UNICEF 2021 ANNUAL REPORT TO THE U.S. DEPARTMENT OF STATE

Eliminating Female Genital Mutilation
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## PROGRAM SUMMARY

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<tr>
<th>Program/project name</th>
<th>UNICEF Programme for the Elimination of Female Genital Mutilation (FGM)</th>
</tr>
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<tbody>
<tr>
<td>Donor</td>
<td>United States Government</td>
</tr>
<tr>
<td>PBA reference</td>
<td>SC 190524 SC 200404 SC 210457</td>
</tr>
<tr>
<td>Total contribution</td>
<td>US$5,000,000 US$5,000,000 US$5,000,000</td>
</tr>
<tr>
<td>Programmable amount</td>
<td>US$4,629,629 US$4,629,629 US$4,629,629</td>
</tr>
<tr>
<td>Funds used by 31 December 2021</td>
<td>US $4,910,954 US $2,205,500 US $418,643</td>
</tr>
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<td>Unspent balance</td>
<td>US $ 89,046 US $2,794,500 US $4,581,357</td>
</tr>
<tr>
<td>Duration of grant</td>
<td>Two Years Two Years Two Years</td>
</tr>
<tr>
<td>Report type</td>
<td>Final Interim Interim</td>
</tr>
<tr>
<td>Reporting period</td>
<td>January to December 2021 January to December 2021 January to December 2021</td>
</tr>
<tr>
<td>Report prepared on</td>
<td>31 May 2022</td>
</tr>
<tr>
<td>Relevant SDG targets</td>
<td>Goal 5: Achieve gender equality and empower all women and girls</td>
</tr>
<tr>
<td></td>
<td>Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</td>
</tr>
<tr>
<td>UNICEF Strategic Plan Priorities (2022–2025)</td>
<td>Goal Area 3: Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices</td>
</tr>
<tr>
<td>Geographic focus area</td>
<td>Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen</td>
</tr>
<tr>
<td>Focus population</td>
<td>17 countries targeting girls and women at risk of and affected by female genital mutilation</td>
</tr>
<tr>
<td>Program partners</td>
<td>Government institutions, grassroots women and youth-led organizations, religious and traditional leaders, international non-governmental and national organizations, research institutes, and the private sector</td>
</tr>
</tbody>
</table>
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCPU</td>
<td>community-based child protection units (Burkina Faso)</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</td>
</tr>
<tr>
<td>CSO</td>
<td>civil society organization</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>ERSIP</td>
<td>l’enquête régionale de suivi des indicateurs de performance</td>
</tr>
<tr>
<td>FGM</td>
<td>female genital mutilation</td>
</tr>
<tr>
<td>GBV</td>
<td>gender-based violence</td>
</tr>
<tr>
<td>IF4C</td>
<td>innovative financing for children</td>
</tr>
<tr>
<td>LGA</td>
<td>local government areas (Nigeria)</td>
</tr>
<tr>
<td>NCCW</td>
<td>National Council for Child Welfare (Sudan)</td>
</tr>
<tr>
<td>NDC</td>
<td>nationally determined contribution (documents)</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBC</td>
<td>social and behavior change</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SNNPR</td>
<td>Southern Nations, Nationalities, and Peoples’ Region</td>
</tr>
<tr>
<td>SRHR</td>
<td>sexual and reproductive health and rights</td>
</tr>
<tr>
<td>STAR</td>
<td>Strategic Technical Assistance for Research</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGEI</td>
<td>United Nations Girls’ Education Initiative</td>
</tr>
<tr>
<td>U.S.</td>
<td>United States</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USSD</td>
<td>Unstructured Supplementary Service Data</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
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</table>
Executive Summary

GLOBAL TRENDS IN PREVALENCE OF FEMALE GENITAL MUTILATION

More than 200 million girls and women have been subjected to female genital mutilation (FGM). As a gendered harmful practice, FGM is a manifestation of gender inequality deeply entrenched in social, political and economic structures. The practice has been declining over the last three decades: one in three girls aged 15–19 today have undergone FGM, compared to one in two in the 1990s.1 The majority of girls and women in FGM-prevalent countries oppose the continuation of the practice.2 However, not all countries have made progress towards ending the practice, and the pace of decline has been uneven.

When the coronavirus disease 2019 (COVID-19) pandemic struck, most of the Sustainable Development Goals (SDGs) were already off track, including SDG 5.3 – the elimination of FGM by 2030. Emerging evidence suggests that the pandemic has rolled back hard-won progress in gender equality and FGM elimination, although the impact has yet to be fully understood. COVID-19 has had a devastating effect on protective factors that help to prevent FGM, such as education and household wealth. Globally, over 11 million girls may never go back to school after the pandemic.3 The crisis has also created a new generation of poor children, pushing 150 million more children into multidimensional poverty.4 UNICEF estimates that two thirds of children living in extreme poverty will be residing in conflict-affected and fragile contexts by 2030; clearly, there is a pressing need for political will, concrete commitments, and funding that prioritizes FGM-related programs.

UNICEF’S PARTNERSHIP WITH THE UNITED STATES (U.S.) GOVERNMENT

With a renewed ambition towards 2030, UNICEF’s new Strategic Plan (2022–2025) calls for an inclusive recovery from COVID-19, and the realization of societies in which every child is included – without discrimination – and has agency, opportunity, and their rights fulfilled. Developed alongside the new UNICEF gender policy and Gender Action Plan (2022–2025), the latest Strategic Plan emphasizes structural and norms change to transform the underlying drivers of gender inequality, with a greater focus on tackling gender inequities across the humanitarian-development nexus. With this emphasis on a transformative approach, UNICEF is well-positioned to advance the U.S. Department of State’s foreign policy priorities, as well as the first-ever U.S. Government national gender strategy, by accelerating progress on gender equality and the elimination of FGM as a form of gender-based violence.

HIGHLIGHTS OF UNICEF’S ACHIEVEMENTS IN 2021

With its work in 17 countries, UNICEF introduced many innovations and adaptations during the COVID-19 response to ensure program continuity. These were replicated and scaled up in 2021, amplifying program results. Highlights of UNICEF’s achievements in 2021 include the following:

- Public declarations of committing to eliminate FGM were made by 3,460,101 people – a 30 per cent increase in 2021 compared to 2020, and the highest number of engagements since 2018. In 2021, 4,475 communities made public declarations, marking a 48 per cent increase in the number of communities compared to 2020. This was also the highest number of communities since 2018. There were also 10,150 community-to-community dialogues on FGM elimination.

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Community-led protection systems were established in 3,813 communities following public declarations to monitor girls at risk of FGM. This marked a 46 per cent increase in 2021 compared to 2020, and the highest number of community-led protection systems launched since 2018. The number of girls prevented from undergoing FGM rose from 16,251 in 2018 to 216,853 in 2021.

In 2021, UNICEF recorded 17.6 million social media engagements, a 55 per cent increase compared to engagements in 2020.

The number of evidence-based costed national action plans to end FGM rose from 8 plans in 2018 to 14 plans in 2021, and 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 also developed local action plans to advance national strategies for ending FGM at the local level.

In 9,234 communities, 198,437 adolescent girls were empowered as change agents in 2021, 46 per cent higher than in the previous year. UNICEF provided adolescent girls and boys opportunities to co-create social media campaigns advocating for the end of FGM.

The proportion of medical and paramedical associations declaring that FGM performed by health professionals is an unethical practice increased from 73 per cent in 2020 to 77 per cent in 2021.

PRIORITIES IN 2022 FOR UNICEF’S PROGRAMS FOR ELIMINATING FEMALE GENITAL MUTILATION

Building on evidence and lessons learned during the pandemic, and program experiences in 2021, UNICEF intends to accelerate the elimination of FGM in 2022 by:

1. Ensuring the integration of FGM prevention and response across the humanitarian-development nexus that prevents future setbacks in progress towards FGM elimination as the global community increasingly faces conflicts, fragility and climate-related emergencies.

2. Addressing the chronic underfunding of FGM programs that impedes progress towards the elimination of FGM, by leveraging existing networks and partnerships, convening and coordinating action and advocacy from public and private actors, and securing significant additional resources.

3. Promoting gender-transformative change that empowers girls and women by shifting the discriminatory structures and norms that perpetuate the practice.8

4. Investing in continuous learning and the use of evidence to improve program and policy effectiveness.

Acknowledgements

Thanks to the generous support from the U.S. Government and the American people, and UNICEF’s leveraging of donor funding from Austria, France, Iceland, Italy, Luxembourg, Norway (Norwegian Agency for Development Cooperation), Spain (Spanish Agency for Development Cooperation), Sweden, the United Kingdom of Great Britain and Northern Ireland (Foreign, Commonwealth & Development Office), and the European Union, a global commitment to the elimination of FGM is being transformed from a promise into a reality.
Global Progress on the Elimination of Female Genital Mutilation by 2030

The coronavirus 2019 (COVID-19) pandemic struck as most of the Sustainable Development Goals (SDGs) were already off track, fueling a global crisis that threatens progress for children and women, hitting hardest wherever systems are most fragile or in crisis, communities poorest, and discrimination and exclusion most compounded. The global recession sparked by the pandemic has devastated economies and livelihoods, especially in the poorest countries, in the most vulnerable, discriminated-against communities. More than 200 countries and territories across diverse contexts expanded their social protection measures, together spending around US$750 billion to alleviate these impacts. Still, the crisis has created a new generation of poor children, pushing 150 million more children into multidimensional poverty and wiping out gains that had been made in reducing inequality. Around the globe, extreme poverty is on the rise again after a quarter century of steady declines. The 46 least developed countries have some of

With urgent investments and timely action, we can meet the Sustainable Development Goals target of eliminating female genital mutilation by 2030 and build a world that respects women’s integrity and autonomy.

ANTONIO GUTERRES, UNITED NATIONS SECRETARY GENERAL
the world’s fastest growing populations, and it is estimated that some 63 per cent of all children will be living in low- and lower-middle-income countries by 2030.

Even before the onset of COVID-19, the world was making limited progress in advancing SDG 5, achieve gender equality and empower all women, target 5.3 – the elimination of harmful practices such as female genital mutilation (FGM). While evidence shows a global decline in the practice, progress towards gender equality and the elimination of FGM has been slow, uneven, or completely stalled in some countries. The COVID-19 pandemic is also a stark reminder that hard-won gains in gender equality and child protection, including the elimination of harmful practices, are at risk of being reversed. School closures, disruptions in essential services, lack of access to social networks, economic insecurity and health shocks appear to have increased girls’ FGM risk during the pandemic. The United Nations Population Fund (UNFPA) estimates there may be as many as 2 million additional cases of FGM by 2030 that otherwise would have been averted.6

The pandemic has also had a devastating impact on protective factors that help to prevent FGM, such as education and household wealth, creating additional barriers to transforming structures and norms that sustain the practice. Eleven million children may not return to school, progress in reducing child poverty has been reversed, and discriminatory social and gender norms have continued or worsened. The impact has also been further compounded by conflict, displacement and fragility. UNICEF estimates that two thirds of children living in extreme poverty will be residing in conflict-affected and fragile contexts by 2030.7

Prior to the pandemic, progress would have needed to be at least 10 times faster to meet the global target of eliminating FGM by 2030. Achieving the elimination of FGM by 2030 requires that the world not only regain lost ground, but accelerate progress, by empowering girls and women at risk of and affected by FGM in the poorest countries and the most discriminated-against, underserved communities, and by building back more sustainable, accessible, inclusive and equitable systems that are resilient against future shocks.

GLOBAL TRENDS IN THE PREVALENCE OF FEMALE GENITAL MUTILATION

FGM involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons. It is usually practised on young girls without their consent and is estimated to affect 200 million girls and women alive today. This estimate is based on 31 countries with nationally representative data on the practice. Additionally, small-scale studies indicate that FGM exists in communities in at least 20 more countries around the world, where the exact number of girls and women who have experienced FGM remains largely unknown.

Recognized internationally as a violation of the human rights of girls and women, FGM is a manifestation of entrenched gender inequality and a form of gender-based violence (GBV) that has devastating consequences. As irreversible procedures, mostly carried out on minors, FGM also constitutes a violation of the rights of children. The effects of FGM are physically and emotionally harmful to girls and women. The immediate health risks of FGM include haemorrhage, shock, extreme pain, genital swelling, infections, urinary complications and problems with wound healing. Longer-term consequences to girls’ and women’s health and well-being can include obstetric and gynecological complications, sexual dysfunction and psychological harm.8 The practice also carries a high risk of death and disability.9

Female genital mutilation is a global issue

In the past, FGM was commonly thought to be confined to Africa, while today there is also evidence of the practice being performed in Asia and the Middle East (including India, Indonesia, the Islamic Republic of Iran, Iraq, Malaysia and Pakistan), as well as in Europe, North America and Australia among migrant communities from FGM-affected countries. Recent discourse on FGM is increasingly centered on understanding FGM as a global issue. Given that FGM as a harmful practice transcends borders, further research is needed to understand how migration affects FGM – whether it disrupts or sustains the practice. For example, a 2012 study found that, while FGM had been practised by Ethiopian Jews in Ethiopia, the practice stopped when they immigrated to Israel. According to the study, there were no reports from pediatricians, gynecologists, or the media that indicated the continuation of FGM within the Ethiopian Jewish community in Israel.10
GLOBAL DECLINE IN PREVALENCE OF FEMALE GENITAL MUTILATION

FGM prevalence data show that approximately one out of three girls aged 15–19 had undergone FGM in the 2000s, representing a decline from the 1990s, when one out of two girls were subjected to the practice. Evidence shows FGM declining in areas where it was once universal, such as Ethiopia and Sierra Leone, as well as in countries where it only occurred in a few communities, such as in Kenya and Nigeria. In some countries like Guinea-Bissau, Mali and Senegal, declines in FGM prevalence have stagnated.

FGM prevalence rates have declined fastest, relatively speaking, in countries with lower initial prevalence, and more slowly in countries with higher initial prevalence. Except for countries such as the Gambia, Mali and Somalia, FGM prevalence is declining, even in the highest-prevalence countries, albeit at a slow pace.

There is substantial variation between countries in terms of socioeconomic differentials in prevalence and their changes over time. As countries move from higher to lower overall prevalence, socioeconomic inequalities in FGM practice are increasing.11

COUNTRIES WHERE PREVALENCE OF FEMALE GENITAL MUTILATION REMAINS UNCHANGED

In Senegal, nearly 2 million girls and women have undergone FGM. Overall, 25 per cent of girls and women aged 15–49 years have been subjected to the practice.
FIGURE 2: Percentage of girls and women aged 15 to 49 years who have undergone FGM in Senegal

<table>
<thead>
<tr>
<th>Wealth quintile</th>
<th>Poorest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Richest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48</td>
<td>30</td>
<td>23</td>
<td>18</td>
<td>15</td>
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<table>
<thead>
<tr>
<th>Religion</th>
<th>Muslim</th>
<th>Christian</th>
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<tr>
<td></td>
<td>26</td>
<td>8</td>
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<table>
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<th>Secondary</th>
<th>Higher</th>
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<td>23</td>
<td>24</td>
<td>22</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>21</td>
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</table>
Opposition is most common in regions where FGM is rarely practised, and among those with higher levels of education. Most FGM in Senegal is performed on girls under age 5, and rarely after age 10. The prevalence of FGM has remained largely unchanged for at least the last two decades.

FGM is most common among the poorest girls and women and those who identify as Muslim; differences by educational level and place of residence are less pronounced.

The majority of people in Senegal believe FGM should be discontinued. Those from urban areas, with more education, who live in wealthier households, or who identify as Christian, are most likely to think the practice should end.

In Mali, nearly 8 million girls and women have undergone FGM. Overall, 89 per cent of girls and women aged 15–49 years have been subjected to the practice. Fewer than one in five girls and women in Mali think FGM should stop, and opposition is even lower among boys and men. Opposition is most common in the regions where FGM is rarely practised, and among those with higher levels of education. FGM is most likely to occur before the age of 5. There is some evidence that the circumstances around FGM are changing, with a trend towards performing the practice at younger ages.

Levels of FGM are high among girls and women from diverse backgrounds; place of residence, level of education and wealth appear to have little influence. However, prevalence does vary by ethnicity: FGM is universal among several ethnic groups in Mali, but is far less common among the Sonrai and Touareg/Bélla. The prevalence of FGM has remained steady for at least the last five decades.
Opposition to FGM is uncommon in Mali, although those with more education – especially women – and those who identify as Christian are more likely to believe the practice should be discontinued.

In Guinea-Bissau, over 400,000 girls and women have undergone FGM. Overall, 52 per cent of girls and women aged 15–49 years have been subjected to the practice. Girls and women from rural areas, with less education, or who identify as Muslim, are at greater risk of FGM. The practice is highly concentrated in the Gabu and Bafatá regions, and among certain ethnic groups. Three quarters of girls and women in Guinea-Bissau think FGM should stop. Opposition is most common in regions where FGM is rarely practised. The prevalence of FGM has remained unchanged for at least the last four decades. Girls and women from rural areas and with less education are more likely to have experienced FGM, and the practice primarily occurs among those who identify as Muslim.

Opposition to FGM is common across population groups in Guinea-Bissau. Girls and women from urban areas, with more education, who identify as Christian, and who live in wealthier households, are more likely to think the practice should end.

### Increasing Opposition to the Continuation of Female Genital Mutilation

While FGM prevalence varies widely between countries, there have been significant shifts in understanding and
attitudes towards FGM. In most countries where FGM is practised, the majority of girls and women think it should end. In countries affected by FGM, 7 in 10 women think the practice should end, and half of women who have undergone FGM themselves would like to see it stop. Adolescent girls are more likely than older women to oppose FGM. In Egypt, Guinea and Sierra Leone, adolescent girls are at least 50 per cent more likely than older women to oppose the practice.

GIRLS UNDERGOING FEMALE GENITAL MUTILATION AT YOUNGER AGES

FGM is practised differently within different cultures, and the age at which it is performed varies across contexts. In some countries, it is carried out very early in life, while in others it occurs in adolescence.

Where FGM is practised on very young girls, there is a short window of opportunity to intervene. In some countries this window is getting narrower, as a larger proportion of FGM is being performed on the youngest girls. In half of practising countries, the average age at which FGM is performed is lower today than it was 30 years ago. In the Gambia and Nigeria, for example, the average age at cutting has dropped by two full years: from age 4 to just before 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.

With girls undergoing FGM at younger ages, this requires increased vigilance from formal and informal child protection structures, systems and services. It also calls for the integration of FGM prevention in early life stages.
FIGURE 6: FGM is practised differently within different cultures, and the age at which it is performed varies across contexts. In some countries, it is carried out very early in life, while in others it occurs in adolescence.

Percentage of girls aged 10 to 14 years (or 15 to 19 years*) who have undergone FGM, by age at cutting.

Notes: Data on age at cutting are presented as measured among girls aged 10 to 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 to 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.
Among adolescent girls aged 15 to 19 years who have undergone FGM, the average age at which it was performed.

**FIGURE 7:** In many countries, girls are being cut at younger ages, meaning that the window of opportunity to intervene is closing

Among adolescent girls aged 15 to 19 years who have undergone FGM, the average age at which it was performed.

<table>
<thead>
<tr>
<th>Country</th>
<th>Today</th>
<th>30 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>9.6</td>
<td>12.6</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>10.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>9.9</td>
<td>11.2</td>
</tr>
<tr>
<td>Benin</td>
<td>9.4</td>
<td>10.8</td>
</tr>
<tr>
<td>Guinea</td>
<td>6.6</td>
<td>7.5</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>4.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>3.2</td>
<td>4.3</td>
</tr>
<tr>
<td>Gambia</td>
<td>1.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>0.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Mali</td>
<td>1.6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Note: Data are presented for countries in which there was a statistically significant change in the average age at cutting.

The persistence of female genital mutilation

Why does FGM persist in some countries despite decades of policies and programs and growing opposition to the practice? FGM is a manifestation of gender inequality deeply entrenched in social, political and economic structures. At the root of the practice is a combination of structures and institutions that perpetuate gender inequality, and social norms that sustain the practice. Recent studies show that focusing on shifts in social norms related to FGM, while overlooking structures and institutions that perpetuate gender inequality, may limit efforts to eliminate the practice. Too strong a focus on the reluctance of individuals and groups to change their attitudes risks overlooking some systemic barriers, such as poverty, lack of services and infrastructure, and shocks and crises, which are all critical factors that contribute to gender inequality. For this reason, transformative change – including social, political and economic inclusion – are critical for any shift in norms, while norms change, in turn, enhances progress in the other areas. Strategies to improve girls’ and women’s empowerment by increased education levels, access to child protection and health-care services, and policies and legislation that protect girls’ and women’s rights – combined with shifts in the wider norms that support FGM – may be important for achieving significant reductions in the practice.
UNICEF’s Approach to the Elimination of Female Genital Mutilation

Working in 190 countries, UNICEF envisions a world where, in all contexts, including humanitarian crisis and fragile settings, every child, including adolescents: (1) survives and thrives with access to nutritious diets, quality primary health care, nurturing practices and essential supplies; (2) learns and acquires skills for the future; (3) is protected from violence, exploitation, abuse, neglect and harmful practices; (4) has access to safe and equitable water, sanitation and hygiene services and supplies, and lives in a safe and sustainable climate and environment; and (5) has access to inclusive social protection and lives free from poverty.

Around the world today, millions of girls are denied their right to access to health care and education. They are denied their right to live free from gender discrimination, sexual violence and harmful practices such as child marriage and FGM. They are denied their right to make decisions concerning their own lives.

CATHERINE RUSSELL, EXECUTIVE DIRECTOR, UNICEF
UNICEF is currently implementing programs contributing to SDG 5, target 5.3, the elimination of FGM by 2030, in the following 17 countries in Africa and the Middle East: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen. Through gender-transformative approaches, UNICEF’s programs that address FGM actively examine, question and change rigid social and gender norms and imbalances of power. Gender-transformative approaches have proven to be the most effective in tackling the root causes of gender inequality, in enhancing girls’ and women’s agency and voice, and in redressing the power dynamics and structures that prevent girls and women from realizing their right to live free from violence and all forms of discrimination.

In promoting the elimination of FGM, UNICEF recognizes the central role of power as underlying social and gender norms, socio-ecological domains (i.e., individual, social, resources and institutional levels), and gender dynamics that sustain FGM as a harmful practice. UNICEF is committed to leaving no one behind and recognizes that when it comes to FGM, gender intersects with multiple risk factors that increase girls’ risk of being subjected to the practice (see Figure 8). Girls and women at the intersection of these risk factors face reinforcing and compounding disadvantage and deprivation, making them more likely to be left behind.

The four key outcomes UNICEF seeks to achieve in accelerating the elimination of FGM are described below.

1. **COUNTRIES HAVE AN ENABLING ENVIRONMENT FOR THE ELIMINATION OF FGM IN LINE WITH INTERNATIONAL HUMAN RIGHTS STANDARDS.**

For UNICEF, an enabling environment entails the development and implementation of policies and legislation based on the SDGs as well as the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. These conventions protect girls’ and women’s human rights, including the right to be healthy and live free from discrimination and violence such as FGM. Policies and legislation are intended to complement interventions promoting the elimination of FGM, such as those organized by community-based organizations and surveillance committees, health-care and social services providers, law enforcement and the justice sector, and civil society organizations (CSOs) promoting a shift in norms that result in supporting girls’ agency and empowerment. An enabling environment also entails promoting institutional and structural change that includes ensuring girls’ access to education, economic opportunities and political representation.

2. **GIRLS AND WOMEN ARE EMPOWERED TO EXERCISE THEIR RIGHTS THROUGH THE TRANSFORMATION OF SOCIAL AND GENDER NORMS TO ELIMINATE FGM.**

Girl-intentional programming enhances girls’ agency through gender-transformative approaches that may include access to education (especially secondary education), opportunities to build leadership skills, spaces to challenge harmful social and gender norms, opportunities for civic engagement, and the co-creation of advocacy and social media campaigns. By targeting community members, including women and youth leaders and associations, men and boys’ networks, religious and traditional leaders, and local government and service providers, UNICEF facilitates critical reflection and deliberations on new norms and behavior that protect girls’ and women’s rights, improve their safety and well-being, and promote positive masculinities. It also includes interventions geared towards building the capacities of community members to motivate others to stop FGM. Other interventions include community dialogues, child protection committees and gender-transformative parenting.
3 GIRLS AND WOMEN RECEIVE APPROPRIATE, QUALITY AND SYSTEMIC SERVICES FOR FGM PREVENTION, PROTECTION AND CARE.

UNICEF programs for the elimination of FGM provide capacity-building to health-care and social service providers to ensure access to FGM prevention and response services, and law enforcement and justice institutions to ensure access to justice. They also include mainstreaming FGM in education curricula, and ensuring access to social protection programs to prevent FGM in places where the practice is a precursor to child marriage, and where families use negative coping strategies to marry off girls in order to alleviate poverty within the household. UNICEF is also increasingly promoting social and gender norms change among service providers. This is important given that service providers may embrace the harmful social and gender norms that sustain FGM as a practice, especially in addressing the issue of medicalization. UNICEF also prioritizes the integration of knowledge about FGM and its health consequences into training programs for service providers.

4 COUNTRIES HAVE BETTER CAPACITY TO GENERATE AND USE EVIDENCE AND DATA FOR POLICYMAKING AND TO IMPROVE PROGRAMMING.

Policymaking and program design are based on proven approaches that require significant improvements in data collection and dissemination. UNICEF has been increasing investments in this strategy, with a reinvigorated commitment to make better use of evidence to inform policies and program delivery, and a continued emphasis on evaluation, data collection and analysis – including partnering with government, civil society and private sector partners. UNICEF also developed a research agenda in 2021 to address the significant knowledge gaps that exist in documenting effective approaches to eliminating FGM.
Overview of UNICEF’s Global Programme Results and Country Performance

GLOBAL ACHIEVEMENTS

UNICEF contributed to accelerating the achievement of gender equality through the elimination of FGM by catalysing a global movement that will increase visibility and investments to end the practice by 2030. The following results were achieved in 2021:

- Developed a global research agenda: UNICEF, in partnership with UNFPA and the World Health Organization (WHO), and in collaboration with the Population Council, developed a global research agenda for FGM. For over a decade (2010–2020), despite intensified global efforts to conduct research on FGM, knowledge of what works to eliminate the practice has remained

"The effort has to be a movement and it has to start with the community. In most countries, FGM is part of the oral tradition, and we must stimulate dialogue so families understand the issue. Parents want their daughters to grow up healthy and be able to have kids."

CORNELIUS WILLIAMS, DIRECTOR OF CHILD PROTECTION FOR UNICEF
elusive, partly due to lack of high-quality evidence as well as the limited synergy between existing evidence and program and policy implementation. In collaboration with the Population Council, a global review was conducted of evidence on the effectiveness of FGM interventions designed to prevent or respond to FGM. Subsequently, an experts’ meeting was convened with 30 researchers, program staff and policymakers to prioritize research questions towards the acceleration of the elimination of FGM. Based on the evidence review and prioritization by experts, a global research agenda (priority research questions) to support elimination of FGM was developed. Table 1 lists these priority questions.

### TABLE 1: Top 10 prioritized research questions

<table>
<thead>
<tr>
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<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>How can health-care providers and the health system be effectively utilized in the prevention of FGM and the provision of services to women and girls affected by FGM?</td>
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<tr>
<td>2</td>
<td>How can FGM intervention activities be more effectively integrated into educational, social and economic development programs (e.g., programs dealing with sexual and reproductive health and rights [SRHR] and GBV), formal and informal education avenues for girls and boys, as well as women empowerment programs?</td>
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<tr>
<td>3</td>
<td>What are the valid measures of change in social and gender norms and practices that should be used in the evaluation of FGM interventions?</td>
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<td>4</td>
<td>What intervention approaches are effective in preventing FGM across countries that border each other?</td>
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<td>5</td>
<td>How can interventions integrate girl-centered approaches in bringing social change?</td>
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<td>6</td>
<td>How can other health-related areas – including mental health, social work, sexology and psychology – be incorporated to support response to and prevention of FGM?</td>
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<td>7</td>
<td>How do we strengthen partnerships and collaboration with governments, United Nations agencies, humanitarian partners, CSOs, and private partners in emergency settings to enhance prevention and support services as part of (prevention, protection and recovery measures) routine packages of care?</td>
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<tr>
<td>8</td>
<td>How can men and/or boys be effectively engaged as allies of gender equality and ending FGM?</td>
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<tr>
<td>9</td>
<td>What lessons on effectiveness of interventions can interventions that seek to end FGM gain from other related fields such as GBV, SRHR and child marriage?</td>
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<tr>
<td>10</td>
<td>What context-specific factors (mechanisms) motivate communities or individuals to stop practicing FGM?</td>
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Conducted a virtual advocacy campaign for International Day of Zero Tolerance for FGM: On 6 February 2021, a joint statement was issued by UNICEF Executive Director, Henrietta Fore, and UNFPA Executive Director, Dr. Natalia Kanem, that called on the global community to unite, fund and act to end FGM: Unite by collaborating with a wide group of stakeholders. Fund efforts at a level that is equal to a global commitment to end FGM by 2030. Act quickly, decisively and, on many fronts, simultaneously, to ensure that girls have access to education and health care – including sexual and reproductive health services and livelihoods – and that they are protected by laws, policies and new social and gender norms. The hashtag used in 2021 was: #Act2EndFGM.

UNICEF’s virtual advocacy campaign (including key messages, advocacy materials and media assets) during Zero Tolerance Day for FGM was highly successful in terms of its social media engagement:

- #Act2EndFGM: 13,100 users generated 99.3 million impressions
- #EndFGM: 25,400 users generated 3 million impressions

UNICEF's global social media channels reached 78 million users
200+ pieces of coverage on prominent news and web platforms
~26,000 views of the joint statement during 1–10 February.

Co-hosted annual meeting for the Female Genital Mutilation Donor Working Group (DWG): UNICEF, as the secretariat of the FGM DWG, co-hosted its 2021 annual meeting with the U.S. Department of State. Fifteen donors attended the virtual meeting, which had a thematic focus on innovative financing for harmful practices. UNICEF presented global trends in FGM prevalence, highlighting Guinea-Bissau, Mali and Senegal, where there have been no changes in prevalence rates. Presentations covered UNICEF’s experience with innovative financing, the DWG and impact financing, social impact bonds, and the elimination of FGM as a social enterprise. There were two breakout sessions: (1) increasing investments in the elimination of FGM and (2) a government-wide process to update the US strategy to prevent and respond to GBV globally that included framing FGM issues in the upcoming strategy.

A global review of evidence on the elimination of female genital mutilation
UNICEF, UNFPA and WHO, in collaboration with the Population Council, conducted a global review of evidence on effective strategies for eliminating FGM. Study findings were organized according to the four levels of the multisectoral approach: (i) systems level – studies focusing on the enabling environment for ending FGM; (ii) community level – studies focusing on strategies that challenge existing gender inequalities and social norms that perpetuate FGM; (iii) individual level – studies on empowerment of girls and women to make informed decisions regarding SRHR; and (iv) service level – studies focusing on protection of girls and women at risk of FGM, preventing FGM, and providing care to those affected by FGM. At the systems level, findings indicated that legislation accompanied by political will, sensitization and locally appropriate enforcement mechanisms can reduce FGM; however, it was also found that laws implemented as a single intervention can be counterproductive, alienating beneficiaries of health services by reducing the age of FGM and increasing secrecy surrounding the practice. At the community level, findings indicated that health education and community dialogues with parents and religious leaders can change attitudes towards FGM. Secondly, social media/marketing efforts are effective in changing social norms and attitudes towards abandoning FGM and, in some cases, in reducing FGM. The study, however, reported that efforts to convert and/or provide excisors with alternative sources of income are not effective in eliminating FGM. At the individual level, the review found that educating mothers can reduce the numbers of girls being cut. Also, that educating girls leads to improved knowledge and changing attitudes towards FGM. However, while activities associated with alternative rites of passage may lead to increased knowledge about FGM, this approach does not prevent girls from undergoing FGM. At the service level, the findings indicate that health-care provider training can improve capacity for prevention and treatment of FGM, and that further information is needed on the type of training and the best ways to address the gaps.
Launched the ACT Framework measuring social norms change: While there is recognition of the need to shift discriminatory social norms that sustain FGM, social norms measurement has lagged behind. The ACT Framework, published in 2021, was developed by UNICEF’s Child Protection and Social and Behavior Change (SBC) teams, in partnership with the Dornsife School of Public Health at Drexel University. Experts in social norms and behavior change from around the globe reviewed and contributed to the ACT Framework, which was piloted and validated in Ethiopia and Guinea. The framework provides much needed tools to measure changes in social norms and to understand if and how these changes affect the elimination of FGM. It includes a monitoring and evaluation framework, a compendium of indicators, and guidance on implementation. In 2021, it was rolled out through webinars in three regions: the Middle East and North Africa, West and Central Africa, and Eastern and Southern Africa. It is also being adapted and operationalized for measurement of social norms change related to FGM in Guinea, Mali and Sierra Leone.

Developed self-paced training courses: UNICEF developed an online, self-paced course, ‘Adolescent Girls’ Agency, Safety, and Wellbeing Playlist’ based on the basic elements of gender-transformative approaches in designing programs to end FGM and child marriage. Gender-transformative approaches recognize the need to address the complex interplay of social, cultural, economic and political factors, and the structural barriers, that drive gender inequality and negative gender stereotypes, as well as social and gender norms that perpetuate harmful practices such as FGM.

UNICEF also developed an online, self-paced course, ‘Exploring the Drivers of Behavior: The case of child marriage’, that supports learning about behavioral drivers and basic SBC designed for SBC practitioners and people working in child protection, on harmful practices, and gender, among others.

Both courses are accessible to the public.

COUNTRY PROGRAM RESULTS

UNICEF’s 2021 program results are presented below based on a global program results framework that includes outcomes and indicators for the elimination of FGM by 2030.

OUTCOME 1:
Countries have an enabling environment for the elimination of FGM in line with international human rights standards.

STRENGTHEN REGIONAL ACCOUNTABILITY MECHANISMS FOR ENSURING COMMITMENTS TO END FGM ARE MET.

Cross-border anti-FGM declarations in East Africa: Recognizing that borders are porous and border area communities often share similar traditions related to intermarriage, including FGM, UNICEF prioritizes addressing cross-border FGM as an emerging practice that undermines global efforts to end FGM. FGM-practising communities will cross borders to have girls undergo FGM as a way to avoid prosecution in their own countries. In 2019, an inter-
A ministerial meeting among Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania resulted in the adoption of a Declaration and Action Plan to End Cross-Border FGM. Findings from a report commissioned by UNICEF in collaboration with Kenya’s Anti-FGM Board showed that 71 per cent of those interviewed in the survey from Uganda and 60 per cent from Ethiopia travel to Kenya for FGM.19

While the COVID-19 pandemic delayed implementation of the Action Plan, International Day of Zero Tolerance for FGM in 2021 was marked in Alale, West Pokot County, Kenya, with a landmark signing of an End Cross Border FGM declaration by the Pokot elders and government representatives from Kenya and Uganda involving 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 ‘hotspot’ counties in Kenya met with their Ugandan peers to share good practices in youth engagement to end FGM. The Anti-FGM Youth Networks will be rolled out in the other counties to spearhead dialogue and awareness campaigns at the community level. The Chief Administrative Secretary also visited the Alale Rescue Center near the Ugandan border, where she met with over 90 girls who were receiving mentoring after not having undergone FGM and child marriage; she also pledged to provide the center with additional resources.

**Situational analysis of women and girls in the Middle East and North Africa (MENA) and Arab States Region:**

UNICEF, along with several United Nations agencies and international non-governmental organizations (NGOs), released in December 2021 a *Situational Analysis of Women and Girls in the MENA and Arab States Region: A decade review 2010–2020*, which presents the situation of women and girls in the region. The analysis noted that, while incremental progress has been documented, the pace has been slow and does not reflect the commitments made towards meeting the SDGs by 2030; nor have the challenges women and girls face in the region been addressed. The report highlights FGM prevalence in the region and calls on governments to do more to advance gender equality.

**INCREASE NATIONAL CAPACITY FOR THE DEVELOPMENT AND IMPLEMENTATION OF ANTI-FGM LAWS AND POLICIES.**

Among the 17 countries where UNICEF is implementing programs to eliminate FGM, 14 have laws banning the practice. The three countries where legislation does not exist are Mali, Somalia and Yemen. Somalia does not have a national law prohibiting FGM, although Puntland has criminalized FGM, and Somaliland’s Children’s Act protects children from all forms of abuse and neglect. Mali is also one of the last remaining African countries without a law banning FGM. A number of women’s rights groups have filed a case against the Government of Mali at the Economic Community of West African States regional court to try and force the authorities in Bamako to take action against FGM. The initiative could set a legal precedent and have wider implications on the continent. Yemen was poised to vote on a comprehensive Child Rights Act in 2014, which would have banned FGM and child marriage. However, following seven years of conflict, with millions of Yemenites suffering from the compounded effects of the war, ongoing economic crisis and disrupted public services, and state fragmentation, introducing legislation criminalizing FGM in Yemen is unrealistic at the moment.

While no new laws were introduced in 2021, UNICEF advocated for strengthening existing legislation, including introducing amendments to the Egyptian law with stricter penalties, and supporting adolescent girls in Guinea in calling on the Ministry of Justice to ensure FGM cases are prosecuted to the full extent of the law.

In **Egypt**, UNICEF contributed to strengthening the country’s child protection legal framework according to international standards by supporting the issuance of an amendment to the Egyptian penal code to increase the penalties for practicing FGM. This measure comes one year after a young adolescent girl died in southern Egypt while undergoing medicalized FGM.

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**Egypt amends anti-FGM law**

UNICEF Egypt produced a video on Facebook that provides information about the amendments to the anti-FGM law, which includes more severe penalties for medicalized FGM; the video received 782,000 views.
FGM has been criminalized in Egypt since 2008. However, the first conviction for performing an FGM procedure took place only seven years later. The current amendment constitutes the second time over the past six years that Egyptian authorities have enhanced penalties against the crime of FGM. The previous amendment to the penal code involving FGM was in 2016. It imposed a term of imprisonment of five to seven years on perpetrators, whether they are medical practitioners or not.

A bill was approved on 21 March 2021 introducing amendments and a new article, 242 (bis) A, all under Law 78/2016 of the Egyptian Penal Code. The main purpose of the amendments is to enhance penalties against the crime of FGM by expanding the previous criminal penalty of up to seven years’ imprisonment to up to 20 years of imprisonment. Doctors and nurses who perform FGM are punishable by at least five years of imprisonment. A doctor or a nurse who engages in medicalized FGM that results in the death of a girl may face up to 20 years of imprisonment.

During 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 the implementation, by judges, of the provisions criminalizing FGM. The Minister of Justice committed to issuing a circular asking judges to apply the law to the fullest extent, including issuing prison sentences instead of suspended sentences and fines. In April 2021, the Ministry of Justice of Guinea adopted a circular intended for the courts, in support of improvements in the application of the legal provisions that criminalize the practice of FGM as stipulated in the revised children’s code. This resulted in an increase in court cases. In 2020, there were eight reported cases of FGM; in 2021, the number increased 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 the perpetrators of FGM, while fostering dialogue in the communities about the need to end the practice.20

ENSURE LAW ENFORCEMENT STAFF (POLICE, PROSECUTORS AND JUDGES) ARE COMPETENT IN APPLYING ANTI-FGM LAWS.

While the majority of FGM-prevalent countries have laws that criminalize FGM, limited expertise and resources often hinder the implementation of legislation. A priority for UNICEF remains strengthening capacity within the justice sector for the enactment of legislation that protects the rights of girls to be healthy and to live free from discrimination and violence, including FGM. UNICEF also supports raising awareness about legislation at the national and community levels; building the capacity of members of the justice sector such as police, prosecutors and judges; providing free legal services to girls and women at risk of and affected by FGM; and creating synergies with other sectors that play a role in girls and women accessing justice, such as health, education and social services. The enforcement of laws also remains an issue in a context where judicial systems have limitations and many actors – including judges – embrace discriminatory social and gender norms and stereotypes.

Such support has paid off in the last four years. In 2021, there were 206 arrests, which is higher than the 154 arrests made in 2020 but close to the number of arrests made in 2019, which was 207. The number of cases brought to court in 2021 – 215 – is significantly higher than in previous years. There were 114 cases in 2020, 175 in 2021, and 154 in 2018. **The number of convictions and sanctions in 2021 was 135 – almost three times higher than in each of the past three years.**

In Sudan, a road map was operationalized in 2021 to enforce Criminal Law Article 141, led by the National Council for Child Welfare (NCCW). Article 141 was finally mainstreamed in the judiciary training manual and was endorsed in a one-day workshop organized by the Judiciary Training Institute in collaboration with UNICEF and NCCW. More than 1,500 law enforcement officials and 120 judges, prosecutors, and the Family and Child Protection Unit of the police were trained in child-friendly procedures and on the implementation of the new article criminalizing FGM.
In **Burkina Faso**, UNICEF supported the operationalization of the National Gender Strategy and capacity-building in gender- and child-responsive budgeting. Building upon the lessons learned from 2020 capacity-building activities, training modules were reviewed and adapted to the sociocultural realities in rural Burkina Faso. The updated tools were utilized in four additional rural communes in the Plateau Central and Boucle du Mouhoun regions. UNICEF also provided technical and financial support to the development of the new Zero Tolerance to FGM Strategic Plan (2022–2026).

UNICEF supported the Ministry of Women and Social Affairs in **Ethiopia** to conduct an expenditure and programmatic review of the first year of the National Costed Road Map to End FGM (2020–2024). The final report will be used as an advocacy instrument to request stronger commitment and allocation of resources across government sectors to end harmful practices. First results show that the source of funding for the Road Map is mainly United Nations agencies and development partners, and that more financing from government offices is needed to ensure stronger sustainability and accountability to end FGM by 2030.

The Ministry of Gender, Children and Social Welfare in **the Gambia**, through its new Director of Gender & Women Empowerment, drafted a National FGM Strategy and Action Plan for 2021–2025. The latest strategy addresses gaps in implementation of legislation that bans FGM, insufficient capacity to integrate FGM interventions into existing gender and social development programs, women’s low awareness of their legal rights related to protection from FGM, and gaps in capturing and analysing data on FGM.

The Ministry of Social Action, Children and the Family in **Mauritania** updated its National Strategy for Eliminating FGM (2021–2030) and budgeted action plan for the next decade. This new strategy emphasizes reducing gender inequalities and promoting social norms change. The strategy is aligned with a five-year action plan for achieving the SDGs.

The National Policy and Plan of Action for the Elimination of FGM in **Nigeria** (2021–2025) builds on existing gains, addresses emerging gaps and challenges, and provides a foundation for further actions to stop FGM in the country. The previous National Policy and Plan of Action (2013–2017) integrated important provisions and strategies to address FGM gaps, such as creating corresponding guidelines and tools for policy implementation. The latest policy builds on commitments from national and state-level governments, the existence of national and subnational legal governance structures, and the potential for localized decision-making. In alignment with the National Policy, UNICEF supported 46 local government areas (LGAs) in Ebonyi, Ekiti, Imo, Osun and Omo states to develop two-year LGA FGM Elimination Action Plans (2022–2023), which provide a sustainable self-guided strategy for FGM elimination, using the LGA’s own resources and linking up with government, CSOs and development partners.

UNICEF supported the development of the first costed national action plan to end FGM in **Somalia**, led by the Ministry of Women and Human Rights Development. The action plan is key to improving coordination, collaboration and action to eliminate FGM in the country. It is also critical for implementing the regional cross-border action plan on FGM with Ethiopia, Kenya and the United Republic of Tanzania. The action plan is still undergoing review and will be finalized and disseminated in 2022.

The **National Strategy and Action Plan on FGM (2021–2031)** strives for an FGM-free **Sudan** within one generation. The new strategy builds on positive lessons learned from the previous strategy for FGM elimination (2008–2018), such as institutional and capacity-building of the National Council for Child Welfare to lead the coordination of FGM programming at the federal and state level; the role of religious leaders in raising awareness and shifting attitudes towards the practice; creating a positive association with girls who do not undergo FGM through the ‘Saleema’ campaign (a social marketing strategy that has proven effective in shifting social norms which sustain FGM); and engaging the education sector in promoting FGM elimination. UNICEF continues to advocate for the National Strategy and Action Plan to have a dedicated budget.
Despite the provisions of the Women’s Act 2010 explicitly criminalizing the practice of FGM, cases have not been successfully prosecuted in the Gambia. Capacity-building interventions for judicial actors have been conducted with support from UNICEF, to strengthen their capacity and understanding of the legal framework on children’s rights, including the adjudication and prosecution of FGM. To that end, 25 state counsels from the Ministry of Justice and 43 judges, magistrates and children’s court panelists from the judiciary were trained on the Children’s Act and child-friendly justice, including the laws on FGM in the country. Additionally, 37 registrars and court clerks were trained on data management for child protection and child justice. A training manual and guidelines for prosecutors on child justice and GBV were developed to strengthen implementation of the Children’s Act and to fully promote and fulfill the rights of child victims of GBV, including FGM, in the justice system.

CREATE NATIONAL ACTION PLANS FOR THE ELIMINATION OF FGM.

Many States have recognized that a coordinated and sustained approach is necessary to address such a prevalent and deeply entrenched harmful practice as FGM. Strategic, long-term programs that address the underlying drivers of FGM and strengthen the systems that respond to it are a feature of recent policy in this field, as opposed to the more reactive approach of earlier work. Costed national action plans are essential to this effort, providing comprehensive, multisectoral and sustained ‘blueprints’ for ending FGM. National action plans often aim to reduce the prevalence of FGM, improve intergovernmental coordination and how governments work with relevant stakeholders, increase support for FGM prevention and response towards survivors, and create innovative and targeted ways to bring about societal and institutional change. The number of evidence-based costed national action plans to end FGM rose from 8 plans in 2018 to 14 plans in 2021.

See Table 2 for highlights of some of the national action plans that were drafted or launched in 2021.

STRENGTHEN OWNERSHIP AND SOCIAL ACCOUNTABILITY FOR THE ELIMINATION OF FGM.

Strengthening ownership and accountability are key strategies for ensuring the sustainability of interventions beyond UNICEF support through the engagement of governments, civil society and communities in planning, localizing, implementing and monitoring national strategies, and by creating accountability mechanisms at the local and national levels for achieving the elimination of FGM by 2030. In 2021, there were 24 annual progress reports with recommendations on FGM elimination produced by regional and national CSOs and youth networks – the highest number of reports since 2018. These reports were presented to policymakers to influence the direction and implementation of anti-FGM strategies.

With UNICEF’s support, 13 out of 22 targeted municipalities in Burkina Faso developed Municipal Action Plans for children’s rights that included FGM prevention and response. UNICEF also supported the implementation of social accountability mechanisms in 183 municipalities. These mechanisms are contributing to strengthened ownership in local development planning and monitoring for children’s rights, including public financing for children.

A strategic partnership established with the Ministry of Youth in Senegal enabled engagement with youth networks to facilitate social dialogues about FGM among peers and communities. With UNICEF support, 17 youth coordinators strengthened their capacity in facilitating social dialogues on gender equality and FGM. The youth coordinators demonstrated increased capacity to mobilize other leaders within communities to end FGM, including religious and opinion leaders, and local authorities. In 2021, 132,892 youth and parents (including 37,369 girls, 20,631 boys, 49,711
women and 25,181 men) engaged in community dialogues. National authorities launched a major social media campaign for FGM elimination using the hashtag #garderentière (‘keep her free from FGM’), following a participatory process for designing the campaign that convened civil society, religious leaders and youth networks. The social media campaign engaged 1,007,160 people and 570,677 people were reached through UNICEF’s digital campaign, including 9 per cent engagement, 51,498 impressions, 377 comments, and 484 shares.

Each year the Annual Youth Conference organized by the Government of Sudan and UNICEF brings adolescent boys and girls together to develop recommendations to improve policies and programs, and to strengthen their skills in advocating for gender equality and the elimination of. The Ninth Annual Youth Conference titled ‘National Youth Conference: Amplifying youth voices to end FGM’ took place in Blue Nile state from 11 to 13 October 2021 and brought together 200 youth participants. The forum received high-level political attention and participation, including attendance by the Governor of Blue Nile. As a platform for voicing changes sought by the youth, the forum amplified calls for youth-led workplans, better health and safety precautions for young people, and youth employment. It also reflected calls to reflect diversity in Sudan’s educational curriculum and enhance youth access to technology.

Several workshops were conducted during the forum to discuss the harmful practices girls and women face in their communities, such as FGM. The forum promoted youth engagement, leadership, participation in decision-making and knowledge sharing.

**MEDICAL AND PARAMEDICAL ASSOCIATIONS ADVOCATE AGAINST MEDICALIZATION OF FGM.**

FGM has become increasingly medicalized. Trained health professionals who perform the practice violate girls’ human rights, including their right to health; to be free from violence to life and physical integrity; to non-discrimination; and to be free from cruel, inhuman and degrading treatment. 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 are seen to 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 girls), had the procedure performed on them by a health professional. This proportion is twice as high among adolescents (34 per cent among those aged 15–19 years) compared to older women (16 per cent among those aged 45–49 years). The countries

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**I’m a medical student and I’m interested in ending FGM, child marriage and topics surrounding reproductive health. I participated in the National Youth Conference because it’s a great platform to advocate for girls’ rights. I believe FGM is a negative social norm deeply rooted in our culture and hard to eradicate, but given its harmful and long-lasting consequences we need to take serious steps to end it.**

**EIMAN ELSIR, 21 YEARS OLD, AL GEZIRA**

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**A movement for good to end female genital mutilation in Nigeria**

On 28 April 2022, the Nigerian Government and UNICEF launched a campaign to end FGM titled ‘**A Movement for Good to End FGM in Nigeria**’. The launch was attended by nearly 2,000 key stakeholders from across the country. With an estimated 19.9 million FGM survivors, Nigeria accounts for the third highest number of women and girls who have undergone the practice worldwide. A Movement for Good is in response to a worrying trend of increasing cases among Nigerian girls aged 0–14 years in five Nigerian states where the practice is highly prevalent: Ebonyi, Ekiti, Imo, Osun and Oyo. Through an online pledge to ‘say no’ to FGM, the campaign expects to register 5 million Nigerians committed to ending FGM, including families and communities; traditional and religious community leaders; community health workers; national associations of nurses, midwives and doctors; policymakers; CSOs; youth groups; media organizations; justice sector actors; and state officials. The campaign follows successful high-level commitments to end FGM in countries such as Burkina Faso, Egypt and Kenya.
where the percentage of girls aged 0–14 years who underwent FGM performed by health professionals is highest include: Egypt (78 per cent) and Sudan (77 per cent). These are followed by Indonesia (62 per cent), Guinea (31 per cent), Djibouti (21 per cent), Kenya (20 per cent), Iraq (14 per cent), Yemen (13 per cent) and Nigeria (12 per cent). Medical and paramedical associations can play a powerful role in championing the end of medicalized FGM. The number of medical and paramedical associations declaring that FGM performed by health professionals is an unethical practice increased from 73 in 2020 to 77 in 2021. Examples of UNICEF’s interventions in 2021 promoting ending medicalized FGM include the following:

- In **Egypt**, UNICEF supported training sessions for nearly 600 health professionals to increase their knowledge about the health risks associated with FGM, while engaging with medical schools in Upper Egypt to integrate medicalized FGM in training programs.

- In **Sudan**, around 100 midwives, health workers and doctors attended a celebration of International Day of Zero Tolerance for FGM at the Aldayat Maternity Hospital in Khartoum, which was livestreamed on Facebook and viewed by 1,240 people.

- In **Senegal**, 105 imams were trained in responding to arguments used by community members during community dialogues justifying FGM as a religious obligation or claiming medicalized FGM reduces health risks.

**OUTCOME 2:**

Girls and women are empowered to exercise their rights by transforming social norms in communities to eliminate FGM.

**LAUNCH PUBLIC DECLARATIONS PLEDGING TO ELIMINATE FGM.**

Public declarations involve a community-wide celebration, often bringing together local government, religious and community leaders, service providers, community-based organizations, media and community members to make an official pledge to end FGM. In 2021, **4,475 communities made public declarations committing to eliminate FGM**, marking a 48 per cent increase from 2020 in the proportion of communities doing so, and representing the highest number of communities since 2018. There were also **10,150 community-to-community dialogues on FGM elimination**. Community-to-community dialogues are a way to extend UNICEF’s reach through organized diffusion to help spread information on the benefits of ending FGM through connected communities or social networks.

The **Saleema initiative**, launched in 2008 by the National Council of Child Welfare and UNICEF **Sudan**, provides positive communication tools that support the protection of girls from FGM, particularly in the context of efforts to promote collective elimination of the practice at community level. The brand equity construct – identification with the Saleema brand and the benefits of FGM elimination that it promotes – is hypothesized as the mediator of behavior change. Saleema is based on a theoretical model of social norms and the potential to change those norms through creating an alternative narrative and identity for ending the practice. The intervention component involves campaign messaging and activities targeted to the entire population, with a primary focus on parents who are making decisions on FGM, and a secondary focus on adolescent girls. The campaign includes community dialogue sessions, a mass and social media campaign, and public declarations. During 2021, a total of 81 communities made public declarations to end FGM and join the Saleema movement. A total of 14,866 community dialogues were conducted, while other communities continued to receive program support to move towards or maintain their status as FGM free.
In addition to the traditional approaches used prior to the onset of COVID-19, UNICEF Guinea also implemented strategies for FGM elimination adopted in 2020 during the pandemic. The use of rural and community radio; video conferencing through Zoom, Google Meet and Microsoft Teams; and social media platforms such as Facebook and WhatsApp, facilitated education sessions and community dialogues. Emphasis was placed on the participation of children’s associations, and adolescent’s and women’s groups, in support of social and gender norms change. These education sessions and community dialogues resulted in 63 public declarations of FGM elimination. The involvement of these new actors made it possible to broaden awareness-raising activities, which was reflected in an increase in the number of villages which have publicly pledged to end FGM from 247 communities in 2020 to 341 in 2021. Community surveillance mechanisms also improved, resulting in an increase in the number of cases of FGM reported to the judicial system, from 8 cases in 2020 to 25 in 2021.

**ESTABLISH COMMUNITY-LEVEL SURVEILLANCE SYSTEM MONITORING COMPLIANCE WITH PUBLIC DECLARATIONS COMMITTING TO END FGM.**

The Community Empowerment Program launched in 1991 by UNICEF Senegal, the Government of Senegal, and the international NGO Tostan, includes a process of community-led education sessions and dialogues which culminate in public declarations of FGM elimination – a critical milestone in the process of ending the practice. The declarations in no way imply that a community has completely eliminated FGM but rather signal its members’ readiness to change social expectations around the practice.

UNICEF no longer sees public declarations as the final step in the collective process of FGM elimination but rather a critical step in the right direction. Community surveillance provides a community-driven model for monitoring and reporting girls at risk of FGM, and allows community members to hold each other accountable in honoring the commitment made to end the practice following a public declaration. A **community-level surveillance system was established to monitor compliance with commitments following public declarations of FGM elimination in 3,813 communities** – an increase in the number of communities by 46 per cent compared to the previous year. In 2021, 216,853 girls were protected from undergoing FGM in 2021, double the number of girls protected in 2020.

In **Burkina Faso**, 8,925 focus group discussions were facilitated by community advocates, community support facilitators and peer educators, involving a total of 382,201 people, including 215,603 girls and women. In 2021, 1,235 villages made public declarations in support of the elimination of FGM. UNICEF supported the implementation of an integrated strategy to strengthen community-based child protection systems. Following the public declarations, community-based child protection units (CBCPUs) were set up in 905 new villages. Support for the CBCPUs included 630 community-based health agents capacitated to facilitate awareness-raising sessions and the identification of girls at risk of FGM, as well as to provide support for referrals. UNICEF and partners contributed to protecting 477,208 girls from undergoing FGM. In 2018, the CBCPUs protected 175,724 girls from undergoing FGM.
In Nigeria, information technology such as web-based audio/video conferencing tools like Zoom, proved invaluable during the COVID-19 pandemic in 2020 in terms of coordinating meetings and trainings. WhatsApp was useful for communicating with community volunteers who lead community surveillance intended to protect girls from undergoing FGM. In 2021, following public declarations, 888 out of the 919 communities established surveillance systems that protected 3,335 girls from undergoing FGM.

SUPPORT RELIGIOUS LEADERS TO PUBLICLY DELINK FGM FROM RELIGIOUS REQUIREMENTS.

Religious leaders, as community gatekeepers, can strongly influence shifts in social and gender norms. Therefore, engaging religious leaders is critical for shifting social and gender norms in countries where FGM is perceived to be a religious requirement. The number of communities where religious leaders made public statements delinking FGM from religious requirements was slightly lower than in the previous year – 5,406 in 2021 compared to 5,943 in 2020.

In partnership with the Ministry of Muslim Affairs and the National Union of Djiboutian Women, a network of 60 religious leaders, and 33 community management committees, UNICEF supported the organization of community dialogues in Djibouti, in which 61,457 people, including 29,823 men, participated in community dialogue sessions.

Led by the Ministry of Religious Affairs in Somalia, two consensus agreements were drafted by key religious leaders who support zero tolerance for FGM. The two forums organized in Mogadishu enabled religious leaders to discuss the role of Islam in perpetuating the practice. The meetings were followed by a virtual forum between Egyptian and Somali religious leaders to learn how Egypt reached a consensus to end FGM. The consensus agreements were a significant development as it had been years since religious leaders had reached an agreement to support the elimination of FGM in Somalia.

In Mauritania, UNICEF drafted a report that assessed the effectiveness of workshops targeting religious leaders in four wilayas (provinces) – Hodh Ech Chargui, Assaba, Guidimaka and Gorgol – intended to strengthen national efforts to eliminate FGM. The workshops increased awareness about national and regional fatwas (religious legal edicts) that ban FGM, legislation that criminalizes the practice, and the General Child Protection Code. Thirty-five religious leaders per wilaya participated in trainings about the harmful consequences of FGM. As a result of the workshops, religious leaders improved their capacity to identify and report cases of FGM in their communities, and to lead prevention activities. They also created action plans for working with their communities. Recommendations made by the participants of the training sessions included the following:

- Sensitize communities through sermons in mosques and education sessions about FGM which support challenging social and gender norms that condone violence against girls and women.
- Organize public awareness campaigns on anti-FGM laws, emphasizing the difference between the teaching of Islam and harmful practices.
- Create a follow-up mechanism for trained imams that ensures they receive continued support, including capacity development, for promoting the elimination of FGM in their communities.

We all witness the consequences of FGM in our communities. One of my relatives had prolonged labour and suffered from fistula. These experiences make us even more aware. We used to believe that FGM was a religious practice, but through training by religious scholars and the Ministry of Women, Children and Youth Affair, we have learned that it is a harmful practice and that our religion does not allow it. The training and continued conversation with religious scholars has helped us understand that FGM is not a religious obligation which Muslims are required to do. This is what we teach our congregation. At every ‘Salatul-Jumu’ah’ or Friday Prayer, we set aside time to talk about harmful practices to reach the wider community.

SHEIKH HUSSEN ABDELA, MUSLIM RELIGIOUS LEADER, FEREJAT KEBELE, DALOCHA WOREDA, ETHIOPIA
ENCOURAGE COMMUNITY LEADERS/TRADITIONAL RULERS TO PUBLICLY DENOUNCE FGM.

Working with – rather than against – traditional leaders is crucial to ending FGM and promoting girls’ and women’s empowerment. Engaging traditional leaders as community influencers can create community ownership in social and gender norms change. In 25,574 communities, community or traditional leaders publicly denounced FGM, which marked a 68 per cent increase compared to the previous year.

In 2021, 977 community, religious and administrative, and traditional community leaders in Guinea were trained as role models who support NGOs and members of community-based protection structures. They participated in awareness-raising activities about the consequences of harmful practices on the health and well-being of girls and women and on FGM as a violation of their human rights.

UNICEF engaged 1,873 religious and traditional leaders in Guinea-Bissau, as well as youth, in Bafata and Gabu regions, where FGM is most common and there is a trend towards performing the practice at younger ages. Compared to older women, adolescent girls in Bafata and Gabu regions were more likely to have experienced FGM before age 5. Engaging religious leaders is a key strategy for stopping the practice, given that 90 per cent of girls and women aged 15–49 years who have undergone FGM identify as Muslim.

OUTPUT 2.1: Improved community and interpersonal engagement to address and amplify social and gender norms transformation.

USE EDUCATION, SENSITIZATION AND SOCIAL MOBILIZATION PLATFORMS TO PROMOTE THE ELIMINATION OF FGM.

Education, sensitization and social mobilization engage community members to deliberate on new norms and behavior pathways for the elimination of FGM. The combined strategy of social mobilization and community engagement creates public spheres for learning, debate, critical reflection, and the building of cross-community partnerships to raise awareness on issues of concern such as FGM.

During the COVID-19 crisis in 2020, as access to communities was increasingly restricted, countries adapted and innovated to ensure continued engagement with communities using mass and social media, often integrating messages about FGM into risk communication and community engagement campaigns related to GBV and COVID-19. As a result, a total of 25,127,798 people participated in education, sensitization and/or social mobilization sessions.

In 2021, 5,534,915 people actively participated in education, sensitization and/or social mobilization sessions promoting the elimination of FGM.

Community interventions to transform social and gender norms related to FGM in Guinea bring together multiple actors such as community protection structures, women and youth groups, religious and traditional leaders, and adolescent leaders, to support the process of changing social and gender norms by understanding over time the benefits of ending FGM. In Guinea, education sessions and community dialogues on FGM reached 227,895 people in 2021, including 69,517 men, 81,363 women, 32,544 boys and 44,471 girls, compared to a total of 165,837 people in 2020. As a result of community mobilization efforts, 6,520 girls aged 0–14 years were identified and protected against FGM, compared to 5,474 girls of the same age in 2020. These girls were mentored by 396 women who were former FGM practitioners or women leaders in their communities, who support girls’ transition from childhood to adulthood without FGM.
Training workshops supported by UNICEF were organized for girls in 2021 in Mogadishu, Hargeisa and Garowe in Somalia. The content of the training included life skills and strategies for delivering peer-to-peer communication that encourages girls and women in Somalia to demand an end to FGM. A total of 273 girls and young women benefited from this training and were able to conduct peer-to-peer education and sensitization sessions in their communities, reaching approximately 18,000 persons with messages to take action to end FGM.

UNICEF supported community-based parenting sessions in Uganda to promote gender-transformative parenting skills as a way to encourage parents’ engagement in FGM prevention. A total of 1,985 parents were reached through sessions in FGM-practicing districts. The approach has proven to be more welcomed by the community as the conversation in support of FGM elimination is not viewed as an attack on the community’s culture but rather an issue of child protection. The parents are beginning to appreciate the importance of protecting their children from the impact of violence in its different forms, including emotional and physical abuse.

To promote community sensitization on FGM elimination, UNICEF Mali reached 878,549 people (98,820 girls, 96,241 boys, 408,222 women and 275,266 men), including local leaders and authorities, in Kayes, Koulikoro, Sikasso, Ségou and Bamako regions through participatory theater, social media and local radio. As a result of UNICEF’s campaign promoting social and gender norms change and girls’ education, 445 cases of FGM were reported and prevented.

**CREATE RADIO AND TELEVISION PROGRAMS PROMOTING FGM ELIMINATION.**

In addition to mobilizing communities, UNICEF conducts national media campaigns with the aim of promoting behavior change and raising awareness about FGM using radio and television – the best means of communicating, where appropriate, with a wide audience. Radio and television can also be interactive when listeners/viewers are given the option of calling in with a question or sharing their opinions on the practice. Both mediums can also serve as entertainment education – a communication strategy and process by which media messages are planned and created with an aim to entertain and educate, while promoting FGM elimination. Radio and television programs reached 14,778,935 listeners and viewers, which was 3.5 times less than in 2020 when UNICEF relied heavily on mass media to reach families facing stay-at-home measures during the COVID-19 pandemic; however, this was higher than the number of people reached in 2019 and 2018.

UNICEF Ethiopia started a collaboration with Girl Effect in 2021 to develop the edutainment television series, Yegna (now in its fifth season), covering the theme of FGM. Girl Effect’s youth brand, Yegna, is a household name that has nationwide reach through its media content. It is Ethiopia’s first television drama for teenagers, a national broadcast

My name is **KHUMBA** and I am 17 years old. I got married a year ago and just had my first child. I had never met my husband before our wedding day, he lives abroad. I stayed to live with my parents in the village. He visits me regularly. In Mauritania it is estimated that more than one in three women aged 20 to 24 are married before the age of 18. Before the wedding I was studying, I was in my third year of college. But then I had to quit school. When my father told me that I was getting married, I protested, my mother too, but he had the last word. Now I take care of my little girl. Since puberty I have been experiencing stomach pains which got worse after marriage. Sometimes I can’t even stand up. After attending the education sessions about FGM, I realized that these pains were most likely linked to having undergone the practice excision. I discussed it with my husband. I explained to him how I felt and all the complications it could cause. In the end, we decided that we would never do this to our little girl."

* [https://www.facebook.com/UNICEFMauritanie/posts/24464683455952617_rdc=2&_rdr](https://www.facebook.com/UNICEFMauritanie/posts/24464683455952617_rdc=2&_rdr)
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. Currently, UNICEF is supporting the development of the storyline for season 5 for broadcasting in 2022. UNICEF partnered with Population Media Center through ongoing radio dramas and listener group interventions on FGM to raise awareness on harmful practices and strengthen adolescent girls’ life skills and self-reliance.

UNICEF reached 989,578 people in Mali through radio broadcasts, providing information and education sessions on the consequences of FGM. A total of 9,798 mobilization sessions were carried out, including 5,678 radio broadcasts. In addition to mass media communications, UNICEF used forum theater, home visits, counselling sessions, as well as group therapy sessions to sensitize people and promote critical dialogue about FGM as a harmful practice.

In Uganda, 2,752 government and NGO partners (2,002 male and 750 female) were trained on SBC, which enhanced their capacity to plan, implement and monitor integrated media campaigns on FGM. Through radio and television talk shows, as well as community dialogues, UNICEF reached 2,072,963 women and men, including 537,069 boys and 523,089 girls in 28 districts, to promote social and gender norms change in support of the elimination of FGM.

PROMOTE FGM PREVENTION THROUGH SOCIAL MEDIA ENGAGEMENT.

In many countries, the reach of social media is growing fast, particularly among youth, in part because they are designed to be interactive. Facebook, WhatsApp, Twitter, Instagram and YouTube offer opportunities for communication on FGM, among different groups in different countries, depending on their reach. UNICEF generally uses social media to mobilize adolescents and young people, to provide opportunities for online civic engagement in supporting the end of FGM, and to provide a source for critical information on the health consequences of FGM and access to services. In 2021, there were 17,637,331 interactions on social media activities related to FGM, which is 55 per cent higher than interactions in 2020 and the previous two years.

Mass and social media also play a critical role in amplifying the campaign to end FGM in Nigeria. UNICEF’s #endcuttinggirls social media campaign is run by young social media advocates facilitating discussions on ending FGM, providing real-time reporting and platforms where community members can talk about FGM. From 2018 to 2021, the #endcuttinggirls social media campaign recorded 13,611,287 interactions on six platforms: Facebook, WhatsApp, YouTube, Twitter, Instagram and a website (all UNICEF Nigeria social media platforms have switched over to A Movement for Good). In 2021, social media engagements were limited following a ban on the use of U-Report: UNICEF’s flagship platform for youth

In 2021, UNICEF Nigeria conducted a survey using U-Report, a messaging tool that empowers young people around the world to engage with and speak out on issues that matter to them. The survey was sent out to respondents in Oyo, Osun, Ekiti, Ebonyi and Imo (states with the highest FGM prevalence) and 30,649 responses were received. The findings from the survey point to a generational shift in attitudes towards FGM:

- Do you know what FGM is? 54% Yes
- Do you think there are any benefits to having FGM? 68% No
- Is FGM legal? 72% No
- What will you do if you hear or witness a case of FGM? 55% Report; 21% Call Child Helpline
- Are you planning to cut your current/future daughters or sisters? 84% No
- Have you attended any community dialogues or public events on FGM, prior to COVID-19? 77% No
- How many people do you think practise FGM in your community? 30% None; 20% Very few; 19% Few; 16% Some; 15% A lot
- If you decide not to cut your daughter/future daughters, do you think that others in your community would judge you negatively? 77% No
- Are you in favour of the elimination of FGM? 81% Yes
- As a man, would you marry a woman who has not undergone FGM? 86% Yes
- Do you think that you and your friends have a very different opinion on FGM compared to your grandparents? 75% Yes
Twitter in Nigeria from June until the end of the year. This reduced the number of people who were reached through weekly Twitter conferences that had been occurring since November 2015. On the other hand, the YouTube channel, which is a huge resource for audiovisual materials with 48 videos on FGM, received 649,267 views and 6,382,667 impressions. The channel has 1,195 subscribers.

UNICEF Mauritania released a public service announcement under the slogan ‘silence is not an option’. The video, which captures people’s reactions to a recording of a girl undergoing FGM, is intended to mobilize people to take action and speak out about FGM as a harmful practice.

The video received 60,000 views on Facebook and 270 views on Twitter.

In partnership with the Ministry of Youth and the Promotion of Youth Entrepreneurship, UNICEF launched the Faso Youth Caravan with the objective of increasing opportunities for commitment and action by adolescents and young people in Burkina Faso. The caravans include training, debates, awareness raising, active citizenship, sports, art exhibitions and concerts by many artists committed to the rights of children and young people. The objective behind the caravans is to listen, co-create solutions, and increase spaces for dialogue and action.

UNICEF

Scaling up Egypt’s National Girls’ Empowerment Initiative (Dawwie)

Dawwie is a national girls’ empowerment initiative led by the National Council for Childhood and Motherhood, in partnership with the National Council for Women, with technical support from UNICEF. Dawwie focuses on eliminating FGM, promoting the empowerment of adolescent girls, and supporting gender-responsive parenting. It provides digital literacy training for girls and boys, supports girls’ groups, promotes social media platforms, produces edutainment, and provides girls and boys from some of the most marginalized communities in Egypt opportunities for active citizenship. Dawwie is currently being implemented in 21 governorates.

In 2021, UNICEF scaled up Dawwie interventions, including storytelling circles, intergenerational dialogues, digital literacy training and interactive community activities promoting girls’ empowerment. Through Dawwie, 28,240 girls graduated from the capacity development program and 562 master trainers and facilitators were trained on community dialogues for social norms change in 198 new villages in Assiut, Qena, Sohag, Aswan and Fayoum. As Dawwie also focuses on engaging boys, parents and community members, 8,638 boys and 18,122 parents/community members were reached. Dawwie scaled up community dialogue interventions in partnerships with faith-based organizations, resulting in approximately 53,000 community members engaged through viewing clubs that include films and videos on FGM followed by interactive discussions.

The Dawwie Facebook account @DawwieInitiative has reached over 10 million users. The fan base consists of 76 per cent females and the highest engagement rate is 56 per cent among girls aged 13–17 years. Dawwie often targets the most vulnerable and marginalized children in Egypt, giving them access to digital platforms that are normally out of reach. UNICEF also continued supporting women leaders through a training-of-trainers program to promote girls’ and women’s human rights, including the right not to be subjected to FGM. A total of 18,017 women were reached through community dialogues on the political and legal rights of women and women’s economic empowerment.

I want to have access to education, to complete my studies, to have an income that allows me to be independent. I want people living in poor neighborhoods to have the same opportunities as people in wealthy neighborhoods. I imagine a world where there is respect for different cultures, respect for women and men...I dream of equality.

MARIAM RABEE'A, A 16-YEAR-OLD MEMBER OF DAWWIE FROM CAIRO, EGYPT.
implemented a comprehensive package of activities led by adolescents and young people, and invested in the promotion of innovative channels to engage with them. These interventions significantly increased opportunities for youth to contribute to social change and capacities to make their voices heard and build social cohesion through online and offline solutions. Over 60,000 youth participated in activities provided by the caravans, including training in gender equality, leadership, social cohesion and COVID-19 prevention led by youth in eight regions, including those affected by humanitarian crises. This action brought together authorities, civil society and the private sector, and more than 4 million people were reached via the media, social networks and mobile phones on youth engagement to end FGM. The number of U-Reporters increased from 60,000 to 106,000 and U-Reporter clubs scaled up from 31 to 49. Furthermore, 30 youth were trained in mobile journalism (MoJo). MoJos are staff or freelance journalists who use digital cameras and camcorders, laptops, smartphones and/or tablets to report on FGM.

**OUTPUT 2.2: Strengthened girls’ and women’s assets and capabilities to exercise their rights.**

**EMPOWER GIRLS AS CHANGE AGENTS TO END FGM.**

Enhancing girls’ agency to exercise their rights includes ensuring access to education and after-school clubs that provide girls (in and out of school) with life-skills training and opportunities to develop their leadership skills, expand and strengthen their social networks, and engage in civic action. Activities around active citizenship give girls the experience they need to participate as citizens who assert their rights and hold their community and country leaders accountable. Girls’ clubs also provide mentoring and role models, as well as a safe space for girls to explore new ideas and challenge discriminatory social and gender norms. In 2021, in 9,234 communities, girls were empowered to become change agents, which was 2.5 times more than the number of communities in 2020. In 2021, 198,437 girls participated in activities intended to enhance their agency, a significant increase compared to 90,302 girls in 2020, 109,951 in 2019 and 80,478 in 2018.

Out-of-school girls’ platforms in Ethiopia were affected by COVID-19 restrictions, as gatherings and face-to-face meetings between adolescent girls were limited. In response to this, UNICEF, in partnership with Viamo, launched a 16-week remote training in February 2021 for adolescent girls who are leaders of girls’ clubs. Through interactive voice recordings, 195 in- and out-of-school girls (aged 15–24) from the Southern Nations, Nationalities, and Peoples’ Region (SNNPR) received weekly content on FGM and guidance on facilitating discussions with their peers on harmful practices. 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 first lesson of the remote training ‘outlining the learning journey ahead’ reached 197 girls’ club leaders in SNNPR through their mobile phones. Of these girls, 140 completed the lesson’s narrative (or key messages) and 72 girls completed the quiz, which asked the following question: “Were you able to discuss issues around FGM with members of the girls’ clubs during COVID-19?” Fifty-nine girls answered “yes” and 13 girls answered “no”. The second lesson on how to keep girls engaged when face-to-face interaction is limited reached 166 girls, with 115 of them completing the lesson and 71 completing the quiz. The quiz asked girls whether they feel confident to interact and engage with the girls’ club members, and 64 girls answered they do feel confident to do so. The latest lesson that was sent out, ‘refresher knowledge on FGM’, reached 145 girls, with only 46 of them answering the question: “Do you feel confident in saying “NO” to FGM and protecting other girls from being cut, for example, by working together with community structures against FGM?” Three out of the 46 girls’ club leaders shared that they do not feel confident to refuse FGM and protect other girls. Overall, these first results show that more efforts are needed to ensure girls remain engaged throughout the lessons, including completing the quizzes, as well as throughout the complete course. UNICEF is working with the Bureau of Women, Children and Youth to monitor results, better understand why girls drop out of the call, and learn how to stimulate girls’ engagement (for example, through awarding certificates of completion).

*MADO AZAZG, a 19-year-old adolescent girl from the SNNPR, shared the following feedback on the initiative: “It’s an easy way for girls to get important information. I found the information interesting, and I want to talk about it with my friends.”*  

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* [https://www.unicef.org/ethiopia/stories/good-practices-elimination-female-genital-mutilations-0](https://www.unicef.org/ethiopia/stories/good-practices-elimination-female-genital-mutilations-0)
The power of education in ending female genital mutilation

Girls and women with a primary education are 30 per cent more likely than those with no education to oppose FGM. This rises to 70 per cent higher among girls and women who have at least a secondary education. In half of affected countries, at least three quarters of girls and women with a secondary education think the practice should end. In some countries – such as Kenya and Nigeria – any amount of education is associated with a significantly higher level of opposition. In others – such as Egypt and Sudan – education beyond the primary level is associated with a more dramatic shift in attitudes.

FGM is generally more common among daughters of women with no education, and it tends to be substantially less prevalent as a mother’s educational level rises. Girls whose mothers have a primary education are 40 per cent less likely to be cut than those whose mothers have no education. In many countries, women with a secondary education are even less likely to continue the practice of FGM into the next generation: In Ethiopia, levels of FGM are 85 per cent lower among daughters of women with a secondary education versus those who are uneducated. Still, some educated women have daughters who have undergone FGM, especially in countries where the practice remains universal and societal pressure is fierce. In the Gambia, for example, half of girls whose mothers have a secondary education have undergone FGM, and in Mali the share rises to over 75 per cent. UNICEF promotes girls’ education as a key strategy for ending FGM.

FIGURE 11: Educated mothers are less likely to subject their daughters to the practice

Percentage of girls aged 0 to 14 years who have undergone FGM, among those whose mothers have undergone FGM, by mother’s level of education

Notes: Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk as they age. The prevalence in successively older cohorts of girls will increase until all girls have passed the risk period for FGM. Therefore, FGM prevalence for girls under 15 is an underestimation of the true extent of the practice. Since age at cutting varies among settings (see Figure 7), the amount of underestimation also varies. This should be kept in mind when interpreting all FGM prevalence data for this age group.
Joint interventions with the education sector and CSOs in Guinea-Bissau promoted empowerment programs targeting 4,029 adolescent girls to become change agents in their families, schools and communities, and 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 has the highest proportion of girls who are out of school – were supported by UNICEF through life-skills programs. Targeting girls between the ages of 12 and 19, the programs supported participants in developing leadership skills through extracurricular activities.

Girls’ clubs in 334 schools engaged approximately 66,800 girls in extracurricular activities such as games, sports and drama in Sudan. Additionally, 8,813 girls and 1,391 boys in 317 girls’ clubs in schools were supported by UNICEF to lead and facilitate dialogue sessions on FGM at school events and in their communities. In 2021, UNICEF worked with the Ministry of Education to develop and mainstream into the national curriculum a comprehensive package of adolescent and gender-responsive life skills that promote active citizenship by establishing children’s or girls’ clubs in 20 schools in Khartoum state. A video about girls’ clubs is available on YouTube.

Published on International Day of Zero Tolerance for FGM 2021 through Transform Education – a feminist youth-led coalition hosted by the United Nations Girls’ Education Initiative (UNGEI) – the following infographic (Figure 12) provides an overview of how FGM can be eliminated through education.

**INCREASE THE ENGAGEMENT OF MEN AND BOYS ON CHANGING SOCIAL AND GENDER NORMS.**

For UNICEF, engaging men and boys as participants, supporters, allies and champions is critical in challenging gender inequality and the structures, beliefs, practices and institutions that sustain FGM as a harmful practice. Key interventions include promoting positive masculinities by engaging men and boys in group processes involving critical reflection and dialogue about FGM as a human rights violation for girls and women, and as beneficiaries of change, as well as strategic partners and allies in promoting the elimination of FGM. UNICEF also builds and maintains alliances between men and boys’ networks to mobilize men and boys to speak out against and take action to eliminate FGM. In 2021, 1,758 men and boys’ networks or coalitions actively advocated for the elimination of FGM – the highest number of networks or coalitions in four years.
UNICEF further supported partner outreach capacity, thereby increasing opportunities for social dialogue with communities practising FGM in Kenya. Strategic interventions to create sustainable community-based initiatives to end harmful practices include community dialogues on harmful practices; youth and male engagement and advocacy to end harmful practices through sports, associations and capacity development; establishment of community networks; and community surveillance systems. UNICEF continued to sustain men and boys’ networks and coalitions to actively advocate for FGM elimination; there are 52 men and boys’ networks in the country with a total of 43,297 members.

In 2021, at least 15 community dialogues in Guinea involved boys in peer education activities on FGM. These activities made it possible to reach 4,824 boys, involving them both as targets of interventions and as agents of change who speak up and speak out about FGM as a violation of girls’ and women’s rights.

Joint programming with other sectors such as education; water, sanitation and hygiene; SBC; nutrition; social policy; and health across six regions in Ethiopia resulted in increased engagement of 662,360 adolescent men and boys on topics related to FGM and social and gender norms.

In Djibouti, 46,027 adolescents and young people (22,013 girls and 24,014 boys) were engaged in the implementation of activities to combat FGM, highlight the importance of education, and promote COVID-19 vaccination in 18 community development centers. Thanks to the commitment and mobilization of 918 adolescent peer facilitators, 15,427 adolescents – including 7,883 girls and 7,544 boys – were mobilized to eliminate FGM.

Male involvement in female genital mutilation interventions in Djibouti, Egypt, Sudan and Yemen

UNICEF commissioned a report by Promundo – a leading organization engaging men and boys in promoting gender equality and preventing violence – titled Male Involvement in Female Genital Mutilation Interventions. The report identifies current anti-FGM interventions in four targeted countries – Djibouti, Egypt, Sudan and Yemen – to guide the development of country plans to engage men and boys in FGM prevention and response programming. The report includes a series of recommendations for working with men and boys in the elimination of FGM, including: shifting individual attitudes; promoting inclusive decision-making among couples and allowing fathers to express their opposition to the practice, which can reduce girls’ risk of FGM; engaging men and boys through critical reflection and deliberations on new gender norms, and build their capacities through mechanisms – such as youth-led groups – to motivate others to eliminate FGM; and work with male politicians, judges, prosecutors, and other relevant personnel who can influence the existing enabling violent structure. The report marks a critical step towards strengthening gender-equitable masculinities, improving couples’ communications when it comes to decision-making related to FGM (especially when men are opposed to the practice), and engaging men and boys in public spaces in speaking out about the practice.

OUTCOME 3:

Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care.

PROVIDE SUPPORT FOR GIRLS AND WOMEN TO RECEIVE HEALTH SERVICES RELATED TO FGM PREVENTION AND RESPONSE.

A holistic approach to addressing FGM includes a comprehensive child protection system that provides health care, social services and legal services to girls and women who are at risk of or have undergone FGM. Provision of services contributes to promoting positive social and gender norms that keep girls healthy and intact, as service providers share information and provide counselling to girls, women and other community members about the consequences of FGM. For UNICEF, ensuring access to child protection services – including health, social services and justice – is part of expanding the choices available to girls. As part of a formal child protection structure, access to services ensures girls are protected from undergoing FGM throughout their different life stages and provided with care in cases where they face health consequences as a result of the practice. Beyond access to services, service providers (who are often respected members of the community) can also serve as community influencers and advocates for eliminating FGM.

In 2021, 422,700 girls and women received FGM prevention and response health-care services, 76,882 girls received protection through social services, and 16,106 girls and women received legal services.
The economic burden of female genital mutilation

According to a study conducted by WHO, there is also an economic burden associated with the health consequences of FGM. The economic burden of FGM is currently approximately US$1.4 billion per year. Without action, this would increase to US$2.1 billion per year by 2047 due to the increase in prevalence accompanying population growth. In contrast, full abandonment of FGM would lead to a gradual reduction in economic burden, down to approximately US$800 million per year in 2047. Costs related to FGM are incurred across the life course, starting with the acute complications of FGM. Long-term consequences continue into adulthood and during the reproductive cycle, and into the later years of life. Most of the economic burden is among adults of reproductive age, with uro-gynecological complications accounting for the largest burden, followed by psychological/sexual complications. Women who are pregnant and giving birth account for the second largest share of the total economic burden.24

The national adolescent and youth health strategy in Ethiopia has been developed and updated, and FGM training manuals and job aids distributed to 1,948 health-care providers and 141 facilitators through the Healthy Child Program – Pregnancy and the First Five Years of Life. UNICEF provided technical and financial support to the Ministry of Health for newborn health as a core flagship initiative. It is integrating CARE’s Social Analysis and Action into clinical trainings in Somali and Afar to support health workers in challenging their own social and gender norms that drive FGM. As a result of UNICEF support, 289 health workers were trained on FGM care and prevention, with approximately 26,000 girls and women able to access services. In 2021, 1,796,599 people (1,134,239 females and 662,360 males) in Amhara, Afar, Gambella, Oromia, SNNPR, Sidama and Somali were reached through FGM prevention interventions.

In Mali, a total of 193,775 females (122,899 girls and 60,563) benefited from health-care services for those at risk of and affected by FGM. As a result of UNICEF’s support, in Kayes, Koulikoro and Bamako, 86 girls aged 0–4, 553 girls (8 aged 5–9, 286 aged 10–14, 138 aged 15–17) and 121 women received medical care from health providers trained in the medical and psychosocial care of FGM survivors.

In 2021, UNICEF continued to improve the functionality of protection services in Guinea-Bissau through capacity-building and strengthened coordination, monitoring and case management, especially at the subnational level, where state services are scarce. The social services workforce – including 125 front-line workers, 880 teachers, 88 shelters, and 12 CSOs and children’s organizations – have improved knowledge and skills to prevent and manage FGM. UNICEF also worked with the World Bank to coordinate and assist national child protection partners and the Ministry of Education to improve coordination on preventing FGM.

In partnership with the Ministry of Family, Women, Gender and Child Protection and the Ministry of Health and Social Action, district-level violence prevention platforms were established in 5 out of 14 regions in Senegal. The Ministry of Justice officially launched national guidelines for case management platforms, thus further contributing to more coordinated prevention mechanisms and a stronger continuum of services for girls at risk of FGM. 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 also includes setting up teachers’ child protection networks and an alerts system for FGM. UNICEF efforts also enabled the improvement of knowledge and skills for 840 social workers on 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 road map was adopted to roll out the system nationwide. A total of 2,617 children (861 girls, 1,756 boys) requiring protection accessed services.
The changes I have felt in my life in terms of personal beliefs and practices are leaving my job as a traditional birth attendant. Before the sessions started and in the first weeks of the sessions, I used to believe that FGM is a good thing to know a girl's virginity. I believed that if she does not undergo FGM, she will bring shame to her family and might become a prostitute. I didn't know that I was harming her by removing parts of her body.

ALIMA, 50-YEAR-OLD, TRADITIONAL BIRTH ATTENDANT FROM BAIDOA, SOMALIA
Welfare, assess the level of readiness of the communities in Eritrea to make public declarations pledging to end the practice. The first study was conducted in 2014 and this was followed by studies done in 2016 and 2018. Households that are free from FGM proudly place stickers in their windows to show the community that no girl in their house has undergone FGM.

In 2021, 44,077 community members (24,683 females and 19,394 males) were reached through community dialogues in Eritrea. Approximately 27,577 community members (14,341 females) were engaged in SBC addressing FGM across zobas (regions). Although no communities were declared FGM free in 2021, community mapping conducted in two sub-zobas (covering 2,153 households) suggested readiness to eventually declare their community ‘FGM free’. Data collected from mapping showed that 6 in 10 respondents discussed FGM with members of their households, relatives and friends. The mapping data also showed positive evidence that more males (93.5 per cent) than females (90 per cent) believe FGM should be discontinued, and 86.9 per cent males and 84.2 per cent females also believe that their communities want FGM to end.

In Guinea, consultations have been initiated with the National Agency for Innovation and the Digital Economy at the Ministry of Telecommunications 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. Also being developed is a mobile information and awareness application against FGM, and an Unstructured Supplementary Service Data (USSD) menu for real-time information feedback to allow the continuous monitoring of compliance with commitments by communities that have already declared the elimination of FGM. USSD is a Global System for Mobile Communications protocol that is used to send text messages. These various applications are in the finalization phase and the training of actors in their use is scheduled for this year. The operationalization of these platforms will allow the Government and other stakeholders to gain better readability of the results of the various interventions and to regularly update national data.

In 2021, UNICEF supported the regional governments (Bureaus of Women, Children and Youth) in Ethiopia to strengthen their capacity to collect high-quality data on
harmful practices, including FGM. The stronger tracking tools developed in 2020 were rolled out in 2021 across six regions in Ethiopia, including FGM target regions. First results from this approach – including the use of a streamlined template – show improvement in gathering of data in terms of better disaggregation by age and sex, and when data are reported more regularly (e.g., monthly instead of quarterly), thus resulting in increased data collection on FGM.

**SUPPORT RESEARCH AND IMPACT EVALUATIONS ON FGM.**

In the final decade of acceleration towards the SDG target of zero new cases of FGM by 2030, data, research, evaluation and knowledge management that supports policies, planning, partnerships, resource mobilization, decision-making and program delivery are a priority for UNICEF. Identifying what works at scale will be essential to achieving this elimination goal. In 2021, UNICEF either conducted or supported five studies on FGM in four countries.

**Mauritania** updated its national strategy for the elimination of FGM and conducted an evaluation of the previous strategy. Based on the 2019 Demographic and Health Survey (DHS), findings show that the national prevalence rate for FGM remains high at 69.3 per cent among women and girls aged 15–49 years. Through UNICEF support, other national surveys have integrated questions about FGM. These include the regional survey for monitoring performance indicators in l’enquête régionale de suivi des indicateurs de performance (ERSIP) – a battery of socioeconomic indicators important for the monitoring of development policies and their performance (in terms of impact) – and SMART, the nutrition survey. These will allow UNICEF to triangulate data with information from the DHS 2019–2021, and to use these data for annual monitoring of the practice. UNICEF also supported the National Statistics Office in disseminating ERSIP data, including data on FGM, which will inform the Accelerated Regional Growth Strategy and Shared Prosperity and the National Child Protection Strategy, which includes FGM elimination as a child protection priority.

**UNICEF’s Social and Behavior Change Cross-Regional Initiative: Investigating female genital mutilation in Djibouti**

In 2021, UNICEF launched an SBC Cross-Regional Initiative involving nine countries conducting behavioral surveys on harmful practices. The surveys were conducted by IPSOS and the London School of Hygiene and Tropical Medicine. Countries benefited from an in-depth assessment of the drivers of harmful behaviors such as FGM, and established monitoring baselines by measuring each of these drivers. In addition to this local programmatic objective, cognitive testing and validation studies were conducted to scrutinize the survey tools and their conceptual basis, assess the level of reliability of the data collected, and their ability to capture the intended constructs. UNICEF Djibouti focused on FGM, and the study was conducted between December 2021 and January 2022.

The data from the study revealed some areas that may present opportunities for SBC programming that promotes ending FGM:

- The practice of FGM is not always aligned to personal beliefs, with more people saying that they would not have subjected a girl to FGM in the vignette (hypothetical situation/personal beliefs) but that they would have a daughter in their household undergo FGM. In all regions except Tadjourah, Obock and Dikhil, which are regions of high prevalence, this disconnect exists between what people say they would do (intended practice) and what they would do in a hypothetical situation (personal beliefs). This indicates that social norms and personal preferences are not always completely aligned, meaning that shifting norms is likely to encounter less resistance.

- Across regions, there are people who indicate an interest in participating in activities for the elimination of FGM. This is also true of high-prevalence regions and presents an opportunity for the program.

- In Tadjourah, despite the high prevalence of FGM, 58 per cent of those surveyed believe that the practice does not affect girls positively. This indicates that, even in a high-prevalence region, there is an opportunity to work with people who recognize the harmful effects of the practice.

- Overall, the study revealed that men tend to participate in activities on FGM elimination more than women, and that they are motivated and engaged. This presents an interesting opportunity for the program to engage men for a more gender-transformative approach.
DEVELOP KNOWLEDGE PRODUCTS BY UNICEF.

In 2021, UNICEF developed three key knowledge products that provide technical guidance for FGM programs. These include technical briefs 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, and the link between education and preventing current and future generations of girls from undergoing FGM. UNICEF also collaborated with UNFPA in developing a comprehensive guidance to designing FGM programs that emphasizes monitoring, evaluation and learning to better understand effective strategies for ending the practice.


This technical note facilitates the exchange of knowledge on the impact of humanitarian crises on FGM. It explores the adoption of the humanitarian-development nexus approach for FGM elimination by drawing on key UNICEF program and operational strategies for linking humanitarian and development programming, to ensure inclusion of FGM in response plans.

Through the FGM Donor Working Group, UNICEF hosted a webinar on the humanitarian-development nexus technical note that included speakers from CARE Canada and OXFAM sharing their experiences in advancing gender equality through the nexus approach.

The Humanitarian-Development Nexus technical brief received 811 views and over 200 downloads.


To build back better following the COVID-19 pandemic, and in accelerating action to achieve the SDGs by 2030, there is an opportunity to build back equal by strengthening the link between girls’ access to education and girls’ risk of being subjected to FGM. This technical note is intended for governments, practitioners, donors, academics, and UNICEF and UNGEI staff and partners implementing policies and programs related to girls’ education and FGM. It seeks to demonstrate and deepen linkages between them, as well as present related strategies to advance girls’ education and eliminate FGM.


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 programs supported by partners, to inform the design and implementation of programs aiming to end FGM. In less than four months the technical guidance had received 363 views and 192 downloads.
Lessons Learned and Next Steps for UNICEF in 2022

Building on evidence, experiences, and lessons learned, UNICEF has identified four global challenges that must be addressed in order to accelerate the elimination of FGM by 2030:

1. With 1.2 billion children living in countries with complex emergencies driven by inequality and fragility, and who are deemed to be at ‘extremely high risk’ from the impacts of climate change, UNICEF will prioritize risk-informed programming that integrates FGM prevention and response across the humanitarian-development nexus to ensure that there are no further disruptions or setbacks in progress towards ending the practice.

2. UNICEF will leverage existing networks and partnerships, convene and coordinate action and advocacy from public and private actors, and secure significant additional resources to address the chronic underfunding of anti-FGM programs. Emerging evidence shows that eliminating FGM requires multidimensional and multi-level approaches that include working across the social ecology, promoting social, economic, political and environmental changes that contribute to the perpetuation of FGM. UNICEF will prioritize gender-transformative approaches that promote normative and structural shifts that enhance girls’ and women’s agency.

3. UNICEF will invest in continuous learning and the use of evidence to improve program and policy effectiveness.

When girls are not able to access vital services, schools and community networks, their risk of female genital mutilation significantly increases – threatening their health, education and future.

NANKALI MAKSUD, SENIOR ADVISOR, PREVENTION OF HARMFUL PRACTICES, UNICEF
The actions to be taken to address these challenges are described in more detail below.

1. PRIORITIZE RISK-INFORMED PROGRAMMING THAT INTEGRATES FGM PREVENTION AND RESPONSE ACROSS THE HUMANITARIAN-DEVELOPMENT NEXUS.

Nearly 1.2 billion children – almost double the number in 2019 – now live in countries with complex emergencies driven by inequality and fragility. Trapped in cycles of conflict and displacement, they face acute risks of deprivation and exclusion, while violent conflicts increasingly drive grave violations of children’s rights and hinder their development. Among the 31 countries where nationally representative data on FGM are available, 24 are fragile states. FGM is often deprioritized in emergencies, as prevention and response interventions are not considered life-saving or essential to girls’ resilience.

While FGM in emergencies is under-researched, available literature and the COVID-19 response indicate that the needs and rights of girls at risk of or affected by the harmful practice are neglected in humanitarian programs. During the pandemic, most national humanitarian response plans did not initially include FGM prevention and response interventions. Among the 17 countries where UNICEF is implementing programs to end FGM, 14 are fragile states. UNICEF estimates that two thirds of children living in extreme poverty will be living in conflict-affected and fragile contexts by 2030. Climate and environmental hazards can also result in long-term disruption to children’s learning. Education is considered a protective factor against FGM.

CLIMATE CHANGE AND FEMALE GENITAL MUTILATION

At least 85 per cent of the world’s population has been affected by climate change and four fifths of the world’s land area has suffered impacts linked to global warming. According to UNICEF’s 2021 Children’s Climate Risk Index, among the 17 countries where the program is being implemented, 11 countries are at extremely high risk and six are at high risk of bearing the impacts of climate change. Climate change and environmental hazards negatively affect children’s access to key essential services; for FGM, this means disruptions in prevention and response services. Education is widely understood to be protective against FGM. Environmental crises disrupt education both directly (e.g., destruction of school infrastructure) and indirectly (e.g., worsening poverty, displacement of families and lack of educational provision in temporary shelters), with consequent effects on FGM prevalence. Climate and environmental hazards also push the most vulnerable children deeper into poverty. In regions where girls undergo FGM as a precursor to child marriage, loss of resources and an increase in household poverty may lead families to adopt negative coping mechanisms. 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 contribution documents (NDCs) support the implementation of the Paris Agreement.

The impact of COVID-19 on female genital mutilation in Kenya, Senegal and Uganda

According to a study published in 2022, in Kenya, Senegal and Uganda, the perception among the majority of people surveyed was that prior to the COVID-19 pandemic, cases of FGM had been decreasing. In Kenya, most of the study respondents in Kajiado, Samburu and Marsabit counties believed that the pandemic had led to an increase in FGM. The most common reason given for the increasing number of FGM cases was school closures (50 per cent), stay-at-home measures (25 per cent) and economic losses (39 per cent). In Uganda, there was a slight increase in the proportion of community members who believed the pandemic had led to a slight increase in FGM cases (from 5 to 7 per cent) and the common reason given for the increase was stay-at-home measures (50 per cent). In Senegal, a bigger proportion of survey respondents were of the view that the number of FGM cases was increasing, with stay-at-home measures also the most common reason given (60 per cent).
Significant gaps remain in making linkages between FGM and climate change in research, policies and programs, and in establishing cross-sectoral partnerships across stakeholders for climate change and those promoting the elimination of FGM. The situation is exacerbated by the scarcity of data and research to better understand the severity and scope of the issue, the risk and protective factors, and how FGM interferes with resilience and recovery efforts. Such data are key to informing the development of effective solutions.

As FGM-prevalent countries increasingly experience unpredictable and intense moments of fragility, stemming from human-induced climate change, the COVID-19 pandemic, violence and conflict, and protracted crises, UNICEF must continue to prioritize the integration of FGM into the humanitarian-development nexus, including ensuring girls and women are in leadership roles in building community resilience to shocks and stressors as well as responding to crises.

2. ADDRESS CHRONIC UNDERFUNDING OF FEMALE GENITAL MUTILATION PROGRAMS.

Children are disproportionately affected by poverty, whether measured in monetary or multidimensional terms. Prior to the COVID-19 pandemic, one in six children, or 356 million children in total, lived in extreme poverty. In less than two years, 100 million more children have fallen into poverty – a 10 per cent increase since 2019. In 31 countries with nationally representative data on FGM prevalence and where UNICEF is monitoring FGM prevalence or addressing FGM as part of its child protection programs, 21 are least developed countries. UNDP’s 2020 Human Development Index ranks 24 FGM-prevalent countries as having low human development.

According to UNFPA, reaching the high-coverage targets for 31 countries by 2030 would require an investment of US$3.3 billion. This would avert more than 24 million cases of FGM, at an average cost of US$134 per case averted.

Studies on the impact of climate change on female genital mutilation

A study published in 2021 in the *Journal of Global Health* found that in Kajiado County in Kenya, climate change eroded the social and economic fabric of the Maasai. In particular, climate change resulted in the dwindling of their livelihoods, whose mainstay has been livestock, thereby sinking these communities into abject poverty. In Kenya, FGM prevalence is particularly high among marginalized groups such as ethnic Somalis (96 per cent), Kisii (93 per cent) and Maasai (77 per cent). Climate change has contributed to a widening in gender inequalities and further disempowerment of girls and women through the loss of education, perpetuation of FGM, and increasing child marriages. These practices are an adaptive strategy to survive climactic changes but are detrimental to girls and women. This is one of the first studies published that highlights the interconnection between climate change, gender inequality and FGM.

* Yemen does not have an NDC.
Although there are no current estimates that aggregate global spending on FGM reduction efforts, the UNFPA-UNICEF Joint Programme on FGM estimated it would spend approximately US$19 million per year during Phase 3 (2018–2021) of the program, indicating a substantial resource gap of nearly US$280 million per year to implement the prevention, care and treatment, and protection programs, if these levels continue and there are limited other investments in this area.41

**TARGET 5.3: INNOVATIVE FINANCING FOR CHILDREN (IF4C)**

As a key actor in the global fight to eliminate FGM and child marriage, UNICEF intends to catalyse an initiative to accelerate key indicators in these areas in priority countries for the next seven years from 2023 to 2030. The goal will be to leverage existing networks and partnerships, convene and coordinate action and advocacy from public and private actors, and secure significant additional resources to achieve measurable outcomes in priority countries for the generation of girls and young women coming to adulthood by 2030. Together with partners, UNICEF will quantify funding gaps and explore new mechanisms to secure a mix of additional public and private resources, tied to concrete outcomes.

Already in 2022, UNICEF is engaged in an innovative financing consultancy defining the value proposition to address harmful practices. UNICEF has identified strategic deployment of innovative financing for children (IF4C) as a critical means to help leverage additional resources for UNICEF programs. When scaled up, innovative financing could also yield other important benefits, including increasing the sustainability and impact of existing resources by smoothing financial flows; boosting efficiency in terms of operations, sustainability and environmental impact; enhancing global branding and appealing to entirely new audiences. This major shift is aligned with the approach of the new UNICEF Strategic Plan, 2022–2025, which recognizes the importance of innovative financing to achieve results for children.

3. **PROMOTE GENDER-TRANSFORMATIVE CHANGE RESULTING IN NORMATIVE AND STRUCTURAL SHIFTS THAT ENHANCE GIRLS’ AND WOMEN’S AGENCY AND EMPOWERMENT.**

There are intersecting power axes surrounding FGM, including risk factors at the level of the individual (e.g., age, ethnicity), household (e.g., household poverty, the role of gender in decision-making, rural residence) and community (e.g., social norms, shocks and fragility), as well as structural factors such as poverty, legislation and political marginalization that shape gendered power relations.42 Social and economic factors – such as education, wealth, urban residence, exposure to media, and maternal employment – are protective factors that are also associated with changes in FGM over time. They can also be considered as proxies for the degree of exposure that girls, their families and communities have to factors deemed to contribute to changes in social and gender norms related to FGM. In countries or among ethnic groups with high national prevalence rates, exposure to new information and possible alternatives, along with interaction with social networks, is associated with higher levels of education. Similar observations can be drawn with respect to the wealth of a household and urban residence. Lower FGM prevalence among wealthy urban residents is likely due to the fact that richer households and those living in urban areas have exposure to a greater number of social networks.
4. INVEST IN CONTINUOUS LEARNING AND THE USE OF EVIDENCE TO IMPROVE PROGRAM AND POLICY EFFECTIVENESS.

UNICEF will build on the recently launched global research agenda and priorities identified by the review of evidence on FGM. To advance this strategy and ensure variability in evidence quality, rigor and timeliness at all levels, investments will be made in structured research support and coordination, including through UNICEF’s Strategic Technical Assistance for Research (STAR) Initiative.

UNICEF’S STRATEGIC TECHNICAL ASSISTANCE FOR RESEARCH INITIATIVE (STAR)

STAR is an initiative of the UNFPA-UNICEF Global Programme to End Child Marriage that is being implemented in partnership with UNICEF’s Office of Research – Innocenti. UNICEF will work with select country and regional offices to generate, synthesize and translate the highest-quality evidence to accelerate action to eliminate FGM, through the STAR initiative, in line with existing research frameworks and priority themes. UNICEF’s Innocenti team will provide country teams undertaking research with technical expertise and support in research design and analysis across an array of methods such as rigorous impact evaluations, process evaluation and qualitative research, and thematic expertise in SBC and gender-transformative research,

Lessons learned in ending female genital mutilation: Communities Care in Somalia

Communities Care in Somalia is a community-based model for preventing and responding to GBV, including FGM, in conflict-affected settings. Communities Care seeks to: (1) strengthen formal and informal community-based response systems and services (i.e., health, psychosocial, education and law enforcement), and address harmful social norms among service providers and institutions; and (2) promote community engagement and action for the prevention of FGM. It was first piloted in 2013 in Somalia and South Sudan with funding from the U.S. Department of State, Bureau of Population, Refugees, and Migration. In 2018 and 2019, UNICEF Somalia expanded Communities Care through national and local NGO partners, scaling up to 14 locations with 9 partners. In 2021, it was further scaled up in 11 urban districts across Central South Zone and Somaliland, and 985 (433 men and 504 women) community facilitators were trained in facilitating community dialogues that led to 16 community action plans in support of the elimination of harmful practices.

In nine communities that were evaluated at both baseline and endline, the following results were achieved:

- **Personal beliefs:** Seven out of nine communities saw an improvement related to beliefs surrounding FGM.
- **Social norms:** Eight out of nine communities saw an improvement in social norms related to FGM.
- **Complex norms around FGM:** FGM was frequently chosen as a topic for community action, with community leaders and members highlighting their campaigns to end FGM as some of their proudest accomplishments from participating in Communities Care. Traditional birth attendants – who typically perform FGM – and religious leaders were mobilized, and stories abound of the latter refusing to conduct FGM after learning more about its harmful health effects, and of religious leaders speaking out about the practice.

Despite the positive changes around beliefs, attitudes and norms, FGM campaigns often hit a wall when it came to completely eliminating the practice. Concerns about girls’ marriageability and ‘purity’ persisted, and many communities did not see elimination but rather a transition from infibulation to sunna (a less severe form of FGM) as avoiding most of the health risks associated with the practice. Many community members and staff from partner NGOs were disappointed by this outcome, despite the enormous amount of community mobilization they saw around FGM more generally. Yet, this obstacle is common among countries with high FGM-prevalence rates, where the practice is deeply entrenched. Often, progress is made in one area related to social norms (e.g., harmful health consequences) while another persists (e.g., control over girls’ and women’s bodies and sexuality). It is the enthusiasm of communities and the desire to act that matter most and provide an opening for shifting norms over time.

UNICEF Somalia and implementing partners developed a multi-stakeholder, multi-year FGM strategy to comprehensively tackle the root causes of FGM. This included using innovations in technology to collaborate with adolescents, young people and their communities to improve knowledge on adolescent SRHR, harmful social and gender norms, and the impact of violence, as well as to empower adolescent girls by increasing their agency and enhancing their participation in social, political and economic spaces.
External Media and Visibility

In 2021, U.S. media coverage of UNICEF’s programs contributing to the elimination of FGM focused on the potential increase in risk girls would face as a result of COVID-19 due to school closures, disruptions in prevention and response services, and families adopting negative coping mechanisms in response to rising household poverty, including having girls undergo FGM as a precursor to child marriage.


Broster, Alice, ‘Coronavirus has Put Millions of More Girls at Risk of FGM, According to UN’, Forbes, 28 February 2021.

Godoy, Maria, ‘Is the Pandemic Causing a Surge in Female Genital Mutilation?’, National Public Radio, 5 January 2021.


Short documentary about Dawwie wins New York film award

It Takes a Village, a short documentary film about three young women participating in UNICEF Egypt’s Dawwie initiative, won the Best Short Documentary award at the New York Movie Awards. The USAID-funded documentary tells the story of Alaa, Samaa and Noura, who share the same challenges related to discriminatory social and gender norms, and a lack of access to resources and opportunities but through Dawwie are inspired to see the elimination of FGM and the empowerment of girls across Egypt.*

Dr. Maya Morsi, President of the National Council for Women, at a screening of It Takes a Village said: “I am proud of the ‘Dawwie’ national initiative and of the substantial progress that Egypt has achieved in empowering girls. The Egyptian state is exerting continuous efforts in supporting girls to play an active role in their societies and contribute to creating a better future for themselves and their country. I believe that girls are capable of making change and achieving more success during the coming period.”

A Facebook post about the film screening received 26,00 likes and 540,000 views.

* Trailer to the film and photos: https://drive.google.com/drive/folders/1Q8gBnhdWRm2Yk5Nar44Y0ZRPGz1TF7x
UNICEF Human Interest Stories from Guinea-Bissau


Many barriers stand in the way of girls’ and women’s agency in Guinea-Bissau. These range from young girls dropping out of school before they can complete their education to having limited knowledge about menstrual hygiene, as well as harmful practices such as child marriage and FGM. These are all linked manifestations of gender inequality and reflect a society in which discriminatory social norms exist.

Up to 52 per cent of women and girls 15–49 years old in Guinea-Bissau have undergone FGM and 37 per cent of girls marry before they turn 18. Opposition to both of these harmful practices presents an opportunity to promote SBC. Investing in girls’ education is a means to transform households, communities and the entire country.

A consortium of organizations – comprising the Guinean Organisation for Development, the National Action for Development, and the Network to Combat Gender and Child-Based Violence – is implementing a three-year project.

We know our worth and our courage as girls. We know our rights as children, as well as our duties. I’m glad that we have had the opportunity to be a part of this program and my hope is that we will be able to expand it to include other villages.
program that targets approximately 2,500 girls aged 12–19 from 30 communities in the Bafatá and Gabú regions, where the highest number of girls are out of school.

The program aims to help the girls complete their primary education and pursue post-primary school options through sports, leadership skills development and other life skills. The program is offered through accelerated learning centers and education sessions and community dialogues (djumbais).

Adolescent girls from 17 villages across Bafatá met for two days in the Domingos Ramos Teacher Training Center to learn about their rights and what can stand in the way of realizing them. Through different sessions, the girls were given the skills to identify gaps in their communities and to lead change as active citizens.

The motto of the conference, Força di Badjuda sta na si Djressa (a girl’s strength is in her intelligence), recognizes that an investing in girls means investing in development.

The girls’ representative during the closing ceremony, 19-year-old Iama Mané, said that she enjoyed the two-day session. “The workshop increased our knowledge and I’m keen to take that knowledge home with me, to share with my friends who couldn’t participate in the session,” she explained, smiling with confidence. She is especially proud of the songs that the group recorded together, which included a song that reinforces the message, “a girl’s strength is in her intelligence”.

By sharing the knowledge that I have, others will also be able to spread their knowledge to others in their own communities. If we are all able to sensitize others and drive change in our own communities, eventually it will spread across the country and they will know that we are asking for schools to be built in our villages, we are asking for clean water, for hospitals and doctors,” continued Iama.

“I wanted to be part of this project so that I could know things that I didn’t know before.” Iama described how the education and empowerment project has made a real difference in her village of Gã-Tauda. “I’ve gone back to school now. My father had taken me out of school because he couldn’t pay for my classes but now, I’m in 11th grade.”

Across Bafatá, as it is in many other places in the country, the input of young people – especially girls – are not considered when important decisions have to be made in the villages. However, this has now changed: “Our elders

listen to us now,” Iama says, such that many practices that had been commonplace in Gã-Tauda, like FGM, have now been eliminated.

The project has also taught the participants about active citizenship. Besides having the same rights as boys, there are other issues that are also vital for the development of her community. Examples she gave included knowing how to protect oneself from disease and how to treat people and the environment with respect. During the panel discussion, Iama expressed her new-found confidence in being able to speak about COVID-19 because she and her peers now understand how to protect themselves against infection.

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In her concluding words to the girls attending the workshop, UNICEF representative, Nadine Perrault, stated, “Your future is in your own hands, and I hope that in a few years when I return, I will see you seated here in my place, working to empower other girls so that they can also know their strength.”
ENDNOTES


2 Ibid.


13 Coll et al., ‘Women’s Empowerment as it Relates to Attitudes Towards and Practice of Female Genital Mutilation/Cutting of Daughters’.


15 Ibid.

16 Coll et al., ‘Women’s Empowerment as it Relates to Attitudes Towards and Practice of Female Genital Mutilation/Cutting of Daughters; Yount et al., ‘Community Gender Systems and a Daughter’s Risk of Female Genital Mutilation/Cutting’.


26 UN Women and UNFPA, Case Study: Somalia.


28 States of Fragility.

29 Global Annual Results Report 2020: Goal area 5.


41 United States Governmental Accountability Office, Female Genital Mutilation/Cutting: U.S. assistance to combat this harmful practice abroad is limited, GAO, Washington, D.C., 2016.
