

# DELIVERING AND SUSTAINING IN THE **NEW NORMAL**



## 2021 Annual Report and Overall Phase III Performance Analysis



unicef   
for every child



UNFPA-UNICEF Joint Programme  
on the Elimination of Female Genital Mutilation:  
Accelerating Change



## Acknowledgements

On behalf of UNFPA, the United Nations Population Fund, and UNICEF, the United Nations Children's Fund, the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change wishes to acknowledge the support and collaboration of its various stakeholders in the successful implementation of its work.

Particularly, the Joint Programme recognizes the support of the European Union through the Spotlight Initiative Africa Regional Programme and the governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden, the United Kingdom and the United States of America. Their contributions helped to strengthen efforts towards the elimination of FGM in 17 countries where the Joint Programme is implemented.

We also express our gratitude to members of the Joint Programme's Steering Committee for their continued assistance and technical guidance. We recognize the commitment and leadership of the national and subnational governments in all 17 countries as well as civil society organizations, regional institutions and other partners. They sustained their commitment despite the challenges posed by the COVID-19 pandemic. As the world grapples with the impact of COVID-19 and various humanitarian crises, we will continue to count on our partners and other stakeholders to sustain momentum in eliminating FGM by 2030.

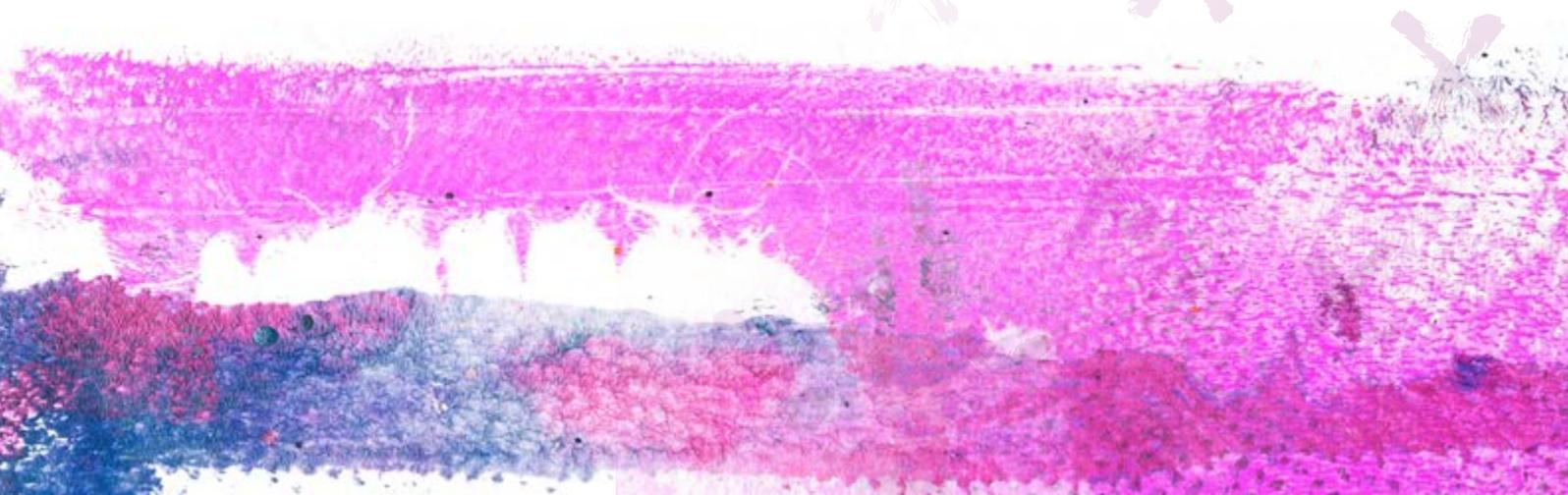
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# Acronyms

<b>CSO</b>	Civil society organization
<b>DHS</b>	Demographic and Health Survey
<b>FGM</b>	Female genital mutilation
<b>GBV</b>	Gender-based violence
<b>ICPD+25</b>	Twenty-fifth anniversary of the International Conference on Population and Development
<b>M&amp;E</b>	Monitoring and evaluation
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NDC</b>	Nationally Determined Contribution
<b>SDGs</b>	Sustainable Development Goals
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>WHO</b>	World Health Organization

# Foreword

“There is no agony like bearing an untold story inside you,” said Zora Neale Hurston, the novelist, folklorist and anthropologist. Stories are meant to be told, especially where telling them constitutes an act of courage. The practice of female genital mutilation (FGM) is harrowing and has been a source of injustice for many girls and women; their stories must be heard.

FGM presents a major challenge in several countries around the globe. It is internationally recognized as a harmful practice and a form of gender-based violence (GBV) that endangers the lives of millions of girls and women. It violates the foundational tenets of human rights reflected in various international conventions, resolutions and declarations.

To accelerate efforts to eliminate FGM, UNFPA and UNICEF in 2008 established the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change. Since then, it has gone through several phases, with Phase III concluding in 2021. Over the last decade, the Joint Programme has scaled up gender-responsive and social norms approaches focused on the prevention of medicalization and cross-border FGM across the 17 countries where it is implemented. It has driven national action through stronger coordination mechanisms, legislative frameworks, service delivery and domestic resource allocation. Most countries supported by the Joint Programme now have a law banning FGM while the number of community leaders who publicly denounce FGM has radically increased. The Joint Programme has further strengthened partnerships with various governments and bolstered accountability mechanisms, particularly through close collaboration and work with the African Union and the Saleema Initiative on Eliminating FGM in Africa.

Phase IV of the Joint Programme has already come into place, with a vision to create a world where every girl and woman has a voice, choice

and agency. The main objective is to eliminate FGM by 2030 through accelerated and collective efforts that mobilize actors at the regional, national and international levels.

In this context, we are delighted to present the *2021 Annual Report on the Joint Programme*. It outlines the challenges and opportunities in the efforts led by UNFPA and UNICEF to eliminate FGM. It showcases the programme’s commitment to shifting approaches, creating positive impacts and contributing to the 2022-2025 strategic plans for both organizations. The report focuses on measures empowering girls and women to claim their right to be free of FGM as well as a community-centred, interpersonal and group-based approach that encourages gender and social norms change. It details the state of existing policy and legal frameworks in countries with Joint Programme support along with the comprehensive coverage of essential health and associated FGM services in 2021.

The Joint Programme has efficiently adapted to challenges posed by the COVID-19 pandemic and navigated development at the grass-roots level. Its objective of ushering in gender-transformative approaches by disrupting gender discriminatory norms and practices remains an important aspiration for the coming years. The global effort to eliminate FGM will require support from different corners, however, not just technical but also financial inputs to sustain continuous momentum to eliminate FGM. As the world witnesses various humanitarian crises and competition for resources, the focus on FGM must not diminish.

This brings us back to Zora Neale Hurston. It is crucial that girls and women affected by FGM tell their stories in their voices. The Joint Programme, through its initiatives and a community of partners on the ground, aims to bring voice, choice and agency to many more in the coming years.

1



# Introduction

Prior to the COVID-19 pandemic, most of the Sustainable Development Goals (SDGs) were already off track, including SDG 5, on gender equality and women and girls' empowerment, and target 5.3, the elimination of FGM by 2030. As evidence of the detrimental impact of COVID-19 on FGM prevalence continues to emerge, the global community is likely to face setbacks in eliminating the practice, as predicted by a UNFPA study in 2020.<sup>1</sup> While COVID-19 has upended global systems and structures, threatening to reverse progress on hard-won gains in gender equality and the elimination of FGM, recovery from the pandemic also presents an opportunity and an imperative for transformative change. This includes prioritizing FGM within the global development agenda and in humanitarian action. Although FGM is largely neglected in

emergencies, girls' increased vulnerability to FGM during the pandemic was globally recognized.<sup>2</sup>

The UNFPA-UNICEF Joint Programme on the Elimination of FGM: Accelerating Change has introduced innovations and adaptations to ensure the continuity of prevention and response programmes. These include effective and sustainable risk communication and community engagement strategies for FGM prevention; community-led surveillance and the use of digital platforms for monitoring and protecting girls at risk of FGM; and digital spaces for adolescents and youth to engage in anti-FGM advocacy campaigns and calls for social accountability so that governments meet their commitments to FGM prevention and elimination.



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## ACHIEVEMENTS in 2021

**3.46 million people** made public declarations to eliminate FGM in 4,475 communities

**3,813 communities** established surveillance systems to protect girls from being subjected to FGM

**216,853 girls** were saved from being subjected to FGM

**17.6 million people** were engaged through social media promoting FGM elimination

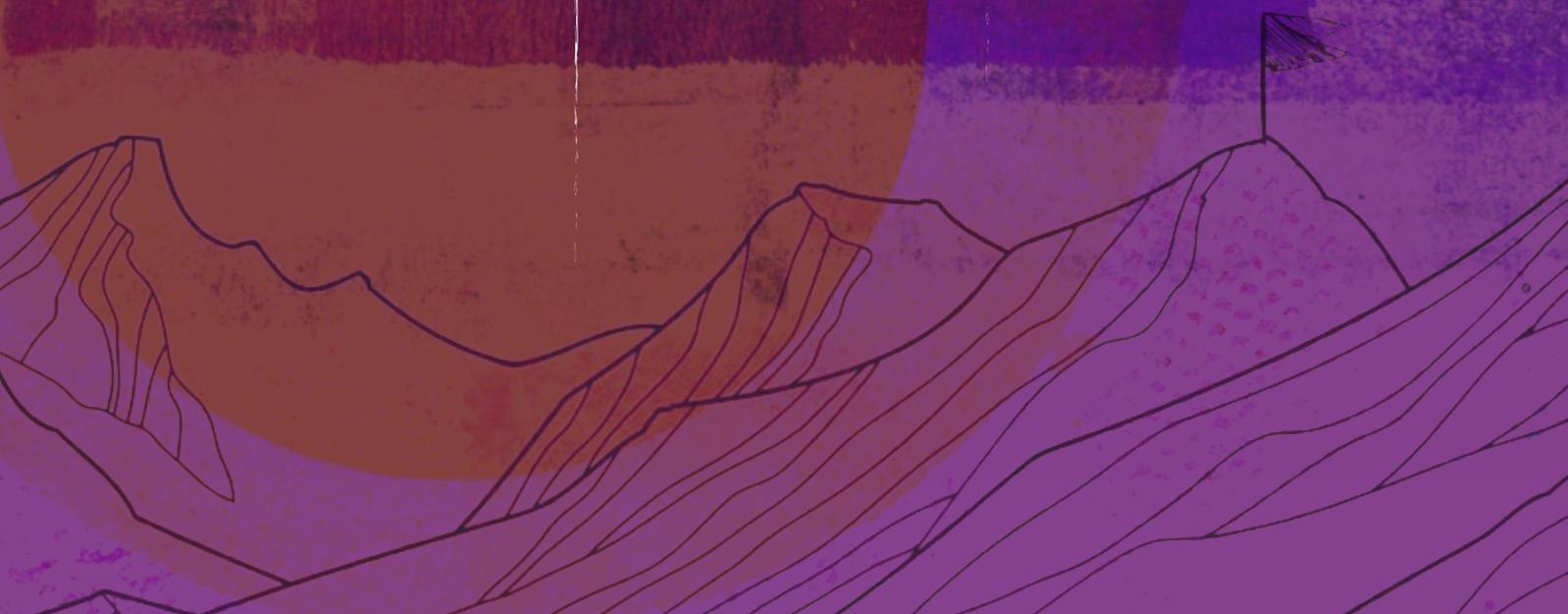
**198,437 girls** completed capacity development packages empowering them as change agents

**14 countries** now have a costed national action plans to end FGM

**422,700 girls and women** received health services

**76,882 girls and women** received social services

**16,106 girls and women** received legal services



In 2021, many innovations and adaptations were replicated and scaled up, leading to the following achievements in 17 countries:

- **More than 3.46 million people from 4475 countries made public declarations to eliminate FGM.** This was 30 per cent above the number in 2020 and the highest number since 2018. In 2021, 4,475 communities made public declarations, a 48 per cent increase over 2020 and the highest number since 2018. In 2021, 10,150 community-to-community dialogues on FGM elimination took place.
- Following public declarations to monitor girls at risk of FGM, **3,813 communities in 2021 established community-led protection systems.** This marked a 46 per cent increase over 2020 and the highest number since 2018. The number of girls prevented from undergoing FGM rose from 16,251 in 2018 to 216,853 in 2021.
- The number of countries with evidence-based, costed **national action plans to end FGM increased from 8 in 2018 to 14 in 2021.** FGM prevention and response interventions were integrated across sectors and national strategies such as gender equality, education and health. At least half of the 14 countries with costed action plans also developed local action plans to advance national strategies for ending FGM.
- In 9,234 communities, 198,437 adolescent girls completed capacity development packages empowering them as change agents, **46 per cent above the previous year.** The Joint Programme provided adolescent girls and boys with opportunities to co-create social media campaigns advocating for the end of FGM. The Joint Programme and its partners achieved 17.6 million social media engagements in 2021, **a 55 per cent increase over 2020.**

- The proportion of medical and paramedical associations declaring that FGM performed by health professionals is unethical increased from 73 in 2020 to 77 in 2021. **More than half a million girls and women accessed comprehensive FGM prevention and response services in 2021:** 422,700 received health services, 76,882 were connected to social services and 16,106 benefitted from legal services.

As the global community emerges from the pandemic, the Joint Programme seeks to build forward by empowering women and girls to claim their right to bodily autonomy and by promoting transformative changes in gender norms and power relations to end FGM once and for all. Evidence shows that when girls and women have the power to make their own choices about their bodies, it positively affects other spheres in their lives, including their political, social and economic participation.<sup>3</sup>



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# 2



# Context

## Global Trends in the Prevalence of Female Genital Mutilation

Over the last 25 years, FGM prevalence has declined globally, both in countries where it was once universal and in those with smaller practising communities. Figure 1 shows that the percentage of adolescent girls aged 15-19 subjected to FGM has fallen from 47 per cent 25 years ago to 34 per cent today.

Despite the practice becoming less prevalent, progress would need to be at least 10 times faster to meet the global target of eliminating FGM by 2030.<sup>4</sup>

### Growing opposition to female genital mutilation

While FGM prevalence varies widely among countries, significant shifts in attitudes have occurred. In countries affected by FGM, 7 in 10 girls and women think the practice should end.<sup>5</sup> Among girls and women who have undergone FGM, 5 in 10 think it should stop.<sup>6</sup> Adolescent girls are more

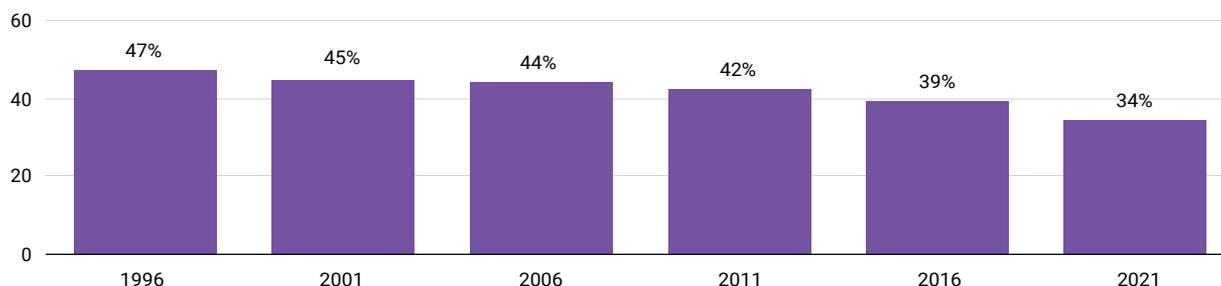
likely than older women to oppose FGM. In Egypt, Guinea and Sierra Leone, for example, adolescent girls are at least 50 per cent more likely than older women to support the elimination of the practice.<sup>7</sup>

### Rising medicalization of female genital mutilation

FGM has become increasingly medicalized even though the practice violates girls' and women's human rights and right to bodily autonomy. Medicalizing the practice does not make it safer, as it still removes and damages healthy, normal tissue, and interferes with the natural functions of girls' bodies. Further, if medical professionals perform and uphold the practice, this may strengthen its legitimacy and the social expectation that it will and should continue. Around one in four girls and women who have undergone FGM (26 per cent or 52 million) was subjected to the practice by health care providers.<sup>8</sup>

FIGURE 1

### Percentage of adolescent girls aged 15-19 years who have undergone FGM

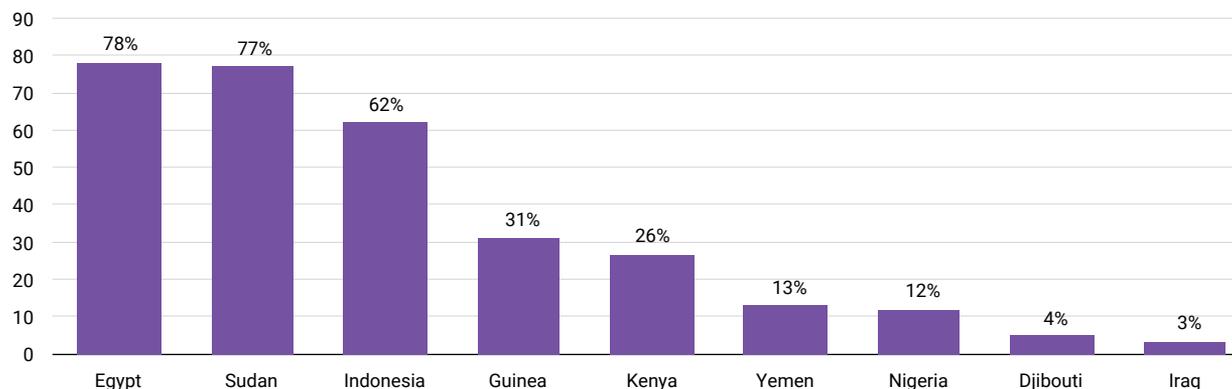


Source: UNICEF global databases, 2020, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2004-2018

Note: This is a weighted average based on comparable data from 31 practising countries with nationally representative data on the prevalence of FGM.

FIGURE 2

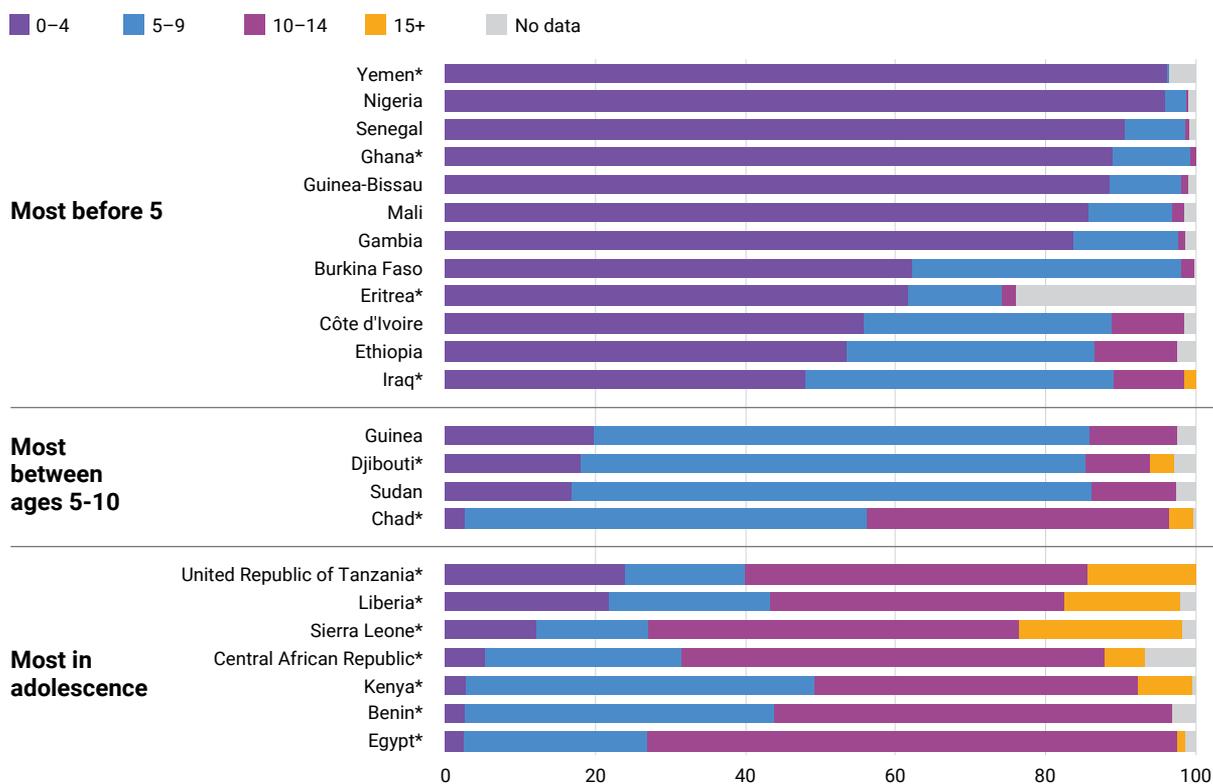
### Percentage of girls aged 0-14 years who had FGM performed by a health-care provider



Source: UNFPA, UNICEF, 2020, "Female Genital Mutilation in the Middle East and North Africa", and WHO, 2018, "Factsheet on FGM Medicalization".

FIGURE 3

### Percentage distribution of girls aged 10-14 years (or 15-19 years\*) who have undergone FGM, by age at cutting



Source: UNICEF, 2022, "The Power of Education to End Female Genital Mutilation," New York.

Notes: Data on age at cutting are presented as measured among girls aged 10-14 years, when possible. This age cohort is preferred for analysis since it provides information on cutting that has occurred relatively recently, as opposed to data on FGM among older women, which reflect cutting that occurred many decades ago. Alternatively, the age group 15-19 years is used for some countries in cases where data on the preferred age group are not available or if a substantial proportion of cutting is performed after age 10.

The proportion of adolescent girls aged 15-19 who have undergone medicalized FGM is 34 per cent, twice as high compared to older women, at 16 per cent among those aged 45-49. Figure 2 shows that countries with the highest percentages of girls aged 0-14 who had FGM performed by a health-care provider include: Egypt, Sudan, Indonesia, Guinea, Djibouti, Kenya, Iraq, Yemen and Nigeria.<sup>9</sup>

### Girls are undergoing female genital mutilation at younger ages

FGM is practised differently within different cultures. The age at which it is performed varies. In some countries, it takes place very early in life; in others, it occurs in adolescence (Figure 3).

Where FGM is practised on very young girls, there is a short window of opportunity to intervene. In some countries, this window is narrowing, as a larger share of FGM is being performed on the youngest girls. In The Gambia and Nigeria, for

example, the average age for FGM has dropped by two full years: from age 4 to just below age 2 in The Gambia, and from before age 3 to before age 1 in Nigeria. In Kenya, the average has dropped by over three years, from age 12 to age 9 (Figure 4).

## 2.3 Regional Contexts

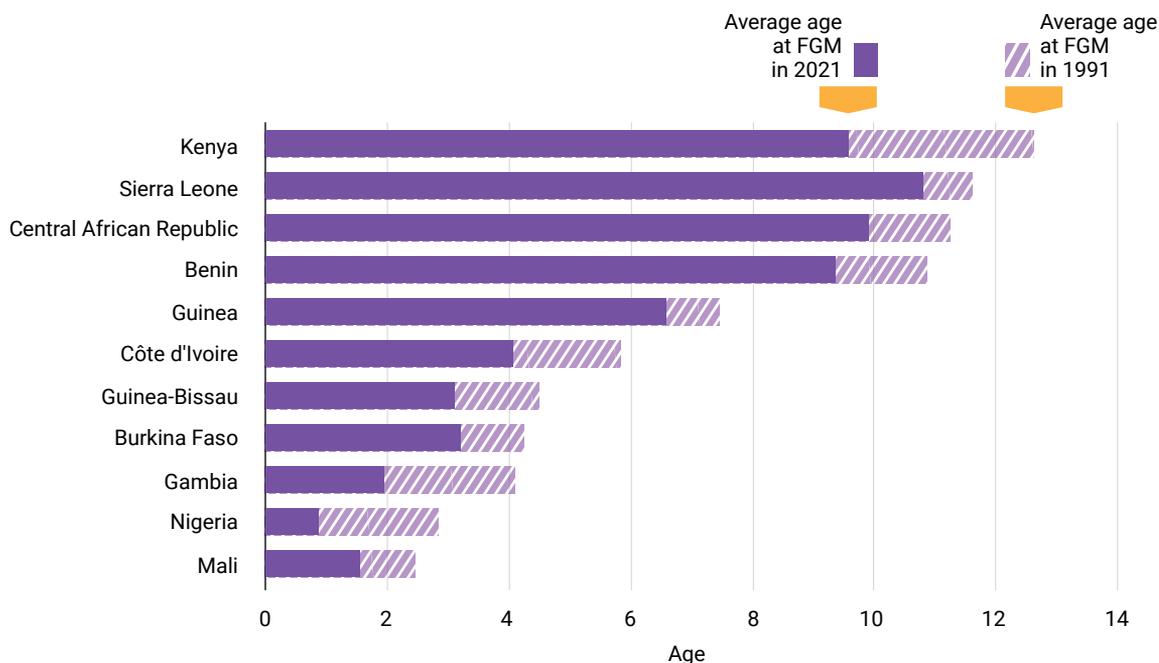
This section analyses the issues, data and progress related to FGM in the different regions covered by the Joint Programme. It compares the systemic challenges that each region faces and examines some of the steps taken to eliminate FGM.

### Middle East and North Africa

In the Middle East and North Africa, the Joint Programme covers five countries: Djibouti, Egypt, Somalia, Sudan and Yemen. Although the region has taken several steps to reduce FGM, it remains

FIGURE 4

### Average age at which FGM was performed, adolescent girls aged 15-19 years



Source: UNICEF, 2022, "The Power of Education to End Female Genital Mutilation," New York.

home to 50.9 million girls who have undergone the practice.<sup>10</sup> According to UNFPA's projections, nearly 1 million girls are at risk of FGM in Egypt, Somalia, Sudan and Yemen in 2022 alone.<sup>11</sup>

### Prevalence and risk of FGM

In the Middle East and North Africa, 62.5 per cent of women aged 15-49 have undergone FGM.<sup>12</sup> Figure 5 shows the prevalence in different countries by age group.

Somalia has the highest prevalence across all age groups; 99.2 per cent of women aged 15-49 have undergone FGM. Although prevalence in Yemen is relatively low, there is significant variation across governorates, with estimates ranging from 0 per cent in the Al Baidha governorate to as high as 79.9 per cent in Hadramout and 84.7 percent in Al-Mahrah.<sup>13</sup> In Yemen, the estimated number of girls at risk of FGM in 2022 is 118,224, a figure that does not include the potential impact of the COVID-19 pandemic.<sup>14</sup> Overall, in each country, a greater share of women aged 45-49 have undergone FGM compared to younger women aged 15-19.

While some of these countries have observed a decline in prevalence, in Egypt, for example,

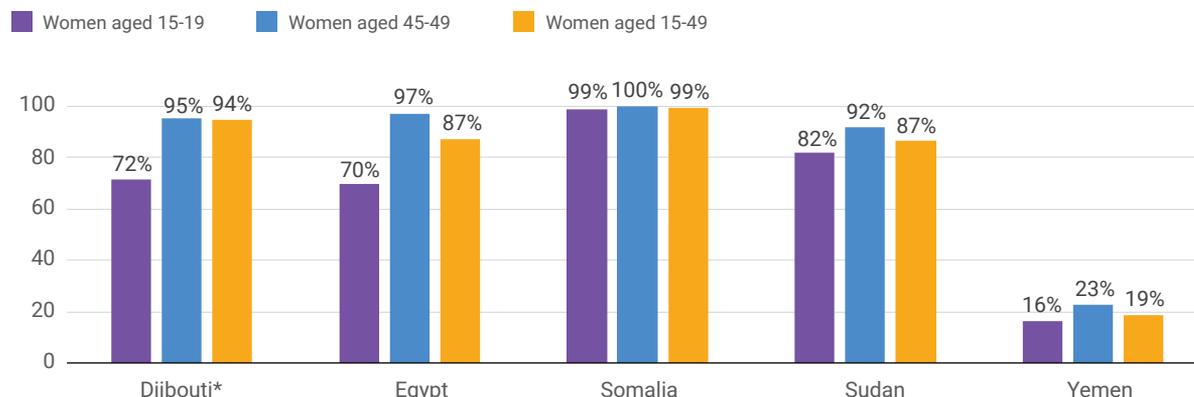
if the current trend continues, an estimated 4,767,235 girls will be at risk of FGM between 2021 and 2030.<sup>15</sup>

### Laws and policies on FGM

Most countries in the Middle East and North Africa that are involved in the Joint Programme have passed laws banning FGM. But implementation remains a challenge. For instance, in Sudan, where FGM has been criminalized and a national strategy to end it has been developed, the overall protection framework remains ineffective.<sup>16</sup> Somalia, which faces multiple emergencies, has gaps in legislation banning FGM, low levels of education, high levels of poverty and weak health care, and has de-prioritized FGM in the emergency response to the pandemic, all of which contributes to the continuous perpetration of the practice.<sup>17</sup> Yemen still has no law banning FGM although in 2001 it passed a ministerial decree that bans FGM in private and public medical facilities.<sup>18</sup> Yemen developed a national action plan in line with United Nations Security Council resolution 1325 on women, peace and security that contains a provision on FGM as a form of violence. But little has been done to implement the plan.<sup>19</sup>

FIGURE 5

### Percentage of women aged 15-49 years who have undergone FGM in the Middle East and North Africa region



Source: Djibouti EVFF/MGF 2019, Egypt DHS 2015, Somalia DHS 2020, Sudan MICS 2014, Yemen DHS 2013.

\*In Djibouti, age groups are broken down differently in the EVFF, as 12-17 instead of 15-19 and 40-49 instead of 45-49.

## FGM and migration trends

The Middle East and North Africa has high numbers of people on the move internally, regionally and internationally.<sup>20</sup> There are indications that FGM non-practising migrants moving to high-prevalence regions have taken up FGM to integrate into their new social environment.<sup>21</sup> Sudan is a good example, as FGM has spread to non-practising ethnic groups and regions due to displacement and migration.<sup>22</sup> There appears to be an increasing trend among migrants in some Western countries who perform type IV FGM (all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping or cauterization) on babies and girls assuming it may not be covered by the law or that it would not be detected by authorities where FGM is illegal.<sup>23</sup> Research in Germany, the Netherlands and Sweden, however, indicates that many migrants from different FGM-practising countries, including various regions in Africa, reject FGM.<sup>24</sup> A study in Switzerland showed that Sudanese migrants living there had “significantly more positive attitudes toward uncut girls”, than in Sudan.<sup>25</sup>

## Medicalization

FGM is highly medicalized in different countries in the Middle East and North Africa. Medicalization entails a health-care provider carrying out the practice at a clinic, home or any other location.<sup>26</sup>

It is highly prevalent in Egypt and Sudan, where almost 8 out of 10 girls undergo FGM by medical personnel.<sup>27</sup> In Egypt, among girls aged 0-14, FGM is mostly performed by a doctor (74 per cent);<sup>28</sup> in Sudan, it is performed by a nurse/midwife (74.6 per cent).<sup>29</sup> In Djibouti and Yemen, traditional practitioners mainly perform FGM on girls aged 0-14.<sup>30</sup>

## Regional initiatives on FGM

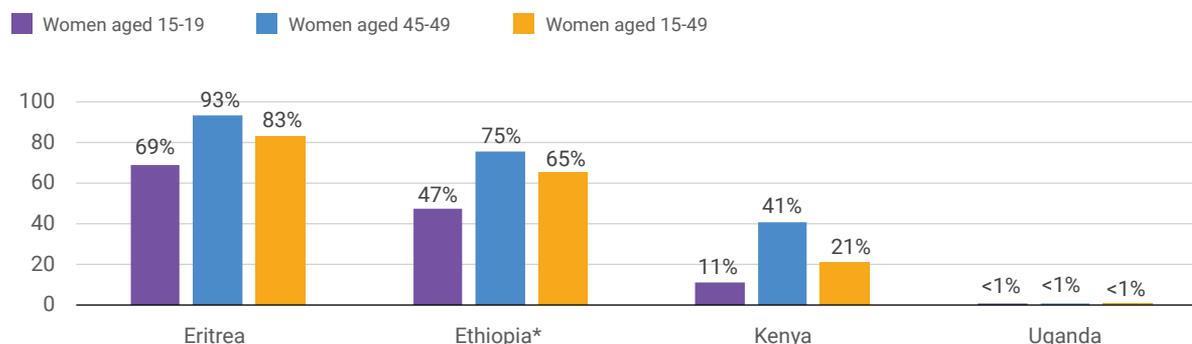
UNFPA’s Arab States Regional Office launched a comprehensive report flagging critical gaps in humanitarian efforts to prevent and respond to FGM. Looking at experiences in Egypt, Sudan and Yemen, the report detailed a chronic tendency to include FGM under broader initiatives on sexual violence and GBV; this often results in overlooking the practice. The report lends momentum to an urgent call for more systematic emphasis on FGM in humanitarian action as well as research to better understand what drives the practice in times of crisis.<sup>31</sup> The report focused on Egypt, Sudan and Yemen. Given a lack of empirical evidence, the report showcased gaps and barriers to stopping FGM, examined prevention and response strategies and provided various policy and programmatic solutions to eliminate FGM.

## East and Southern Africa

In East and Southern Africa, the Joint Programme covers Ethiopia, Eritrea, Kenya and

FIGURE 6

## Percentage of women aged 15-49 years who have undergone FGM in the East and Southern Africa region



Source: Eritrea PHS 2010, Ethiopia DHS 2016, Kenya DHS 2014, Uganda DHS 2016.

\*In the Ethiopia DHS 2016, the highest age group is broken down as 35-49 years instead of 45-49.

Uganda. Forty million girls and women have undergone FGM in the region.<sup>32</sup> The projected number of girls at risk of FGM in 2022, based on current trends, is 41,404 for Ethiopia and Kenya alone.<sup>33</sup> These numbers are alarming and require comprehensive and coordinated interventions.

### Prevalence and risk of FGM

Among girls aged 15-49 in the region, 37.8 per cent have undergone FGM.<sup>34</sup> Figure 6 compares the prevalence by age group across countries.

Eritrea and Ethiopia have the highest percentages of girls and women who have undergone FGM. Ethiopia's prevalence rate in women aged 15-49 is 65.2 percent, comprising 27 million girls and women.<sup>35</sup> This is the largest absolute number in East and Southern Africa.

Compared to past years, FGM prevalence has fallen among women aged 15-49 in most countries in the region. A significant variation persists at the subnational level, however. In Kenya, despite a steady decline nationally, FGM prevalence remains high in various pockets. In particular, the Somali ethnic group still has elevated prevalence. A survey of various communities in Kenya found that 81 per cent of women and 80 per cent of men in the Somali ethnic group believed that the practice should be maintained as it is required by religion and the community.<sup>36</sup>

If current trends continue, the projected number of girls at risk of FGM in most of these countries is expected to rise. In Ethiopia and Kenya, for example, an estimated 3,648,588 and 475,022 girls, respectively, are at risk of FGM between 2022 and 2030.<sup>37</sup> In both countries, 75 per cent of girls undergo FGM by age 8 and 14, respectively.<sup>38</sup>

### Laws and policies on FGM

All four countries covered by the Joint Programme in East and Southern Africa have anti-FGM legislation. Given intensified campaigns, legal prohibition and criminalization, communities find ways to perform FGM without attracting sanctions, including by moving across borders. Ministers of gender in 2019



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launched the first regional costed action plan for border communities in Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania.<sup>39</sup> The ministers committed to implementing the plan both at the national and regional levels.

### Cross-border FGM

Cross-border FGM has emerged as a worrying trend that threatens important advances towards ending the practice. An estimated one quarter of the 200 million girls and women affected are in the border areas in Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania.<sup>40</sup> A recent study by the Anti-FGM board in Kenya in collaboration with UNICEF showed that cross-border FGM has emerged to avoid prosecution.<sup>41</sup> Approximately 60 per cent of survey respondents from Ethiopia, 14 per cent from Somalia, 71 per cent from Uganda and 17 per cent from the United Republic of Tanzania travelled to Kenya to undergo FGM.<sup>42</sup>

In East Africa, cross-border FGM is particularly common among FGM-practising communities such as the Maasai, Pokot, Sabao, Somali and Kuria. Members of these communities seek FGM services in Ethiopia, Somalia, Uganda and the United Republic

of Tanzania to evade law enforcement in Kenya. In March 2020, several Ugandan girls and women reportedly crossed into Kenya to procure FGM services.<sup>43</sup>

### Medicalization of FGM

Medicalization of FGM remains a critical issue as communities look to evade the law and seek the services of trained medical personnel. The 2014 Kenya DHS showed that medical professionals perform 15 per cent of FGM cases although this share has fallen compared to previous years.<sup>44</sup> In Kenya, medicalization is rampant mostly in the Somali and Kisii communities, particularly in urban areas.<sup>45</sup>

The age for undergoing FGM and the type of FGM have shifted. Many communities, especially those that practice type III (infibulation), are changing to type II (excision) or type I (clitoridectomy).<sup>46</sup> Medicalization has been linked with less severe FGM, which include pricking, scraping or nicking.<sup>47</sup>

### Regional initiatives on FGM

To stimulate innovative solutions to end FGM, the Spotlight Initiative Africa Regional Programme, in

partnership with UNFPA's East and Southern Africa Regional Office, the African Union Commission and the Joint Programme, launched the FGM Innovation HackLab Project in 2021.<sup>48</sup> Young African innovators presented 100 innovations to fight FGM. Seed funding of \$50,000 and six months of business support services are helping four winners get their ideas off the ground.<sup>49</sup> The project drew 100 innovative ideas and shortlisted four winners.

### West and Central Africa

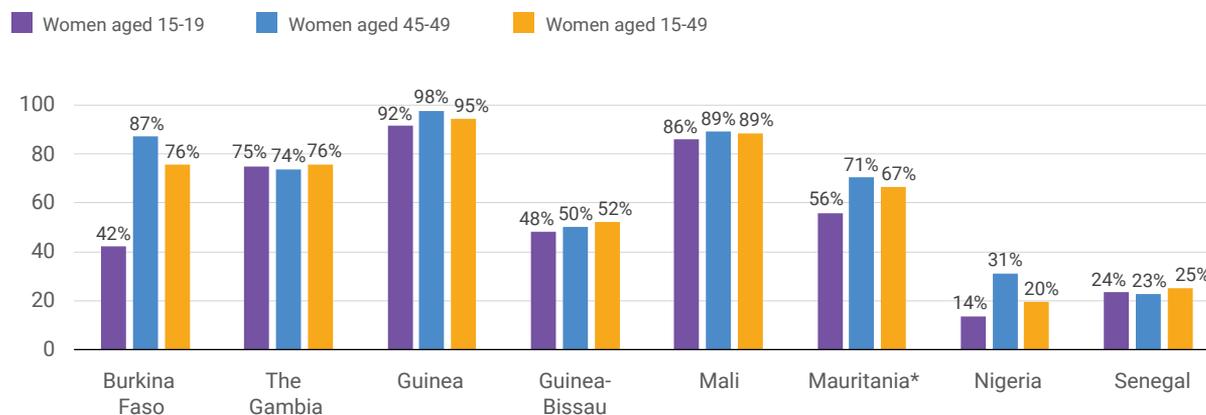
In West and Central Africa, the Joint Programme covers Burkina Faso, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria and Senegal. This region is among those most affected by FGM. It has much ground to cover to achieve FGM elimination by 2030.

### Prevalence and risk of FGM

West and Central Africa has 17 of the 27 African countries where FGM is prevalent. Close to 52.6 million women and girls in the region have been subjected to this harmful practice.<sup>50</sup> The percentage of girls aged 15-49 who have undergone FGM is 27.7 per cent.<sup>51</sup> In the eight countries supported by the Joint Programme, an estimated 436,484 girls will

FIGURE 7

### Percentage of women aged 15-49 years who have undergone FGM in the West and Central Africa region



Source: Burkina Faso EMC 2015, The Gambia MICS 2018, Guinea DHS 2018, Guinea-Bissau MICS 2018-19, Mali DHS 2018, Mauritania DHS 2019-21, Nigeria DHS 2018, Senegal DHS 2019.

\*In the Mauritania DHS 2018, the highest age group is broken down as 40-49 years instead of 45-49.

have FGM performed on them in 2022.<sup>52</sup> Figure 7 provides the prevalence in different countries in the region.

Guinea and Mali have the highest prevalence in the region. In 2022, both countries accounted for nearly 80 per cent of the estimated number of girls at risk of FGM in countries supported by the Joint Programme. Mali alone accounts for more than 50 per cent of the 238,329 girls projected to undergo FGM in 2022.<sup>53</sup> If these trends continue, even without considering the impact of COVID-19, 1.5 million girls will undergo FGM between 2022 and 2030.<sup>54</sup> Nigeria, with relatively low prevalence, still has the highest absolute number of women and girls subjected to FGM and accounts for 22 per cent<sup>55</sup> or 14.8 million of the 68 million girls at risk of undergoing it between 2015 and 2030, based on

current trends. Senegal, with a relatively low national prevalence rate, has specific ethnic groups where prevalence is over 90 per cent.<sup>56</sup> An alarming fact in both countries is that 75 per cent of girls undergo FGM before their fifth birthday.<sup>57</sup>

### Laws and policies on FGM

All countries covered by the Joint Programme in West and Central Africa have anti-FGM laws, except Mali, where there is pressure from religious leaders to continue the practice and social sanctions are imposed against those who oppose it. In Nigeria, the enactment of the Violence Against Persons Prohibition Act 2015 demonstrated government commitment to end FGM. Most countries have adopted national strategies and plans to eliminate the practice. The Government of Burkina Faso has established the Permanent Secretariat of the National Council for the Fight against Female Genital Mutilation.<sup>58</sup> Political commitment to end FGM in Burkina Faso has further translated into integrating the topic in formal and informal educational curricula overseen by the Ministry of Education.



### Medicalization and cross-border FGM

Despite laws and policies, medicalization and cross-border issues remain a challenge in the region. For instance, Guinea has seen a growing trend in medicalization, with a rise from 31 per cent of cases in 2012 to 35 per cent in 2018.<sup>59</sup> Nigeria has high rates of medicalization, at 12.7 per cent of cases among women aged 15-49 and 11.9 per cent among girls aged 0-14.<sup>60</sup>

Cross-border FGM is a challenge in different countries. In Burkina Faso, many people cross into countries where laws against the practice do not exist or are weakly enforced. In The Gambia, cross-border cutting has been reported along The Gambia-Senegal border in the area called the Foni-Casamance belt.

### Regional initiatives on FGM

In 2021, UNFPA's West and Central Africa Regional Office with support from the Joint Programme and

the Spotlight Initiative Africa Regional Programme hosted a youth roundtable on FGM in Senegal.<sup>61</sup> It established the Global Youth Consortium Against FGM,<sup>62</sup> where young people come together and build momentum to end the practice for good.

### Conclusion

The three regions covered by the Joint Programme have varying challenges and obstacles that result in the continued practice of FGM. Certain issues, such as cross-border FGM and medicalization, remain common factors in all of these regions. Despite a decline in prevalence, much needs to be done as millions of women and girls remain at risk of FGM. A majority of countries in the Joint Programme have passed legal and policy frameworks banning FGM but implementation needs to be strengthened. The regional action plan adopted by some countries in Eastern Africa offers a good example for curbing cross-border FGM; it could be replicated in other regions.



3



# Key Strategic Approaches

In 2021, the Joint Programme promoted gender-transformative and human rights-based approaches across all countries where it worked to eliminate FGM.

Gender transformation focuses on examining, questioning and changing rigid gender norms that favour boys and men over girls and women. Through gender-transformative approaches, the Joint Programme aims to address the root causes of gender inequality and reshape unequal power relations. It goes beyond individual self-improvement to redress power dynamics and structures that reinforce gender inequality.<sup>63</sup> The Joint Programme actively promoted multisectoral interventions and worked across the socioecological model to bring changes at the individual, interpersonal, community, systems and institutions, and policy and legislative levels. Intermediate outcomes include the following.

## Individual and interpersonal intervention approaches

Through interpersonal intervention and group-based approaches, the Joint Programme helped strengthen the assets and agency of women, girls and their male peers to advocate and act against FGM. The interpersonal intervention approach provides women and girls with opportunities to build and exercise their social competencies and leadership skills through mentoring and counselling, formal schooling and informal education. Group-based intervention reinforces social influence and increases support within peer groups, such as through clubs for girls or adolescents.<sup>64</sup> The interpersonal intervention and group-based approaches and examples most used in 2021 are listed below.

### Clubs for girls or adolescents

Clubs for young girls were launched in 2014 in Senegal to reduce the high rate of pregnancy among young teenagers. To date, 368 clubs have enrolled more than 11,040 young girls; no cases of pregnancy or child marriage have been recorded. Young leaders in the clubs form community watch brigades to raise awareness, issue alerts and denounce cases of FGM.<sup>65</sup>

### Life skills programmes

The Girls Assets Framework in Egypt is a tailored girl-centred programme that empowers adolescent girls by building their health, social, economic and digital assets. It creates a supportive community environment to help adolescent girls realize well-being and their rights, and establishes coordinated, accessible and quality service systems responsive to adolescent girls and their needs.<sup>66</sup>

Dawwie is a national girls' empowerment initiative led by Egypt's National Council for Childhood and Motherhood, in partnership with the National Council for Women. It focuses on eliminating FGM, promoting adolescent girls' empowerment and supporting gender-responsive parenting. Currently being implemented in 21 governorates, the programme provides digital literacy training for girls and boys, supports girls' groups, promotes social media platforms, produces edutainment, and offers opportunities for active citizenship to girls and boys from some of the most marginalized communities (see <https://dawwie.net/en/digital-learning>).

In 2021, Dawwie interventions were scaled up: 28,240 girls graduated from the capacity development programme, 562 master trainers and facilitators were trained on community dialogues for social norms change in 198 villages, and 8,638 boys and 18,122 parents and community members were reached. Dawwie expanded community dialogue interventions in partnership with faith-based organizations, engaging approximately 53,000 community members through viewing clubs that included videos on FGM followed by interactive discussions. The Dawwie Facebook account, @DawwieInitiative, has reached over 10 million users with a 6 per cent engagement rate, equal to 1 million boys and girls online.

### Engaging men and boys

More than 52 men's and boys' networks in Kenya advocate for eliminating FGM, with a total membership of 43,297. Members have joined the quest to eradicate FGM as allies and people who play a vital role in the lives of women and girls. They are fathers, brothers, decision-makers and custodians of culture as religious, political and community leaders. During the COVID-19 pandemic, the networks played critical roles in providing psychosocial support, education and awareness-raising, and acted as surveillance teams to detect, report, prevent and respond to FGM cases.<sup>67</sup>

### Peer education intervention

The National Network of Young Women Leaders in Guinea-Bissau aims to empower girls and young adolescents through education and training to become protagonists in their emancipation. In 2021, through training and awareness sessions, 405 adolescent girls and young women aged 12-18 learned to combat gender inequalities and harmful practices as well as to promote and protect their own human rights.<sup>68</sup>

In Djibouti, 46,027 adolescents and young people (22,013 girls, 24,014 boys) took part in activities to combat FGM, highlight the importance of education and promote COVID-19 vaccination in 18 community development centres. Due to the commitment of 918 adolescent peer facilitators, 15,427 adolescents,

including 7,883 girls and 7,544 boys, were mobilized to eliminate FGM.

### Digital media intervention

Competitions among media professionals in Guinea promoted FGM abandonment in multiple areas across the country. This led an additional 121 communities to publicly declare the abandonment of FGM. Twenty-seven FGM cases were prevented and 17 were reported to the judicial system.<sup>69</sup>

## Community-centred approaches

The Joint Programme continued to embrace community-owned and community-led interventions through social and behavioural change approaches. These raise awareness and encourage social and gender norm change, leading to FGM abandonment.

In 2021, across 14 counties in Kenya and over 15 ethnic groups, close to 13,243 (7,321 female, 5,922 male) community champions/role models worked closely with the Joint Programme to increase awareness and promote community dialogues.<sup>70</sup> In Ethiopia, in collaboration with the Bureau of Women and Social Affairs, a variety of training and capacity support sessions strengthened community-based organizations. This increased the reporting of FGM cases and improved cooperation with government service providers.<sup>71</sup> In Eritrea, media-based community mobilization became a widely used interim measure to increase awareness and community surveillance until COVID-19 restrictions ended and in-person mobilization could resume.<sup>72</sup>

## System-based partnership and cooperation

Despite COVID-19, the Joint Programme, through a system-based multisectoral approach with key stakeholders, continued to strengthen the capacity of national institutes to coordinate FGM and other GBV prevention and response programmes.

Eritrea adopted a structured coordination mechanism at the national, regional, subregional and village levels to support gender equality and community action to close the gender gap and improve the delivery of FGM-related prevention and response services.<sup>73</sup> Uganda enhanced regional coordination policy and legislation by holding interministerial cross-border meetings with Kenya between 2020 and 2021. In the third of these meetings, the ministers committed to galvanizing political commitment to eliminate FGM

in Africa, particularly to strengthen coordination on legislation and policy frameworks, communication and advocacy, and to enact and harmonize national laws.<sup>74</sup> In Kenya, partnership with the Anti-FGM Board, Eco Bank and Ushanga Kenya provided financial support and raw materials to 231 women cooperatives under the Johari Beads Initiative, a social enterprise to promote income generation and raise awareness on ending FGM in seven counties (Baringo, Kajiado, Marsabit, Narok, Samburu, Turkana and West Pokot).<sup>75</sup>

## New evidence on what works in FGM prevention and response

In 2021, UNFPA, UNICEF and WHO commissioned the Population Council to assess evidence from FGM interventions between 2008 and 2020, mapped onto the current theory of change for FGM programming. The report highlighted five strategic approaches as effective in leading to the abandonment of FGM. While there is no simple blueprint for what works, these promising interventions can support programme design in different contexts:

### 1. *Girls' and women's agency and empowerment*

- Educating mothers may reduce the number of girls undergoing FGM – the higher the level of formal education of a mother, the less likely her daughter is to undergo the procedure.
- Educating girls leads to improved knowledge and changing attitudes, important steps in the continuum of change towards the abandonment of FGM.

### 2. *Family and community engagement*

- Health education and community dialogues with parents and religious leaders can change attitudes about FGM.

### 3. *Systems transformation*

- Training health-care providers can improve capacities to prevent and treat FGM.

### 4. *Social mobilization of communities and social networks for positive social and gender norms*

- Media and social marketing can effectively change social norms and attitudes towards abandoning FGM and, in some cases, reduce the practice.
- Creating FGM-free communities via public declarations, particularly when accompanied by post-declaration follow-up, may change attitudes and potentially reduce FGM.
- Public statements of opposition to FGM by religious leaders may help to change attitudes towards abandoning FGM.

### 5. *Effectiveness of laws and policies*

- Legislation accompanied by political will, in combination with additional interventions such as sensitization and locally appropriate enforcement mechanisms, holds promise for reducing FGM.



# Major achievements

In 2021, the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change accomplished progress in sustaining the momentum for eliminating FGM at all levels despite the continuous challenges experienced globally due to the COVID-19 pandemic and other ongoing conflicts and humanitarian crises.

## Global achievements

### Development of a global research agenda:

UNFPA, UNICEF and WHO, in collaboration with the Population Council, developed a [global research agenda](#) for FGM in 2021. For over a decade (2010-2020), despite intensified global efforts to conduct research on FGM, knowledge of what works remained elusive, partly due to a lack of high-quality evidence as well as the limited synergy between existing evidence and programme and policy implementation. A global review considered evidence on the effectiveness of interventions to prevent or respond to FGM. A meeting of 29 researchers, programme staff and policymakers followed to prioritize research questions in accelerating FGM elimination.

### Conducted a Virtual Advocacy Campaign for the International Day of Zero Tolerance for Female Genital Mutilation:

In February 2021, the UNFPA Executive Director, Dr. Natalia Kanem, and the UNICEF Executive Director, Henrietta Fore, issued a joint statement that called on the global community to unite, fund and act to end FGM. It stressed collaboration with a wide group of stakeholders, funding at a level equal to the global commitment to end FGM by 2030 and quick and decisive action on many fronts. The last comprises ensuring that girls have access to education, health care, including sexual and reproductive health services, and livelihoods, and are protected by laws, policies and new social and gender norms. The hashtag used for public outreach was: #Act2EndFGM.

### A virtual advocacy campaign was highly successful:

- The Joint Programme's global social media channels reached **over 78 million users**
- **#Act2EndFGM**: 13,000 users generated **99.3 million impressions**
- **#EndFGM**: 25,400 users generated **3 million impressions**
- Over **200 pieces** ran on prominent news and web platforms
- Around **26,000 views** of the joint statement between 1-10 February 2021

### Youth Leading a World Free of FGM by 2030:

As part of marking the International Day of Zero Tolerance to Female Genital Mutilation, a Joint Programme event launched the Global Youth Consortium on FGM, with 900 young people from 45 countries dedicated to "Youth Leading a World Free of FGM by 2030". The consortium, which will facilitate the engagement of young people in programmes to eliminate FGM, emerged in response to the call of young people at the 2021 Global Youth Roundtable on FGM. They appealed for accelerated progress to eliminate FGM and put young people first. The consortium will help achieve this vision with support from governments, the United Nations, non-governmental organizations, civil society organizations and other stakeholders.



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**Measuring Social Norms Change: Launching the ACT Framework:** The ACT Framework, developed by the Joint Programme in partnership with the Dornsife School of Public Health at Drexel University, was published in 2021. Experts in social norms and behaviour change from around the globe reviewed and contributed to the framework, which was piloted and validated in Ethiopia and Guinea. It includes a monitoring and evaluation (M&E) framework, a compendium of indicators and guidance on how to implement these tools. In 2021, webinars rolled out the framework in three regions: the Middle East and North Africa, West and Central Africa and East and Southern Africa. Djibouti and Ethiopia completed social and behaviour change studies using the framework. It is being adapted and operationalized for measurement of social norms change related to FGM in Guinea, Mali and Sierra Leone.

### **Strengthened regional accountability mechanisms for ensuring commitments to end FGM**

#### **African Union Harmful Practices Accountability Framework:**

In 2021, with support from UNFPA, UNICEF and the Spotlight Initiative for Africa Regional Programme, the African Union Harmful Practices Accountability Framework was developed. It will be instrumental for the African Union Commission to monitor progress at all levels in line with national and regional commitments to end harmful traditional practices.

#### **Cross-border anti-FGM declarations in East Africa:**

Recognizing that borders are porous and border area communities often share similar traditions related to intermarriage and FGM, the Joint Programme prioritized addressing cross-border FGM as an emerging practice that undermines global efforts to achieve elimination. The COVID-19 pandemic delayed implementation of the Action Plan to End Cross-Border FGM adopted in 2019 by Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania. The International Day of Zero Tolerance for Female Genital Mutilation, however, was marked in Alale, West Pokot County, Kenya, with the landmark signing of an End Cross Border FGM declaration by Pokot elders and government representatives from Kenya and Uganda. The ceremony involved 776 men, 273 women, 147 girls and 132 boys. The day also marked the unveiling of the West Pokot County Anti-FGM Youth Chapter. Anti-FGM youth networks from the 22 FGM “hot spot” counties in Kenya met to share good practices in youth engagement to end FGM. The networks will be rolled out in other counties to spearhead dialogue and awareness campaigns at the community level. The Chief Administrative Secretary visited the Alale Rescue Centre, near the Ugandan border, where she met with over 90 girls being mentored after their “rescue” from FGM and child marriage. She pledged to support the centre with additional resources.

## OUTCOME 1

### Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards

#### Existing FGM legislation and implementation

In 2021, the Joint Programme continued to work with governments, civil society and communities to strengthen the enforcement of laws that ultimately protect women's and girls' human rights and support communities in abandoning FGM.

By the end of 2021, except for Mali, Somalia and Yemen, the remaining 14 countries covered by the Joint Program had legislation criminalizing FGM (Figure 8). In March 2021, the Parliament of Egypt approved a bill that amended the Penal Code and increased the penalty for practising FGM. The amendments will contribute to addressing FGM medicalization as they stipulate imprisonment for no less than five years for doctors and other medical officers who perform FGM, and the closing of medical facilities that perform FGM.<sup>76</sup>

On the International Day of Zero Tolerance for FGM in Guinea, around 50 girls, representing presidents of girls' clubs and the Children's Parliament, made a plea to the Minister of Justice for all judges to implement all provisions criminalizing FGM. The Minister committed to issuing a circular asking judges to fully apply the law, including prison sentences instead of suspended sentences and fines. In April 2021, the Ministry of Justice adopted a circular to support improved court application of legal provisions sanctioning FGM as stipulated in the revised Children's Code. In 2020, Guinea had eight reported cases of FGM. In 2021, the number went up to 25 cases and 21 convictions. Among the 21 cases, 11 were heard through mobile courts in rural communities. Mobile courts have proven successful in prosecuting FGM perpetrators while fostering dialogue in communities about ending the practice.<sup>77</sup>

Despite COVID-19 restrictions in 2021, in the 17 countries where it operates, the Joint Programme

recorded 206 arrests, up 34 per cent over 2020; 215 court cases, up 115 per cent over 2020; and 135 convictions and sanctions, up 187 per cent over 2020 (Figure 9).

Through a prolonged partnership with the Ministry of Justice in Uganda, 43 cases of legal enforcement and arrests/convictions occurred in 2021. The creation of a national coordination mechanism through annual high-level policy dialogues chaired by the Hon. Minister of State for Gender and Culture Affairs unified all key actors to reinforce the Prohibition of Female Genital Mutilation Act at the national and institutional levels.

Sudan operationalized a 2021 roadmap to enforce Criminal Law Article 141, led by the National Council

FIGURE 8

#### Countries supported by the Joint Programme with legislation criminalizing FGM

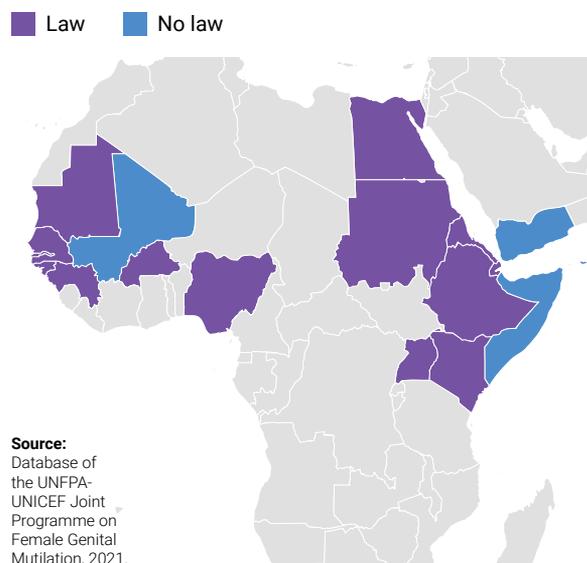
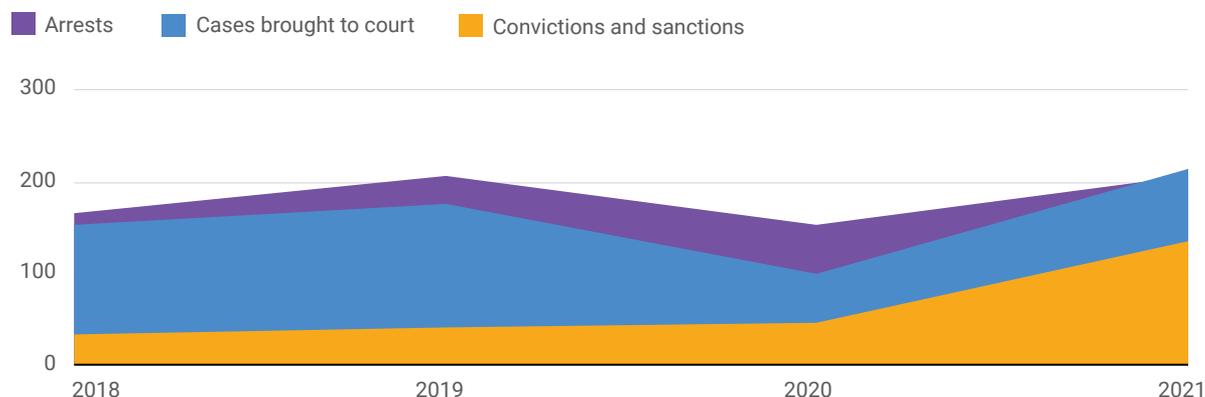


FIGURE 9

## Number of arrests, cases brought to court, and convictions and sanctions



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

in the judiciary training manual and endorsed in a one-day workshop organized by the Judiciary Training Institute in collaboration with the Joint Programme and National Council. More than 1,500 law enforcement officials and 120 judges, prosecutors and members of the Family and Child Protection Unit of the police were trained on child-friendly procedures and the implementation of the new article criminalizing FGM.

### Existence of a functional national FGM monitoring mechanism

#### National FGM administrative data

Since the launch of Phase III, the Joint Programme has followed an evidence-based design and implementation approach, working closely with governments to establish national FGM administrative data. By the end of 2021, 11 countries actively used existing national FGM administrative data to ensure that all programme interventions respond to the needs of vulnerable girls and women and those who don't have access to comprehensive services.

#### National coordination body/committee for FGM

Fourteen countries strengthened national coordination among key stakeholders to improve the reach, impact and comprehensiveness of FGM interventions.

and Mukalla highlighted the efforts of relevant government bodies. Participants signed a statement on having FGM declared illegal by local legislative authorities.<sup>78</sup>

**Somalia:** With a federal coordination mechanism in place, the Joint Programme continued to strengthen coordination platforms in urban and rural parts of Puntland state and Somaliland. This significantly improved knowledge and awareness of FGM issues.<sup>79</sup>

#### Annual implementation review system

A comprehensive review of the implementation of Joint Programme interventions is critical to monitor data, address emerging issues and adjust accordingly. In 2021, 12 countries established an annual review system. In Uganda, the Joint Programme provided technical support through the annual review and joint planning to all partners where the Ministry of Gender Labor and Social Development takes leadership.<sup>80</sup>

### Increased national capacity for the development, enactment and implementation of FGM laws and policies

In 2021, the Joint Programme continued to strengthen government political commitments to develop and implement national action plans that

are grounded in evidence and accompanied by a national budget line with adequate resources.

Nine countries had a national budget line for FGM by 2021, with at least 50 per cent of it used for FGM interventions. Fourteen countries developed an evidence-based, costed national action plan to end FGM (Table 1).

In 2021, the Government of **Kenya** sustained funding to the Anti-FGM Board by allocating \$194,871 for programming and recurrent expenditures.<sup>81</sup>

The Government of **Uganda** established a national budget line of \$55,000 annually to complement support provided by donors. An established district-level budget line is approximately \$800 per district to support FGM interventions.

### Increased engagement of civil society and young people with policymakers for the elimination of FGM

Strengthening the ownership and engagement of civil society and young people are key strategies for sustaining interventions beyond Joint Programme support. In 2021, regional and national civil society organizations and youth networks produced 24 annual progress reports with policy

recommendations on FGM elimination, the highest number since 2018.

In Burkina Faso, 13 out of 22 targeted municipalities developed municipal action plans for children's rights, including FGM prevention and response. The Joint Programme also supported social accountability mechanisms in 183 municipalities. These strengthen ownership in local development planning and monitoring to uphold children's rights, including through public financing choices.

Each year, the Government of Sudan and the Joint Programme organize an annual youth conference to bring adolescent boys and girls together to make recommendations to improve policies and to strengthen their skills in advocating for gender equality and the elimination of FGM. The Ninth Annual Youth Conference in 2021, "Amplifying Youth Voices to End FGM", took place in Blue Nile state from 11-13 October, involving 200 youth. The forum received high-level political attention and participation, including by the Governor of Blue Nile. As a platform for voicing change sought by youth, it amplified calls for youth-led workplans, better health and safety precautions for young people, and youth employment. Participants also urged reflection of diversity in Sudan's educational curriculum and enhanced access to technology. Several workshops discussed the harmful social norms girls and women face in their communities. The forum overall promoted youth engagement, leadership, participation in decision-making and knowledge-sharing.

TABLE 1

### Number of countries with national budget lines and action plans to end FGM

**9 countries**  
with a national budget line for FGM

**9 countries**  
using at least 50 per cent of the national government budget line for FGM

**14 countries**  
with an evidence-based, costed national action plan to end FGM

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

## OUTCOME 2

### **Empowered girls and women can exercise and express their rights through transformed social and gender norms that favour the elimination of FGM**

In Phase III, the Joint Programme strengthened approaches to transform gender norms towards achieving gender equality. It supported the rights, needs and agency of girls and women while strengthening community dialogues and human rights education, and expanding the engagement of men and boys in promoting and achieving gender equality.<sup>82</sup>

As a result of gender-transformative approaches to social norms change promoted by the Joint Programme, community surveillance mechanisms have protected 578,611 girls from undergoing FGM since Phase III began. In 2021, 216,853 girls were protected, a record high in Phase III (Figure 10).

#### **Increasing the engagement of men and boys in changing social norms**

To accelerate changes in social norms through a gender-responsive approach, the Joint Programme focused on engaging men and boys in interrogating and challenging power dynamics in their families and communities. The success of this strategic approach is reflected in 2021 outcome data, where 1,758 Joint Programme intervention areas have new networks or coalitions of men and boys actively advocating for eliminating FGM (Figure 11).

The engagement of men and boys in changing social and gender norms in Yemen increased through support to Shamekhat, a faith-based organization that advocates and fights against FGM. It developed an annual action plan and conducted advocacy meetings.<sup>83</sup>

In Kenya, 52 men's and boys' networks with 43,297 members actively advocate for FGM elimination.

#### **Supporting communities to enable social norms change**

##### **Girls become change agents after completing a capacity development package**

In 2021, 198,437 girls in 9,234 communities became change agents ready to speak out and advocate for their rights. Capacity development packages equipped them with life and leadership skills, including through comprehensive sexuality education. Such strategies stem from the Joint Programme's emphasis on gender-transformative approaches, which include strengthening girls' agency and empowerment.

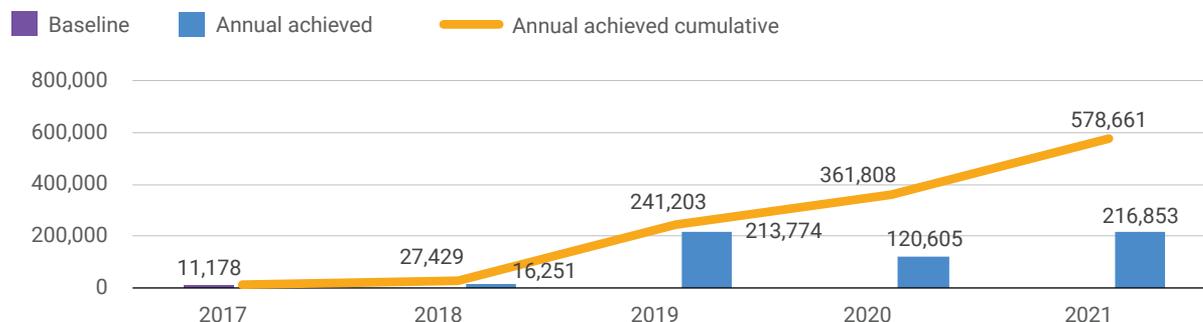
Throughout Phase III, 11,901 communities and 531,158 girls developed capacities related to FGM elimination. As a result, 24,431 girls have become advocates for their human rights. They raise awareness, and spur peers and community members to act in stopping FGM (Figure 12).

Schools across four regions in The Gambia increased the number of adolescent girls with knowledge about FGM. In 2021, 300 adolescent girls received intensive training and mentorship to learn leadership skills. They were encouraged to speak up for themselves, make decisions over their own bodies and lives, and act as change agents to empower other girls in their schools. In addition, 80 teachers participated in training sessions related to FGM. As a result, approximately 10,000 adolescent girls changed their perceptions of FGM and understood its negative impacts on their bodies and lives.<sup>84</sup>

Out-of-school girls' platforms in Ethiopia suffered from COVID-19 restrictions, as gatherings were limited. In response, the Joint Programme in partnership with VIAMO launched a 16-week remote training in

FIGURE 10

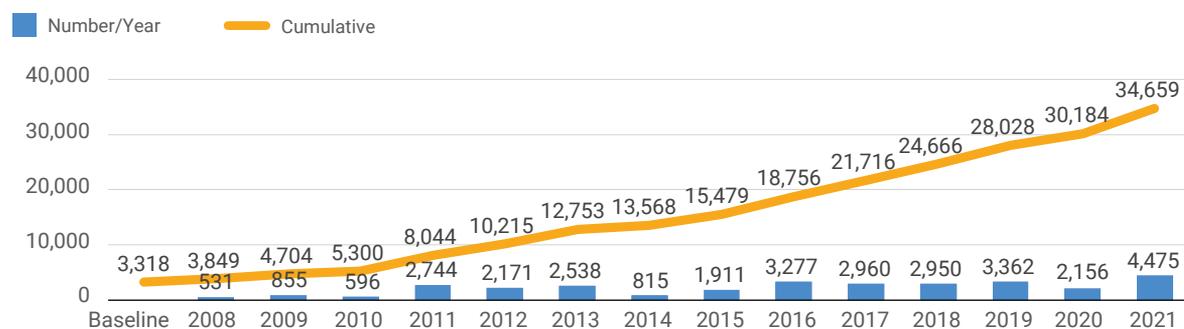
### Number of girls saved from FGM through community surveillance mechanisms



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

FIGURE 11

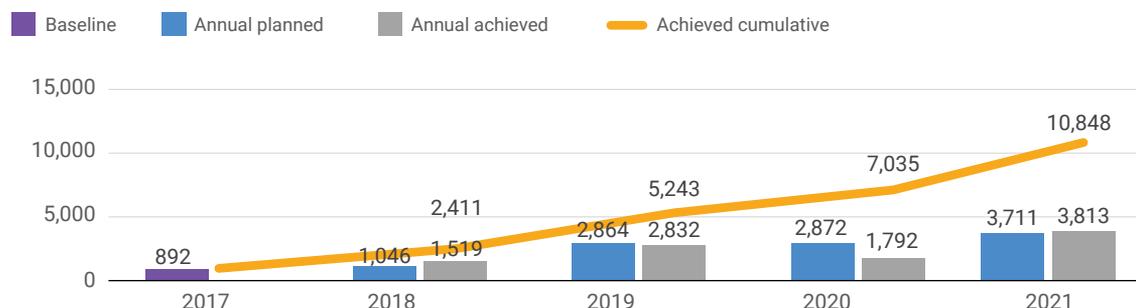
### Number of communities that have made a public declaration of abandonment of FGM, per year and cumulative



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

FIGURE 12

### Number of communities that made public declarations of abandonment of FGM that established a community-level surveillance system to monitor compliance



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

February 2021 for leaders of girls' clubs. Through interactive voice recordings, 195 in- and out-of-school girls aged 15-24 in the Southern Nations, Nationalities and Peoples' Region received weekly content on FGM and guidance on facilitating discussions on harmful practices with their peers. The technology ensures two-way communication so that girls can provide feedback on what is being sent to them and participate in quizzes to test their knowledge. The Joint Programme is also working with the Bureau of Women, Children and Youth to monitor results of the quizzes, and to better understand why some girls drop out of calls and how to stimulate engagement, such as by awarding certificates of completion.

In Guinea-Bissau, joint interventions with the education sector and civil society promoted empowerment programmes for 4,029 adolescent girls, helping them become change agents in their families, schools and communities. This process also enhanced the capacity of community surveillance committees to prevent and report FGM cases. Approximately 2,500 school-age girls in 30 communities across the Bafatá and Gabú regions – which have the highest proportions of girls who are out of school – attended life skills programmes.

Girls' clubs in 334 schools in Sudan engaged approximately 66,800 girls in extracurricular activities such as games, sports and drama. Additionally, 317 girls' clubs led dialogues on FGM with 8,813 girls and 1,391 boys at school events and in their communities. In 2021, the Joint Programme worked with the Ministry of Education to mainstream a comprehensive package of adolescent and gender-responsive life skills into the national curriculum. The package includes promoting active citizenship by establishing children's/girls' clubs in 20 schools in Khartoum state.<sup>85</sup>

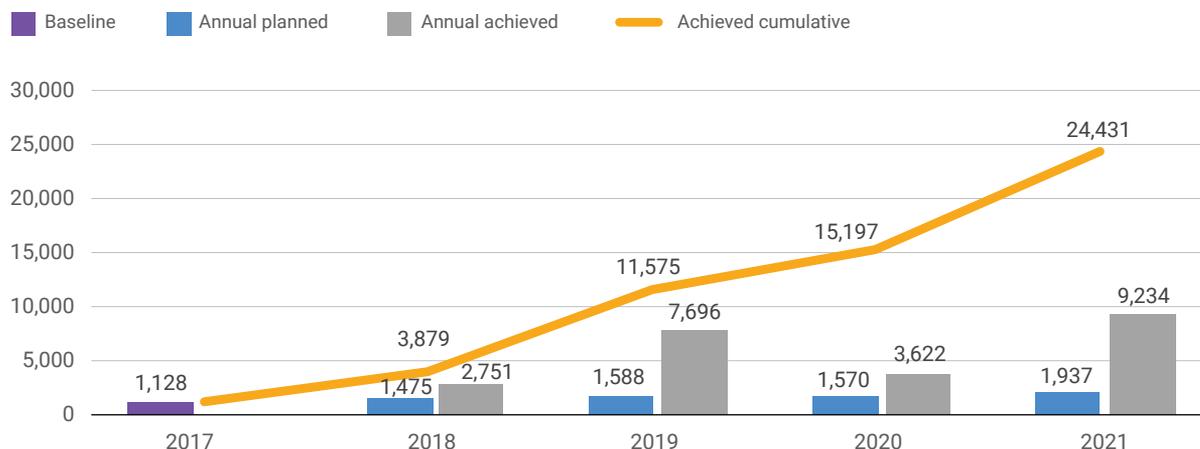
### Religious leaders' public statements delinking FGM from religious requirements

As respected community members, religious and community leaders play critical roles in catalysing norm change by taking public positions supporting the elimination of FGM.<sup>86</sup> In Phase III, the Joint Programme exceeded the targeted numbers of religious leaders who publicly delinked FGM from religious requirements. In 2021, the number reached 5,406 (Figure 13).

The Joint Programme supported engagements with religious leaders in Somalia led by the Ministry

FIGURE 13

### Number of communities where enablers of social norms change are in place: Girls become change agents after completing a capacity development package



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

of Religious Affairs. Two forums in Mogadishu enabled leaders to interact and examine Islamic principles related to FGM. This was followed by a virtual forum between Egyptian and Somali religious leaders to learn how Egypt reached a consensus to end FGM. Fifty-two communities in Somalia declared their intention to abandon FGM after community dialogues and education delivered through FGM champions, pro-zero tolerance FGM religious leaders and peer education among young people.

The Joint Programme in Nigeria supported advocacy dialogues and consensus-building with religious leaders in over 1,000 communities and traditional rulers in 1,200 communities. This led to public statements from religious leaders delinking FGM from religious requirements. Traditional rulers publicly denounced the practice.

A partnership with Djibouti’s Ministry of Muslim Affairs and the National Union of Djiboutian Women, a network of 60 religious leaders and 33 community management committees, organized community dialogues involving 61,457 people, including 29,823 men.

In Mauritania, the Joint Programme assessed the effectiveness of workshops with religious leaders in four *wilayas* (provinces) towards increasing awareness about national and regional fatwas (religious legal edicts) that ban FGM, legislation that criminalizes the practice and the Child Code. Thirty-five religious leaders per *wilaya* participated in trainings about the harmful consequences of FGM, improving their capacity to identify and report cases of FGM in their communities and to lead prevention activities.

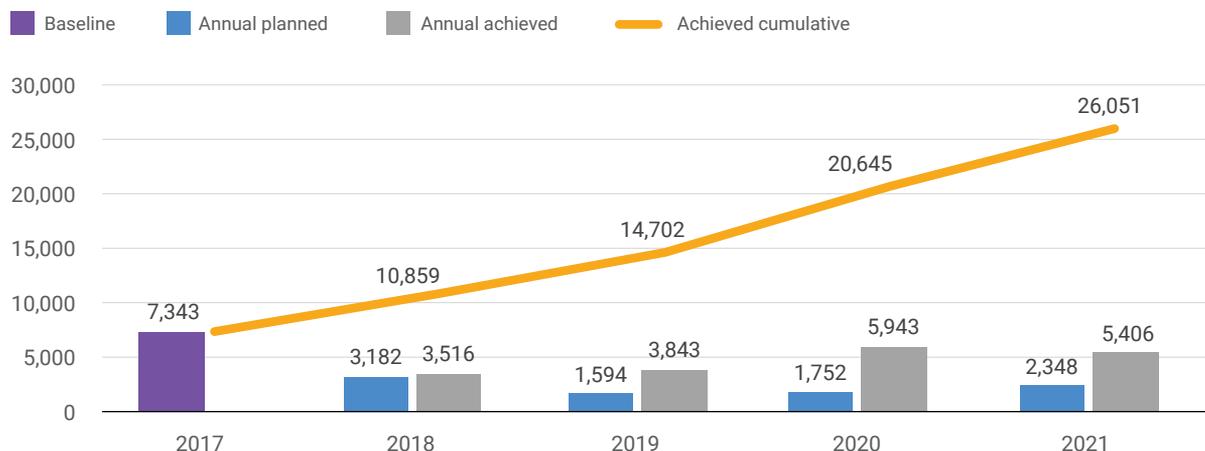
### Community/traditional rulers publicly denounce FGM practices

In Phase III, community and traditional rulers have increasingly supported the work of the Joint Programme. They play critical roles in improving implementation policies, advocacy campaigns and local FGM-related service provision. In 2021, 25,574 community leaders/traditional rulers publicly denounced FGM practices (Figure 14).

The Joint Programme established collaboration with national entities in Kenya such as the National FGM Committee as well as community leaders. It successfully reached 3,176,494

FIGURE 14

### Number of communities where enablers of social norms change are in place: Religious leaders’ make public statements delinking FGM from religious requirements



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

people (including 2,992,854 through door-to-door campaigns) to raise awareness of FGM and create a supportive environment to stop the practice.<sup>87</sup>

Several significant milestones were reached in Indonesia. Twelve advocacy dialogues on FGM prevention at the national, district and community levels involved 336 women and girls from the Government (national and subnational), women-led civil society organizations, health service providers, religious and community leaders, the Child Forum and so on. Further, 183 women and girls took part in community dialogues and public advocacy at the village and district levels on the prevention of GBV and harmful practices. Finally, 31 girls out of 55 trained youth facilitators advocated FGM prevention through their social media and other media platforms.<sup>88</sup>

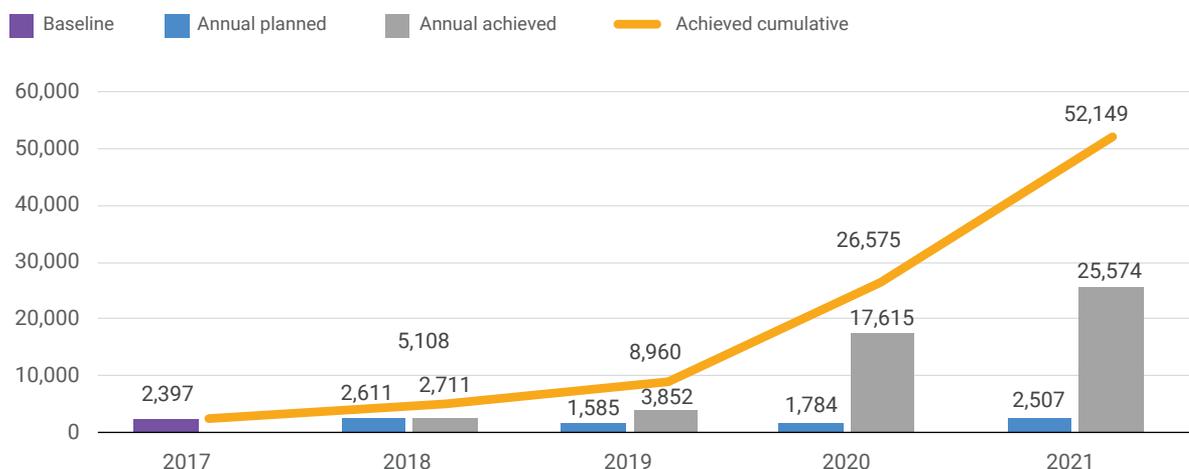
### Public declarations to eliminate female genital mutilation and community-led surveillance systems

In 2021, over 3.46 million people in 4,475 communities made a public declaration to abandon FGM, twice as many as in 2020. This indicated increasing understanding of FGM as a violation of human rights. The cumulative number of public declarations since 2008, when the Joint Programme was launched, is 34,659, involving 45.9 million people (Figure 15).

Public declarations of FGM abandonment should be closely linked with community-led surveillance systems to ensure that women and girls obtain FGM-related services. In 2021, there were 3,813 community-led surveillance systems (Figure 16). More than 80 per cent of communities that have declared FGM abandonment have gone on to establish the systems to ensure compliance with community commitments.

FIGURE 15

### Number of communities where enablers of social norms change are in place: Community/traditional rulers publicly denounce FGM practices



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

In 2021, 502 communities in Guinea organized ceremonies for a public declaration of the abandonment of FGM and child marriage. All of these communities established systematic surveillance mechanisms or committees to ensure compliance with commitments made in the community. A digital alert platform will support surveillance beginning in 2022.<sup>89</sup>

In Afar, Ethiopia, community public declarations were followed by the adoption of a community by-law document that uses social sanctions to punish FGM. Social sanction committees, composed of 10 community representatives (five females, five males) monitor compliance and implement the by-law.<sup>90</sup>

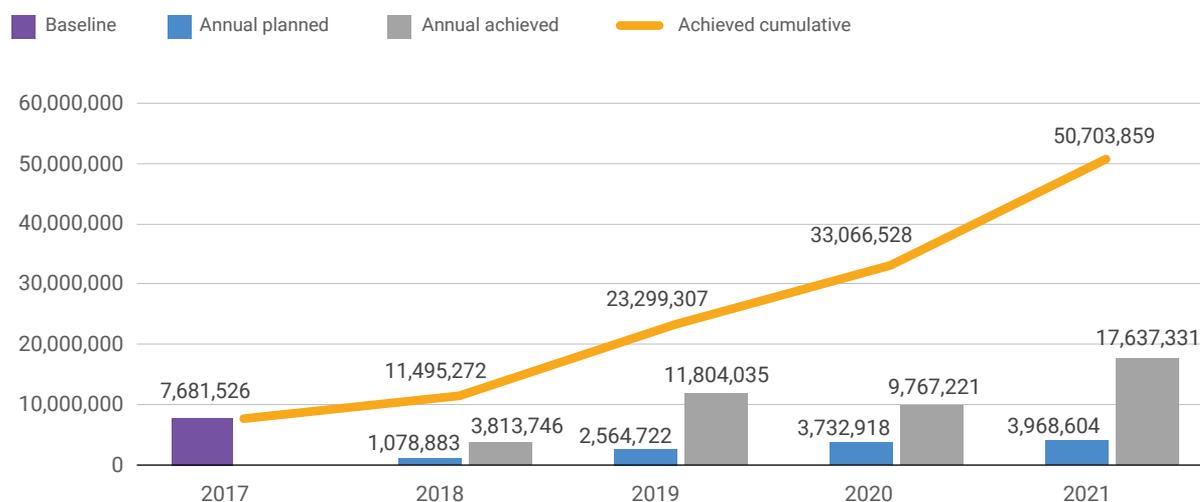
In Burkina Faso, community advocates, community support facilitators and peer educators facilitated 8,925 focus group discussions involving 382,201 people, including 215,603 girls and women. In 2021, 1,235

villages made public declarations supporting the elimination of FGM. The Joint Programme assisted implementation of an integrated strategy to bolster community-based child protection systems. Following the public declarations, community-based child protection units were set up in 905 villages. Support for the units included 630 community-based health agents capacitated to facilitate awareness sessions, identify girls at risk of FGM and provide referrals. The Joint Programme and its partners contributed to protecting 477,208 girls from undergoing FGM.

In Nigeria, digital technology proved invaluable during the COVID-19 pandemic in coordinating meetings and trainings and communicating with community volunteers who lead surveillance to protect girls from FGM. In 2021, following public declarations, 888 out of 919 communities established surveillance systems that protected 3,335 girls.

FIGURE 16

**Number of interactions on social media activities related to FGM that were initiated with support from the Joint Programme**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

### Improved community and interpersonal engagement to address and amplify social and gender norms transformation

In addition to traditional in-person community dialogues and FGM education and sensitization sessions, the Joint Programme adopted social media, particularly during the pandemic, to support anti-FGM advocacy campaigns and increase awareness propelling gender-transformative social norms change.

In 2021, 17,637,331 social media interactions occurred around activities to mobilize people, foster civic engagement, generate support for FGM elimination and provide critical information about services for sexual and reproductive health and rights (SRHR) (Figure 17).

In Kenya, community dialogues, intergenerational dialogues, mobile outreach, public awareness-raising and training reached 208,589 people (106,163 female, 102,426 male). The Joint Programme used 27 community-based radio stations and 2 national

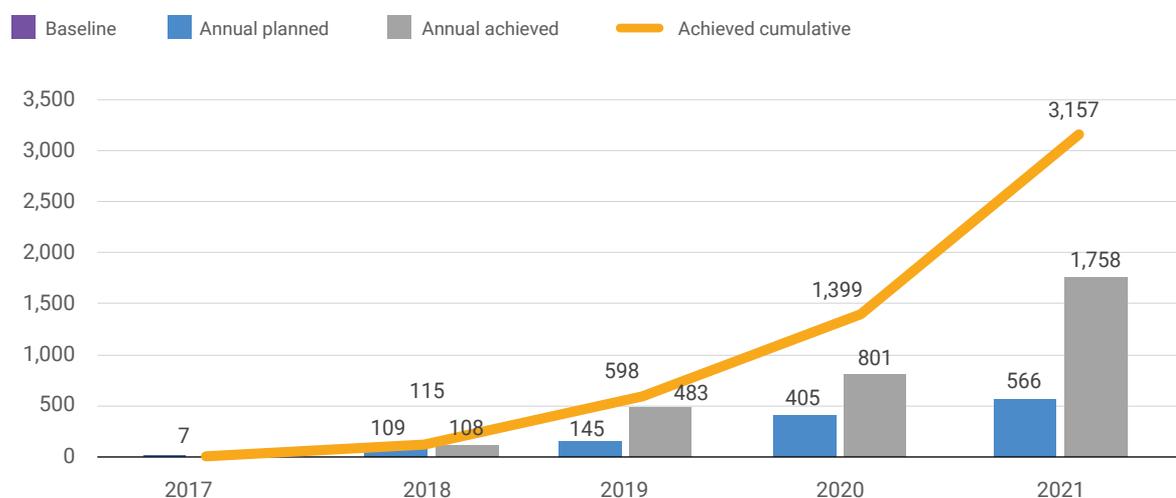
television stations to meet demand for information on FGM elimination.<sup>91</sup>

In Ethiopia, the Joint Programme started collaborating with Girl Effect in 2021 to develop an FGM-themed season of *Yegna*, a popular edutainment television series, that is slated for broadcast in 2022. *Yegna* is Ethiopia's first TV drama for teenagers, a national broadcast that reaches urban and rural communities, captivating an audience of over 10 million people, including young girls. The show tackles real-life challenges that teenage girls face, including relationships, menstruation, puberty, vaccination and violence.

Training on social and behavioural change communication for 2,752 government and non-governmental partners (2,002 male, 750 female) in Uganda enhanced their capacity to plan, implement and monitor integrated media campaigns on FGM. Radio and television talk shows and community dialogues reached 2,072,963 women and men, including 537,069 boys and 523,089 girls,

FIGURE 17

### Number of intervention areas where men and boys' networks/coalitions actively advocate for the elimination of FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.



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in 28 districts, promoting social and gender norms change to eliminate FGM.

Mass and social media play a critical role in amplifying the campaign to end FGM in Nigeria. Young social media advocates run the #endingcuttinggirls social media campaign, providing real-time reporting and platforms where community members can talk about FGM. From 2018 to 2021, the campaign recorded 13,611,287 interactions on six platforms: Facebook, WhatsApp, YouTube, Twitter, Instagram and a website. In 2021, social media engagements were limited following a ban on the use of Twitter in Nigeria from June until the end of the year. This reduced the number of people reached through weekly Twitter conferences going on since November 2015. On the other hand, the YouTube channel, a huge resource for audiovisual materials on FGM with 48 videos, received 649,267 views and 6,382,667 impressions. The channel has 1,195 subscribers.

In Mauritania, a public service announcement, “Silence Is Not an Option”, captured peoples’ reactions to a video of a girl undergoing FGM. Intended to mobilize people to act and speak out about FGM as a harmful practice, the spot

received 60,000 views on Facebook and 270 views on Twitter.<sup>92</sup>

The Joint Programme in Burkina Faso implemented a comprehensive package of activities led by adolescents and young people and invested in innovative channels to engage with them. The Ministry of Youth and the Promotion of Youth Entrepreneurship launched the Faso Youth Caravans to open opportunities for action by young people. The caravans include training, debates, awareness-raising, civic action, sports, art exhibitions and concerts by artists committed to co-creating solutions and increasing spaces for dialogue and actions to end FGM. Over 60,000 youth participated in activities such as training on gender equality, leadership, social cohesion and COVID-19 prevention. These were led by youth in eight regions, including those affected by humanitarian crises. The caravans brought together authorities, civil society and the private sector, and reached more than 4 million people via the media, social networks and mobile phones. The number of U-Reporters increased from 60,000 to 106,000 and U-Reporters clubs scaled up from 31 to 49. Furthermore, 30 youth were trained as mobile journalists who use digital cameras and camcorders, laptops, smartphones and/or tablets for reporting on FGM.

## OUTCOME 3

### Improve the availability and quality of FGM services

In 2021, the Joint Programme continued to work extensively with governments and civil society to ensure girls and women at risk of and affected by FGM can access quality, comprehensive services for prevention, protection and care, including health, education, police and judicial and social services.<sup>93</sup> In 2021, 515,688 women and girls received health, social and legal services related to FGM. The cumulative number of women and girls receiving FGM services since 2008 is 6,031,118 (Figure 18).<sup>94</sup>

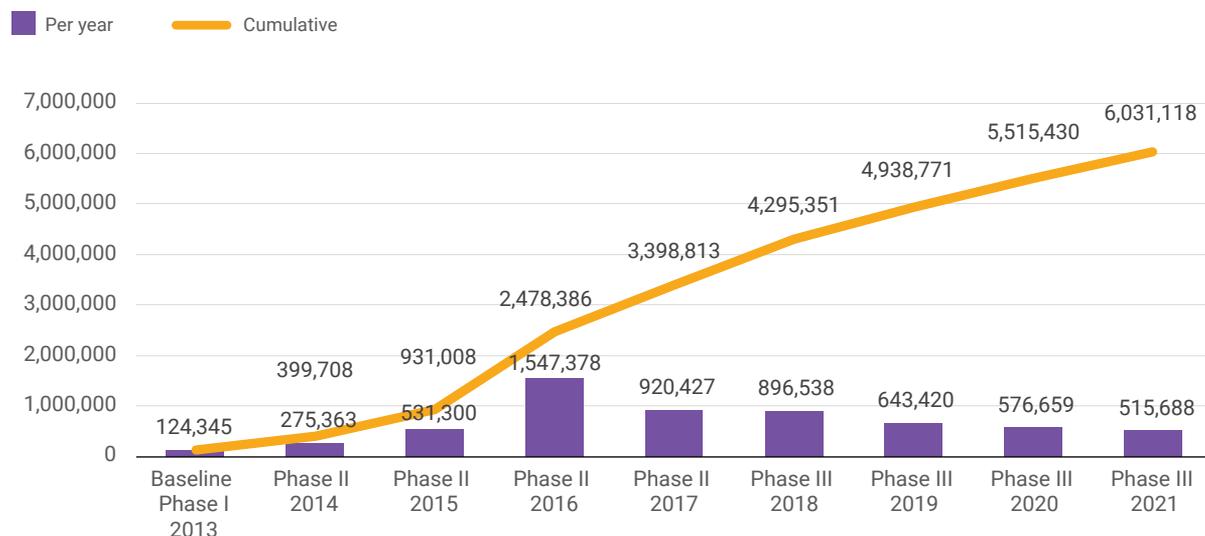
The Joint Programme in Mauritania made significant progress in increasing access to health services for survivors of GBV and FGM. The launch of universal health coverage provided free coverage to 100,000 vulnerable

people, mainly women and children; 50,000 women received a free health-care package.<sup>95</sup>

In Egypt, the Joint Programme continued to support the national protection system, including the National Child Helpline and child protection committees, which helped provide quality services to girls at risk of or affected by FGM. The helpline received 200 cases related to FGM and provided consultations on 65 cases. Through safe spaces in refugee communities supported with FGM service packages, 1,247 refugee women and girls received mental health and psychological services, which helped them gain self-esteem, self-awareness and emotional resilience for self-recovery from traumatic FGM experiences.<sup>96</sup>

FIGURE 18

#### Number of girls and women who received health, social and legal services related to FGM



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

The national adolescent and youth health strategy in Ethiopia has been updated and 1,948 FGM training manuals and job aides were distributed to the Healthy Child Programme – Pregnancy and the First Five Years of Life. The Joint Programme provided technical and financial support to this flagship initiative of the Ministry of Health. In 2021, FGM prevention interventions reached 1,796,599 people (1,134,239 females, 662,360 males) in Amhara, Afar, Gambella, Oromia, the Southern Nations, Nationalities and Peoples’ Region, Sidama and Somali.

**Improve the availability and quality of FGM services in joint programme intervention areas**

Throughout Phase III, the Joint Programme provided a variety of training sessions to health-care, social service and legal providers to increase their capacities to make FGM-related services accessible, responsive and appropriate. Cumulatively, 1,639 health service delivery points in Joint Programme intervention areas now have at least one health-care staff member trained on FGM prevention, protection and care services (Figure 19). Additionally, 2,993

organizations, government, non-governmental and private sector, provide social services; 2,702 offer legal services.<sup>97</sup>

In 2021, four periodic training sessions and orientations for 58 health workers in four target governorates of Yemen took place. These raised awareness of the negative health consequences and psychological effects of FGM.<sup>98</sup>

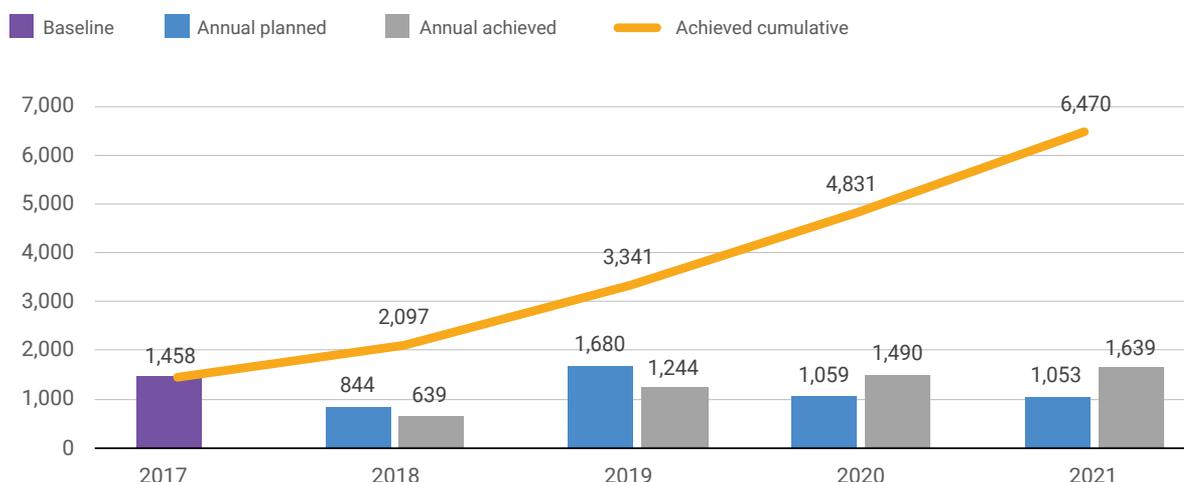
Sudan operationalized a roadmap to enforce Article (141) on FGM, which has been mainstreamed in the Judiciary Training Manual and endorsed in a one-day workshop organized by the Judiciary Training Institute.<sup>99</sup>

The Joint Programme in Guinea provided technical support to 50 midwives from 10 health structures on emergency obstetric and neonatal care, family planning, GBV and FGM.<sup>100</sup>

In 2021, the Joint Programme continued to improve the functionality of protection services in Guinea-Bissau through capacity-building and strengthened

FIGURE 19

**Number of health service delivery points in the Joint Programme intervention areas where at least one health-care staff member is trained on FGM prevention, protection and care services**



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

coordination, monitoring and case management, especially at the subnational level where State services are scarce. The social services workforce, including 125 frontline workers, 880 teachers, 88 shelters, 12 civil society organizations and children's organizations, has improved knowledge and skills to prevent and manage FGM. The Joint Programme partnered with the World Bank to coordinate and assist national child protection partners and the Ministry of Education in improving coordination on preventing FGM.

Partnership with Senegal's Ministry of Family, Women, Gender and Child Protection and the Ministry of Health and Social Action established district-level violence prevention platforms in 5 out of 14 regions. The Ministry of Justice officially launched national guidelines for case

management platforms, contributing to more coordinated prevention mechanisms and a stronger continuum of services for girls at risk of FGM and in need of protection. The launch of national guidelines for health workers was a significant step towards improving FGM monitoring and response services. The Ministry of Education adopted a strategy for safer schools that includes setting up child protection networks overseen by teachers and an alerts system for FGM. Joint Programme efforts also helped 840 social workers improve knowledge of child protection-related social work based on new guidelines. RapidPro, used to monitor and report FGM cases to service providers, was successfully piloted in one district and scaled up to two other districts in Dakar. A roadmap was adopted to roll out the system nationwide.

## OUTCOME 4

### Countries have better capacity to generate and use evidence and data for policymaking and improving programming

The stronger focus on data collection and analysis helped improve health, social protection and justice systems in areas with Joint Programme interventions in Phase III. In 2021, at the global and institutional levels, the Joint Programme launched an evidence synthesis that conveys key findings on the quality and strength of FGM interventions. This led to the development of a five-year research agenda that outlines evidence gaps, research priorities and approaches to enable the routine updating and effective use of evidence generated.

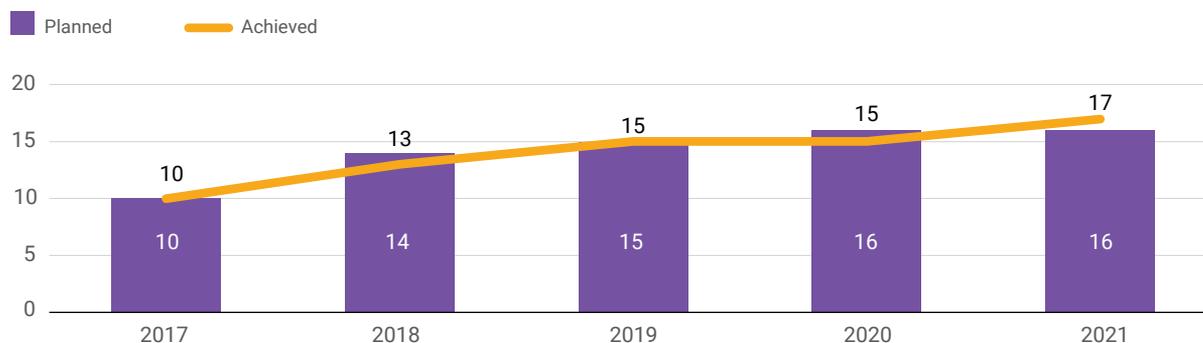
All countries covered by the Joint Programme incorporated and adapted the Assess Context and Tracking (ACT) Framework<sup>101</sup> for monitoring and data collection tools to measure changes in knowledge, attitudes and behaviours that can shift practices and norms around child marriage and FGM among adolescents, caregivers and key influencers (Figure 20).

In Egypt in 2021, the Joint Programme supported the development of questionnaires and a sampling methodology through a participatory review process and ensured the integration of ACT Framework questions contextualized to the Egyptian socioeconomic context. The questionnaires focused on understanding knowledge, attitudes and practices around FGM, in addition to the influence of different institutions on a macro and micro level in shaping population awareness around FGM. The questionnaires should be conducted every three to four years to measure progress in shifting norms and attitudes.<sup>102</sup>

In 2021, the Uganda National Child Helpline was upgraded to include data on GBV, strengthening data collection and regular reporting. In addition, the Joint Programme supported the Ministry of Gender in upgrading national GBV data to incorporate FGM indicators. The Joint Programme also helped the ministry and district governments

FIGURE 20

### Number of countries using data and evidence to improve policies and programmes targeting FGM elimination



Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2021.

to collect administrative data on FGM-related indicators.<sup>103</sup>

In Guinea, consultations began with the National Agency for Innovation and the Digital Economy at the Ministry of Telecommunications and the national FGM coordination mechanism to develop and deploy, on behalf of the Ministry for the Advancement of Women, Children and Vulnerable People, an innovative technological platform for centralizing national data on FGM. This would include a mobile information and awareness app to prevent FGM and a USSD (unstructured supplementary service data) menu for real-time information feedback to allow continuous monitoring of commitments in communities that have declared the abandonment of FGM. Development reached a final stage with training for various actors scheduled for early 2022. The platform will allow the Government and other stakeholders to see the results of various interventions and regularly update national data.

The Joint Programme supported the regional governments (bureaus of women, children and youth) in Ethiopia to strengthen capacities to

collect high-quality data on harmful practices, including FGM. Stronger tracking tools developed in 2020 were rolled out in 2021 across six regions, including FGM target regions. Government officials and technical experts from different regions acknowledged difficulties in tracking progress and shared their interest in improving the monitoring system. A streamlined template already shows improvements in gathering data that are better disaggregated by age and sex. Data are reported more regularly, monthly instead of quarterly, resulting in increased data collection on FGM.

In Mauritania, several surveys have integrated FGM, in particular, the regional survey for monitoring a battery of socioeconomic indicators important for development policies and their performance, and SMART, the nutrition survey. The Joint Programme will triangulate the data with data from the DHS 2019-2021 and use these for annual monitoring of FGM. The Joint Programme also supported the National Statistics Office in disseminating the regional survey data, including data on FGM, to inform the Accelerated Regional Growth Strategy and Shared Prosperity (SCRAPP) and the National Child Protection Strategy (SNPE), which prioritize FGM elimination.

# Country performance “traffic lights” — Joint Programme on the Elimination of FGM, Phase III (2020-2022)

The outcome indicators include information on FGM prevalence, the legislative and policy framework in place, local issues and programmatic achievements. Values are determined by calculating the percentage variance of achieved results to planned targets based on DHS and MICS data and annual programme reports.

■ Below 70%    
 ■ Equal or above 70% but below 100%    
 ■ Equal or above 100%    
 ■ Country does not report on this indicator

## OUTCOME 1

*Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards*

### Outcome 1 indicator

**1.1-1** Number of countries having in existence features of an enabling environment for FGM elimination: Existence of legislation criminalizing FGM

**1.1-2** Enforcement of FGM legislation: number of arrests

**1.1-3** Enforcement of FGM legislation: number of cases to court

**1.1-4** Enforcement of FGM legislation: number of convictions and sanctions

**1.1-5** Number of countries with evidence-based costed national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors

**1.1-6** Number of countries with a national budget line for FGM

**1.1-8** Number of countries with at least 50 per cent of the national government budget line for FGM is utilized

**1.1-9** Existence of a functional national FGM monitoring mechanism characterized by: National FGM administrative data

**1.1-10** Existence of a functional national FGM monitoring mechanism characterized by: National coordination body/committee for FGM

**1.1-11** Existence of a functional national FGM monitoring mechanism characterized by: Annual implementation review system

**1.1.2-1** Existence of a costed national action plan addressing FGM

**1.1.2-2** Number of law enforcement staff (police, prosecutors, judges) competent to apply the FGM law

**1.1.3-1** Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people’s networks and presented to policymakers to influence policy directions and implementation

**1.1.3-2** Number of medical and paramedical associations declaring FGM performed by health professional an unethical practice

	GLOBAL	Burkina Faso	Djibouti	Egypt	Eritrea	Ethiopia	Gambia	Guinea
1.1-1	Yellow	Teal	Teal	Teal	Teal	Teal	Teal	Teal
1.1-2	Orange	Orange	Teal	Orange	Orange	Orange	Orange	Teal
1.1-3	Orange	Orange	Teal	Orange	Orange	Orange	Orange	Teal
1.1-4	Orange	Orange	Teal	Orange	Orange	Orange	Orange	Orange
1.1-5	Yellow	Teal	Teal	Orange	Teal	Teal	Teal	Teal
1.1-6	Orange	Teal	Teal	Orange	Orange	Teal	Orange	Teal
1.1-8	Orange	Teal	Teal	Orange	Lightgrey	Teal	Orange	Orange
1.1-9	Yellow	Teal	Teal	Orange	Teal	Teal	Orange	Teal
1.1-10	Yellow	Teal	Teal	Teal	Teal	Teal	Orange	Teal
1.1-11	Yellow	Teal	Teal	Orange	Teal	Teal	Orange	Lightgrey
1.1.2-1	Yellow	Teal	Teal	Orange	Orange	Teal	Teal	Teal
1.1.2-2	Teal	Teal	Orange	Yellow	Lightgrey	Teal	Teal	Lightgrey
1.1.3-1	Teal	Teal	Teal	Yellow	Lightgrey	Lightgrey	Teal	Lightgrey
1.1.3-2	Teal	Teal	Orange	Orange	Lightgrey	Lightgrey	Teal	Lightgrey

## Outcome 1 indicator

**1.1-1** Number of countries having in existence features of an enabling environment for FGM elimination: Existence of legislation criminalizing FGM

**1.1-2** Enforcement of FGM legislation: number of arrests

**1.1-3** Enforcement of FGM legislation: number of cases to court

**1.1-4** Enforcement of FGM legislation: number of convictions and sanctions

**1.1-5** Number of countries with evidence-based costed national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors

**1.1-6** Number of countries with a national budget line for FGM

**1.1-8** Number of countries with at least 50 per cent of the national government budget line for FGM is utilized

**1.1-9** Existence of a functional national FGM monitoring mechanism characterized by: National FGM administrative data

**1.1-10** Existence of a functional national FGM monitoring mechanism characterized by: National coordination body/committee for FGM

**1.1-11** Existence of a functional national FGM monitoring mechanism characterized by: Annual implementation review system

**1.1.2-1** Existence of a costed national action plan addressing FGM

**1.1.2-2** Number of law enforcement staff (police, prosecutors, judges) competent to apply the FGM law

**1.1.3-1** Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people's networks and presented to policymakers to influence policy directions and implementation

**1.1.3-2** Number of medical and paramedical associations declaring FGM performed by health professional an unethical practice

	Guinea-Bissau	Kenya	Mali	Mauritania	Nigeria	Senegal	Somalia	Sudan	Uganda
1.1-1	Green	Green	Red	Green	Green	Green	Red	Green	Green
1.1-2	Red	Red	Grey	Red	Red	Red	Grey	Green	Green
1.1-3	Red	Red	Grey	Red	Red	Green	Grey	Red	Green
1.1-4	Red	Red	Grey	Red	Red	Green	Grey	Red	Green
1.1-5	Green	Green	Green	Green	Green	Green	Green	Red	Green
1.1-6	Red	Green	Green	Green	Green	Green	Red	Red	Green
1.1-8	Red	Green	Green	Green	Red	Green	Red	Green	Green
1.1-9	Green	Green	Green	Red	Green	Red	Grey	Green	Green
1.1-10	Green	Green	Green	Red	Green	Green	Green	Green	Green
1.1-11	Green	Green	Green	Red	Green	Green	Green	Red	Green
1.1.2-1	Green	Green	Green	Red	Green	Green	Green	Green	Green
1.1.2-2	Green	Grey	Grey	Red	Green	Yellow	Grey	Green	Green
1.1.3-1	Yellow	Green	Red	Red	Green	Green	Yellow	Green	Red
1.1.3-2	Green	Grey	Grey	Red	Green	Green	Red	Grey	Red

# Country performance “traffic lights” Joint Programme on the Elimination of FGM Phase III (2020-2022)

■ Below 70%    
 ■ Equal or above 70% but below 100%    
 ■ Equal or above 100%    
 ■ Country does not report on this indicator

## OUTCOME 2 *Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM*

### Outcome 2 indicator

	GLOBAL	Burkina Faso	Djibouti	Egypt	Eritrea	Ethiopia	Gambia	Guinea
1.2-1 Number of communities that have made public declaration of abandonment of FGM	Yellow	Teal	Yellow	Teal	Red	Red	Teal	Yellow
1.2-2 Number of people engaged in public declaration that they will abandon the practice of FGM	Red	Yellow	Red	Teal	Lightgrey	Red	Yellow	Teal
1.2-3 Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance	Yellow	Yellow	Yellow	Lightgrey	Red	Red	Red	Yellow
1.2-4 Number of communities where enablers of social norm change are in place: Girls become change agents after completing a capacity development package	Teal	Teal	Teal	Teal	Lightgrey	Teal	Teal	Teal
1.2-5 Number of communities where enablers of social norm change are in place: Religious leaders' public statements delinking FGM from religious requirements	Teal	Teal	Teal	Teal	Lightgrey	Teal	Teal	Yellow
1.2-6 Number of communities where enablers of social norm change are in place: Community/traditional rulers publicly denounce FGM practices	Teal	Teal	Red	Teal	Lightgrey	Teal	Yellow	Yellow
1.2-7 Number of girls saved from FGM	Red	Red	Red	Teal	Lightgrey	Lightgrey	Teal	Red
1.2.1-1 Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM	Teal	Teal	Teal	Teal	Teal	Teal	Teal	Teal
1.2.1-2 Number of listeners to radio/TV programmes on FGM in Joint Programme target areas	Teal	Teal	Lightgrey	Teal	Lightgrey	Teal	Red	Teal
1.2.1-3 Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme	Teal	Teal	Teal	Teal	Lightgrey	Teal	Teal	Teal
1.2.1-4 Number of community-to-community dialogues on abandonment of FGM (within the country/cross-border)	Teal	Teal	Teal	Lightgrey	Lightgrey	Yellow	Teal	Lightgrey
1.2.2-1 Number of communities implementing a capacity package for girls related to FGM elimination	Teal	Teal	Teal	Yellow	Lightgrey	Teal	Teal	Red
1.2.2-2 Number of girls graduated from a capacity development package	Teal	Teal	Teal	Red	Lightgrey	Lightgrey	Teal	Teal
1.2.3-1 Number of Joint Programme intervention areas where men and boy's networks/coalitions actively advocate for the elimination of FGM	Teal	Teal	Teal	Teal	Lightgrey	Teal	Teal	Teal

## Outcome 2 indicator

	Guinea-Bissau	Kenya	Mali	Mauritania	Nigeria	Senegal	Somalia	Sudan	Uganda
1.2-1 Number of communities that have made public declaration of abandonment of FGM	Green	Yellow	Red	Green	Red	Green	Green	Red	Green
1.2-2 Number of people engaged in public declaration that they will abandon the practice of FGM	Green	Green	Red	Red	Red	Red	Red	Red	Red
1.2-3 Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance	Green	Green	Green	Green	Green	Green	Grey	Red	Green
1.2-4 Number of communities where enablers of social norm change are in place: Girls become change agents after completing a capacity development package	Green	Green	Grey	Green	Green	Green	Grey	Green	Yellow
1.2-5 Number of communities where enablers of social norm change are in place: Religious leaders' public statements delinking FGM from religious requirements	Green	Red	Grey	Green	Green	Green	Green	Green	Red
1.2-6 Number of communities where enablers of social norm change are in place: Community/traditional rulers publicly denounce FGM practices	Green	Grey	Grey	Green	Green	Green	Green	Red	Green
1.2-7 Number of girls saved from FGM	Green	Green	Green	Red	Yellow	Grey	Green	Grey	Grey
1.2.1-1 Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM	Green	Green	Green	Red	Yellow	Green	Green	Green	Green
1.2.1-2 Number of listeners to radio/TV programmes on FGM in Joint Programme target areas	Yellow	Green	Green	Red	Green	Green	Red	Red	Green
1.2.1-3 Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme	Green	Green	Grey	Red	Green	Green	Green	Green	Green
1.2.1-4 Number of community-to-community dialogues on abandonment of FGM (within the country/ cross-border)	Green	Grey	Yellow	Red	Green	Green	Grey	Red	Green
1.2.2-1 Number of communities implementing a capacity package for girls related to FGM elimination	Green	Grey	Grey	Green	Green	Green	Red	Yellow	Yellow
1.2.2-2 Number of girls graduated from a capacity development package	Green	Red	Yellow	Red	Green	Green	Green	Green	Green
1.2.3-1 Number of Joint Programme intervention areas where men and boy's networks/coalitions actively advocate for the elimination of FGM	Yellow	Green	Grey	Green	Green	Red	Red	Red	Green

# Country performance “traffic lights” Joint Programme on the Elimination of FGM Phase III (2020-2022)

■ Below 70%    
 ■ Equal or above 70% but below 100%    
 ■ Equal or above 100%    
 ■ Country does not report on this indicator

## OUTCOME 3 *Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care*

### Outcome 3 indicator

	GLOBAL	Burkina Faso	Djibouti	Egypt	Eritrea	Ethiopia	Gambia	Guinea
1.3-1 Number of girls and women who have received health services related to FGM	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3-2 Number of girls and women who have received social services related to FGM	<span style="color: #e67e22;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3-3 Number of girls and women who have received legal services related to FGM	<span style="color: #e67e22;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #e67e22;">■</span>
1.3-4 Number of countries where FGM is mainstreamed into the curricula of medical and paramedical schools	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>						
1.3.1-1 Number of health service delivery points in Joint Programme intervention areas: that provide FGM-related services to girls and women	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3.1-2 Number of health service delivery points in Joint Programme intervention areas where health care staff apply FGM case management protocols	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3.1-3 Number of health service delivery points in Joint Programme intervention areas where at least one health care staff member is trained on FGM prevention, protection and care services	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3.1-4 Number of organizations (government/ non-governmental organizations/private sector) in Joint Programme intervention areas that provide social services to girls and women	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3.1-5 Number of organizations (government/ non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>
1.3.2-1 Number of doctors and midwives who sign up to become members and support the cause of the “Doctors and Midwives against FGM Initiatives”	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #e67e22;">■</span>

## OUTCOME 4 *Countries have better capacity to generate and use evidence and data for policymaking and improving programming*

1.4-1 Number of countries using data and evidence to improve policies and programmes targeting FGM elimination	<span style="color: #27ae60;">■</span>							
1.4.1-3 Researches, studies, in-depth analyses and evaluations that fill key knowledge gaps conducted and disseminated to inform policymaking and programming for the abandonment of FGM	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #f1c40f;">■</span>	<span style="color: #a6a6a6;">■</span>
1.5-1 The extent to which the Joint Programme interventions include those areas “left behind” (vulnerable and marginalized) where FGM is prevalent (EQUITY)	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>
1.5-2 Number of countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS)	<span style="color: #f1c40f;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #a6a6a6;">■</span>	<span style="color: #e67e22;">■</span>	<span style="color: #27ae60;">■</span>	<span style="color: #27ae60;">■</span>

### Outcome 3 indicator

	Guinea-Bissau	Kenya	Mali	Mauritania	Nigeria	Senegal	Somalia	Sudan	Uganda
1.3-1 Number of girls and women who have received health services related to FGM	Green	Red	Red	Red	Green	Green	Green	Red	Green
1.3-2 Number of girls and women who have received social services related to FGM	Green	Green	Red	Red	Green	Green	Green	Grey	Green
1.3-3 Number of girls and women who have received legal services related to FGM	Green	Yellow	Red	Yellow	Green	Grey	Grey	Grey	Green
1.3-4 Number of countries where FGM is mainstreamed into the curricula of medical and paramedical schools	Green	Green	Grey	Green	Green	Green	Green	Green	Red
1.3.1-1 Number of health service delivery points in Joint Programme intervention areas: that provide FGM-related services to girls and women	Green	Green	Grey	Yellow	Yellow	Red	Red	Green	Yellow
1.3.1-2 Number of health service delivery points in Joint Programme intervention areas where health care staff apply FGM case management protocols	Green	Green	Grey	Yellow	Yellow	Red	Red	Red	Green
1.3.1-3 Number of health service delivery points in Joint Programme intervention areas where at least one health care staff member is trained on FGM prevention, protection and care services	Green	Green	Grey	Green	Green	Red	Green	Green	Green
1.3.1-4 Number of organizations (government/ non-governmental organizations/private sector) in Joint Programme intervention areas that provide social services to girls and women	Yellow	Green	Grey	Red	Green	Red	Grey	Red	Red
1.3.1-5 Number of organizations (government/ non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women	Red	Green	Grey	Red	Green	Grey	Grey	Green	Red
1.3.2-1 Number of doctors and midwives who sign up to become members and support the cause of the "Doctors and Midwives against FGM Initiatives"	Green	Green	Grey	Green	Yellow	Grey	Green	Grey	Grey
1.4-1 Number of countries using data and evidence to improve policies and programmes targeting FGM elimination	Green	Green	Green	Green	Green	Green	Green	Green	Green
1.4.1-3 Researches, studies, in-depth analyses and evaluations that fill key knowledge gaps conducted and disseminated to inform policymaking and programming for the abandonment of FGM	Green	Green	Grey	Green	Green	Green	Yellow	Red	Green
1.5-1 The extent to which the Joint Programme interventions include those areas "left behind" (vulnerable and marginalized) where FGM is prevalent (EQUITY)	Green	Green	Red	Green	Green	Green	Green	Green	Green
1.5-2 Number of countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS)	Green	Green	Grey	Green	Green	Red	Green	Red	Green



# Monitoring, Evaluation, Research, Learning and Adaptation

During 2021, the Joint Programme continued to strengthen adaptive monitoring and evaluation and learning systems at the global, regional and country levels.

## Data-for-All Platform

In 2021, the Data-for-All Platform for data reporting and management continued to serve as the backbone of the Joint Programme's M&E system. First launched in 2017, the platform features results frameworks, where countries supported by the Joint Programme input annual reporting at the indicator and narrative levels. A global dashboard showcases FGM trends and Joint Programme implementation data. The platform also offers a knowledge library.

As part of continuous enhancements to further improve the platform, the Joint Programme developed an Online Knowledge Network in partnership with the Community Systems Foundation. It will be embedded in the platform in 2022. The network will allow virtual discussions on key themes such as good practices among Data-for-All Platform users. It will enhance knowledge and experience-sharing.

Standard operating procedures debuted in 2021 to support platform users in conducting accurate and timely reporting. Four virtual, hands-on refresher trainings for country and regional users took place in October 2021 in preparation for the annual reporting period.

## Qualitative monitoring and evaluation approaches

Throughout 2021, in line with efforts to strengthen M&E and capture programme effects, such as improvements in knowledge, attitudes, beliefs, skills, behaviours, access to services and policies and legislation, the Joint Programme built country office capacities to implement qualitative M&E approaches, such as outcome mapping, outcome harvesting and the most significant change technique.

While the online training platform<sup>104</sup> launched in 2020 continued functioning and over 456 users from 47 countries completed the virtual training, the Joint Programme global coordination team also conducted two in-depth, hands-on trainings geared towards developing qualitative M&E plans in Senegal (where the training took a hybrid format, both in person and online) and in Nigeria (in-person training). To enrich the countries' annual narrative reports, two online tools were developed to submit information from outcome harvests and most significant change cycles.



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## Launch of the Compendium of Indicators on FGM

In December 2020, the Joint Programme published a Compendium of Indicators on Female Genital Mutilation,<sup>105</sup> conceived as a tool to better measure the effectiveness of FGM elimination interventions. It provides a comprehensive, ready-to-use, evidence-based guide for policymakers, programme managers, service providers and other practitioners interested in developing, measuring and/or monitoring the results of FGM elimination programmes.

Wide dissemination of the compendium ensured it reached users in East and Southern Africa, West and Central Africa, and the Arab States/Middle East and North Africa. An online interactive workshop promoted cross-regional sharing of knowledge and experiences, linking UNFPA, UNICEF, implementing partners, researchers and academics.

## Monitoring of FGM advocacy initiatives

Advocacy and policy dialogue are among the main modes of engagement of the Joint Programme, with an emphasis on the development, improvement and reform of legislation, policies and strategies. Given that advocacy is often a long-term effort involving many actors, it is challenging to track the performance and identify the effects of advocacy initiatives, especially with standard M&E approaches. To address these issues, in 2021 the Joint Programme collaborated with Opcit Research to develop an M&E framework for advocacy work, using qualitative approaches. A number of key stakeholder interviews have taken place; the framework is currently under development and will be rolled out in Phase IV.

## The Population Data, FGM Data and Research Fellowship initiative

The Population Data, FGM Data and Research Fellowship programme involves a UNFPA Technical Division collaboration between the Gender and Human Rights Branch and the Population and Development Branch, in partnership with UN Volunteers. Launched in November 2020 and implemented throughout 2021, the programme enhanced the learning objectives of the Joint Programme and helped in operationalizing the FGM global research agenda.<sup>106</sup>

Seven fellows, comprising two experts and five specialists based in Burkina Faso, Egypt, Ethiopia, Kenya, Nigeria and Senegal, worked on a number of data analysis and research activities covering all countries supported by the Joint Programme and beyond.

Research activities included the following studies, which are under assessment for publication or peer review: "Analysis of the Inter-linkages Between Female Genital Mutilation, Child Marriage and Intimate Partner Violence"; "Assessment of the Effectiveness of NGOs and CBOs Implementation Approach on FGM Elimination in Guinea, Mauritania

and Senegal”; “The Association Between Women’s Empowerment and FGM Abandonment and the Risk of Daughters’ Mutilation”; “Mapping of Evidence-Based Effective Gender and Social Norm Transformative Interventions: A Systematic Review of Interventions and Projects from 2000 to 2021 – Focus on Effectiveness of ARP Approaches”; “Factors Associated with Perception of Ease in FGM Cross-border Practice and Intention to Mutilate Daughters in Cross-Border Communities in Kenya, Uganda, Ethiopia and Somalia”; and “Evidence-based Modes of Engagement for Addressing Female Genital Mutilation in Countries Where the Practice Is Prevalent Using Factor Analysis”.

## Monitoring and Evaluation Country Cases

Despite the challenges resulting from ongoing humanitarian crises and political conflicts, the countries where the Joint Programme takes place have improved their monitoring systems for reliable and efficient administrative data collection, analysis and use.

### Strengthening the performance monitoring and evaluation system

In Burkina Faso, in cooperation with the Permanent Secretariat of the National Council for the Fight Against the Practice of Excision, the M&E system was strengthened to incorporate lessons learned from the 2016-2020 National Strategic Plan on Zero Tolerance Towards FGM, aimed at support for FGM elimination across the country. In addition, the Joint Programme developed an annual assurance plan for strategic performance monitoring and financial controls on implementation activities.<sup>107</sup>

### Monitoring and evaluation capacity development

In Ethiopia, the Joint Programme supported regional governments (bureaus of women, children, and youth) to strengthen their capacity to collect high-quality data on harmful practices, including FGM. Newly developed tracking tools were used across six targeted regions, collecting monthly data disaggregated by age and sex.<sup>108</sup>

### Innovative monitoring and evaluation methods

In the context of COVID-19, the Joint Programme adopted an innovative mobile information and application platform to centralize national data on FGM in Guinea. The application is currently in an initialization phase. It will be used in 2022 to collect and report real-time data to monitor community compliance with FGM abandonment commitments.<sup>109</sup>

Kenya developed an FGM mobile phone application to enhance community-level reporting of cases and incidences, generate data, strengthen the accountability of implementation partners, and increase access to quality services, including health, education, temporary shelter, psychological support and legal aid.<sup>110</sup>

Amid ongoing COVID-19 restrictions in Mauritania, the Joint Programme adapted its monitoring activities through WhatsApp group meetings and Zoom conferences to share and update data on FGM at the country and regional levels.<sup>111</sup>



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## Knowledge Products Developed in 2021

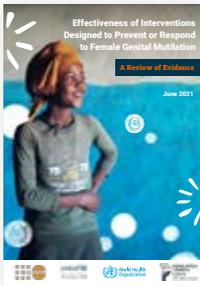
In 2021, the Joint Programme developed key knowledge products that provide technical guidance for FGM programmes. Some of these include a technical brief on the integration of FGM within the humanitarian-development nexus in response to disruptions in FGM prevention and response

services during the onset of COVID-19; another technical brief on the link between education and preventing current and future generations of girls from undergoing FGM; and comprehensive guidance on designing FGM programmes that emphasizes M&E and learning to better understand effective strategies for ending the practice.



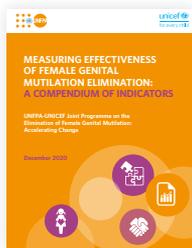
### [The ACT Framework Package: Measuring Social Norms Change to End FGM](#) (UNFPA and UNICEF, 2021)

This five-document toolkit includes guidance, indicators and tools for implementing the ACT Framework, which is a macro-level M&E framework that can be used to track and measure social and behaviour change resulting from interventions addressing FGM.



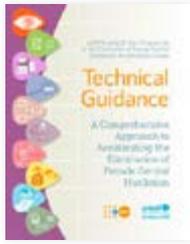
### [Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation](#) (UNFPA and UNICEF, 2021)

Despite intensified efforts to build the evidence base globally to inform strategies to address FGM, there has been limited rigorous high-quality evidence on which interventions are effective in ending the harmful practice. This research report conveys key findings on the quality and strength of existing evidence on FGM interventions from 2008 to 2020.



### [Compendium of Indicators on FGM](#) (UNFPA and UNICEF, 2021)

This compendium is an evidence-based resource that can be used by policymakers, government officials, researchers, service providers and other practitioners interested in developing, measuring, and monitoring the results of FGM programmes.



### [Technical Guidance: A Comprehensive Approach to Accelerating the Elimination of Female Genital Mutilation](#) (UNFPA and UNICEF, 2021)

This technical guidance synthesizes findings from research and evidence-informed interventions, strategies, and lessons learned based on the experiences of the Joint Programme and other programmes supported by partners to inform the design and implementation of programmes aiming to end female genital mutilation.



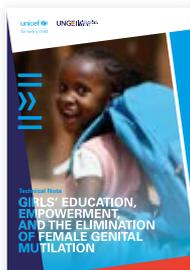
### [Population Data Portal](#) (FGM Geospatial Dashboard, UNFPA)

The Population Data Portal is UNFPA's ultimate data source and tracker for population and development data. It combines the newest population data on topics such as sexual and reproductive health and reproductive rights, family planning, maternal health and GBV, gathered from multiple sources. In 2021, FGM data were integrated into the platform and mapped geospatially.



### [The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation](#) (UNICEF, 2021)

This technical note facilitates knowledge exchange on the impact of humanitarian crises on FGM and explores using the humanitarian-development nexus approach for FGM elimination. It outlines key programme and operational strategies for linking humanitarian and development programming to ensure the inclusion of FGM in response plans.



### [Technical Note on Girls' Education, Empowerment, and the Elimination of Female Genital Mutilation](#) (UNICEF and the United Nations Girls Education Initiative, 2021)

This technical note is intended for governments, practitioners, donors, academics and UNICEF and United Nations Girls Education Initiative staff and partners implementing policies and programmes related to girls' education and FGM. It seeks to demonstrate and deepen linkages between the two issues, and presents strategies to advance girls' education and eliminate FGM.



### [Situational Analysis of Women and Girls in MENA and Arab States Region](#) (UNFPA, UNICEF and others, 2021)

UNFPA, UNICEF and several other United Nations entities and international non-governmental organizations analysed the situation of women and girls in the Middle East and North Africa Arab States region, noting slow progress that does not reflect SDG commitments or the challenges women and girls face. The report highlights FGM prevalence in the region and calls on governments to do more to advance gender equality.



# Challenges and Ways Forward

The pandemic weakened protections against FGM, such as education and household wealth, creating additional barriers to transforming the structures and norms that sustain the practice. Twenty-four million children may not return to school; progress in reducing child poverty has been reversed.<sup>129</sup> The pandemic may have pushed an additional 150 million children into multidimensional poverty.<sup>130</sup>

The reallocation of resources during the crisis, including the de-prioritization of some critical prevention and protection services as “non-essential”, even as girls and women at risk of or affected by FGM needed them most, indicates that underlying norms around the rights of girls and women to live free of violence and discrimination have not meaningfully changed.<sup>112</sup> In 2021, growing poverty, conflict, fragility and the climate emergency compounded these concerns.<sup>113</sup>

## Challenges

The Joint Programme faced four key challenges in 2021 to efforts to meet SDG target 5.3 by 2030.

**Growing bias and global backlash against gender equality and girls’ and women’s right to bodily autonomy:** Despite decades of progress in advancing girls’ and women’s rights, there is growing bias and backlash against gains made.<sup>114</sup> According to the World Values Survey, when it comes to physical integrity, a proxy variable for intimate partner violence and reproductive rights, close to 70 per cent of women and 74 per cent of men have a gender social norms bias against gender equality.<sup>115</sup> Given the role of social and gender norms and longstanding patterns of exclusion from public and private decision-making that limit girls’ and women’s

opportunities and choices, a global backlash against gender equality creates an additional barrier to eliminating FGM.

**Significant funding shortfalls for FGM policies and programmes:** Although the global community recognizes the centrality of FGM in achieving gender equality, programmes remain underfunded, and funding levels have been declining. According to UNFPA’s analysis, reaching the high-coverage targets for 31 countries by 2030 would require an investment of \$3.3 billion.<sup>116</sup> This would avert more than 24 million cases of FGM at an average cost of \$134 per case.<sup>117</sup> Continued funding shortfalls undermine the SDGs and the realization of gender equality and girls’ and women’s right to bodily autonomy.

**The de-prioritization or neglect of FGM in humanitarian crises:**

### **Emergencies**

While little research has examined FGM in emergencies, available literature and the COVID-19 response indicate that the needs and rights of girls at risk of or affected by FGM are neglected in humanitarian programmes.<sup>118</sup> During COVID-19, most national humanitarian response plans did not initially include FGM prevention and response interventions. FGM is often deprioritized



**Among the 17 countries where the Joint Programme is being implemented, 11 are at extremely high risk and 6 are at high risk of the impacts of climate change.<sup>125</sup>**

in emergencies as prevention and response interventions are not considered life-saving or essential to girls' resilience.<sup>119</sup> Among the 17 countries where the Joint Programme is being implemented, 15 are fragile States and 13 are categorized as least developed countries.<sup>120</sup> UNICEF estimates that two thirds of children in extreme poverty will be living in conflict-affected and fragile contexts by 2030.<sup>121</sup>

The Joint Programme will continue to mainstream the humanitarian-development-peace nexus to ensure the continuity of FGM prevention and response programmes. A reflective practice exercise explored the expansion of the nexus approach to interventions to eliminate FGM during the pandemic. Learning from this exercise is currently being used in drafting tools to support advocacy and the integration of programmes to eliminate FGM in humanitarian settings. The Joint Programme is also developing a resource toolkit with support from social and behaviour change experts at both UNFPA and UNICEF. This will guide governments and partners in strengthening multisectoral

programming (i.e., health, social services, social and behaviour change, gender and social protection) and service integration, including through capacity-building for relevant personnel (pre- and post-service) across the nexus. Advocacy is underway within the health sector (including WHO) to prevent pediatric FGM (including addressing medicalization), advance innovative financing, enhance child protection in humanitarian crises and promote young people's leadership in emergency responses. Finally, the Joint Programme is advocating for further integration of FGM in the Gender-Based Violence and Child Protection Areas of Responsibilities during humanitarian crises, including through the Inter-Agency Standing Committee terms of reference for cluster coordinators.

***The potential impact of climate change on female genital mutilation***

With at least 85 per cent of the world's population affected by climate change and four fifths of the world's land suffering from impacts linked to climate change, and in the wake of the experience with COVID-19, it is critical that FGM-affected countries consider girls' vulnerability to FGM in emergency planning and in building community resilience to shocks and stresses. According to UNICEF's 2021 Children's Climate Risk Index, among the 17 countries where the Joint Programme is being implemented, 11 are at extremely high risk and six are at high risk of the impacts of climate change.<sup>122</sup> Climate change and environmental hazards negatively affect children's access to key essential services. For FGM, this means disruptions in prevention and response services.

The Paris Agreement under the United Nations Framework Convention on Climate Change and the Glasgow Climate Pact recognize the centrality of gender equality and girls' and women's empowerment. Nationally Determined Contributions (NDCs), or national climate action plans, support implementation of the Paris Agreement. UNICEF reviewed 16 NDCs from countries covered by the Joint Programme (Yemen does not have one) finding that nine reference gender, nine mention youth, five specifically refer to the vulnerability of children, eight mention gender equality or women's rights, and three include a

reference to human rights. Only Guinea and Somalia highlight the risk of GBV in climate emergencies. None of the NDCs include specific references to harmful practices, including FGM. A UNFPA study conducted in 2021 found that only 6 out of 50 NDCs reviewed included references to SRHR, noting there is scope for greater and more meaningful inclusion of the full range of these issues. Maternal health was the most cited area of SRHR, with access to family planning services, GBV and people living with HIV also referenced.<sup>123</sup>

**Limited availability, specificity and quality of population-level data on FGM:** To date, estimates of

the number of girls and women affected by FGM and trends over time and across geographies have been limited by the availability, specificity and quality of population-level data. Reliable estimates on FGM at the country and subnational levels are important for evidence-based policymaking and service planning as well as targeted interventions. Challenges relate to constraints on capturing rigorous data on FGM prevalence and risk. Statistical capacity to produce and effectively use FGM data is limited. Many low-income countries are unable to accurately track prevalence or monitor SDG target 5.3. Without such data, the ability to hold governments accountable and track progress withers.



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## Ways Forward

Drawing on the programmatic strategies and approaches developed for Phase IV of the Joint Programme, in 2022, the ways forward include the following programmatic priorities.

### **Build and expand a global youth movement**

**grounded in adolescent girls' leadership:** Funding for grass-roots women- and youth-led organizations and human rights defenders, and adopting innovative approaches to policy advocacy and social accountability for FGM elimination, including online civic engagement, are creating myriad opportunities for building stronger movements. These have historically proven effective in introducing policies and legislation that protect girls' and women's right to bodily autonomy and in shifting discriminatory social and gender norms.<sup>124</sup>

In 2019, the Nairobi Summit on the twenty-fifth anniversary of the International Conference on Population and Development (ICPD+25) convened over 8,000 individuals in diverse sectors from 170 countries to affirm support for reproductive health and rights. Over 1,200 commitments were made by governments, organizations and individuals to work towards "three zeros" – zero unmet need for family

planning, zero preventable maternal deaths, and zero GBV and harmful practices, including FGM.

At the Generation Equality Forum in 2021, governments and public sector institutions, United Nations entities, philanthropies and the private sector announced investments of \$40 billion in gender equality.<sup>125</sup> In addition, many organizations, including 440 civil society organizations and 94 youth-led organizations, made strong policy and programme commitments. Momentum generated by the Generation Equality Forum and ICPD+25 as well as growing feminist foreign policy agendas open key opportunities for advocating increased investments in eliminating harmful practices at large. It is a moment to put FGM firmly at the top of development agendas and push for sustainable social change.

The Joint Programme will continue to build on this global momentum and the expansion of feminist movements to foster strategic alliances at the global, regional and local levels that hasten the elimination of FGM. By engaging with human rights defenders focused on women's rights, civil society organizations, cultural events, and loose networks of activists aimed at redressing gender discrimination, among others, the Joint Programme will facilitate the building of a movement that will provide more leadership opportunities for adolescent girls, put gender equality and the elimination of FGM on global and national policy agendas, and change discriminatory social and gender norms that perpetuate FGM.

### **Generate additional resources and capabilities and achieve more sustainable solutions to address FGM:**

The Joint Programme will actively diversify and expand its funding base. In 2022, it will continue leveraging financial support from existing donors of the Joint Programme, identify new donors either through pooled fund mechanisms or other bilateral arrangements at the country and regional levels, cultivate partnerships with the private sector for increased investments, explore innovative financing options in line with actions prioritized in the management response to the Phase III evaluation

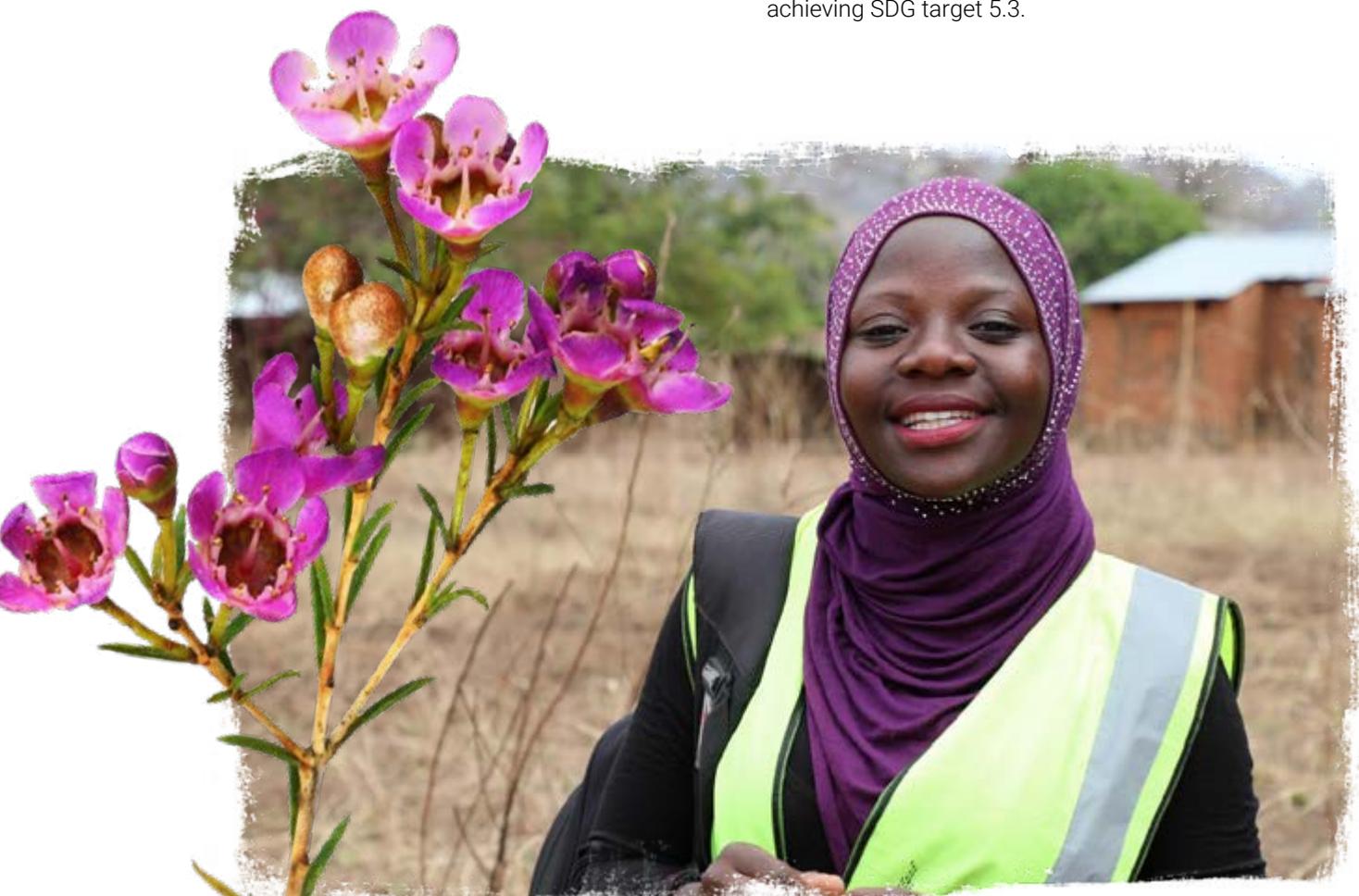
## Ways Forward

- **Build and expand a global youth movement grounded in adolescent girls' leadership**
- **Generate additional resources and capabilities and achieve more sustainable solutions to address FGM**
- **Bridge the gap between evidence generation and uptake of research to eliminate FGM**
- **Strengthen the capacities of rights-holders and duty-bearers**

and Phase IV of the Joint Programme, and advocate for increased national government budgetary allocations.

**Bridge the gap between evidence generation and uptake of research to eliminate FGM:** Significant gaps remain in making links between climate change in research, policies and programmes and cross-sectoral partnerships among climate change actors and stakeholders promoting the elimination of FGM. The situation is exacerbated by the scarcity of data and research to better understand the severity and scope of connections between climate change and FGM, risk and protective factors, and how FGM interferes with resilience and recovery efforts. The Joint Programme will explore lessons in this area to improve programming.

**Strengthen the capacities of rights-holders and duty-bearers:** The Joint Programme will deepen and expand efforts to generate, analyse and use gender-related evidence and data to monitor FGM outcomes. It will build on its recent review of evidence<sup>126</sup> and the global research strategy<sup>127</sup> to support governments and civil society organizations, including grass-roots organizations and activists, in strengthening their capacity for knowledge co-creation, use and dissemination to inform evidence- and rights-based policies, laws and programmes addressing FGM and other harmful practices. In 2022, the Joint Programme will continue to build government and civil society capacities, as duty-bearers, to capture FGM data at the subnational and local levels. It will increase investments in research and impact evaluations that capture good practices and lessons learned on FGM elimination and track progress towards achieving SDG target 5.3.



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# Financial Report

## Contributions received

In Phase III, the Joint Programme received total contributions of \$103,594,230.68 from donors (Table 2). This included contributions through a dedicated pooled funding mechanism, support from the European Union through the Spotlight Initiative Africa Regional Programme and a contribution from the United States Government through a bilateral agreement supporting various initiatives addressing FGM.<sup>128</sup>

## Budgets, expenditures and expenditure rates for 2021

Based on available funds for programming in 2021 (i.e., unspent funds at the end of 2020 plus new contributions received from donors in early to mid-2021), the Joint Programme advanced a total of \$38,419,146 to the 17 countries implementing the programme, three regional offices, and the headquarters of UNFPA and UNICEF. As expected, a significant portion of annual expenditure

TABLE 2

### Funds received from donors, 2018-2021, United States dollars

Donor	2018	2019	2020	2021	Total
Austria		1,111,111.11	896,057.35	844,594.59	2,851,763.05
European Union (through the Spotlight Initiative Africa Regional Programme)			1,139,934.65	3,030,041.30	4,169,975.95
France		148,514.85	87,954.17	123,904.28	360,373.30
Iceland	200,000	200,000	200,000	200,000	800,000.00
Italy	2,122,641.51	1,969,365.43	2,389,486.26	2,361,275.09	8,842,768.29
Luxemburg	119,474.31	109,890.11		238,978.46	468,342.88
Norway	2,927,057.72	10,899,182.56		571,4938.85	19,541,179.13
Spain	455,062.57	550,055.01	469,483.57	225,225.23	1,699,826.38
Sweden	8,243,570.02	10,463,304.27	11,440,702.87	11,677,634.64	41,825,211.80
United Kingdom	319,284.80	327,225.13	1,963,350.79	424,929.18	3,034,789.90
United States of America	5,000,000	5,000,000	5,000,000	5,000,000	20,000,000.00
<b>Total</b>	<b>19,387,090.93</b>	<b>30,778,648.47</b>	<b>23,586,969.66</b>	<b>29,841,521.62</b>	<b>103,594,230.68</b>

TABLE 3

## Budgets, expenditures and expenditure rates for 2021

Offices	UNFPA			UNICEF			UNFPA + UNICEF		
	Budget	Expenditure	Exp. rate (%)	Budget	Expenditure	Exp. rate (%)	Budget	Expenditure	Exp. rate (%)
Headquarters	6,346,553	6,282,825	99.00	2,288,772	2,288,772	100.00	8,635,325	8,571,597	99.26
Arab States/ Middle East and North Africa Regional Offices	264,471	252,318	95.40	350,000	324,986	92.85	614,471	577,304	93.95
East and Southern Africa Regional Offices	238,919	159,895	66.92	350,000	322,622	92.18	588,919	482,517	81.93
West and Central Africa Regional Offices	276,651	238,409	86.18	386,850	386,850	100.00	663,501	625,259	94.24
Burkina Faso	995,100	931,398	93.60	1,136,752	1,136,752	100.00	2,131,852	2,068,150	97.01
Djibouti	281,588	247,129	87.76	292,031	292,031	100.00	573,619	539,160	93.99
Egypt	1,947,183	1,933,302	99.29	2,000,000	1,887,948	94.40	3,947,183	3,821,250	96.81
Eritrea	50,000	13,428	26.86	275,000	137,941	50.16	325,000	151,369	46.58
Ethiopia	1,534,776	1,513,980	98.65	2,771,796	2,771,796	100.00	4,306,572	4,285,776	99.52
Gambia	509,990	509,990	100.00	939,227	939,227	100.00	1,449,217	1,449,217	100.00
Guinea	500,000	472,220	94.44	523,125	523,125	100.00	1,023,125	995,345	97.28
Guinea-Bissau	499,465	406,995	81.49	603,667	603,667	100.00	1,103,132	1,010,662	91.62
Kenya	2,229,943	2,020,752	90.62	2,465,179	2,465,179	100.00	4,695,122	4,485,931	95.54
Mali	500,000	497,103	99.42	500,000	496,418	99.28	1,000,000	993,521	99.35
Mauritania	500,000	476,600	95.32	782,842	782,842	100.00	1,282,842	1,259,442	98.18
Nigeria	1,000,000	962,427	96.24	550,000	505,665	91.94	1,550,000	1,468,092	94.72
Senegal	600,000	557,893	92.98	969,796	969,796	100.00	1,569,796	1,527,689	97.32
Somalia	199,020	194,117	97.54	440,262	440,262	100.00	639,282	634,379	99.23
Sudan	600,000	446,896	74.48	600,000	582,207	97.03	1,200,000	1,029,103	85.76
Uganda	367,464	353,026	96.07	423,954	423,954	100.00	791,418	776,980	98.18
Yemen	218,770	218,770	100.00	110,000	965	0.88	328,770	219,735	66.84
<b>Total</b>	<b>19,659,893</b>	<b>18,689,473</b>	<b>95.06</b>	<b>18,759,253</b>	<b>18,283,005</b>	<b>97.46</b>	<b>38,419,146</b>	<b>36,972,478</b>	<b>96.23</b>

(about 74 per cent) went towards programme implementation at the country level. Regional initiatives with the African Union Commission and partnerships with global and regional CSO partners are reported under headquarters expenditures, although they directly and indirectly support national FGM elimination.

Enhanced implementation of the Spotlight Initiative Africa Regional Programme, more engagement with global and regional CSOs, the development of Phase IV of the Joint Programme, a joint evaluation of Phase III of the Joint Programme, the initiative on FGM data and research fellows, efforts to introduce qualitative M&E approaches to the Joint Programme and the finalization of a number of technical documents contributed to higher expenditure in 2021 compared to previous years. Total expenditure in 2021 was \$36,972,478 with an overall expenditure rate of about 96 per cent (Table 3). The absence of a conducive environment for programme implementation and staff turnover affected implementation in a few countries.

### The share of total annual expenditure per outcome

Table 4 summarizes expenditure by outcome level result area. As a core intervention area of the Joint Programme, Outcome 2, on girls' and women's empowerment, continued to have the highest share of total annual expenditure in 2021

at 50.3 per cent. This indicates how the overall focus of the Joint Programme in Phase III was the empowerment of women and girls. Outcome 1, on an enabling environment for the elimination of FGM, absorbed 21.7 per cent of total expenditure. Outcome 3, on service provision, and Outcome 4, on data and evidence, had shares of 14.6 per cent and 13.4 per cent, respectively.

The Joint Programme's support to the African Union Initiative on the Elimination of Female Genital Mutilation (the Saleema initiative) and partnership with global and regional level CSOs through the Spotlight Initiative Africa Regional Programme are reflected in expenditures reported under Outcome 1. A similar trend in the percentage share by outcome continued between 2020 and 2021 with a slight decline in Outcome 3.

### The share of total annual expenditure by output

Data presented in Table 5 indicate output expenditure that reflects and aligns with the outcomes of the Joint Programme, as captured in Table 4. Similar to previous years, interventions under Output 2.1, on improved community and interpersonal engagement to address and amplify social and gender norms transformation, claimed a significant percentage of total annual expenditure in 2021 at 38 per cent. This is a priority intervention area at the national level. Output 3.1, on the

TABLE 4

### Share of total annual expenditure per outcome, 2018-2021, percentage

Year	Outcome 1	Outcome 2	Outcome 3	Outcome 4
2018	36.2	36.5	16.4	10.9
2019	23.0	45.0	13.0	19.0
2020	21.0	49.0	17.0	13.0
2021	21.7	50.3	14.6	13.4

improved availability and quality of FGM services, and Output 1.2, on increased national capacity for their development and enactment, were other outputs with a relatively higher share of total annual expenditure in 2021, at 11.5 per cent and 9.1 per cent, respectively.

Overall, there is a similar trend in the total annual expenditure shares of different outputs but with

some changes in the actual figures. Compared to previous years, more expenditure was reported for Output 1.3, on increased engagement of civil society and young people. The FGM Innovation HackLab Project, which aims to promote innovative ideas from young people across Africa, the establishment of the Global Youth Consortium Against FGM and similar efforts contributed to increased expenditure on this output in 2021.

TABLE 5

Share of total annual expenditure per output, 2018-2021, percentage

	2018	2019	2020	2021
Output 1.1	16.2	11	7	4.8
Output 1.2	17.3	7	11	9.1
Output 1.3	2.7	5	3	7.8
Output 2.1	24.3	36	35	38
Output 2.2	8.8	6	11	7.8
Output 2.3	3.4	3	3	4.5
Output 3.1	11.2	12	15	11.5
Output 3.2	5.2	1	2	3.1
Output 4.1	8.3	12	7	8
Output 4.2	2.6	7	6	5.4

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Joint Programme on the Elimination of  
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