

Policy Brief

ENABLING ENVIRONMENTS FOR ELIMINATING FEMALE GENITAL MUTILATION

Towards a Comprehensive and Multisectoral Approach



Introduction

ABOUT THE BRIEF

This policy brief builds on evidence emerging from the review of key policy and legal developments in all countries where female genital mutilation is prevalent, and in particular experiences from the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change. By analysing trends for national legislation, strategies and plans, coordination as well as budgets and funding, the document seeks to assess the extent to which UN Member States and their partners across different country contexts have implemented a comprehensive and multisectoral approach in their efforts to prevent and respond to female genital mutilation. The document also summarizes the impact of COVID-19 on female genital mutilation prevention and response programmes. It presents a framework for supporting broader accountability at country level around these dimensions and provides strategic guidance to lawmakers, policymakers and all stakeholders in taking forward their commitment to adopt a comprehensive and multisectoral approach in addressing female genital mutilation. In doing so, the policy brief emphasizes the following priorities: collecting nationally representative female genital mutilation prevalence data; adopting and enforcing laws on the harmful practice; setting up national strategies or plans, coordination mechanisms and budget lines as part of the national response, integrating female genital mutilation prevention and response in COVID-19, humanitarian and emergency preparedness and response plans and empowering women and youth.

GLOBAL TRENDS AND RECENT DEVELOPMENTS

Over 200 million women and girls alive today have experienced female genital mutilation.¹ Female genital mutilation has been documented in 31 countries.² Its



Female genital mutilation violates women's and girl's fundamental rights

– to health, to physical integrity, to non-discrimination and to be free from torture and other cruel, inhuman or degrading treatment

200 million women and girls alive today are **affected by female genital mutilation**

Target 5.3 of SDG 5 on gender equality calls for action by all countries to **eliminate female genital mutilation by 2030**

prevalence in these countries has been estimated from nationally representative data from household surveys.³ The harmful practice is also practiced where diaspora from these 31 countries are present. Female genital mutilation may be even more widespread according to indirect estimates, small-scale studies, media reports and anecdotal evidence. Data from a recent report⁴ suggests that female genital mutilation may be present in more than 90 countries globally, depicting its presence in communities across all continents and shedding light on the global nature of this harmful practice. This report also speaks to the incompleteness of available data and

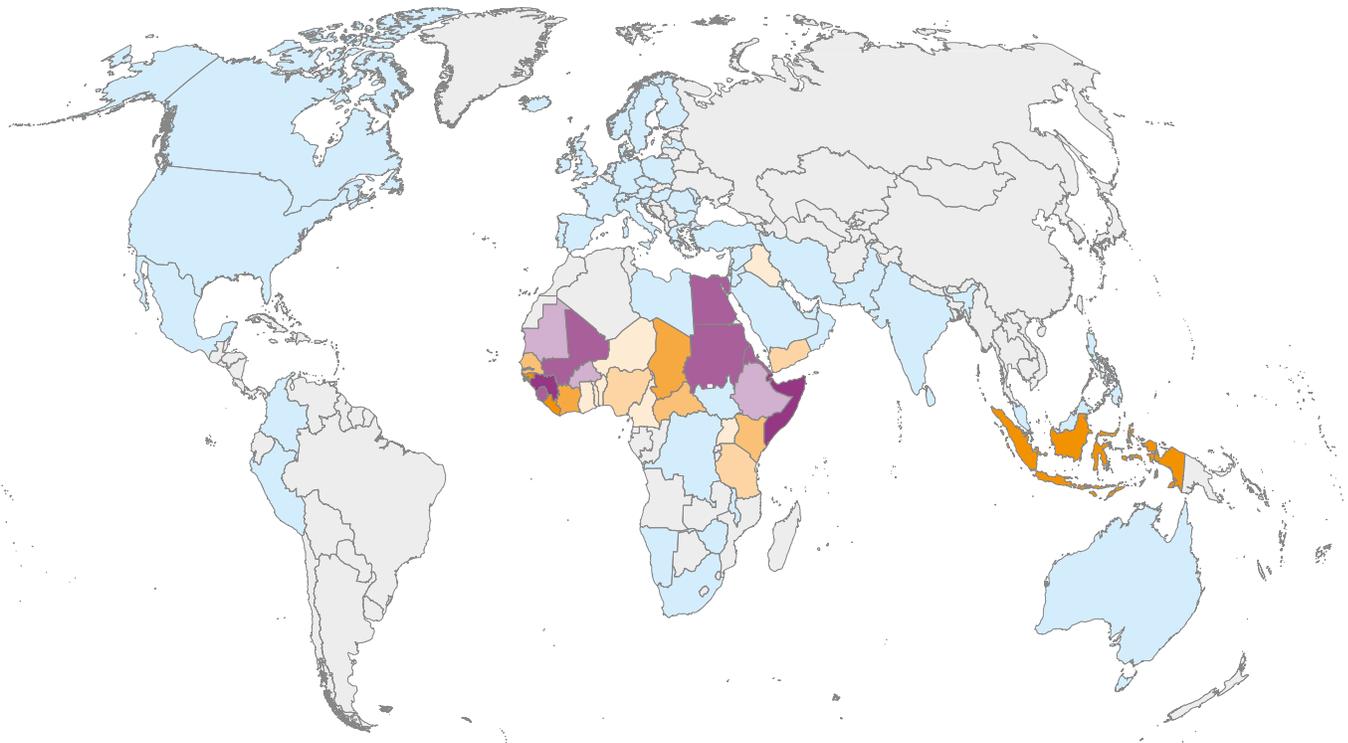
1 UNICEF (2016). Female Genital Mutilation/Cutting: A global concern. Available at: https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

2 Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Liberia, the Maldives, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Yemen

3 UNICEF global databases (2020). Based on DHS, MICS and other national surveys, 2004-2018. Available at: <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

4 Claudia Cappa, Luk Van Baelen & Els Leye (2019) The practice of female genital mutilation across the world: Data availability and approaches to measurement, Global Public Health, available at: <https://www.tandfonline.com/doi/figure/10.1080/17441692.2019.1571091?scroll=top&needAccess=true>

Figure 1. Countries where female genital mutilation has been reported (including where it is prevalent)



Percentage of girls and women (ages 15-49) who have undergone female genital mutilation

- Less than 10
- 10-20
- 20-30
- 30-40
- 40-50
- 50-60
- 60-70
- 70-80
- 80-90
- above 90
- FGM has been reported, no survey

Map disclaimer

The designations employed and the presentation of material on this map and the following do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund (UNFPA) and United Nations Children Fund (UNICEF) concerning the legal status of any country, territory, city or any area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

evidence that is required in order to eliminate female genital mutilation as well as achieve gender equality and empower all women and girls by 2030.

There are different patterns observed across countries. While in some countries female genital mutilation remains universal, in some other countries the decline in prevalence of the practice has been significant.⁵ However, most of the countries where female genital

mutilation is prevalent have a growing youth population. Therefore, if female genital mutilation continues at the current levels, millions more are at risk of being mutilated by 2030 because of population growth among young girls.⁶ In 25 countries where female genital mutilation is routinely practiced and data are available, an estimated 68 million girls will be cut between 2015 and 2030 unless concerted and accelerated action is taken.⁷

5 United Nations Children’s Fund, *Female Genital Mutilation: A New Generation Calls for Ending an Old Practice*, UNICEF, New York, 2020

6 UNFPA (2018). *Bending the curve: FGM trends we aim to change*, February 2018. Available at: <https://www.unfpa.org/resources/bending-curve-fgm-trends-we-aim-change>

7 The countries are Benin, Burkina Faso, Central African Republic, Chad, Côte d’Ivoire, Egypt, Ethiopia, the Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, United Republic of Tanzania and Yemen. As the

COUNTRIES ARE TAKING ACTION TO END FEMALE GENITAL MUTILATION

Countries can take key measures to end female genital mutilation. An expert group meeting⁸ organized by the Office of the United Nations High Commissioner for Human Rights in Addis Ababa in 2019 concluded that the following actions are pivotal:

- developing comprehensive and rights-based policy frameworks;
- enforcing laws including across borders and in the context of population movements;
- scaling up innovative interventions that address social norms and strengthen social accountability; and
- collecting more reliable and accurate data including through the use of new technologies.

The expert group also found that leadership, political commitment and a long-term vision are major factors of success.

At its 44th Session in July 2020, the Human Rights Council adopted a resolution on the elimination of female genital mutilation presented by the group of African countries and co-sponsored by over 100 United Nations Member States including all European Union Member States.⁹ The resolution reaffirms the framing of female genital mutilation as a violation of international human rights law and as a form of violence against women and girls rooted in discriminatory social norms and gender inequality. Notably, the resolution “calls upon States to take comprehensive, multisectoral and rights-based measures to prevent and eliminate female genital mutilation”, including in the context of the COVID-19 pandemic.



68 million girls are at risk of being mutilated due to population growth (the projected number of girls at risk of undergoing female genital mutilation is expected to rise from 4.1 million girls in 2020 to 4.6 million girls in 2030)

4.6 million girls each year will be cut unless trends change

Progress has been uneven and absolute numbers have continued to increase

most recent data on female genital mutilation for Cameroon, Djibouti, and Eritrea date back prior to 2010, these countries have not been included in this analysis. Uganda and Liberia had to be excluded from the analysis as the precise age of cutting was not recorded in the surveys.

8 Human Rights Council (2020). Report of the Expert Group meeting on the elimination of female genital mutilation: Report of the United Nations High Commissioner for Human Rights, April 2020. Available at A/HRC/44/33.

9 See A/HRC/44/L.20. Available at <https://undocs.org/en/A/HRC/44/L.20>.

1. Enabling legal and policy environments

OPERATIONALIZING A COMPREHENSIVE AND MULTISECTORAL APPROACH

UNFPA has assessed the extent to which national laws and policies provide a holistic and conducive environment for the elimination of female genital mutilation. The analysis considered four key dimensions of enabling environments:

1. Existence of a law prohibiting/ criminalizing the practice of FGM



Criminalization/prohibition: A legal framework that clearly defines female genital mutilation, prohibits its practice and provides for criminal sanctions against it is an effective way to fulfill a State's obligation under international human rights law. It also sends a strong message that female genital mutilation is an unacceptable harmful practice and creates a positive environment for the transformation of the discriminatory gender and social norms that underpin the practice.

3. Availability of a body or inter-institutional mechanism to coordinate efforts and actors in eliminating FGM



Coordination body or mechanism: A strong governance system with clear leadership roles and responsibilities is required given the diversity of stakeholders within government whose involvement is necessary to eliminate female genital mutilation, as well as the wide range of development, humanitarian and health partners, civil society organizations, human rights defenders and faith-based organizations involved in these efforts. Ensuring coordination among the myriad of actors is paramount to ensuring optimal results and efficient use of resources, both human and financial.

2. Presence of a structured government response to address FGM



National strategy or plan: Female genital mutilation is a complex phenomenon at the intersection of culture, gender equality and health. Its elimination is not the responsibility of a single State organ (e.g. executive/judiciary/legislative) or sector (e.g. Ministry of Women/Family/Health) and requires political leadership and commitment at all levels of government. A long-term vision is needed that is rooted in a human rights-based situation analysis and articulates corresponding results, interventions, costs and indicators.

4. Effectiveness of a domestic scheme to fund FGM prevention and response



National budget lines and funding: Eliminating female genital mutilation requires financial investment and planning. UNFPA is supporting countries to cost these investments and to increase national ownership of female genital mutilation programmes. This principle derives from international human rights law whereby States have a duty to ensure progressive realization of economic, social and cultural rights¹⁰, and is a central component of the United Nations Sustainable Development Cooperation Framework. Ensuring sustainable domestic funding and strengthening government leadership is critical for eliminating female genital mutilation.

10 International Covenant on Economic, Social and Cultural Rights (article 2).

ANALYSIS OF KEY DIMENSIONS OF ENABLING ENVIRONMENTS

UNFPA used data from multiple sources in its analysis of key dimensions of enabling environments.^{11,12} Among the 31 countries with national prevalence data on female genital mutilation, the analysis identified pivotal achievements as well as critical gaps:

- **22 per cent of countries with available data do not have a law prohibiting or criminalizing female genital mutilation.**

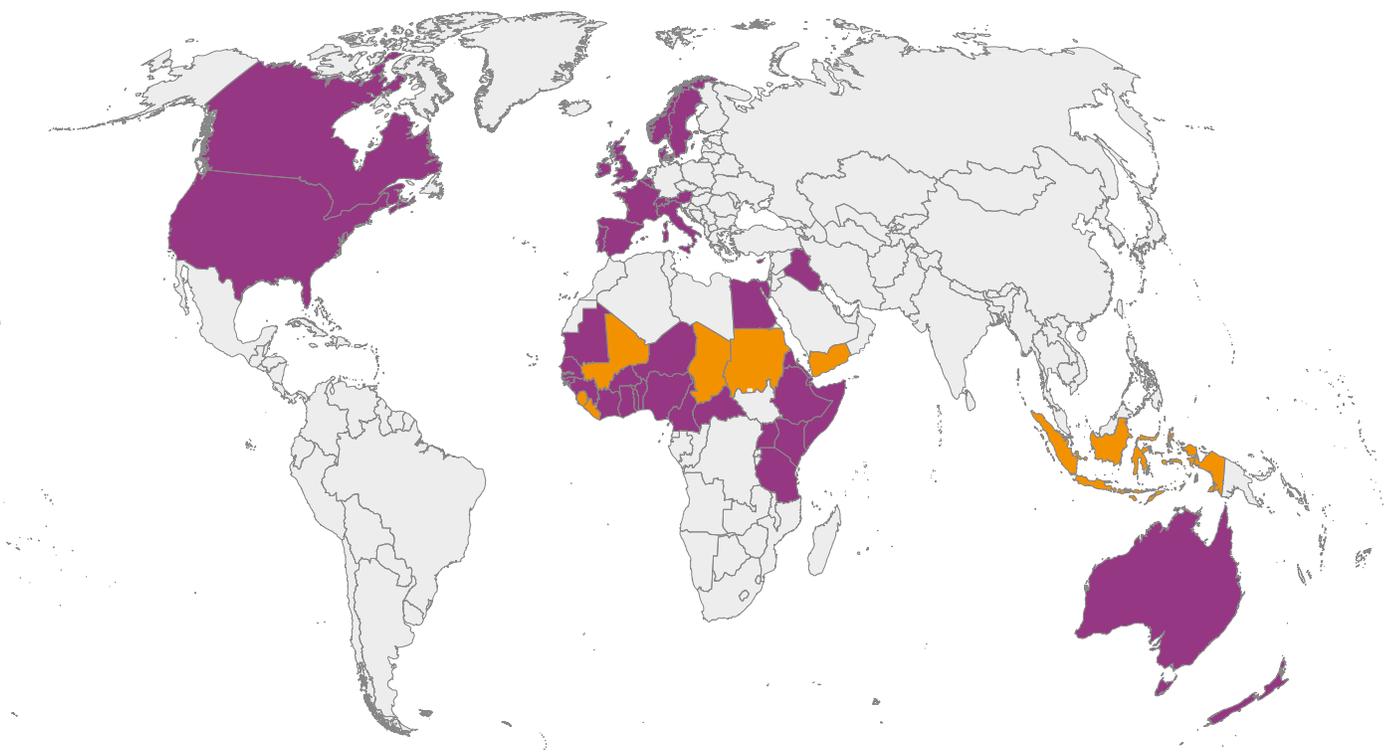
In addition, the case of two federal governments should be noted. In Nigeria, the federal government has banned female genital mutilation but individual states are still to

take measures transposing the 2015 federal act into their respective legal orders to give it effectiveness. In Somalia, although the 2012 constitution prohibits female genital mutilation, no clear definition is provided and no federal legislation articulates the constitutional prohibition to render it effective, leaving it to individual states to adopt relevant legislation.

In contrast, 78 per cent of countries with available data prohibit or criminalize female genital mutilation.

In countries that effectively prohibit female genital mutilation, strategies include prohibiting female genital mutilation in the superior law such as the constitution combined with specific legislation on female genital mutilation, harmful practices or gender-based violence amending the criminal/penal code (e.g. Cameroon,

Figure 2. Legislation on female genital mutilation globally, including in countries where it is prevalent



Legislation on female genital mutilation

- No, and female genital mutilation is prevalent
- Yes

Many individual states in the Commonwealth of Australia (6 out of 8 states between 1994-2006) have legislated to ban female genital mutilation. In the United States of America, a 2018 federal court ruling declared unconstitutional the federal law banning female genital mutilation. As of August 2020, 39 individual US states had passed legislation making female genital mutilation illegal.

11 UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, Annual report 2018 (country profiles). Available at: <https://www.unfpa.org/fgm-annual-report>

12 28 Too Many, The Law and FGM series (country profiles). Available at: <https://www.28toomany.org/thematic/law-and-fgm/>

Ghana, Guinea and Niger). Legislating specifically on female genital mutilation appears to be a signal of strong political will.¹³ Comprehensive, gender- and age-sensitive legislation encompassing prevention, sanctions and remedies can be an effective tool to ensure that at-risk populations or survivors exercise their rights to receive timely and appropriate services.

- **16 per cent of countries with available data do not have a national plan or strategy in place to eliminate female genital mutilation.**

A plan or strategy is in place in 68 per cent of countries with available data. In these countries, the main approach prioritized is the adoption of a multi-year strategy or plan, most commonly on female genital mutilation or harmful practices more broadly. Other countries include their response on female genital mutilation in national strategies or plans on gender equality, gender-based violence, reproductive health or violence against women (e.g. Gambia, Tanzania,

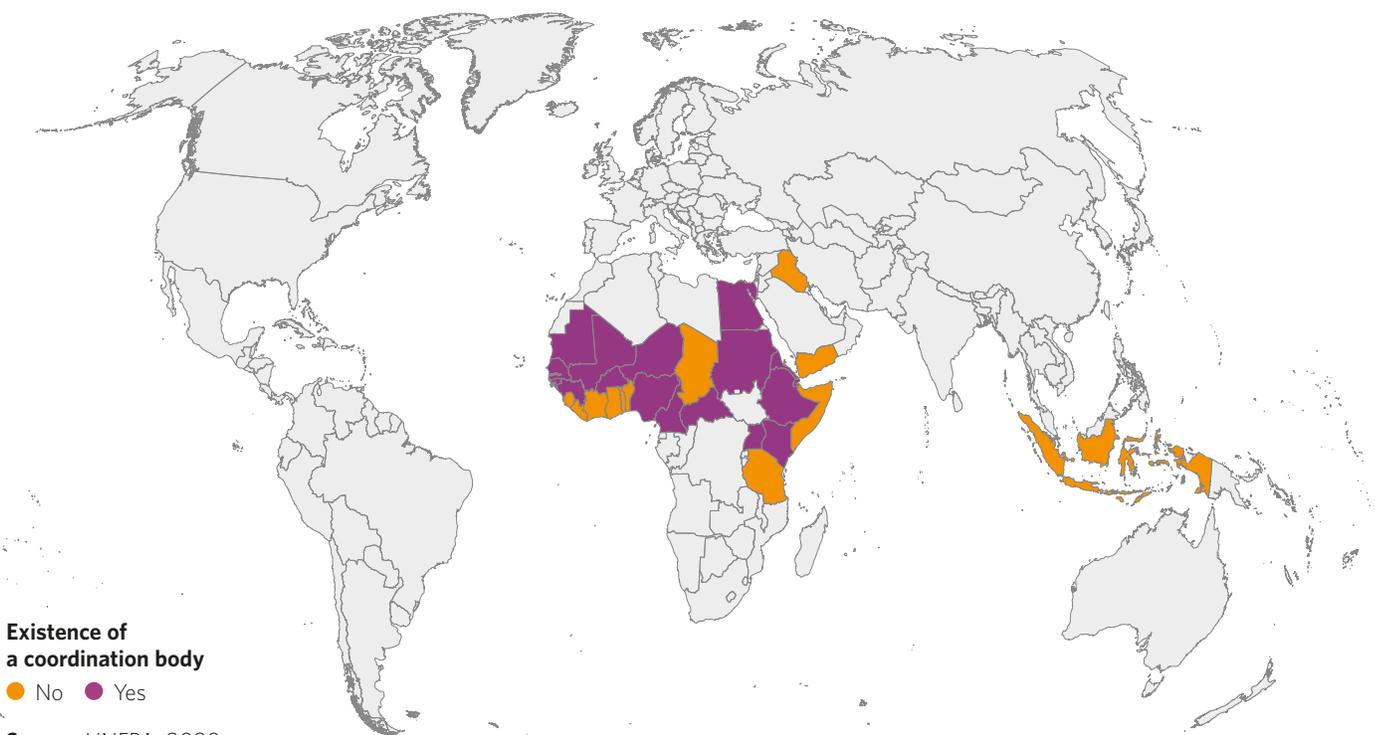
Togo and Yemen). It is essential for countries to keep updating and renewing these multi-year strategies and plans. A multisectoral response can be achieved through a multisectoral plan, the integration of female genital mutilation in the policies and plans of different ministries, and by working across sectors. Such measures should be interrelated and complementary, to avoid fragmentation and vertical interventions. For example, a national plan should be translated into sectoral policies; likewise, sectoral policies should be linked to a national plan.

- **13 per cent of countries do not have a coordination body or mechanism to align stakeholders around a common vision and streamline efforts in eliminating female genital mutilation.**

Among the 58 per cent of countries where female genital mutilation coordination is present, a number of structures are used, such as national boards, alliances, committees, working groups or task forces, often focusing on female genital mutilation or harmful

¹³ For legislation to be effective, it needs the following: definition of female genital mutilation, criminalization of its practice, criminalization of complicity to the practice, criminalization of the failure to report female genital mutilation, specific sanctions for health professionals who perform female genital mutilation or participate in its practice and criminalization of cross-border female genital mutilation.

Figure 3. Countries with a national coordination body on female genital mutilation (purple) among countries with nationally representative data



Source: UNFPA, 2020.

practices and sometimes on gender-based violence more widely (e.g. Gambia and Mauritania). Good practices are noted in replication of this coordination at local and community levels in Cameroon, Eritrea and Ethiopia and in the meaningful participation of civil society stakeholders in Nigeria.

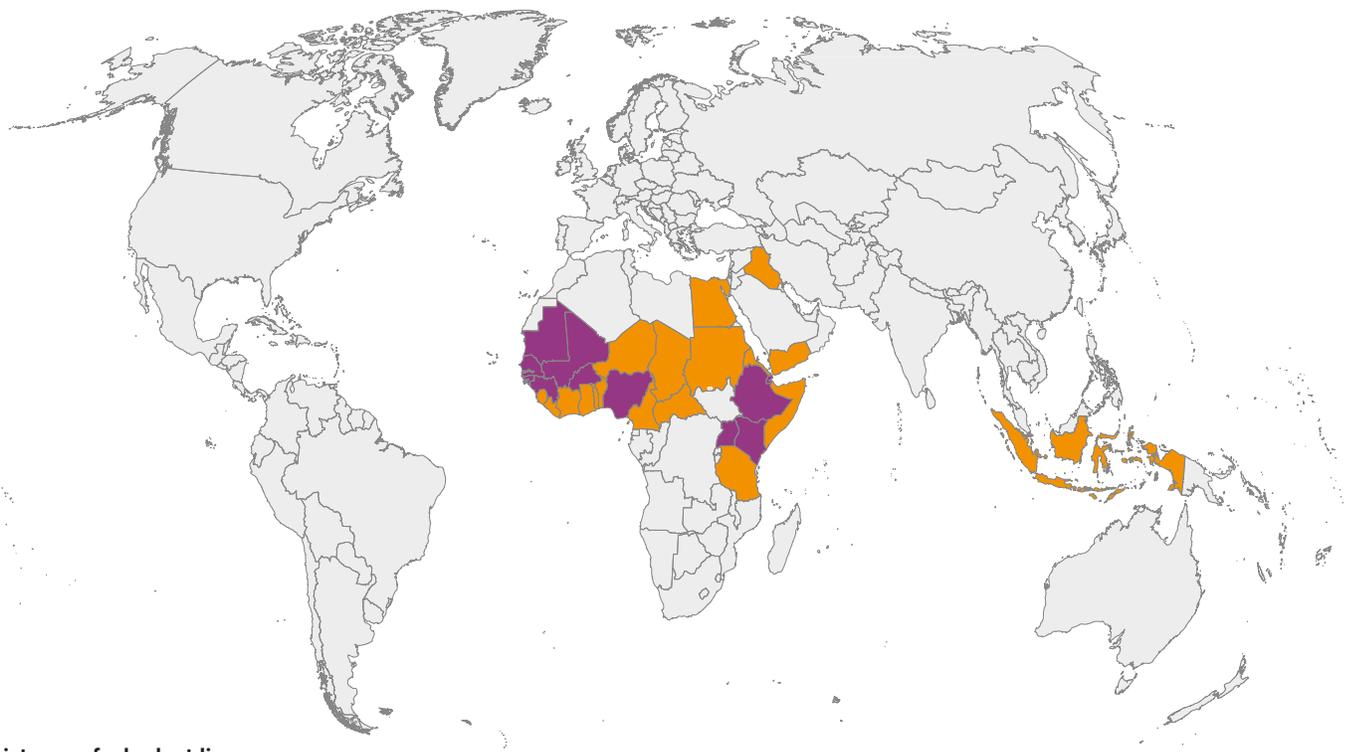
- **Information on budgetary planning and funding is often not available.**

Only 35 per cent of 31 countries analysed have dedicated budget lines and funding for eliminating female genital mutilation.

Analysis of data from six countries shows that an average of \$250,000 is allocated to female genital mutilation programmes and to support the functioning of government institutions in charge of gender-based violence and harmful practices. Of this amount, 70 per cent of funds are used for programming, equipment and human resources; 17 per cent for programming and

equipment and 17 per cent for programming only. The ministry in charge of gender, including gender-based violence and harmful practices, is the main beneficiary of female genital mutilation budget lines with 83 per cent of funds. The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change has been a particularly strong catalyst for sustaining domestic schemes to fund female genital mutilation prevention and response.

Figure 4. Countries with a national budget line for programmes against female genital mutilation (purple) among countries with nationally representative data



Existence of a budget line

- No
- Yes

Source: UNFPA, 2020.

Table 1. Key dimensions of enabling policy and legal environments*

Country	 Criminalization/prohibition	 National strategy/plan	 Coordination body/mechanism	 National budget line and funding	% FGM prevalence
Benin	Yes	Unkown	Unkown	Unkown	9.2
Burkina Faso	Yes	Yes	Yes	Yes	75.8
Cameroon	Yes	Yes	Yes	Unkown	1.4
Central African Republic	Yes	Yes	Yes	Unkown	24.2
Chad	No	No	No	No	38.4
Côte d'Ivoire	Yes	Unkown	Unkown	Unkown	36.7
Djibouti	Yes	Yes	Yes	Yes	94.0
Egypt	Yes	Yes	Yes	No	87.2
Eritrea	Yes	Yes	Yes	Unkown	83.0
Ethiopia	Yes	Yes	Yes	Yes	65.2
Gambia	Yes	Yes	Yes	No	75.7
Ghana	Yes	Unkown	Unkown	Unkown	3.8
Guinea	Yes	Yes	Yes	Yes	94.5
Guinea-Bissau	Yes	Yes	Yes	No	44.9
Indonesia	No	No	No	No	**49.0
Iraq	Yes	Unkown	Unkown	Unkown	7.4
Kenya	Yes	Yes	Yes	Yes	21.0
Liberia	No	No	No	No	44.4
Maldives	No	Unkown	Unkown	Unkown	12.9
Mali	No	Yes	Yes	Yes	88.6
Mauritania	Yes	Yes	Yes	Yes	66.6
Niger	Yes	Yes	Yes	Unkown	2.0
Nigeria	Yes	Yes	Yes	Yes	19.5
Senegal	Yes	Yes	Yes	Yes	24.0
Sierra Leone	No	No	No	No	86.1
Somalia	Yes	No	Unkown	Unkown	99.2
Sudan	Yes	Yes	Yes	Yes	86.6
Tanzania	Yes	Yes	Unkown	Unkown	10.0
Togo	Yes	Yes	Unkown	Unkown	3.1
Uganda	Yes	Yes	Yes	Yes	0.3
Yemen	No	Yes	Unkown	Unkown	18.5

* The information presented in this table reflects data available from public sources as of May 2020. Relevant Member States are encouraged to liaise with UNFPA to update this open-source database on an ongoing basis.

** For Indonesia, female genital mutilation prevalence is based on a different age cohort: girls between 0-11 years

2. Focus on selected countries

Among the 17 countries supported by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, seven countries have a comprehensive and functional national female genital mutilation monitoring mechanism. This includes national administrative data on female genital mutilation, a national coordination body on female genital mutilation and an annual implementation review system of interventions on female genital mutilation.

In Burkina Faso and Kenya, the Joint Programme has been successful in supporting the implementation of legislation criminalizing female genital mutilation using a comprehensive approach to capacity development of the judicial system, including the following measures: strengthening community surveillance mechanisms for reporting cases of female genital mutilation, establishing mobile courts, training law enforcement officers and social workers in handling cases of female genital mutilation, and providing access to justice through free legal services for girls and women at risk

of female genital mutilation and survivors of female genital mutilation.

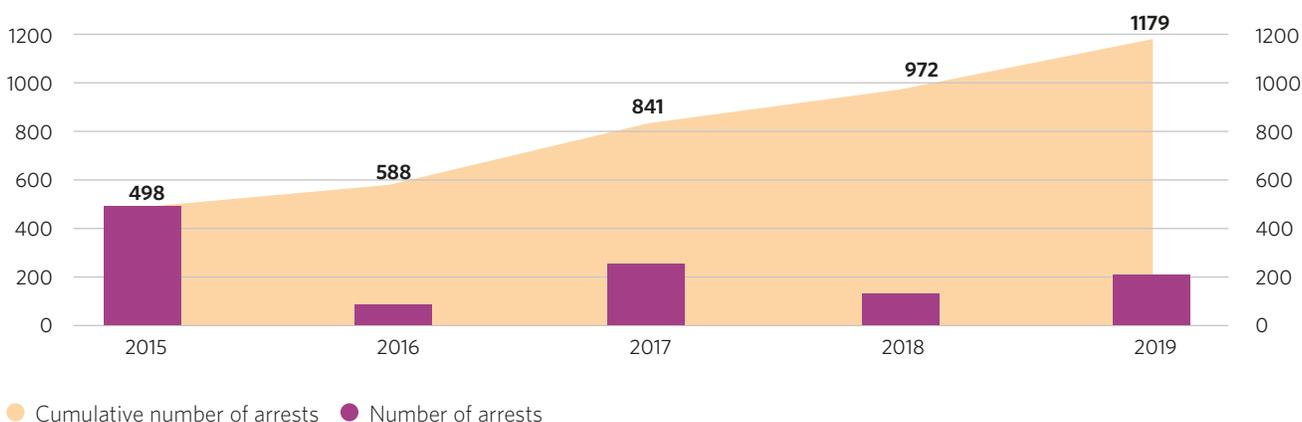
In Burkina Faso, the Joint Programme has also supported the development of a national female genital mutilation intervention protocol to ensure reporting, case management, and coordinated referrals for the provision of appropriate and timely health, legal and psychosocial support services.

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change is readily monitoring law enforcement indicators for Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, Nigeria, Uganda and Yemen.

In the following figures, performance status for key indicators relating to enabling environments is presented: arrests per year, cases brought to court, convictions and sanctions, and enforcement of legislation.

PERFORMANCE STATUS OF KEY INDICATORS

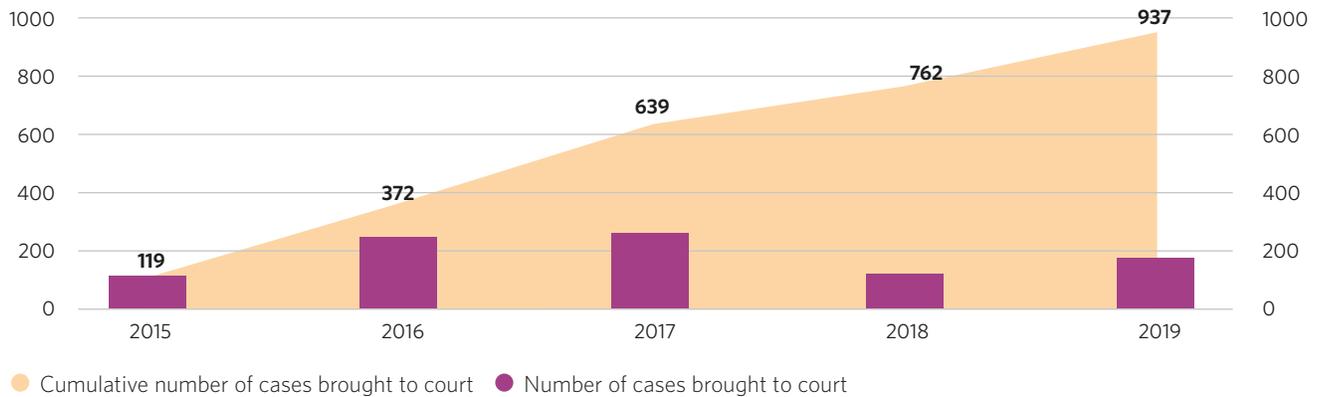
Figure 5. Number of arrests per year and cumulative from 2015 to 2019 in selected countries*



Source: Database of the UNFPA-UNICEF Joint Programme, 2019.

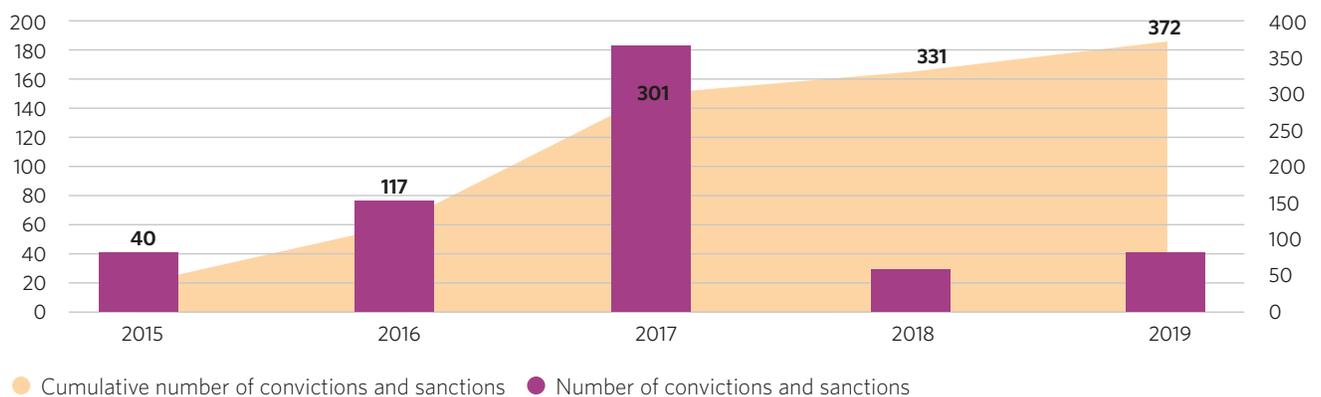
* Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan, Nigeria, Uganda and Yemen

Figure 6. Number of cases brought to court per year and cumulative from 2015 to 2019 in selected countries



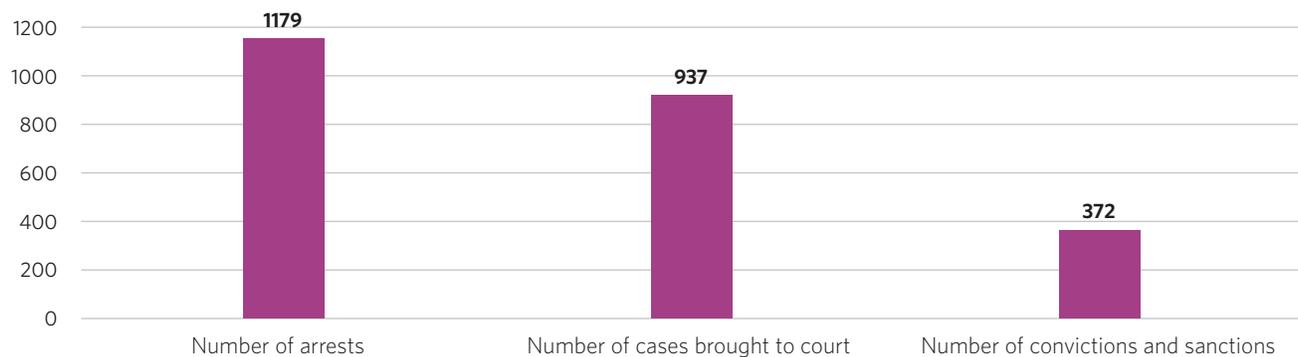
Source: Database of the UNFPA-UNICEF Joint Programme, 2019.

Figure 7. Number of convictions and sanctions per year and cumulative from 2015 to 2019 in selected countries



Source: Database of the UNFPA-UNICEF Joint Programme, 2019.

Figure 8. Enforcement of female genital mutilation legislation in selected countries



Source: Database of the UNFPA-UNICEF Joint Programme, 2019.

3. COVID-19 is disrupting progress

Achieving the Sustainable Development Goals by 2030, including the elimination of female genital mutilation, may prove difficult and is likely to be disrupted due to the COVID-19 pandemic. During the Ebola outbreak, evidence from Sierra Leone showed that more women died of obstetric complications than of the disease itself because resources were diverted away from sexual and reproductive health care, which was deprioritized at the time. As seen during the Ebola crisis, national strategies on the reduction of female genital mutilation might be deprioritized and halted. Instead, the aim of the COVID-19 response should be to prioritize access to prevention, protection and care services, including psychosocial support.¹⁴

- **Recent projections from UNFPA estimate that due to pandemic-related disruptions in prevention programmes, 2 million additional cases of female genital mutilation could occur over the next decade that would otherwise have been averted.¹⁵**

Emergency responses to COVID-19 that fail to incorporate a gender lens are likely to exacerbate long-lasting negative effects on gender equality.¹⁶ High-level advocacy strategies can help to ensure the continuity of positive trends.

Figure 9. COVID-19 may have a far-reaching impact on ending female genital mutilation



14 Bjälkander, Owolabi & Nordenstedt, Helena & Brolin, Kim & Ekstrom, Anna. (2016). FGM in the time of Ebola—carpe opportunitatem. *The Lancet Global Health*. Open Access Published: July 2016. DOI: [https://doi.org/10.1016/S2214-109X\(16\)30081-X](https://doi.org/10.1016/S2214-109X(16)30081-X).

15 UNFPA (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia), 27 April 2020. Available at: <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

16 COVID-19: *What does this mean for Gender?* International Geneva Champions, Dr. Tedros Adhanom Ghebreyesus, WHO Executive Director, March 23, 2020). Available at: <https://genderchampions.com/news/covid-19-what-does-this-mean-for-gender>

Given the rapidly changing operational context and availability of partners, the Joint Programme organized an exchange with its regional and country offices to better inform programming. Staff in Kenya reported an increase of cases of female genital mutilation due to shifts in the female genital mutilation season as well as to lack of surveillance. This is also consistent with reports out of Somalia during the pandemic.¹⁷ Many women and girls are facing greater barriers to access appropriate and timely prevention, care and protection services.

UNFPA and UNICEF are promoting a locally contextualized, multi-stakeholder and coordinated response to the increased vulnerability of girls and women in order to build their resilience.

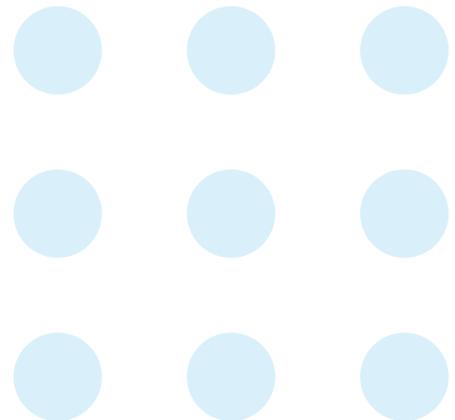
These solutions encompass the use of a number of approaches:

- empowering youth for awareness-raising on social media;
- supporting community-based surveillance systems;
- promoting new partnerships and/or synergies in the humanitarian response; and
- strengthening remote or mobile services and referral pathways.



2 million additional cases of female genital mutilation could occur over the next decade that would otherwise have been averted due to pandemic-related disruptions in prevention programmes

The Joint Programme is supporting 17 UNFPA and UNICEF country offices to prepare for and respond to COVID-19 by identifying and/or strengthening key partnerships to engage in COVID-19 national preparedness and response plans or in humanitarian coordination mechanisms. This work is in line with the World Health Organization's COVID-19 Strategic Preparedness and Response Plan and related operational guidelines.¹⁸



¹⁷ Reuters, Huge FGM rise recorded in Somalia during coronavirus lockdown, 18 May 2020 (Guardian), available at: <https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis>

¹⁸ World Health Organization, COVID-19 Strategic Preparedness and Response Plan (2020), available at: <https://extranet.who.int/sph/covid-19-strategic-preparedness-and-response-plan-operational-planning-guidelines-support-country>

Recommendations

To create and strengthen an enabling environment for impactful interventions addressing female genital mutilation, national governments are encouraged to take appropriate action in the following areas:

- 1. Ensure systematic collection of nationally representative and disaggregated prevalence data** in all countries where female genital mutilation has been reported and continue to sustain the global profiling of this issue.
- 2. Adopt legislation prohibiting and criminalizing female genital mutilation and ensure its effectiveness** by providing for and enforcing criminal sanctions to guarantee accountability for direct and indirect perpetrators.
- 3. Put in place national strategies and plans to implement a comprehensive, rights-based, gender-responsive, and multisectoral approach** that support ending female genital mutilation at community, local and national levels, while ensuring access to FGM-related services by at-risk populations and survivors.
- 4. Establish functional national coordination mechanisms** to actively engage various stakeholders in a systematic and complementary manner towards the elimination of female genital mutilation, including through prevention, care and protection for at-risk populations and survivors.
- 5. Introduce national and local budget lines** to support initiatives addressing female genital mutilation in efforts **to increase domestic investment** for scaling up and tailoring interventions at different levels, including within the devolution system.
- 6. Ensure that female genital mutilation prevention and response is mainstreamed in COVID-19, humanitarian and emergency preparedness and response plans** and integrated in coordination mechanisms as part of the continuum of essential services for gender-based violence across the humanitarian-development nexus.
- 7. Actively engage and empower youth, adolescents and women's groups** as advocates for eliminating female genital mutilation in their communities and enhance their role in strengthening social accountability at local and national levels.



UNFPA AND UNICEF ARE WORKING TOGETHER TO END FEMALE GENITAL MUTILATION

UNFPA, the United Nations Population Fund, and UNICEF, the United Nations Children's Fund, are implementing an initiative to end female genital mutilation in one generation. Launched in 2008, the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change works with communities in 17 countries to transform social norms from within, while partnering with governments to promote laws banning the practice and to ensure that girls have access to quality services for child protection and sexual and reproductive health.

ACKNOWLEDGEMENTS

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