

POLICY NOTE

FEMALE GENITAL MUTILATION/CUTTING AND VIOLENCE AGAINST WOMEN AND GIRLS

Strengthening the policy linkages between
different forms of violence



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**ENDING VIOLENCE AGAINST
WOMEN SECTION**

UN WOMEN

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1. INTRODUCTION

Violence against women and girls manifests in different forms. These include intimate partner violence, non-partner sexual violence, sexual exploitation and trafficking, and harmful practices such as female genital mutilation/cutting (FGM/C) and child, early and forced marriage, among others. Programmes to end harmful practices, and programmes to end intimate partner violence and non-partner sexual violence (widely referred to as violence against women and girls, VAWG) are often planned and implemented separately. While this is intended so programmes can be tailored accordingly, it can result in isolation of initiatives that would otherwise benefit from sharing of knowledge and good practices and, from strategic, coordinated efforts.

Both FGM/C and VAWG interventions are guided by common international and regional norms and standards as described in a number of human rights legal and policy agreements. This can serve as an important entry point for better aligned and coordinated work, underpinned by a human rights-based approach (see Annex 1 for a listing of key conventions, declarations and agreements on violence against women and girls).

Article 2 of the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) promotes the principle of non-discrimination against women and girls, as a key principle for a human rights-based approach to address all forms of violence against women and girls, including harmful practices such as FGM/C. Furthermore, other international and regional agreed documents at times address VAWG and FGM/C together. Regional conventions such as the *African Charter on Human and Peoples' Rights on the Right of Women in Africa* (the Maputo Protocol) and the *Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence* (the Istanbul Convention) are examples of human rights instruments that address both VAWG and FGM/C. Worth noting is also the 2014 *United Nations Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/ General comment No. 18 of the Committee on the Rights of the Child on harmful practices*. The most recent example is

the 2030 Agenda for Sustainable Development which includes under Goal 5: *Achieve gender equality and empower all women and girls*, targets for both elimination of all harmful practices (5.3) and elimination of all forms of violence against all women and girls (5.2). This reinforces the fact that both VAWG and FGM/C have some common underlying causes that would greatly benefit from common strategies to eliminate them. This can be done in part through increased coordination and collaboration between different actors working to end VAWG and FGM/C.

The common root causes between FGM/C and intimate partner violence and non-partner sexual violence include gender inequality perpetuated by patriarchal structures, and the unequal distribution of power between men and women, upheld by social norms and oftentimes by government structures.¹ It is important to consider however, how different forms of violence have evolved differently over time due to local or national influences and culturally-specific factors. Consequently, in working to end violence against women and girls generally, alongside common challenges that can be addressed through coordinated efforts, there are also varied risk factors, social dynamics and norms, that require tailored approaches. Such differences in approaches to end FGM/C and VAWG

¹ United Nations General Assembly, 1993. Declaration on the Elimination of Violence Against Women. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/ViolenceAgainstWomen.aspx>

are evident for example, in the use of different terminology to refer to similar concepts, particularly in the area of prevention.²

As an overall policy and programming consideration, there is a distinction between forms of violence against women and girls where there is intention to inflict harm, and others like FGM/C where the underlying rationale for the practice is based on social acceptance and inclusion of girls and the avoidance of social stigma. Also worth noting is that FGM/C differs from intimate partner violence in that women are not

only those subjected to violence, but are also often the ones who inflict it or ensure it occurs.

It is therefore critically important to analyze the cultural, religious and social context where VAWG and FGM/C interventions are planned. It is also important to identify both specific risk factors and social dynamics that are conducive to each form of violence, as well as those that are common to all forms of violence to move forward more comprehensive change in social norms.

² The issue of different terminologies is discussed in more detail in the background paper that accompanies this document.

2. BACKGROUND AND PURPOSE OF THE PAPER

In 2015, UN Women and the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting commissioned a background paper to explore policy issues common to FGM/C and VAWG initiatives, and to identify potential synergies and lessons from experiences at the global, regional and national levels. That background paper, *Finding Convergence in Policy Frameworks: A Background Paper on the Policy Links between Gender, Violence against Women and Girls, and FGM/C*, informs this document. This paper further explores legislative, policy and programming inter-linkages and considers entry points for increased coordination and collaboration to advance the objectives of ending both FGM/C and VAWG.³

Both documents are intended for multiple audiences including those directly involved in policy development, planning and implementing initiatives, those providing technical support, and advocates for ending all forms of violence against women and girls, including FGM/C.

This paper presents a policy-focused analysis and a set of policy considerations and recommendations based on the background paper mentioned above. It is intended to provide a basis for discussion within and between development agencies, governments and civil society about how to address, in more coordinated and effective ways, the factors that drive the perpetuation of FGM/C and VAWG, within the context of more broadly addressing gender inequality and

gender-based discrimination against women and girls.

Section Three examines how addressing different forms of violence through separate interventions has resulted in some common and some distinct policy and programme approaches, specifically in the areas of: strengthening national legal and policy frameworks; prevention strategies; care for the women and girls who have been subjected to violence; and building data and evidence. Areas for potential collaboration between VAWG and FGM/C initiatives are suggested throughout the section.

Section Four offers a brief conclusion.

³ More information about the information sources, search keywords and methods used for the background paper, can be found in the paper itself, which accompanies this document.

3. INTERSECTIONS AND POTENTIAL AREAS TO STRENGTHEN COLLABORATION

The following subsections look at four areas of work where FGM/C and VAWG programmes and policies have potential synergies. All these areas, for both FGM/C and VAWG, will benefit from the use of multiple entry points, cross-sector and multi-disciplinary expertise, and collaboration with different actors from government, community, families, and individuals.

National legal and policy frameworks

Strategies used for the adoption of legislation on FGM/C and VAWG, and for its implementation and enforcement, often use similar approaches:

- Advocacy to inform policy-makers, traditional leaders, legal, education and health professionals, and communities about the rationale for and implications of legislation;
- Working with government ministries responsible for gender equality to link legislation to national action plans, cross-sector policies and programming; and
- Training of the judiciary, legal professionals and police, as well as health practitioners on the use of medical forensic protocols for individuals who have been subjected to domestic violence, sexual violence, child abuse, and FGM/C.

In terms of success in adopting legislation, evidence tends to demonstrate that, in countries where FGM/C is concentrated, there has been more progress in passing laws that criminalize FGM/C than laws that criminalize VAWG.⁴

Importantly, even when appropriate legislation to criminalize FGM/C and/or VAWG has been passed, there are limited monitoring systems to reliably assess its enforcement. Additional challenges to implementation include lack of knowledge about the existence of the legislation; contradictions between accepted social norms and the legislation; lack of capacity to interpret and apply the law; and lack of resources for enforcement, particularly in rural areas. These factors severely limit implementation and impact.

4 UNICEF. 2013. Female Genital Mutilation: A statistical overview and exploration of the dynamics of change. New York; OECD Social Institutions and Gender Index <http://gender-index.org/countries>; and World Bank, Women, Business and the Law: <http://wbl.worldbank.org/data/exploretopics/protecting-women-from-violence>

Policy Considerations

Sharing and learning from experiences for adopting and implementing FGM/C and VAWG legislation can shed light on effective strategies. Categories of shared information include:

- **Analysis of strategies that led to the adoption of VAWG and FGM/C laws**, including the degree to which men and women in society participated in the process, as individuals or as part of organized groups (e.g. women's associations, religious organizations, etc.);
- **Analysis of enabling factors and constraints related to the adoption of laws criminalizing FGM/C and VAWG**, including whether – and the degree to which – the legislation was aligned with or divergent from existing social norms; and
- **Analysis of different ministries' common interests in both FGM/C and VAWG** that will identify how stronger collaborative working arrangements and implementation mechanisms can be established between ministries and with non-government organizations.

Prevention strategies

Prevention strategies used in FGM/C and VAWG policies and programmes have many common elements, as shown in Box 1 below. They both require engaging multiple stakeholder groups in comprehensively analysing the socio-cultural factors that drive specific forms of violence in local contexts. This identifies what needs to be addressed: the risk factors and social norms that perpetuate violence, as well as the structures that hold those norms in place and influence attitudes and behaviours.

Another common element of FGM/C and VAWG prevention is the use of multiple entry points to holistically change social norms and challenge unequal gender power relations. For example, FGM/C and VAWG prevention interventions both use community-mobilization social change initiatives; education; group-based interventions that work with men, women, girls and boys; leadership initiatives; strategies to promote economic and social empowerment of women and girls; and zero tolerance strategies. Other common elements include *inter alia*: engaging government staff from multiple sectors or ministries; working with faith-based and/or traditional leaders as opinion leaders and possible agents of change; liaising with non-government organizations and

civil society more broadly to facilitate critical thinking about FGM/C or VAWG at the community level; and introducing practical measures to alleviate stress, isolation, poverty and other variables that can cause increased risk of vulnerability to violence.

As regards community-level prevention, approaches are often specifically tailored to either FGM/C or a particular type of VAWG (usually intimate partner violence). However, they still share common objectives related to changing social norms and empowering women and girls, and so can generate valuable discussion and debate that can lead to the adoption of holistic violence prevention principles. For example, in both cases, community-mobilization programming emphasizes engagement of men and women from different age groups and social cohorts to foster understanding that families and communities benefit from ending violence. They also strive to increase recognition that women and girls can contribute more to families and communities if they are treated with respect, and are free to exercise their rights to participate and live free from violence.

Indeed, community-mobilization programmes that address values and that focus on empowerment in

countries where FGM is concentrated, have shown reduction on FGM/C. Furthermore, in a recent evaluation of such programmes, there were reported reductions of both FGM/C and intimate partner violence.⁵ There is also emerging evidence that community-led empowerment discussions that are values-based and that enable individuals to collectively discuss human

rights can result in communities examining and better understanding the negative impacts of different forms of violence against women and girls, including intimate partner violence and FGM/C. These nuanced community approaches can affect wider changes in social norms including reducing tolerance levels for all forms of violence.⁶

5 Arango, D., Morton, M., Gennari, F., Kiplesund, S., Ellsberg, M. 2014. Interventions to Prevent or Reduce Violence Against Women and Girls: A systematic review of reviews. Women's Voice and Agency Research Series 2014 No 10. World Bank. Page 28

6 Note that the work of Raising Voices and Tostan are two examples of this holistic approach. For more detail see programme descriptions and evaluation reports on their websites. Raising Voices website: <http://raisingvoices.org>. Tostan website: <http://www.tostan.org>

BOX 1

Common elements in FGM/C and VAWG Policy and Programme Approaches Recommended for Prevention

Guiding principles

- Apply a human rights-based approach and align with international norms and standards on gender equality and non-discrimination
- Apply gender and power analysis and employ theory and evidence-based approaches
- Focus on comprehensive and locally-owned changes to end social norms, practices, attitudes and behaviours that tolerate and/or condone VAWG and harmful practices

Prevention

- Using a multi-disciplinary and multi-dimensional approach that engages, in a coordinated way, different actors
- Adoption and or/revision of legislation and national policies addressing gender inequality, VAWG and harmful practices

- Creating partnerships and engaging communities
- Engaging men and boys as partners together with women and girls
- Educating and fostering agents of change within the community
- Empowering women and girls through education and economic opportunities
- Use of media, including social change communication and social marketing, to convey stories of individual and community experiences, raise awareness of human rights and legal frameworks and available services
- Highlighting the gains to build influence and ownership at all levels
- Conducting evaluation and building evidence to underpin change

Sources: Ellsberg, M., Arango, D., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., Watts, C. 2014. Prevention of violence against women and girls: what does the evidence say? Published in The Lancet online; UNFPA and UNICEF. 2014. UNFPA-UNICEF Joint Programme on Ending Female Genital Mutilation/Cutting: Accelerating Change. Summary Report 2008 – 2013; European Institute for Gender Equality. 2013. Good Practice in Combating Female Genital Mutilation; and UN Women, ILO, UNDP, UNESCO, UNFPA, UNOHCHR, WHO. 2015. A Framework to Underpin Action to End Violence Against Women.

Policy Considerations

In some specific cases, coordination of FGM/C and VAWG prevention initiatives can be time and labour-intensive, and strain existing resources. At the same time however, holistic and multi-sectoral prevention frameworks, and specific policy direction to support their application, can often contribute to increasing programme effectiveness in work aimed at preventing both FGM/C and VAWG. Policy guidance should note where opportunities for synergies exist and direct efficient coordination and collaboration efforts such as:

- **International and national analysis of common priorities, and potential for joint work, in the area of prevention for both FGM/C and VAWG, to achieve greater impact and optimize financial and human resources;**
- **Exploring replication of successful prevention interventions that have an impact on the reduction of both FGM/C and other forms of VAWG such as intimate partner violence (i.e. TOSTAN);**
- **Promoting community-based mobilization, including advocacy that engages both men and women and addresses both FGM/C and VAWG, where it is assessed to be strategic and appropriate;**
- **Working with communities to identify interventions that address common risk factors and common root causes of both FGM/C and VAWG. For example, girls' education and women's economic empowerment initiatives.**

Response, care and services for women and girls who have been subjected to violence

Comprehensive approaches related to response, care and services for women and girls who have experienced violence are better developed for VAWG than for FGM/C. However, there are some similarities as presented in Box 2. Health systems in countries where FGM/C is concentrated sometimes provide guidance and protocols for dealing with obstetric and gynecological problems caused by FGM/C—this is relatively rare however, and evidence on effectiveness and sustained use of protocols is scarce. Front line health service providers and midwives may also, in a few

African Countries, have received training on how to deal with complications of obstructed labor, hemorrhage or infection caused by FGM/C, but the literature notes that evidence on effectiveness of such training is limited.⁷

While a comprehensive response is less common in developing countries, there is experience to draw on from developed countries with migrant populations from FGM/C-practicing countries. In a number of European countries, for example, legal, police, health, and social services provide a combination of response

⁷ Please see the recently (2016) launched WHO Guidelines on the management of health complications from female genital mutilation

BOX 2

Common elements in FGM/C and VAWG Policy and Programme Approaches Recommended for Response, Care and Services

Support and care for individuals who have been subjected to violence

- Provision of comprehensive coordinated and multi-sectoral services that focus on women and girls who have been subjected to violence, including referral mechanisms (mainly VAWG policies and programmes)
- Training of judiciary, police and health service providers
- Protection of women and girls, and safety from immediate threat and risk of violence
- Provision of remedies and reparations for individuals who have been subjected to violence

Sources: Ellsberg, M., Arango, D., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., Watts, C. 2014. Prevention of violence against women and girls: what does the evidence say? Published in The Lancet online; UNFPA and UNICEF. 2014. UNFPA-UNICEF Joint Programme on Ending Female Genital Mutilation/Cutting: Accelerating Change. Summary Report 2008 – 2013; European Institute for Gender Equality. 2013. Good Practice in Combating Female Genital Mutilation; and UN Women, UNFPA, WHO, UNDP, UNODC. 2015. Essential Services Package for Women and Girls Subject to Violence- Core Elements and Quality Guidelines.

and protection services for women at risk of FGM/C or those who have been cut.⁸

Comprehensive response service provision for VAWG, personnel training to identify individuals who have been subjected to violence, referral of those individuals, and integration of VAWG issues into the curricula of medical and nursing schools, are more common in developed countries. Evidence on effectiveness is mainly drawn from those contexts. In developing countries, many VAWG response policies support the 'one-stop shop' approach to integrated services, at least in urban areas. These centers are intended to function as hubs for integrated referral services, and to facilitate access, as needed, to police services, legal and psycho-social counseling, health services, and

immediate protection and shelter. There is conflicting evidence about the effectiveness of 'one-stop shops' in developing countries.⁹ Furthermore, in rural areas, and in countries without legislation or strong NGO networks, response services are often non-existent or limited to counseling services provided through phone hotlines run by urban NGOs.

In order to strengthen capacity, some governments are training frontline service providers to support VAWG survivors. As with FGM/C initiatives, information sharing and data collection to track how capacity development affects service delivery for VAWG survivors, and what variables may inhibit effectiveness and quality of services, are critical.¹⁰

8 Social Care, Local Government and Care Partnerships. 2015. Commissioning services to support women and girls with female genital mutilation. UK Department of Health. London.

9 STRIVE Research Consortium. 2011. What works to prevent partner violence: an evidence overview.

10 Arango, D., Morton, M., Gennari, F., Kiplesund, S., Ellsberg, M. 2014. Interventions to Prevent or Reduce Violence Against Women and Girls: A systematic review of reviews. Women's Voice and Agency Research Series 2014 No 10. World Bank.

Policy Considerations

Evidence and lessons learned¹¹ from the comprehensive multi-sectoral ‘women-centered response’ approach to VAWG could be used to inform planning and implementation of response services for women and girls who have undergone FGM/C. Policy considerations related to strengthening effectiveness and quality of response services for both FGM/C and VAWG include the following:

- **Adaptability and appropriateness of services is critical.** This includes respecting women’s and girls’ dignity, and delivering services in ways that are culturally sensitive and which don’t re-victimize or put women at further risk;
- **Clarification of protocols and procedures, and development of coordinated response and referral networks,** can contribute significantly to improving quality of operational practices including confidentiality, informed consent and data collection.

Data and evidence

The intimate and sensitive nature of both FGM/C and VAWG make it challenging to collect consistent and reliable data. Modules on FGM/C have however, been included in nationally representative household surveys such as the Multiple Indicator Cluster Survey (MICS) and Demographic and Health Survey (DHS) in 30 countries where FGM/C is concentrated—these are mainly in Africa but also include the Middle East and Asia.¹² The use of these household survey modules to collect data has created a base of information to compare data and identify trends, and is supporting more rigorous analysis of factors that influence attitudes and decision-making about the practice. Policy decisions to use existing national survey mechanisms to collect data on FGM/C have also strengthened government ownership of FGM/C issues.

Data on VAWG is available primarily through stand-alone surveys on the topic, or through modules integrated into household level surveys. Of the 30 countries mentioned above where FGM/C is concentrated and tracked through survey data, 13 countries have also national prevalence data on VAWG.¹³

The fact that countries are undertaking surveys on VAWG is promising, but the data sets are not necessarily comparable, as different methodologies are being used across and within countries. Additionally, if surveys are not recurring, it is not possible to track trends. Despite this, even one-time surveys can stimulate action and influence governments to adopt and develop national or sub-national action plans and strategies and invest in ending VAWG. Whether surveys result in action plans or vice versa, at least there

11 Jewkes, R. 2014. What works to prevent violence against women and girls? Evidence review of the effectiveness of response mechanisms in preventing violence against women and girls. Government of the United Kingdom

12 Iraq and Yemen are Middle Eastern countries with household surveys on FGM/C and Indonesia is the one Asian country currently using household level surveys to collect FGM/C data. http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

13 UN Women Global Database on Violence Against Women. 2016. Country profile pages. <http://www.evaw-global-database.unwomen.org/en>. Note that only countries with official nationally representative VAW prevalence data collected according to agreed global standards since 2000 are included here. This does not include countries reporting administrative data from police, health or other services or countries with prevalence data from sub-national surveys.

seem to be clear policy connections between data collection and related analysis and action planning.

To supplement survey data, there is an urgent need for analysis of what programme designs best contribute to declines in FGM/C and VAWG, and what limits their effectiveness. Methodologies, evidence collection, and analysis need to be nuanced to better understand how different combinations and types of interventions work to change attitudes, impact

prevalence and incidence of VAWG; prevalence of FGM/C; and perpetration of VAWG. A number of systematic reviews of the literature have found limited methodological rigor in the planning, monitoring and evaluation frameworks of interventions on all forms of violence against women and girls. Policy guidance on more consistent and rigorous monitoring and evaluation, linked to clear theories of change, will support improved data collection.

Policy Considerations

Policy to support evidence creation can consider the following:

- **Evaluations of FGM/C can learn from VAWG methodologies to identify what works in programmes targeted at reducing victimization and perpetration.** Most FGM/C evaluations to-date focus primarily on what works to change attitudes and social norms about FGM/C. Analysis is then required to link how those changes in attitudes and social norms are connected to prevalence trends in numbers of girls who are cut;
- **The extent to which repeated/regular data collection on FGM/C allows better monitoring** of impact of interventions to abandon the practice; and how this periodicity could be strengthened in the case of VAWG surveys;
- **Methods to maintain required protocols for privacy and sensitivity to individuals who have been subjected to violence**, and concurrently improve Health Information Systems data collection on cases of domestic violence/intimate partner violence and FGM/C;
- **Strategies to document good practices and lessons learned** from existing FGM/C and VAWG-related activities and disseminate these to practitioners of both fields to ensure appropriate knowledge management and sharing of information;
- **Methods and strategies to share learning** on measuring social change from both FGM/C and VAWG initiatives.

4. CONCLUSION

Drawing on an extensive base of research, this paper offers reflections for improving policy to a wide-ranging target audience including governments, development agencies and NGOs. In the overarching context of human rights, the report explores linkages and synergies between efforts to eliminate FGM/C and VAWG. It also examines how these relate to current initiatives to reform legislation, develop improved policy approaches and enhance programming.

FGM/C and VAWG have many commonalities. They share root causes, they use a number of common intervention strategies and they experience similar evaluation challenges. However, despite these commonalities, there has been little coordination in efforts to end both FGM/C and VAWG. Collaboration has been constrained by, *inter alia*, the use of different programming emphasis and language; lack of communication between agencies and organizations working on FGM/C and VAWG; the fact that programmes have in some cases been working with separate government agencies; and separation of campaigns to end FGM/C and VAWG in the media and elsewhere. Fortunately, due in part to research and evidence analysis on all types of violence against women and girls and harmful practices over the past decade, there is increasing interest in exploring areas of convergence and finding ways to collaborate and coordinate initiatives.

Evidence clarifies that successes in reducing both FGM/C and VAWG can be linked to strengthened

action at national and community level that deliberately addresses social norms and influences attitudes and behaviours. Evidence is also beginning to demonstrate that FGM/C and VAWG initiatives that use multiple entry points across multiple sectors are more successful at demonstrating change toward their objectives. This paper hopes to provoke reflections on how the evidence can be used to guide law and policymaking, as well as prevention strategies and programmes that respond to and care for individuals who have been subjected to violence.

Findings from all these areas point to a need for increased collaboration to understand and identify appropriate entry points for coordinated interventions. It is clear that understanding each context and tailoring collaborative efforts accordingly can improve the success of legislative, policy and programming initiatives on FGM/C and VAWG. Also crucial is building further on collaborative efforts to monitor, evaluate, analyze and develop consistent and comparable evidence. Such evidence, especially if collected repeatedly at regular intervals, can provide valuable insight into how initiatives tangibly improve girls' and women's ability to live free from violence of any kind, and how this can in turn benefit development processes more widely.

RESOURCES

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*Note that in addition to the works cited here, the paper includes knowledge and information drawn from a preliminary accompanying research paper: *Finding Convergence in Policy Frameworks: A background paper on the policy links between gender, violence against women and girls, and FGM/C.*

ANNEX 1: KEY GUIDING CONVENTIONS, DECLARATIONS AND AGREEMENTS

The following is a list of key guiding conventions, resolutions and declarations that shape international norms and standards related to ending all forms of violence against women and girls.¹⁴

Conventions and corresponding General Recommendations/General Comments

- Covenant on Economic, Social and Cultural Rights (adopted 1966)
- Convention on Civil and Political Rights (adopted 1966)
- Convention Against Torture (adopted 1984)
- Convention to End All Forms of Discrimination Against Women (adopted 1979)
- Convention on the Rights of the Child (adopted 1989)
- General Recommendation No. 12 of the Committee on the Elimination of Discrimination against Women on violence against women (1989)
- General Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women on violence against women (1992)
- General Recommendation No. 14 of the Committee on Economic, Social and Cultural Rights on the right to the highest attainable standard of health (2000)
- Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices (2013)

Declarations and Resolutions

- Universal Declaration on Human Rights (1948)
- Declaration on the Rights of the Child (1959)
- UN General Assembly Declaration on the Elimination of Violence Against Women (1993)
- UN General Assembly resolution on Intensifying Global Efforts for the Elimination of Female Genital Mutilations (2014)

Agreed Conclusions from the Commission on the Status of Women (CSW)

- Agreed Conclusions on Elimination and Prevention of All Forms of Violence Against Women (2013)

Regional Conventions

- The Inter-American on the Prevention, Punishment and Eradication of Violence Against Women (“Convention of Belem Do Para”) (1994)
- African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (also known as the Maputo Protocol) (2003)
- Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (also known as the Istanbul Convention) (2011)

Regional Declarations

- ASEAN Human Rights Declaration (2012)

¹⁴ Note that information is presented in chronological order of the dates each convention or resolution was adopted. This is not intended to imply any ranking of relevance.

**UN WOMEN IS THE UN ORGANIZATION
DEDICATED TO GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN.
A GLOBAL CHAMPION FOR WOMEN
AND GIRLS, UN WOMEN WAS
ESTABLISHED TO ACCELERATE
PROGRESS ON MEETING THEIR
NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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