"Over 200 million girls and women alive today have experienced female genital mutilation.

TRANSFORMATIVE RESULT:
ENDING GENDER-BASED VIOLENCE AND ALL HARMFUL PRACTICES

CHAPTER 3

COST OF ENDING FEMALE GENITAL MUTILATION

SUMMARY

An estimated 200 million women alive today have undergone female genital mutilation. FGM is a violation of girl's human rights and is often a precursor to early marriage, which usually ends the girl's education and dims her economic prospects. The causes of FGM are varied and programmes to promote its abandonment include prevention, protection and treatment and care.

This analysis seeks to identify and estimate the cost of implementing interventions that would result in ending female genital mutilation in 31 high-incidence countries. The operational definition of ending FGM for the purposes of this study is reaching all communities in 31 high-incidence countries with direct or indirect community empowerment programming to promote abandonment of female genital mutilation.

THE PRINCIPAL FINDINGS

- **The cost from 2020 to 2030 of ending female genital mutilation in 31 priority countries is $2.4 billion.**
- **The amount in development assistance that will be spent in 31 priority countries from 2020 to 2030 is $275 million. Ending female genital mutilation by 2030 in 31 priority countries requires investments totalling of $2.1 billion.**
- **The average cost of preventing one case of female genital mutilation is $95.**

3.1 OVERVIEW

An estimated 200 million women alive today have undergone female genital mutilation. FGM is a violation of girl's human rights and is often a precursor to early marriage which usually ends the girl's education and dims her economic prospects.

The causes of female genital mutilation are varied and may include social, religious and economic elements. Programmes to promote the abandonment of female genital mutilation commonly focus on changing social norms around female genital mutilation at the community and institutional level, enabling girls, women, men and families to more easily abandon the practice. Pre-existing programmes encouraging its abandonment along with growing urbanization, education and other dynamics have led to historic trends that will avert 46.5 million cases of female genital mutilation between 2020 and 2050 in the absence of additional interventions. Nevertheless, an additional 68 million girls are at risk of undergoing female genital mutilation between 2015 and 2030 if current age-specific rates remain constant.

3.2 OPERATIONALIZING ENDING FEMALE GENITAL MUTILATION

The operational definition of ending female genital mutilation utilized for this study is when all communities with majority approval for FGM in the 31 high-incidence countries are reached with direct or indirect community empowerment programming to promote abandonment of the practice.

3.3 SCOPE

This analysis seeks to identify and estimate the cost of implementing interventions that would result in the ending of female genital mutilation in 31 high-incidence countries. These interventions include prevention, protection and care and treatment.

Grouping countries by historic trends and levels of approval for FGM makes it possible to identify where investment will have the greatest impact. The most cost-effective investments are in the countries with relatively more communities with majority approval rates for the practice and limited historic change. In these instances, the average cost per case of female genital mutilation averted is between $2 and $56. Countries with many communities with majority approval and a pre-existing historic trend downward, interventions are still cost-effective, but impacts attributable to new prevention programmes are lower. In these instances, interventions costing approximately $200 per case averted.

3.4 METHODOLOGY

We calculated the incidence of FGM for children aged 0–14 using a multistage process. We tabulated the age-specific incidence of FGM from Demographic and Health Surveys or

Figure 8. Target countries for elimination of female genital mutilation

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

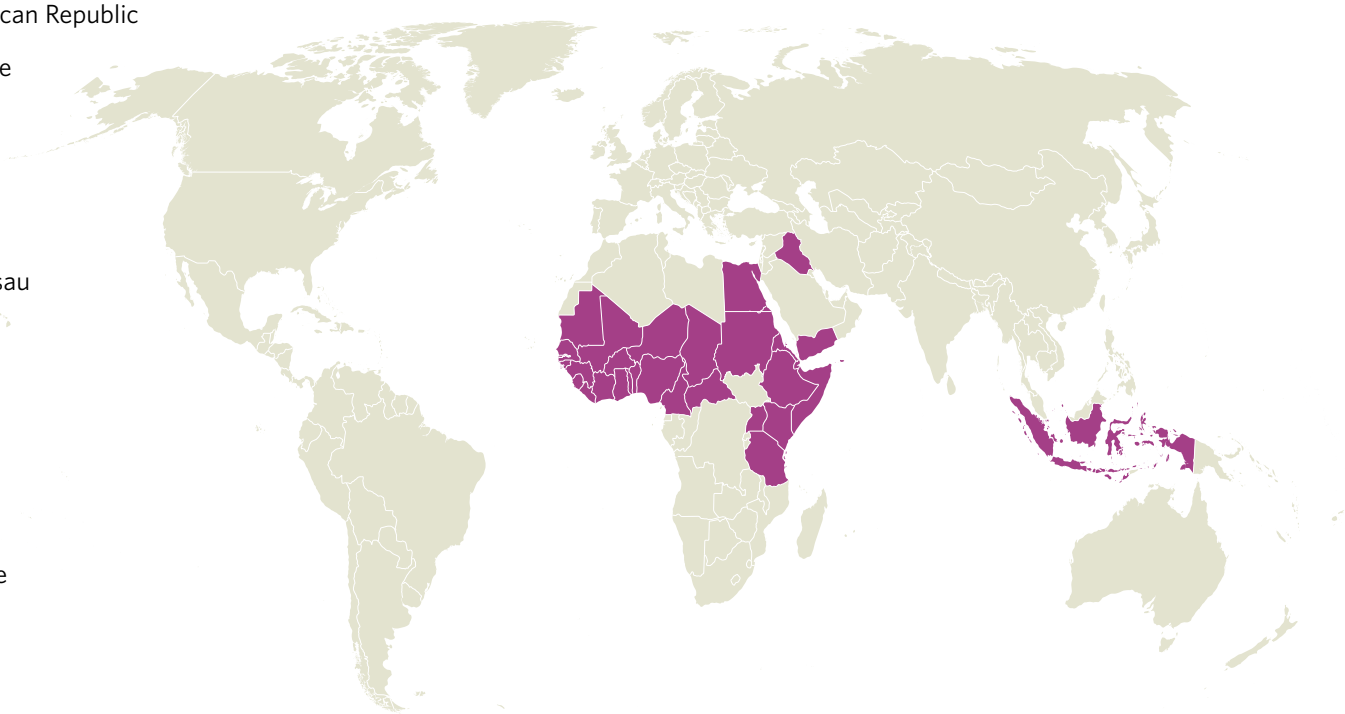


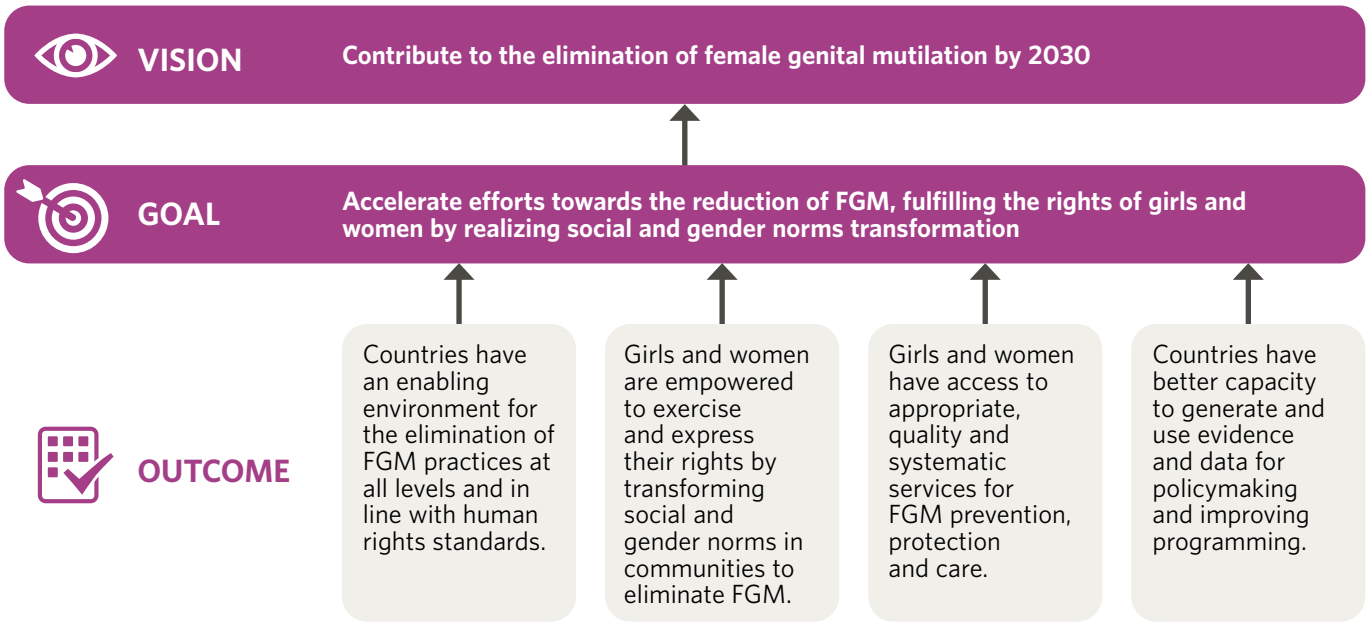
Table 6. Interventions necessary to end female genital mutilation

Sector	Intervention
Prevention	Supporting agency of girls and women Community empowerment prevention programmes, including: Education, dialogue and consensus-building for all Religious and traditional leaders engagement Schools and social services strengthening to prevent the practice Men and young people mobilization
	Mass and social media education and amplification of the new norm
	Health and social providers capacity building on prevention
Protection	Legislation and policy development, including costed plan of action, political public statements, advocacy for domestic budget lines
	Laws enforcement and mobile courts
	Capacity building for legal personnel
	Psychosocial support
Treatment and care	Capacity building for health providers on treatment and care

Multiple Indicator Cluster Survey data sets for the year of the survey based on responses of a mother to queries about whether her child has been cut, and if yes, at what age she was cut.

1. We calculated a time trend for FGM reduction based on a tabulation of the historical age-specific incidences for the age at which incidence of FGM is greatest in a country. This age varies by country – in most West African countries it is children less than 1 year old, while in East and North Africa the ages range mostly from 5 to 12 years old.
2. We calculated an intervention-specific reduction based on the regression described in the subsequent section. This reduction is spread across 12 years (for consistency with cost estimates).
3. We applied a year-to-year incidence reduction at every age, calculated as the sum of the historical trend (step 2) and the intervention-based reduction (step 3). Note that the historical trend is applied at every year between the year of the latest survey and the end of the projection period. The intervention-based reduction is applied only to the years 2018 through 2030.

Figure 9. Theory of change of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation



The age-specific prevalences of FGM are the sum of incidences at each age and year previous to current year.

We calculated the impact of community programmes as follows:

1 A regression was run to calculate logistic equation coefficients that were used to calculate probabilities that a daughter is cut. The independent variables included: mother's support for FGM, community support for FGM, age of mother, household wealth status, education, religion and residence.

2. Women's support status was changed based on the effectiveness of programmes on changing attitudes. Levels of community support were recalculated based on the changes in individual women's support.

3. The new probability of a daughter being cut was calculated by using the regression coefficients applied to a specific country data set with the women's and community attitudinal changes adjusted via the effect sizes above to reflect the effect of the women's attitude changes on community support.

3.5 RESULTS AND FINDINGS

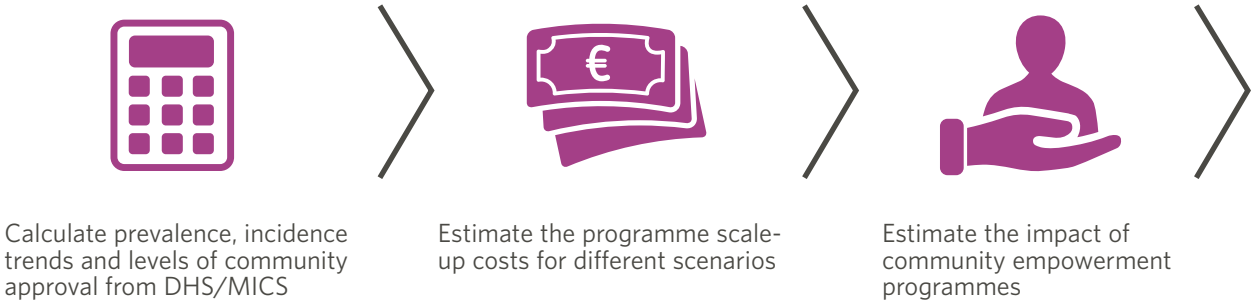
The estimated total investment needed to end female genital mutilation by 2030 is $2.4 billion for 31 high-incidence countries. This equals less than three cents per year for every person on earth. Of the $2.4 billion:

- $2.1 billion will be used for prevention programmes
- $225 million will be used for protection programmes
- $130 million will be used for care and treatment

Donors are currently projected to provide $0.3 billion of this need between 2020 and 2030. The total new investment needed to end female genital mutilation is $2.1 billion.

If a programme to end female genital mutilation globally were implemented, the average cost of preventing one case of female genital mutilation is $95.

Figure 10. Methodology to calculate the impact of community programmes on FGM



> "Ending female genital mutilation by 2030 in 31 priority countries requires investments totalling of $2.1 billion.