

## Capability Statement: Female Genital Mutilation (FGM) Programming

Female genital mutilation (FGM) is an extreme form of violence and discrimination against women and girls, violating their human rights and limiting their ability to realize their full potential. Rooted in harmful gender norms, it is largely used to control women's sexuality. FGM is contrary to IPPF's vision of a world in which sexuality is recognized as a natural and precious aspect of life.

IPPF is committed to advocating for the eradication of FGM and providing quality healthcare and support to survivors. This vital work is part of our Come Together Strategy (2023-2028), and our Gender Equality Strategy and Implementation Plan.<sup>i, ii</sup>

### FGM: A global concern

Female genital mutilation violates women's and girls' bodily integrity, often affecting their whole lives.

FGM includes actions that intentionally alter or cause injury to female genital organs for non-medical reasons. The practice has no health benefits. It can result in immediate, short and long-term physical, and sexual and reproductive health consequences, including infections, chronic pain, menstrual problems and haemorrhage. FGM also increases the risk of HIV transmission, anxiety and depression and complications in childbirth.

- Worldwide, over 230 million girls and women alive today have undergone FGM: this represents a 15 per cent increase compared to 2016.<sup>iii</sup>
- Female genital mutilation is almost universal. Although the United Nations' joint global program is only concentrated in 30 countries in Africa and the Middle East, it is also practiced in some countries in Asia and Latin America. The practice continues to persist amongst immigrant populations living in Western Europe, North America, Australia and New Zealand.<sup>iv</sup>
- Healthcare for women experiencing conditions caused by FGM in 27 high prevalence countries would cost USD 1.4 billion per year.<sup>v</sup>
- The medicalization of the female genital mutilation is widely recognised as a contributing factor driving its global increase. This trend is emerging as a universal obstacle, as it introduces new groups to become victims of this practice and reinforces the misconception that FGM performed by healthcare worker is less harmful. Several studies have shown that girls subjected to medicalized FGM often experience infibulation, and the most severe forms of cutting which involve the removal of their clitoral glans and labia minora. Studies have also shown that medical professionals who carry out these procedures often cause more harm and are more vigorous in the practice methods.<sup>vi</sup>

### Our approach

Internationally and regionally, IPPF supports the global movement to end FGM through partnerships and advocacy, by sharing knowledge and providing guidance and support to Member Associations (MAs) working in affected areas. IPPF's approach is informed by current evidence on good practices for ending FGM: a community-led approach, providing rights-based healthcare with a focus on integrated, client-centred sexual and reproductive health services, and an emphasis on engaging all stakeholders.

To change attitudes and norms, we offer comprehensive sexuality education in and out of school that informs young people (and their parents) of the dangers of FGM. Advocacy across sectors, including healthcare providers and religious leaders as well as policymakers, donors and NGOs, to change practices, policies and laws is equally critical.

## **IPPF's ending FGM programming**

Over 40 Member Associations are involved in FGM programming globally working in partnership with a wide range of civil society organizations, women's groups and public authorities. IPPF core funding supports most FGM programmes, while targeted funding for IPPF's work to end FGM has supported MAs in Egypt, Yemen, Chad, Indonesia, Djibouti, Mauritania, Somaliland and Sudan.

### **Centre of Excellence on FGM**

IPPF's Centre of Excellence for the Elimination of FGM is a pioneer in the provision of capacity building, advocacy, care and education. Launched in Mauritania in 2019 by IPPF MA, Association Mauritanienne pour la Promotion de la Famille (AMPF) in partnership with the Arab World Regional Office, its scope includes:

- Offering expert guidance and support to MAs and healthcare providers.
- Disseminating knowledge, generating evidence on best practices and drawing attention to FGM regionally and globally.
- Supporting women and girls who have undergone the trauma of FGM. The centre brings together FGM champions who are globally self-identified FGM survivors who joined the centre (voluntary) to share their lived experiences, participate in strategic meetings to tailor global advocacy messaging and help other survivors' healing journey.
- Leading advocacy initiatives to mobilize commitment to end FGM. This includes facilitating a workshop in July 2022 – in collaboration with IPPF Arab World Regional Office and AMPF – at which nine religious leaders (Muslims and Christians) issued a declaration that pledged to end FGM as a harmful practice and affirmed that it is not a religious requirement.<sup>vii</sup>

Progress to end FGM remains slow, yet change is possible. Case studies below illustrate the innovative strategies that MAs have adopted within their own contexts to combat this harmful practice.

### **Reaching marginalized women and girls in Sudan**

Even in the face of ongoing conflict, the Sudan Family Planning Association (SFPA) continues to advocate for the elimination of FGM. The MA has extended the reach of its awareness-raising campaigns in the country. By using local dialects, SFPA has been able to communicate effectively with target audiences within various regions and tribes. The MA has created safe spaces for dialogues between married young women and girls and adult gatekeepers, such as mothers and mothers-in-law. SFPA has also conducted outreach sessions on FGM and early and forced marriage, where a short film was shown on the psychological trauma of FGM.

To increase the availability of essential sexual and reproductive health services and information, the MA introduced a toll-free number. This has promoted awareness within communities and enabled SFPA to reach and serve more marginalized people living in remote areas.

### **Shifting harmful gender norms in Mauritania**

Across the country, AMPF has made great strides in tackling FGM. AMPF has provided loans to 60 practitioners of FGM in five regions, encouraging them to seek alternative livelihoods and abandon FGM. Engaging practitioners has also helped amplify advocacy messages within their own communities.

The MA has also offered loans to 340 survivors, sparking hope and creating new opportunities for the future. Thanks to AMPF, 1,600 survivors of FGM, who took part in community-based awareness sessions, have received clinical and psychological support and care.

The MA has raised public awareness of the dangers of FGM by broadcasting radio shows that reach communities in remote areas. To shift harmful gender norms, AMPF has empowered women and girls with knowledge of their rights and successfully engaged men and boys as agents of change.

## Tools to support FGM prevention and management

IPPF has developed a number of publications to support the work of MAs and other organizations, including:

1. [International Medical Advisory Panel \(IMAP\) statement on the elimination of female genital mutilation](#) (2015)<sup>viii</sup>. The statement outlines the prevalence, practice and outcomes of FGM and its implications for human rights. It also recommends ways in which MAs can address the issue.
2. [Addressing the needs of women and girls affected by female genital mutilation in service delivery facilities: A handbook for sexual and reproductive health organizations](#) (2018)<sup>ix</sup>. Building on WHO recommendations, this handbook offers guidance on providing FGM-related care (prevention, screening and physical and mental healthcare) in sexual and reproductive health facilities.
3. [FGM theory of change](#) (2023). Combining best practices and lessons learned, the theory of change seeks to guide coordinated efforts and drive meaningful progress towards eradicating FGM and safeguarding the rights and well-being of women and girls.<sup>x</sup>
4. [FGM success stories: the veiled truth](#) (2023).<sup>xi</sup> Inspirational success stories from five countries (Egypt, Mauritania, Somaliland, Sudan and Yemen) highlight significant achievements and effective strategies to end FGM.
5. [Framework to accelerate the elimination of female genital mutilation](#) (2024).<sup>xii</sup> The framework builds on the experience of the Centre of Excellence and theory of change to eliminate FGM. IPPF has also developed a set of indicators to accompany the framework.

## Advocacy

IPPF has a significant input to relevant debates and resolutions on FGM at the UN Human Rights Council and General Assembly. As part of this process, IPPF Secretariat gathers information from Member Associations to inform its position and develop key advocacy messages.

Many MAs are engaged in advocacy to end FGM within their own countries. For example, the Somaliland Family Health Association (SOFHA) is an active member of the national FGM taskforce. The MA contributed to the Somaliland National Anti-FGM Policy, which was approved in 2024, including proposing indicators for FGM that were adopted by the government.

## IPPF's contribution to ending FGM

Through a network of almost 31,700 service delivery points across the world, operating in under-served areas, IPPF is uniquely placed to serve marginalized girls and women who have undergone FGM and address many of the short and long-term health consequences of FGM. Through our established partnerships and alliances, we are a powerful advocate for the elimination of this harmful practice. Many MAs in affected areas have focused their work on achieving a first generation of FGM-free girls.

Our value-added includes:

- MAs are locally owned and rooted in their communities: well-placed to gain community leaders' trust and foster ownership of efforts to end FGM.
- Our gender-transformative approach to ending FGM is holistic: encompassing education, advocacy, comprehensive care and support.
- IPPF's work in this field is informed by survivors of FGM through the champions' network.
- Our evidence-based advocacy messages are carefully crafted and tailored to resonate with various target audiences, including decision-makers, religious and community leaders and medical professionals.

- MAs offer respectful, non-stigmatizing medical care for survivors across the life cycle, based on IPPF's revised Client-Centred Clinical Guidelines.<sup>xiii</sup>
- We offer a unique opportunity to work with medical service providers to stop the medicalization of the practice. IPPF and its MAs have no tolerance for medical service providers involvement as cutters. We offer training and work with others in prevention strategies and stopping of the new trends of medicalization of the FGM practice.
- The FGM centre has an expert committee that provides technical guidance to MAs on programmes to end FGM globally. The committee is composed of 33 members from 12 countries across the world and has representation from 8 universities and international bodies.

## References

- <sup>i</sup> IPPF (2022) Come Together: IPPF Strategy 2028. Available at: <https://www.ippf.org/resource/come-together-ippf-strategy-2028>
- <sup>ii</sup> IPPF (2017) Gender equality strategy and implementation plan. Available at: <https://www.ippf.org/sites/default/files/2018-04/IPPF%202017%20Gender%20Equality%20Strategy%20-%20English.pdf>
- <sup>iii</sup> UNICEF (2024) Press release: Over 230 million girls and women alive today have been subjected to female genital mutilation. Available at: <https://www.unicef.org/press-releases/over-230-million-girls-and-women-alive-today-have-been-subjected-female-genital>
- <sup>iv</sup> <https://www.un.org/en/observances/female-genital-mutilation-day> February 2024
- <sup>v</sup> WHO (2020) The economic cost of female genital mutilation. Available at: <https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation>
- <sup>vi</sup> UNFPA resources: Frequently asked Questions. Available at <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#medicalization%20of%20fgm>
- <sup>vii</sup> IPPF Arab World Region (2022). FGM: Religious leaders declaration. Available at: <https://awr.ippf.org/news/fgm-religious-leaders-declaration>
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- <sup>x</sup> IPPF Arab World Region (2023) FGM Theory of change. Available at: <https://awr.ippf.org/resource/toc-ippf>
- <sup>xi</sup> IPPF Arab World Region (2023) The veiled truth: Restoring abandoned souls. Available at: <https://awr.ippf.org/resource/fgm-success-stories-ippf-mas>
- <sup>xii</sup> IPPF Arab World Region and AMPF (2024) Framework to accelerate the elimination of female genital mutilation. Available at: <https://awr.ippf.org/resource/accelerating-elimination-female-genital-mutilation-comprehensive-framework>
- <sup>xiii</sup> IPPF (2022) Client-Centred Clinical Guidelines for Sexual and Reproductive Healthcare. Available at: <https://www.ippf.org/cccg>