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# Intensifying global efforts for the elimination of female genital mutilation

## Report of the Secretary-General**

*Summary*

Pursuant to General Assembly resolution 75/160 on intensifying global efforts for the elimination of female genital mutilation, in the present report the Secretary-General provides information on the global prevalence of female genital mutilation and its impacts on women and girls, referencing recent data and evidence on what works to eliminate it. He provides an analysis of progress made to date by Member States, the United Nations system and other relevant stakeholders. He also includes information on efforts to anticipate and address the impacts of global humanitarian crises and ongoing conflicts, including climate change and environmental degradation and the coronavirus disease (COVID-19) pandemic, on the elimination of female genital mutilation. In the report, the Secretary-General draws conclusions and proposes recommendations for future actions.

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# I. Introduction

1. In its resolution 75/160, the General Assembly recognized that female genital mutilation[1] was a harmful practice and an act of violence, affecting many women and girls globally.[2] It is associated with deep-rooted harmful stereotypes and negative social norms, perceptions and customs, which threaten women's and girls' physical and psychological integrity, and it poses a barrier to their full enjoyment of human rights,[3] their achievement of gender equality and their empowerment.[4]

2. The General Assembly welcomed the high-level political commitment and increased national, regional and international efforts, which were critical to eliminating female genital mutilation. It urged States to protect women and girls and hold perpetrators to account by, inter alia, enacting and enforcing legislation prohibiting the practice and establishing accountability mechanisms, at the national and local levels, to monitor progress.[5]

3. The General Assembly also urged States to provide women and girls with coordinated, specialized, accessible and quality multisectoral prevention and response, including education, as well as legal, psychological, health-care and social services. It further called upon States to ensure that national action plans and strategies aimed at eliminating female genital mutilation were comprehensive and multidisciplinary in scope and promoted the inclusion of, inter alia, affected women and girls and practising communities in their development, implementation and evaluation.[6]

4. The present report is based on updated information provided by Member States[7] and United Nations system entities[8] working on the elimination of female genital mutilation, including the United Nations Population Fund-United Nations Children's Fund Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change,[9] the Spotlight Initiative,[10] the United Nations trust fund in support of actions to eliminate violence against women, and other key stakeholders. In the report, the Secretary-General details progress made in the context of the implementation of the 2030 Agenda for Sustainable Development, including evidence of promising interventions to eliminate the practice and innovative and effective approaches undertaken during the coronavirus disease (COVID-19) pandemic. He identifies challenges, including the gap between the generation of evidence and the implementation of programmes and policies designed to eliminate the practice, and examines implications for prevention and response, in particular in humanitarian and emergency settings and ongoing conflicts.

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[1] According to the World Health Organization (WHO), female genital mutilation involves the partial or total removal of external female genitalia, or other injury to the female genital organs for non-medical reasons.

[2] General Assembly resolution 75/160, eighth preambular paragraph.

[3] Ibid., tenth preambular paragraph.

[4] Ibid., eighth preambular paragraph.

[5] Ibid., para. 6.

[6] Ibid., paras. 9–10.

[7] Submissions were received from Australia, Bosnia and Herzegovina, Burkina Faso, Cameroon, Czechia, Colombia, Democratic Republic of the Congo, El Salvador, Ghana, Iran (Islamic Republic of), Jordan, Latvia, Mali, Mexico, Nigeria, Portugal, Senegal, Slovakia and Togo.

[8] Submissions were received from the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Spotlight Initiative and the United Nations trust fund in support of actions to elimination violence against women.

[9] UNFPA, "UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation", 18 November 2021, available at www.unfpa.org/unfpa-unicef-joint-programme-female-genital-mutilation.

[10] https://spotlightinitiative.org.

5. The Secretary-General notes the overall decline in prevalence of female genital mutilation in many countries, highlighting that this decline is not happening quickly enough to keep pace with the increase in population growth in countries where the practice occurs. He also notes the increase in female genital mutilation in the context of emergency settings and how climate change and environmental degradation intersect with and affect women's and girls' health and rights and can increase their likelihood of undergoing harmful practices such as female genital mutilation. Furthermore, he examines the intersection between female genital mutilation and child, early and forced marriage and the prospect of women and girls experiencing both harmful practices. The present report covers the period from 1 August 2020 to 30 June 2022.

# II. Global and regional normative developments and commitments

6. Female genital mutilation is part of a continuum of violence that women and girls may experience at any time throughout their lives. The 2030 Agenda includes, under Sustainable Development Goal 5, targets for the elimination of harmful practices, such as female genital mutilation (target 5.3) and the elimination of all forms of violence against all women and girls (target 5.2), which have been clearly articulated as obstacles to the achievement of gender equality and women's empowerment.

7. Female genital mutilation restricts, inter alia, women's and girls' equal access to education, employment, and income-generating and leadership opportunities. Eliminating harmful practices such as female genital mutilation and other forms of violence against all women and girls will therefore make a crucial contribution not only to progress towards achieving Sustainable Development Goal 5 but to progress across all the Sustainable Development Goals and targets.

8. During the reporting period, the international community made key commitments in global and regional forums to eliminate female genital mutilation. At its sixty-sixth session, the Commission on the Status of Women in its agreed conclusions expressed its deep concern at the reported surge in all forms of violence, including harmful practices such as child, early and forced marriage and female genital mutilation, in the context of climate change, environmental degradation and disasters.[11] The Commission urged Governments and other stakeholders to eliminate, prevent and respond to all harmful practices, which were exacerbated in those contexts, through multisectoral and coordinated approaches that investigated, prosecuted and punished perpetrators of violence,[12] and to provide access to comprehensive social, health and legal services.[13]

9. This call was echoed at a high-level side-event hosted by the Joint Programme on the Elimination of Female Genital Mutilation on 22 March 2022 at the sixty-sixth session of the Commission on the Status of Women, where participating Member States, United Nations entities and civil society organizations called for a global response to accelerate efforts to eliminate the practice in the face of climate change, the COVID-19 pandemic, increasing conflicts and population growth, and to further invest in prevention.

[11] E/2022/27-E/CN.6/2022/16, chap. I.A, para. 28.
[12] Ibid., para. 62 (mm).
[13] Ibid., para. 62 (nn).

10. As part of the Generation Equality Forum,[14] the multi-stakeholder platform for gender equality, 95 commitment makers[15] comprising Member States, civil society organizations, United Nations entities and the private sector committed to accelerating global action to end harmful practices against women and girls. Through a collective commitment spearheaded by Kenya, together with all leaders of the gender-based violence and bodily autonomy and sexual and reproductive health and rights action coalitions at the 2021 Generation Equality Forum, held in Paris, commitment makers agreed to, inter alia, reverse discriminatory laws and implement policy measures; scale up evidence-driven prevention programming; provide specialized, quality, accessible services, including psychosocial support and trauma-informed, victim-centred and survivor-centred access to justice for survivors; and accelerate grass-roots movements of women and girls.

11. In another significant development during the reporting period, 35 States members of the African Union and over 1,600 international and civil society organizations, religious leaders and young girls attended the Third African Girls' Summit, held in Niamey from 16 to 18 November 2021. Convened by the African Union Commission and the Niger on the theme "Culture, human rights and accountability: accelerating elimination of harmful practices", the Summit culminated in the issuance of an outcome document entitled "Niamey call to action and commitment on eliminating harmful practices". In that document, the Summit participants acknowledged female genital mutilation and child, early and forced marriage as two of the worst forms of gender-based violence. They noted the critical need for accountability at all levels, including with regard to legislation, policy, programmes, service delivery, information, community engagement and resource commitment, which were important for shifting and accelerating actions towards the complete elimination of harmful practices in Africa.[16]

12. Reaffirming the commitment to the "Saleema Initiative" – the African Union initiative to eliminate female genital mutilation – the then President of Burkina Faso, Roch Marc Christian Kaboré, convened a high-level meeting of national and international stakeholders in Ouagadougou on 12 October 2021, the outcome of which included a call to increase dialogue among African States at the subregional level on enhanced judicial cooperation to address cross-border female genital mutilation, and to involve young people in efforts to eliminate the practice.

13. In its gender action plan III,[17] the European Union reaffirmed its commitment to ending female genital mutilation through an emphasis on promoting prevention, challenging harmful gender norms, working with relevant stakeholders to ensure a survivor-centred approach, and engaging men and boys and traditional and religious leaders.[18] Advocating the full ratification and implementation of regional human rights instruments, including legal prohibition of the practice,[19] and supporting survivors' access to psychosocial support services and participation in economic and social life, were also promoted.[20]

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[14] See Generation Equality Forum, "Action coalitions: global acceleration plan executive summary", available at https://forum.generationequality.org/sites/default/files/2021-06/UNW%20-%20GAP%20Report%20-%20EN%20-%20Executive%20Summary.pdf.

[15] This figure reflects the number of commitments made as at 21 October 2021.

[16] African Girls' Summit, "Niamey call to action and commitment on eliminating harmful practices", available at https://au.int/en/newsevents/20211116/3rd-african-girls-summit.

[17] European Commission, "EU gender action plan III: an ambitious agenda for gender equality and women's empowerment in EU external action", available at https://international-partnerships.ec.europa.eu/system/files/2021-01/join-2020-17-final_en.pdf.

[18] Ibid., p. 11.

[19] Ibid., p. 8.

[20] Ibid., p. 11.

14. During the reporting period, the European Commission drafted a proposal for new European-Union-wide legislation to end violence against women and domestic violence. The proposal included additional measures to prevent and combat specific forms of gender-based violence, including female genital mutilation.[21]

15. At its fiftieth session, the Human Rights Council, in its resolution 50/16 on the elimination of female genital mutilation, expressed its deep concern that humanitarian situations, armed conflicts, pandemics and other crises exacerbated pre-existing human rights violations or abuses and inequalities and led to population movements that might result in increasing cases of cross-border and transnational female genital mutilation.[22] It called upon States to ensure a more holistic and coordinated approach to the humanitarian-development nexus, integrating the prevention of and response to female genital mutilation into humanitarian preparedness and response plans, paying particular attention to the protection needs of refugees, asylum-seekers, migrants and internally displaced women and girls living in cross-border communities.[23]

16. In its consideration of the reports of States parties, the Committee on the Elimination of Discrimination against Women welcomed efforts by States to introduce or amend legislation criminalizing female genital mutilation.[24] The Committee expressed its concern, however, about the low number of investigations and prosecutions of and sanctions for the practice.[25] The Committee urged States to enforce legislation prohibiting female genital mutilation by investigating, prosecuting and punishing perpetrators,[26] with sentences that were commensurate with the gravity of the crimes, and to extend the statute of limitations to a victim's age of majority to allow her to file a complaint.[27] The Committee also urged States to address underlying cultural justifications that perpetuated the practice.[28]

# III. Prevalence of female genital mutilation

17. More than 200 million girls and women have undergone female genital mutilation in 31 countries with nationally representative data across three continents.[29] Evidence from smaller scale studies, indirect estimates and anecdotal reports indicates that the practice is more widespread and occurs in at least 60 other countries,[30] including among diaspora communities in Europe, North America, Australia and New Zealand.[31] In some countries, female genital mutilation can be performed as early as a few days after birth. In other countries, it is performed at the time of marriage, during a woman's first pregnancy or after the birth of her first child.[32] Most girls undergo the practice before they reach 15 years of age.[33]

[21] See European Commission, "Questions and answers: the Commission's proposal for new EU-wide rules to stop violence against women and domestic violence", 8 March 2022, available at https://ec.europa.eu/commission/presscorner/detail/en/qanda_22_1534.
[22] Human Rights Council resolution 50/16, fifteenth preambular paragraph.
[23] Ibid., para. 8 (g).
[24] CEDAW/C/SSD/CO/1, para. 24; CEDAW/C/EGY/CO/8-10, para. 23.
[25] CEDAW/C/SEN/CO/8, para. 21 (c).
[26] CEDAW/C/YEM/CO/7-8, para. 25 (c).
[27] CEDAW/C/SEN/CO/8, para. 22 (c).
[28] CEDAW/C/YEM/CO/7-8, para. 25 (a); CEDAW/C/SSD/CO/1, para. 25 (c).
[29] UNICEF, "Female genital mutilation", UNICEF Data database, available at https://data.unicef.org/topic/child-protection/female-genital-mutilation/ (accessed in May 2022).
[30] Equality Now, "No time for inaction: female genital mutilation is global, but so is the movement to end it", 3 February 2021.
[31] Joint Programme on the Elimination of Female Genital Mutilation, "Technical guidance: a comprehensive approach to accelerating the elimination of female genital mutilation", p. 3.
[32] UNFPA, "Female genital mutilation (FGM) frequently asked questions", February 2022.
[33] UNICEF, "Female genital mutilation", June 2022, available at www.unicef.org/protection/female-genital-mutilation.

18. Solid progress has been made towards eliminating female genital mutilation in these 31 countries, and a girl is approximately one third less likely to have undergone the practice now compared with three decades ago. In 1991, 49 per cent of girls and women between 15 and 19 years of age had been subjected to female genital mutilation in the 31 countries, compared with 34 per cent for the same cohort in 2021.[34] In Liberia, prevalence dropped from 66 per cent 30 years ago to 26 per cent in 2020.[35] A rapid decline has also been seen in countries with varying levels of prevalence, including Burkina Faso, Egypt, Kenya and Togo.[36] Girls and women between 15 and 19 years of age are also now less likely to have been subjected to female genital mutilation than women in older age groups.[37]

19. Nearly 140 million girls and women in Africa have undergone female genital mutilation.[38] Prevalence varies widely across the continent, by region, by country and within countries.[39] The practice is concentrated in the part of West Africa surrounding Guinea, in the Horn of Africa and in countries bordering the Red Sea.[40] Data from the most recent demographic and health surveys, conducted in 2018, and a socioeconomic, demographic and health survey conducted in 2020 show female genital mutilation prevalence rates of 94.5 per cent in Guinea, 88.6 per cent in Mali and 99.2 per cent in Somalia, respectively, compared with 2.4 per cent in Ghana.[41] The prevalence of female genital mutilation among ethnic Somalis living in Kenya is 94 per cent, which is much higher than the national average in Kenya of 21 per cent.[42]

20. Various sociocultural and economic factors contribute to the prevalence of female genital mutilation, reflecting deep-seated gender inequality and discrimination. Recent data indicate that, in countries where female genital mutilation is practised, gender inequality also tends to be high. According to the latest gender inequality index, published in the statistical annex[43] to the 2020 Human Development Report, 17 countries in Africa where female genital mutilation is practised were ranked as having a low level of gender equality, that is, at 160th place or slightly above, out of a total of 189 countries.

21. In the places where female genital mutilation is most prevalent, communities often consider the practice to be a necessary rite of passage into womanhood.[44] It is also often a prerequisite for marriage and inheritance.[45] In some communities, female genital mutilation is performed to promote hygiene and aesthetic beauty, or as a way to control a woman's sexuality, or alternatively out of fear of being shunned by the wider community. Neither Islam nor Christianity endorses female genital mutilation;

[34] UNICEF, "Female genital mutilation", UNICEF Data database, available at https://data.unicef.org/topic/child-protection/female-genital-mutilation/ (accessed in May 2022).
[35] UNICEF, "Female genital mutilation: a new generation calls for ending an old practice", p. 3, available at https://data.unicef.org/resources/female-genital-mutilation-a-new-generation-calls-for-ending-an-old-practice/.
[36] UNICEF, "Female genital mutilation", UNICEF Data database, available at https://data.unicef.org/topic/child-protection/female-genital-mutilation/ (accessed in May 2022).
[37] Joint Programme on the Elimination of Female Genital Mutilation, "Technical guidance", p. 3.
[38] UNICEF, "Towards ending harmful practices in Africa: a statistical overview of child marriage and female genital mutilation", p. 2.
[39] A/75/279, para. 23.
[40] UNICEF, "Towards ending harmful practices in Africa", p. 6.
[41] UNICEF, "Female genital mutilation", UNICEF Data database, available at https://data.unicef.org/topic/child-protection/female-genital-mutilation/ (accessed in May 2022).
[42] UNFPA, "Female genital mutilation (FGM) frequently asked questions".
[43] United Nations Development Programme, *Human Development Report 2020* (New York, 2020), table 5, available at https://hdr.undp.org/data-center/documentation-and-downloads.
[44] A/73/266, para. 22.
[45] UNICEF, "Female genital mutilation".

however, over half of girls and women in 4 out of 14 countries where data are available view the practice as a religious requirement.[46]

22. Ethnicity is also a factor influencing the prevalence of female genital mutilation. Members of some ethnic groups adhere to the same social norms, including whether or not to practice female genital mutilation, irrespective of their socioeconomic status, residence or educational background.[47] However, there are exceptions, depending on the ethnic group, and in some instances prevalence rates show differentiated patterns in rural versus urban settings. In Senegal, for example, two thirds of Soninké and Mandingue/Socé girls and women have undergone female genital mutilation, compared with girls and women in the Wolof and Serer populations, among whom the practice is very rare. There are also variations in prevalence among Mandingue women depending on where they live; that is, the prevalence rate among that group is 56 per cent in urban areas compared with 79 per cent in rural areas. Those from urban areas who have more education and live in wealthier households are among those who think the practice should end.[48]

23. In Europe, at least 600,000 women are estimated to be living with female genital mutilation, with 190,000 girls and women at risk of being subjected to the practice in 17 countries.[49] In the United Kingdom of Great Britain and Northern Ireland, it is estimated that 137,000 women have undergone female genital mutilation and approximately 60,000 girls under 15 years of age are at risk.[50]

24. Evidence shows that, while some diaspora communities in Europe are abandoning the practice, in others it is increasing. In 2021, the European Institute for Gender Equality released estimations of the number of girls at risk of undergoing female genital mutilation in four countries in the European Union.[51] When compared with data from 2011, three countries, namely Austria, Denmark and Spain, showed an overall decrease in the number of girls between 15 and 19 years of age at risk of being subjected to the practice.[52] In Luxembourg, however, there was an increase in the number of girls from the same age group who were considered to be at risk of undergoing female genital mutilation (from 161 in 2011 to 822 in 2019), which, according to the study, was due to an increase in the number of migrant girls from practising countries, such as Egypt, Eritrea, Guinea-Bissau and Somalia, now living in Luxembourg.[53] The results of the European Institute for Gender Equality study indicated that the prevalence of female genital mutilation in countries of origin or communities drove the risk of a girl being subjected to the practice in a host country and that the risk rose whenever an unmarried girl returned to her country of origin.[54]

25. Despite progress made towards eliminating female genital mutilation, the decline in prevalence is not uniform across all countries and is not happening at the rate needed to achieve zero new cases by the end of the current decade.[55] For example, the prevalence of female genital mutilation in Mali has remained steady for the past

[46] UNFPA, “Female genital mutilation (FGM) frequently asked questions”.
[47] Ibid.
[48] UNICEF, “Female genital mutilation in Senegal: insights from a statistical analysis”.
[49] End FGM European Network, “FGM in Europe”, available at www.endfgm.eu/editor/0/FGM_carte.pdf.
[50] United Kingdom, Office for Health Improvement and Disparities, “Female genital mutilation (FGM): migrant health guide”, 13 September 2021, available at https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide.
[51] European Institute for Gender Equality, *Estimation of Girls at Risk of Female Genital Mutilation in the European Union: Denmark, Spain, Luxembourg and Austria* (Vilnius, 2021).
[52] Ibid., p. 78.
[53] European Institute for Gender Equality, “Female genital mutilation: how many girls are at risk in Luxembourg?” 3 February 2021, p. 2.
[54] European Institute for Gender Equality, *Estimation of Girls at Risk of Female Genital Mutilation in the European Union*, p. 14.
[55] A/75/279, paras. 25–26.

five decades; if current trends continue, approximately 9 out of 10 girls in the country will still undergo the practice by 2030.[56]

26. The absolute number of girls at risk of female genital mutilation continues to rise because of rapid population growth, especially in countries with the highest prevalence.[57] In a statistical overview released in 2022, the United Nations Children's Fund (UNICEF) notes that, based on current trends, Africa will not meet the Sustainable Development Goals target of eliminating female genital mutilation by 2030. However, meeting the same target by 2063 within the context of Agenda 2063 of the African Union is achievable.[58]

# IV. Impact of female genital mutilation on women and girls

27. Female genital mutilation has no health benefits. Undergoing the practice can cause both immediate and long-term physical consequences, including excessive bleeding, acute pain, injury to surrounding tissue, and chronic vaginal and pelvic infections, leading to infertility and the inability to urinate. The procedure can also cause complications in childbirth and an increased risk of newborn deaths.[59]

28. Women and girls who have undergone female genital mutilation often show signs of psychological trauma, including anxiety, depression, post-traumatic stress and other mood disorders,[60] which can affect a woman's or girl's mental health well into adulthood. The practice can also have a severe impact on a woman's family, including her children, other relatives and the wider community.[61] Furthermore, the costs to society are substantial, with treatment to address the health complications associated with female genital mutilation in 27 high-prevalence countries estimated to rise to $2.3 billion by 2047 if no action is taken.[62]

29. The practice of female genital mutilation can never be considered safe under any conditions. Almost 25 per cent of girls who have undergone the practice have done so at the hands of a medical practitioner.[63] Some families assume that having the procedure done this way will result in fewer complications for their daughters. Increasing reports of commercialization of the practice by medical doctors in private clinics appear to support this belief, especially in cases where procedures involve a girl being subjected to "less severe" forms of cutting just after birth.[64]

30. However, increasing numbers of health-care professionals are performing more serious types of female genital mutilation,[65] and girls can be subjected to the practice on more than one occasion when members of their family or community are dissatisfied with the results of earlier procedures.[66] Moreover, the health consequences resulting from the procedure being performed by a health-care professional can be grave. Following the death of a 12-year-old girl who had been subjected to the practice at the

[56] UNICEF, "Female genital mutilation in Mali: insights from a statistical analysis".
[57] A/73/266, paras. 20–21.
[58] UNICEF, "Towards ending harmful practices in Africa", p. 7.
[59] WHO, "Female genital mutilation", 21 January 2022, available at www.who.int/news-room/fact-sheets/detail/female-genital-mutilation.
[60] Ibid.
[61] A/73/266, para. 28.
[62] WHO, "Female genital mutilation".
[63] UNICEF, "Female genital mutilation: a new generation calls for ending an old practice", p. 8.
[64] Abdul Rashid, Yufu Iguchi and Siti Nur Afiqah, "Medicalization of female genital cutting in Malaysia: a mixed methods study", *Public Library of Science (PLOS) Medicine*, vol. 17, No. 10 (October 2020).
[65] Ibid.
[66] Ian Askew and others, "A repeat call for complete abandonment of FGM", *Journal of Medical Ethics*, vol. 42 (2016).

hands of a health-care provider, Egypt adopted stricter penalties in 2021 for those practising female genital mutilation, imposing a jail term of up to 20 years and banning convicted health-care providers from practising for up to 5 years.[67] In 2020, the Joint Programme on the Elimination of Female Genital Mutilation supported 73 medical and paramedical associations across countries in which it operates in making declarations denouncing the medicalization of female genital mutilation.[68] These are important steps to hold those who facilitate or perform female genital mutilation accountable under the law and prevent the institutionalization of the practice.

# V. Emerging trends in female genital mutilation

## A. Impact of humanitarian crises, including climate change and environmental degradation and the coronavirus disease pandemic

31. Addressing female genital mutilation and understanding the impacts of humanitarian crises on the practice have not been priorities for policymakers, programmers or humanitarian workers, despite the fact that most of the countries with the highest female genital mutilation prevalence rates globally are also countries experiencing humanitarian crises. It is critical that efforts to eliminate female genital mutilation in these contexts are prioritized and that women and girls receive the specialized services that they need. It is also crucial that initiatives aimed at preventing the practice continue.

### 1. Humanitarian crises

32. Just over half of the countries where girls are at the highest risk of undergoing female genital mutilation are experiencing humanitarian crises, including armed conflict.[69] The insecurity of protracted conflicts, the weakening of socioeconomic infrastructure, a general breakdown in law and order and protective societal norms, the disruption of education systems, and mass population displacement increase the vulnerability of women and girls to different forms of violence, including female genital mutilation.[70] Families may wish for their daughters to undergo the practice in order for them to marry and be protected. Studies undertaken in refugee camps indicate that the practice of female genital mutilation is associated with parents attempting to prevent their daughters from becoming victims of sexual violence.[71] The practice may also increase in humanitarian contexts because of attempts to sustain cultural identity and traditions in times of displacement.[72]

33. Responding to female genital mutilation that takes place in humanitarian crises is challenging, as there is often a lack of adequate support services for women and girls. Specialized treatment for complications resulting from having undergone the practice may be both geographically and financially inaccessible. Health-care professionals may not have received training on dealing with female genital mutilation cases in emergency contexts.

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[67] Joint Programme on the Elimination of Female Genital Mutilation, “FGM elimination and COVID-19: sustaining the momentum”, annual performance report, p. 16.

[68] Ibid., p. 32.

[69] End FGM European Network, “Briefing: FGM in a humanitarian context”, p. 1.

[70] Community of Practice on Female Genital Mutilation, “Preventing and responding to female genital mutilation in emergency and humanitarian contexts”, executive summary, pp. 1–2.

[71] Hazel R. Barrett, Nafisa Bedri and Nishan Krishnapalan, “The female genital mutilation migration matrix: the case of the Arab League Region”, *Health Care for Women International*, vol. 42, No. 2 (February 2021), p. 194.

[72] Ibid., p. 201.

34. The prevention of and response to harmful practices are not considered to be life-saving interventions or to be essential to girls' resilience in these contexts. Prolonged crisis situations undermine work towards the abandonment of female genital mutilation, as populations are often internally displaced or constantly moving. These situations also undermine the possibility of establishing long-term planning, as the immediate needs of populations are prioritized, and data collection on the nature and prevalence of the practice in humanitarian and emergency contexts is insufficient. In conflict and emergency settings, female genital mutilation is scarcely considered in the 0.12 per cent of humanitarian funds earmarked for responding to gender-based violence.[73]

35. Although cases of female genital mutilation have been reported in humanitarian contexts, verification is not always possible, owing to inaccessibility in high-security zones. Research conducted in 2022 by the United Nations Population Fund (UNFPA) among the registered non-Syrian refugee population in Jordan revealed that female genital mutilation was being carried out among Sudanese, Somali and Yemeni refugee groups. Findings from this study indicated that, while health-care and other support services were available and accessible to Somali and Sudanese women, these were generic in nature, and service providers had no training on how to deal with cases involving female genital mutilation. There was also no specific programming on female genital mutilation prevention.[74]

36. In an assessment carried out by the Joint Programme on the Elimination of Female Genital Mutilation examining a sample of global and country-level preparedness and response documentation, it was found that there were limited references to female genital mutilation and no substantive references to the impact of crises on female genital mutilation prevalence rates, preparedness activities to reduce the potential impact on prevalence rates or general guidance on female genital mutilation programming within humanitarian responses.[75]

### 2. Climate change and environmental degradation

37. The intersection between violence against women and girls and climate change has received little attention. In the aftermath of rapid onset climate-induced disasters such as tropical storms, severe flooding and landslides, women and girls face a heightened risk of experiencing violence, including physical violence; rape and sexual exploitation; child, early and forced marriage; and trafficking. Evidence also suggests an increased incidence of violence against women and girls during slow onset climate events.[76] Women environmental human rights defenders, including indigenous women, as well as women migrants are among those at particular risk of experiencing violence.[77]

38. In a recent study[78] exploring the intersection between climate change and female genital mutilation among the Maasai of Kajiado County, Kenya, it was noted that climate change exacerbated gender disparities by increasing women's and girls' vulnerabilities to sexual violence and harmful practices. The study found that climate change had eroded the Maasai social and economic structure and that a reduction in

[73] Community of Practice on Female Genital Mutilation, "Preventing and responding to female genital mutilation in emergency and humanitarian contexts", p. 1.

[74] Submission from Jordan, p. 9.

[75] Evaluation Offices of UNFPA and UNICEF, "Joint evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change", evaluation report, phase III (2018–2021), p. 71.

[76] Commission on the Status of Women and others, "Tackling violence against women and girls in the context of climate change", p. 3.

[77] Ibid., p. 5.

[78] Tammary Esho and others, "Intersections between climate change and female genital mutilation among the Maasai of Kajiado County, Kenya", *Journal of Global Health*, vol. 11 (2021).

livelihoods had shifted some communities into extreme poverty. Often forced to relocate, girls crossed the border into the United Republic of Tanzania, where they were married into communities where female genital mutilation was practised. It was concluded in the findings from the study that there was a need to adopt a multilevel intersectional approach when developing programmes aimed at eliminating female genital mutilation. Contextual, socioeconomic and environmental factors should be taken into consideration when tailoring intervention programmes.

39. In Samburu County, Kenya, sustained drought caused by climate change has forced nomadic communities to relocate and remove girls from school. Local grass-roots organizations subsequently reported an increase in the number of girls from the community undergoing female genital mutilation. In some cases, families were forced to sell their daughters into marriage to obtain an income, and female genital mutilation was performed prior to the marriage.[79]

40. Violence against women and girls hampers women's participation, leadership and agency, which are central to the effective mitigation of climate change and to adaptation and resilience-building efforts. It also has a negative impact on women's and girls' health, owing to the lack of safe and accessible health-care and social services during climate-related events.[80] With support from UNFPA, local organizations trained local surveillance groups on female genital mutilation prevention and response in 14 high-prevalence Kenyan communities affected by drought, working with community and religious leaders and survivors to keep girls in school even if their families chose to relocate. They also held intergenerational discussions on the negative effects of harmful practices, establishing schoolchild protection clubs and providing alternative sources of income to child marriage in the form of beadwork skills training.[81]

41. The Spotlight Initiative has supported the integration of prevention of violence against women and girls into climate initiatives, including through adaptation, resilience and emergency responses. In Liberia, the Initiative supported the National Traditional Council of Chiefs and Elders in identifying key economic interventions, such as climate-smart agriculture, as an alternate source of income for practitioners of female genital mutilation.[82]

### 3. Coronavirus disease pandemic

42. According to the findings of a 2020 study conducted by the Joint Programme on the Elimination of Female Genital Mutilation, the COVID-19 pandemic increased women's and girls' vulnerability to female genital mutilation.[83] These findings contrasted with evidence from the 2014–2016 Ebola virus disease outbreak in West Africa, which showed a decrease in the practice owing to containment measures.[84]

[79] UNFPA, "Drought in Kenya proves a setback for eliminating female genital mutilation", 5 February 2022, available at https://esaro.unfpa.org/en/news/drought-kenya-proves-setback-eliminating-female-genital-mutilation.

[80] Commission on the Status of Women and others, "Tackling violence against women and girls in the context of climate change", pp. 2–3.

[81] UNFPA, "Drought in Kenya proves a setback for eliminating female genital mutilation".

[82] Commission on the Status of Women and others, "Tackling violence against women and girls in the context of climate change", p. 8.

[83] Joint Programme on the Elimination of Female Genital Mutilation, "FGM elimination and COVID-19: sustaining the momentum. Eliminating FGM in fragile contexts: case study of COVID-19", p. 2.

[84] Joint Programme on the Elimination of Female Genital Mutilation, "Resilience in action: lessons learned from the Joint Programme during the COVID-19 crisis", 18 September 2020, p. 1.

43. Reports emerged of an increase in female genital mutilation across East and West Africa as a result of lockdowns.[85] In an UNFPA rapid assessment, 31 per cent of community members in Somalia reported an increase in incidents of female genital mutilation compared with the period prior to the COVID-19 pandemic.[86]

44. In a study targeting women and men 15–49 years of age and analysing the perceived effects of the COVID-19 pandemic on female genital mutilation before and during the health crisis, it was also found that the pandemic had contributed to an increase in female genital mutilation in Kenya. In some cases, economic hardship was driving the increase in the practice, owing to parents seeking "bride prices" in exchange for marrying their daughters. In other instances, practitioners were taking up the practice again, having previously abandoned it.[87]

45. The pandemic exacerbated existing gender inequalities, economic disparities and health risks faced by women and girls, as well as disrupting prevention programmes aimed at eliminating female genital mutilation and other harmful practices.[88] UNFPA has noted that the pandemic could severely undermine progress made towards achieving target 5.3 of the Sustainable Development Goals, with an additional 2 million girls and women undergoing the practice by 2030.[89]

46. During the COVID-19 pandemic, community surveillance has often been the only form of protection for girls. Following public declarations in support of the abandonment of female genital mutilation in Nigeria, local women's associations established community surveillance committees with the support of the Joint Programme on the Elimination of Female Genital Mutilation. Women from these committees were trained in disseminating messages on the prevention of COVID-19 and female genital mutilation, and community surveillance committees then reported cases of female genital mutilation to community leaders using WhatsApp.[90]

## B. Cross border and "internal cross-border" female genital mutilation

47. Cross-border female genital mutilation – the practice whereby girls are moved to neighbouring countries to undergo female genital mutilation – is becoming more widespread and poses an obstacle to efforts to eliminate the practice.[91] Traditional practitioners have crossed borders to provide services in certain circumstances and to avoid prosecution in countries where it is illegal to carry out the practice.[92]

48. Cross-border female genital mutilation is observed in countries without laws against the practice or in those that have poorly enforced laws. Laws and national policies to prevent and address female genital mutilation do not always address cross-border female genital mutilation. For instance, only three countries in Africa (Guinea-Bissau, Kenya and Uganda) have a specific legal provision on the practice of cross-border female genital mutilation.[93] As more countries criminalize female genital mutilation, families cross borders to avoid potential legal consequences associated

[85] Orchid Project, "Impacts of COVID-19 on female genital cutting", September 2020, p. 1.
[86] UNFPA, "GBV/FGM rapid assessment report in the context of COVID-19 pandemic in Somalia", July 2020, p. 2.
[87] Tammary Esho and others, "The perceived effects of COVID-19 pandemic on female genital mutilation/cutting and child or forced marriages in Kenya, Uganda, Ethiopia and Senegal", *BMC Public Health*, vol. 22 (2022).
[88] Joint Programme on the Elimination of Female Genital Mutilation, "FGM elimination and COVID-19".
[89] A/75/279, para. 16.
[90] Joint Programme on the Elimination of Female Genital Mutilation, "Resilience in action", p. 10.
[91] A/73/266, para. 39.
[92] Submission from the Global Platform for Action to End FGM/C, p. 18.
[93] A/75/279, para. 35.

with undergoing the procedure in their home country. This situation is driving the practice of cross-border female genital mutilation.[94] Women and girls living in border communities are particularly vulnerable to this practice.

49. In addition to cross-border female genital mutilation, "internal cross-border" female genital mutilation[95] is also occurring, whereby parents take their daughters to another village where the practice is still publicly acceptable. The reasons that drive people to engage in both the cross-border and "internal cross-border" forms of the practice are complex and include the avoidance of prosecution, public shame and family disputes over whether or not to undergo the practice, as well as ethnic and cultural connections.

50. Awareness-raising programmes have been implemented in border towns, where traditional leaders are encouraged not to shield alleged perpetrators. During the COVID-19 pandemic, Kenya and Uganda created a cross-border female genital mutilation coordination platform on WhatsApp to jointly track cases. At the peak of the COVID-19 lockdown, 26 girls were intercepted in Kenya and brought back to Uganda uncut.[96] The Joint Programme on the Elimination of Female Genital Mutilation has also facilitated 3,683 community-to-community dialogues for those at risk of cross-border female genital mutilation in Burkina Faso, Djibouti, the Gambia, Guinea-Bissau, Kenya, Mali, Nigeria, Senegal and Uganda.[97] In Portugal, awareness-raising campaigns on female genital mutilation were carried out at three airports throughout the school vacation period and included information on support services.

51. Innovative ways of responding to cross-border female genital mutilation include the Joint Programme on the Elimination of Female Genital Mutilation open-source mapping project (used in the United Republic of Tanzania[98] and applied in cross-border work) to locate and protect girls at risk of female genital mutilation and provide local officials with data so they can plan for the development of services. The Joint Programme is also addressing the phenomenon of "internal cross-border" female genital mutilation by working in a more concentrated way across geographical locations, that is, targeting entire local districts with interventions rather than individual communities, for example in Ethiopia.

## C. Interlinkages between female genital mutilation and child, early and forced marriage

52. Female genital mutilation and child, early and forced marriage are manifestations of gender-based inequality and discrimination, which have a negative impact on women's and girls' health and well-being. Both harmful practices have been used to control female sexuality, including to preserve "purity" and safeguard family "honour".

53. Over 40 million girls and women in Africa have experienced both practices.[99] In some instances, the two practices are linked, for example when a girl's

[94] Community of Practice on Female Genital Mutilation, "Legal framework in Africa", August 2021.

[95] Evaluation Offices of UNFPA and UNICEF, "Joint evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation", p. 53.

[96] Denis Jjuuko and Proscovia Nakibuuka Mbonye, "Uganda-Kenya cross-border partnership rescues girls from female genital mutilation during COVID-19", UNICEF, 24 September 2020.

[97] Joint Programme on the Elimination of Female Genital Mutilation, "FGM elimination and COVID-19", p. 46.

[98] Crowd2Map Tanzania, available at https://crowd2map.org/.

[99] UNICEF, "Towards ending harmful practices in Africa: a statistical overview of child marriage and female genital mutilation", p. 9.

marriageability depends on whether she has been cut, or when female genital mutilation is performed as a precursor to marriage. However, each practice also has its own drivers. Child, early and forced marriage is more closely associated with poverty, whereas female genital mutilation is closely associated with group identity and as a representation of shared values.[100]

54. Although both female genital mutilation and child, early and forced marriage are practised in 31 countries, either one or the other practice tends to predominate. Women are more likely to have experienced only one practice, or neither.[101] The likelihood of experiencing both practices is changing, with younger women less likely than older women to have experienced both practices, as they have become less common over time.[102] Women in rural areas, with less education and from poorer households are more likely to have experienced both child marriage and female genital mutilation than women from wealthier backgrounds living in urban settings.[103]

# VI. Evidence of what works to eliminate female genital mutilation

## A. Increased access to education

55. There is evidence that education is an intervention that can successfully reduce the prevalence of female genital mutilation by enabling a social environment that is conducive to the formation of new ideas, including elimination of the practice. In addition, educated women may be more exposed to intervention programmes and media messages and have an increased awareness of the dangers of female genital mutilation.[104]

56. In both high-prevalence and low-prevalence countries, opposition to female genital mutilation is highest among educated girls and women. Girls and women with a primary education are 30 per cent more likely than those with no education to oppose the practice. This proportion rises to 70 per cent among those with at least a secondary education.[105] There is strong evidence to suggest that educating mothers can reduce the number of girls subjected to female genital mutilation. Similarly, the higher the level of formal education a mother has, the less likely her daughter is to undergo the practice.[106]

57. The integration of information on female genital mutilation into school curricula addressing comprehensive sexuality education alongside gender and social norms is an effective way to inform young children of the long-term health implications of the practice. This information needs to be delivered, however, in the context of broader interventions to change structural and community social norms, for example by addressing structural discrimination against women and girls and ensuring that this effort is combined with legislation criminalizing the practice, in order to sustain change.[107]

[100] UNICEF, “Understanding the relationship between child marriage and female genital mutilation: a statistical overview of their co-occurrence and risk factors”, p. 4.
[101] Ibid., p. 15.
[102] Ibid., p. 21.
[103] Ibid., p. 43.
[104] UNICEF, “The power of education to end female genital mutilation”, data brief, p. 2.
[105] Ibid., p. 5.
[106] UNFPA and others, “Effectiveness of interventions designed to prevent or respond to female genital mutilation”, evidence brief, p. 4.
[107] Ibid., p. 5.

## B. Changing social norms at the community level

58. Research has shown that efforts to challenge harmful social norms and promote gender equality that are aimed at influencers and change makers, such as teachers, parents and grandparents[108] and traditional leaders, are effective in changing attitudes towards the abandonment of female genital mutilation in communities where the practice is carried out.[109]

59. Measuring social change, ranging from the documentation and description of how change occurs during and after the implementation of interventions to the measurement of changes in female genital mutilation practices or attitudes towards them, remains challenging. Data, obtained through demographic and health surveys, can measure attitudinal changes regarding female genital mutilation but do not capture the drivers of change concretely. For example, in Ethiopia, where prevalence is over 65 per cent among women between 15 and 49 years of age, most people in the country think that the practice should stop.[110]

60. The Spotlight Initiative Africa Regional Programme has supported efforts to develop and test a new social norms training package to capture changes in norms related to female genital mutilation. In Eritrea, the ACT Framework,[111] a macro-level monitoring and evaluation framework containing a compendium of indicators to track and measure changes in social norms related to female genital mutilation, is being tested to establish baseline indicators on norms and advance social and behavioural change.

61. In Senegal, the Girls' Holistic Development programme, developed by the Grandmother Project and supported by UNICEF, promotes changes in social norms related to girls' education and female genital mutilation by empowering girls and creating an enabling environment for families and communities to support change for girls. Findings from an evaluation have shown a reduction in the prevalence of female genital mutilation among daughters in the intervention group (26.3 per cent) compared with the control group (56 per cent).[112]

62. With support from UNFPA in Burkina Faso, through the framework of the UNFPA-UNICEF Joint Programme, Colombia is engaged in a South-South cooperation initiative, together with Burkina Faso, to strengthen the capacities of national authorities in Colombia to measure progress made and develop sustainable, community-based social norm approaches to address female genital mutilation in indigenous communities in the country.

63. Gender-transformative approaches that engage men and boys in ending female genital mutilation need to address the root causes of gender and social norms and inequalities that drive violence within communities. In Somalia, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Ifrah Foundation have been engaging members of conflict-affected, displaced communities, including men, elders and religious leaders, in joint advocacy to end female genital mutilation and other forms of gender-based violence.[113] Evidence has

[108] A/75/279, para. 38.

[109] UNFPA and others, "Effectiveness of interventions designed to prevent or respond to female genital mutilation", p. 6.

[110] UNICEF, "A profile of female genital mutilation in Ethiopia", February 2020.

[111] Joint Programme on the Elimination of Female Genital Mutilation, "The ACT Framework: towards a new M&E model for measuring social norms change around female genital mutilation", available at www.unicef.org/media/65576/file/ACT-Framework-FGM-(Summary)-2020.pdf.

[112] Joint Programme on the Elimination of Female Genital Mutilation, "Technical guidance: a comprehensive approach to accelerating the elimination of female genital mutilation", p. 35.

[113] UN-Women, "UN-Women and Ifrah Foundation sign partnership agreement to fight FGM", 14 December 2021.

shown that, in cases where fathers oppose the practice, their daughters are less likely to experience female genital mutilation.[114]

## C. Legislation combined with political will, enforcement mechanisms and community awareness-raising

64. Globally, 84 countries have national legislation that either specifically prohibits female genital mutilation or allows for the prosecution of female genital mutilation through other laws, such as the criminal or penal code, child protections laws, violence against women laws or domestic violence laws,[115] as reported by Bosnia and Herzegovina, Czechia, the Democratic Republic of the Congo, El Salvador, Ghana, Iran (Islamic Republic of), Latvia, Mexico, Portugal, Slovakia and Togo.

65. Legislation alone, however, without other interventions such as efforts to change social norms involving community influencers, teachers and parents, and without addressing structural barriers, is not effective in ending female genital mutilation. In addition, evidence suggests that criminalization may drive the practice underground or cause unintended harm to families.[116] Legislation, accompanied by political will, and interventions such as community awareness-raising and locally appropriate enforcement mechanisms, are promising practices in reducing female genital mutilation.[117]

66. In Burkina Faso, the combination of strong political will, the translation of laws into local languages, the training of law enforcement officials and the judiciary, the use of mobile community courts and the involvement of community influencers has successfully instilled trust within the community and raised public awareness of the legal process, in partnership with local media. Between 2016 and 2020, 195 men and women were brought to trial and convicted, including 11 practitioners who were subject to prison sentences ranging from 2 to 24 months, suspended sentences ranging from 6 to 36 months, and fines.

67. In Cross River State, Nigeria, the United Nations trust fund in support of actions to eliminate violence against women supported a local non-governmental organization in training paralegals and human rights groups to monitor and report incidents of female genital mutilation. In 2021, Cameroon updated its national action plan to address female genital mutilation and established local committees in three regions to oversee its implementation.

## D. Involvement of the health sector

68. At the service level, training for health-care providers is a promising intervention that can eliminate female genital mutilation by strengthening capacity for its prevention and treatment.[118] Further information is necessary on the type of training needed and on optimal ways of strengthening health-care systems to prevent and respond to the practice.

[114] A/75/279, para. 39.
[115] UNFPA, “Female genital mutilation (FGM) frequently asked questions”.
[116] Dennis Matanda and Esther Lwanga Walgwe, “A research agenda to strengthen evidence generation and utilisation to accelerate the elimination of female genital mutilation”, global research agenda, p. 18.
[117] UNFPA and others, “Effectiveness of interventions designed to prevent or respond to female genital mutilation”, pp. 5–6.
[118] Ibid., p. 5.

69. In 2022, as part of the implementation of its national plan to end violence against women (2022–2032), Australia launched the national education toolkit for female genital mutilation to, inter alia, train health-care professionals to support women who have experienced female genital mutilation and raise awareness among affected communities regarding health risks. Promising research is also emerging in Guinea, Kenya and Somalia, where nurses' communication and self-efficacy skills are being strengthened to enhance their role in prevention in antenatal care settings.[119] The World Health Organization has issued guidance that will help to address gaps in female genital mutilation training in pre-service midwifery and nursing curricula in countries with a high prevalence.[120] This guidance complements the Organization's new suite of training tools on female genital mutilation prevention and care[121] and its guidance on ethical considerations in research on female genital mutilation.[122]

### E. Public declarations involving large-scale media and traditional leaders

70. At the community level, public declarations in support of the abandonment of female genital mutilation and the designation of communities as "female-genital-mutilation-free" are demonstrating promising outcomes in changing attitudes and potentially reducing female genital mutilation, in particular when accompanied by post-declaration follow-up activities.[123] In addition, when influential leaders, such as religious leaders, make public declarations against the practice, this may facilitate a change in attitudes among the community.

## VII. Identifying evidence gaps and impact on female genital mutilation programming

71. Despite a growing body of evidence of successful interventions to eliminate female genital mutilation, there are substantial evidence gaps regarding the impact of interventions across all social groups, including men and boys, young people and religious leaders. There is a need to understand the long-term and sustained impact of interventions beyond immediate changes in knowledge and attitudes. There is also limited evidence regarding the key factors or components of a successful scale-up of interventions.

72. The current level of global investment in programmes addressing female genital mutilation is insufficient to realize the global vision of eliminating the practice by 2030. UNFPA estimates that $3.3 billion is required to reach a high coverage of target populations by 2030, averting 24.6 million cases of female genital mutilation at an average cost of $134 each. A moderate coverage scenario would require $1.6 billion, which would avert more than 12 million cases.[124]

[119] Wisal Ahmed, "A hybrid, effectiveness-implementation research study protocol targeting antenatal care providers to provide female genital mutilation prevention and care services in Guinea, Kenya and Somalia", *BMC Health Services Research*, vol. 21, No. 109 (2021).

[120] WHO, *Integrating Female Genital Mutilation Content into Nursing and Midwifery Curricula: A Practical Guide* (2022).

[121] WHO, "Supporting health-care providers to make positive change: WHO launches new training tools on female genital mutilation prevention and care", 3 February 2022.

[122] WHO, *Ethical Considerations in Research on Female Genital Mutilation* (2021).

[123] Matanda and Lwanga Walgwe, "A research agenda to strengthen evidence generation and utilisation to accelerate the elimination of female genital mutilation", p. 18.

[124] UNFPA, "Cost and impact of scaling up: female genital mutilation prevention and care programmes", December 2020, p. 7.

73. At the present time, female genital mutilation is not sufficiently factored into humanitarian and emergency responses. There are gaps in the understanding of the prevalence and practices in these contexts, including in relation to transitional populations and among refugees, asylum-seekers and stateless populations. There are also identified gaps in the skills of health-care workers operating in emergency and humanitarian settings and in diaspora communities. While gender-based assessments are routinely undertaken in humanitarian settings, the significant gaps in the understanding of the prevalence of female genital mutilation result from specific questions not being included in quantitative and qualitative data monitoring.

74. There is a significant lack of female-genital-mutilation-specific services for refugees and asylum-seekers from affected countries seeking asylum in Europe and other parts of the world. Significant programmatic gaps exist in addressing cross-border female genital mutilation, and there is a need to further understand the drivers behind the practice, beyond avoidance of the legal implications in a country where female genital mutilation is criminalized.

# VIII. Conclusions and recommendations

## A. Conclusions

75. **States have made significant progress towards eliminating female genital mutilation. At the present time, a girl is approximately one third less likely to have undergone the practice compared with three decades ago. However, the steady prevalence of female genital mutilation in many high-prevalence countries over several decades, coupled with rapid population growth, especially among young girls, has resulted in many of these countries not being on track to meet target 5.3 the Sustainable Development Goals by 2030.**

76. **The COVID-19 pandemic has increased the vulnerability of girls and women, especially those at risk of undergoing female genital mutilation, and has exacerbated existing gender inequalities, economic disparities and health risks faced by women and girls. It has also disrupted prevention programmes aimed at eliminating female genital mutilation and other harmful practices.**

77. **There is increasing evidence of successful interventions to eliminate female genital mutilation. These include health education and community dialogues with parents and religious leaders; advocacy and awareness-raising among key stakeholders, especially communities and the media; investment in the education of both girls and their mothers; legislation, together with political will and enforcement; and the involvement of health-care workers as key change agents in prevention.**

78. **Weaknesses in data collection have resulted in gaps in the understanding of the nature and prevalence of and trends in female genital mutilation. There has been little synergy between evidence generation and the implementation of programmes and policies designed to end the practice of female genital mutilation. There has also been little research undertaken on the impacts of humanitarian crises on the practice.**

79. **Humanitarian crises, including those caused by climate change and environmental degradation, have illustrated the increased risks that many women and girls face. Greater numbers of women and girls, including refugee and migrant women and girls, asylum-seekers and internally displaced women and girls, have undergone, or are at high risk of undergoing, female genital mutilation. Cross-border female genital mutilation is becoming more widespread**

**and poses an obstacle to efforts to eliminate the practice. There is a critical need to ensure increased access to prevention, protection and care services for those at risk of harmful practices such as female genital mutilation in humanitarian or other emergency contexts.**

80. **Female genital mutilation should be recognized as a form of violence against women and girls that should be addressed throughout the humanitarian cycle. Unless the prevention and elimination of violence against women and girls, including harmful practices such as female genital mutilation, are prioritized and integrated into COVID-19 national response plans and humanitarian actions, many girls will be at a higher risk of undergoing the practice, as well as other forms of violence against women and girls and other harmful practices such as child, early and forced marriage.**

## B. Recommendations

81. **As the deadline to achieve target 5.3 of the Sustainable Development Goals, on eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation, by 2030, is fast approaching, States, as a matter of urgency, will need to accelerate actions to identify and provide sufficient resources for scaling up evidence-based policy, programming and advocacy measures aimed at eliminating the practice, taking into consideration current challenges, such as rapid population growth among young girls, especially in high-prevalence countries.**

82. **Improving national and subnational data collection in countries where female genital mutilation is being practised is key. States could optimize their efforts by collecting and analysing disaggregated data using standardized methods that allow for the comparability of such data across countries, in particular for women and girls who experience multiple and intersecting forms of violence, and in order to measure progress made in the implementation of target 5.3 of the Sustainable Development Goals. The data collection should be carried out in countries where female genital mutilation reportedly exists but where national data are currently insufficient or unavailable. Data on female genital mutilation should be collected in humanitarian and other crisis settings, including at health-care facilities.**

83. **States could adopt a comprehensive, coordinated and multidisciplinary approach to eliminating female genital mutilation, which includes adopting or amending legislation criminalizing the practice and providing appropriate and specialized trauma-informed and survivor-centred support services for women and girls. To this end, all relevant sectors of government, including the health, social services, child protection, justice and policing and education sectors, collaborating closely with various stakeholders, including civil society and women's organizations and United Nations entities, must be engaged.**

84. **States could seek to build synergies between initiatives aimed at eliminating female genital mutilation and other forms of violence against women and girls, such as child, early and forced marriage, and those aimed at achieving gender equality and the empowerment of women and girls. In order for actions to be effective, efforts aimed at eliminating female genital mutilation and violence against women and girls must be integrated into broader national action plans, cross-sector policies and programmes on gender equality.**

85. **Ensuring that female genital mutilation programming is mainstreamed in humanitarian and emergency preparedness and response plans is a key measure to be taken by States and relevant actors in that space. Female genital mutilation**

**should be fully integrated into coordination mechanisms as part of the continuum of essential and specialized services for survivors of sexual and gender-based violence across the humanitarian-development-peace nexus. Initiatives aimed at reducing the prevalence of female genital mutilation need to take into consideration the nuanced differences of populations in humanitarian and other crisis settings, paying particular attention to high-risk populations who face multiple and intersecting forms of discrimination, including refugee and migrant women and girls, asylum-seekers and internally displaced women and girls.**

86. **States could scale up efforts to reduce the increase in the number of incidents of cross-border and "internal cross-border" female genital mutilation, which includes advocating legislation that is enacted and implemented. Strengthening transnational police and judicial cooperation in the exchange of information on victims and perpetrators of female genital mutilation, in accordance with national laws and policies and international human rights law, is critical.**

87. **States could adopt and continue to implement comprehensive, evidence-based prevention strategies that have shown promise in reducing the number of girls undergoing female genital mutilation, including: health education and community dialogues with, inter alia, parents and traditional and religious leaders; advocacy and awareness-raising with a range of key stakeholders, especially communities, men and boys and the media; and investment in the education of girls and their mothers, to help change existing norms, attitudes and behaviours that condone and justify gender inequality, violence against women and girls and female genital mutilation.**

88. **The scaling up of financial and human resources for programmes aimed at eliminating female genital mutilation is urgently needed, through increased national resource allocation and development funding, including by engaging donors and stakeholders who traditionally do not invest in female genital mutilation programming, in particular within the humanitarian sphere.**