

REIMAGINING RESILIENCE

Eliminating Female Genital Mutilation in the Context of the Polycrisis



UNFPA-UNICEF

Joint Programme on the Elimination of Female Genital Mutilation:
Delivering the Global Promise to End FGM by 2030

Acknowledgements

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Acronyms

DHS	Demographic and Health Survey
FGM	Female genital mutilation
GBV	Gender-based violence
MICS	Multiple Indicator Cluster Survey
SDG	Sustainable Development Goal
SRHR	Sexual and reproductive health and rights
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Foreword

The world is in a state of “polycrisis”. Multiple economic, social and political shocks have converged, perpetuating uncertainty and discord, and driving deepening gender inequalities. As seen in crisis after crisis – from the COVID-19 pandemic to economic turmoil, conflicts and climate emergencies – hard-won gains in gender equality are reversing under pressure.

The polycrisis is contributing to gender disparities in access to sexual and reproductive health and rights (SRHR), education, economic opportunities, and political voice and representation. It is multiplying girls’ and women’s risks of gender-based violence (GBV) and female genital mutilation (FGM). UNFPA estimates that [2 million additional cases of FGM](#) will occur over the next decade due to COVID-19. The severe impacts of the pandemic may have been further compounded by multiple crises in 2022.

This 2022 annual report on the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise to End FGM by 2030 adopts a theme of “reimagining resilience”. Successive crises are eroding the adaptive capacities of systems and societies, making them less resilient and creating additional barriers to achieving Sustainable Development Goal (SDG) 5 on gender equality and women and girls’ empowerment, and its target 5.3 on eliminating FGM by 2030. Ending FGM in the context of the polycrisis requires reimagining resilience so that it is based on gender-transformative changes, including through innovation and technology.

Since gender equality is central to tackling the polycrisis and eliminating FGM, the Joint Programme gives a central emphasis to the agency, voice and leadership of adolescent girls, while promoting their rights and well-being. The Joint Programme has scaled up partnerships with grass-roots women and youth-led organizations, which are often on the front lines of humanitarian action in their communities. It has strengthened work on the humanitarian-development-peace nexus to address both the immediate needs and long-term vulnerabilities of girls and women at risk of or affected by FGM. It has also leveraged the power of innovation and technological breakthroughs to confront challenges related to the polycrisis and to generate new solutions. This is why, even amid upheaval and uncertainty, the Joint Programme continues to deliver effective, impactful and transformative results that bring us closer to a world free of FGM.

At the 2023 SDG Summit in September, world leaders conducted a comprehensive review of the state of the SDGs and responded to the impacts of the polycrisis. With the Summit marking a new phase of accelerated progress on the global goals, achieving SDG target 5.3 calls for renewed commitment and dedicated financing. The Joint Programme, alongside its partners, remains steadfast in using its global reach and comprehensive and holistic programming to advance transformative changes so that girls and women exercise agency and claim their rights to bodily autonomy, decision-making, leadership, empowerment and self-determination. This leads directly to healthier families, stronger communities, strengthened economies, and stable and resilient societies.



Executive summary

Globally, more than 200 million girls and women have undergone FGM, a practice that violates their rights and impedes sustainable, just development. Not only does FGM harm physical, mental, and sexual and reproductive health, but it also imposes economic costs and limits human capital formation, for current and future generations.

In 2022, Phase IV (2022-2030) of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise to End FGM by 2030 was launched as the global polycrisis generated new and intensified shocks and stresses. These may have increased FGM risks and compromised global efforts to achieve elimination by 2030. Building on more than a decade of proven experience and a commitment to scaling up evidence-based practices and innovations, referred to as the “high 5’s”, Phase IV emphasizes: (i) promoting girls’ agency, voice and leadership, (ii) achieving transformative change through social movements, (iii) strengthening partnerships with women-led organizations, (iv) expanding the programme’s global influence by sharing resources, data and knowledge, and (iv) leveraging public-private partnerships to mobilize dedicated resources for FGM elimination. Other complementary core elements are adaptive management; measures ensuring complementarity among development, humanitarian and peace efforts to build resilience among girls, women, households and communities; and advocacy and support for prevention and survivor-centred approaches to FGM.

The Joint Programme delivered impressive results in 17 countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen, even as the polycrisis stalled progress in some contexts.

Sixteen countries – Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan and Uganda – have national action plans that include targets, budgets, and monitoring and evaluation frameworks for ending FGM. In Yemen, a draft policy and plan await final approval. The Joint Programme provides technical expertise and resources in the drafting, and monitoring and evaluation of national action plans to ensure they meet the needs of girls and women at risk of and affected by FGM.



The Joint Programme delivered impressive results in 17 countries

Despite the polycrisis and its myriad challenges, often unprecedented in scale, the elimination of FGM remains within reach. In 2022, three countries reported a decline in the practice: Egypt, Kenya and Mauritania. In Egypt, FGM dropped among girls aged 0 to 19 years, from 21 per cent in 2014 (Demographic and Health Survey, DHS) to 14 per cent in 2021 (Egyptian Family Health Survey). In Kenya, FGM prevalence rates among girls and women aged 15 to 49 decreased from 21 per cent in 2014 (DHS) to 15 per cent in 2022 (DHS). In Mauritania, among girls aged 15 to 19, FGM prevalence declined from 63 per cent in 2015 (Multiple Indicator Cluster Survey, MICS) to 56 per cent in 2021 (2019-2021 DHS).

In presenting Joint Programme achievements in 2022, this annual report highlights the role of adolescent girls and young women in speaking up and leading transformative change, as well as grass-roots women- and youth-led organizations, coalitions and social movements. They are shifting policies, legislation and institutional structures as well as harmful social and gender norms and societal narratives that perpetuate FGM. Innovation and technology have helped to overcome setbacks to achieving gender equality and sustained momentum towards FGM elimination.

TOP 10 ACHIEVEMENTS OF THE JOINT PROGRAMME IN 2022

1,214,650 people

participated in public declarations to eliminate FGM, for a total of 47,127,309 people pledging to end this harmful practice since the launch of the Joint Programme in 2008



433,247 men and boys engaged in activities promoting gender equality and positive masculinities related to FGM

18,840,027 people were reached

by mass and social media campaigns promoting gender equality and the elimination of FGM, 1.6 million more than in 2021

49,681 religious, community and traditional leaders publicly denounced FGM

as a harmful practice, an almost 60 per cent increase over 2021

3,663 communities

established surveillance structures to monitor and report cases of FGM following public declarations





658,037 girls participated

in comprehensive sexuality education and life skills programmes that promoted ending FGM, exceeding the programme target for 2022 by 90 per cent



1,995 law enforcement and justice staff

(police, judges, lawyers and prosecutors) were trained to implement legislation against FGM, a more than 100 per cent increase over 2021

174 arrests, 368 trials and 306 convictions

related to FGM marked an almost 60 per cent increase in trials and more than double the number of convictions compared to 2021

A global advocacy campaign launched

on the International Day of Zero Tolerance for Female Genital Mutilation, #InvestDontRest, reached over 32 million people in its first week, mobilizing thousands of online activists, and encouraging policymakers and civil society to share bold commitments to ending FGM by 2030

132,620 girls and women accessed social services,

almost double the number in the previous year, and 36,302 received legal services, almost triple the number in 2021





CHAPTER 1

Eliminating female genital mutilation in the context of the polycrisis

In 2022, it was “business *unusual*” for global efforts to end FGM. Countries continued to experience fallout from the pandemic in addition to multiple, intersecting crises that disproportionately affected girls and women, especially those furthest behind. Risk assessments pointed to increased risks of FGM in Burkina Faso, Ethiopia, Kenya, Somalia, Sudan and Yemen.¹

Increasing poverty: [UNICEF projects](#) that one in four children will be living below the poverty line in 2023. If current trends continue, in sub-Saharan Africa, [more girls and women will live in extreme poverty](#) in 2030 than do today. Fourteen of the 17 countries where the Joint Programme operates are [least developed countries](#).

In most countries, girls from poorer households are at higher risk of undergoing FGM.² As prevalence rates decline in some contexts, socioeconomic inequalities may increase, with girls who are left behind at a higher risk of FGM, especially in communities and countries where the practice is more deeply entrenched.³ The impact of FGM goes beyond the suffering of survivors and their families. The World Health Organization (WHO) [estimates the total financial cost](#) of health care for girls and women living with conditions caused by FGM is US \$1.4 billion annually. This amounts to a significant financial burden for some of the world’s poorest and most vulnerable countries.

Growing humanitarian crises: While FGM in emergencies remains underresearched, available evidence and the Joint Programme’s experiences during COVID-19 indicate that humanitarian programmes often neglect the needs and rights of girls and women at risk of or affected by FGM. The Joint Programme continues to advocate the meaningful participation of girls and women in planning processes and the integration of FGM in national and local humanitarian response plans.

The impact of the polycrisis on FGM in Ethiopia

A trends analysis of service/administrative data conducted by UNICEF in Ethiopia found a 27 per cent increase in cases of FGM in the Southern Nations, Nationalities and Peoples’ Region in 2022 compared to 2021. This was due to growing economic insecurity and inequalities stemming from conflict, climate change and the COVID-19 pandemic. Prior to these humanitarian crises, Ethiopia was making significant progress towards FGM elimination, including a decrease in prevalence among girls aged 15 to 19, from 62 per cent in 2005 (DHS) to 47 per cent in 2016 (DHS). Many [reasons](#) for heightened risks of FGM during the COVID-19 pandemic carried into the humanitarian crises in 2022, including school closures, disruptions in essential services, a lack of direct access to communities where girls are most at risk, and negative coping strategies in response to household poverty, such as girls undergoing FGM in order to be married. Overall, the markers of the polycrisis have been more poverty, growing humanitarian crises, deepening climate emergencies and rising fragility.

In 2022, [humanitarian response plans](#) were in place in Burkina Faso, Ethiopia, Mali, Nigeria, Somalia, Sudan and Yemen. Plans in all seven countries mentioned the need for child protection and GBV prevention and response. Somalia’s and Yemen’s plans specifically referenced the need to

How education intersects with female genital mutilation

Education during emergencies, conflicts or disasters is often significantly disrupted, for reasons such as rising poverty and school closures. This can raise risks of FGM, given evidence that education can be a protective factor and a tool to accelerate elimination. According to a UNICEF [data brief](#), girls and women with a primary education are 30 per cent more likely than those with no education to oppose FGM. The share rises to 70 per cent among girls and women with a secondary education or higher. Girls whose mothers have a primary education are 40 per cent less likely to undergo FGM compared to those whose mothers have no education. The fact that [54 per cent of girls not enrolled in formal education](#) worldwide reside in crisis-affected countries may raise risks of FGM, with consequences for current and future generations.

address FGM, while those in Ethiopia and Nigeria mentioned harmful practices more broadly. As more countries experience humanitarian crises, the Joint Programme will continue to work with governments, civil society and other United Nations organizations to ensure FGM prevention and response is integrated in emergency planning and preparedness as well as humanitarian response plans.

Deepening climate emergencies: According to UNICEF, [children's climate risks](#) are extremely high in 11 countries and high in 6 countries where the Joint Programme operates. In 2022, climate emergencies created additional challenges in terms of ending FGM. A Joint Programme study explored the intersection between climate change and FGM in Djibouti, Somalia and Yemen. It found that climate-related economic pressure resulted in families having girls undergo the practice at a younger age to increase their marriageability and mitigate household poverty. Evidence also suggests that disruptions in services and school closures as a result of climate emergencies increase FGM risks since these institutions play roles in monitoring and reporting cases.

Rising fragility: Fragility is the combination of exposure to risk and the insufficient coping capacities of States, systems and/or communities to manage, absorb or mitigate risks. These may

have political, environmental, economic, human, security and societal dimensions. In 2022, close to 90 per cent of countries where FGM is common were considered [fragile contexts](#). Eritrea, Somalia, Sudan and Yemen are extremely fragile. According to an Organisation for Economic Co-operation and Development (OECD) [report](#), girls are more exposed to FGM in situations of fragility than in other development contexts.

Female genital mutilation in national climate action plans

The climate crisis, just like nearly every other humanitarian and development challenge, has a greater impact on girls and women, endangering their health and rights. But this concern has not yet been given sufficient attention. UNICEF reviewed national climate action plans, known as nationally determined contributions, as well as national climate adaptation plans in the 17 countries that implement the Joint Programme. The review found that 80 per cent of the nationally determined contributions and 66 per cent of national adaptation plans do not include references to GBV, FGM or child protection.

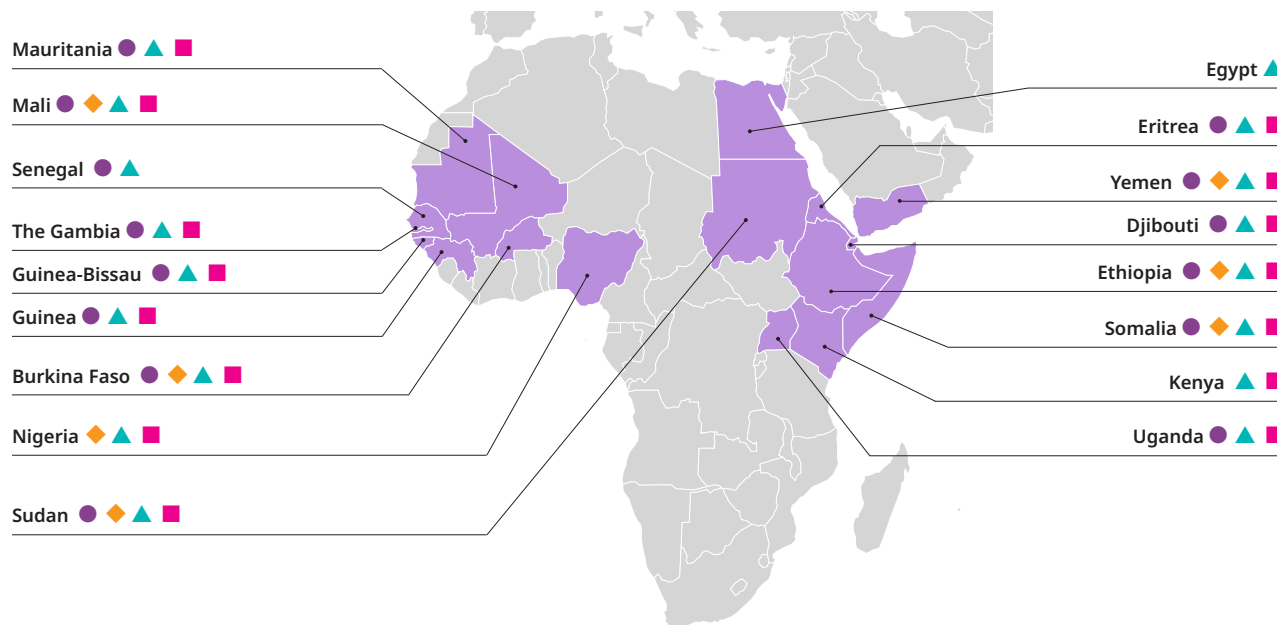
Mapping the humanitarian situation in countries directly involved in the implementation of the JP FGM

● **Least developed countries in the Joint Programme:** Burkina Faso, Djibouti, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia, Sudan, Uganda and Yemen

◆ **Humanitarian response plans in 2022:** Burkina Faso, Ethiopia, Mali, Nigeria, Somalia, Sudan and Yemen

▲ **Climate emergencies:** Children's climate risk is extremely high in Burkina Faso, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Mali, Nigeria, Senegal, Somalia, Sudan and Yemen, and high in Djibouti, Egypt, The Gambia, Kenya, Mauritania and Uganda

■ **Fragile contexts:** Burkina Faso, Eritrea, Ethiopia, Djibouti, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Somalia, Sudan, Uganda and Yemen



Chronic underfunding of SDG target 5.3

Funding for gender equality and FGM elimination is not keeping pace with population growth and stagnating efforts to end this harmful practice. According to [UNFPA research](#), if efforts to end FGM remain the same, the number of girls at risk will increase from 4.3 million in 2023 to 4.6 million by 2030 (this figure does not include UNFPA's [2020 estimate](#) of an additional 2 million cases of FGM by 2030 that would have been averted without the pandemic). [UNFPA has also calculated](#) that reaching high-coverage targets for 31 countries where FGM is prevalent by 2030 requires an investment of \$3.3 billion. This scenario would avert more than 24 million cases of FGM by 2030.

In 2022, the Joint Programme commissioned a financial resources mapping exercise that looked at donor support for FGM elimination within and outside the programme. This identified 99 government and civil society programmes addressing FGM across 12 countries that receive approximately \$150 million in funding support. Funding for FGM elimination programmes implemented by governments and civil society, the Joint Programme, and UNFPA and UNICEF outside the Joint Programme totals approximately \$238 million. This is significantly lower than the \$3.3 billion required.

The mapping exercise also noted that most funding is official development assistance. There is a glaring absence of funding from private sector and philanthropic organizations. Achieving SDG target 5.3 requires both increasing and diversifying funding sources.



CHAPTER 2

Joint Programme results in 2022

Presented here are key Joint Programme results in 2022 that advanced a global agenda to eliminate FGM by 2030, an overview of progress made by the African Union to end this harmful practice, as well as an analysis of Joint Programme achievements based on the results framework for Phase IV.

Advancing a Global Agenda

The **fiftieth session of the Human Rights Council** adopted [resolution 50/16](#) on the elimination of FGM. It called on Member States to ensure a more holistic and coordinated approach to the humanitarian-development-peace nexus, and to integrate FGM prevention and response efforts in humanitarian preparedness and response plans. The Joint Programme supported the drafting of the resolution, which focused on eliminating cross-border and transnational FGM.

During the **seventy-seventh session of the United Nations General Assembly**, the representative of Burkina Faso introduced draft [resolution 77/L.18/Rev.1](#) on behalf of the Group of African States. It calls for eliminating FGM. The Joint Programme provided technical inputs in drafting the resolution, drawing on evidence-based practices and lessons learned. The draft resolution expresses concern over the impact of global crises and conflicts, including COVID-19, on efforts to end FGM.

The 2022 report by the **Secretary-General on [intensifying global efforts for the elimination of female genital mutilation](#)** highlights the imperative to address the impacts of global humanitarian crises and ongoing conflicts, including climate change and environmental degradation and the COVID-19 pandemic, and the urgent need to scale up financial and human resources. The Joint Programme provided technical inputs for the report.

A [report](#) from the sixtieth session of the **Commission on the Status of Women** expressed deep concern about a surge in all forms of violence, including FGM, in the context of climate change, environmental degradation and disasters. The report drew on lessons and technical inputs provided by the Joint Programme. The Commission urged governments and other stakeholders to eliminate, prevent and respond to FGM in such contexts through multisectoral and coordinated approaches.

At a **high-level side-event** co-hosted by the Joint Programme at the **sixty-sixth session of the Commission on the Status of Women**, Member States, UN organizations and civil society organizations called for a global response to accelerate efforts to eliminate FGM in the face of climate change, the pandemic, conflicts and population growth, and urged increased investments to end the practice.

In December 2022, UNICEF, as the Secretariat of the **Donor Working Group on FGM**, joined Luxembourg's Ministry of Foreign and European Affairs to co-host the group's annual meeting. Action points included: exploring public-private partnerships beyond official development assistance, and developing an advocacy strategy that comprises formulating specific FGM indicators that could be integrated in humanitarian areas of responsibility.

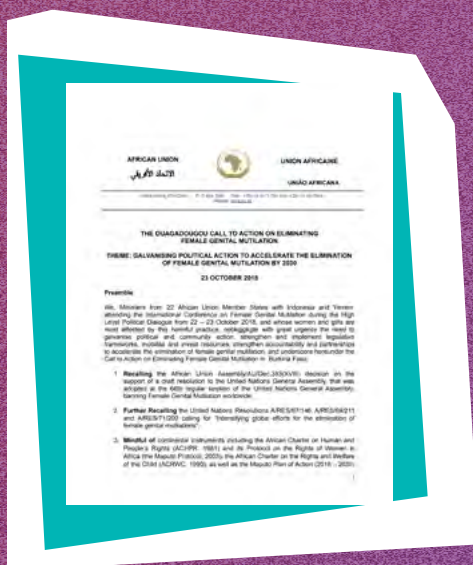
IT TAKES A CONTINENT TO PROTECT A GIRL

THE AFRICAN UNION CAMPAIGNS TO ELIMINATE FGM



For more than a decade, the Joint Programme has worked with the African Union to strengthen political accountability and reaffirm its commitment to achieving SDG target 5.3 and Agenda 2063: The Africa We Want. The African Union calls for implementing strong legislative frameworks, allocating domestic financial resources, promoting the use of evidence and data, implementing a continental social marketing campaign to shift harmful social norms, engaging civil society and community groups, and improving reporting through existing instruments and platforms, including the African Committee of Experts on the Rights and Welfare of the Child and the African Commission on Human and People's Rights.

As the following timeline demonstrates, the African Union has made significant progress by reaffirming its commitment to gender equality and the elimination of FGM with support from the European Union-United Nations Spotlight Initiative's Africa Regional Programme.



2018

Ouagadougou Call to Action on Eliminating Female Genital Mutilation

An international conference on FGM was organized by the African Union, UNFPA and UNICEF in Ouagadougou, Burkina Faso, and joined by over 400 participants from 34 countries. African Union member States adopted the Ouagadougou Call to Action on Eliminating Female Genital Mutilation, and an action plan for the 2019 roll-out of the African Union Campaign on Ending FGM.

2019

Declaration and Action Plan to End Cross-Border FGM and the Saleema Initiative on Eliminating FGM

Following the launch of the Ouagadougou Call to Action, an interministerial meeting with representatives from Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania led to the adoption of the Declaration and Action Plan to End Cross-Border FGM in Eastern Africa. The African Union adopted the Saleema Initiative on Eliminating FGM Programme and Plan of Action (2019-2023), scaling up an evidence-based approach to social marketing that has proven effective in positively influencing social and behaviour changes related to FGM in Sudan.



2022

African Union Accountability Framework and First FGM Report

Following the adoption of the Declaration and Action Plan to End Cross-Border FGM, the governments of Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania launched a five-year Costed Regional Action Plan to End Cross-Border Female Genital Mutilation. The African Union launched the Accountability Framework on Eliminating Harmful Practices to support member States in monitoring and reporting progress on FGM elimination. The framework also facilitates engagement with civil society to strengthen social accountability.

The first African Union FGM report, Getting to Zero Female Genital Mutilation in Africa, was published, providing a baseline for the Saleema Initiative and sharing knowledge on effective strategies to end the practice.



2023

Second International Conference on FGM

Scheduled for October 2023, the conference presents an opportunity to evaluate progress and chart new consensus going forward on approaches and actions to eliminate FGM.

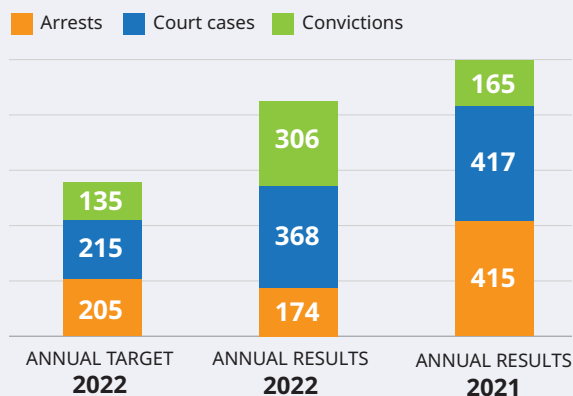


Joint Programme Results Across 17 Countries

ENABLING ENVIRONMENT

IMPLEMENTATION OF LEGISLATION ON FEMALE GENITAL MUTILATION

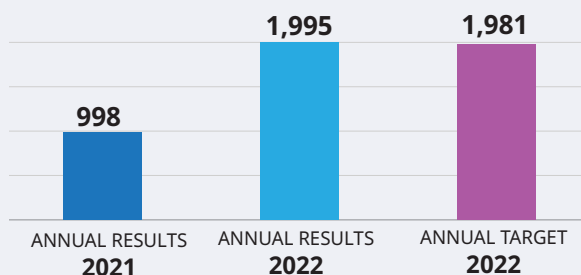
Arrests, court cases and convictions



Implementation of legislation includes conducting investigations and arrests, and ensuring access to the justice system for cases of FGM. While the Joint Programme did not meet its annual programme target on the implementation of legislation, the number of cases brought to court rose by 71 per cent, and the number of convictions more than doubled in 2022 compared to 2021. This may have been the result of trial courts working through cases delayed due to COVID-19. The Joint Programme also doubled the number of law enforcement and criminal justice staff with capacities to implement laws in 2022 compared to 2021. This may have been a factor in the increase in court cases and convictions related to FGM.

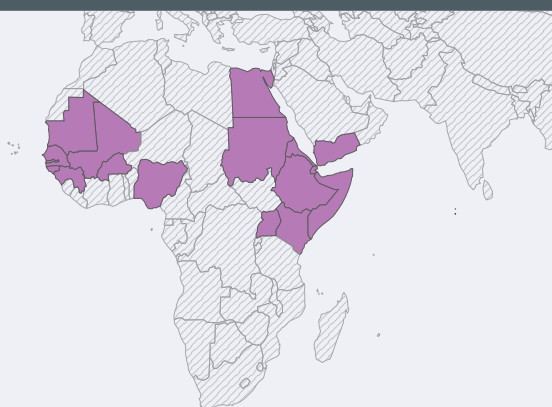
JUSTICE TRAINING IN THE IMPLEMENTATION OF LEGISLATION ON FEMALE GENITAL MUTILATION

Law enforcement and criminal justice staff (police, judges, lawyers and prosecutors)



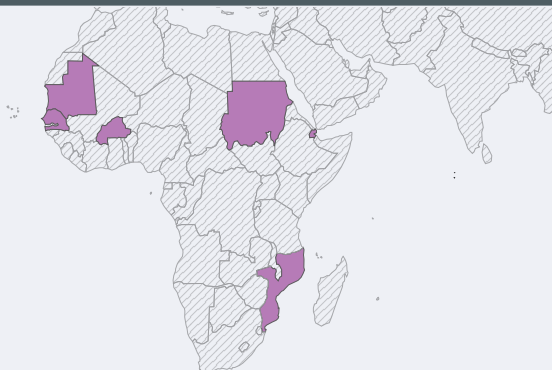
The Joint Programme exceeded its justice training target for 2022. Mali played a key role in these impressive results. Although it does not have legislation on FGM, 967 law enforcement and justice staff received training on a draft GBV law. The Joint Programme and partners continue to advocate for the adoption of a legal and policy framework that would protect girls and women from GBV and criminalize FGM. In other countries, with security situations limiting direct access to target communities, the Joint Programme put a stronger emphasis on promoting structural and policy changes.

NATIONAL POLICIES ON THE PREVENTION AND RESPONSE TO FEMALE GENITAL MUTILATION



The Joint Programme surpassed its annual programme target. Sixteen countries – Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan and Uganda – have national action plans with targets, budgets and monitoring and evaluation frameworks for ending FGM. In Yemen, a draft policy and national action plan await final approval.

INTEGRATION OF FEMALE GENITAL MUTILATION IN HUMANITARIAN PROGRAMMES

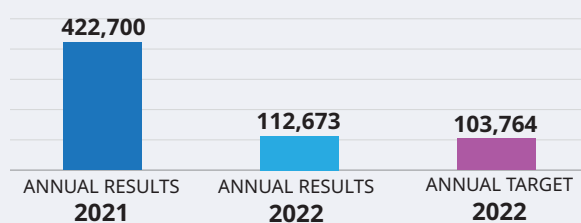


In 2022, five countries, Burkina Faso, Djibouti, Mauritania, Senegal and Sudan, developed budgeted emergency preparedness and response and disaster risk reduction plans that integrated FGM, meeting the Joint Programme's annual programme target for this activity. This is a new indicator introduced in response to the polycrisis. The target for 2023 was doubled.

SYSTEMS TRANSFORMATION

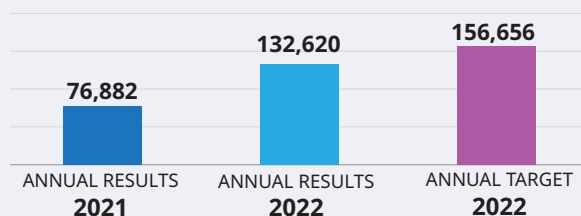
GIRLS AND WOMEN ACCESS PREVENTION AND RESPONSE SERVICES

Girls and women have access to health care



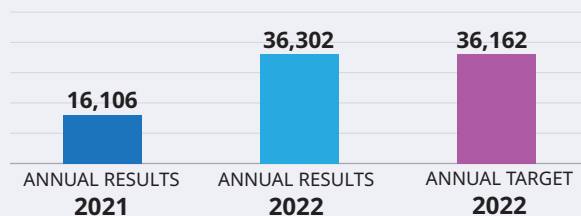
In Ethiopia, as an example, health systems have sustained extensive and systematic damage as a result of the conflict in the northern part of the country. In Burkina Faso, according to a Ministry of Health [report](#), in eight regions, 42 per cent of health-care facilities were either closed or provided only limited services due to insecurity, depriving 1.9 million people of health care. The report also showed that 315 health facilities faced heavy burdens from growing numbers of internally displaced persons seeking health care.

Girls and women have access to social services



While the Joint Programme did not meet its annual target for access to social services, the results in 2022 were 50 per cent higher than in 2021. This is likely due to the Joint Programme's emphasis on the professionalization of social workers, including through integrating FGM monitoring and reporting in pre-service and in-service training, following girls' increased risk of the practice during the pandemic.

Girls and women have access to legal services



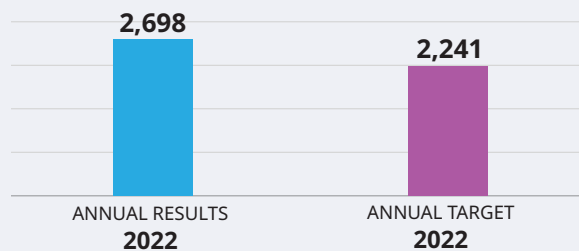
The Joint Programme exceeded its annual target for legal services and more than doubled the number of girls and women who accessed legal services in 2022 compared to 2021. It increased investments and adopted a holistic approach to ensuring girls' and women's access to justice by training law enforcement and justice staff to implement legislation, establishing community surveillance structures to monitor and report girls at risk, and making legal services more accessible for FGM cases. By ensuring access to comprehensive services, the Joint Programme improved case management and referral pathways, which likely contributed to more girls and women seeking social and legal services.

Budget allocations for the elimination of female genital mutilation

In addition to advocating for budgeted national action plans, Phase IV of the Joint Programme supports reviews of domestic public expenditures for eliminating FGM. In Guinea, as one example, the transitional Government, which has been in place since 2021, has not only maintained the national budget allocation for FGM prevention and elimination but also increased it by 1 per cent. While greater public expenditure is welcome, the Joint Programme will continue to call for increased allocations for FGM prevention and response measures (in all 17 countries). The current allocation in Guinea, which is 0.6 per cent of the national budget, does not match the scale of FGM; 92 per cent of girls aged 15 to 19 (DHS 2018) has experienced it. There has been no significant change in prevalence rates for decades.

PROVIDE COMPREHENSIVE SEXUALITY EDUCATION AND LIFE SKILLS TRAINING IN FORMAL AND NON-FORMAL EDUCATION PROGRAMMES THAT INTEGRATE FGM

Primary and secondary schools and non-formal education programmes

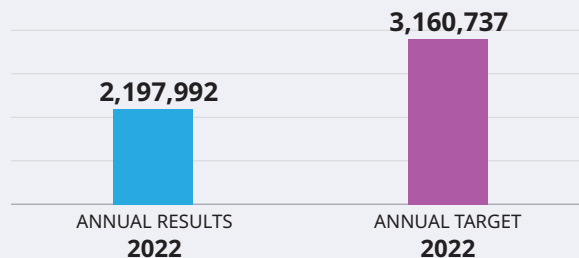


Quality comprehensive sexuality education and life skills training, provided through formal (primary and secondary schools) and non-formal education programmes, challenges gender inequality and harmful social and gender norms related to FGM, supports non-violent attitudes and build skills for healthy interpersonal relationships. By cultivating factors that protect against FGM, it can be transformative. This indicator was adopted under Phase IV of the Joint Programme.

Community-led transformation

PEOPLE ENGAGE IN COMMUNITY-LED DIALOGUES TO END HARMFUL SOCIAL AND GENDER NORMS AND FGM

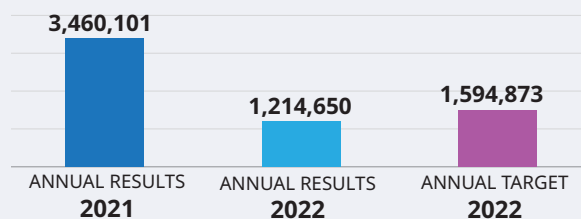
People engaged in ending harmful norms and FGM



Under Phase IV, the Joint Programme adopted this new indicator to capture the number of people participating in community-led dialogues. These are expected to lead to commitments to end harmful social and gender norms, including through public declarations of FGM elimination. While the annual target was not met, the number of people engaged in community-led reflection and action was significant. Community-led dialogues help people to identify harmful norms and practices, reflect on their impact on community members' rights and well-being, and take collective action. This approach recognizes that only people themselves can develop both the inner motivations and practical strategies to act for gender equality and end FGM within their social and cultural settings. In short, transformative power is in their hands. This understanding has been the basis of the Joint Programme's approach since its launch in 2008.

INDIVIDUALS PARTICIPATE IN PUBLIC DECLARATIONS TO END FEMALE GENITAL MUTILATION

Number of individuals



The Joint Programme did not meet its annual target for individuals engaging in public declarations for FGM elimination. Results in 2022 were lower than in 2021. It takes months to prepare communities to publicly declare FGM abandonment, and amid internal displacements and emergencies, most of these efforts were lost.

Use of innovation and technology to ensure programme impacts

The Joint Programme ensured programme continuity during the COVID-19 pandemic in 2020 and 2021 through the use of innovation and technology. A similar approach sustained programme results in 2022, despite the polycrisis.

FGM Hacklab: Under the regional Spotlight Initiative, the FGM Hacklab engaged over 100 incubation/accelerator hubs across Africa through a competitive process, reaching over 300 innovators. The FGM Hacklab identified next-generation innovative solutions to accelerating progress in ending the practice. For example, a tracker will be distributed in schools across Tharaka-Nithi county in Kenya for teachers and school administrators to monitor the attendance of girls at risk of FGM.

A comic book about heroes against FGM in Senegal: Ali and Leyla are two young comic book heroes who decide to figure out how to stop FGM in Senegal. They search for Awa Diassy, a 24-year-old peer educator at a young girls' leadership club, who uses her "superpower" activism to promote the elimination of FGM. Awa's determination and commitment push women, including her grandmother, to stop performing FGM. The story is intended to inspire young readers to become superheroes and act against FGM in their communities. The [comic book](#) is part of the #TouchePasAmaSoeur ("Don't Touch My Sister") campaign launched in 2016. It catalyses youth engagement in ending FGM.

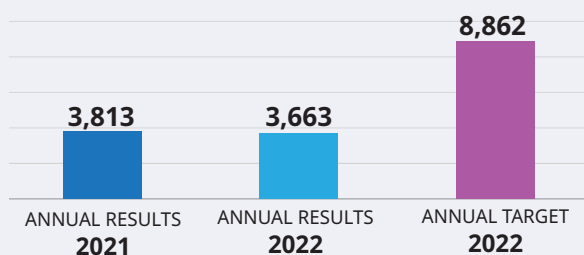
Mini-series on YouTube in Djibouti: A YouTube mini-series during Ramadan addressed GBV, including FGM. At the end of each episode, listeners receive information about the physical and mental health risks associated with FGM. The series, comprising 10 five-minute episodes, received 300,000 views over three weeks. The final episode on FGM garnered 15,000 likes.

Adolescent empowerment to end FGM in Egypt: Dawwie (meaning to "resonate with impact" in Arabic) is a girls' empowerment initiative that supports gender equality and the elimination of FGM through a variety of activities. These include storytelling circles, interactive sports and theater, and digital literacy training, all targeting adolescent girls and boys aged 10 to 18. There are opportunities for intergenerational dialogue and discussions with community leaders where girls can share their aspirations. In 2022, Dawwie reached almost 100,000 girls. Alyssa Milano, a UNICEF Ambassador for 20 years, spoke of how she was inspired by Dawwie [during a visit](#) to take a firsthand look at the "magical" programme. The Dawwie journey also connects girls with policymakers to positively influence decision-making.

Delivering a life skills programme using interactive voice response in Ethiopia: The Joint Programme is providing life skills training using interactive voice response to reach girls in both development and humanitarian settings. This innovative technology provides real-time progress monitoring and allows two-way communications so that girls can provide feedback on what is being sent and participate in quizzes to test their knowledge. Girls targeted by the programme in 2022 included 221 who were internally displaced (169 in Oromia, 31 in Somali and 21 in Afar).

COMMUNITIES ESTABLISH SURVEILLANCE STRUCTURES TO MONITOR AND REPORT CASES OF FGM

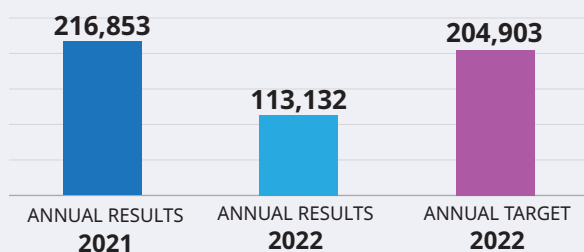
Communities with structures to monitor and report



The annual target for establishing community surveillance structures to monitor and report cases of FGM following public declarations was not reached, and results in 2022 were slightly lower than in 2021. This resulted from the Joint Programme not meeting its target on individuals participating in public declarations.

PREVENT GIRLS FROM UNDERGOING FEMALE GENITAL MUTILATION THROUGH COMMUNITY-LED SURVEILLANCE

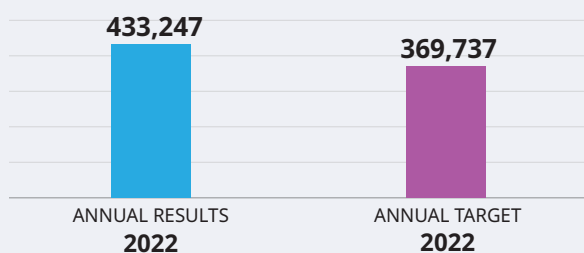
Girls saved from FGM



Recognizing the need to sustain momentum and hold community members accountable for their commitment to eliminate FGM following public declarations, the Joint Programme supports communities in establishing community surveillance structures to prevent FGM. The Joint Programme in 2014 began monitoring the number of girls protected by these structures. In 2022, it did not meet its target, with the number of girls prevented from undergoing FGM significantly lower than in 2021. The drop was due in part to humanitarian crises in Burkina Faso and Ethiopia, where the displacement of people and service disruptions made it challenging to monitor and report cases. Systemic approaches to community surveillance structures are needed to consistently capture data for monitoring and reporting.

ENGAGE MEN AND BOYS IN GENDER EQUALITY AND ELIMINATION OF FEMALE GENITAL MUTILATION

Men and boys engaged in ending FGM



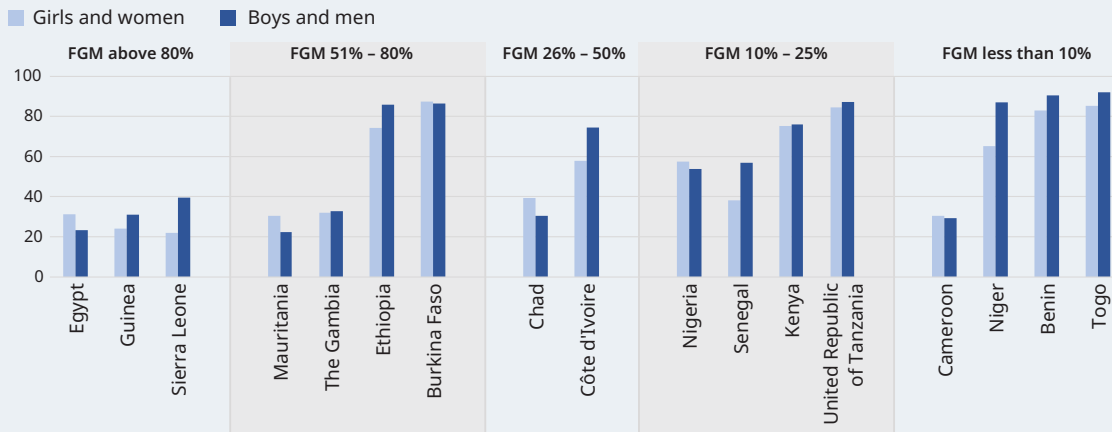
In 2022, the Joint Programme exceeded its target for engaging men and boys in ending FGM by 50 per cent. This new indicator, introduced in Phase IV, is intended to capture the number of men and boys participating in activities that promote gender equality and positive masculinities. Because women often practice FGM under the misconception that men and boys support it, men and boys can be powerful allies in speaking out against FGM in their households and communities.

The Joint Programme provides spaces for men and boys to critically reflect on and take actions to challenge gender inequalities, male privilege, and harmful and restrictive masculinities that may sustain FGM. It is also facilitating dialogues between couples and family members about mutually supportive gender roles that increase joint decision-making in protecting girls from FGM, especially when fathers or male family members are opposed to the practice.

Men and boys' opposition to female genital mutilation

Despite its patriarchal origins, FGM is not sustained by boys and men alone. As shown below, boys and men from practising communities are at least as likely as girls and women to oppose FGM.

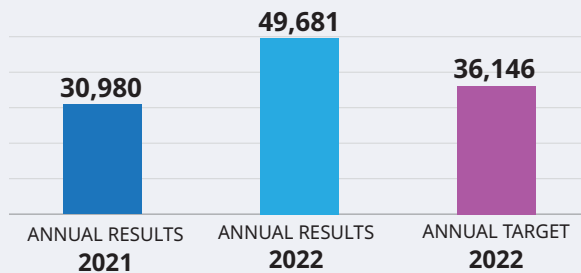
Boys, men, girls and women, aged 15 to 49, who think female genital mutilation should stop



Source: UNICEF, 2023. *Engaging Men and Boys to End Female Genital Mutilation*.

RELIGIOUS AND COMMUNITY LEADERS PUBLICLY DENOUNCE FEMALE GENITAL MUTILATION

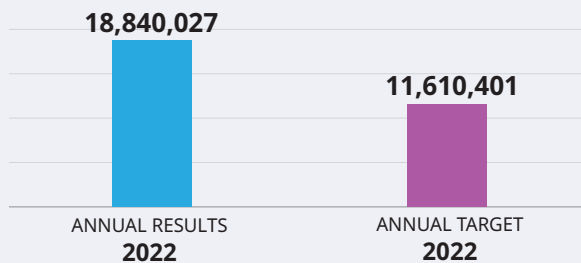
Religious and community leaders



In terms of the number of religious and community leaders who publicly denounced FGM as a harmful practice, the Joint Programme exceeded its target in 2022 by almost 39 per cent. More than a decade of engaging with religious and community leaders is paying off, as a growing number are mobilizing as change agents who are influential in shifting harmful social and gender norms and championing the elimination of FGM. This is a significant development given that in some countries, the majority of women and men believe FGM is a religious requirement.⁴

MEDIA CAMPAIGNS PROMOTE GENDER EQUALITY, GIRLS' AND WOMEN'S RIGHTS, AND THE ELIMINATION OF FGM

Individuals reached

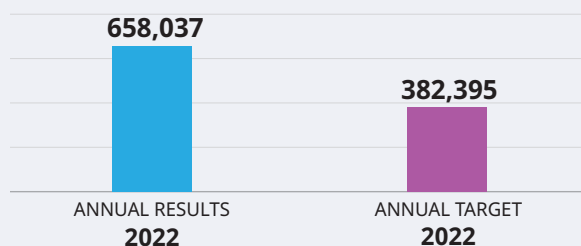


In using mass and social media campaigns to promote gender equality and the elimination of FGM, the Joint Programme exceeded its annual target by 62 per cent. Given increasingly limited access to target communities and population displacement due to conflict and climate emergencies, media campaigns are critical in building awareness, generating dialogue, promoting new social and gender norms in ways that resonate, and amplifying stories of change involving individuals, families or communities that have stopped practising FGM.

Promoting girls' agency

ENHANCE GIRLS' KNOWLEDGE, SKILLS AND LEADERSHIP THROUGH COMPREHENSIVE SEXUALITY EDUCATION AND LIFE SKILLS PROGRAMMES

New programmes



In promoting transformative changes to eliminate FGM, Phase IV of the Joint Programme centres on girls' agency by advancing their rights and well-being, and enhancing their knowledge, skills and leadership opportunities through comprehensive sexuality education and life skills programmes so they can assert their right to bodily autonomy, make informed decisions about their lives and achieve their potential. In 2022, the Joint Programme exceeded this new programme target by more than 50 per cent.

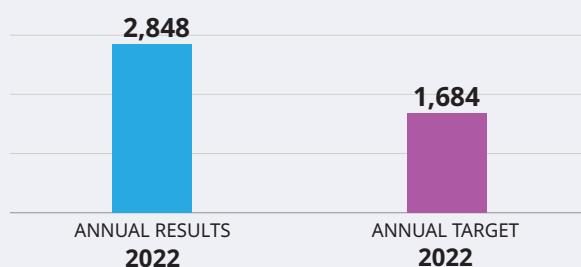
ADVANCE GIRLS' RIGHT TO EDUCATION

Recognizing that education in most countries protects against FGM, for current and future generations of girls, the Joint Programme supported 35,344 girls in accessing education opportunities in Djibouti, Eritrea, Ethiopia and Yemen, meeting its 2022 programme target. This is a new indicator in Phase IV. The Joint Programme expects the number of girls reached to increase in 2023.

Building social movements

SUPPORT GRASS-ROOTS ORGANIZATIONS IN ENGAGING WITH COALITIONS AND SOCIAL MOVEMENTS

Organizations engaging with coalitions and social movements

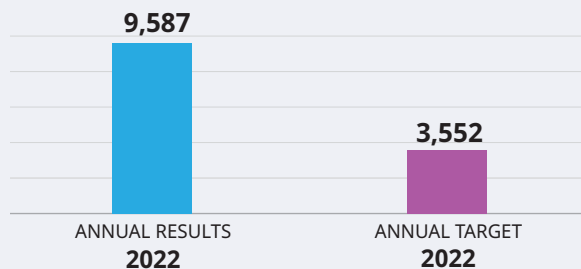


Coalitions and social movements can catalyse social change by advocating for shifts in policies, legislation and institutional structures as well as championing new social and gender norms and societal narratives to end FGM.

The Joint Programme, with its local, national, regional and global reach, is well positioned to support women and youth-led organizations to build solidarity by convening, learning and sharing, forging a common change agenda, and developing joint advocacy plans and research efforts within coalitions and social movements for gender equality and the elimination of FGM. In 2022, the Joint Programme supported 2,890 women and youth-led organizations in mobilizing and connecting with coalitions and movements, exceeding its annual target by 71 percent. This indicator was introduced under Phase IV, reflecting the Joint Programme's strengthened commitment to working with coalitions and social movements to end FGM.

STRENGTHEN THE CAPACITY OF GRASS-ROOTS ORGANIZATIONS TO NETWORK, BUILD PARTNERSHIPS AND ADVOCATE FOR ENDING FEMALE GENITAL MUTILATION

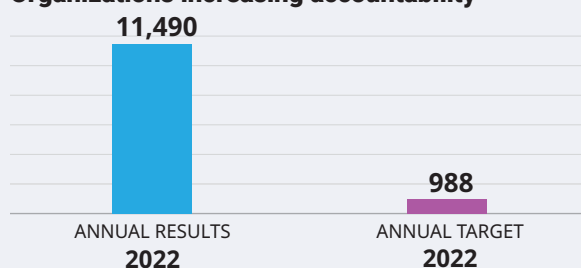
Organizations able to connect and increase their influence



The Joint Programme provided a platform for grass-roots women and youth-led organizations to connect and increase their influence in terms of social change, while also pooling expertise and resources to work collectively for gender equality and the elimination of FGM at the local, national, regional and global levels. Grass-roots organizations welcomed the opportunity to build consensus around ending FGM and to amplify the voices of girls and women at risk of and affected by FGM. In working with 9,587 women- and youth-led organizations, the Joint Programme more than doubled its annual target.

SUPPORT GRASS-ROOTS ORGANIZATIONS IN ENGAGING IN ACCOUNTABILITY MECHANISMS

Organizations increasing accountability



For the Joint Programme, increasing accountability includes ensuring that girls and women at risk of and affected by FGM participate in the development of national action and emergency preparedness plans, and working with national human rights institutions to conduct public inquiries or provide data and evidence for Universal Periodic Reviews. The Joint Programme ended up achieving 10 times the expected target by creating linkages among global and regional human rights mechanisms, governments, and women and youth-led organizations to strengthen social accountability in achieving SDG target 5.3.

The [Building Bridges Community of Practice to End Female Genital Mutilation](#) contributes to expanding the Joint Programme's global influence. AIDOS, in partnership with GAMS Belgium, manages Building Bridges.

Building Bridges provides space for practitioners, researchers, government ministry staff, civil society and United Nations staff in the Global South and North to convene, identify and share proven, promising and potential approaches to advancing FGM elimination. In 2022, the community organized three thematic discussions and four webinars in English and French on "Education and FGM," "Innovative Financing to End FGM" and "Access to Care Services for FGM Survivors". A virtual meeting resulted in civil society developing recommendations for governments, donors and non-governmental organizations to advance innovative financing to end FGM. The recommendations were presented to the Donor Working Group on FGM during its annual meeting in December 2022.

AIDOS is also implementing the [Gender-Transformative Approaches to Ending Female Genital Mutilation](#) project with support from the Joint Programme and the regional Spotlight Initiative. The project has included capacity-building in Dakar, Senegal, for 15 participants from 10 organizations from Burkina Faso, Guinea, Mali, Mauritania and Senegal. The training encouraged critical reflection on gender roles, stereotypes and norms that perpetuate FGM. AIDOS produced an animated video on [gender-transformative approaches](#) to FGM elimination, intended for use in training and other contexts to explain gender transformation and the need to redress gender power imbalances as integral to ending FGM.

EXPAND THE GLOBAL INFLUENCE OF THE JOINT PROGRAMME

Under Phase IV, the Joint Programme, as the largest global initiative addressing FGM, strengthened its commitment to expand its global influence by capturing and sharing evidence-based practices and innovations to scale up prevention and response efforts. In 2022, the Joint Programme provided direct technical support and resources to five additional countries affected by FGM, including Chad, Indonesia, Niger, Togo and the United Republic of Tanzania.

Transformative structural and policy changes in Indonesia

In Indonesia, approximately 60 million girls and women have undergone FGM.⁵ For the last six years, UNFPA has successfully worked with the Indonesian Government, religious leaders, women's rights activists and health-care providers to prioritize FGM elimination.

2013

Nationally representative data on FGM were collected for the first time through the 2013 Basic Health Research Survey (RISKESDAS). It found that 49 per cent of girls aged 0 to 11 experienced FGM, and 3 in 4 girls underwent the procedure when they were less than six months old.⁶



2017

A study in 10 provinces with the highest prevalence rates proved instrumental in launching a stakeholders' dialogue on ending FGM. UNFPA partnered with the National Commission for the Eradication of Violence against Women (Komnas Perempuan), an independent state body for the enforcement of women's rights, in conducting a public outreach campaign on FGM. Building partnerships with progressive religious groups, such as the Women Ulama Congress (KUPI), as well as women's rights activists, civil society organizations and academics established a national movement to end FGM.



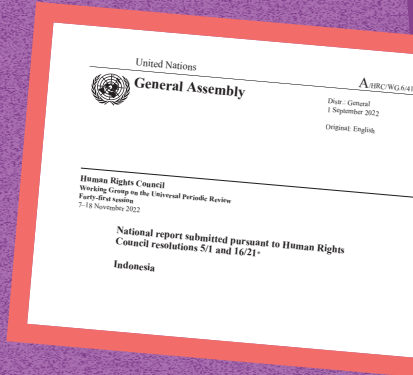


2021

UNFPA contributed to the development of advocacy guidelines for young people and health-care providers on ending medicalized FGM. It worked with religious leaders and civil society to translate national level fatwas against FGM into community-level action. It also supported the development of the Roadmap on the Elimination of FGM and the inclusion of questions related to FGM in the second National Survey on Violence Against Women and Girls. Other efforts comprised issuing a manual for youth on FGM prevention, and establishing and developing the skills of youth networks to advocate for ending FGM.

2022

During the forty-first session of the Human Rights Council Working Group on the Universal Periodic Review, Indonesia's report highlighted the banning of medicalized FGM, the development of guidelines and tools to equip health-care providers with knowledge about the health risks of FGM, and a national communications campaign promoting FGM elimination.



Amplifying the global campaign to eliminate female genital mutilation

The [Global Media Campaign](#) has used [direct action media grants](#) to mobilize media campaigns and grass-roots activism to eliminate FGM under the hashtag #FrontlineEndingFGM. In 2022, it distributed 240 grants in Ethiopia, The Gambia, Guinea, Kenya, Mali, Nigeria and Somalia, reaching an estimated 317 million listeners and viewers across East and West Africa. Radio and television programmes featured key influencers, including religious and traditional leaders, who engaged with audience members by answering questions related to FGM.

A social media campaign, #BornPerfect, kicked off in February during the Africa Cup of Nations. The campaign involved famous football players and their daughters speaking out against FGM through videos that registered over 120,000 views on Twitter, Facebook, YouTube and TikTok. The campaign was covered by *The Sunday Times*, BBC Radio and various sports publications. In June, former Manchester City, Barcelona and Côte d'Ivoire football player Yaya Toure joined the campaign. In its first week, his [video message](#) was viewed more than 50,000 times across various social media platforms. The #BornPerfect campaign continued into the FIFA World Cup in Qatar in December 2022.

Ten university journalism faculty members from 10 African Union Member States participated in a training-of-trainers session on generating media reports on FGM as part of pre-service and in-service training. The faculty members were expected to engage 10 media practitioners in human rights-based reporting, communications, information dissemination and advocacy for the protection of girls from harmful practices. The media contacts established during the training resulted in the creation of a new network of Africa-wide media representatives who coordinate, engage and share experiences and lessons learned in human rights-based reporting on FGM.

Generating data and evidence

The Joint Programme partnered with the Population Council and WHO to conduct an evidence review of programmes that have proven effective in FGM elimination. This informed [A Research Agenda to Strengthen Evidence Generation and Utilisation to Accelerate the Elimination of Female Genital Mutilation](#), published in 2022. Thematic research areas identified in the research are being explored through the [STAR Initiative](#), which supports the Joint Programme with evidence generation and synthesis, and research dissemination and uptake. Data and evidence produced by the Joint Programme are both quantitative and qualitative. It continues to work with governments to capture disaggregated data through training and the strengthening of national data systems.

UNFPA worked with researchers from Avenir Health, the Burnet Institute and Victoria University to estimate the benefits of investing in ending GBV, including FGM. Findings were published in



[Investing in Three Transformative Results: Realizing Powerful Returns](#). It provides an estimate of the costs and impacts of programmes that address FGM in 31 countries with high prevalence rates. The estimates are converted into health-care costs avoided, healthy years of life gained, and associated economic and social benefits.

With support from UNICEF, Equimundo conducted a qualitative research study in Djibouti, Egypt, Sudan and Yemen on the meaningful engagement of boys and men in FGM prevention efforts. [Promoting Men and Boys' Engagement in Ending FGM in Middle East and North Africa: Research-Based Programming Guidance](#) focuses on boys and men and household decision-making, as well as sexuality and FGM. The study concludes that more comprehensive approaches are required to ensure a safe and conducive environment for girls, including work with men and boys to address the discriminatory gender norms that sustain the practice.

UNICEF, in partnership with the Overseas Development Institute and Plan International, commissioned a literature review that informed [social norms and behaviour change approaches to challenging FGM in Mali](#). The review provides an overview of current FGM trends, the country's legal and policy environment, and persistent drivers of the practice. Findings informed a mixed-methods study in six intervention locations and behavioural change tools used at the community, municipal and regional levels to shift social norms towards FGM elimination.

UNICEF conducted a literature review to develop a technical note, [Building Movements, Building Power: Eliminating FGM by 2030 Through Social Movements](#). It supports a common understanding of key concepts and approaches related to social movements. It provides guidance on designing and implementing programmes that enhance adolescent girls' agency, supporting coalition-building and working alongside movements that drive social change agendas for gender equality and FGM elimination.



In-person training on ACT involved 101 participants,

Measuring norms and behavioural drivers related to FGM

The Joint Programme continues to prioritize measuring changes in social norms and behavioural drivers using [The ACT Framework Package: Measuring Social Norms Around Female Genital Mutilation](#). In 2022, it used ACT to complement existing data collection tools, conduct a baseline evaluation in Ethiopia and create localized measurement tools. In-person training on ACT involved 101 participants, including Joint Programme staff and representatives from government ministries and civil society organizations in Ethiopia, Kenya and Somalia. Another 2,707 people accessed an online adaptation of the training; over 450 completed the course in 2022.

UNFPA's data and research fellows

In 2022, data and research fellows conducted studies that are pending publication. One explores the effectiveness of alternative rites of passage in communities where FGM is practised as an initiation into womanhood and to increase marriageability. Preliminary findings were presented at a workshop [organized](#) by the Working Group on Alternative Rites of Passage and the University of Bristol in partnership with UNFPA. Another study identified factors that contribute to cross-border FGM in Ethiopia, Kenya, Somalia and Uganda. It concluded that the implementation of legislation in border communities and regional collaboration among governments may prove effective in preventing the practice.



CHAPTER 3

Lessons learned in 2022

The following lessons were captured in 2022 based on the “high 5’s” introduced in Phase IV of the Joint Programme.

1 Girls’ agency

While putting a central emphasis on girls’ agency, voice and leadership has potential to advance FGM elimination and strengthen resilience to the polycrisis, it is important not to employ approaches that situate girls’ empowerment as an “instrument” for the elimination of harmful practices. Empowerment should be an outcome of multifaceted, sustained efforts to realize a more gender equal society. Instrumentalist approaches tend to privilege short-term, narrowly defined gains in the status of girls at risk of FGM over longer-term changes to the discriminatory norms and structures that contribute to their disadvantage in the first place. These approaches also tend to transfer the burden of responsibility for achieving gender equality and FGM elimination away from governments and global governance institutions to girls and women. They therefore should be avoided.

2 Movement-building

Prior to movement-building, it is critical to conduct situational analyses of the potential risks, benefits and costs of engaging with coalitions and social movements. Not all contexts are conducive to coalitions and movement-building due to restrictive government policies, shrinking civic spaces or the limited capacity of civil society organizations. Coalitions and movements should not reproduce inequitable power dynamics. This requires working closely with them to ensure that spaces are accessible and inclusive, and that adolescent girls and young women have opportunities to step into leadership roles.

3 Engaging women-led organizations

Formal funding modalities can be a barrier to making resources directly accessible to social movements that require long-term support and can take time to produce results. Given the mutual reliance between

women-led organizations and social movements, the Joint Programme can play a beneficial role in aligning change agendas and facilitating increased cooperation.

4 Expanding the global influence of the Joint Programme

Building on more than a decade of experience in eliminating FGM across 17 countries, the Joint Programme is well positioned to facilitate learning and share technical resources with other FGM-affected countries, including governments, civil society and researchers. In 2022, five countries outside the Joint Programme participated in an annual consultation, which presented an opportunity to share effective strategies to address FGM amid challenges such as climate change, COVID-19 and conflict. The Building Bridges community of practice and the Global Media Campaign’s direct action media grants highlighted the important roles that partnerships can play in expanding the number of countries and stakeholders reached through technical support and resources to end FGM.

5 Building public-private partnerships

The cost of eliminating FGM is low considering the potential benefits of a world free of the practice. In 2022, UNFPA estimated the [benefit-cost ratio](#) for FGM: \$2.8 billion invested would avert 20 million cases of FGM and result in \$27.9 billion in economic benefits from 2022 to 2050. Every \$1 spent on FGM elimination garners a return of \$10. The clear benefits to girls and women, families, communities and national economies provide a compelling incentive to increase investment, including by expanding public-private partnerships to end FGM by 2030. The polycrisis presents a unique opportunity to focus on transformative change, renewed commitments and increased investment in ending FGM.



CHAPTER 4

Joint Programme priorities in 2023

Given the polycrisis, the following change strategies are priorities for the Joint Programme in 2023.

Advancing localization

There is widespread consensus that the drivers, experiences and opportunities for ending FGM are context specific. The Joint Programme in 2023 continues to emphasize localization, decentralization and responses to locally defined realities and priorities. This helps to ensure that strategies to end FGM are adaptive and sustainable. In Phase IV, the Joint Programme is focused on realizing a localization agenda by deepening understanding of the context-specific drivers of FGM; applying more than a decade of experience in national systems strengthening to local systems, towards ensuring that FGM prevention and response services are comprehensive and accessible; and increasing partnerships with grassroots women and youth-led organizations, which are often best placed to mobilize change, identify solutions and respond to crises that increase FGM risks in their communities.

Mainstreaming the humanitarian-development-peace nexus

As the global community increasingly faces complex, protracted crises, the humanitarian-development-peace nexus provides opportunities to address both the immediate needs and long-term vulnerabilities of girls and women at risk of and affected by FGM. Guinea, Ethiopia, Kenya, Mauritania and Sudan have implemented the nexus approach in addressing FGM, building on over a decade of systems strengthening to ensure local governments and service providers have capacities and resources to ensure the continuity of services



during crises. They have also developed informal community-based protection structures to track and report cases where girls face heightened risks of FGM.

In 2022, UNFPA analysed country offices that adopted the nexus approach. This found, for instance, that using this approach in Somalia has resulted in greater government ownership and accountability. This has emerged from better coordination and coherence among humanitarian, development and peace actors and actions in responding to FGM, ensuring respect for humanitarian principles while maintaining development cooperation objectives. A ministerial coordination platform for FGM was established to work with policymakers on FGM and GBV, and more broadly to increase resources for girls and women

across the humanitarian and development spheres. A brief on “Operationalizing the Nexus Approach: Bridging the gap between discourse and practice” will be published in 2023.

In six countries, the Joint Programme will roll out a toolkit, [Female Genital Mutilation and the Humanitarian Development Nexus: Practical Ways to Support Programme-Level Implementation](#). Developed by UNICEF, it promotes “nexus literacy” in identifying and scaling up good practices through sustained investments in learning and evidence generation. The toolkit will support the integration of FGM in emergency preparedness planning and humanitarian responses.



Advancing human rights-based approaches to ending FGM

UNFPA is developing a report, “Advancing Rights, Transforming Lives”, with a global analysis of the impact of the international human rights system on SRHR and the prevention of GBV, including FGM. Based on its findings, the Joint Programme will:

- 1** Train women- and youth-led organizations in promoting social accountability as well as submitting reports on FGM to international human rights mechanisms, including regional human rights bodies, treaty monitoring bodies and the Universal Periodic Review of the Human Rights Council. The training will include the development of community scorecards for increasing access to FGM prevention and response services. Community scorecards have been used effectively to ensure public services remain accountable to people and communities. They have improved service quality and built trust within and between communities and governments.
- 2** Publish a technical note on anti-FGM laws aligned with human rights, and a compendium of accountability mechanisms for national and subnational governments, regional bodies and global institutions to monitor commitments to eliminate FGM.
- 3** Develop a comprehensive human rights education strategy to cultivate informed and continued demand by girls and women for protection from FGM. The strategy will also encourage community members, service providers, civil society organizations and policymakers to uphold the right of girls and women to be free of FGM.

Mobilizing public-private partnerships

Leveraging public-private partnerships is key in addressing funding shortfalls in FGM programmes. At the annual meeting of the Donor Working Group on FGM in December 2022, discussions included potential investments through mechanisms such as: revolving funds, catalytic funds and cause-related marketing. Some donors expressed interest in resourcing dedicated capacities to support

the Joint Programme in developing new financing mechanisms. The Joint Programme in 2023 intends to publish an investment case on FGM elimination as a tool for mobilizing public-private partnerships.



Financial report for 2022

The Joint Programme received \$24,364,462 in funding support in 2022 (Table 1). All donor contributions were provided through a pooled funding mechanism, except contributions from the European Union and the United States, which were channelled through the regional

Spotlight Initiative and a bilateral agreement with UNICEF, respectively. Different figures reported in the 2022 certified financial statement for the Joint Programme reflect the fact that it only captures funds from the pooled mechanism and contributions and expenditures for 2022.

TABLE 1

Funds received by the Joint Programme in 2022

Donors	Contributions (US\$)
Belgium	1,066,098
European Union	2,669,605
France	107,087
Iceland	200,000
Italy	2,072,539
Luxembourg	1,741,731
Norway	3,015,682
Spain	426,439
Sweden	8,065,281
United States	5,000,000
Total	24,364,462

Based on available funds for programming in 2022, the Joint Programme distributed \$25,930,675 to the 17 programme countries as well as to three regional offices and headquarters to provide technical backstopping to country offices. Total expenditure was \$19,941,550,

with an overall expenditure rate of 77 percent (Table 2). Late disbursement of funds to most country offices and the polycrisis affected programme implementation and results]

TABLE 2

Budgets, expenditures and expenditure rates for 2022

Offices	UNFPA			UNICEF			UNFPA + UNICEF		
	Budget (US\$)	Expenditure (US\$)	Exp. Rate (Percentage)	Budget (US\$)	Expenditure (US\$)	Exp. Rate (Percentage)	Budget (US\$)	Expenditure (US\$)	Exp. Rate (Percentage)
Headquarters	4,525,276	4,108,882	91	4,273,819	3,535,201	83	8,799,095	7,644,083	87
Arab States Regional Office	100,580	86,113	86	353,550	353,550	100	454,130	439,663	97
East and Southern Africa Regional Office	89,880	87,197	97	350,000	228,263	65	439,880	315,460	72
West and Central Africa Regional Office	210,523	191,689	91	350,000	255,597	73	560,523	447,286	80
Burkina Faso	416,716	271,278	65	1,000,000	391,765	39	1,416,716	663,043	47
Djibouti	183,184	183,184	100	400,000	400,000	100	583,184	583,184	100
Egypt	575,419	418,185	73	898,300	845,111	94	1,473,719	1,263,296	86
Eritrea	19,260	11,066.00	57	—	15,914		19,260	26,980	
Ethiopia	597,103	597,103	100	1,861,500	1,344,291	72	2,458,603	1,941,394	79
The Gambia	404,860	388,355	96	500,000	115,844	23	904,860	504,199	56
Guinea	51,360	43,177	84	500,000	216,953	43	551,360	260,130	47
Guinea Bissau	217,883	138,480	64	500,000	50,166	10	717,883	188,646	26
Kenya	514,370	429,464	83	1,073,200	732,229	68	1,587,570	1,161,693	73
Mali	322,760	284,732	88	500,000	500,000	100	822,760	784,732	95
Mauritania	92,555	84,114	91	500,000	249,152	50	592,555	333,266	56
Nigeria	464,753	411,759	89	878,300	854,996	97	1,343,053	1,266,755	94
Senegal	436,348	405,873	93	600,000	83,481	14	1,036,348	489,354	47
Somalia	266,050	253,022	95	400,000	358,916	90	666,050	611,938	92
Sudan	256,800	248,608	97	600,000	345,546	58	856,800	594,154	69
Uganda	210,276	179,871	86	300,000	106,373	35	510,276	286,244	56
Yemen	16,050	16,050	100	120,000	120,000	100	136,050	136,050	100
Total	9,972,006	8,838,202	89	15,958,669	11,103,348	70	25,930,675	19,941,550	77

Table 3 summarizes expenditures at the output level based on the Joint Programme's Phase IV Results Framework. As a core focus area of the Joint Programme, the engagement of families and communities had the highest share of total annual expenditure (33 per cent). This was followed by

result areas related to girls' and young women's agency (16 per cent) and movement-building (13 per cent). Since 2022 was the first year of Phase IV, this financial report does not provide a trend analysis comparing annual expenditure to the previous year.

TABLE 3

Share of total annual expenditure per output in 2022

Output	Share of total expenditure (Percentage)
Girls' and young women's agency (Output 1110)	16
Family and community engagement (Output 1210)	33
Movement-building (Output 1220)	13
Systems transformation (Output 2110)	11
Regional bodies engagement (Output 3110)	7
Effective laws and policies (Output 3120)	9
Data and evidence (Output 3130)	11

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The Joint Programme, alongside its partners, remains steadfast in using its global reach and comprehensive and holistic programming to advance transformative changes so that girls and women exercise agency and claim their rights to bodily autonomy, decision-making, leadership, empowerment and self-determination.





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