



A RESEARCH AGENDA TO STRENGTHEN EVIDENCE GENERATION AND UTILISATION TO ACCELERATE THE ELIMINATION OF FEMALE GENITAL MUTILATION



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Dennis Matanda

Population Council, Kenya

Esther Lwanga Walgwe

Population Council, Kenya

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FOREWORD

Evidence from nationally representative surveys shows that a girl today is about one third less likely to be subjected to female genital mutilation (FGM) compared with 30 years ago. In addition, data from 31 countries with a history of this practice indicate that FGM has dropped by one quarter in the last 20 years. Nonetheless, rapid population growth, coupled with ongoing insecurity and humanitarian crises (including the COVID-19 pandemic) in Africa and the Middle East threatens to roll back progress. Other noted threats include medicalization of the practice and it being performed at an increasingly young age.

As the Sustainable Development Goals (SDG) target of zero new cases of FGM by 2030 approaches, a focus on the utility of research for programming, policy development and resource allocation is critical. As part of the United Nations Member States' commitment to eliminating all harmful practices, including FGM, by 2030, the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change will be launching its Phase IV programme in 2022. For this phase intervention activities will focus on accelerating collective and multisectoral action by mobilizing a broad spectrum of actors across communities and at the national, regional and global level. This will go hand in hand with strengthening the mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, advance gender equality and increase women's decision-making. Together, our ultimate goal is a world free from FGM and where every woman and girl has voice, choice and agency.

There must be investments in the generation and use of evidence to strengthen efforts to end FGM as we seek to design effective interventions to halt the practice. This global research agenda, developed by UNFPA, UNICEF, WHO and the Population Council, Kenya – in consultation with key stakeholders – will support and enable evidence-based programming. The agenda outlines the evidence gaps that need to be addressed and provides approaches to enable uptake and effective use of the evidence generated. It is our hope that this agenda will help fast-track the elimination of FGM by directing investments in this much needed research. It will also assist in narrowing the gap between research generation and uptake in programming, policy development/implementation and resource allocation at all levels for a multisectoral effort to accelerate achievement of SDG target 5.3.



Dr. Nafissatou Diop

Chief of Gender and Human Rights Branch,
UNFPA



Mr. Cornelius Williams

Director of Child Protection,
UNICEF



Dr. Soumya Swaminathan

Chief Scientist,
WHO



Dr. Beth Kangwana

Executive Director
Population Council, Kenya

ACRONYMS

CHNRI	Child Health and Nutrition Research Initiative
COVID-19	Coronavirus Disease 2019
DfID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
FGM	Female Genital Mutilation
Joint Programme	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise
NGO	Non-Governmental Organisations
OHCHR	Office of the High Commissioner for Human Rights (OHCHR)
REA	Rapid Evidence Assessment
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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INTRODUCTION



- **Background**
- **Rationale for a Research Agenda to Address Evidence Gaps in FGM Programming**
- **Purpose, Scope, and Audience for this Agenda**

Background

The World Health Organisation (WHO) has classified female genital mutilation (FGM) into four broad categories: FGM Type I, also called clitoridectomy (partial or total removal of the clitoral glans and/or the prepuce); FGM Type II, also called excision (partial or total removal of the clitoral glans and labia minora, with or without excision of the labia majora); FGM Type III, also called infibulation (narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris; in most instances, the cut edges of the labia are stitched together); and FGM Type IV, which includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterisation (Office of the High Commissioner for Human Rights [OHCHR] et al 2008).

More than 200 million girls and women alive today have undergone FGM in 31 countries with nationally representative data in Africa, the Middle East and Asia (UNICEF 2020). This is most likely an under-representation as FGM may be present in more than 90 countries globally (Cappa, Van Baelen, and Leye 2019). While girls are one third less likely today to undergo the harmful practice than 30 years ago, rapid population growth in some of the world's poorest countries where FGM persists threatens to roll back

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