strategic communication and advocacy campaign.	Strengthened stakeholders' capacities and policies, resulting in programmes operating at scale, and contributing to accelerating elimination of female genital mutilation.	Africa is generating evidence, data and information on, and increasing efficiency of programming, policy formulation and service delivery towards eliminating female genital mutilation.	Institutionalised and functional AU accountability framework, with Member States, Rights Holders and Duty Bearers at the centre, for the Saleema Initiative.	Risks Social norm change is gradual and a process; long-term domestic resource allocation and commitment may not be guaranteed.
Outputs	Mobilised regional, sub-regional and national groups, including CSOs, young people, women's groups to rally political commitment and action towards preventing and responding to female genital mutilation	Member States and CSOs supported with strategies, tools and good practices to adopt and implement, monitor and evaluate multi-sectoral national plans of action for FGM elimination at all levels.	National and regional institutions are able to collect and analyse comparable data on female genital mutilation, including in cross-border and conflict settings	Enhanced capacity of Continental, Regional and National partners to review and/or develop laws, policies, in line with Continental and International frameworks.	Assumptions Member States responsive and support broad stakeholder engagement, reporting and accountability.
	Saleema Initiative visible, and complemented with positive communication, advocacy and information sharing on eliminating female genital mutilation	Strengthened capacities of youth, women's groups and Faith Based Organisations to mobilize resources, to implement multi-sectoral programmes for the acceleration of the elimination of FGM	Established a continental central and common knowledge management hub on laws, policies, good practices and researches on female genital mutilation	A functioning continental peer review mechanism to monitor FGM elimination is in place	Risks Pushback or reluctance of regional and Member States initiatives to align with Saleema Initiative
	Community and civil society groups sensitised and engaging in the Saleema Initiative through FGM abandonment declarations and championing a protection agenda for girls and women	Improved capacity for regional and national human rights institutions to provide legal and social support to survivors of female genital mutilation			Assumptions 28 AU Member States have FGM prevalence, with

	Communities most impacted empowered through information, awareness creation and education on ending the practice of female genital mutilation	Enhanced capacity of regional and national institutions to implement policies, laws and programmes to eliminate cross border female genital mutilation practices			some form of community and or national level intervention in place, which creates an avenue for Saleema Initiative to align and solicit substantive support to deliver on AU mandate to eliminate harmful practices, especially FGM
		Strengthened and consolidated partnerships with cultural, traditional and religious groups to provide an enabling environment for community level action to accelerate elimination of FGM			
Drivers	Social, Religious and Cultural dynamics, and Poverty: that FGM is part of socio-cultural practices that define the communities where it is practiced. It is a social convention (a social norm) and driven by the desire to control female sexuality, supporting some religious interpretations, ritual marking of a girl's transition to adulthood, with limited access to education and economic opportunities for girls and women, and assurance of girls' or women's social status, chastity, purification and or marriageability	Gender Based Violence and Human Rights: FGM manifests itself in deeply entrenched gender inequalities, discrimination, gender stereotypes and harmful masculinities in societies that endorse FGM requiring a gendered approach to address the root causes and effects. The practice is also a human rights violation, infringing on bodily autonomy, decision making and wellbeing.	Legislative, Policy Frameworks: strong, inclusive and broad legislative frameworks, which encourage and put community engagement and ownership at the center tend to deliver uptake and efficient justice delivery mechanisms.	Regional Cooperation, Political Engagement: particularly in cross-border contexts, where FGM is practiced in within communities that have weak policy and legislative alignment and oversight, FGM tends to be high, requiring closer cooperation, engaging community and political leaders to accelerate the elimination of the harmful practice.	Risks Poor capacity and inadequate resource allocation at Member States and community levels Assumptions Member States, partners and communities invest in capacity building, information sharing and sustained resource allocation for FGM elimination
Problem	More than 125 million girls and women have undergone female genital mutilation in Africa, accounting for more than 60% of the global prevalence – 200 million. Across the continent, prevalence rates ranges from 15% to over 95% for girls and women aged 15 to 49 years, with select countries in Central and Western Africa regions accounting for a large part of the figures. Based on current estimates, more than 50 million girls between 0 - 14 years of age will be at risk of undergoing FGM by 2030 in Africa if no urgent action is taken to reverse current trends.				

11. Contact details

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