

GLOBAL PLATFORM FOR ACTION TO END FGM/C

POLICY BRIEFING for LEADERS OF ACTION COALITION 1 on GBV GENERATION EQUALITY FORUM

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Background

Female Genital Mutilation/Cutting (FGM/C) is internationally recognised as a gross violation of human rights, a form of violence against women and girls, and a manifestation of gender inequality. However, over 200 million women are affected by the harmful practice worldwide. And this global figure is only based on prevalence estimates from 31 countries, despite FGM/C being present in over 90 countries.¹ As this presents an incomplete picture of this global phenomenon, more urgent international action must be taken globally, in order to truly tackle FGM/C.

Despite the successes of programmes tackling this practice in the past years, according to 2018 UNFPA data, if population trends continue in the direction they are currently moving in, 68 million girls worldwide will be at risk of FGM/C by 2030, with the yearly increase expected to rise from an estimated 4.1 million in 2019 to 4.6 million per year by 2030. Further, due to the interruption and delays in programmes to end FGM/C, an additional 2 million cases of FGM/C may occur over the next decade than would have otherwise occurred.² **The international community must continue to be a champion for women's rights and against gender-based violence (GBV) worldwide, to ensure women and girls can thrive and fulfil their full potential.**

This is why the Global Platform for Action to End FGM/C welcomes the focus of Action Coalition 1 on ending GBV. The priority areas, concrete actions, targets and sub-targets contained in the Blueprint launched at the Generation Equality Forum in Mexico City are very important, and relevant also to eliminate FGM/C as a form of GBV.

Indeed, eradicating FGM/C globally requires a multi-pronged approach including: 1) creating an enabling policy, legal and resource environment; 2) adapting and scaling up evidence-based prevention programming; 3) expanding comprehensive, accessible and quality services for survivors; and 4) enabling and empowering girl and women-led organisations to exercise their expertise.

¹ For further information on the global nature of FGM/C, please refer to the recent report of the End FGM European Network, the US End FGM/C Network and Equality Now on "[Female Genital Mutilation/Cutting: A call for a global response](#)".

² UNFPA, [Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic](#), 28 April 2020.

It would be important to pay specific attention under all these chapters to ending FGM/C and supporting survivors of FGM/C. In particular, as the Global Platform for Action to End FGM/C, we identified three key recommendations under each of the four priorities within the Action Coalition 1 Blueprint. Some of them are clearly reflected in the Blueprint, which we commend, while others are unfortunately missing. While going through all of them, we will particularly highlight those that we think would be crucial to address in a truly gender-transformative Blueprint ensuring long-term and sustainable impact.

1. Create an enabling policy, legal and resource environment for the elimination of GBV against women and girls in all their diversity

Only 51 countries across the world have specifically addressed FGM/C within their legal framework (whether in a standalone anti-FGM/C law or through specific provisions in existing laws). Many countries which have laws prohibiting FGM/C fail to effectively implement or enforce these laws, sufficiently resource anti-FGM/C policies or implement holistic action plans aimed at preventing, addressing and raising awareness on FGM/C. Eradicating FGM/C globally requires strengthened legal frameworks and comprehensive, multisectoral policy interventions to prevent and protect women and girls from FGM/C.

Key Recommendations:

- **Strengthen global political commitment towards ending FGM/C.** Recognize FGM/C as a gross violation of human rights, a form of gender-based violence, and a manifestation of gender inequality. Implement a zero-tolerance policy for FGM/C, irrespective of the type or form of FGM/C practiced or the perceived severity of the cutting.
- **Prioritize ending FGM/C within national legal frameworks.** National laws should recognize FGM/C as a human rights violation and a form of gender-based violence, and prohibit FGM/C throughout the country, including cross-border cutting. Encourage effective enforcement and implementation of existing anti-FGM/C laws.
- **Mainstream FGM/C Interventions using a multi-sectoral approach.** Mainstream FGM/C interventions into gender-based violence, health and development programming, as well as crisis response and recovery. Adopt comprehensive national action plans involving all relevant stakeholders in the elimination of FGM/C and provision of care and protection for survivors; including ensuring necessary budgetary allocation.

We welcome the specific target on FGM/C put in this first priority, aiming at introducing legal prohibitions and policy measures against FGM/C in three quarters of countries where FGM/C is known to be practiced by 2026. However, we would like to stress the importance of *ensuring that this target takes into account all countries where FGM/C is known to be practised across the globe*³, and is not limited to only the 31 countries which have national prevalence data on FGM/C. Of the 31 countries which have national prevalence data on FGM/C, 24 (i.e. around 77%) already have in place laws against FGM/C, which would render this target infructuous unless all countries which have some evidence of the practice of FGM/C are taken into account.

³ The recent joint report on "[Female Genital Mutilation/Cutting: A call for a global response](#)" notes that there are at least 91 countries where FGM/C is known to take place.

2. Adapt and Scale up evidence driven prevention programming for the elimination of GBV against women and girls in all their diversity

Historically, there has been limited funding for FGM/C-related research and prevention strategy development. Despite recent advocacy efforts around FGM/C abandonment on a global scale, a lack of funding continues to be a significant barrier to eradication. Additionally, a shortage of scientific data as well as the monitoring and evaluation of interventions and strategies, has created a significant gap in knowledge regarding best practices for addressing FGM/C. Oftentimes available data is context-specific and is therefore not generalizable to the larger population. Due to these limitations, building evidence-based programs is made more challenging and difficult to implement.

Key Recommendations:

- **Strengthen the evidence base and fill the knowledge gap through critical research on FGM/C**, including on survivors' specific needs, impact on economic empowerment, and behaviour change around emerging trends such as medicalisation, cross-border FGM/C and lower ages of cutting. Use community-based participatory approaches within research efforts and ensure that research results and data are synthesised for communities to use to build evidence-based programming and ensure the effective implementation of prevention efforts.
- **Increase global funding opportunities** for public and private organizations working towards ending FGM/C. Funds should be flexible, sustainable and accessible for communities and grassroot organizations, and capacity building should be provided as well as networks. It is important that these resources overcome geographical barriers and are invested in countries and communities that have not traditionally been prioritized, including in Asia and the Middle East.
- **Scale up implementation for comprehensive, evidence-based prevention strategies to eradicate FGM/C** by linking advocacy, policy, research, civil society, and health infrastructure sectors. Enhance the integration of GBV programming into existing government structures and programs. Prioritize the participation of men and boys in prevention strategies, as they play a pivotal role in addressing FGM/C, in addition to incorporating FGM/C prevention into crisis responses and humanitarian settings.

We regret to see that, while increasing funding at global level and scale up implementation of preventive strategies are two concrete actions included in the Blueprint, there is a clear lack of attention to *substantially investing in research and data collection around FGM/C*. This is one of the key challenges around this harmful practice at global level, and it would be key to inform preventive and protective strategies based on sound and representative studies. This also includes investments in monitoring and evaluation of projects.

3. Scale up comprehensive, accessible, and quality services for survivors of GBV against women and girls in all their diversity

At least 200 million women and girls in over 31 countries in the world live with the lifelong consequences of FGM/C, and even these alarming figures are inadequate as they do not take into account over 60 countries where FGM/C is known to take place. Moreover, ⅓ of the top 15 countries for FGM/C prevalence worldwide are humanitarian and emergency contexts, where

services for survivors of FGM/C are hugely deprioritised⁴. All these women and girls are survivors of a harmful practice and must be able to access equal standards of tailored support and care, including physical, psychological and sexological services, regardless of where they live. Support should also ensure safe spaces for survivors, and be tailored to address all intersecting forms of discrimination women and girls in all their diversity might face. This is paramount to empower these women and girls and support them throughout their lives.

Key Recommendations:

- **Ensure provision and accessibility of services for FGM/C survivors**, including in humanitarian settings, through: making information understandable and available, including through the inclusion and adequate funding of community health workers; tackling geographical barriers that might restrict access to services; ensuring services for survivors are financially affordable; removing obstacles for survivors in an irregular migration/residence status to access needed services by promoting universal health coverage; ensuring they are adapted and sensitive for women and girls in all their diversity.
- **Prioritise and significantly increase investments towards FGM/C survivors' wellbeing** in various forms, including security and protection for survivors, care and self-care, providing safe spaces to share their experiences and ensure their physical health and emotional wellbeing are protected and prioritised, including in humanitarian settings.
- **Scale up funding to systematically train professionals in all relevant sectors** (such as health, social work, asylum, education including sex education, law enforcement, justice, child protection, media and humanitarian professionals) on how to effectively respond to cases of FGM/C in a human rights based, gender-, age- and culturally-sensitive way, and ensure adequate and holistic care and protection for survivors.

We appreciate the emphasis on getting countries to implement multi-sectoral action plans on GBV, which have also been successful in combating FGM/C, as well as the concrete action to implement training and capacity building programs for law enforcement personnel and healthcare providers. It would be crucial to ensure that these training and capacity building programs also include FGM/C within their scope, as FGM/C is often omitted from the scope of GBV programming, particularly in countries where FGM/C is not considered as a priority issue. However, by only training professionals, the issue of accessibility will not be addressed. Services might be available and of high quality, but if women and girls encounter multiple barriers to make use of them (such as geographic, financial, administrative, cultural, etc.), they will be pointless. More attention should be given to *ensuring improvement of accessibility of services for FGM/C survivors*, and *increasing investment towards survivor well-being*. A focus on ensuring continued provision of quality services to FGM/C survivors in humanitarian settings is also necessary.

⁴ See the report [Preventing and Responding to Female Genital Mutilation in Emergency and Humanitarian Contexts](#), December 2020.

4. Autonomous Girl-Led & Women's rights organisations are enabled and empowered to exercise their expertise in addressing GBV against women and girls in all their diversity

The estimated global cost of ending FGM/C in 31 countries alone between 2020 and 2030 stands at \$2.4 billion, but only 11% of development assistance funding has been made available to meet this goal.⁵ In 2016, 2017 and 2018, funding for all forms of gender-based violence accounted for merely 0.12% of all humanitarian assistance. As a practice that is held in place and upheld by harmful social and gender norms, the most sustainable and effective interventions to end FGM/C are community-led.⁶ Centralising and supporting grassroots and women and girls-led organisations will allow us to fundamentally disrupt systemic inequalities and harmful social and gender norms by reinforcing and empowering women as active agents of change, to ensure responsive and contextually relevant interventions,⁷ and to foster sustainability and scalability in the longer term to achieve the full abandonment of all forms of FGM/C.

Key recommendations:

1. **Urgently increase the provision of flexible, sustainable and accessible funding to grassroots and women-led organisations working to end FGM/C.** This must include greater provision for emergency, flexible cash-based assistance during humanitarian crises, and should be made available to those from regions not traditionally prioritised for funding for FGM/C.
2. **Significantly strengthen provisions for capacity building and technical assistance to grassroots and women and girls-led organisations** to support and expand new forms of programmatic activity and innovation towards ending all forms of FGM/C in all regions and countries where the practice is prevalent.
3. **Ensure the leadership and meaningful participation of women and girls,** including survivors of FGM/C, within discussion, design and implementation of all actions to ensure gender equality. This will ensure that the voices of those most affected by FGM/C are leading and owning effective, sustainable and context-specific solutions to end all forms of FGM/C.

We welcome the clear commitment towards increasing both international and national funding for girl-led and women's rights organizations; as well as ensuring the leadership and meaningful participation of women and girls in national and international decision-making. However, the actions have failed to highlight the importance of ensuring that GBV and FGM/C survivors are included in decision-making about policies that most affect them. Further, in addition to increase in funding, *women and girls-led organisations require capacity-building support and technical assistance*, which should be reflected in the concrete targets and not just the tactics for Action 4. Finally, it would be crucial to highlight the importance of *supporting and increasing funding towards women and girls-led grassroots and community-based organisations as a top priority*, rather than mainly focusing on big and well established women's rights NGOs.

⁵ UNFPA (2020) 'Costing the three transformative results'

⁶ UNICEF (2010) 'The Dynamics of Social Change: Towards the abandonment of FGM/C in five African countries, Innocenti Insights'

⁷ ActionAid (2020) 'Creating lasting impact: The power of women-led localised responses to COVID-19'

Conclusions and overall recommendations

The Blueprint of Action Coalition 1 could strengthen a few elements which would be instrumental to ensure its truly transformative effectiveness when combating FGM and supporting survivors. These are the following:

- **Priority 1:** Ensure that the $\frac{3}{4}$ target of countries introducing legislation on FGM/C is based on the over 90 countries where FGM is known to happen.
- **Priority 2:** Add a target ensuring substantially increased investments in research and data collection around FGM/C and monitoring and evaluation of prevention projects.
- **Priority 3:** Add a target on increasing accessibility of services for FGM/C survivors and scale up investments towards survivors' wellbeing, including mental health.
- **Priority 4:** Add a target on capacity building for women and girls-led organisations and include as primary objective of this priority grassroots and community-based women and girls-led organisations.

About the Global Platform for Action to end FGM/C

The Global Platform for Action to End FGM/C is composed by 12 non-governmental organisations operating worldwide: Amref Health Africa, Coalition on Violence Against Women, End FGM Canada Network, End FGM European Network, Equality Now, Orchid Project, Sahiyo, The Girl Generation, The Inter-African Committee on Traditional Practices, The US End FGM/C Network, There Is No Limit Foundation and Tostan.

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