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UNFPA West and Central Africa  
**Acceleration Paper**

## **Towards Zero Gender-based Violence and Harmful Practices in West and Central Africa**



Ensuring rights and choices for all



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This paper was prepared by Zubaida Abubakar, Agnes Bangali, Noemi Dalmonte, Julie Diallo, Loveena Dookhony, Sak Eriksson, Pedro Guerra, Clare Hollowell, Cécile Mazzacurati, Emmily Naphambo and Bernadette Ssebadduka.

United Nations Population Fund West and Central Africa Regional Office

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## INTRODUCTION

UNFPA and partners are committed to moving forward faster. This paper is part of a series of “acceleration papers” that analyse bottlenecks and identify priority focus areas at regional and country level in West and Central Africa. The aim is to accelerate efforts to implement the International Conference on Population and Development (ICPD) Programme of Action and UNFPA’s three transformative results: ending preventable maternal deaths, ending the unmet need for family planning and ending gender-based violence and all harmful practices. As UNFPA assesses progress in a midterm review of the UNFPA Strategic Plan, 2022–2025, these papers call for an acceleration of efforts to achieve the Sustainable Development Goals by 2030.

This paper is the result of a co-creation by the Gender & Human Rights team in the regional office, other advisors and specialists in the regional office and the Deputy Representatives from the Cameroon and Ghana Country Offices.

West and Central Africa continues to experience unprecedented, intertwined crises spanning political instability, humanitarian disasters, conflict, climate change, growing structural inequalities and slow demographic transition. Data from the United Nations Economic Commission for Africa shows

that most African countries are not on track to meet the Sustainable Development Goal (SDG) targets by 2030, specifically those related to Goal 5 to achieve gender equality and empower all women and girls.<sup>1</sup> Recent estimates from the African Centre for Statistics reveal that, at the current pace, gender equality and women’s empowerment in Africa will only be achieved by 2094.<sup>2</sup> Gender-based violence and harmful practices remain unacceptably common and widely tolerated, manifesting as deep-seated gender inequality and discriminatory social norms that are also at the root of persistently high levels of preventable maternal deaths and unmet needs for family planning.

This acceleration paper seeks to analyse bottlenecks and identify priority areas of focus for UNFPA WCARO to shift trends and accelerate progress towards the third transformative result – ending gender-based violence and all harmful practices – as UNFPA and partners embark on implementing the second half of the 2022–2025 West and Central Africa Regional Programme.

Central to accelerating progress should be systematically factoring into gender-based violence (GBV) and harmful practices programming the effects of humanitarian crises, fragility and megatrends, such as climate change, demographic

1 United Nations Department of Economic and Social Affairs, Sustainable Development. Undated. Goal 5: Achieve gender equality and empower all women and girls. Webpage available at: <https://sdgs.un.org/goals/goal5>

2 United Nations Economic Commission for Africa. (forthcoming). *Africa Women’s Report*.

shifts, urbanization, migration, inequalities, geographical disparities in access to services and digitalization. Addressing the multisectoral needs and demands of women, adolescents and youth,

adopting a life cycle approach and tackling structural inequalities, such as discriminatory gender and social norms, are all key to progress towards the achievement of the transformative results.

# 1. THE WHAT AND WHERE: SITUATIONAL ANALYSIS

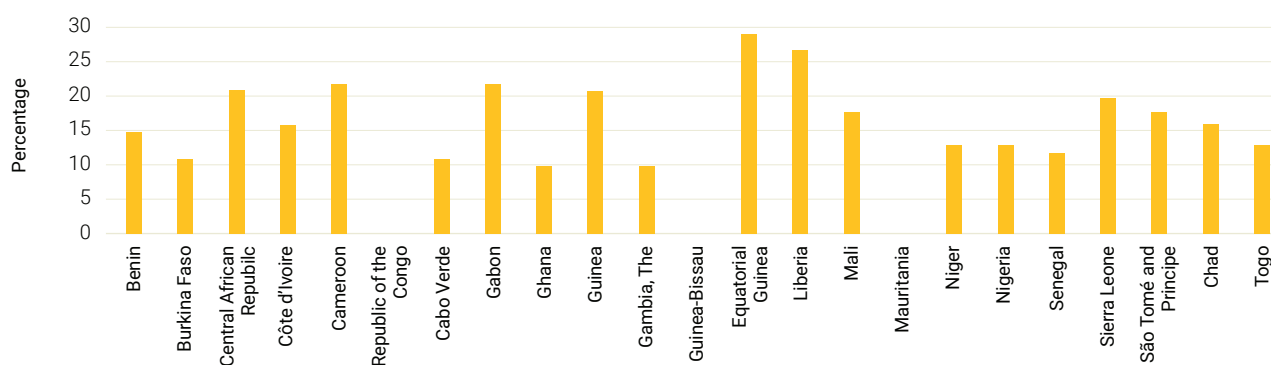
GBV is a pervasive human rights violation that occurs in all countries of the world, regardless of their economic status. Rates of GBV tend to be as alarmingly high in developed countries as in developing countries. Gender-based violence and harmful practices remain pervasive in West and Central Africa.

## 1.1 Gender-based violence in the region

In West and Central Africa, 10 to 30 per cent of ever-partnered women aged 15–49 have experienced physical and/or sexual violence in the last year. World Health Organization data shows that

**violence starts young**, with a 1 in 4 prevalence for young women aged 15–24.<sup>3</sup> Furthermore,, analysis of data from countries in the region on ever-partnered girls aged 15–19 years who have experienced recent intimate partner violence shows a range from 8.8 per cent in Mauritania to more than 50 per cent in Equatorial Guinea.<sup>4</sup> These figures are certainly a far underestimation due to the stigma and discrimination faced by GBV survivors and lack of accessible and reliable reporting systems for the victims, which perpetuates a culture of silence and shame. Most adolescent girls who have experienced forced sex never seek help.<sup>4</sup>

**Figure 1:** Proportion of women subjected to physical and/or sexual violence in the last 12 months (modeled estimate, and of ever-partnered women aged 15–49)



Source: GBV AoR Response Monitoring - HRP 2023 West and Central Africa Region (WCAR).

<https://reliefweb.int/report/burkina-faso/gbv-aor-response-monitoring-hrp-2023-west-and-central-africa-region-wcar>

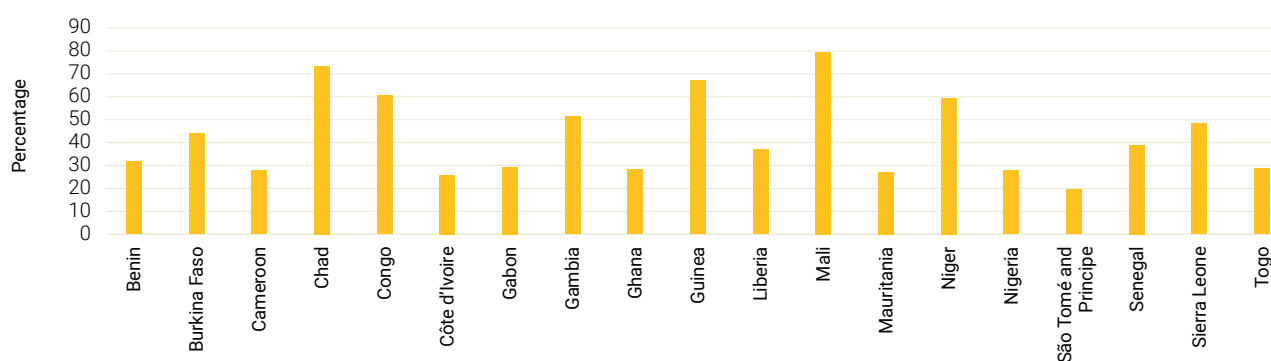
3 World Health Organization. 2021. Global, Regional and National Estimates for Intimate Partner Violence Against Women and Global and Regional Estimates for Non-partner Sexual Violence Against Women. Website available at: [www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence](http://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence).

4 United Nations Children's Fund (UNICEF), UN Women, Plan International. 2020. A new Era for Girls: Taking Stock of 25 Years of Progress. Available at: [www.unicef.org/sites/default/files/2020-04/A-new-era-for-girls-2020.pdf](http://www.unicef.org/sites/default/files/2020-04/A-new-era-for-girls-2020.pdf)

Two upper middle-income countries in the region, Gabon and Equatorial Guinea, have some of the highest rates of intimate partner violence, respectively Equatorial Guinea at 56.9 per cent and Gabon at 36.6 per cent of ever partnered women aged 15–49, well above lower-income countries such as Burkina Faso (15.4 per cent) or Chad (29 per cent). This can signal underreporting in poorer countries, but it is overall well-established that GBV cuts across geography and socioeconomic status. It should however be highlighted that economic

insecurity and chronic poverty lead to higher risks of GBV because of acute stress, and that access to quality services and legal protection is more limited in resource poor settings, including in humanitarian settings. In 2023, an estimated 8.6 million people were in need of GBV assistance in West and Central Africa according to the Humanitarian Needs Assessment.<sup>5</sup> This is due to both the increased emergency-specific risks, and the underlying high rates of GBV and gender inequality in the region.

**Figure 2: Percentage of women who believe a husband is justified in beating his wife (any of five reasons)**



Source: DHS surveys. The DHS Program STATcompiler. [www.statcompiler.com](http://www.statcompiler.com)

Driven by deeply ingrained gender inequalities and harmful social norms, **the indices in the region remain unacceptably high**. Figure 1 depicts the percentage of women who believe that it is justified for husbands to beat their wives (any of five reasons).<sup>6</sup> This is an indication that GBV and harmful practices are considered normal even by women and girls who are subjected to it, in proportion ranging from 1 in 3 (30 per cent) to as high as 4 out of 5 (80 per cent) as in Mali. Social norms in West and Central Africa favour dominant masculinities, driven by a mix of religious and/or cultural requirements, making it particularly challenging to address the harmful gender norms

that perpetuate GBV, child marriage, female genital mutilation and other forms of violence. While a few matrilineal lines exist in tribes in Côte d'Ivoire, Ghana and Guinea Bissau, patriarchy is widespread across the region, manifesting itself as oppressive, perpetrating the subordination of women and girls and challenging progress on gender equality.

**Sexual violence** is a prevalent and complex phenomenon that affects millions of women and girls, especially in the conflict-affected countries of West and Central Africa, where sexual violence is being used as a weapon of war, a tool of repression and a method of financing – generating revenue through sex trafficking, the slave trade, ransoms,

<sup>5</sup> Source: GBV AoR Response Monitoring - HRP 2023 West and Central Africa Region (WCAR). <https://reliefweb.int/report/burkina-faso/gbv-aor-response-monitoring-hrp-2023-west-and-central-africa-region-wcar>

<sup>6</sup> The five reasons are: if she burns the food, argues with him, goes out without telling him, neglects the children or refuses to have sex with him.

looting and the control of natural resources<sup>7</sup>, by armed/extremist groups. The current situation of sexual violence in Western Africa is complex and varies from country to country. Although Ghana has enjoyed political stability in the past decades, it has one of the highest rates in the region, with 18.8 per cent of women and girls having experienced sexual violence in their lifetime (DHS 2008). In conflict-affected countries like Burkina Faso and Mali, the incidence of sexual violence is on the rise. However, there are also countries in the region, such as Senegal, where the rates of sexual violence are lower, at 3.4 per cent (DHS 2019).

In a region suffering from political instability and armed violence, conflict-related sexual violence (CRSV) often goes unreported and requires further investments to be prevented and for the needs of survivors to be met, including access to justice and to enhance accountability. CRSV covers multiple forms of violence including “rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict”.<sup>8</sup>

Areas affected by armed conflict and post-conflict insecurity also tend to see an increase in **trafficking in persons**. According to the Global Report on Trafficking in Persons 2020, the majority of victims of trafficking in persons in West Africa are children and women. Most of the victims are trafficked for forced labour, and 20 per cent for sexual exploitation purposes.<sup>9</sup>

### 1.2.1 Interlinkages between urbanization, electrification and GBV

The interlinkages between urbanization and GBV require further unpacking. Since 1990, the number of cities in Africa has doubled in number from 3,300 to 7,600 and their cumulative population has increased by 500 million people. African cities are the most rapidly growing cities in the world. While urbanization in Africa contributes to better economic outcomes, higher standards of living and easier access to institutional support, it also increases disparities and inequalities, which can lead to increased levels of violence against women and girls.<sup>10</sup>

Available data shows that levels of intimate partner violence are much higher among women with lower levels of education and residing in rural areas.<sup>11</sup> These findings have been linked to the fact that the highest percentage (63 per cent) of the African population live in remote rural areas, farther away from available resources and influence of the rule of law prohibiting gender-based violence, which makes enforcement of strict laws against violence very limited. When people displaced by humanitarian emergencies are located in rural areas, these challenges are also increased. Also, inflexible norms that condone violence in families change at a slower rate in rural areas compared with urban areas. Further research on GBV in urban slums in West and Central Africa is needed to better understand new trends.

It should also be highlighted that West Africa has one of the lowest rates of electricity access in the world: only about 42 per cent of the total population, and 8 per cent of rural residents, have

7 United Nations Security Council. 2015. Conflict-related sexual violence: Report of the Secretary-General: S/2015/203. Available at: [www.un.org/sexualviolenceinconflict/wp-content/uploads/report/s2015203-23-march-2015/SG-Report-2015.pdf](http://www.un.org/sexualviolenceinconflict/wp-content/uploads/report/s2015203-23-march-2015/SG-Report-2015.pdf)

8 United Nations Office of the Secretary General. 2020. Conflict-related sexual violence: Report of the Secretary-General. Available at: <https://peacemaker.un.org/sites/peacemaker.un.org/files/2020%20SG%20per%20cent%20Report%20on%20CRSV.pdf>

9 United Nations Office on Drugs and Crime. 2020. Global Report on Trafficking in Persons 2020. Available at: [www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP\\_2020\\_15jan\\_web.pdf](http://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP_2020_15jan_web.pdf)

10 African Development Bank, Sahel and West Africa Club, and United Nations Economic Commission for Africa. 2022. Africa's Urbanisation Dynamics 2022: The economic power of Africa's cities. Available at: [www.oecd-ilibrary.org/development/africa-s-urbanisation-dynamics-2022\\_3834ed5b-en](http://www.oecd-ilibrary.org/development/africa-s-urbanisation-dynamics-2022_3834ed5b-en)

11 Nabaggala, M.S., Reddy, T. & Manda, S. Effects of rural–urban residence and education on intimate partner violence among women in Sub-Saharan Africa: a meta-analysis of health survey data. BMC Women's Health 21, 149 (2021). <https://doi.org/10.1186/s12905-021-01286-5>

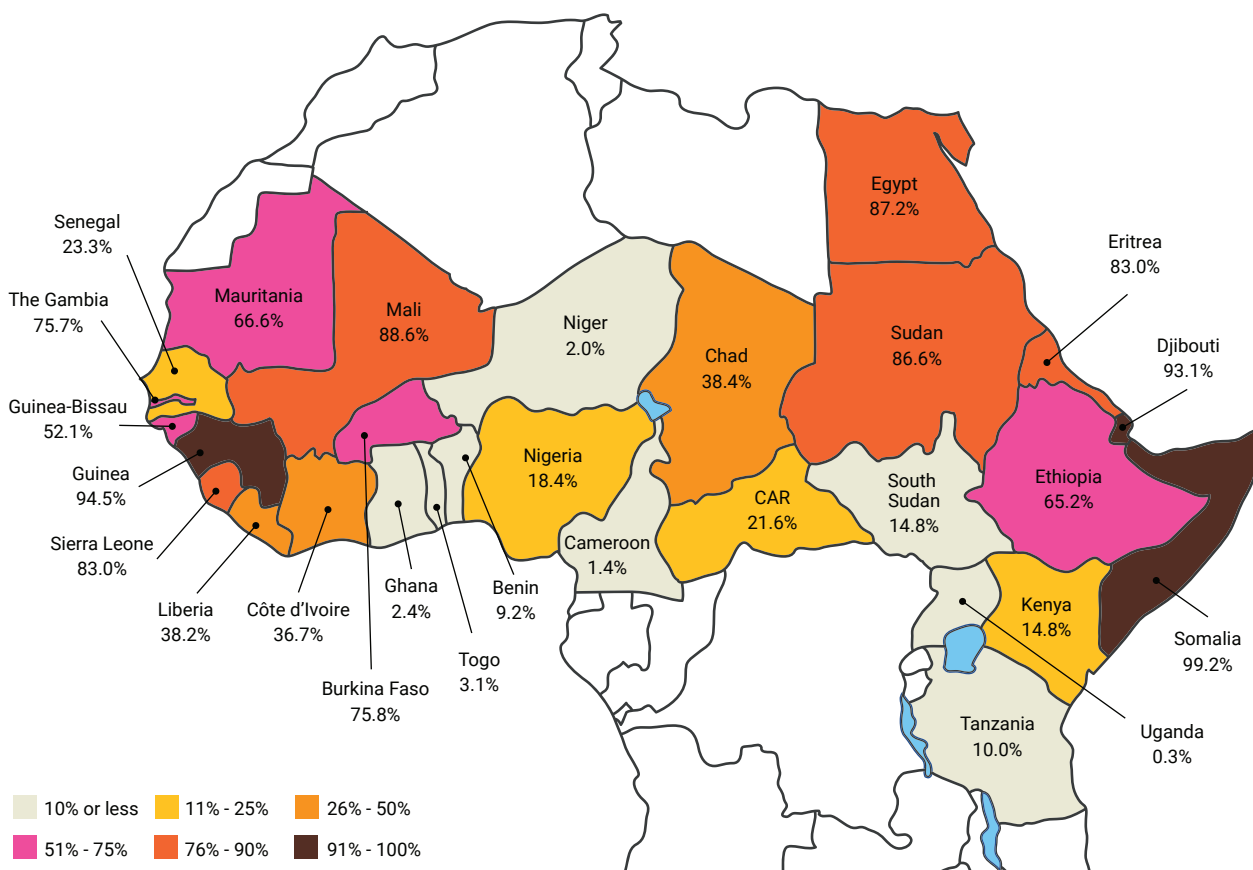
access to electricity.<sup>12</sup> Access to electricity is key to boosting economic activity and has a direct impact on the well-being of women and girls, access to functional reproductive health services, education and safety. Electrification can alleviate women’s “time poverty”, create opportunities for women and girls to enter the labour force or focus on school, decrease exposure to harmful indoor air pollutants, improve maternal health and reduce exposure to gender-based violence.<sup>13</sup> The realization of the UNFPA transformative result of ending gender-based violence and harmful practices in West and

Central Africa entails proactively positioning GBV issues in relation to urbanization, industrialization, electrification and digitalization.

### 1.2 Harmful practices

Harmful practices such as child marriage and female genital mutilation remain persistently high in West and Central Africa. They are considered harmful due to the negative impact they have on the person’s mental and/or physical health.

**Figure 3: Prevalence of FGM in Africa**



Source: FGM/C Research Initiative, [www.fgmc.org/continent/africa/](http://www.fgmc.org/continent/africa/)

12 Puliti, Ricardo. 2022. Putting Africa on the path to universal electricity access. The World Bank Blogs. Available at: <https://blogs.worldbank.org/energy/putting-africa-path-universal-electricity-access>

13 Clark, Lauren. Powering Households and Empowering Women: The Gendered Effects of Electrification in sub-Saharan Africa. Journal of Public and International Affairs, 2021. Available at: <https://jpia.princeton.edu/news/powering-households-and-empowering-women-gendered-effects-electrification-sub-saharan-africa>



### 1.2.1 Female genital mutilation

The region counts 17 of the 27 countries where female genital mutilation is prevalent, including countries such as Guinea where nine out of 10 girls have experienced female genital mutilation, or Mali and Sierra Leone with rates well over 80 per cent. Nigeria has the largest absolute number of women and girls undergoing FGM, which alone accounts for 22 per cent of the 68 million women and girls at risk of FGM by 2030. FGM spreads across West and Central Africa, including cross-border practices due to tribal and ethnic affiliations beyond official country limits, sometimes allowing families to get girls cut in neighbouring countries with full impunity. When analysing FGM data, it is also important to look at trends among girls aged 0–14 years to get a picture of recent practice. In countries with high prevalence rates such as Burkina Faso, Guinea or Mali, data for this age group seem to indicate a decrease, but these early tendencies will need to be confirmed by future Demographic and Health Surveys.

Within West and Central Africa, there are important variations in terms of prevalence rates within specific ethnic groups, within sub-regions, age at mutilation, association of FGM with other forms of harmful practices (child marriage), medicalization of the practice and religious beliefs that sustain it. However, as the practice of FGM predates the existence of formal religion it seems more than likely to be a traditional/cultural practice interpreted to be linked with religion. Approaches need to be tailored and based on a substantive understanding of drivers from an ethnographic lens, to tailor strategies to local realities and specificities. FGM is driven by different social and gender norms, ranging from misconceptions about the female genitalia to the act as a rite of passage into womanhood or a criteria for marriageability. Age at cutting also varies, according to specific groups and regions,

from infancy to womanhood. Evidence around FGM in humanitarian settings requires more attention. In some settings the underlying norms that drive FGM can be “transmitted” to previously unaffected communities in migration.<sup>14</sup> Given the longstanding protracted crises and rapidly changing displacement patterns in the region, humanitarian emergencies may be a significant risk factor for FGM.

The linkages between FGM and sexual and reproductive health consequences are well documented, ranging from urinary tract infections and menstrual complications to increased risk of childbirth complications, including fistula, and newborn deaths. A meta-analysis systematic review indicates a correlation showing the danger of FGM in childbirth:

...prolonged labour, obstetric lacerations, instrumental delivery, obstetric haemorrhage, and difficult delivery are markedly associated with FGM/C, indicating that FGM/C is a factor in their occurrence and significantly increases the risk of delivery complications with a 3.3 times increased likelihood of obstetric haemorrhage for instance in survivors of FGM/C, and in absolute terms, the risk difference was on average 5 additional cases of difficult labour and 5 additional cases of obstetric haemorrhage among women with FGM/C per 100 women.<sup>15</sup>

In addition to being a human rights violation, FGM can have long-lasting psychological and physical consequences.

14 Elnakib, S., Metzler, J. A scoping review of FGM in humanitarian settings: an overlooked phenomenon with lifelong consequences. *Confl Health* 16, 49 (2022). <https://doi.org/10.1186/s13031-022-00479-5> Available at: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-022-00479-5>

15 Berg RC, Underland V. The obstetric consequences of female genital mutilation/cutting: a systematic review and meta-analysis. *Obstet Gynecol Int.* 2013;2013:496564. Epub 2013 Jun 26. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3710629/>



### 1.2.2 Child marriage

With 37 per cent of young women and girls married before the age of 18, and 12 per cent before the age of 15, West and Central Africa hosts 7 out of the 10 countries with the highest prevalence of child marriage in the world.<sup>16</sup> High fertility and escalating populations exacerbated by polycrises and related food insecurity, financial and economic instability in the region translates into the increased vulnerability of girls to become child brides. In the central Sahel, 69 per cent of girls and young women have been married before the age of 18, and the average age of marriage within the Sahel is two years younger than outside.<sup>17</sup> It is important for child marriage efforts, just as for FGM, to focus not only on the prevalence by country, but also on the magnitude of the burden in the country. Nigeria contributes significantly to the overall burden of child brides in terms of absolute numbers (23.6 million), in spite of a relatively low prevalence rate (22 per cent).

Child marriage has devastating and long-lasting consequences, including violating girls' human rights, curbing girls' education and employment opportunities, and restricting their access to sexual

and reproductive health services. Child marriage, by denying women and girls of the possibility to fulfil their full potential, also diminishes probabilities of a country harnessing the demographic dividend, because of the exclusion of a large number of women and girls from meaningfully contributing to the sustainable development of their country. UNICEF recently released estimates showing that "at the current pace, it would take West and Central Africa another 200+ years to eliminate child marriage".<sup>18</sup> Conversely, child marriage increases the length of the childbearing cycle of women and girls, coupled with low access to sexual and reproductive health information and services including contraceptives, thus sustaining high fertility and teenage pregnancy rates in the region. The result is increased exposure to childbearing risks such as anaemia, stillbirths, premature births, obstructed deliveries and consequences of maternal and child morbidities such as obstetric fistulas and maternal and newborn deaths. Evidence shows a higher risk of maternal morbidities and mortality among girls aged 15–19 than those just a few years older, and those aged under 15 are at even greater risk.<sup>19</sup>

16 United Nations Children's Fund (UNICEF). 2023. Is an End to Child Marriage within Reach? Latest trends and future prospects. 2023 edition. Available at: <https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/>

17 United Nations Children's Fund (UNICEF). 2020. Child Marriage in the Sahel. Available at: [https://data.unicef.org/wp-content/uploads/2020/12/Child-marriage-in-the-Sahel-English\\_2020.pdf](https://data.unicef.org/wp-content/uploads/2020/12/Child-marriage-in-the-Sahel-English_2020.pdf)

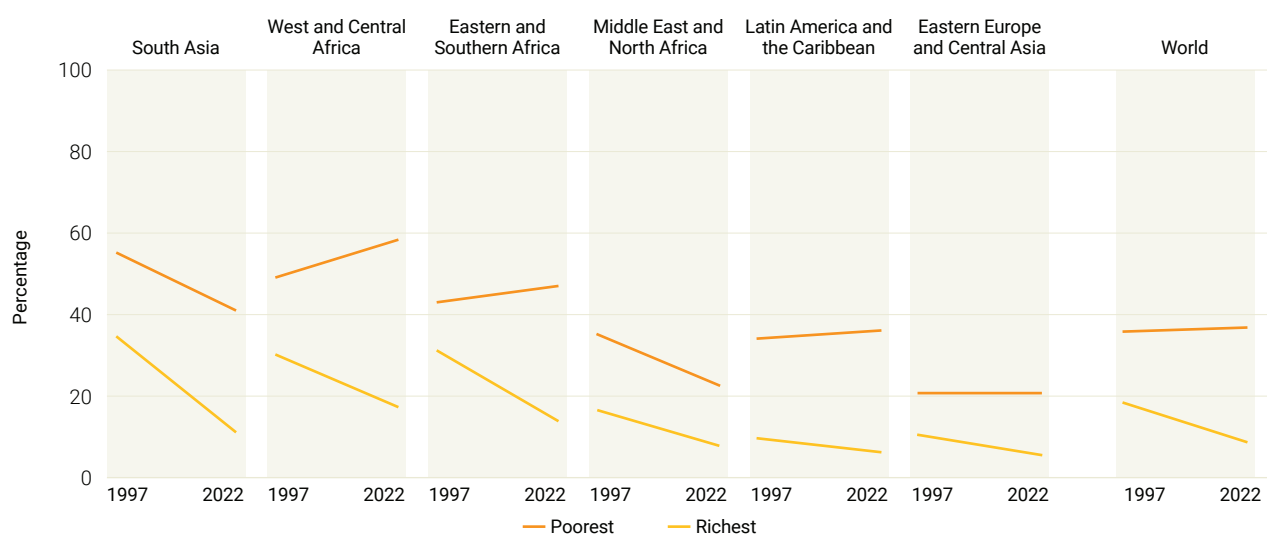
18 Ibid.

19 Girls Not Brides. 2019. Child Marriage and Maternal Health. Available at: [www.girlsnotbrides.org/documents/644/CM\\_and\\_maternal\\_health\\_ENG\\_updated\\_version.pdf](http://www.girlsnotbrides.org/documents/644/CM_and_maternal_health_ENG_updated_version.pdf)

Child marriage is more common in rural areas, among poorer families and among girls with the least education. As such, there is a need to examine the economic drivers and consequences of harmful practices in the region, where marked progress

is seen among the wealthiest quintile while the child marriage rates increase among the poorest quintiles. This means that addressing poverty and generalized inequalities is key to addressing child marriage.

**Figure 4: Percentage of women aged 20 to 24 years who were first married or in union before age 18, by region and by wealth quintile**



Source: United Nations Children's Fund, *Is an End to Child Marriage within Reach? Latest trends and future prospects*. 2023 update, UNICEF, New York, 2023.

### 1.3 Linkages between FGM and child marriage and other harmful practices

Studies report mixed findings regarding the **linkages between FGM and child marriage**, with linkages sometimes found in societies where FGM is carried out as a rite of passage and to confer marriageability on girls.<sup>20</sup> Correlations between the two practices have been shown to be higher for girls who lived in rural areas (69.9 per cent), in communities with low literacy (47.4 per cent) and low socioeconomic status (67.5 per cent).<sup>21</sup> These practices manifest differently depending on communities social norms (perceptions of

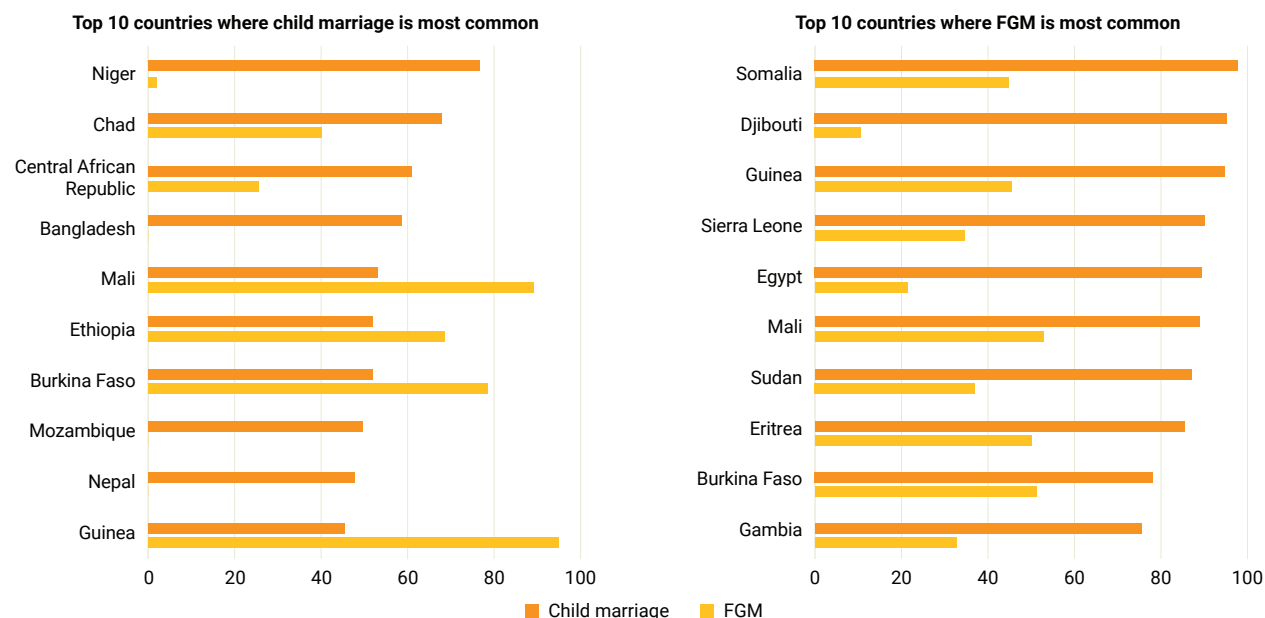
what others are expected to do and actually do). More often than not, child marriage is driven by poverty and the lower socioeconomic value placed on women and girls. FGM is driven by the need to either ensure marriageability, to align the girl with the expected norms from her community and/or to control her sexual drive. This explains why in some countries facing both practices, one may be on the downward trend while the other remains constant. For example, Burkina Faso shows no change in the prevalence of child marriage across generations while FGM has become less common; thus, the percentage of women who have experienced both practices have also declined slightly.

20 United Nations Children's Fund (UNICEF). 2021. *Understanding the Relationship between Child Marriage and Female Genital Mutilation: A statistical overview of their co-occurrence and risk factors*. Available at: <https://data.unicef.org/resources/understanding-the-relationship-between-child-marriage-and-fgm/>

21 Ahinkorah BO, Hagan JE, Seidu A-A, et al. Association between female genital mutilation and girl-child marriage in sub-Saharan Africa. *Journal of Biosocial Science*. 2023;55(1):87-98. Available at: [www.cambridge.org/core/journals/journal-of-biosocial-science/article/association-between-female-genital-mutilation-and-girl-child-marriage-in-sub-saharan-africa/211663B59F729E1B7C7BBCC61F50876D](http://www.cambridge.org/core/journals/journal-of-biosocial-science/article/association-between-female-genital-mutilation-and-girl-child-marriage-in-sub-saharan-africa/211663B59F729E1B7C7BBCC61F50876D)

**Figure 5: Percentage of women aged 18 to 49 years who experience child marriage and who experienced FGM**

A high level of one harmful practice is not predictive of a similarly high level of the other; among the top 10 countries for each practice, only three are found in both groups.



Note: Mozambique and Nepal do not have nationally representative data on FGM as it is not a common practice.

Source: UNICEF global databases, 2022. Based on MICS, DHS and other nationally representative sources, 2010-2018.

**Other forms of gender-based violence** exist in West and Central Africa but have not been studied systematically, e.g. femicides, human trafficking for sexual exploitation, workplace sexual harassment and technology-facilitated gender-based violence. The region has a well-documented history of **sexual exploitation and abuse**, exposed in the 2002 “West Africa food for sex scandal” that entailed the sexual exploitation of adolescent girls by aid workers, United Nations peacekeepers and community leaders in refugee camps in Guinea, Liberia and Sierra Leone – a scandal that triggered a major mobilization in the aid sector.<sup>22</sup>

Overall, these trends in terms of gender-based violence and harmful practices find their roots in the

pervasive and persistent gender inequalities that characterize the region. Seven of the 10 countries at the low end of the 2023 Gender Inequality Index (GII) are in West and Central Africa (Burkina Faso, Central African Republic, Chad, Guinea, Mali, Niger and Sierra Leone).<sup>23</sup> Gender inequality is strongly correlated to unintended pregnancy.<sup>24</sup> It is perpetuated by harmful cultural practices and patriarchal systems that restrict women’s ability to negotiate sexual, contraceptive, and pregnancy-related decisions with their partners, families and spouses. Gender inequality is therefore the central issue to address for successfully achieving UNFPA’s three transformative results in the region.

22 United Nations. 2022. Investigation into sexual exploitation of refugees by aid workers in West Africa. Note by the Secretary-General. Available at [www.unhcr.org/media/investigation-sexual-exploitation-refugees-aid-workers-west-africa-note-secretary-general](http://www.unhcr.org/media/investigation-sexual-exploitation-refugees-aid-workers-west-africa-note-secretary-general)

23 UNDP (United Nations Development Programme). 2023. 2023 Gender Social Norms Index (GSNI): Breaking down gender biases: Shifting social norms towards gender equality. Available at: <https://hdr.undp.org/system/files/documents/hdp-document/gsni202303pdf.pdf>

24 UNFPA. 2022. State of World Population 2022: Seeing the Unseen: The case for action in the neglected crisis of unintended pregnancy. Available at: [www.unfpa.org/sites/default/files/pub-pdf/EN\\_SWP22\\_report\\_0.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22_report_0.pdf)



## 2. THE WHY: BOTTLENECK ANALYSIS

The challenges faced in West and Central Africa in terms of gender-based violence and harmful practices are multi-dimensional and intersectional, and further complicated by the existence of multiple ethnic and religious variations that require localized and contextualized programming.

### 2.1 Contextual and political bottlenecks

#### 2.1.1 Global trends are overall unfavourable

The global trends are overall unfavourable. The global Gender Inequality Index (GII)<sup>25</sup> is a composite measure of gender inequality in empowerment: it has not progressed since 2019: “the outlook is further diminished by a global backlash against women’s rights and the lasting devastation of the multidimensional human development crises that followed the COVID-19 pandemic. In many parts of the world, movements against gender equality have gained traction, and women’s rights have been rolled back.”<sup>26</sup> Indeed, advocacy by right-wing anti-feminist groups has been intensifying since the 1994 International Conference on Population and Development (ICPD), often instrumentalizing

religion as a means to counter efforts towards gender equality. Technology-facilitated gender-based violence, hate speech, harassment and censorship are all part of this opposition.

#### 2.1.2 Pushback is a reality in Africa

Like much of the world, Africa is also witnessing growing resistance to gender equality and women’s rights, fuelled by an increase in conservative values, fundamentalist religious movements and anti-human rights activists. The pushback starts with opposition to terminology related to sex and gender and includes resistance against legislative change to end child, early and forced marriage or raise the age of consent; opposition to comprehensive sexual education; and resistance to providing sexual and reproductive health services to adolescents and young people. Opposition groups from outside of Africa continue to invest significant resources in African countries on the anti-rights and anti-choice agenda. The increasingly vocal opposition that African Member States have exhibited in multilateral negotiations on many sexual and reproductive health and rights issues,

25 UNDP. Gender Inequality Index. Available at: <https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII>

26 Ibid.

including on abortion access and comprehensive sexuality education has been the result of sustained campaigns by anti-rights groups taking various forms across the continent. Opportunities do exist, such as the adoption in April 2023 by 26 countries of West and Central Africa’s Ministerial Commitment for Educated, Healthy and Thriving Adolescents and Young People, which includes progressive language on young people’s access to sexual and reproductive health information and services and on gender equality, yet the political value of such a commitment should not be overstated.

### 2.1.3 Multiple and intersectional challenges

The interplay of conflicts, humanitarian emergencies, urbanization, migration, climate change, COVID-19 and persistent poverty levels is presenting deep challenges to any progress on gender equality and women’s rights. It is estimated that the COVID-19 pandemic cut by 25 per cent the estimated number of averted cases of child marriage since 2020. In the Sahel, marriage is often considered as a “safe haven” for girls who have few opportunities, particularly in moments of uncertainty.<sup>27</sup> Women and girls account for more than half of displaced people worldwide, and adolescent girls in conflict-affected regions are 90 per cent more likely to be out of school than their peers in stable settings.<sup>28</sup> Too often humanitarian crises not only create new inequalities and risks for women and girls, but undo any progress that had been previously made. The impact of conflicts and humanitarian crises on gender-based violence are also well-documented, including not only sexual violence but intimate partner violence and other forms of domestic violence, forced/coerced

prostitution, child marriage, FGM, trafficking for sexual exploitation, forced labour and other form of violence.<sup>29</sup>

Furthermore, **women and girls face intersectional challenges** that increase their vulnerability to climate change, with climate shocks negatively affecting income generation and perpetuating food insecurity. A 10 per cent change in rainfall due to climate change is associated to a 1 per cent increase in the prevalence of child marriage.<sup>30</sup> Food insecurity and malnutrition can be both causes and consequences of child marriage as girls are traded off into marriage to reduce the burden of limited food allowances. According to a Girls not Brides report<sup>31</sup>, child marriage can also lead to malnutrition, undernutrition and other food-related issues where girls married young experience higher rates of anaemia and malnutrition than those who marry later in life, with consequences such as low birth weight, poor nutritional status and stunting for their offspring.

### 2.1.4 Discrimination

The OECD Social Institutions and Gender Index (SIGI) measures discrimination in social institutions (defined as the established set of formal and/or informal laws, norms and practices that govern behaviours in society) faced by women and girls throughout their lives. The 2023 SIGI edition found that levels of discrimination are the highest worldwide in Africa, with a score of 52 on a 0 to 100 scale. The report highlights that discrimination in the family is often the primary barrier that prevents women and girls from being engaged in the public and economic spheres. One of the consequences

27 UNFPA-UNICEF Global Programme to End Child Marriage. 2020. Act Now: Accelerating gender equality by eliminating child marriage in a pandemic:2020 Country Profiles. Available at: [www.unfpa.org/sites/default/files/resource-pdf/Child-marriage-country-profiles-2020.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/Child-marriage-country-profiles-2020.pdf)

28 Inter-Agency Standing Committee. 2017. IASC Policy (and Accountability Framework) on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, 2017. Available at: <https://interagencystandingcommittee.org/iasc-reference-group-gender-and-humanitarian-action/iasc-policy-and-accountability-framework-gender-equality-and-empowerment-women-and-girls>

29 Inter-Agency Standing Committee. 2015. Guidelines: Integrating Gender-Based Violence Interventions in Humanitarian Action. Available at: [https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/IASC\\_Guidelines\\_for\\_Integrating\\_Gender-Based\\_Violence\\_Interventions\\_in\\_Humanitarian\\_Action\\_2015.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/IASC_Guidelines_for_Integrating_Gender-Based_Violence_Interventions_in_Humanitarian_Action_2015.pdf)

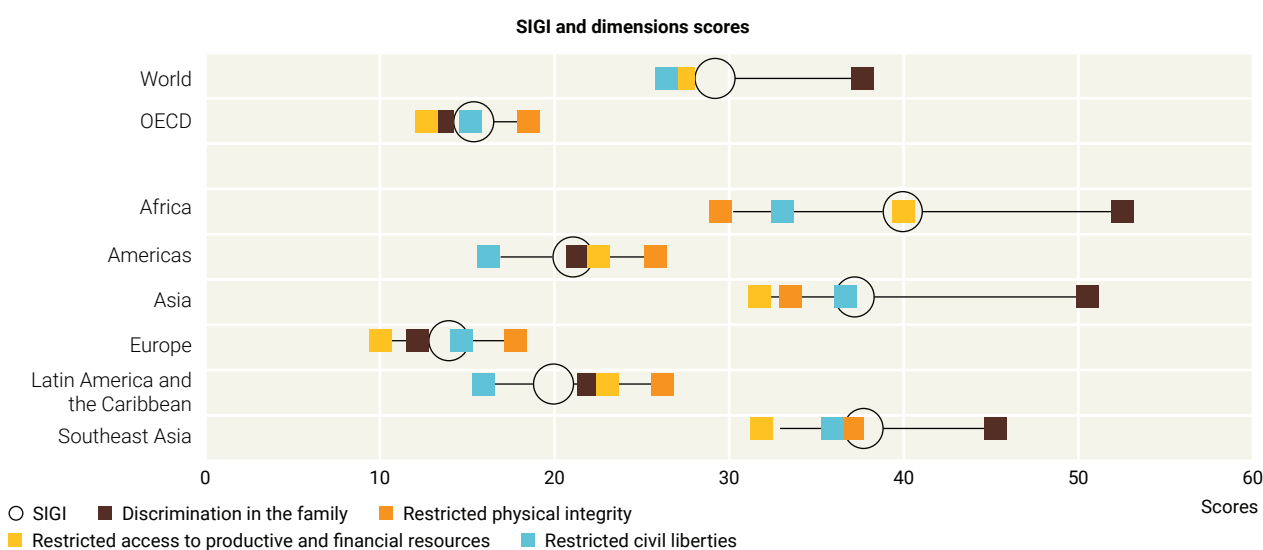
30 UNICEF. 2023. Global Programme to End Child Marriage, Phase III Programme Document. Available at: [www.unicef.org/documents/phase-iii-programme-document](http://www.unicef.org/documents/phase-iii-programme-document)

31 Girls Not Brides (undated). Taking action to address child marriage: Food security and nutrition. [www.girlsnotbrides.org/documents/432/6-Addressing-child-marriage-Food-Security-and-Nutrition.pdf](http://www.girlsnotbrides.org/documents/432/6-Addressing-child-marriage-Food-Security-and-Nutrition.pdf)

of these discriminatory norms is that women shoulder most of the unpaid care and domestic work: globally, women spend 2.6 times more hours on unpaid care and domestic work than men do, a number that reaches 4.1 times more hours in Africa. In Africa, the female-to-male ratio of time spent on unpaid care and domestic work reflects both the

large number of hours that women dedicate to it and the very limited participation of men in unpaid activities. This illustrates the persistence of deep-rooted unequal power relations between women and men within the household.<sup>32</sup>

**Figure 6: Levels of discrimination vary widely across regions, and discrimination is the highest in the family dimension**



Note: Scores range from 0 to 100, with 0 indicating no discrimination and 100 indicating absolute discrimination.

Source: OECD (2023). "Social Institutions and Gender Index (Edition 2023). OECD International Development Statistics (database).

## 2.2 Policy and legislative frameworks

### 2.2.1 Human rights instruments

Africa has made important progress over the past 30 years towards gender equality and women’s empowerment by adopting and implementing human rights instruments such as Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Maputo Protocol. CEDAW is often described as the “international bill of rights for women” and has been ratified by all countries in West and Central Africa.

The Protocol to the African Charter on the Rights of Women in Africa (“the Maputo Protocol”) is one of the world’s most comprehensive and progressive women’s human rights instruments. It provides for strong protections against gender-based violence and incorporates its elimination under the scope of women’s rights to life, integrity and security of the person and the right to dignity. It was adopted by Heads of State and Government in 2003: 49 of the 55 African Union Member States have signed on, and 44 have ratified it. The Central African Republic, Chad and Niger are among the 11 African Member States that have not ratified the Protocol,. The African Union, under its multi-pronged “Positive

32 Social Institutions and Gender Index. 2023. SIGI 2023 Global Report: Gender Equality in Times of Crisis. Available at: [www.oecd-ilibrary.org/development/sigi-2023-global-report\\_4607b7c7-en](http://www.oecd-ilibrary.org/development/sigi-2023-global-report_4607b7c7-en)

Masculinity initiative”,<sup>33</sup> is currently in the process of developing an African Union Convention on the Elimination of Violence against Women and Girls, expected to be adopted by Heads of State in February 2025.

### 2.2.2 Gender policies and strategies

Since the mid-2000s, almost every West African country has adopted a national gender policy or strategy, and the African Union, the Economic Community of West African States (ECOWAS) and Economic Community of Central African States (ECCAS) have all adopted gender policies. Several West and Central Africa countries have adopted comprehensive GBV strategies, including Cameroon, the Central African Republic and Côte d’Ivoire. Efforts have accelerated towards the adoption of laws banning various forms of gender-based violence, including FGM and child marriage. However, a clear gap remains between the endorsement of global and regional frameworks and their appropriation and implementation through national-level laws and policies, operational plans and dedicated budget lines for gender equality and women’s empowerment. Slow implementation and lack of enabling legislation and policy environment also hinder the ratification, domestication, and enforcement of human rights instruments by United Nations Member States. Where laws exist, they are often not comprehensive enough and do not adequately address the needs of specific groups of women and girls, such as those with disabilities, those living in conflict zones or those from marginalized communities. Another challenge is that GBV laws are often not enforced effectively. This is due to a number of factors, including lack of awareness of the laws, lack of capacities within the justice system, and cultural norms that discourage women from reporting GBV, leading to impunity of perpetrators. GBV and harmful practices strategies rarely have adequate budget support for their implementation.

Legal frameworks in place do not yet provide comprehensive protection from violence against women and other harmful practices such as FGM and child marriage. For example, Mali and Sierra Leone, where FGM prevalence rates are over 85 per cent, do not have laws banning the practice. FGM often remains supported by informal customary, traditional and religious laws. Eight countries (Burkina Faso, Cameroon, Gabon, Guinea, Liberia, Mali, Republic of the Congo and Senegal) have laws outlining different legal ages of marriage for women and men. In each of these countries, the legal age of marriage for women is lower than the legal age for men, and it is as low as 15 years in Cameroon and Gabon. Even where laws exist, child marriage and FGM often remains supported by informal customary, traditional and religious laws.

West and Central Africa also sees the highest concentration of discriminatory family codes. Family codes are the legal systems that govern marriage, divorce, child custody and inheritance. In some countries, family codes are influenced by traditional customs and religious beliefs, which can be discriminatory towards women, such as the age of marriage:

- » In Mali, the Persons and Family Code sets the age of marriage at 16 for girls and 18 for boys, although girls can marry at 15 with permission from a judge. This code was approved after a previous Family Code drafted in 2009 was not approved due to the resistance by religious leaders. In 2018, the African Court Human and Peoples’ Rights held that Mali’s Persons and Family Code violates its obligations under international human rights standards by failing to establish a minimum age for marriage.<sup>34</sup>
- » The Central African Republic Family Code has an additional provision permitting marriage at age 13 if the girl is pregnant.
- » In Togo, the reforms of the Family Code have been led by women’s rights groups and

33 African Union. 2022. Positive Masculinity: men as champions to end Violence Against Women and Girls in Africa. Available at: <https://au.int/en/pressreleases/20221109/men-champions-end-violence-against-women-and-girls-africa>

34 African Human Rights Case Law Analyzer. 2018. The Institute for Human Rights and Development in Africa v. Republic of Mali: Judgement 11 May 2018. African Court on Human and Peoples’ Rights. Available at: <https://caselaw.ihrda.org/en/entity/xzvp9hhehgwjvtq5523ayvi?page=1>



feminist organizations that advocated to remove from the family code the recognition of the customary law that denied the right of women to own land, the right to choose where to live and the right to have a job without requiring their husband's permission.<sup>35</sup>

## 2.3 Funding

Investments remain far below what is needed to end GBV and harmful practices. A study on FGM in 27 high burden countries shows that the economic burden of FGM is currently approximately US\$ 1.4 billion per year due to its life-long health effect on girls and women across the life cycle.<sup>36</sup> This figure is set to increase as population increases. Similarly, a review paper by the International Center for Research on Women (ICRW) and the World Bank estimates that the welfare benefit from lower population growth when ending child marriage will increase from US\$ 22 billion in 2015 to US\$ 566 billion in 2030.<sup>37</sup>

The UNFPA investment case on the three transformative results demonstrates that an additional US\$ 2.75 billion need to be spent between 2022 and 2030 to end FGM in 31 high-incidence countries (including 17 in the West and Central Africa region) – leading to US\$ 27.9 million in economic benefits. For child marriage, 70 countries will need to spend an additional US\$ 38 billion from 2022 to 2030, with continued investment thereafter to sustain programming and educate children. The WHO FGM Cost Calculator shows that if FGM were abandoned now the associated savings in health costs would be more than 60 per cent by 2050. There are clear economic arguments in favour of

the abandonment of harmful practices, but they are insufficiently used in advocacy and engagement with decision-makers and donors. According to the OECD-DAC, the share of official development assistance (ODA) dedicated to ending violence against women and girls is only 0.3 per cent of total ODA in 2020–2021. Worryingly, the share of ODA for gender equality stopped growing, after a decade rising, plateauing at 44 per cent.

Research indicates that the cost of violence against women could amount to around 2 per cent of the global gross domestic product (GDP). This is equivalent to 1.5 trillion USD, approximately, the size of the economy of Canada. The negative physical, mental and emotional impacts of GBV drastically impact not only women's ability to participate in society and strengthen their households, but also their productivity and involvement in the workforce.<sup>38</sup>

Funding to prevent and respond to GBV in humanitarian emergencies is lacking. As of September, only 5.4 per cent of the required amount of \$178 million for 2023 had been reached in the West and Central Africa Region.<sup>39</sup> This is partly because of the overall underfunding of crises in the region, and partly reflects a global underfunding of GBV needs in humanitarian settings.

The African Development Bank has identified “the 5 Highs”, five priority areas intended to support African countries' achievement of the Sustainable Development Goals: Feed Africa; Light up Africa; Industrialize Africa; Integrate Africa; and Improve the Quality of Life for the people of Africa. The AfDB prioritizes inclusive growth and the broadening of access to economic opportunities,

35 Affoum, Nelsy, and Dry, Marie. 2022. Reforming Discriminatory Laws to Empower Women in Togo. World Bank Group Global Indicators Brief No. 12. Available at: <https://documents1.worldbank.org/curated/en/099527109292258758/pdf/IDU0294c15ca02d3a04a8f08846021668035ffc8.pdf>

36 Tordrup D, Bishop C, Green N, Petzold M, Vallejo FR, Vogel JP, Pallitto C. Economic burden of female genital mutilation in 27 high-prevalence countries. *BMJ Glob Health*. 2022 Feb;7(2):e004512. Available at: <https://pubmed.ncbi.nlm.nih.gov/35105556/>.

37 Wodon, Q., C. Male, A. Nayihouba, A. Onagoruwa, A. Savadogo, A. Yedan, J. Edmeades, A. Kes, N. John, L. Murithi, M. Steinhaus and S. Petroni. 2017. Economic Impacts of Child Marriage: Global Synthesis Report. The World Bank and International Center for Research on Women. Available at: <https://documents1.worldbank.org/curated/en/530891498511398503/pdf/116829-WP-P151842-PUBLIC-ElCM-Global-Conference-Edition-June-27.pdf>

38 International Labour Organization. 2020. Safe and healthy working environments free from violence and harassment. Available at: [www.ilo.org/wcmsp5/groups/public/-ed\\_protect/-protrav/-safework/documents/publication/wcms\\_751832.pdf](http://www.ilo.org/wcmsp5/groups/public/-ed_protect/-protrav/-safework/documents/publication/wcms_751832.pdf)

39 Source: GBV AoR Response Monitoring - HRP 2023 West and Central Africa Region (WCAR). <https://reliefweb.int/report/burkina-faso/gbv-aor-response-monitoring-hrp-2023-west-and-central-africa-region-wcar>

which opens strategic entry points for UNFPA's engagement, including on prevention and response to GBV, as well as on the prevention of sexual exploitation and abuse.

### 2.3 Programmatic

There is plenty of evidence and documentation available about GBV and harmful practices in West and Central Africa, with assessment and research reports being published on a regular basis by a multiplicity of partners. Programmatic design and implementation are unfortunately not always in sync with this data, as the dissemination of recent research is often insufficient and not leading to technical adaptation. This also points to a human resource issue, with staff – from governmental partners, from implementing partners, from UNFPA – not given sufficient opportunities to be exposed to new tools and upgrade their programmatic approaches. Other challenges include the lack of understanding about GBV-specific safety measures for research, evaluation and assessment, particularly in humanitarian contexts.<sup>40</sup>

Challenging unequal social and gender norms demands an all-encompassing approach where all interventions – political, strategic, programmatic or technical – reinforce each other in terms of pushing for gender equality. Concretely, this means that our work on all aspects of SRHR should always be built on and advocate for gender equality through transforming harmful gender norms, roles and relations, while working towards redistributing power, resources, and services more equally. For example, family planning interventions aimed at increasing women's uptake of contraception should promote bodily autonomy and decision-making by all women regardless of their marital status.

### 2.4 Human resources

Ending all forms of gender-based violence, including harmful practices, requires multiple professional profiles, from health professionals to sociologists, psychologists, social workers, lawyers, etc. Because of limited funding, colleagues working on gender, GBV, child marriage and FGM tend to be overstretched beyond their field of expertise and without appropriate training and tools. Gender studies became widespread worldwide only in the first decade of 2000 – gender expertise is often new and scarce.

Change can only be spearheaded by changemakers. The mandate of UNFPA can only be achieved if it is implemented by individuals who believe in the right of every woman and girl to fully control her body, to solely be responsible for her sexual and reproductive health, and for an equal chance to strive in life. Partners, trainers, mentors and service providers often are themselves members of the communities that they serve and can share – consciously or unconsciously – an adherence to or tolerance of discriminatory social norms. It has been documented by partners such as Equimundo (*Guide pour les normes et régulations des clubs des maris et clubs des futurs maris*) and BRAC (review of its Empowerment and Livelihoods for Adolescents (ELA) initiative) that insufficient capacities of trainers and mentors was a core impediment to the success of truly gender-transformative interventions.

We all hold bias, often unconsciously. Working on value clarification within our own UNFPA house is also a necessity to ensure our workforce is unrestrainedly committed to the three transformative results.

40 World Health Organization. 2007. WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Available at: [www.who.int/publications/i/item/9789241595681](http://www.who.int/publications/i/item/9789241595681)



### 3. THE HOW: WHAT WORKS

There is no lack of programmatic guidance for the work on gender-based violence and harmful practices. Multiple guidelines and programmatic tools exist to guide prevention and response to GBV and harmful practices. For example, the World Health Organization, UN Women, UNFPA and other United Nations, bilateral, and multilateral agencies have developed the “**RESPECT**” framework, a comprehensive framework to inform policy makers and implementers about designing, planning, implementing, monitoring and evaluating interventions and programmes on preventing and responding to violence against women. The framework outlines seven interrelated intervention strategies:

- » Relationships skills strengthened
- » Empowerment of women
- » Services ensured
- » Poverty reduced
- » Environments made safe
- » Child and adolescent abuse prevented
- » Transformed attitudes, beliefs and norms.

The joint programmes on FGM and child marriage have developed an impressive array of programmatic tools and technical notes, based on operational research and field evidence. Research

and evidence have highlighted that interventions must be based on principles of gender equality, human rights and leaving no one behind. The interventions that work best are multi-pronged and in line with the socio-ecological model, to holistically address needs along the life cycle of adolescent girls and women. These include:

- » Education, with incentives to keep girls in school (e.g. cash transfers), coupled with policies aimed at providing improved economic opportunities that can lead to the employment market.
- » Building and strengthening the institutions and structures that protect and promote women and girls, including against polycrises and acute or chronic shocks.
- » Addressing the broader arena of social and gender norms, including service provider biases, to complement law and policy implementation/operationalization.
- » Developing and implementing gender-responsive laws and policies that consider the multisectoral components of girls’ life trajectory (including, but not limited to, health, education, social protection, etc.).
- » Building capacities of rights holders to access information, make informed decisions, enjoy bodily autonomy and be advocates for change.

Most intervention models emphasize similar programming directions: the need to: (i) adopt a multisectoral approach to synergize work on health, protection and education; (ii) focus on economic empowerment; (iii) consider WASH factors and other factors; and (iv) adopt an ecological model looking at concentric circles of interventions, ranging from the individual level to the community level and societal level. Interventions that address education, access to health services (including sexual and reproductive health), employment and empowerment of women through an enabling environment that can shift social norms and laws are effective in addressing the complexity of GBV and harmful practices.

Access to quality and coordinated services for victims/survivors of GBV is essential to make an impact in eliminating GBV. The Essential Services Package<sup>41</sup> is a guidance tool identifying the essential services to be provided to all women and girls who have experienced gender-based violence, including services that should be provided by the health, social services, police and justice sectors. This package also provides guidelines for the coordination of these services and aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence.

This package was developed taking into account the context of low- and middle-income countries. For humanitarian settings the Inter-Agency [Minimum Standards](#) for GBV in Emergencies Programming<sup>42</sup> set out how to prioritize lifesaving GBV prevention and response interventions and how to ensure the quality in low-resource settings. The Minimum Standards and Essential Services Package interrelate, with staff needing

to understand how both tools operate and how to select which is the most appropriate in each setting including understanding of the nexus approach.

Investment in civil society and supporting their activism is another strategy promoted by all recent programmatic guidance on GBV. An analysis conducted in 70 countries over 40 years has found that the most vital and consistent factor driving policy change has been feminist activism. According to this research, feminist action plays a more important role than left-wing parties, numbers of women legislators or even national wealth. The research also demonstrates that strong feminist movements use international and regional conventions and agreements as levers to influence policymaking.<sup>43</sup>

Involving men and boys is key to eliminating all forms of gender-based violence – because all categories of actors who wield authority over social norms must be involved, and because men and boys are also affected by practices harmful to their wives, daughters, sisters, friends, etc. For example, in the case of FGM, men are witness to the sexual and medical challenges experienced by their cut wives and can be mobilized against the practice. But other groups also need to be considered, through strategies that are carefully crafted to address key stakeholders. For example, ODI argues that social norms change interventions aimed at eliminating FGM are much more likely to succeed if they use a “grandmother-inclusive” strategy that engages grandmothers as a priority, as well as other key authorities and stakeholders, e.g. men, women of reproductive age, community and religious leaders, and midwives. Strategies that focus on one group in isolation, such as girls/youth empowerment activities, are not effective in shifting social norms and behaviour.<sup>44</sup>

41 UN Women, UNFPA, WHO, UNDP and UNODC. 2015. Essential Services Package for Women and Girls Subject to Violence. Available at: [www.unfpa.org/essential-services-package-women-and-girls-subject-violence](http://www.unfpa.org/essential-services-package-women-and-girls-subject-violence)

42 UNFPA Gender Based Violence Area of Responsibility. Undated. 16 Inter-Agency Minimum Standards for GBV in Emergencies Programming. Available at: <https://gbvaor.net/gbviems>

43 S. Weldon, L. and Htun, M. 2013. Feminist mobilisation and progressive policy change: why governments take action to combat violence against women. *Gender & Development*, 21:2, 231-247. Available at: <https://www.tandfonline.com/action/showCitFormats?doi=10.1080%2F13552074.2013.802158>

44 Newman, Anneke. 2023. Involving men and boys in the fight to end FGM/C: what does the evidence say? ODI. Available at: <https://odi.org/en/insights/involving-men-boys-to-end-fgmc/>

## 4. WHAT DOES IT MEAN FOR UNFPA WCARO?

Accelerating progress in West and Central Africa towards the transformative result on ending gender-based violence and harmful practices requires strategic shifts at various levels.

### 4.1 Expand the frame of analysis

The context in the region is fast-evolving and needs to be much more systematically analysed to be effectively factored into programmes and approaches that are agile and adaptable to changing environments. Traditional forms of harmful practices are impacted by megatrends, and new forms of gender-based violence appear (e.g. technology-facilitated GBV). The third transformative result can only be realized if the impacts of megatrends on gender-based violence, female genital mutilation and child marriage are consistently tracked, analysed and addressed.

#### Recommended actions:

- » Explore partnerships with national and regional academic and research institutions and think tanks for increasing local knowledge on drivers of GBV and harmful practices as well as documentation of what works, working in the nexus space of humanitarian, development and peacebuilding to develop a comprehensive understanding of harmful practices.
- » Produce a series of briefs on megatrends and their impact on GBV and HP (e.g. food insecurity, migration, urbanization, rural electrification, digitalization) to inform policymaking and funding allocations, and to help guide programmes in countries.

### 4.2 Invest in political championship

Pushing back against the pushback must be multipronged with both short term and long term strategies This could start with identifying and/or deepening relationships with champion West and Central Africa countries who can play a key advocacy and policy role in advancing the UNFPA agenda in regional fora such as ECOWAS, ECCAS and the African Union, as well as global fora such as the Commission on Population and Development and the Security Council (e.g. Burkina Faso on harmful practices and Sierra Leone on comprehensive sexuality education). Support nascent efforts such as the formation of a regional Action Coalition on Bodily Autonomy and SRHR, spearheaded by Burkina Faso, which could evolve into a platform for political championship on these issues.

#### Recommended actions:

- » Work with UNFPA Country Office Representatives in selected countries to harness champions, engage Regional Directors for political leverage, mobilize funds and support the regional Action Coalition.
- » Engage African Union, ECOWAS and ECCAS to advance regional and sub-regional initiatives such as the West and Central Africa commitment on comprehensive information and education or the African Union's positive masculinities initiative.



### 4.3 Strengthen the economic argument

Demonstrate the economic burden of harmful practices and gender-based violence in order to secure investments and prioritization by governments and regional bodies. Arguments based on promoting gender equality, human rights and more equal social norms tend not to be followed by action.

#### Recommended actions:

- » Support UNFPA Country Offices in developing and using thematic investment cases under the third transformative result in collaboration with the Population and Development team.
- » Explore the use of new approaches for the prevention of violence, including Cash and Voucher Assistance, Village Savings and Loans and other similar schemes.

### 4.4 Accelerate the work on legislative and policy frameworks

UNFPA positions itself to advance gender equality and empowerment for women and girls through providing and building capacity for gender-transformative, evidence-based, economically analytic, technical, policy and programmatic guidance for the elimination of GBV and harmful practices (particularly FGM and child marriage) based on human rights and nexus approaches. This includes investing in a systems-strengthening

approach aimed at improving the capacity of government institutions to promote and protect gender equality and SRHR for all as “duty-bearers”.

#### Recommended actions:

- » Undertake a regional mapping of GBV and gender-related laws, policies and strategies in the 23 countries of the region, identifying gaps and priority areas of focus.
- » Actively engage and provide technical expertise in the process of drafting the AU Convention on Ending Violence Against Women and Girls.
- » Support Country Offices to strengthen government operationalization of laws and legislations and ensure zero tolerance for impunity.

### 4.5 Prioritize a power analysis and work primarily with change-makers

In West and Central Africa, religious and traditional leaders play a determining role in the lives of their communities and have a unique influence on people’s beliefs and attitudes, including as it concerns the perpetuation, acceptance or elimination of harmful practices and gender-based violence. Partnerships with faith-based organizations, religious institutions and traditional leaders to promote positive masculinities to end all forms of gender-based violence need to be expanded, scaled-up and operationalized.

It is important to rekindle our partnership with women-led and youth-led organizations to mobilize the voices of marginalized women and girls, challenge harmful social norms and promote gender equality. This goes beyond working with organizations as implementing partners, but entails building strategic partnerships with organizations that can forcefully claim their rights, demand policy change and be unapologetically outspoken about issues related to bodily autonomy.

#### Recommended actions:

- » Define a West and Central Africa strategy for the engagement of religious and traditional leaders.
- » Build a constituency of civil society partners, specifically women-led and youth-led, through opportunities including the Addis Ababa Declaration on Population and Development (AADPD) process. The AADPD is a framework that localizes the International Conference on Population and Development (ICPD) Programme of Action for the continent.
- » Support coalition building among feminist and youth grassroots organizations to form a movement for social change towards achieving gender equality and actualizing bodily autonomy.

#### 4.6 Address social norms and prioritize human rights-based and gender-transformative approaches

Ensure that the social norm output is addressed transversally throughout all programmes (including those on SRHR, data, etc.) and prioritize the gender-transformative and human-rights based approach accelerators.

Base all interventions (programmatic, policy, strategy and communications) on gender-transformative approaches, including those not aimed at gender equality, to ensure all the work we do in family planning, supply management, youth engagement, data analysis, etc., contributes to

challenging unequal gender norms and promotes new, equitable power dynamics.

#### Recommended actions:

- » Expand the work on the elimination of harmful practices to all countries concerned in the region, going beyond the confines of the joint programmes, and ensure greater attention to the interconnections between FGM and child marriage where relevant. This will mean: (i) providing technical assistance to ensure all concerned countries prioritize the elimination of harmful practices in their Country Programme Documents (CPD); (ii) sharing tools, knowledge products and other resources from the joint programmes in more systematic and structured manner; and (iii) supporting resource mobilization.
- » Set up a West and Central Africa GTA Board, including Regional Office and Country Office colleagues, to assess key interventions under all three transformative results from a gender-transformative and human rights-based perspective.
- » Support countries to analyse the social and gender norms profiles impacting on the achievement of the three transformational results.
- » Strengthen the capacities of regional and country staff to address social norms and programme using gender-transformative approaches and the human rights-based approach.

#### 4.7 Work on value clarification within the UNFPA house and with our partners:

Ensure that all UNFPA staff and all UNFPA partners adhere to the core values of the organization and genuinely support the realization of its mandate. No transformative result can be reached if staff or partners are biased towards the full realization of the UNFPA mandate, including our humanitarian mandate to lead the GBV Area of Responsibility in humanitarian coordination. Transforming unequal

gender norms, at the root of gender-based violence and harmful practices, can only be done through the concerted action of convinced staff. This requires a human resource process to help all staff and partners work on addressing conscious and unconscious bias. The prevention of sexual exploitation and abuse also needs to be accelerated and amplified with all UNFPA partners.

#### Recommended actions:

- » Work with the Division of Human Resources at UNFPA to launch an initiative on value clarification, aiming at identifying and addressing unconscious biases in a systematic way.
- » Ensure systematic mainstreaming of prevention of sexual exploitation and abuse (PSEA) into the UNFPA programming beyond the GBV/gender-related programming. This will include supporting the establishment and functioning of PSEA Community Based Mechanisms (CBM), playing an active technical role in developing United Nations Country Team PSEA action plan, ensuring that UNFPA at both regional and country levels plays an active role in PSEA networks and

PSEA regional working groups, and ensure regular capacity building of UNFPA staff, partners and implementing partners on PSEA.

### 4.8 Put adolescent girls at the centre

Put adolescent girls at the centre, because, in a region where 23 per cent of the population is between the ages of 10 and 19, they are the most critical demographic group for the realization of UNFPA's three transformative results in the West and Central Africa region.<sup>45</sup>

#### Recommended actions:

- » Strengthen technical guidance to Country Offices to help increase girls' access to education and life skills.
- » Prioritize the work on comprehensive sexuality education, both politically and programmatically, with the aim to increase girls' access to sexual and reproductive health and rights (including menstrual health as well as mental health and psychosocial support), information and services for improved health and well-being.

## 5. CONCLUSION

West and Central Africa is behind in achieving the Sustainable Development Goals and is not on track to achieve the three transformative results of the UNFPA Strategic Plan. Putting adolescent girls at the centre of development in health, education and employment would be transformative. When such actions are carried out through the human rights-based approach and promote gender equality, progress can be made towards a future free from discrimination and gender-based violence. In this region, it is essential for GBV and harmful practices programming to consider the impacts

of humanitarian crises, climate change and other megatrends in access to sexual and reproductive health and rights, including achievement of UNFPA's three transformative results.

45 UNICEF, 2019. Adolescent Girls in West and Central Africa. Available at: [www.unicef.org/wca/reports/adolescent-girls-west-and-central-africa](http://www.unicef.org/wca/reports/adolescent-girls-west-and-central-africa)







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