

# Framework to accelerate the Elimination of FGM

IPPF Reference Center to Eliminate Female Genital Mutilation



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## SECTION ONE: INTRODUCTIONS AND BACKGROUND WORK

Female genital mutilation (FGM) is defined in different terms and expressions that are largely intersecting. Most of these definitions are based on texts from the World Health Organization, the most prominent one states: "Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."<sup>1</sup>

Every language has terms to express this practice, including FGM, female genital cutting, circumcision, and others. Regarding FGM, it is often used by human rights organizations and health organizations to highlight the physical, psychological, and emotional effects of this process. This concept is also used by activists and health rights defenders. In contrast, "female circumcision" is misleading because it makes this practice similar to male circumcision and it is used by promoters of this practice.

This custom is currently viewed by many as one of the most prominent forms of sexual discrimination and as an attempt to control women's sexual lives. Under international law,<sup>2</sup> FGM is considered a blatant violation of human rights, especially the rights of girls and women. According to all relevant human rights authorities, it is one of the cruelest manifestations of violence against girls and women as it violates a wide range of principles and

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<sup>1</sup> Female genital mutilation (who.int)

<sup>2</sup> UN experts: refer Yemen war crimes to ICC - CounterVortex. <https://countervortex.org/blog/un-experts-refer-yemen-war-crimes-to-icc/>

standards in the field of human rights, including the principles of equality and non-discrimination based on sex; the right to life; the right to health and physical and mental safety; and the right not to be subjected to violence. **FGM as a type of violence** is degrading and it has long-lasting physical and psychological consequences that may never go away.

In 2008, reports from the World Health Organization and some other entities concerned with the elimination of FGM showed and identified several influential groups that viewed FGM as a sign of purity, innocence, and humility.<sup>3</sup> In some contexts, female genital mutilation/cutting (FGM/C) and child marriage coexist. FGM/C can be linked to a girl's marriageability and is sometimes a precursor to marriage.<sup>4</sup>

FGM can and has been used to control the sexual orientation, gender identity, and/or sex characteristics of LGBTQI women as a form of so-called "conversion therapy".<sup>5</sup>

FGM is harmful and hazardous, and the methods vary according to the place and tradition. This practice is mainly performed by traditional practitioners (midwives, barbers, or others). Still, in countries such as Malaysia and Indonesia, we have seen a trend toward medicalizing the practice.

The medicalization of the practice was used to convince people that no harm is done by cutting, although FGM can never be safe and

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<sup>3</sup> Yerima, Timothy F., and Daniel F. Atidoga. "Eradicating the Practice of Female Circumcision/ Female Genital Mutilation in Nigeria within the Context of Human Rights." 2014. <https://core.ac.uk/download/234649975.pdf>.

<sup>4</sup> <https://www.girlsnotbrides.org/learning-resources/child-marriage-and-health/fgmc-and-child-marriage/#:~:text=In%20some%20contexts%2C%20female%20genital,and%20mental%20health%20of%20girls.>

<sup>5</sup> [https://www.endfgm.eu/editor/0/Infographic\\_FGM\\_LGBTI\\_in\\_collab\\_with\\_ILGA\\_EU\\_1.pdf](https://www.endfgm.eu/editor/0/Infographic_FGM_LGBTI_in_collab_with_ILGA_EU_1.pdf)

there is no medical justification for the practice. In fact, healthcare providers who perform it are violating girls' and women's right to life, right to physical integrity, and right to health. They are also violating the fundamental medical mandate to "do no harm," and it represents a threat to efforts to eliminate the practice.<sup>6</sup>

According to estimates from UNICEF,<sup>7</sup> one in every four girls has undergone mutilation at the hands of doctors or health personnel, meaning 52 million victims. Among them, approximately 1 in 4 survivors of FGM were cut by a healthcare provider.

National statistics on FGM require greater accuracy and comprehensiveness due to the weakness of the official statistics systems associated to it and the secrecy in its practice by some, in many cases outside the framework of the law. The most reliable data covers only 31 countries; even among them, there has yet to be a complete agreement between sources and studies.

While the United Nations General Assembly and many UN agencies--such as UNICEF, the United Nations Population Fund, the World Health Organization, and organizations such as International Planned Parenthood Federation--call for the elimination of FGM, efforts to address this practice remain insufficient. There is still a large number of girls and women at risk. Progress has been made in confronting the phenomenon. However, over the past thirty years, it has affected more than 200 million girls and women between the ages of 15 and 49 years.

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<sup>6</sup> <https://www.unicef.org/sites/default/files/2019-02/Factsheet%20FGM-Medicalization-2018-06-15.pdf>

<sup>7</sup> Approximately 1 in 4 survivors of female genital mutilation were cut by a healthcare provider. <https://www.unicef.org/press-releases/approximately-1-4-fgm-survivors-were-cut-health-care-provider>

Today, survivors are located mainly in Africa, some regions of the Middle East, and Southeast and Western Asia (Iraq, Yemen, Indonesia, and Malaysia). However, FGM is also present in several countries receiving immigrants from countries where the phenomenon is widespread (Europe, North America, and Australia). The number of cases in the United Kingdom is estimated at 137,000, in France at 125,000, and in Germany at 70,000.<sup>8</sup>

Cross-sectional and repeated surveys completed during the 2009-2020 period in the concerned countries, found that the prevalence of the phenomenon has decreased in 26 countries for both women and girls, though it has increased in 3 countries (Guinea-Bissau, Burkina Faso, and Somalia). For girls alone, it increased in Cameroon.<sup>9</sup>

The Middle East and North Africa account for a quarter of all FGM cases in the world, with an estimated 50 million victims. A survey conducted by the Ministry of Health in Indonesia proved that 51% of girls up to 11 years old--or 14 million girls--were subjected to this practice.<sup>10</sup>

In humanitarian situations globally, studies have provided evidence that FGM survivors are among the top SRHR forgotten/neglected groups that are not considered as target populations for relief efforts.<sup>11</sup>

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<sup>8</sup> Female genital mutilation/cutting - A call for a response- END FGM EUROPEAN NETWORK  
[www.endfgm.eu/contact](http://www.endfgm.eu/contact).

<sup>9</sup> Muhammad Mansour 2022: "Circumcision...the mutilation of a life that has not yet stopped"  
<https://www.scientificamerican.com/arabic/articles/news/female-genital-mutilation-is-decreasing-but-more-needs-to-be-done/>

<sup>10</sup> Indonesia is cracking down on female genital mutilation among Muslim women  
<https://www.radionisaa.ps/article/6279/>

<sup>11</sup> <https://pubmed.ncbi.nlm.nih.gov/31788022/>

## History: available IPPF resources

The International Planned Parenthood Federation, its Member Associations, and the reference center hosted by the Member Association of Mauritania implement and support programs that aim to eliminate FGM. Achievements include:

- *Launch and dissemination of a statement by the International Medical Advisory Panel (IMAP)<sup>12</sup> offering programmatic recommendations to Member Associations on how to address this issue.<sup>13</sup>*
- *Capability statement on FGM.<sup>14</sup>*
- *A handbook on how to address the sexual and reproductive health needs of women affected/potentially affected by FGM.<sup>15</sup>*
- *FGM: Religious Leaders declaration.<sup>16</sup>*
- *Creation of the FGM Theory of Change.<sup>17</sup>*
- *Creation of the booklet on Successful stories.<sup>18</sup>*

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<sup>12</sup> Female genital mutilation (FGM) is a human rights violation | IPPF.

<https://www.ippf.org/blogs/female-genital-mutilation-fgm-human-rights-violation>

<sup>13</sup> <https://www.ippf.org/resource/imap-statement-elimination-female-genital-mutilation>

<sup>14</sup> <https://www.ippf.org/resource/capability-statement-female-genital-mutilation>

<sup>15</sup> [https://www.ippf.org/sites/default/files/2020-](https://www.ippf.org/sites/default/files/2020-06/Addressing%20the%20needs%20of%20women%20%26%20girls%20affected%20by%20FGM.pdf)

[06/Addressing%20the%20needs%20of%20women%20%26%20girls%20affected%20by%20FGM.pdf](https://www.ippf.org/sites/default/files/2020-06/Addressing%20the%20needs%20of%20women%20%26%20girls%20affected%20by%20FGM.pdf)

<sup>16</sup> [FGM: Religious Leaders declaration | IPPF Arab World](#)

<sup>17</sup> [TOC - IPPF | IPPF Arab World](#)

<sup>18</sup> [FGM success stories - IPPF - MAs | IPPF Arab World](#)

## Challenges and Opportunities:

*We have included a summary of challenges and opportunities from a more comprehensive SWOT analysis conducted with Member Associations and the IPPF meeting in Tunis in 2023.*

### CHALLENGES:

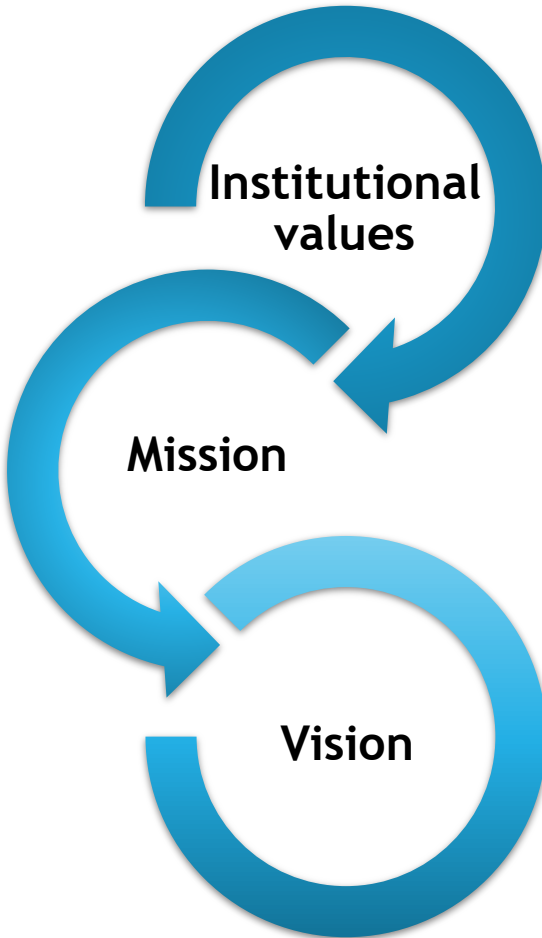
- *Information, educational, and awareness programs and campaigns regarding the practice still need to be more circumstantial and of greater effectiveness. It is also important to consider the contribution of various media outlets in spreading incorrect messages.*
- *Many societal and religious opinion leaders still support the FGM and find justifications and documents for it.*
- *The poor schooling rates of girls and their early dropout in many countries and local communities contribute to the continuation of the practice.*
- *The adoption of this practice as a way to protect girls from families living in difficult humanitarian conditions (displacement, asylum, migration).*
- *Weak implementation of the recommendations from international and regional conferences and events related to the institutionalization of work to address the practice of FGM.*
- *Difficulty in financing, mobilizing, and sustaining the necessary resources.*
- *The phenomenon of medicalizing, legalizing, or tolerating FGM in some countries has become increasingly widespread.*

## OPPORTUNITIES:

- *There needs to be greater coordination and integration of the relevant UN agencies--especially UNICEF and the United Nations Population Fund--and the International Planned Parenthood Federation to confront and eliminate the practice.*
- *The slow pace of implementation of the work programs of international conferences that include recommendations and objectives related to eliminating the practice is also an essential area for improvement.*
- *The political and legislative environment in Mauritania that supports the establishment of a Center of Excellence for the Elimination of FGM, and it is consistent with regional and international calls and recommendations in the field.*
- *Developments and amendments introduced to most national legislative texts that guarantee the protection of children's rights and address gender-based violence in all its forms.*
- *Some countries criminalize the practice of FGM and impose penalties on anyone who contributes or has a role in it.*
- *The International Planned Parenthood Federation occupies a prominent position among the institutions and structures working to ensure the recognition and practice of reproductive rights and address gender-based violence and discrimination.*
- *There needs to be a regional and international structure or mechanism similar to the planned Center of Excellence.*
- *The possibility of benefiting from modern technologies and successful experiences and practices in information, education, training, documentation, research and studies, and bringing about change in attitudes and behavior.*
- *The experience and competence gained by the International Planned Parenthood Federation, its regional offices, and its Member Associations.*

## ***SECTION TWO: THE VISION, MISSION, AND CORE VALUES OF THE CENTER***

The development of the vision and mission went through several rounds of discussions and consultations with focal points from the Member Associations, and central office and regional staff members of IPPF. We considered all inputs from actors on the ground in addition to the policy level advice, which was collected in bilateral discussions with authorities in Mauritania, Egypt, and Somaliland.



- Client-centered approach
- Effective communication
- Professionalism and accountability
- Development and innovation
- Teamwork
- Empowerment
- Integrity

• Through the Center of Excellence, IPPF seeks to eliminate female genital mutilation using several techniques that include but are not limited to: activating research efforts, establishing media and educational work, providing good healthcare and quality SRH services, obtaining evidence, and mobilizing the energy of youth and influential groups and recourses in the world, in stable conditions as well as in humanitarian settings.

• A world where girls and women thrive free from harmful practices that threaten their rights, health, and well-being.

## SECTION THREE: THE FRAMEWORK TO ACCELERATE THE ELIMINATION OF FGM

*The Framework to Accelerate the Elimination of FGM builds on the diagnosis and experience of the reference center and the theory of change to eliminate FGM. This was established in consultation with the implementers of the regional program in 5 countries under AWRO, which have existing elimination programs: Yemen, Sudan, Egypt, Mauritania, and Somaliland.*

*With this acceleration plan, the 2024 program will expand to reach two more countries in the Africa Regional Office (Kenya and Chad), and cross over to include Malazia and Indonesia in the East-South Asia regional office.*

*The Framework to Accelerate the Elimination of FGM has five intervention areas. That will be supported, implemented, and led globally by the Center of Excellence:*

*1. **Social change:** to bring about a shift of social norms related to the practice of FGM, particularly the view that girls and women are inferior and the misinterpretation of religion and tradition. This encompasses all societal groups, including men and women, influential people, religious and community leaders, and others. We recognize that the shift in social norms can only be achieved with the contribution of rights holders.*

- *Build a relationship of trust between the Center, the Member Associations, their initiatives and projects, and the concerned local communities.*
- *Develop and implement a media and educational strategy at multiple levels targeting all societal groups and those with influence.*
- *Strengthen the capabilities of groups that oppose FGM and those that provide greater access to FGM protection services. As a CSO organization, the IPPF Center and Member Associations will mainly focus on strengthening the role of men, youth, and civil society in bringing about positive societal change to address the practice of FGM, including communities in humanitarian settings.*
- *Adopt modern electronic means and technologies in the center's training, communication, and documentation activities.*
- *Adopt and implement plans, tools, and approaches to withstand harmful ideas.*

**2. Advocacy:** *Organized efforts that will lead to positive change, mainly at the level of policies, legislation, and financial and administrative procedures. The Framework to Accelerate the Elimination of FGM recognizes that for advocacy to be successful, it needs to build on reliable data, constructive analysis, and narrative building to change mentalities and attitudes in dealing with family issues and gender-based violence. Interventions will target decision-makers and the key players influencing policies and legislation to gain support.*

- *Engage politicians and lawmakers<sup>19</sup> to invest in national policies and legislation that protect the rights of girls and women, including developing national action plans with budgetary provisions.*
- *Involve religious leaders to dispel misconceptions about the religious obligation of FGM.*
- *Utilize modern and traditional media, where the capacity building of journalists and other writers is crucial given FGM's complexity and disinformation.*
- *Develop national action plans to end FGM that include enough national provisions to prevent FGM by criminalizing the practice and ensuring proper implementation and prosecution specifically for medical professionals and parents.*

**3. Partnership:** Isolated actions could be more effective, especially on issues with a cultural and ideological dimension. In this framework, priority is given to strategic partnerships between the Center of Excellence and regional institutions, as well as Member Associations and national-level organizations, to achieve integration, mutual benefit, and positive interaction. The achievement of common goals is evaluated and monitored accurately and comprehensively, using indicators and means of measurement with specific perspectives.

- *Establish national and international partnerships and give them a creative character while ensuring joint resources are invested efficiently.*

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<sup>19</sup> CHILDREN'S DAY: Benjamin Kalu's Message to Nigerians - Drum Africa News.  
<https://drumafrikanews.com/2019/05/28/childrens-day-benjamin-kalus-message-to-nigerians/>

- *Encourage and support the efforts of women's rights organizations, grassroots organizations, associations of lawyers, FIGO/ICM affiliates, etc.*
- *Create a donor support strategy to mobilize resources for a global movement toward abandoning FGM.*

**4. Provision of services:** This seeks to provide comprehensive support for FGM survivors and include health and psychological care.

- *Train healthcare providers on clinical standards to identify and treat survivors.*
- *Enhance healthcare professionals' capacities to provide essential mental health support and create linkages with proper counseling support for survivors.*
- *Train community health workers to conduct a successful door-to-door campaign led by local leaders in marginalized and neglected communities to introduce FGM prevention, support, and treatment networks.*
- *Ensure the availability of efficient training and capacity-building resources to guide and activate FGM services for survivors in humanitarian settings.*
- *Formulate and disseminate medical protocols and psychological services for survivors of the practice and their families and adopt the best international medical and psychological standards.*

**5. Accurate documentation:** *Contributes to building the quantitative and qualitative data sets and producing studies and research related to eliminating FGM. The Center of Reference aims to become the destination for researchers, scholars, and academics interested in the references, research, and statistical resources it provides or who enrich that resource.*

- *Develop research on the reality and trends of FGM, its motives, and its various repercussions.*
- *Prepare a constantly enriching and updated database on the practice of FGM nationally and globally and the groups targeted by it and participating in it, including data relating to communities in humanitarian settings.*
- *Work to make the Center a global body for training, learning, and enhancing capabilities<sup>20</sup> on the issue and a reference for experiences, documents, and physical and electronic documents that address the various aspects of the practice of FGM in the world. Ensuring that all those data sets and research results are contributing to the development of official data sets and informing/influencing legislative and policy initiatives related to FGM nationally and internationally.*

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<sup>20</sup> The potential of the Center of Excellence to support these areas depends on attracting flexible and sustainable funding, attracting talent, and establishing a culture of good institutional governance and accountability.

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