SUPPORT TO THE AFRICA-LED MOVEMENT TO END FEMALE GENITAL MUTILATION (FGM)

Political Economy Analysis, Senegal

Short Version

Submitted by:

Options

On 31st March 2021

amref health africa

ORCHID PROJECT
WORKING TOGETHER TO END FEMALE GENITAL CUTTING

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AFRICA CO-ORDINATING CENTRE FOR THE ABANDONMENT OF FGM/C

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List of Abbreviations

ALM	Africa-led Movement
ANSFES	Association Nationale des sages femmes d'Etat du Sénégal
CEDAW	Convention on the Elimination of All of Discrimination against Women
CRC	Convention on the Rights of Children
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
EIGE	European Institute for Gender Equality
FCDO	Foreign, Commonwealth and Development Office
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GDP	Gross Domestic Product
GNI	Gross National Income
HTP	Harmful Traditional practices
HDI	Human Development Index
IMF	International Monetary Fund
NORAD	Norwegian agency for development
PEA	Political Economy Analysis
SDG	Sustainable Development Goal
TMB	Treaty Monitoring Bodies
TOC	Theory of Change
UPR	Universal Periodic Review
WHO	World Health Organisation

1. Introduction

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from Female Genital Mutilation/Cutting (FGM/C) by 2030, in line with the Sustainable Development Goals (SDGs). The importance of eliminating FGM/C is reflected in Target 5.3 of the SDGs. A programme has been established entitled 'Support to the Africa-led movement (ALM) to end FGM/C' to contribute to global efforts to achieve that vision.

Why do we need a Political Economy Analysis and how will we approach it?

Political Economy Analysis (PEA) draws out the political and intersectional dimensions of a context and then actively uses this information to inform programming. PEA analysis is necessary at the start of a programme to ensure the intervention maximizes opportunities (e.g. government buy-in and civil society organisation (CSO) infrastructure) and thinks through how to navigate challenges. This PEA is focused on mapping the landscape in relation to ending FGM/C in Senegal. Questions around the level and extent of government commitment, the existence and effectiveness of legislation and policies, prevalence rates and diversity (religion, ethnicity, age, type, socio economic factors and triggers), the capacity and resource strength of civil society as a vehicle to end FGM/C as well as the nature and number of interventions already in existent are all captured in this PEA analysis. We believe with this detailed PEA insight the programme can make strategic and evidence-based decisions around where to work and which interventions should be resourced because they are most likely to work.

2.Country Characteristics

Population: Although different sources give slightly different estimates, the Senegalese population in 2019 was estimated by the World Population prospects at 16.3 million (7.9m males and 8,349,929 females).[1]

Languages, ethnic backgrounds and religion: Senegal has a very diverse population with many ethnic and linguistic groups. The national language is Wolof and the official language is French. Senegal's largest ethnic groups are the Wolof, Pular and Serer.[2] The predominant religion in Senegal is Islam (95.9% of the total population), of which most adhere to one of the main Sufi brotherhoods. Christianity is the second-largest religion in Senegal, practised by 4.1% of Senegalese. Most often, the Senegalese Christians are Roman Catholics.[3]

Political system: The Republic of Senegal is a presidential republic divided into 14 regions. The county is run by the President who is Chief of State and head of government, and who appoints a council of ministers to their cabinet. The president is elected for a single renewable five-year term by an absolute majority popular vote, in two rounds if needed.[4] The Senegalese legislative branch is a unicameral National Assembly, consisting of 165 seats. Currently, 41.8% of the National Assembly members are female.[5] Although the 2001 Constitution does include a mandatory percentage of women in the Senate, it does not include this for the National Assembly.[6] In order to criminalize FGM/C at the national level, Senegal amended the Penal Code to include provisions on FGM/C on 29 January 1999. This law prohibits all types of FGM/C on women and girls and is applicable nationwide. The Ministry of Women, Family and Children is responsible for coordinating, monitoring and evaluating the interventions for the abandonment of FGM/C in Senegal. The national budget line dedicated to the elimination of FGM/C falls under this Ministry.[7]

Gross Domestic Product: According to the International Monetary Fund (IMF), the (GDP) of Senegal is $24.4 billion (nominal) and $58.1 billion (PPP).[8] Senegal ranks 105 out of 211 countries in the IMF GDP rank[9] and 110th out of 195 according to the World Bank.[10] GDP growth was 6.3%

[1] World Population prospects (2019), United Nations Department of Economic and Social Affairs Population Dynamics, available at https://population.un.org/wpp/Download/Standard/Population/ [Last Accessed 25 February 2021].
[2] CIA Factbook (2017), available at https://www.cia.gov/the-world-factbook/countries/senegal/#people-and-society [Last Accessed 25 February 2021].
[3] Ibid.
[4] Ibid.
[5] CIA Factbook (2017), available at https://www.cia.gov/the-world-factbook/countries/senegal/#people-and-society [Last Accessed 25 February 2021].
[6] Constitute (2012), Senegal 2001 (rev. 2009), English translation. Available at https://www.constituteproject.org/constitution/Senegal_2009 [Last Accessed 8 March 2021].
[7] UNFPA Regional Office for West and Central Africa (2018), Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa. Available at https://wcaro.unfpa.org/sites/default/files/pub-pdf/UNFPA-ANALYSIS-ON-FGM-WEB.pdf [Last Accessed 8 March 2021].
[8] World Economic Outlook Database, International Monetary Fund, October 2020, available at https://www.imf.org/en/Publications/WEO/weo-database/2020/October/weo-report?c=722,&s=NGDP_R,NGDP_RPCH,NGDP,NGDPD,PPPGDP,NGDP_D,NGDPRPC,NGDPRPPPPC,NGDPPC,NGDPDPC,PPPPC,PPPSH,&sy=2018&ey=2025&ssm=0&scsm=1&scc=0&ssd=1&ssc=0&sic=0&sort=country&ds=.&br=1 [Last Accessed 9 March 2021].
[9] World Population Review, GDP Ranked by Country 2021, available at https://worldpopulationreview.com/countries/countries-by-gdp [Last Accessed 9 March 2021].
[10] World Bank, Gross domestic product 2019, available at https://databank.worldbank.org/data/download/GDP.pdf [Last Accessed 9 March 2021].

in 2018, 5.3% in 2019 and -0.69% in 2020. GDP per capita was $1,455 in 2020 (nominal) and $3,463 (PPP).[11]

Human Development Index (2020): Senegal ranks 168 out of 189 countries in the Human Development Index (HDI), positioning the country in the low human development category.

[11] World Economic Outlook Database, International Monetary Fund, October 2020, available at https://www.imf.org/en/Publications/WEO/weo-database/2020/October/weo-report?c=722,&s=NGDP_R,NGDP_RPCH,NGDP,NGDPD,PPPGDP,NGDP_D,NGDPRPC,NGDPRPPPPC,NGDPPC,NGDPDPC,PPPPC,PPPSH,&sy=2018&ey=2025&ssm=0&scsm=1&scc=0&ssd=1&ssc=0&sic=0&sort=country&ds=.&br=1 [Last Accessed 9 March 2021].

3.FGM/C prevalence

National prevalence: Nationally representative data on FGM/C in Senegal is available from the Demographic and Health Surveys (DHS). Information on FGM/C was collected in Senegal for the first time in 2005,[12] and in subsequent surveys in 2010-2011,[13] 2014,[14] 2015,[15] 2016,[16] 2017,[17] 2018[18] and 2019.[19] Data from the 2019 DHS show that the national prevalence of FGM/C among women aged 15-49 in Senegal is 25.2%. The prevalence of FGM/C in Senegal has remained fairly stable over the past two decades, ranging between 28.2% in 2005 and 25.2% in 2019. Girls and women in rural areas are more likely to undergo FGM/C than those in urban areas.

Regional variations: The prevalence of FGM/C in Senegal varies greatly among the 14 provinces (Annex I). In some provinces, such as Kédougou, Kolda, Matam and Sédhou the prevalence is very high (more than 80%). In other regions, the prevalence is very low (less than 5%), for example in Diourbel, Kaolack and Thiès (Figure 1). This can be explained by the ethnic, religious, and socio-economic backgrounds of people living in these geographical areas, which may be associated with higher or lower propensity to practice FGM/C.

[12] Ndiaye, Salif, et Mohamed Ayad. 2006. Enquête Démographique et de Santé au Sénégal 2005. Calverton, Maryland, USA: Centre de Recherche pour le Développement Humain [Sénégal] et ORC Macro, available at https://dhsprogram.com/pubs/pdf/FR177/FR177.pdf [Last Accessed 10 March 2021].

[13] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International. 2012. Enquête Démographique et de Santé à Indicateurs Multiples au Sénégal (EDS-MICS) 2010-2011. Calverton, Maryland, USA: ANSD et ICF International, available at https://dhsprogram.com/pubs/pdf/FR258/FR258.pdf [Last Accessed 10 March 2021].

[14] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International. 2015. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2014). Rockville, Maryland, USA : ANSD et ICF International, available at https://dhsprogram.com/pubs/pdf/FR305/FR305.pdf [Last Accessed 10 March 2021].

[15] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2016. Sénégal: Enquête Démographique et de Santé Continue (EDS-Continue 2015). Rockville, Maryland, USA: ANSD et ICF, available at https://dhsprogram.com/pubs/pdf/FR320/FR320.pdf [Last Accessed 10 March 2021].

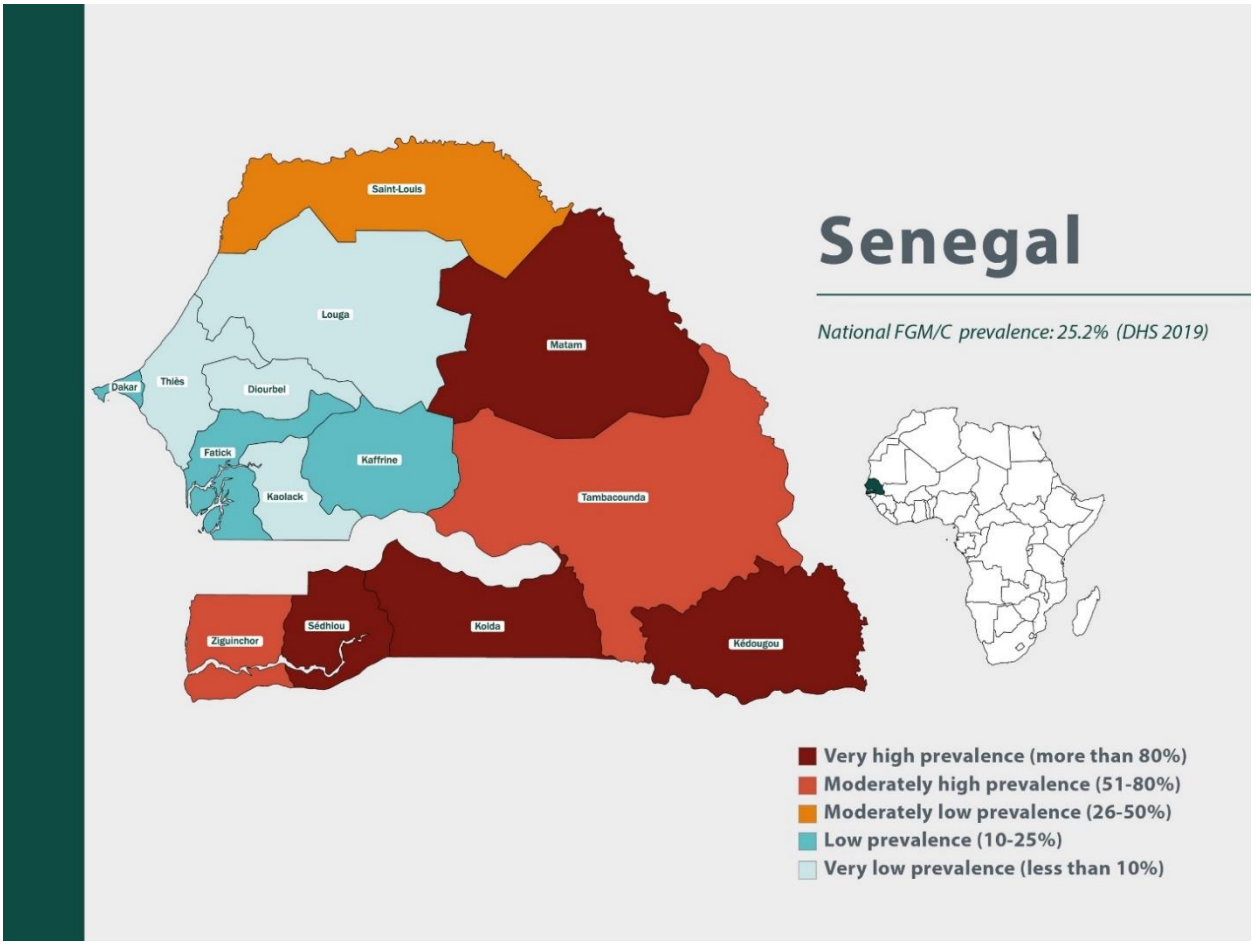
[16] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2017. Sénégal: Enquête Démographique et de Santé Continue (EDS-Continue 2016). Rockville, Maryland, USA: ANSD et ICF, available at https://dhsprogram.com/pubs/pdf/FR331/FR331.pdf [Last Accessed 10 March 2021].

[17] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2018. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2017). Rockville, Maryland, USA : ANSD et ICF, available at https://dhsprogram.com/pubs/pdf/FR345/FR345.pdf [Last Accessed 10 March 2021].

[18] Le contenu de ce rapport relève de la seule responsabilité de l'Agence Nationale de la Statistique et de la Démographie (ANSD) et ICF et ne reflète pas nécessairement les vues de l'USAID, du Gouvernement des États-Unis ou d'autres agents donatrices, available at https://dhsprogram.com/pubs/pdf/FR367/FR367.pdf [Last Accessed 10 March 2021].

[19] Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2019. Sénégal : Enquête Démographique et de Santé Continue (EDS-Continue 2019)—Tableaux. Rockville, Maryland, USA : ANSD et ICF, available at https://dhsprogram.com/pubs/pdf/FR368/FR368.T.pdf [Last Accessed 10 March 2021].

Figure 1: FGM/C prevalence by region



Ethnic variations: The proportion of women aged 15-49 who have undergone FGM/C varies significantly by ethnic group, with the majority of women of Soninke (66.4%), Mandingue/Socé (66.1%) and Diola (60.5%) ethnic backgrounds having undergone the practice. In contrast, less than 2% of women from Serer and Wolof ethnic groups have undergone FGM/C.

Religious affiliation: The proportion of women aged 15-49 who have undergone FGM/C varies significantly by religious affiliation. It is more than three times higher among Muslim women compared to Christian women (25.7% and 7.6%, respectively).

Socio-economic indicators: FGM/C prevalence among women aged 15-49 does not decline markedly with higher levels of education (as is the case in many other countries). Overall, 27% of women with no education have undergone FGM/C, compared to 23.8% of those with secondary or higher levels of education. However, FGM/C is more than three times higher among women from the poorest households compared to those from the richest households (47.6% and 14.7%, respectively).

Age of cutting: Distribution of women by age of cutting shows that 84.9% underwent FGM/C before the age of 5, 10.4% at age 5-9, 2.7% at age 10-14, and 0.4% at age 15 or older. There is evidence suggesting a trend over time of girls undergoing FGM/C at a younger age in Senegal.

Type of FGM/C and practitioners The majority of women who have undergone FGM/C in Senegal (57.7%) had a cut with flesh removed, while 9.1% reported that their genital area had been sewn closed (also known as infibulation), and 9.2% were cut with no flesh removed. Of girls aged 0-14, 5.1% had their genital area sewn closed. FGM/C in Senegal continues to be carried out only by traditional practitioners (100% according to the DHS 2019), both for women aged 15-49 years as well as for girls aged 0-14 years. In 2016, FGM/C was performed by a traditional cutter for 92.8% of women aged 15-49 and 100% of girls aged 0-14. There's no trend towards medicalization of the practice in Senegal.

Attitudes towards FGM/C: Data from the DHS 2019 shows that knowledge about FGM/C in Senegal is high: 86.7% of women and 83.4% of men across all ethnic groups have heard about the practice. Among both women and men, knowledge of FGM/C generally increases with increasing education and household wealth status. Only a small proportion of women and men who have heard of FGM/C believe that it is required by religion (13.8% and 12.8%, respectively). However, there are wide variations by ethnic group. For example, 31% of Poular women and 30% of Poular men believe that FGM/C is required by religion, while only 1.3% of Wolof women and 3.8% of Wolof men have those beliefs. In addition, women (16.9%) and men (19.6%) with no education are more likely to report that FGM/C is required by their religion than those with some formal education (10.2% and 8.5% respectively). Women (28.8%) and men (33.7%) from the poorest households are also most likely to believe that FGM/C is a religious requirement than those from richer households (6.2% and 4.4% respectively).

Senegal - Girls at risk of FGM/C: The limited progress in the decline of FGM/C in the past two decades in Senegal implies that a considerable number of girls and young women remain at risk of the practice. UNFPA estimates that globally, 68 million girls are at risk of FGM/C by 2030, if no concerted and accelerated action is taken to end the practice (UNFPA & UNICEF, 2020). In this section, we estimate the absolute number of girls at risk of FGM/C in Senegal.

Estimates of the number of girls at risk: The estimates show that about 68,000 girls currently alive in Senegal are at risk of FGM/C by the time they are 18 years old. The number of girls at risk was over 10,000 in five of the 14 regions, including Kolda, Matam, Sédhiou, Tambacounda, and Ziguinchor, which are also the regions with the highest FGM/C prevalence in the country. Although Kédougou has the second highest FGM/C prevalence in Senegal, the number of girls at risk is low because it is the region with the lowest population size in the country (République du Sénégal/ Ministère de L'Économie, du Plan et de la Coopération, 2020).

Ratifications of human rights treaties: The Senegalese government has ratified all treaties that are relevant to the elimination of FGM/C, including the Convention on the Elimination of All of Discrimination against Women (CEDAW) Convention, the Convention on the Rights of Children (CRC) and the Maputo Protocol. The Senegalese government did not make any reservations in relation to these human rights treaties that they have ratified, which means that the government is legally bound by all provisions in these treaties.

4.National Legal Framework

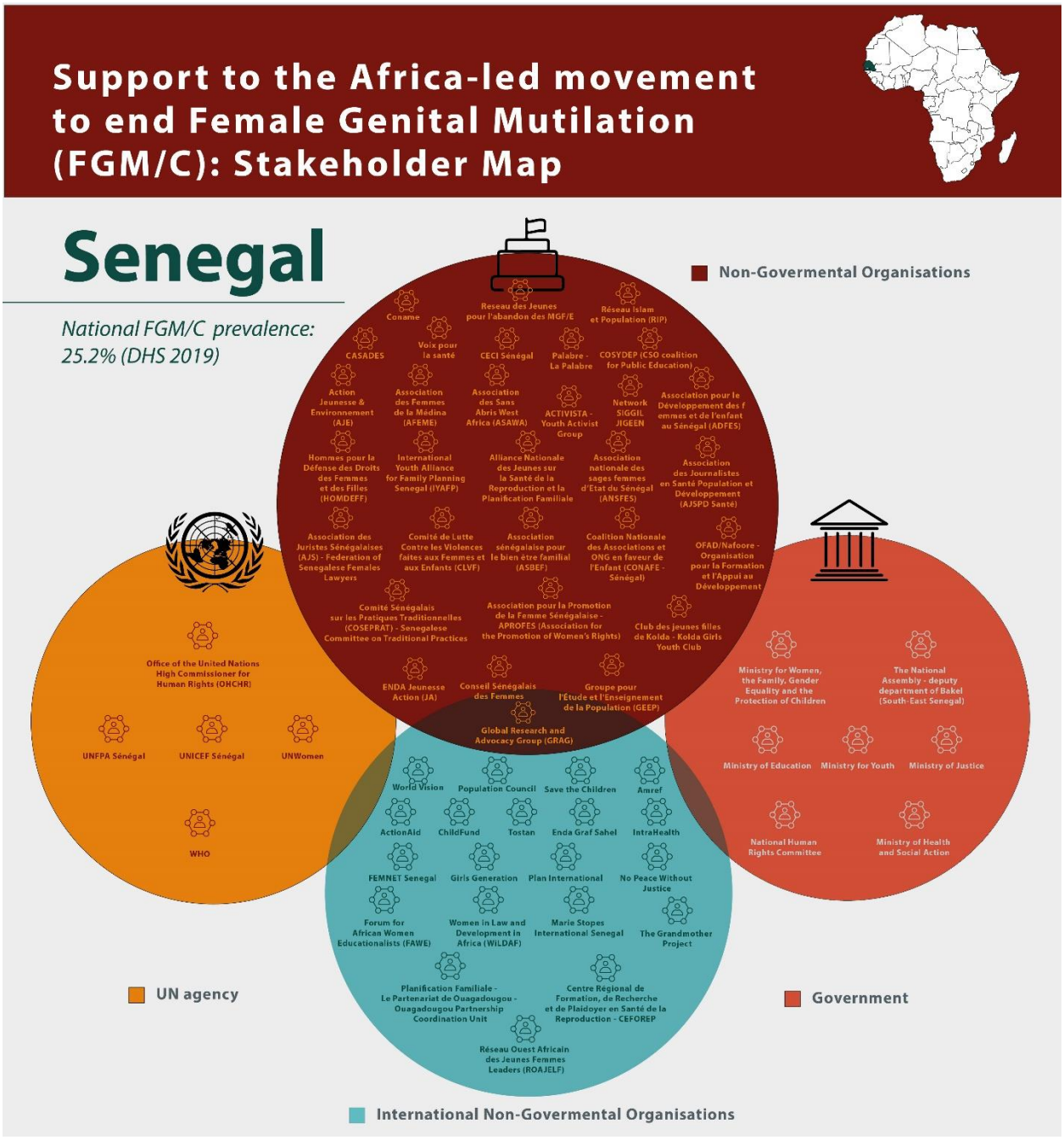
National Law: In 1999, Senegal was one of the first African countries to criminalize FGM/C. In January 1999, **Law No. 99-05**[20] was adopted that modified the Penal Code not only to prohibit FGM/C in all its forms, but also sexual harassment, paedophilia and sexual assault, sexual violence and corruption of minors. While some arrests have been made and a few **cases brought to court in Senegal** since the adoption of the law in 1999, generally, the implementation of the law and its enforcement are weak.

National Policies: After the adoption of the law, the Senegalese government developed the first **National Plan of Action for the Abandonment of Female Genital Mutilation** for the period 2000-2005. The aim was to create a strategic framework to coordinate actors working in this field in Senegal to facilitate the end of the practice. The Senegalese government mandated the Direction of the Family (*Direction de la Famille*) of the Ministry of Women, Family and Children (*Ministre de la Femme, de la Famille et de l'Enfance*)[21] to be the coordinating body for the implementation of the National Action Plan. This Action Plan was evaluated in 2008 to identify strengths and weaknesses of the implementation, resulting in a new (now finished) **National Plan of Action to Accelerate the Abandonment of FGM/C (2010-2015)**. Stakeholders all agreed that whilst a law criminalising FGM/C has existed since 1999, it has never been enforced. Two main reasons were given for this lack of enforcement. Firstly, families and communities do not report. The story shared below was considered common by the INGO stakeholder: "*There is not enough support because just recently we had 4 to 5 girls who were excised in the suburbs of Dakar, the parents, the excisors were taken to the police station but we don't know what happened next. In general, there are many social constraints because the Senegalese population does not denounce. We're all from the same family, you're my neighbour, I'm your wife, you're my uncle, […] When parents or excisers are imprisoned, it's always either political or religious leaders who intervene. The judge's hands are tied".* The second reason given is the lack of government commitment; "*politicians have no will to enforce they are worried about their popularity more than justice for girls and women"* (national level stakeholder).

[20] Although the Constitution and other national laws are relevant in relation to FGM/C as well, such as the Law No. 2005-18 on Reproductive Health in Senegal, we focus on this PEA only on the Penal Code.

[21] This Ministry was the time of the adoption of the first National Plan of Action referred to as the Ministry of the Family, National Solidarity and Female Entrepreneurship (*Ministère de la Famille, de la Solidarité Nationale de L'Entreprenariat Féminin).*

5.Stakeholder mapping



Government stakeholders: Abandonment of FGM/C work in Senegal falls primarily under the Ministry for Women, the Family, Gender Equality and the Protection of Children. Other government ministries include the Ministry for Youth, Ministry for National Education, Ministry for Health and Social Action, Ministry of Justice, and the Ministry of the Interior.

Other (non-state) stakeholders: There are other non-state actors active in the anti-FGM/C space. These include UN agencies (UNFPA, UNICEF and UN Women, and to a lesser degree the Office of the High Commissioner on Human Rights (OHCHR) and WHO), that support FGM/C abandonment practitioners working in the country. Bilateral institutions also contribute to efforts to end FGM/C through support to particular projects, for example, the Italian Cooperation funded the Senegalese National Strategy for Gender and Equity (2018) that covers gender based violence (GBV) including FGM/C. International and national organisations include Amref Health Africa, Action Aid, Save the Children, Plan International, Child fund, Marie Stopes, Population Council, Tostan, World Vision, COSEPRAT (Senegalese committee on traditional practices), FEMNET, Association nationale des sages femmes d'Etat du Sénégal (ANSFES), International Youth Alliance for Family Planning Senegal (IYAFP) among others. Others include activists, academics, political actors and FGM/C survivors who are active in the anti-FGM/C space.

Key Findings from Informant Interviews:

Perceived lack of commitment at government level: A number of those interviewed from across the INGO and civil society sectors felt that government commitment was still lacking despite the existence of a law banning FGM/C since 1999. For example, one participant shared; *"The government does not care. The government does not want to hear about excision. Let me give you an example. Despite the increased visibility of girl generation ambassadors, the government does not take the kind of actions needed to really change mind-sets."*

FGM/C is still seen by many as a religious requirement: Many participants explained that the view that FGM/C is a religious necessity remains deeply rooted and needs to be challenged and changed. **"***people to accept it is not a religious obligation."* (Stakeholder from a CSO). There is a mismatch between the strength of the view that FGM/C is a religious requirement and the number of interventions that target religious actors and specifically the Marabout. In other words, there seems to be a hesitancy among stakeholders to work and engage with Marabout leaders.

Stigmatisation of uncut girls pressures families and girls to conform and thereby undermines efforts on the ground to abandon FGM/C. "*Some uncircumcised women are not allowed to enter certain spheres […] and there have been cases where women have been excluded and repudiated because they were not circumcised, or they say that they are impure people who should not prepare the house; this is a serious problem."*

The diversity of root causes of FGM/C was also acknowledged as a key challenge as "e*ach community has a different justification. In the Kolda region, they will automatically link the practice to religion. In Ziguinchor, they will tell you that it is a question of education so that the girl should remain well behaved and so on, in another locality they will talk about traditions. In each locality, excision must be eradicated according to the beliefs of the people. It is case by case, for those who think that excision is imposed by the Muslim religion, you cannot treat excision as a social norm or a tradition or an education. It is imperative to understand why these communities practice FGM."* (stakeholder from a national organisation)

Cross border cutting was also seen to be a challenge to abandoning FGM/C due to practicing communities taking their girls across the borders to have them cut to escape the law in Senegal. A stakeholder with an international organization stated "*In the case of Senegal, it is surrounded by Gambia, Guinea Bissau, Guinea Conakry, Mali and a little bit of Niger […] All these countries have a high prevalence rate of FGM, and what we have seen is that since they are aware that the law in Senegal prohibits FGM, they take the cover of vacations, traditional ceremonies, weddings, baptisms and so on, take the girl cross the border, and when she comes back, she is mutilated."*

Insufficient resourcing of institutions and actors working to end FGM/C results in short term interventions that are not very effective in the long-term as there is lack of follow up and scale-up

of promising work. This, coupled with the lack of coordination amongst institutions and actors working to end FGM/C, results in scattered interventions that are abandoned as projects come to an end and actors move on to other sectors. "*There is no clear mapping, a synergy of actions between the different actors, which is also a problem, a challenge to be taken up.... important thing is the follow-up of these actions and there is no financing for the follow-up of these actions." (National organisation stakeholder).* There is also the **perception that actors working to end FGM/C are agents of the West** who want to challenge local culture and traditions. *"These are people who think that we are sent by the Westerners, that we are fighting our traditions, that we are fighting our cultures and others." (*Activist)

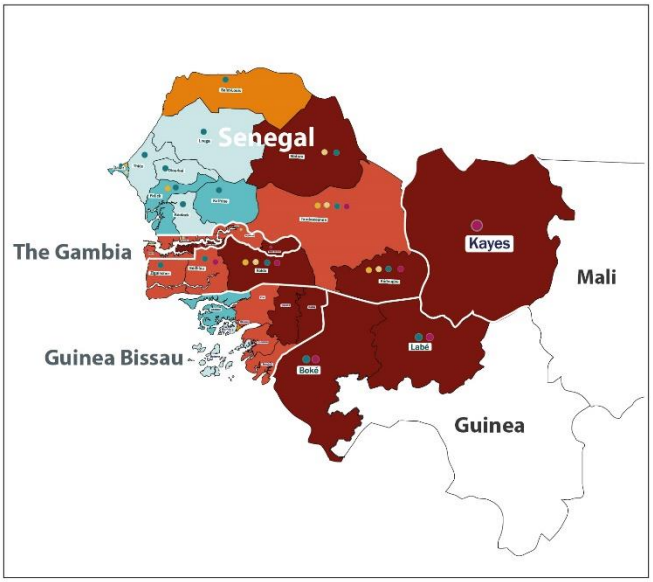
Existence and visibility of a Movement: Participants who had been active in The Girl Generation positively reflected on the infrastructure left behind by the programme and felt that a movement had been built and still existed in those who were a part of it. The participant below talks about the momentum and conviction to change existing norms despite the programme ending and resourcing drying up. "*If you talk to young people, some of them who deal with excision, if you talk about (The) Girl Generation, they will tell you, I'm part of it, and it's a sincere reality…..*" (TGG activist) The movement is seen to be driven by and active among younger people. A participant who was part of the TGG indicated "*the network of young people is present on social networks; you can check yourself. The network of young people against FGM is a movement that works well to fight against this practice and there are also organizations like ASAWA, AFIANGELE, organizations of young girls who fight this practice too".* Another participant (INGO employee) reflecting on the visibility of young people in the movement said, "*their strength is that they are quite dynamic, they are young people, they are quite committed, dynamic. But lack of experience in the field can be a weakness for them."*

However, some felt that the movement is not as visible as it should be and there is need to take further action to strengthen the movement at local levels *"I would like to say that the organizations that are there, that are more visible, more powerful, should be able to identify the actors who are there on the ground, the local actors who are doing a remarkable job. That we can regroup, that we can federate together. That's how we can share, that we can learn from each other, that we can respect each other's work so that change can be effective. If the big organizations think that they have more advantages and that they are the only ones who have to talk about it when you don't even see them in the small villages, I think that is a problem." (*NGO stakeholder)

Need for better coordination: A common theme emerged as participants frequently shared frustrations at the lack of organisations working together. The Senegalese government has not put in place any institution or body as responsible for coordinating governmental and non-state actors engaged in end FGM/C efforts. One stakeholder from a national level organisation shared; "*The challenges faced by the institutions are the risk of intervening in a scattered manner, it is important that the organizations work together because we all have the same objective which is to eradicate FGM. And for that we need to federate our efforts. Whether it is AMREF, UNICEF or UNFPA that carries out this or that activity, we must pool our efforts. This is a big challenge that organizations face. […] We see ourselves as competitors when we are not. We are all supporting the government forces and we have to see how we can fill the gaps in each other's efforts."*

There was agreement across stakeholders that a multi-pronged approach was needed. In the words of one stakeholder; "*qualitative discussions led us to see that people were not comfortable when we talked about excision, forced marriages, early pregnancies. So, it was necessary to have a holistic approach and that's why we chose to talk about the holistic development of girls."*

6.Partner Presence



FGM/C Prevalence

- Very high prevalence (more than 80%)
- Moderately high prevalence (51-80%)
- Moderately low prevalence (26-50%)
- Low prevalence (10-25%)
- Very low prevalence (less than 10%)

Senegal

National FGM/C prevalence: 25.2% (DHS 2019)

Partner Presence

Action Aid	Amref
Yes	Yes

Partners intend to work under ALM

Action Aid	
Yes	If budget allows

Amref	
Yes	If budget allows

7.The root causes of FGM/C in Senegal

Similar to other contexts in which FGM/C is practiced, in Senegal, FGM/C is a manifestation of gender inequality (WHO, 2008). While we see some changes in terms of the age of cutting going down its persistence is tied to deep-rooted sociocultural, economic, and political structures (Shell-Duncan, Hernlund, Wander, & Moreau, 2010).

Moreau and Shell-Duncan (2020, p. viii) contend that 'FGM/C is often a common-sense means of coping with precarity' by individuals, families, and communities. Poverty and the associated lack of education and marginalization are realities that can rarely be disentangled from FGM/C. Recent evidence from the SDHS confirms that girls in Senegal are at higher risk of being cut if they are born into poorer households (versus richer households), and if their mothers reside in rural areas (Kandala et al., 2020). Given this reality (and increasing threats to livelihoods and other factors of stability), community members rely heavily on their social networks for support. A high premium is placed on ensuring and maintaining inclusion within these networks, and inclusion is often dependent on maintaining the practice of FGM/C'.

8.Programme Mapping

The findings showed that FGM/C-related programmes implemented in Senegal fit into various specific thematic areas (Table 1). In total, there were 19 thematic areas of interventions. The themes included: human rights approach, capacity building, advocacy, awareness creation, community dialogues/engagement and behavioural change as well as use of creative art to address FGM/C among others. Of the programmatic thematic areas, awareness creation (84.6%), engaging community leaders (76.9%), capacity building (69.2%) and community dialogues/engagements (53.8%) were the most implemented activities. The use of digital media (7.7%) and creative art (7.7%) for awareness creation, engaging grass root organizations (7.7%), provision of FGM/C-related small grants (7.7%), and evidence generation (7.7%) were the least implemented across the programmes.

Table 1: FGM-related interventions implemented in Senegal categorized according to themes

S/N	FGM/C-related thematic interventions	Frequency (n=13)	Percent (%)
1	Awareness creation	11	84.6
2	Engaging community leaders	10	76.9
3	Capacity building	9	69.2
4	Community engagement & dialogues	7	53.8
5	Engagement with religious leaders	6	46.2
6	Public declaration	4	30.8
7	Use of media (Radio) for FGM/C awareness	4	30.8
8	Behavioral/attitude change	3	23.1
9	Legal approach to FGM/C	2	15.4
10	Human rights approach to FGM/C	2	15.4
11	Alternative rites of passage	2	15.4
12	Advocacy	2	15.4
13	Women empowerment	2	15.4
14	Intergenerational dialogues	2	15.4
15	Use of digital media for FGM/C awareness	1	7.7
16	Engaging grass root organizations	1	7.7
17	Provision of FGM/C-related small grants to grass root organization	1	7.7
18	Evidence generation	1	7.7
19	Use of creative art to create FGM/C awareness	1	7.7

9.Evidence synthesis

Legislative interventions: Five studies assessed the impact of legislation on FGM/C in Senegal; Evidence has shown that in most countries, Senegal included, there are no effective mechanisms in place to report, refer, and protect girls and women at risk of FGM/C. Consequently, the number of court cases is low or non-existent, suggesting limited political will (Nabaneh and Muula, 2019; P; OBS; →). There were varied effects of the law across regions within the same jurisdiction. Kandala and Komba (2015) found that despite enactment of the law, rural residence, religion (animist), and ethnicity (Poular, Mandingue, Diola and Soninke) were associated with higher likelihood of undergoing FGM (Kandala and Komba, 2015; P, OBS; ↑). Enactment and enforcement of laws sometimes led to adjustments in FGM/C practice including reduction in the age of cutting and secrecy in performing FGM/C. Camilotti (2016), analysed DHS data for girls born in a year and a region where the law against FGM had been legally enforced and found that girls were cut almost one year earlier. Shell-Duncan et al (2013) found that laws in some instances incited resistance or drove the practice underground (Shell-Duncan et al, 2013; P; OBS; ↑). In summary, evidence suggests that legislation works more effectively where there is political will (Nabaneh and Muula, P; OBS →), existence of locally appropriate enforcement mechanism (Muthumbi et al., 2015; S, SR; →), combination of other interventions that are acceptable to the target community, sufficient resources for implementation, and sensitization (Kandala and Komba, 2015 P, OBS; ↑, Shell-Duncan et al, 2013; P; OBS; ↑).

Training health care providers/capacity building of the healthcare system: Two studies (Berg and Denison 2013, Denison at al 2009) assessed the effectiveness of training providers/enhancing the health system with the aim of ending FGM/C in Senegal. Systematic reviews of multiple interventions including training of health personnel in several countries (Senegal included) showed that training health personnel produced no effects in knowledge or beliefs/ attitudes about FGM/C at community level.

Health education: Findings from studies in Senegal show that the effects of health education appear impressive, literature and findings from multifaceted interventions suggest that health education can be more effective in an environment where context is considered and other interventions are also implemented (Waigwa et al, 2018; S, SR; ↑).

Formal education: Evidence from the two systematic reviews that exist show that education exposes girls to new information on health risks/consequences of FGM/C as well as on the illegal status of FGM/C and hence can play a significant role in the abandonment of the practice by empowering women and girls to reject FGM/C (Berg and Denison 2013; S, SR; ↑, Denison et al., 2009; S; SR; ↑).

Media / social marketing campaigns / communication: Most of the interventions focused on using various media platforms to disseminate messages on negative health consequences of FGM/C. Study findings from a systematic review by Berg and Denison (2013) showed that media/social marketing efforts are effective in changing social norms and attitudes toward abandoning FGM/C, and, in some cases, reducing the practice.

Community engagement: There are two studies that focus on community dialogues or conversations where people were expected to begin to question the role of FGM/C, and therefore facilitate change. (Berg and Denison, 2013; S, SR; ↑). The evidence suggested that the driving force for changing FGM/C related behaviour lies in how the information was disseminated (Berg and Denison, 2013; S, SR; ↑). Diop and Askew (2009) found that community engagement approaches that use a holistic approach and seek to empower community members are effective

in changing attitudes towards FGM/C and in some cases changing behaviour (Diop and Askew, 2009; P; QEX; ↑).

10.Media Analysis

Print press in Senegal is a dynamic sector, with around 20 daily newspapers, all published in French. Daily paper L'Observateur is the most read newspaper, with 89.2% of people who buy print press choosing it. The majority of the readers are an older audience, and the readership rate is quite low in rural areas[22].**Television** is by far the most popular medium, with 81% of Senegalese watching at the national level. ZikFM is the most listened to the radio, with 35.4% of the audience share, followed by RFM (26.7%)[23]. **Radio** is mostly used in rural areas, with community radio being one of the most popular sources of information. **Internet** coverage has gradually increased over the years, to reach 88% in 2020[24]. WhatsApp is the most widely used social media channel (55%), followed by Facebook (29%)[25]. Users aged 15-26 dominate social media. It has also become a powerful advocacy tool for the youth. Youth group 'Paroles aux jeunes', on Twitter and Facebook have been quite active on social media about a range of gender issues including FGM/C.

Key media voices include: anti-FGM activists Sister Fa,[26] Fatoumata Tamba[27], Jaly Badiane[28] and Mariama Gnamadio[29]; Réseau des jeunes pour la promotion de l'abandon des MGF/E, youth group[30]; Réseau Siggil Jigeen, NGO promoting women and girl's rights[31]; Oumy Ndour, journalist[32]; and Parole aux jeunes[33]

In the last 10 years, national and mainstream media have been used to sensitize and mobilize the population on the harmful effects of FGM/C, however coverage is still limited with only two national newspapers carrying pieces on FGM/C in last 6 months. Nothing was televised and only some national radio pieces were broadcast.

[22] https://www.socialnetlink.org/2015/11/27/sondage-sur-les-medias-le-groupe-futurs-medias-leader-au-senegal/
[23] https://www.dakaractu.com/Dakar-Sondage-TV-et-Radio-Tfm-en-tete-51--Rts-124--RFM-354--ZIK-FM-267_a156751.html
[24] PressAfrik.
[25] SenMarketing Digital
[26] http://www.sisterfa.com/
[27] https://www.france24.com/fr/20200206-s%C3%A9n%C3%A9gal-%C3%A9duquer-%C3%A0-la-sexualit%C3%A9-pour-lutter-contre-l-excision
[28] https://twitter.com/jalybadiane?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor
[29] https://www.dakaractu.com/Journee-mondiale-des-violences-basees-sur-le-genre-a-Kolda-Mon-combat-a-toujours-ete-pour-l-eradication-des-violences_a196564.html
[30] https://www.facebook.com/RJMGF/
[31] http://alliancedroitsetsante.equipop.org/siggil-jigeen/
[32] https://sn.boell.org/fr/2019/09/03/cela-suffit-entretien-avec-oumy-ndour
[33] https://www.facebook.com/laparoleauxjeunesdumonde/?ref=page_internal

11.Cross Border FGM & Security Issues

Very little research has been done capturing the prevalence and triggers for cross border FGM/C. Most of what we think we know comes from media reports and grey literature in the form of INGO report. The IRIN (2020) states that girls living near borders are most vulnerable to being forcibly moved, particularly if they are living next to countries with weaker anti-FGM legislation as compared to their countries of residence. For example, the prevalence of FGM rate is 85 percent in Mali, where legislation relating to FGM is poorly applied, making communities living near the border in Burkina Faso, Guinea, Cote d'Ivoire and Senegal vulnerable to cross border FGM. Circumcisers and families seeking FGM travel to countries where there are least restrictions (IRIN, 2020). The limited research on cross-border practice of FGM means assessment is reliant on reports in the media that only refer to ongoing movements of circumcisers and families across the borders without the exact prevalence of the practice (Building Bridges to End FGM, 2019).

Evidence suggests that communities in countries where FGM is legally prohibited are taking their girls across national borders in order to have them undergo FGM (Building Bridges to End FGM, 2019; Kimani et al., 2018). Cross-border practice is one of the strategies by communities that practise FGM to ensure that girls or women are cut in secret or without risks of prosecution (UNFPA, 2019; Walela, 2020; UNFPA-UNICEF, 2019; 28 Too Many, 2018). Wouango at al (2020) present data and qualitative interviews looking at the divers of FGM/C across the Mali - Burkina Faso border. The research highlighted marriageability into families the other side of a border as a major driver. Fear of prosecution in Burkina Faso motivated some to cross into Mali where legislation is not enforced. Shared ethnicity, in the little research we have, is emerging as a strong additional motivation for families to travel across borders in order for daughters to be cut along with other girls in the same ethnic community.

Senegal Border Security Assessment

The assessment below was compiled from FCDO security briefings and current news reporting. The analysis is based on a security risk matrix approach for assessing level and type of risk.

The region is in turmoil with recent political tensions rising in March 2021 (see https://www.bbc.co.uk/news/world-africa-56311673). News reporting suggest that the tensions could tip Senegal into significant and prolonged violence that could hamper programming. This rising tension exists alongside the onset of COVID-19 and Ebola which are creating unusual restrictions for locals and travellers alike. These factors combine with the counter insurgency operation and Senegal's involvement in Mali makes operationalisation in these regions highly problematic.

Sahel Region

The Sahel includes Mali, Mauritania, Guinea, Algeria, Nigeria and some smaller countries. There is a UN Mission in Mali which is French and African Union lead. Terrorist groups include AQ and Daesh and have morphed into Jamaat Nusrat al slami e Musileem (JNIM). Their old initiatives from ISIL and AQ are now also directed towards the UN troops, military bases and places frequented by westerners. Senegal and its neighbouring countries supply troops for the UN force in Mali, so the countries are viewed as legitimate targets by JNIM

The borders around Senegal are porous making incursions into other areas to carry out attacks relatively easy. It also demonstrates an ease of operability by the terrorists. The military in the

border regions of all of the countries of interest are susceptible to attack, putting them on high alert and visiting these areas is not recommended.

Senegal/Guinea-Bissau/Guinea

The southern region of Senegal is particularly dangerous between the southern border of Gambia and the northern edge of Guinea. Western officials visiting this area do so with robust security measures. This extends to journalists, construction workers and NGO workers. Kidnapping for ransom is commonplace as are attacks on the military. Being on a humanitarian mission will not be viewed as any different. There is an armed separatist movement in this region (Casamance) and in recent years civilians and military have been targeted.

12. Conclusions

This conclusion summarises the enabling environment within Senegal; the need for the programme; and the design challenges and opportunities to accelerate ending FGM/C.

Enabling environment

- Significant efforts of organisations at community level to drive social norm change, with multiple public declarations to end FGM/C
- The existence of a network of activists and many CSOs and INGOs committed to ending FGM/C
- Senegal was one of the first African countries to criminalize FGM/C (in 1999)
- National budget for activity related to FGM/C abandonment (2014)
- National action plan to fight gender-based violence and promote human rights (2015)
- Ten-year national strategy for gender equity (2016-2026)

Urgent need

- A significant number of girls in Senegal today are at risk of undergoing FGM/C before they turn 18 (68,000)
- Absence of a robust system of law enforcement and clear messaging from government.
- Lack of a government-led end FGM/C coordination strategy
- No clear overall decline in FGM/C nationally in recent years

Opportunities (whether through the consortium or grantees):

- Supporting the creation of a sustainable and enabling infrastructure for change (e.g. coordination mechanisms). This must involve supporting or creating strategic alliances between different actors in the end FGM/C space, such that they can form a coherent movement focused on the implementation of a national strategy.
- Supporting the sustainability of efforts at community level (rather than stop-start efforts) to support long-term behavioural change; focusing on changing social norms, particularly in high-prevalence hot spots
- Long-term granting to community organisations
- Improved monitoring at the community level and across interventions
- Generating evidence on what works to foster changes in attitudes and norms leading to behaviour change, which is currently limited in Senegal
- Working with media and education platforms, accessible to young people. Social media represents a critical platform with more young people and youth groups actively using it to promote end-FGM/C messaging. Radio is popular at a local and rural level and could be more extensively used.
- Analysing the potential benefits of further diversifying the approaches used and actors involved in working towards the abandonment of FGM/C in Senegal.
- Working with government stakeholders to generate greater commitment and motivation at this level to enact change at community level
- Addressing changes in the law, which sets out punishment in cases where FGM/C is performed by a medical professional (yet medicalisation is virtually non-existent), but does not criminalise cross-border FGM/C, which remains a challenge in some communities. The Penal Code needs to address movement across national borders and criminalise and punish the performance and procurement of cross-border FGM/C.

- Monitoring of FGM/C cases and ensuring the judiciary is committed to enforcing legislation.
- Strengthening accountability and support to girls, as there is a gap when it comes to responding directly to the needs of girls both in terms of survivor support and pressure to make the judicial system more responsive to their need for justice. Law enforcement needs to be survivor centred.
- Challenging the view that FGM/C is a religious requirement, which will involve understanding the different forms of religious leadership and their influence.
- Cross-Border FGM/C is a huge challenge. Targeted work with communities in high risk border areas is urgently needed.

Design challenges:

- Relatively high incidence of political protest (with some looting) at the time of writing
- Challenges presented by the Covid-19 pandemic, which will likely reduce opportunities to engage with line Ministries and other government structures being, as they will be under considerable additional pressure. Potential restrictions to travel/outreach work.

Recommendations for ways of working:

- The majority of girls are cut under the age of 1 year in Senegal; interventions should bear this in mind in terms of intervention design, target audiences and identifying opportunities to integrate ending FGM into broader development programmes
- Further research/consultation is needed to identify the appropriate nationally-led policies/plans for the programme to align with

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Annex 1: FGM/C prevalence at regional level

Region	FGM/C prevalence
Dakar	17.9%
Diourbel	0.9%
Fatick	12.1%
Kaffrine	12.8%
Kaolack	4.7%
Kédougou	89.0%
Kolda	88.0%
Louga	8.2%
Matam	94.8%
Saint-Louis	30.8%
Sédhou	80.0%
Tambacounda	76.0%
Thiès	4.2%
Ziguinchor	71.7%