

Fact Sheet

ACCOUNTABILITY FOR ELIMINATING FEMALE GENITAL MUTILATION

A FOCUS ON THE THIRD CYCLE OF THE UNIVERSAL PERIODIC REVIEW

June 2020



FGM IS A VIOLATION OF INTERNATIONAL HUMAN RIGHTS LAW AND A FORM OF GENDER-BASED VIOLENCE

Globally, 200 million girls and women alive today have undergone female genital mutilation (FGM) and another 68 million girls are at risk of being cut by 2030 if current trends continue. Female genital mutilation endangers the health of women and girls and can lead to long-term physical, psychological and social consequences. The practice is a violation of multiple regional and international human rights treaties and is rooted in gender inequalities, restricting girls and women from realizing their rights.

The need for its elimination is globally agreed in the Sustainable Development Goals, under Target 5.3 of Goal 5: Achieve gender equality and empower all women and girls. Support for the practice is declining, yet rapid youth population growth in countries where FGM is prevalent could lead to a significant rise in the number of girls at risk by 2030.

Figure 1. Percentage of UPR recommendations on gender equality

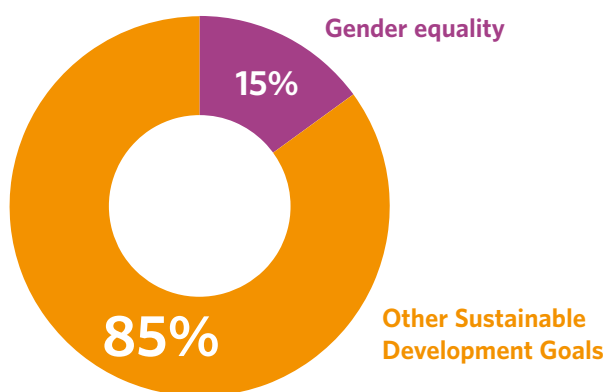


Figure 1 includes information for 84 countries reviewed between the 27th Session of the UPR Working Group and its 33rd Session.

THE UPR IS A PLATFORM TO ENGAGE STAKEHOLDERS IN ENDING FGM BY 2030

Out of the Human Rights Committee reform process came a mechanism to review the fulfillment by all 193 United Nations Member States of their human rights obligations and commitments. The Universal Periodic Review (UPR) was created by the UN General Assembly and is carried out through the Human Rights Council (HRC). Reviews take place through an interactive discussion between the State under review and other UN Member States during a meeting of the UPR Working Group. The process concludes in a series of recommendations.

For UNFPA, the UPR process has proven to be a valuable platform for engaging national stakeholders to follow-up on international commitments and advance accountability on gender equality and sexual and reproductive health and reproductive rights.

UNFPA conducted assessments in 2014 and in 2018 of the UPR's *first cycle* (2008-2011) and *second cycle* (2012-2016). Both studies found that gender equality and sexual and reproductive health and reproductive rights are well featured within the outcomes of the UPR, with a good rate of acceptance and follow-up of these outcomes by Member States.

Comparing the second cycle with the third cycle (2017-2022, ongoing), the share of recommendations on gender equality, Goal 5 of the Sustainable Development Goals, has remained roughly the same.

- The second cycle included 4,936 recommendations on Goal 5 out of 35,999 recommendations (14 per cent).
- The third cycle, to date, includes 2,581 recommendations on Goal 5 out of 17,427 recommendations (15 per cent).¹

Similarly, the share of recommendations on FGM remains steady. The stable level of engagement on gender equality and FGM observed at the UPR shows that the mechanism has consolidated as a critical space for political and policy dialogue on ending this harmful practice and protecting the human rights of women and girls.

¹ Figure 1 was computed through OHCHR's Universal Human Rights Index. The Third Cycle of the UPR started with the 27th Session in 2017 and is scheduled to end in 2022. The 34th Session concluded in December 2019. Although the 35th Session concluded in January 2020, official information regarding the overall number of recommendations made therein was not yet available at the time of writing.

UN MEMBER STATES SUPPORT ENDING FGM

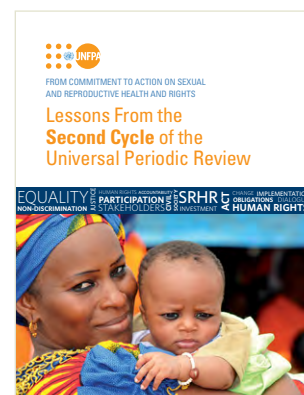
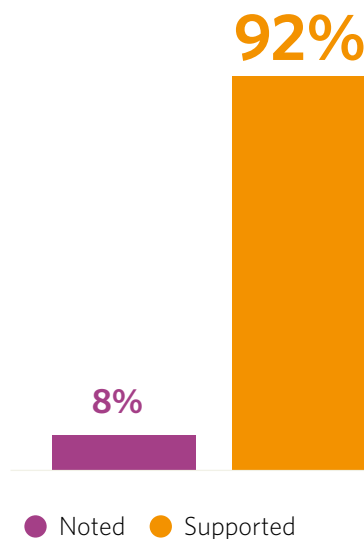
Among the recommendations under Goal 5 for gender equality, those on FGM accounted for about 5 per cent during the UPR's second cycle and 6 per cent in the third cycle to date. This is an important figure since countries where national prevalence of FGM is established represent only 16 per cent of UN Member States² reviewed at the UPR at every cycle. Further, recommendations related to Goal 5 encompass many other issues such as equal access to technology and economic resources, women's public participation and leadership, unpaid care and domestic work, trafficking in persons and child marriage.

- **9 out of 10 recommendations dealing with FGM have been accepted by Member States³**

For example, Djibouti, Mali, Nigeria and Senegal supported all recommendations on FGM received during their reviews. Burkina Faso and Ethiopia supported all but two recommendations on FGM received during their reviews. Indonesia did not “support” but rather “noted” half of the recommendations received on FGM. The noted recommendations addressed criminalization of FGM and prosecution of cases together with holistic legal reform in favour of sexual and reproductive health and rights.

The Member States at the UPR demonstrate a high level of support and strong political commitment for eliminating female genital mutilation.

Figure 2. Level of acceptance of FGM recommendations



Lessons from the first and second cycles of the UPR are presented in these two publications.

² 31 countries (Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Liberia, The Maldives, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Togo, Uganda and Yemen) where nationally representative data from Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other survey sources establishes a prevalence on FGM. However, sources from indirect estimates, surveys and anecdotal evidence suggest that FGM is much more widespread globally (possibly over 90 countries across all geographic zones except Antarctica).

³ This figure includes information for 84 countries reviewed between the 27th Session of the UPR Working Group and its 33rd Session.

RECOMMENDATIONS IN THE THIRD CYCLE FOCUS ON LAWS & AWARENESS RAISING

Recommendations on female genital mutilation made during the third cycle of the Universal Periodic Review can be grouped into five main categories.



AWARENESS RAISING

This category groups recommendations aimed at sensitizing the public about the root causes, criminality or consequences of FGM, including for the physical and mental health and well-being of women and girls, and mobilizing society as a whole including by engaging communities, traditional and religious leaders, often with the goal to change norms and behaviours. **Awareness-raising accounted for 15 per cent of recommendations on FGM.**

Example: “Intensify awareness-raising campaigns throughout the territory to eradicate female genital mutilation, involving all social actors, including religious and community leaders.”



GENERAL

This category groups recommendations of a general nature aimed at acknowledging FGM or strengthening efforts in eliminating the harmful practice. They often entail some sort of political commitment. **General recommendations accounted for 30 per cent of all recommendations on FGM.**

Example: “Step up efforts to eradicate female genital mutilation.”



LEGAL ENFORCEMENT

This category groups recommendations pursuing the implementation and enforcement of often already existing laws and regulations, including through the investigation and prosecution of FGM cases. **Legal enforcement accounted for 21 per cent of recommendations on FGM.**

Example: “Take further steps to improve implementation of its laws on female genital mutilation and ensure prosecution through the appropriate judicial channels.”



LEGAL REFORM

This category groups recommendations pursuing the adoption or amendment of legislation with a view to ban or criminalize the practice of FGM in line with international human rights standards. **Legal reform accounted for 23 per cent of recommendations on FGM.**

Example: “Introduce legislation to criminalize the practice of female genital mutilation.”



PUBLIC POLICY

This category groups all other recommendations pursuing the enactment or implementation of strategies, action plans or policies on FGM with a wide range of public policy lenses. **Various public policy measures accounted for 10 per cent of recommendations on FGM.**

Example: “Rigorously implement the joint action plan of the Ministry of Health and the Ministry for Women and the Family on female genital mutilation 2017-2021.”

TO PROMOTE THE ELIMINATION OF FGM, COORDINATED AND SYSTEMATIC EFFORTS ARE NEEDED

1.

Member States continue to demonstrate a **high level of engagement on gender equality** at the UPR and have shown **strong political commitment towards eliminating female genital mutilation**.

2.

Around **half of all recommendations on the subject of female genital mutilation at the UPR pertain to the enactment and enforcement of laws** to prevent and respond to the harmful practice.

3.

Recent data have shown that FGM is present in over 90 countries globally, yet only a few countries are the focus of nearly 90 per cent of recommendations on FGM received at the UPR, signaling a need for more data and sustained global profiling of the issue.

4.

The wide range of duty bearers and actions addressed in the recommendations show that FGM is not a single ministry's issue but a national development and human rights priority requiring a comprehensive, multi-sectoral response with dedicated funding and budget lines.

5.

While 60 per cent of recommendations made at the UPR provided specific measures to guide national efforts on social mobilization and awareness raising, as well as enacting and enforcing legislation, another **30 per cent did not detail specific measures to eliminate FGM, suggesting potential opportunities to further feature specific interventions**.

6.

While **it remains important to align national laws with international human rights standards and to engage communities in transforming the cultural, gender and social norms that underpin FGM**, eliminating the practice will require a broader set of interventions.

7.

As a complex phenomenon at the intersection of civil, political, economic, social and cultural rights, **FGM also requires interventions to prevent and respond to its socioeconomic drivers, as well as its health and psychosocial consequences**.

8.

Recommendations on the following should be prioritized: **social protection measures, health-based interventions** (e.g. sexual and reproductive health services, reconstructive surgeries) and **psychosocial support and protection** (e.g. mental health and GBV counselling, shelters).

9.

UNFPA country offices are encouraged to support Member States to **translate commitments on FGM made at the Nairobi Summit into UPR recommendations to ensure better follow up**.



● A wide view during the 19th Session Human Rights Council, 15 March 2012. | Credit: Jean-Marc Ferré for UN Photo.

Table 1. Distribution of recommendations

COUNTRY ⁴	NUMBER OF RECOMMENDATIONS	CATEGORIES ⁵				
		Awareness raising	General	Legal enforcement	Legal reform	Public policy
Burkina Faso	17	10%	25%	25%	5%	35%
Djibouti	17	27%	9%	27%	14%	23%
Egypt	3	0	67%	0	16.5%	16.5%
Ethiopia	23	4%	58%	15%	15%	8%
Gambia	17	21%	31.5%	37.5%	10.5%	0
Indonesia	10	20%	20%	10%	50%	0
Iraq	7	25%	12.5%	25%	37.5%	0
Mali	22	8%	11%	14%	50%	17%
Nigeria	5	40%	20%	40%	0	0
Senegal	13	0	33%	33%	27%	7%
Yemen	0	NA	NA	NA	NA	NA

4 Countries where FGM is prevalent that were reviewed before the 34th Session of the UPR Working Group scheduled in November 2019 including those supported by the UNFPA-UNICEF Joint Programme. Egypt, Gambia and Iraq, though reviewed during the 34th Session, have been added to the analysis as information on the content of the recommendations they received is readily available.

5 Distribution was calculated using a scoring system. A point was attributed to each category that a recommendation addressed. Then the score of each category was divided by the total number of points across all categories to find the distribution rate.

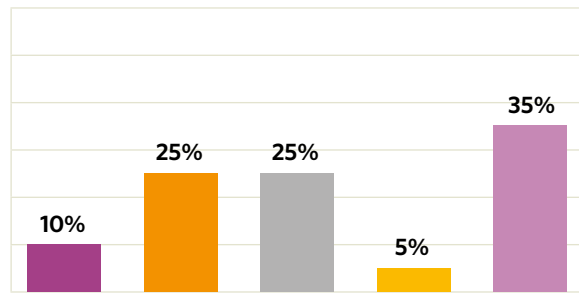


Ms. Inna Modja, FGM survivor and French-Malian singer, addresses a press conference on the International Day of Zero Tolerance for Female Genital Mutilation. | **Credit: Manuel Elias for UN Photo.**

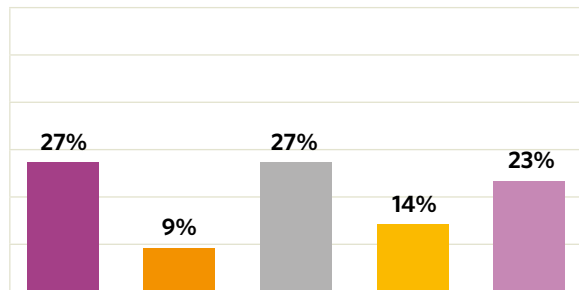
Figure 3.

FIVE COUNTRIES WITH THE MOST RECOMMENDATIONS ON ENDING FGM

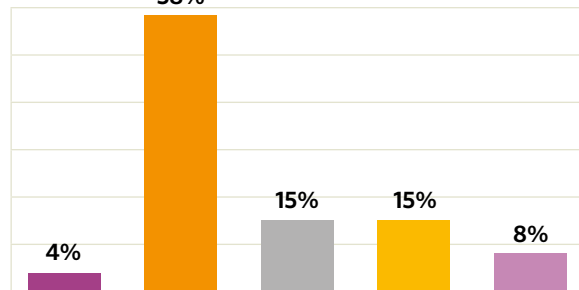
Burkina Faso



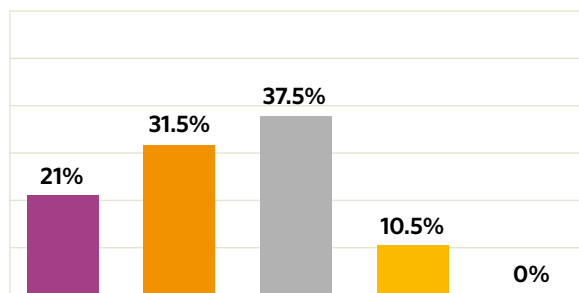
Djibouti



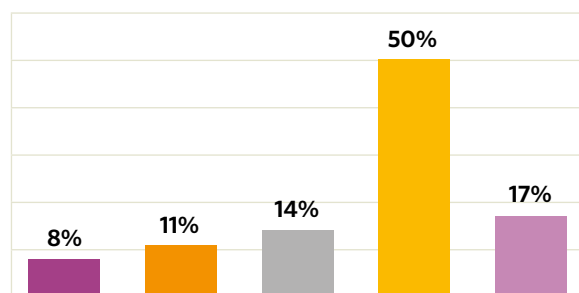
Ethiopia



Gambia



Mali



● Awareness raising ● General ● Legal enforcement ● Legal reform ● Public policy



UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services. UNFPA works with governments and partners to: promote universal access to quality, integrated sexual and reproductive health services; strengthen health systems, train health workers, educate midwives and improve access to the full range of reproductive health; and prevent and respond to gender-based violence and eliminate harmful practices.

ACKNOWLEDGEMENTS


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Cover photo:

A public declaration ceremony on the abandonment of FGM takes place in Guinea.

| Credit: UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation.