

2022 Progress Report on FGM/C

GLOBAL PLATFORM FOR ACTION TO END FGM/C

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Table of Contents

1. 2022 Progress Report on FGM/C	2
2. Background to Global Platform for Action to End FGM/C	2
3. Inter-Regional Coalition to End FGM/C	3
4. Introduction	4
5. Structure	4
6. Most recent data on FGM/C prevalence and information on root causes and factors contributing to the practice.	5
7. Impacts of the COVID-19 pandemic in regard to FGM/C, and measures undertaken to address those	9
8. Measures taken to mainstream FGM/C abandonment interventions	14
9. Measures taken to address FGM/C in complex emergencies	16
10. Measures taken to protect women and girls from FGM/C, including when the practice occurs outside the country of residence	18
11. The role of stakeholders in eliminating the practice of FGM/C	20
12. Work on gender norms change and gender transformative approaches	21
13. Recommendations on how to intensify global efforts to end FGM/C	22

Abbreviations

CBO	Community-based organisations
CEFM	Child and Early Forced Marriage
CERV	Citizens, Equality, Rights and Values Programme
DHS	Demographic and Health Surveys
End FGM EU	End FGM European Network
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender Based Violence
GTA	Gender Transformative Approach
ISD	International Stakeholders Dialogue
NAWA	Northern Africa and Western Asia
SDG	Sustainable Development Goal
SOP	Standard Operating Procedures
SRHR	Sexual and Reproductive Health Rights
UNGA	United Nations General Assembly
UNSG	United Nations Secretary General

1. 2022 Progress Report on FGM/C

This report has been compiled by members of the Global Platform for Action to End FGM/C: Amref Health Africa, Coalition on Violence Against Women, End FGM Canada Network, End FGM European Network (End FGM EU), Equality Now, Orchid Project, Sahiyo, The Girl Generation, The US End FGM/C Network, There Is No Limit Foundation and Tostan.

It represents a joint effort across our respective organisations and regional networks to combine our global expertise, knowledge and partnerships to support efforts to end FGM/C by 2030, in line with the Sustainable Development Goals (SDGs).

This report provides regional progress updates across the key thematic areas of the Secretary General report since the last report in 2020.

The Global Platform for Action to End FGM/C would like to thank the following organisations for their valuable contribution used in this report:

AIDOS (Italian Association for Women in Development) (Italy)
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Global woman P.E.A.C.E Foundation (USA)
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Last Mile4D (Kenya)
Pharos (Netherlands)
Population Council (Kenya)
Sahiyo (USA)
Save a girl save a generation (Spain)
Soroptimist International (USA)
Terre des femmes (Germany)
Valleywise Health - Refugee Women's Health Clinic (USA)
Wassu-UAB Foundation (Spain)
WeSpeakOut (India)

2. Background to Global Platform for Action to End FGM/C

The organisations that make up the Global Platform came together in early 2019 to plan a joint pre-conference at the Women Deliver conference in June, in recognition of the imperative for us to work together - as civil society, donors and allies – to make FGM/C a practice of the past. To ensure maximum participation and engagement in this process, the pre-conference was preceded by a global survey which engaged over 200 people across 46 different countries.

The pre-conference at Women Deliver was recognised as one of the top five ways that the Women Deliver conference made a difference for women and girls¹. Over 80 participants explored the survey results and agreed on some shared goals for advancing progress in line with Agenda 2030. This represented the first time, global FGM/C activists from Africa to Europe, from Australia to Asia and to North America, women and men, civil society organisations, champions, survivors, and grassroots representatives, all came together to unite voices around a global call to action to end FGM/C.

In November 2019, to coincide with the International Conference on Population and Development in Nairobi, the Global Platform officially launched its [Global Call to Action to End FGM/C](#) which has so far been endorsed by 946 people and over 70 organisations and institutions.²

The Global Platform and its Call to Action to End FGM/C represents cooperation and partnership within the FGM/C sector, but also with allies across multiple intersecting and related sectors, such as gender-based violence (GBV), sexual and reproductive health and rights (SRHR) and education.

We greatly value this opportunity to make this joint submission to the UN Secretary General's 2022 report on Intensifying Global Efforts for the Elimination of FGM/C.

3. Inter-Regional Coalition to End FGM/C

The urge to come together as a global movement, while still keeping a focus on regional trends and specificities, brought together some regional civil society networks in Europe, Africa, Asia and North America to set the basis for an increased cooperation already throughout 2018.

The **Inter-Regional Coalition to end FGM/C**, is a coalition of regional networks working to end FGM/C, representing almost **200 members in four regions of the world**. Its main objective is to enable better coordination among civil society working towards the abandonment of FGM/C at different regional and sub-regional levels, fostering joint actions and sharing promising practices across regions, and providing a global unified civil society platform of expertise, including global trends and regional specificities, to influence inter-governmental bodies and decision-makers to shape global and regional policies to tackle FGM/C.

The Inter-Regional Coalition issued its first programmatic [Joint Statement](#) in November 2018, as a reaction to the United Nations Secretary General (UNSG) report on 'Intensifying global efforts for the elimination of female genital mutilation' presented at the 73rd session of the United Nations General Assembly (UNGA). In such statement, [End FGM European Network](#), the [Inter-African Committee on Traditional Practices](#), the [US End FGM/C Network](#) and the [IPPF East and South-East Asia and Oceania Region](#) reaffirmed their commitment to scale up efforts to end FGM/C worldwide through increasing their cross-regional cooperation. Moreover, to mark the International Day of Zero Tolerance for FGM 2019, the Inter-Regional Coalition published a [Joint Open Letter](#) calling international and regional

¹ See: <https://womendeliver.org/2019/37-ways-that-wd2019-delivered-for-girls-women-and-gender-equality/>

² The full list of endorsing organisations for the Global Call to Action to End FGM/C can be found at: <https://actiontoendfgmc.com/about/>

decision-makers to scale up efforts to ending FGM/C and put at the centre of any policy and funding scheme the affected communities and survivors.

The members of the Inter-Regional Coalition joined efforts in 2019 with other international partners and cooperate currently as well through the broader Global Platform for Action to End FGM/C. In the meanwhile, thanks to increased efforts at other regional levels to join forces and create further networks to ending FGM/C, the Inter-Regional Coalition officially welcomed new members in 2020 to expand its geographical representation: the [End FGM Canada Network](#), the [IPPF Arab World Network](#), the [Asia Network to End FGM/C](#) (a joint effort of [Orchid Project](#) and [ARROW](#)). Beyond fully cooperating with other international partners in the Global Platform of Action to end FGM/C, the members of the Inter-Regional Coalition continue wanting to preserve a space within the global movement for regional networks to come together, given the added value of the very specific nature of membership-based regional and sub-regional organisations and the unique role they can play at regional level.

4. Introduction

In the last two decades, FGM/C prevalence rates have dropped by a quarter and the proportion of girls and women in high-prevalence countries who oppose the practice has doubled. However, in some countries FGM/C remains near universal or is as common today as it was even 30 years ago. For the global community **to meet SDG target 5.3 by 2030, progress would need to be at least 10 times faster** than it has been over the past 15 years. And even this only takes into account countries with national prevalence data on FGM/C. In many countries in Asia and West Asia, where FGM/C is taking place but there is no national prevalence data, little or no efforts are being taken by governments and other stakeholders to eliminate the practice of FGM/C.

The complete lack of progress in certain regions of the world, combined with alarming global trends present significant barriers to the elimination of FGM/C by 2030 and may also roll back progress to date. Rapid population growth in some of the world's least-developed countries with the highest FGM/C prevalence rates may increase the number of girls at risk of undergoing FGM/C from 4 million in 2020 to 4.6 million in 2030. With eight remaining years to achieve goal 5.3 the worrying trends must be reversed, and funding needs to be scaled up strategically to cover all aspects of prevention and support even where there is lower prevalence.

5. Structure

The present submission is divided by regions to ensure that changes and progress are captured from a regional perspective, as well as the ability to follow regional trends.

Each section addresses the following issues, in line with the outline sent out by UN Women to Member States to get their input and areas of work that were identified by UN Women to be of interest:

- Data and Research
- Impact of COVID-19 and adaptation strategies
- Measures taken to mainstream FGM/C abandonment
- Measures taken to address FGM/C in emergencies

- Measures taken to protect women and girls from FGM/C
- The role of stakeholders in the elimination of the practice
- Gender transformative approaches

The data and information provided are based on the results of research, civil society consultations and inputs received by organisations from different world regions. All the information and recommendations provided aim to refer as much as possible to the period 2020-2022. The contribution to the previous UNSG Progress report (2020) can be found [here](#)³.

6. Most recent data on FGM/C prevalence and information on root causes and factors contributing to the practice.

Data collection has proved challenging globally and it is particularly difficult to have regular updated estimates on prevalence and risk. Below we outline the main challenges reported for different regions.

As far as root causes for continuation of the practice are concerned, we find that they are similar across regions and are often based on beliefs and myths including religious beliefs and misguided health-related judgements. Such root factors include:

- Maintaining and ensuring the continuation of an old traditional practice
- Adherence to religious edicts (Sunnat/ Shariat); abide by the rules stated by religious clergy and/or belief the practice is a religious obligation (*wajib*)⁴
- Controlling women's sexual behaviour and promiscuity
- Belief that FGM/C has hygienic benefits
- Social norms and social pressure
- Poverty (linked to marriageability of the girl/woman and early and forced marriage)

SUB-SAHARAN AFRICA

The latest UNFPA State of World Population Report provides percentages on women between the age of 15-49 living with FGM/C in different regions of the world, with 65% in Arab States, 35% in Eastern and Southern Africa and 28% in West and Central Africa.⁵

In the last three decades the African continent has witnessed a relative decline in FGM/C prevalence in countries such as Kenya and Burkina Faso but in some countries the practice still remains high among adolescent girls. These include Djibouti, The Gambia, Guinea, Mali, Sierra Leone and Somalia. Notably, FGM/C prevalence remains high in countries which have not passed laws prohibiting the practice including Mali, Sierra Leone and Somalia.

³ <https://actiontoendfgmc.com/global-report-fgmc-2020/>

⁴ For example, in Malaysia a fatwa was issued by JAKIM (Jabatan Kemajuan Islam Malaysia — Department of Islamic Development Malaysia) in 2009, stating that FGM/C is mandatory in the religion.

⁵ https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf

Recent reports suggest that the age has been dropping in some areas (potentially in response to legal prohibitions of the practice on the continent), with most FGM/C carried out on girls between the ages of 0 and 15 years.⁶

Despite intensified efforts to conduct research globally on addressing FGM/C and increased research on FGM/C prevalence in the African region, knowledge of what works in terms of effectiveness and impact of efforts to accelerate the abandonment of the practice has remained elusive, partly due to lack of high-quality evidence as well as the limited synergy between existing evidence and programme and policy implementation.⁷ Research gaps include information on implementation and impact of anti-FGM/C laws, impact on sustainable social and gender norm change on eliminating FGM/C, mainstreaming of FGM/C abandonment interventions across/ within social, economic development programmes and services, and health, use of multisectoral and intersectoral approaches, costing of FGM/C interventions, key factors and/or components of successful scale-up of interventions, programmatic interventions in cross-border regions; and evidence on whether intermediary goals, such as change of attitude towards FGM/C and increased knowledge on the consequences of FGM/C leads to abandonment of the practice.⁸

ASIA & PACIFIC

Data on the prevalence of FGM/C in the region are scarce and hence not included in global reporting.⁹ Only Indonesia and the Maldives have available national prevalence data on FGM/C. As the experience from countries such as **India** shows¹⁰, lack of national prevalence data on FGM/C is often used by supporters of the practice as a justification that it is not harmful and therefore should be continued. The Government of India too has used the lack of 'official data' to shirk its responsibility to address or even acknowledge the existence of FGM/C in India. There are therefore no updated data on FGM/C in the country¹¹.

Reports from **Singapore** testify that 75% of Muslim women (275 out of 360 women) have undergone FGM/C in Singapore based on a pilot study of 360 Muslim women done in 2020 by End FGC Singapore.¹²

In **Malaysia**, where studies have found extremely high prevalence of FGM/C (over 80%), a recent 2020 study on medicalization found that over 20% of Muslim doctors performed FGM/C. The study also

⁶ https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age_performed

⁷ See Matanda Dennis and Lwanga-Walgwe Esther (2022). A Research Agenda to Strengthen Evidence Generation and Utilisation to Accelerate the Elimination of Female Genital Mutilation. UNFPA, UNICEF, WHO and Population Council, Kenya, https://www.popcouncil.org/uploads/pdfs/2022_ResearchAgendaFGM.pdf.

⁸ *ibid.*

⁹ Addressing female genital mutilation in the Asia Pacific: the neglected sustainable development target <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12956>

¹⁰ We Speak Out reported that supporters of *Khafd* in the Bohra community often cite the 'lack of evidence' on the impact of FGM/C in India as a justification that it is not harmful and should continue.

¹¹ The latest is a qualitative research study conducted by WeSpeakOut released in 2018, according to which 75% of the girls in the Bohra community located in India, Asia and Western countries perform FGM/C http://wespeakout.org/site/sets/files/1439/fgmc_study_results_jan_2018.pdf

¹² The full results of the pilot study conducted by End FGC Singapore are yet to be published. See <https://www.instagram.com/p/CPOOSzZBQE3/>

highlighted a concern that type IV FGC carried out by traditional midwives may be supplanted and exacerbated by type I FGC performed by doctors.¹³

In **Sri Lanka**, a qualitative study published in 2021 reiterated the continued prevalence of FGM/C, practiced mainly by traditional circumcisers (Osthi mamis), usually type 1 or type 4 and carried out on young baby girls (between 7 to 40 days old).¹⁴

An exploratory action research on FGM/C in the Bangsamoro region, **Philippines** was published in 2021. It found that girls and women reported being subjected to Type IV FGM/C, including girls in their infancy.¹⁵

It has to be highlighted that while FGM/C is practised in India, Sri Lanka, Thailand, Malaysia, Brunei, Singapore, Cambodia, Vietnam, the Philippines and Indonesia¹⁶ none of these countries are supported by the UNFPA-UNICEF Joint Programme on the Abandonment of FGM/C.

EUROPE

The estimates used in our work in Europe refer to the latest data available which account for **600.000**¹⁷ **women living with the consequences of FGM/C in Europe** and **190.000 at risk** in 17 countries alone¹⁸. This data has been internally gathered by the End FGM European Network using existing studies. It should be noted that methodologies used for the studies differ as well as the years of data collection.

Data collection is one of the main challenges in Europe. Indeed, very few Member States' hospital and medical records contain information on FGM/C. Health professionals' lack of knowledge and expertise in relation to FGM/C, and the reluctance of the affected population to disclose their status both contribute to the lack of health data¹⁹.

End FGM EU has developed an [online interactive map](#) launched in 2021 that provides data on FGM/C across 14 European countries (members of the Network) and the ability to compare the data country by country and according to themes. The map provides information on laws, policies, services, data collection. It is updated on a regular basis to include new information and more countries as the Network grows.

Despite these gaps in data collection, the recognition of FGM/C as a European problem is increasingly highlighted at EU-level policymaking and finds an important space in the recently tabled European Commission's proposal for a Directive against gender-based violence and domestic violence²⁰ and in

¹³ Abdul Rashid et. al, *Medicalization of Female Genital Cutting in Malaysia: A Mixed Methods Study*, [PLoS Med.](#) 2020 Oct; 17(10): e1003303., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7591112/#>

¹⁴ Angela Dawson & Kumudu Wijewardene, 2021, Insights into preventing female genital mutilation/cutting in Sri Lanka: a qualitative interpretative study <https://endfgmcasia.org/resources.html?task=download.send&id=34&catid=2&m=0target=>

¹⁵ <https://rilhub.org/wp-content/uploads/2021/04/FGMC-in-the-Bangsamoro-Region-Philippines.pdf>

¹⁶ See FGM/C in Asia, Asia Network to end FGM/C <https://endfgmcasia.org/fgm-c-in-asia.html>.

¹⁷ FGM in Europe map: https://www.endfgm.eu/editor/0/FGM_carte.pdf ;

¹⁸ Girls at Risk in Europe map: <https://www.endfgm.eu/female-genital-mutilation/fgm-in-europe/>

¹⁹ European Institute for Gender Equality (EIGE) <https://eige.europa.eu/gender-based-violence/female-genital-mutilation#2012>

²⁰ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0105>

the upcoming European Commission's Recommendation on Harmful Practices²¹. End FGM EU has provided and will continue to provide inputs and contributions for the adoption of these texts and their full implementation.

NORTHERN AFRICA AND WESTERN ASIA (NAWA)

For the Northern Africa and Western Asia area, the data available are scarce and have not been recently updated.

In 2020, in the region and especially in **Egypt, Djibouti, Sudan, Yemen and Iraq**, 50 million girls and women are living with the consequences of FGM/C²². Moreover, in these 5 countries, 1 girl out of 3 will undergo FGM/C by 2030 if nothing changes²³. Egypt is known for being one of the most impacted countries of the region²⁴ as 87% of the women in Egypt are FGM/C survivors²⁵, and 56% of the local communities support the practice of FGM/C²⁶. Whereas in other countries, the national surveys have shown more precise numbers²⁷. Data available also shows that the prevalence of FGM/C varies from regions within the same country. While in some country regions, FGM/C prevalence is almost 0%, in other parts of the same country the prevalence rate can be very high²⁸.

Unfortunately, the lack of official and up-to-date data regarding the prevalence of FGM/C in the region is an important issue, including in a number of countries where FGM/C is known to take place, including Iran, Oman, UAE and Saudi Arabia²⁹.

NORTH AMERICA

USA

Today, the Center for Disease Control and Prevention (CDC) estimates that 513,000 women and girls are at risk for it in the U.S.³⁰ However, this data has not been updated in ten years and is only an estimate based on indirect immigration data from multiple sources. The statistics do not include

²¹ https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13110-Prevention-of-harmful-practices-against-women-and-girls_en

²² Unicef, FGM in the MENA, <https://data.unicef.org/resources/female-genital-mutilation-in-the-middle-east-and-north-africa/>

²³ *Ibid*

²⁴ *Ibid*, p4

²⁵ UNICEF, Female Genital Mutilation in Egypt: Recent trends and projections,

<https://data.unicef.org/resources/female-genital-mutilation-in-egypt-recent-trends-and-projections/>

²⁶ Unicef, FGM in the MENA, <https://www.unicef.org/mena/media/7081/file/FGM%20English%20.pdf.pdf>

²⁷ For instance, in Mauritania, the final report MICS5 2015, published in 2017 based on 2015 numbers, precise that the percentage of FGM survivors was around 67% https://mics-surveys-prod.s3.amazonaws.com/MICS5/West%20and%20Central%20Africa/Mauritania/2015/Final/Mauritania%202015%20MICS_French.pdf

²⁸ In Yemen and Iraq for instance, Unicef, FGM in the MENA, <https://data.unicef.org/resources/female-genital-mutilation-in-the-middle-east-and-north-africa/>, p6

²⁹ Global platform for Action to end FGM/C, Joint UNSG submission 2020,

https://www.endfgm.eu/content/documents/Global_Platform_for_Action_to_End_FGM_Joint_UNSG_submission.pdf, p34

³⁰ Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D. and Danel, I. (2016). Female genital mutilation/cutting in the United States: Updated estimates of women and girls at risk, 2012. Public Health Reports, 131, 1–8.

women from other regions of the world where FGM/C is reported, those born in the U.S., or second and third generation immigrants.

Canada

Canada still has no official statistics of girls at risk or women living with the consequences of FGM/C. The End FGM Canada Network, based on Census data for immigrants from sub-Saharan countries from 2016 and other sources, estimates there more than 100,000 survivors. Government documents show there is concern that thousands of girls may be at risk of ‘vacation cutting.’

7. Impacts of the COVID-19 pandemic in regard to FGM/C, and measures undertaken to address those

The COVID-19 pandemic appears to have increased girls’ risk of undergoing FGM/C³¹. Similar challenges have been encountered across regions. For example, **school closures** have placed many girls at potential risk for longer periods. This is because schools act as a safe haven for girls - when they are at home for a longer period of time, they are more vulnerable to the perpetrators of FGM/C who could be their family members or other relatives. Some reports have indicated that parents in practicing communities have had their girls cut and married them off as a means of coping with the economic hardships brought about by the pandemic. In addition to school closures, increased stress and economic hardship within households during the pandemic meant that girls were more vulnerable to many types of violence (for example child marriage, sexual assault, teenage pregnancy and domestic violence), including FGM/C.

As COVID-19 containment measures pushed more households into monetary poverty, some families adopted negative coping strategies to reduce economic burdens – such as having girls undergo FGM/C as a precursor to child marriage. Meanwhile, law-enforcement and front-line service providers are being redeployed to respond to the COVID-19 crisis, weakening formal protection systems.

The adaptation strategies and mitigation of the disruptions have also been quite similar across different regions, including the use of online work and tools to maintain, as far as possible, a high level of communication and provision of knowledge and support. While in some countries these adaptation strategies have been supported by government-led initiatives, in many instances the role of civil society has been paramount, especially where the abandonment of the practice of FGM/C is not a political priority.

SUB-SAHARAN AFRICA

A study was conducted by Amref Health Africa to assess the impact of the COVID-19 pandemic on FGM/C and Child early and forced marriage (CEFM) in **Kenya, Uganda, Ethiopia and Senegal** using quantitative and qualitative measures (through household surveys with community members and

³¹ UNFPA assessments indicated an increased risk of girls undergoing the practice: a UNFPA assessment in Somalia showed that 31 per cent of community members who were interviewed said they believed there had been an increase in this harmful practice since the pandemic began (UNFPA, 2020a). A survey by Save the Children in September 2020 in the Dadaab refugee camp in Kenya explored the impact of COVID-19 and found that 75 per cent of child-protection workers reported a 20 per cent increase in female genital mutilation (Save the Children, 2020).

interviews with programme implementers and policymakers).³² The study found that the COVID-19 pandemic has had varied effects on FGM/C and CEFM across the four focus countries. Kenya has witnessed an increase in both FGM/C and CEFM cases while in Uganda, the pandemic has contributed to a minimal increase in FGM/C cases and a significant increase in CEFM cases. The pandemic has had a limited impact on FGM/C and CEFM in Ethiopia and Senegal. Across the four focus countries, the pandemic has negatively affected the implementation of interventions by the justice and legal system, health system, and civil societies.

Surveys and interviews conducted by Orchid Project with partners across West Africa and East Africa revealed increased rates of FGM/C. Local reports from across the East Africa region emphasized that stay at home orders and lockdowns increased the risk of girls being cut, noting that some communities viewed the lockdown as an extended holiday to take advantage of decreased surveillance and extended recovery time for girls to avoid detection. The closure of schools, including boarding schools, and churches across **Kenya, Somalia, Somaliland and Tanzania** has resulted in the closure of de facto safe spaces. In **Kenya**, school closures for almost a year at the height of the pandemic in 2020, resulted in an increased risk of FGM/C for girls.³³ In West Africa, health services were said to have been heavily reduced in **Nigeria, Liberia and Sierra Leone**. Reports from Abuja, Nigeria, noted that health care providers were providing 'essential' services only, which has not included vital SRHR or broader health services for women and girls at risk or survivors of FGM/C.³⁴

Due to COVID-19 and as a result of the closure of shelters, survivors of GBV who are already in shelters or temporary housing face difficulties to move given the risk of infection and lack of places to which to relocate. In 2020, countries where the Joint Programme is implemented, such as Nigeria and Kenya, reported that closure of protective spaces (e.g., women's shelter and rescue centres) placed women and girls at a higher risk of FGM/C and other forms of GBV since they were forced to 'lockdown' at home with their abusers.³⁵

The disruption of legal services during the COVID-19 pandemic resulted in survivors of FGM/C experiencing significant delays in accessing justice and legal protections, or undertaking other legal measures, including arrest of perpetrators. According to the 2020 Joint Programme Kenya country report, closure of courts during the initial lockdown period meant that survivors of FGM/C were not able to access justice.³⁶

FGM/C is also linked to early and forced marriage. Once a girl has been cut, she is considered an adult and is therefore ripe for marriage. Even though we do not have verifiable data, most girls were cut and also married off at an early age during COVID-19. Additionally, some of the girls who got pregnant were forced into marriage instead of continuing with their education even after giving birth.

Measures taken to address FGM/C during the COVID-19 pandemic:

³² Evidence on The Effects Of COVID-19 Pandemic on Female Genital Mutilation/Cutting and Child, Early and Forced Marriages: The Case of Kenya, Uganda, Ethiopia and Senegal: <https://amref.org/download/evidence-on-the-effects-of-covi-19-pandemic-on-female-genital-mutilation-cutting-and-child-early-and-forced-marriages-the-case-of-kenya-uganda-ethiopia-and-senegal/>

³³ <https://www.globalcitizen.org/en/content/covid-19-school-closures-end-fgm-in-kenya/>

³⁴ https://www.orchidproject.org/wp-content/uploads/2020/11/COVID_female_genital_cutting_FGC_policy_briefing_Orchid_Project_FINAL.pdf

³⁵ <https://www.unicef.org/media/107641/file/FGM%20COVID-19%20case%20study.pdf>

³⁶ https://kenya.unfpa.org/sites/default/files/pub-pdf/unfpa_kco_annual_report_2020.pdf

In **Tanzania**, during the COVID-19 pandemic, the Government, with support from UN Women, mainstreamed violence against women and children specific information in standard operating procedures (SOPs) and protocols to facilitate service providers to conduct related screening, in reported cases of COVID-19.³⁷

In **Uganda**, the COVID-19 Essential Services Committee of the Ministry of Health, with the support of UNFPA and other partners, developed Standard Operating Procedures (SOPs) to ensure continuity of GBV (including FGM/C), sexual and reproductive health and HIV services during the pandemic. The SOPs enabled the Ministry of Health to prioritize integrated services as part of the essential service package in COVID-19 case management.³⁸

ASIA & PACIFIC

COVID-19 has resulted in fewer girls being taken to hospitals to undergo FGM/C by medical professionals (including doctors and nurses) in urban areas in India. Many Bohra women and girls undergo FGM/C which is performed by traditional circumcisers. Activities of NGOs in ground has been affected due to COVID resulting in continued and stronger focus on FGM/C. A reduced ability to conduct in-person support sessions was reported (Singapore).

As far as adaptation and mitigation strategies are concerned to tackle the issue of FGM/C in India, there were none being reported. Such lack of action was explained by the fact that FGM/C is not on the Government of India's radar as a crime and a human rights violation. Governmental sources do not provide information supporting the fact that there is a prevalence of FGM/C in India at all. While nationally-representative surveys such as the Demographic and Health Surveys (DHS) have been used to collect data on family income dynamics and public health on India, data on FGM/C using the DHS has been missing. Study participants reported widespread practice of *Khafd* in their community and in their family. For instance, 75% of daughters of participants of the study were subjected to *Khafd*.

Civil society from Singapore reported to have adapted to disruptions through the organisation of online webinars and support sessions.

EUROPE

In preparation of the first Donors Working Group meeting with CSOs in 2022, the End FGM European Network organised a consultation with civil society to assess the impact of COVID-19 on programming and advancement of elimination of FGM/C across Europe³⁹. The main challenges that emerged include the disconnection and reduction of safe socialising spaces and routines, the safety net disruptions resulting from school closures and lockdown measures and the limited funds for mitigation of disruptions in prevention and protection efforts.

³⁷ UNDP- UN Women. COVID-19 Global Gender Response Tracker Fact sheet

³⁸ UNFPA-UNICEF. Resilience in action: Lessons learned from the joint programme during the COVID-19 crisis.2020, https://www.unfpa.org/sites/default/files/resource-pdf/RESILIENCE_IN_ACTION-LESSONS_LEARNED_FROM_THE_JOINT_PROGRAMME_DURING_THE_COVID-19_CRISIS.pdf

³⁹ These findings were also presented during the meeting with the Donors Working Group on March 30th not only from a European perspective but from different regional representatives <https://www.endfgm.eu/news-en-events/news/talking-to-donors-about-innovating-anti-fgm-funding/>

As reported by **Spain** another challenge was the reduced provision of health services to the affected population due to the high pressure on care services, resulting in an under-detection of populations at potential risk, since many people were unable to access health services or to access them adequately to address risk of FGM/C. Links with other harmful traditional practices were neglected, due to social services also being overwhelmed, dealing with the difficult economic and social situations caused by the pandemic. Finally, the survivors have been relegated to the background, since the consequences of the practice are still not adequately known by all health professionals. In general, it can be stated that the efforts made by different public bodies in the years prior to the Covid-19 pandemic (such as the creation of a State Protocol) have been truncated^{40, 41}.

Besides the above-mentioned issues, the **Netherlands** reported that limitations of travel lowered the risk of vacation cutting, but also mentions that some circumcisions may have happened in the Netherlands, however the data to sustain this are not available. **Italy** reported similar concerns in terms of reduced delivery of essential support services for survivors and reduced ability to detect new at-risk population. Italy is one of the EU countries that accumulated the largest number of schools day closures.

In terms of adaptation strategies, the consultation held by End FGM EU gathered different activities and methodologies put in place to adapt and react to the severe disruptions. These included:

- Authorised door to door safe consultations to raise awareness on FGM/C as well as other forms of GBV
- Use of alternate ways of communications including working online
- Use of social media and live updates to overcome blockages of movement, which in some cases led to government listing activists as essential service providers
- Provision of psychological support to beneficiaries
- Increased focus on advocacy efforts and demand of flexibility from funders and donors
- Increased international cooperation and strengthening of networks online

Belgium reported some good practices in their adaptation strategies, including provision of essential support services for survivors. GAMS Belgique, from the first weeks of the lockdown, compiled the tools and documentation available in different languages and created video clips containing the relevant information in synthesis. These videos were made available in French, English, Dutch, Amharic, Tigrinya, Fulani, Afar, Somali, Malinke, and Sousou⁴². Another form of support was represented by the ACCESS chat, a free tool that facilitates access to support services for migrant women facing gender-based violence who do not necessarily speak the national languages. The chat was made available on-demand, via a contact form or an audio message.

⁴⁰ Fundació Wassu-UAB (2020). "Atención sin estigmatización: Análisis de factores discriminatorios en la intervención preventiva de la mutilación genital femenina". Bellaterra: Fundació Wassu-UAB.

⁴¹ Fundació Wassu-UAB, Delegación del Gobierno Contra la Violencia de Género (ed.) (2020). "La mutilación genital femenina en España". Madrid: Centro de Publicaciones, Ministerio de Igualdad.

⁴² <https://gams.be/en/2020/04/02/coronavirus-lockdown-gams-belgium-informs-and-provides-support/>

NORTHERN AFRICA AND WESTERN ASIA

One of the main impacts of COVID-19 in particular on low-income countries is economic. Indeed, the crisis created serious economic and financial stress in many countries of the NAWA region⁴³.

The sanitary restrictions have impacted small businesses' activity, therefore in the NAWA region, we were able to observe former cutters facing financial struggles and having no other choice than to go back to their former activity.

Moreover, the financial burden on households has created massive pressure on families, including those who wanted the abandonment of the practice. Consequently, families are facing the obligation to accept to comply with the social norms including the practice of FGM/C and child marriage as both are somehow related in the region⁴⁴. Indeed, the increase of child marriages in the NAWA region is often motivated by financial issues⁴⁵ and has been observed within the region during the COVID-19 crisis⁴⁶.

Besides, the sanitary restriction, such as lockdowns, implies school closing, when schools are often seen as a safe place for girls. Moreover, COVID-19 Invisibles to other health and social issues, such as FGM/C, which implies a delay in States' response towards FGM/C⁴⁷.

NORTH AMERICA

The **U.S.** has seen a number of impacts as a result of COVID-19, some of which have been a positive impact while others have created more challenges. COVID-19 has limited who has access to supports, how support can be accessed, and has had negative impacts on funding for FGM/C intervention and support services, due to other COVID-19 related pressing needs. Many funds previously used for FGM/C interventions were repurposed to help with COVID-19. In states that had passed anti-FGM/C bills in the past two years, education initiatives outlined in the bills have been delayed as a result of limited capacity of government agencies responsible for the initiatives as a result of COVID-19. For states that remain without any anti-FGM/C laws in place, it has been difficult to introduce new legislation as the priorities have been around passing legislation more pressing as it relates to COVID-19.

⁴³Dabrowski, M. and M. Domínguez-Jiménez (2021) 'The socio-economic consequences of COVID-19 in the Middle East and North Africa', *Bruegel Blog*, 14 June, <https://www.bruegel.org/2021/06/the-socio-economic-consequences-of-covid-19-in-the-middle-east-and-north-africa/>

⁴⁴ Eg: in Sudan: UNICEF, Female Genital Mutilation/Cutting and Child Marriage in Sudan: Are there any changes taking place?

⁴⁵ UNFPA, CHILD MARRIAGE IN THE CONTEXT OF COVID-19 Analysis of trends, programming and alternative approaches in the Middle East and North Africa, [https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20\(1\).pdf.pdf](https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20(1).pdf.pdf),

⁴⁶ *Ibid*

⁴⁷ UNFPA, FGM in humanitarian settings in the Arab region, 2021, p6, available: https://arabstates.unfpa.org/sites/default/files/pub-pdf/fgm_in_humanitarian_settings_in_the_arab_region_unfpa_2021.pdf

8. Measures taken to mainstream FGM/C abandonment interventions

SUB-SAHARAN AFRICA

In **Kenya**, led by the Anti FGM Board Kenya, which is the agency in charge of FGM/C matters, organisations are coming on board to work together and combine efforts to eliminate FGM/C through various interventions such as conducting community dialogues, having public declarations especially by the elders, involving government agencies and local administrators, providing an alternative source of income for the cutters etc.

As part of campaign organised by Orchid Project on funding gap for FGM/C sector, grassroots organisations from **Kenya, Senegal, Nigeria** have all identified lack of funding as a major issue and called on increased funding to support grassroots work on ending FGM/C. The UNFPA paper on Costing Three Transformative Results highlights the cost from 2020 to 2030 of ending FGM/C in 31 priority countries is \$2.4 billion. However, the amount in development assistance that will be spent in 31 priority countries from 2020 to 2030 is \$275 million resulting in \$2.1 billion funding gap.

ASIA & PACIFIC

The lack of a law recognising prevalence of FGM/C and banning the practice in India has made it technically impossible to mainstream any FGM/C abandonment initiatives in relevant policies⁴⁸.

EUROPE

Across Europe, we can see the implementation of new instruments and new strategies to tackle gender-based violence (GBV) including Female genital mutilation (FGM/C)⁴⁹, which often considers the role played by the grassroots communities and call for better comprehension and a less discriminatory approach to end all forms of GBV including FGM/C⁵⁰. National strategies and plans are often followed by discussions at the National level, focusing on the necessity to mainstream FGM/C abandonment⁵¹ and to develop innovative approaches on combating FGM/C⁵², for instance, in the **Netherlands**, the Government conducted research to study the Dutch approach on combating FGM/C⁵³.

Moreover, new services and concrete actions to mainstream FGM/C abandonment are available across Europe such as helplines in some European countries, to start a conversation on FGM/C with

⁴⁸ On December 29, 2017, the Ministry of Women and Child Development responded to an inquiry by the Supreme Court (in a Public Interest Litigation case on FGM/C in India) stating that “there is no official data or study which supports the existence of FGM/C in India.

⁴⁹ For instance, in Belgium, in November 2021 adopted the National Action plan to fight GBV 2021-2025 which takes into account FGM

⁵⁰ In Italy, the National strategic plan on male violence against women 2021-2023 includes FGM/C in its priority 1.4

⁵¹ Belgium organised in December 2019 an Inter-ministerial Conference on Women’s Rights with a focus on the fight against FGM/C

⁵² The Netherlands, published in June 2020 an Action Agenda on Harmful Practices (available < <https://www.huiselijkgeweld.nl/publicaties/publicaties/2020/02/18/actieagenda-schadelijke-praktijken> >)

⁵³ *Ibid.*

survivors⁵⁴, following the provisions of the Istanbul Convention⁵⁵. Besides, to concretely mainstream FGM/C abandonment, some countries have put in place action plans that also focus on the training of professionals to talk about FGM/C and recognize the risks⁵⁶. Currently, the EU is working on adopting a Recommendation on Harmful Practices to guide better implementation at the national level on how to tackle harmful practices including FGM/C. Moreover, the abovementioned proposed Directive to combat violence against women and domestic violence includes strong language aimed at preventing FGM/C, providing extensive support services, increased protection and access to justice and legal provisions to criminalise the practice as a form of GBV. Finally, the EU is funding specific projects to combat GBV and harmful practices within the funding streams of the Citizens, Equality, Rights and Values Programme (CERV). End FGM EU cooperates with partners in project implementation aimed at prevention measures and abandonment of FGM/C. One example is the CHAIN Project, now reaching its end, which linked the prevention of FGM/C and that of early and forced marriage by working in close contact with communities in four European countries (France, Germany, Italy, Spain)⁵⁷.

NORTHERN AFRICA AND WESTERN ASIA

Across the Northern Africa and Western Asia region, national⁵⁸ and regional⁵⁹ legislations exist in order to address FGM/C and to ban the practice. We can see an increase in the adoption of new legislation such as in Sudan in 2020^[60]

However, within social and economic development programmes to eradicate the practice, there is a growing⁶⁰

However, the mainstreaming of FGM/C abandonment across the region, at least through social and economic development programmes and services are extremely scarce and are mostly based on the work of NGOs⁶¹ or international organisations⁶² and not so much on States' initiative.

⁵⁴ In Spain, an extension of the Women's helpline (016) includes since 2021 all forms of gender-based violence precised in the Istanbul Convention

<https://violenciagenero.igualdad.gob.es/informacionUtil/recursos/telefono016/home.htm>

⁵⁵ Council of Europe Convention on preventing and combating violence against women and domestic violence, Article 24, provision for the implementation of Helplines for survivors of gender-based violence

⁵⁶ For instance, In the Netherlands it is Provided by the Harmful practices action plan

⁵⁷ <https://www.endfgm.eu/news-en-events/press-releases/the-chain-project-eu-conference-linking-the-prevention-of-female-genital-mutilation-fgm-and-early-and-forced-marriage-efm/>

⁵⁸ Article 4, Child Law, Official Gazette No. 1305

⁵⁹ Iraq, Kurdistan region, *Act of Combating Domestic Violence in the Kurdistan Region of Iraq (Law No. 8 of 2011)* [Iraq], 21 June 2011, available at: <https://www.refworld.org/docid/5b2911044.html>

⁶⁰ Article 141A, Law No.12, 2020, Sudan

⁶¹ The work of WADI in Northern Iraq, available: <https://wadi-online.org/stop-fgm/>

⁶² The Saleema project initiative of within the African Union: FOURTH ORDINARY SESSION OF THE SPECIALISED TECHNICAL COMMITTEE ON SOCIAL DEVELOPMENT, LABOUR AND EMPLOYMENT (STC-SDLE-4) 04-08 APRIL 2022, available: [https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema Initiative Programme and Plan of Action-ENGLISH.pdf](https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema%20Initiative%20Programme%20and%20Plan%20of%20Action-ENGLISH.pdf)

9. Measures taken to address FGM/C in complex emergencies

SUB-SAHARAN AFRICA

In **Burkina Faso**, actions continued in four regions affected by the security and terrorism crisis, (the East, the Sahel, the North Center, and the Boucle du Mouhoun), particularly in the fight against child marriage and FGM/C, through the animation of safe spaces for adolescent girls to strengthen their life skills and knowledge on sexual and reproductive health rights (SRHR) and GBV. The national Humanitarian Response Plan integrated GBV and FGM/C across social protection, health, education, and humanitarian programmes.

A study conducted by Amref Health Africa titled ‘Intersections between climate change and female genital mutilation among the Maasai of Kajiado County, Kenya’, revealed that climate change eroded the Maasai social and economic fabric and in particular, the dwindling of their livelihoods whose mainstay has been livestock thereby sinking these communities into abject poverty⁶³. These changes have resulted in the widening of gender inequalities and further disempowerment of women and girls, through the loss of education, the perpetuation of FGM/C, and increasing child marriages. These practices are an adaptive strategy to survive climatic changes but are detrimental to girls and women. The conclusion points to the intersecting axes of climate change on gender norms and FGM/C. The study portends that broader socio-ecological factors pose barriers to social norms change among the Maasai of Kajiado. Therefore, there is a need to adopt a multilevel intersectional approach when designing programmes to end FGM/C. The contextual social, economic, and environmental factors should not be overlooked when tailoring FGM/C intervention programs.

EUROPE

In 2020 the focus of the International Stakeholder Dialogue was the “Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts”⁶⁴.

While COVID-19 has represented a context of emergency, most European countries and in particular the EU have not faced protracted complex crisis. However, the so-called “migration crisis”, which reached unprecedented peaks in 2015 and in the past few years, is being revived by the ongoing war in Ukraine that is having serious effects on migration and asylum needs in EU-countries. The prioritisation of this crisis response might potentially have adverse effects on the already complicated and not uniform asylum procedure across the European Union, potentially affecting FGM/C-affected migrant population⁶⁵. On the other hand, the show of solidarity to Ukrainian refugees and the acceptance shown by countries who have usually held anti-immigrant stances, could provide the opportunity to reignite the debate on migration and asylum policies and achieve a transformed approach. Unfortunately, studies on the relations between on the impact on the war on Ukraine when it comes to advancement of FGM/C abandonment in the EU are not available.

⁶³ <https://jogh.org/intersections-between-climate-change-and-female-genital-mutilation-among-the-masai-of-kajiado-county-kenya/>

⁶⁴ The dialogue was organised by AIDOS, GAMS Belgium and the End FGM European Network in the framework of the UNFPA-UNICEF Joint Program on FGM supported project “Building Bridges between Africa and Europe to tackle FGM” and builds on the work of the Community of practice on FGM (CoP FGM), which provides virtual spaces for collective discussion, ideas and information-sharing on Female Genital Mutilation, whilst applying a Building Bridges perspective (focusing on Africa and Europe). Read the full report and recommendations here https://www.endfgm.eu/content/documents/reports/Report_Preventing-and-responding-to-FGM-in-Emergency-and-Humanitarian-Contexts_17.12.20.pdf

⁶⁵ <https://www.msf.org/we-can-only-help-refugees-survive-new-camp-greek-island>

Finally, it is important not to underestimate the worrying backlashes in terms of women's rights in Europe and the growing anti-gender movements, islamophobia, racism and xenophobia, all of which are factors that can represent serious hurdles to FGM/C abandonment and the provision of progressive services. This is why we increasingly use an intersectional lens in our advocacy and research, to tackle multiple forms of discrimination that FGM/C survivors or population at risk can be subjected to.

NORTHERN AFRICA AND WESTERN ASIA

Other than the COVID-19 pandemic, the NA region is going through other emergency situations and humanitarian crises . In the region, some States are facing polymorph crises, accumulating climate-change-related crises, high internal displacement, disease outbreaks etc⁶⁶. However, regarding these extreme circumstances, it seems complicated to completely end the practice. Moreover, marriage is often seen as an option to get out of trouble, and early and forced marriage and FGM/C prevalence are highly linked in the NAWA region⁶⁷.

In order to respond to FGM/C in these particular situations, multiple interventions have been put in place by some countries in this region focusing on prevention and engaging faith-leaders as in **Yemen** and older members of affected communities⁶⁸. However, it is highly critical as it lacks enforcement and follow-up⁶⁹. A wide range of activities can be spotted however, it is not widespread nor uniform throughout the region⁷⁰.

Besides, the lack of funding impacts the access for all women and girl to sexual and reproductive health and protection services, which includes FGM/C protection services⁷¹. Consequently, information on how access this type of services is not always known by survivors or people facing high-risk of FGM/C⁷².

⁶⁶ Eg: Sudan, available: <https://reports.unocha.org/en/country/sudan>

⁶⁷ *Supra*

⁶⁸ UNFPA, FGM in humanitarian settings in the Arab region, 2021, p12, available:

https://arabstates.unfpa.org/sites/default/files/pub-pdf/fgm_in_humanitarian_settings_in_the_arab_region_unfpa_2021.pdf

⁶⁹ *Ibid*

⁷⁰ *Ibid*, p24

⁷¹ UNFPA highlighted the lack of fundings regarding the situation in Yemen: UNFPA, Women and girls continue to pay a heavy price in Yemen as the conflict slips further from global view, 15th March 2022, available:

<https://www.unfpa.org/press/women-and-girls-continue-pay-heavy-price-yemen-conflict-slips-further-global-view>

⁷² UNFPA, FGM in humanitarian settings in the Arab region, 2021, p20, available:

https://arabstates.unfpa.org/sites/default/files/pub-pdf/fgm_in_humanitarian_settings_in_the_arab_region_unfpa_2021.pdf

10. Measures taken to protect women and girls from FGM/C, including when the practice occurs outside the country of residence

A multi-sectoral approach is proving to be the most effective way of eliminating the practice of FGM/C. The multisectoral approach envisages a scenario where: laws and policies are in place and enacted, and budgets and coordinated systems are in place; community members, including men and boys and religious leaders, deliberate new norms and are equipped with the skills to motivate others to abandon FGM/C; girls and women are empowered to defend their rights and access education, social, health and legal services; and abandonment of FGM/C is mainstreamed in social development and services for women and girls.⁷³

SUB-SAHARAN AFRICA

In **Burkina Faso**, the Ministry of Women has set up a free call line, “SOS Excision” which is used to report girls at risk of FGM/C and alerts the local police who can intervene and prevent girls from being cut. It also refers survivors to support services, which include reconstructive surgery.

Cross-Border FGM/C:

Cross-border FGM/C remains a critical challenge in the continental efforts to eliminate FGM/C. This is the practice whereby girls are moved across national borders to neighbouring countries so that FGM/C can be performed on them. In certain circumstances, the cutters have been documented to cross borders to render their services. Cross-border FGM/C is commonly observed in countries which do not have laws against FGM/C or have poorly enforced laws, where girls are brought across borders to be cut in order to escape legal consequences. For instance, the countries surrounding Mali all have laws against FGM/C, including **Senegal, Ivory Coast, Guinea, Guinea Bissau and Burkina Faso**. There are reports that girls are being brought over the borders from neighbouring countries where it is illegal (particularly Burkina Faso), to be cut in Mali without legal consequences.

In many African countries, even if there are laws and national policies in place to prevent and address FGM/C, these laws do not always address cross-border FGM/C. For instance, out of 11 African countries studied for the utilisation of the multi-sectoral approach to end FGM/C, only two countries (Kenya and Uganda) had a specific legal provision on the practice of cross-border FGM/C.

There have however been efforts taken to address cross-border FGM/C, including strengthening coordination and cooperation to eliminate FGM/C at the regional level. In this regard, the East African region has led the way with the adoption of the Declaration and Action Plan to End cross-border FGM/C, which was adopted by **Kenya, Tanzania, Uganda, Ethiopia and Somalia** as part of the global goal of ending FGM/C by 2030⁷⁴.

Some countries have also utilised innovative strategies to address the issue. **Uganda** in partnership with neighbouring country **Kenya** has used the platform WhatsApp to address cross-border

⁷³ Population Council Kenya, UNFPA, UNICEF, WHO, *Effectiveness of Interventions designed to prevent or respond to Female Genital Mutilation: A Review of Evidence*, June 2021, https://www.popcouncil.org/uploads/pdfs/2021SBSR_FGM-EvidenceReview.pdf

⁷⁴ UNFPA-UNICEF, FGM among cross-border communities in Kenya, Uganda, Tanzania, Ethiopia and Somalia, 2020.

FGM/C⁷⁵. Building on an existing WhatsApp network used to share information and better coordinate district-level work on child protection issues. A more focused coordination and communication mechanism for cross-border FGM/C was set up between 3 districts in **Uganda** and 4 in **Kenya** in April 2020 and was operational throughout the pandemic. The group is administered by local sub-county chiefs and includes a diverse range of stakeholders. Information is shared on the platform of potential cases of cross-border FGM/C and to provide support to survivors and girls at risk⁷⁶. Between April and October 2020, 37 girls were intercepted in Kenya and returned, uncut, to Uganda, by the Kenyan authorities⁷⁷.

EUROPE

FGM/C is criminalised across the European Union (EU). Often the principle of extra-territoriality regarding the criminalisation of FGM/C is also provided by the law, therefore, FGM/C survivors when the mutilation occurred outside the residing country are protected by their national law⁷⁸.

Some European governments are taking concrete measures to protect women and girls specifically against so-called 'vacation cutting' or when FGM/C occurs outside the country of residence: examples include the establishment of a system of protection for girls travelling to affected countries with a letter of protection as in **Germany**⁷⁹, the Stop FGM/C passport in **Belgium** or the withdrawal of the girl's passport as in **Spain**⁸⁰. The systematised mechanism of prevention before traveling to an FGM/C-affected country, making sure the girls and parents know the law and have access to support services are among the best practices of prevention when it comes to the risk of cross-border FGM/C⁸¹.

⁷⁵ See Equality Now & UNFPA, *Use of the Multi-Sectoral Approach to End Gender-Based Violence and Female Genital Mutilation in Africa*, December 2021, <https://equalitynow.storage.googleapis.com/wp-content/uploads/2022/03/22123712/Use-of-the-Multi-Sectoral-Approach-to-Ending-Gender-Based-Violence-and-Female-Genital-Mutilation-in-Africa-EN.pdf>.

⁷⁶ UNICEF. Case study on ending cross-border female genital mutilation in the Republic of Uganda. 2021.p.7

⁷⁷ UNFPA-UNICEF. Country case studies. Progress in the Elimination of Female Genital Mutilation. Annual report 2020. p.96.

⁷⁸ Eg: Article 583-bis Italian Criminal Code

⁷⁹ In Germany, the Government provides a Letter of protection available in 16 languages, <https://www.bundesregierung.de/breg-en/service/information-material-issued-by-the-federal-government/letter-of-protection-against-female-genital-mutilation-1934450#:~:text=The%20letter%20of%20protection%20against,loss%20of%20the%20residence%20permit>>

⁸⁰ In Spain, the Prosecutor's office can withdraw the passport of a girl when she faces high risk of FGM (Grupo Interdisciplinar para la Prevención y el Estudio de la Prácticas Tradicionales Perjudiciales [GIPE/PTP] (2018). "Mutilación Genital Femenina: Informe de evaluación del modelo de actuación de la Generalitat de Cataluña (2002-2018)". Bellaterra: Fundació Wassu-UAB); In Belgium, In Belgium, before the departure to a practising country, parents receive prevention tools on FGM https://igvm-iefh.belgium.be/sites/default/files/downloads/intact-fiches_sante_web.pdf>. A girl born in Belgium when coming back from an affected country will have to consult a travel clinic to undergo a medical examination https://igvm-iefh.belgium.be/sites/default/files/downloads/intact-fiches_sante_web.pdf

⁸¹ <https://map.endfgm.eu/good-practices>

NORTHERN AFRICA AND WESTERN ASIA

Across the NAWA region, some countries criminalize FGM/C when occurring in the country of residence and there are decrees prohibiting the practice⁸². Unfortunately, this is not the case among all affected countries in the region. Often, the law also includes medicalised FGM/C⁸³ but the medicalisation of FGM/C is not always criminalized⁸⁴. Besides, there is no criminalisation nor banning of cross-border FGM/C as there is no explicit reference to extra-territoriality. Finally, these legislations do not always include all women and girls, as most of the time the criminalisation or banning of FGM/C is targeted in Child protection legislation, therefore only girls under 18 are considered⁸⁵. However, there is another phenomenon that can be observed across the region: the diaspora going back to the practising country from a non-affected country, which can be tackled when the country of residence criminalises the practice.

11. The role of stakeholders in eliminating the practice of FGM/C

SUB-SAHARAN AFRICA

Kenya reported the multi-sectoral approach as the most effective way of eliminating the practice of FGM/C. Organisations are now shifting from working independently to bringing all the stakeholders on board. Faith-based and religious institutions have influence in the community, and in some areas where FGM/C has stopped, religious leaders are against the cut.

Under the leadership of Mrs Sika Kaboré, former First Lady of **Burkina Faso**, spouses of ministers were committed against FGM/C and child marriage through the lobbying and advocacy action group (GALOP)⁸⁶. GALOP engaged with different sectoral departments, Civil society organisations, community members and other partners.

In **Liberia**, which does not have a permanent national law prohibiting FGM/C, in February 2022, the head of the Traditional Council of Liberia, Chief Zanzan Karwor announced a three-year ban on FGM/C.

EUROPE

The implication of stakeholders is key for the success of the movement to end FGM/C, their role and investment are recognised as a necessity, especially within at-risk communities. In the European continent, there are many examples of the strong involvement of national services with trained workers specialised in FGM/C prevention and health care⁸⁷.

⁸² In Yemen since 2001, there is a ministerial decree prohibiting the practice in health facilities.

⁸³ In Mauritania, since 2005, the State has criminalized the participation of health professionals, available: [https://www.28toomany.org/static/media/uploads/Law%20Reports/mauritania_law_report_v1_\(september_2018\).pdf](https://www.28toomany.org/static/media/uploads/Law%20Reports/mauritania_law_report_v1_(september_2018).pdf)

⁸⁴ In Egypt, the Ministerial Decree 271/2007 prohibits the practice of FGM/C by health professionals but it is not criminalized

⁸⁵ In Mauritania, the criminalization of FGM/C targets only under 18 girls

⁸⁶ <https://linitiative.ca/International/lutte-contre-les-mutilations-genitales-feminines-sika-kabore-invite-les-populations-des-cascades-a-sy-engager/>

⁸⁷ In the Netherlands Youth Health Care and the The Royal Dutch Association of Midwives both trained workers to do FGM/C risk assessments and to discuss FGM/C with parents and to educate survivors about the health care services available.

Across Europe, there is a common will for the proper involvement and consideration for the work of communities in tackling FGM/C. Grassroot communities and civil society organisations play a significant role to inform, prevent and provide services to FGM/C survivors as they help build bridges between survivors, communities, and services available⁸⁸, as well as decision-makers. End FGM EU has been a partner of the CHAIN European Project coordinated by TERRE DES FEMMES Germany, which focused mostly on the involvement of communities in the activities of prevention or FGM/C and early and forced marriages in Germany, France, Italy and Spain⁸⁹.

NORTHERN AFRICA AND WESTERN ASIA

The role of stakeholders is really important in order to tackle FGM/C in the NAWA region, especially community and faith leaders. Organisations such as IPPF Arab World reached out to religious leaders to help debunk myths and dissociate FGM/C and religious beliefs.

Moreover, it is a necessity to also involve the former FGM/C practitioner, using their influence in their community can be particularly helpful in tackling FGM/C. Nevertheless, research has shown that conversion of practitioners has not proved to be efficient⁹⁰. Involving grassroots communities is key, for both women and men to tackle FGM/C: for instance, in **Sudan** elderly women are particularly involved in the anti-FGM/C movement⁹¹.

12. Work on gender norms change and gender transformative approaches

The 2021 International Stakeholders Dialogue (ISD), which focused on “Gender Transformative Approaches (GTA) to ending FGM”⁹², was based on the common agreement that GTA means that challenging and changing harmful gender norms in the community can have an impact on FGM/C reduction and that a gender transformative approach is a more sustainable way of ending FGM/C and improving the lives of women and girls in the community as a whole. The ISD reached organisations from different world regions and aimed at identifying the main challenges and opportunities for the implementation of such approaches. Some of the challenges that emerged included the lack of

⁸⁸ The Federation of Somali Associations in the Netherlands and organisations for refugees in the Netherlands, have members trained to discuss with at-risk communities and professionals

⁸⁹ <https://www.endfgm.eu/news-en-events/press-releases/the-chain-project-eu-conference-linking-the-prevention-of-female-genital-mutilation-fgm-and-early-and-forced-marriage-efm/>

⁹⁰ However, we know from research on effectiveness and impact of interventions against FGM/C that “Evidence shows that there have been efforts to convert and provide traditional practitioners with alternative sources of income, but such efforts have not been successful. In most cases, these efforts resulted in increased medicalization of FGM (Vestbøstad and Blystad, 2014; P, OBS, →) and secrecy in conducting the practice (Buttia, 2015; P, OR, →; Van Bavel, 2020; P, OBS, ↑). Given the demand for FGM services, some communities have taken their girls to other areas or to other practitioners who can offer FGM services (Ako and Akweongo, 2009; P, OBS, ↑).” UNICEF 2021 <https://www.unicef.org/media/106831/file/FGM-State-of-Evidence.pdf>

⁹¹ UNICEF Sudan, ‘Sudan’s Tuti Island: an example of a community Fighting FGM’, 2022, available: <https://www.unicef.org/sudan/stories/sudans-tuti-island-example-community-fighting-fgm>

⁹² This report was produced in the framework of the “Building Bridges between Africa and Europe. Phase 3” project, supported by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation and the Spotlight Initiative to eliminate violence against women, coordinated by AIDOS – Associazione Italiana Donne per lo Sviluppo (Italy) in partnership with GAMS Belgium, Action Solidarité Développement (ASD, Republic of Guinea), Actions (Mauritania), Association Malienne pour le Suivi et l’Orientation des Pratiques Traditionnelles (AMSOPT, Mali), Jeunesse et Développement (JED, Senegal), Mwangaza Action (Burkina Faso).

understanding of GTA; reluctance to implement them, as well as lack of involvement of men and lack of adequate funding and funding criteria for these approaches to be impactful.

Orchid Project developed a paper on Gender Transformative Approach to ending FGM/C to promote understanding of gender-transformative approaches in the context of FGC and explore the potential use of GTAs to accelerate FGM/C abandonment⁹³. Surveys and focus group discussions were held with grassroots organisations in **Kenya, Nigeria, Sierra Leone** and **Liberia** to gain an in-depth understanding of the potential value of a GTA to the work toward FGM/C elimination.

The lens of intersectionality is also being increasingly used in reports and policy making to design efficient measures that tackle all forms of discrimination which often overlap in the case of FGM/C survivors. End FGM EU is working more and more on exploring and addressing intersecting forms of discrimination when it comes to FGM/C and GBV survivors, starting with the 2021 Annual Campaign #EndFGM4All⁹⁴. FGM/C survivors are also experiencing sexism, racism, Islamophobia, Xenophobia, Transphobia, and other systems of oppression and these deeply rooted issues can not be separated or dealt with in silos. These intersecting identities inform the unique and contextualized lens which must be applied when addressing global efforts in a concerted, evidence-based and multifaceted manner. In order to end FGM/C these systems of oppression need to be dismantled.

13. Recommendations on how to intensify global efforts to end FGM/C

Evidence

- Prioritise generation of robust evidence on what works to eliminate FGM/C and provide technical support to ensure implementers are using the approaches that are proven to be effective
- Urge all States where there are reports and evidence of FGM/C prevalence put in place systematic data collection
- Invest in digitalisation to increase and improve data collection and awareness raising and agency

Capacity building

- Fund capacity building for CSOs, grassroots organisations and community-based organisations (CBOs) in FGM/C affected communities to promote awareness of gender inequalities, GTAs and further application in programming
- Recognise FGM/C as a humanitarian issue and, in context of crisis, include FGM/C as all other forms of GBV in prevention and response programming and risk mitigation including by enabling women and girl-led as well as community-led organisations to apply for such funding

⁹³ Read the report here: <https://www.orchidproject.org/wp-content/uploads/2021/10/Gender-Transformative-Approach-to-Female-Genital-Cutting-Full-Report.pdf>

⁹⁴ The campaign material is available here <https://www.endfgm.eu/what-we-do/campaigns-end-fgm-eu/2021-endfgm4all-fgm-and-intersectionality-addressing-fgm-while-leaving-no-one-behind/>

Funding

- Increase funding to face the drawbacks due to COVID-19. In particular, fund community-based organisations and especially organisations piloting innovative approaches, including GTAs, to ending FGM/C
- Put in place more flexible and longer funding and ease the criteria for access to funding and reporting duties to ensure meaningful and sustained support of CBOs and community engagement
- Ramp up development assistance and funding, and for national governments in high prevalence countries to allocate/increase funding in the national budgets as the most sustainable source of investment
- Allocate specific funding to the achievement of SDG 5.3 instead of seeing it as an objective that can be reached with the “positive spill over effects” of other SDGs. This target should be properly costed

Sustainable approaches

- Urge States to adopt a gender transformative perspective in gender equality, SRHR and GBV policy design, and specifically into initiatives aimed at ending FGM/C, including through the revision of existing policy and legislation. Ministries should invest in awareness-raising campaigns and introduce comprehensive sexual education to inform and prevent the perpetuation of FGM/C
- Adopt comprehensive approaches to tackle FGM/C at the national level by systematically involving not only health professionals but all individuals in contact with FGM/C survivors and people at risk, including law enforcement, social workers, or educators who should all be properly trained and coordinate efficiently
- Adopt an intersectional approach when designing programmes, funding policies as well as in law and policy making