**SUPPORT FOR DATA COLLECTION**

UNICEF requires the submission of nationally representative data on FGM/C prevalence through both a burden and a surgical module. For the burden module, an FGM/C prevalence survey is recommended as the means to collect the required data. The collection of such surveys is under the responsibility of the National Statistics Office and Unicef. To ensure data validity and comparability, a minimum of 100 survey sample points should be selected in each country. The survey is required to be carried out among women aged 15–49 years. A sample size of 300 is recommended in order to achieve statistically significant estimates. The survey can be conducted as a stand-alone survey or embedded in another health-related survey. More details can be found in the technical guidelines for conducting surveys on FGM/C.

**DATA ANALYSIS AND DISSEMINATION**

UNICEF produces a global database of FGM/C indicators that includes information from a number of other organizations that pursue the goal of ending FGM/C. A number of these databases are available through the UNICEF Data Repository. The repository includes data from a variety of sources, including national statistics offices, demographic and health surveys, and other sources. The data is compiled and analyzed to provide insights into the prevalence of FGM/C and its impact on women and girls. The repository is updated regularly to include the latest data on FGM/C in different countries.

**FEMALE GENITAL MUTILATION/CUTTING: A GLOBAL CONCERN**

Female genital mutilation/cutting (FGM/C) is a human rights issue that affects girls and women worldwide. As such, its elimination is a global concern. In 2012, the United Nations General Assembly adopted a resolution to end FGM/C within a generation. This resolution was followed by the adoption of the Sustainable Development Goal 5c, which aims to end all harmful practices, including FGM/C, by 2030. The resolution sets out a framework for action to end FGM/C, including the mobilization of resources, the strengthening of national policies and legal frameworks, and the implementation of effective programmes to address the issue.

**Recent Changes**

Recent changes in FGM/C practice have shown a remarkable decline in the prevalence of this harmful practice. For example, in Burkina Faso, the prevalence of FGM/C among girls aged 15–19 declined from 89% in 1980 to 58% in 2010. In Egypt, the prevalence of FGM/C among girls aged 15–19 declined from 97% in 1985 to 70% in 2015. In Kenya, the prevalence of FGM/C among girls aged 15–19 declined from 41% in 1984 to 11% in 2014. In Liberia, the prevalence of FGM/C among girls aged 15–19 declined from 49% in 1990 to 2% in 2013-2014.

The decline in FGM/C prevalence has been attributed to a variety of factors, including increased awareness of the harmful effects of the practice, the availability of alternative cultural practices, and legal reforms that criminalize FGM/C. However, progress has been uneven and faster in countries with lower initial rates of FGM/C prevalence. While some countries have made significant progress, others continue to see high levels of FGM/C prevalence. It is estimated that there are still around 200 million girls and women living with the consequences of FGM/C worldwide.

**Current Progress is Insufficient: To Keep Up with Increasing Population Growth, the Number of Girls and Women Undergoing FGM/C Will Rise Significantly Over the Next 15 Years**

The United Nations Population Fund (UNFPA) has estimated that the population of girls and women living with FGM/C will increase significantly over the next 15 years. For example, the population of girls and women living with FGM/C in Egypt is projected to increase from 7 million in 2015 to 13 million in 2030. Similarly, the population of girls and women living with FGM/C in Kenya is projected to increase from 3 million in 2015 to 5 million in 2030. These projections highlight the urgent need for continued efforts to end FGM/C and to ensure that girls and women have access to safe and respectful alternatives.

**References**

In most of the countries where the majority of girls were cut before age 5, 25 percent or more of girls aged 15 to 19 had undergone FGM/C. In Yemen, 25 percent or more of girls aged 15 to 19 had undergone FGM/C. In these contexts, however, the available evidence comes from (sometimes outdated) small-scale studies that are not representative of the national population. In these contexts, however, the available evidence comes from (sometimes outdated) small-scale studies that are not representative of the national population. In these contexts, however, the available evidence comes from (sometimes outdated) small-scale studies that are not representative of the national population. In these contexts, however, the available evidence comes from (sometimes outdated) small-scale studies that are not representative of the national population. 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