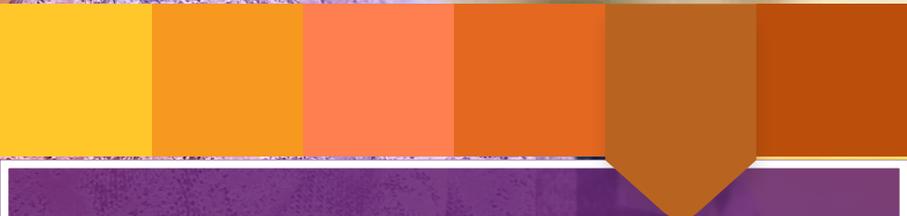




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UNFPA-UNICEF Joint Programme
on the Elimination of Female Genital
Mutilation: Accelerating Change



FGM Elimination and COVID-19:
**Sustaining the
Momentum**

**Evidence and
Studies Assessment**

| ANNUAL REPORT 2020



ACKNOWLEDGMENT

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We also express our gratitude to members of the Joint Programme's Steering Committee for their support and technical guidance. We recognize the commitment and leadership of the national and sub national governments in all our implementing countries including civil society organizations, regional institutions and other partners for their commitment despite the challenges posed by the COVID-19 pandemic during the year. As the world continues to grapple with the impact of COVID-19, we will continue to count on the support of our partners and other stakeholders to sustain the momentum on eliminating FGM by 2030.

This report was produced by the Joint Programme Global Coordination Team with technical leadership from Mirelle Tushiminina and Nankali Maksud. Authors of the report include Thierno Diouf and Stephanie Baric with contributions from Berhanu Legesse, Fahmia AL-FOTIH, Meltem Agduk, Harriet Akullu, Julie Dubois, Paola Pileri, Lamin Massaquoi, Ramz Shalbak, Yasmine Sinkhada, and Menbere Legesse.

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Evidence and Studies Assessment :

Informing Policy and Practice
for the Elimination of FGM

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UNFPA-UNICEF Joint Programme
on the Elimination of Female Genital
Mutilation: Accelerating Change





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Introduction

Launched in 2008, UNFPA, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change is the largest global programme to accelerate the elimination of this harmful practice. The Joint Programme is implemented in **17** countries in Africa and the Middle East in Phase III. One of the strategic priorities in Phase III is strengthening the Joint Programme's evidence generation capacity. In 2020, **48** research documents have been reported at global, regional and country levels. Research has and continues to be a key element of the Joint Programme interventions, particularly those focusing on social norm change for the elimination of FGM.



Social research is a critical foundation for programmes that seek to engage communities in change and in the development of more sustainable societies.¹ Without appropriate research, programmes aimed at change are likely to be based on implicit or assumed problem identification and/or inferred community needs and wishes.²

As part of the 2020 annual report, the Joint Programme undertook an objective evaluation, assessing the quality, relevance, and strength of the evidence generated from the prospective projects. This report therefore provides a comprehensive quality and strength assessment of the evidence generated from the Joint Programme to understand the underlying evidence needs and research gaps including the topics and issues addressed. Through the synthesis of evidence, the results of the report are intended to provide feedback for the improvement of research undertaken or supported by the Joint Programme and help to make informed decisions during the programming, management, and learning processes.



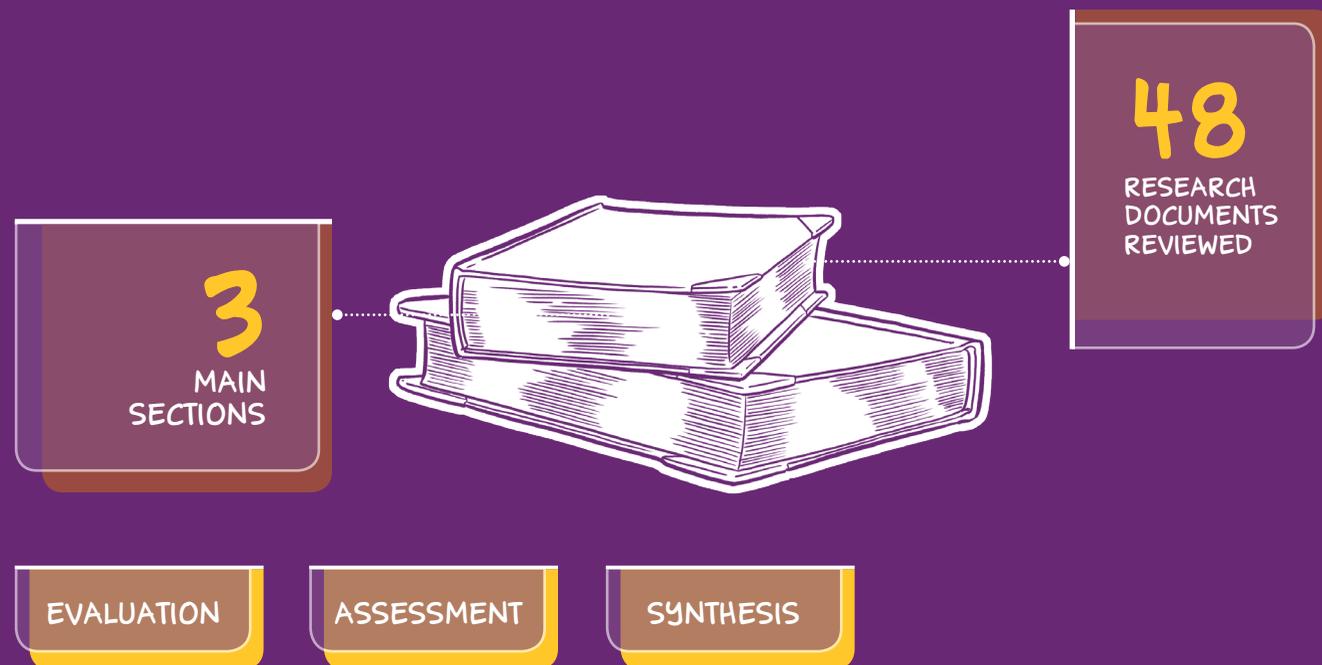
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¹McLoughlin, L., & Young, G. (2005). The Role of Social Research in Effective Social Change Programs. *Australian Journal of Environmental Education*, 21, 57-70. doi:10.1017/S0814062600000951

²ibid

Report structure

The report is divided into three main sections. It starts with a Summary of Overall Assessment which provides an overall evaluation of the 48 research documents reviewed across the countries where the Joint Programme is implemented. In the Thematic Assessment, the report then breaks down into two subgroups based on the International Development Research Centre (IDRC) Quality Plus (QR+) Assessment Framework.³ The first subgroup starts with the assessment of the identified five (5) key influential factors that can affect the research's performance. The second subgroup evaluates the four (4) research quality dimensions: research integrity, research legitimacy, research importance, and position for use/knowledge translation/dissemination.⁴ Lastly, through the synthesis of the quality assessment and evidence, the underlying evidence needs and gaps, including the topics and issues addressed are identified, to support the Joint Programme in making informed decisions.



³Research Quality Plus | IDRC - International Development Research 14 Jun. 2018, <https://www.idrc.ca/en/rqplus>. Accessed 6 Sep. 2021.

⁴A Holistic Approach to Evaluating Research - On Think Tanks.* Available at https://onthinktanks.org/wp-content/uploads/2016/03/RQ_A-Holistic-Approach-to-Evaluating-Research.pdf.



Summary of Overall assessment

Among the reviewed 48 research documents, 69 percent of them were country specific reports, 19 percent were global-focused papers, technical notes, reports, study briefs, and 12 percent were regional studies in West and Central Africa, Arab States, and East and Southern Africa (See Figure 1).

In addition, Table 1 details the distribution of papers based on topic at country, regional and global levels. As it is shown, 77 percent of the reviewed research documents focused on only one of the three areas: Female Genital Mutilation, COVID-19 Assessment, or Gender-Based Violence (GBV). However, the remaining 23 percent studied the intersections of FGM, child marriage, GBV and/or COVID-19. Among all 48 documents reviewed, 63 percent included FGM in the study, making it the most researched topic during 2020 See Table 1.

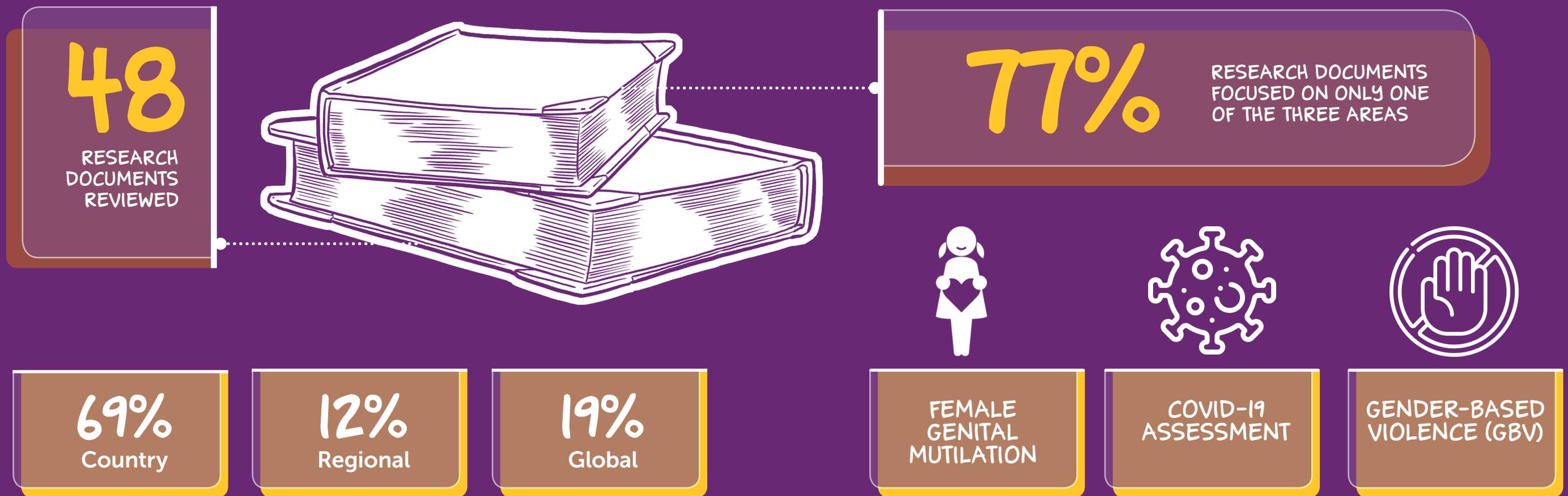


Figure 1: Distribution of studies and research documents by focus level and topic

Table 1: Number of research documents by level and focused topic

LEVEL OF RESEARCH	NUMBERS OF RESEARCH DOCUMENTS	RESEARCH TOPICS
 COUNTRY	33	 FGM (14)
		 COVID-19 Assessment (8)
		 GBV (5)
		 Child Marriage & FGM (3)
		 COVID-19 Assessment & GBV (2)
		 FGM & GBV (1)
 REGIONAL	6	 FGM (4)
		 COVID-19 Assessment (1)
		 COVID-19 Assessment & FGM (1)
 GLOBAL	9	 FGM (3)
		 COVID-19 Assessment (2)
		 COVID-19 Assessment & FGM (1)
		 Child Marriage & FGM (1)
		 COVID-19 Assessment, GBV, & FGM (1)
		 COVID-19 Assessment, GBV, FGM & Child Marriage (1)

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020

UNFPA and UNICEF each supported individually ten research initiatives as the main sponsoring agencies representing 42 percent of all papers. Additionally, as seen in Figure 2, 23 percent of papers were supported through collaboration with UNFPA, UNICEF, and other partner organizations (See Table2).

Table 2: Summary of reports by sponsoring agencies/organization

SPONSORING AGENCIES/ORGANIZATIONS	NUMBERS OF PAPERS
UNFPA	10 (21%)
UNICEF	10 (21%)
UNFPA & UNICEF	3 (6%)
UNFPA & UNICEF with partner organizations	11 (23%)
Others	14 (29%)
Total	48

Source: Database of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2020



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Methodology

This analysis assessed available research documents from the Joint Programme between 2018 and 2020. A total of 51 eligible papers were identified for the assessment. A data extraction tool was developed a priori based on IDRC's Research Quality Plus (RQ+) Assessment Instrument⁵ and DFID's "How to Note: Assessing the Strength of Evidence"⁶ guidelines. The tool was discussed and piloted to equip the review and assessment team with the ability to analyze and interpret the information in the papers in accordance with the two guides.

The papers were then allocated to a group of six reviewers by a third party. For quality assurance, each paper was assigned to two reviewers who concurrently but independently reviewed each paper and completed the data extraction tool. Apart from the reviewers being blinded to each other's review, language and country of origin were also considered during the assignment of the papers for quality assurance and to avoid bias, respectively. A total of 48 papers were reviewed during this process, excluding three whose full literature could not be accessed.

A committee of four reviewers was appointed to merge data in the extraction forms and act as a third reviewer, to resolve conflicts where there were disagreements between reviewers. An assessment was completed based on information compiled from the data extraction form. The papers were assessed for influencing factors of projects (maturity of the field of research, research capacity strengthening, risk in the data environment, risk in the research environment, risk in the political environment), research quality rating (research integrity, research legitimacy, research importance and positions for use/knowledge translation/dissemination).⁷ A final overall rating was assigned to studies using IDRC's overall rating (rated as very good, acceptable/good, less than acceptable and unacceptable) and DFID's overall research quality and strength of evidence graded as high, medium, or low quality, and as very strong, strong, medium, limited or no evidence respectively.

Based on the data presented on the assessment, a rigorous thematic analysis was used to categorize and identify patterns across the projects and research documents reviewed. Through the inductive approach, various themes and the interconnections among these themes are determined.



⁵Research Quality Plus | IDRC - International Development Research ... 14 Jun. 2018, <https://www.idrc.ca/en/rqplus>. Accessed 13 Aug. 2021.

⁶Assessing the strength of Evidence - GOV.UK. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/291982/HTN-strength-evidence-march2014.pdf.

⁷A Holistic Approach to Evaluating Research - On Think Tanks. Available at https://onthinktanks.org/wp-content/uploads/2016/03/RQ_A-Holistic-Approach-to-Evaluating-Research.pdf.



Thematic assessment

Key Influential Factors

Five key influential factors were used based on IDRC Quality Plus (QR+)⁹ to rate the research performance and quality of the 48 papers. The assessment of these key influential factors can help make meaningful and systematic considerations of the enabling or constraining factors of the research and the risk profile of the project, program, or portfolio.⁹



MATURITY OF THE RESEARCH FIELD:

Based on the assessment, 37.5 percent of papers were conducted in a new research field, among which most of the papers focused on the COVID-19 assessment. In other words, in a new field of research, such as COVID-19, where there is insufficient conceptual and empirical research, research papers are often developed with limited theoretical and debatable empirical knowledge. However, the remaining 62.5 percent of papers were developed in an emerging and established field of research with sufficient theoretical and conceptual frameworks and the presence of well-recognized researchers.



RISK IN DATA ENVIRONMENT:

The data environment for 95.8 percent of papers was rated as developed and emerging. In other words, the instrumentation and measures for data collection and analysis were widely agreed upon and available for almost all papers.



RISK IN RESEARCH ENVIRONMENT:

All 48 papers had a moderately supportive and supportive research environment, where the research team received institutional support and had the adequate infrastructure for the research.



RESEARCH CAPACITY STRENGTHENING:

Similarly, 35.4 percent of papers were rated as low focus on research capacity strengthening, referring to less financial and technical support given to the project to increase capacity to identify, analyze, and address development challenges. Nevertheless, 64.6 percent of papers were rated medium and strong focus on strengthening research capacity, which means more than half of the studies' research capacity was improved to mitigate various development challenges.



RISK IN POLITICAL ENVIRONMENT:

While 83.3 percent of papers were developed in a stable political environment, the political environment for 16.7 percent of documents was rated as weak and unstable. Incidents such as policy instability, political destabilization, violent conflict, or humanitarian crisis can be considered external risk factors that negatively affect research quality.

⁹ Ibid.

Thematic assessment

Research Quality Rating

The research quality rating of the 48 papers was based on the four principal quality dimensions in the IDCR Quality Plus (QR+) Assessment Framework.¹⁰ All four dimensions consist of a series of subdimensions that are interrelated. The first three dimensions – research integrity, legitimacy, and importance – are the core quality assessment features; the fourth dimension, position for use/knowledge translation/dissemination, is particularly used for evaluating the likelihood of the research being used.¹¹



RESEARCH INTEGRITY:

Research integrity refers to the assessment of technical quality (technical merit), appropriateness, and rigor of the design and execution of the research in relation to commonly accepted standards for such research.

Of the 48 reviewed research documents, 81 percent were developed with an appropriate methodology, strong literature evidence, and rigorous research design and execution.



RESEARCH IMPORTANCE:

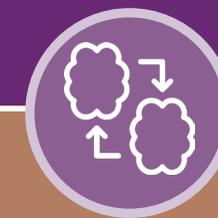
Research importance consists of two sub-dimensions – originality and relevance – to assess the research originality and relevance of knowledge production and dissemination. In total, 85.4 percent of papers were rated as generating original insights and knowledge in the given field. For the knowledge produced and its dissemination, 97.8 percent of papers were rated as relevant to the needs and priorities of the potential audiences, as well as having great contributions to the research field and/or relevant practices.



RESEARCH LEGITIMACY:

Research legitimacy assessment includes four subdimensions – addressing potential negative consequences, gender responsiveness, inclusivity, and engagement with local knowledge – to evaluate how the given projects produced and disseminated information with respect to local traditions and knowledge systems.

Among the 48 papers reviewed, 63 percent did not include sufficient information on addressing the potential consequences of either research processes or outcomes for affected or targeted populations. However, more than 75 percent of studies were rated as overall inclusive, which means 90 percent integrated gender roles and norms, and 85 percent engaged with local knowledge in the research processes and reflected on the final results.



POSITION FOR USE/KNOWLEDGE TRANSLATION/DISSEMINATION:

Position for use/knowledge translation/dissemination is based on two subdimensions – knowledge accessibility and sharing and timeliness and actionability – that emphasizes developing and implementing strategies to integrate potential users into the research process wherever this is feasible and desirable.

Out of the 48 papers reviewed, 52 percent identified targeted potential users to share the research findings and processes. Regarding timeliness and actionability, 96 percent of papers examined how the research and evidence will be used within a particular user setting or at a particular time.

^{10, 11} Ibid.

Evidence synthesis

Through a systematic review synthesis of the Joint Programme published studies, which were reviewed for the quality and strength of evidence assessment, the main findings are presented below for the Joint Programme to identify the underlying evidence needs and gaps. This includes the topics and issues that have been addressed to make informed decisions for future policy making and programming.

The studies were conducted in eight countries where the Joint Programme is implemented, drawn from West and Central, and East and Southern Africa, as well as Arab States regions; however, a few were conducted at the regional and global levels. In addition, issues related to FGM and GBV, including rapid assessment on the effect of the COVID-19 pandemic, were the main study topics. The strength of evidence generated was 97 percent medium since none of the projects had a systematic review, nor did they employ an experimental design. Evidence generated from respective projects was largely in line with existing literature. A variety of methodological designs were used in the studies, such as narratives (4 percent), qualitative (23 percent), quantitative (27 percent), and mixed methods research (46 percent).



Evidence from FGM Focused Studies:

Out of 48, 21 studies focused exclusively on FGM, addressing topics related to social and gender norms that contribute to or deter FGM practice, FGM practice in high risk and hard to reach communities, the effectiveness of the programmes to end FGM, and the associated programme costs. Most studies were based on primary data; however, a few studies (e.g., *Beyond the crossing: Female genital mutilation across borders*) relied on secondary data such as the Multiple Indicator Cluster Survey (MICS) and Demographic Health Survey (DHS). Overall, each study was contextually focused; therefore, the generated results are expected to have direct programme impacts at the local level.

DRIVING FACTORS OF FGM:



Gender and Social Norms

In line with existing literature, the evidence generated from eight studies at the community and individual levels indicated that the driving factors of FGM, which vary in different contexts, are linked to gender and social norms that seek to control women. According to the further analysis done on the DHS from Kenya, women and girls who live in communities that identify with religious practices are more likely to undergo FGM. In another study conducted to understand parental influence, although the likelihood of FGM practice reduces if at least one parent thinks the practice should stop, the family or community members are more likely to regulate both parents' expectations. In line with this, a study was done to identify the social norms surrounding FGM practice in two regions in Senegal and investigate the social networks in which these norms are embedded. Study findings suggested that a critical strategy for promoting behavior change rests on coordinating change in norms and behavior among people who interact with one another.



Cross Border FGM and Migration

Two projects included in the review attempted to provide vital information on how people's movement affects FGM and some of the key influences and/or how policies and practices in border communities impact FGM practice. The review highlighted that the research in both areas is limited, and more evidence is needed to guide future programmatic interventions.

One study on the cross border FGM concluded that the lack of a regional monitoring and data mechanism limits the comprehensive understanding of the situation and evidence-based programming. In order to address cross-border FGM, the study emphasized the importance of high-level commitment and the need to develop a strong collaboration, among the Joint Programme implementation countries in the East Africa region.

The second study focused on the Arab States region and recommended that further research on the impacts of migration and the attitude of the host countries in relation to the FGM practice in different contexts is needed. Additionally, the study suggested developing a set of quantitative and qualitative research methods, among other internationally agreed upon methods, to research the impact of migration on FGM. This would allow better regional and international comparisons to be made, identifying good practices and developing and implementing effective policies and interventions.

FGM PRACTICE IN HUMANITARIAN AND EMERGENCY SITUATIONS

The documents reviewed provided valuable evidence to address data gaps in the literature, not only on the issues of FGM cross-border and migration but also on FGM in humanitarian settings, such as conflict and the COVID-19 pandemic.

The study conducted by the Ministry of Regional Planning and Population in Tombouctou, Mali was essential since the region has been embroiled in conflict, and the collection of FGM data through MICS and the DHS has been considerably affected. Therefore, given the evidence that FGM and other GBV activities often thrive in conflict situations, the result of this study underscore that the ongoing security crisis is one of the key factors contributing to the increase of FGM practice in the area.

While most of the reviewed projects and research documents focused on GBV during the COVID-19 pandemic, two studies specifically assessed the impact of the pandemic on the elimination of FGM. Preliminary results of these studies indicated that the precautionary measures against COVID-19 resulted in an increase in FGM practice. The absence of FGM in the national and sub-national COVID-19 response plans, as well as public concerns about infection, contributed to a lower rate of FGM cases reported. However, considering the dynamic nature of COVID-19 and the complexity of eliminating FGM, the review recommended creating more sustainable community level monitoring systems and developing adaptive approaches to monitor and evaluate the Joint Programme implementation in a humanitarian context.

EVALUATION ON THE FGM PROGRAMMES:

Five reports focused on programme evaluation, including the evaluation report of both Phase I and II of the Joint Programme. The review emphasized the importance of investing in innovative research solutions to reduce the evidence gap, develop strong indicators to monitor ongoing progress, and strengthen gender-responsive programming and communication.

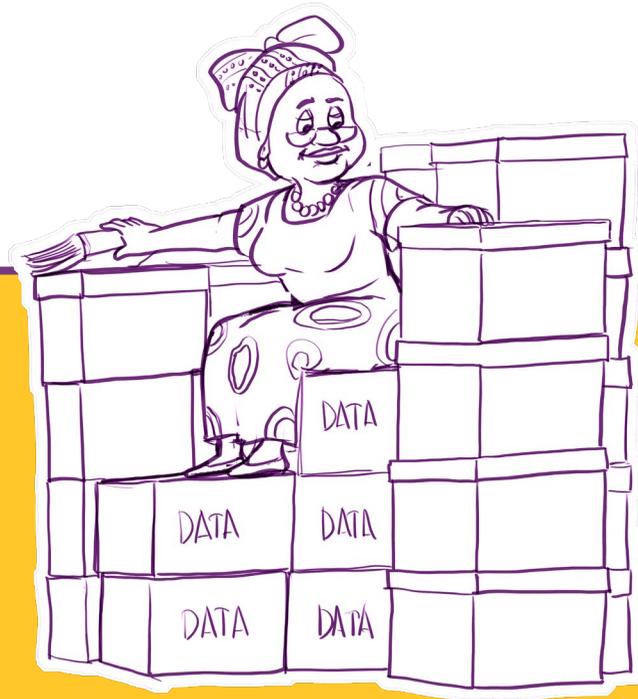
In addition, an analysis of the cost of FGM interventions in 31 high incidence countries, highlighted that costing analysis is crucial to provide a blueprint to stakeholders to make budgetary accommodations for future FGM interventions and understand the critical need for and importance of ending FGM. Evidence from this study is highly needed as it provides stakeholders at all levels with what is needed to end FGM.

Another research with a qualitative evaluation on the Saleema Initiative¹² suggested including women, particularly survivors of FGM, in the programme design and implementation processes. The report suggests that this approach can reduce the stigmatization of the women and girls who survived FGM and have not yet undergone FGM. The inclusion of survivors of FGM could lead to the development of gender responsive programmes, which would be consistent with recommendations from the evaluation report stated above.

¹²Saleema initiative | UNICEF Sudan.* <https://www.unicef.org/sudan/saleema-initiative>. Accessed 30 Aug. 2021.



Conclusion



Among the 48 projects and research documents reviewed, the overall quality of 89.6 percent of projects and research documents reviewed were rated at an acceptable/good level. It can be concluded that most papers were developed in relatively safe, supportive, and enabling research and political contexts with instruments and measures to collect and analyze data. Further, enough resources pre-established in the field of research, including adequate financial and technical support, were identified to increase project capacity and address development challenges. Additionally, potential consequences of either research process or outcome for affected or targeted populations were addressed, gender perspectives and local knowledge were included to support generating inclusive and original research findings. The

strategies on information dissemination were mostly included for potential audiences to use at a particular moment in time.

Regarding the strength of evidence, 93.9 percent generated medium-level evidence, considering that 45 out of the 48 reviewed papers were moderate quality studies with a medium and generally consistent evidence body. Therefore, the findings of 48 studies reviewed are likely stable but may not be derived and replicated across different contexts. This provides further impetus for the Joint Programme to explore more innovative ways of generating and disseminating data and evidence at different levels to be able to influence both policy and practice for the elimination of FGM.

List of Studies Assessed

1. "Understanding the relationship between child marriage and female genital mutilation" Available at <https://data.unicef.org/resources/understanding-the-relationship-between-child-marriage-and-fgm/>
2. "Impact of the COVID-19 Pandemic on Family Planning and Ending." Available at https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf
3. "Resilience in Action: Lessons learned from the Joint Programme during the COVID-19 crisis." Available at <https://www.corecommitments.unicef.org/kp/resilience-in-action--lessons-learned-from-the-joint-programme-during-the-covid-19-crisis.pdf>
4. "Understanding the association between parental attitudes and the practice of female genital mutilation among daughters" Available at <https://data.unicef.org/resources/understanding-the-association-between-parental-attitudes-and-the-practice-of-female-genital-mutilation-among-daughters/>
5. "Technical Note on COVID-19 and Harmful Practices | UNICEF." Available at <https://www.unicef.org/documents/technical-note-covid-19-and-harmful-practices>
6. "Costing the Three Transformative Results (Chapter 3: Cost of Ending Female Genital Mutilation)" Available at <https://www.unfpa.org/featured-publication/costing-three-transformative-results>
7. "Beyond the Crossing: Female genital mutilation across borders." Available at <https://www.unfpa.org/publications/beyond-crossing-female-genital-mutilation-across-borders>
8. "Joint Evaluation of the UNFPA-UNICEF Joint Programme on the abandonment of female genital mutilation: accelerating change." Available at <https://www.unicef.org/sites/default/files/2019-06/JP-2019-Evaluation-Report-Phase-I-and-II.PDF>
9. "Prévention contre la Pandémie Covid-10 et Mesures Gouvernementales de Restriction. Cartographie de la Disponibilité et Continuité des Services Sociaux et de Protection de l'Enfant." Available at <https://www.humanitarianresponse.info/en/operations/burkina-faso/document/burkina-fasoevaluation-dimpact-de-covid-19-sur-la-disponibilit%C3%A9-des>
10. "Covid-19 et Protection de l'Enfant au Burkina Faso: Rapport d'Enquête auprès des Enfants dans les Régions de l'Est, du Nord et du Sahel." Available at <https://fgmjp.org/km/covid-19-et-protection-de-lenfant-au-burkina-faso-rapport-denquete-aupres-des-enfants-dans-les-regions-de-lest-du-nord-et-du-sahel/>
11. "Covid-19 et Nouveaux Besoins de Protection de l'Enfant au Burkina Faso: Rapport d'Enquête auprès des Parents dans quatre Régions." Available at <https://fgmjp.org/km/covid-19-et-nouveaux-besoins-de-protection-de-lenfant-au-burkina-faso-rapport-denquete-aupres-des-parents-dans-quatre-regions/>
12. "Mutilations Génitales Féminines et Mariage d'Enfants: analyse secondaire basé sur l'EDS 2010 et l'EMC-MDS 2015." Available at https://www.insd.bf/contenu/autres_publications/Analyse_MGF_ME_Final_INSD.pdf

13. "Consultation pour Renforcer le Système de Protection contre la VBG / MGF Pendant la Crise Sanitaire du COVID19." Available at <https://fgmjp.org/km/consultation-pour-renforcer-le-systeme-de-protection-contre-la-vbg-mgf-pendant-la-crise-sanitaire-du-covid19/>

14. "Cartographie des Structures VBG." Available at <https://fgmjp.org/km/cartographie-des-structures-vbg-au-djibouti/>

15. "Evaluation des Services de Prise en Charge VBG auprès des Communautés Pendant COVID-19 Quarantaine à Djibouti." Available at <https://fgmjp.org/km/evaluation-des-services-de-prise-en-charge-vbg-aupres-des-communautes-pendant-covid-19-quarantaine-a-djibouti/>

16. "Rapport de l'Enquête Nationale sur les Mutilations Génitales Féminines et les Violences faites aux Femmes." Available at <https://fgmjp.org/km/rapport-de-lenquete-nationale-sur-les-mutilations-genitales-feminines-et-les-violences-faites-aux-femmes/>

17. "Assessment of barriers to accessing violence against women and children response services in refugee and host communities of Ethiopia." Available at <https://fgmjp.org/km/assessment-of-barriers-to-accessing-violence-against-women-and-children-response-services-in-refugee-and-host-communities-of-ethiopia/>

18. "Gender and Adolescence Research Panorama" Available at <https://www.gage.odi.org/wp-content/uploads/2020/06/GAGE-Panorama-June-2020-V3.pdf>

19. "Etude Nationale pour la formulation de stratégies d'accélération d'abandon des mutilations génitales féminines (MGF) à travers les consultations des communautés et des professionnels de santé." Available at <https://fgmjp.org/km/rapport-de-letude-nationale-pour-la-formulation-de-strategies-dacceleration-dabandon-de-mutilations-genitales-feminines-a-travers-les-consultations-des-communautes-et-les-professionnels-de/>

20. "Etude sur la Perception des Bénéfices que les Femmes et les Communautés trouvent dans la Pratique des MGF." Available at <https://fgmjp.org/km/etude-sur-la-perception-des-benefices-que-les-femmes-et-les-communautes-trouvent-dans-la-pratique-des-mgf/>

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24. "Sub-analysis of the Kenya Demographic and Health Survey 2014 on section related to FGM." Available at <https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/>

25. "Rapid Baseline Assessment on the Status of FGM in the 22 Hotspot Counties." Available at <https://fgmjp.org/km/rapid-baseline-assessment-on-the-status-of-fgm-in-the-22-hot-spot-counties/>

26. "Etude sur les Mutilations Génitales Féminines (MGF/E) dans la Region de Tombouctou." Available at <https://fgmjp.org/km/etude-sur-les-mutilations-genitales-feminines-mgf-e-dans-la-region-de-tombouctou/>

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