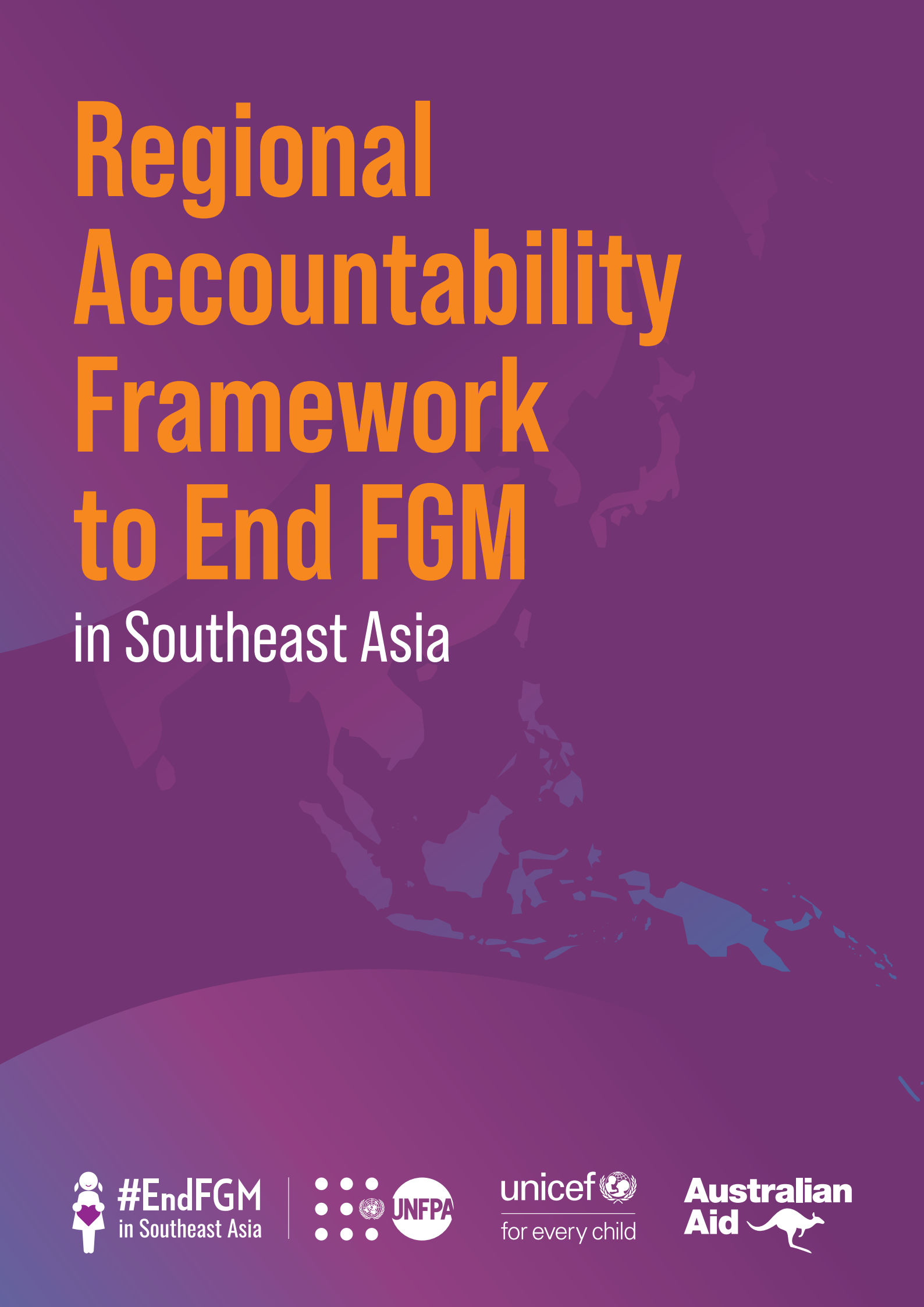
Regional Accountability Framework to End FGM

in Southeast Asia



#EndFGM in Southeast Asia

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I. Introduction

An estimated 80 million girls and women in Asia have undergone some form of FGM/C, 35% of all cases globally. Governments, United Nations agencies, civil society organizations and regional networks[1] in Southeast Asia are collaborating to end female genital mutilation/cutting in South-East Asia and support achievement of SDG 5.3 on elimination of all harmful practices. Recognizing the need for greater coordination and joint efforts to end the practice key partners are working together to strengthen regional and sub-regional evidence building, advocacy and dialogue, and capacity to address FGM/C in South-East Asia, under the leadership of UNFPA and UNICEF. To this end, partner organizations have developed and are implementing a **Regional Accountability Framework** (the RAF) to end FGM/C in the region. The development of the RAF is a priority under the Australian Department of Foreign Affairs and Trade (DFAT) funded regional initiative *"Breaking the silence: Increasing accountability on addressing Female Genital Mutilation in Southeast Asia"*.

It is the first time that partner organizations have come together at the regional level to strengthen coordination and joint efforts to end FGM/C in South-East Asia. The purpose of the RAF is to build a common narrative and objectives, priorities, interventions and indicators for monitoring progress towards ending FGM/C in South-East Asia. The RAF outlines joint commitments and key priorities and actions being implemented by regional partner organizations and will support strengthened coordination of monitoring and reporting and exchange of lessons learned and impact.

The RAF was designed in consultation with partner organizations and reflects jointly identified priorities. Development of the RAF was initiated during the first Regional Partners Roundtable in Bangkok in October 2024, where an overview of objectives, principles and priorities was presented and discussed. Following this meeting, an initial draft was prepared and was circulated for feedback among partners. It was discussed in a stakeholder meeting in February 2025 and finalized in April 2025 and shared with stakeholders, and adopted in December 2025.

1 Including the Orchid Project, ARROW, the Asia Network to End FGMC, and IPPF.

Anchored to global and regional frameworks and aligned with the ASEAN Regional Plan of Action to End Violence Against Women (RPA EVAW) and ASEAN Regional Plan of Action to End Violence Against Children (RPA EVAC) the proposed **timeline** for the RAF is 2025-2035. Implementation will take place in three phases, an initial phase in 2025-2026, a second phase to align with the SDGS from 2027-2030, and a final phase from 2031-2035 to align with the two Regional Plans of Action. Monitoring and reporting on implementation of the RAF will take place during annual review meetings with partner organizations and will be supported by UNFPA and UNICEF.

II. Definitions

In recognition of the diverse and different understandings of the practice in South-East Asia the term female genital mutilation/cutting (FGM/C) is used in this RAF. While the RAF adopts the WHO definition of the types of FGM/C set out below, the wide variety of types of FGM/C practiced in the region are not considered by stakeholders to fit neatly into these typologies[2] and are not always perceived to constitute FGM/C. Further guidance is required to clarify that any form of FGM/C is harmful.

TYPES OF FGM

According to the World Health Organization, female genital mutilation is classified into 4 major types:[3]

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

2 Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

3 WHO (World Health Organization). 2024. *Female Genital Mutilation: Fact Sheet,* updated February 2024, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation Accessed 16 September 2024

The RAF recognizes all forms of FGM/C as a *harmful practice*, a violation of women and girls' human rights, and a form of violence against all women and girls in all their diversity. As defined by the CEDAW and CRC committees in joint general recommendation 31 of the Committee on the Elimination of Discrimination against Women/general comment 18 of the Committee on the Rights of the Child, harmful practices:

- constitute a denial of the dignity and/or integrity of the individual and a violation of human rights and fundamental freedoms
- constitute discrimination against women or children and result in negative consequences for them as individuals or groups, including physical, psychological, economic and social harm and/or violence and limitations on their capacity to participate fully in society or develop and reach their full potential
- are traditional, re-emerging or emerging practices that are prescribed and/or kept in place by social norms that perpetuate male dominance and inequality of women and children, on the basis of sex, gender, age and other intersecting factors
- are imposed on women and children by family members, community members or society at large, regardless of whether the victim provides, or is able to provide, full, free and informed consent.

Further, the joint recommendation recognizes that harmful practices such as FGM/C are rooted in attempts to exert control over women's and girls' bodies and sexuality, and that FGM/C is seen as a requirement for marriage and is "believed to be an effective method of controlling the sexuality of women and girls."[4]

Multiple forms of inequality and discrimination overlap and interact to shape how individuals and groups experience discrimination, violence and harmful practices.[5] The RAF recognizes that FGM/C may have different impacts on marginalized and vulnerable women and girls, including women and girls with disabilities, and may also result in impairment that leads to disability. Further research is needed to understand these impacts. The RAF also recognizes the linkages between FGM/C and other forms of genital surgery which require dedicated understanding and expertise that are beyond the scope of this Framework.

4 UN CEDAW and UN CRC (United Nations Committee on the Elimination of Discrimination Against Women and United Nations Committee on the Rights of the Child). 2019. "Joint General Recommendation/General Comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on Harmful Practices." May, CEDAW/C/GC/31/Rev.1- CRC/C/GC/18/Rev.1

5 UNFPA. 2020. Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming. https://www.unfpa.org/sites/default/files/pub-pdf/2020_HRBA_guidance.pdf

III. Context

Globally, an estimated 230 million women and girls have undergone FGM/C and about 4 million girls are subjected to the practice each year, 2 million before their fifth birthday.[6] The largest share of the global burden is in Africa, with 144 million cases, followed by 80 million in Asia, and 6 million in the Middle East.

Female genital mutilation/cutting is recognized internationally as a violation of women and girls' human rights, an extreme form of discrimination against women and girls, and a harmful practice. The practice has no health benefits for women and girls and is associated with a wide range of health complications that can span a lifetime. The health complications are diverse and include physical, sexual and psychological consequences. All forms of FGM/C are harmful, and the risk of harm is even greater with more severe forms of FGM/C.[7] FGM/C is recognized as a form of violence against women under the Convention of Elimination of All Forms of Discrimination against Women, and as a harmful traditional practice prejudicial to the health of children under the Convention on the Rights of the Child. Under the Sustainable Development Goals countries have committed to eliminate all harmful practices such as child, early and forced marriage and female genital mutilation (SDG 5.3). At the 69th Session of the Commission on the Status of Women, member states recognized the right of all women and girls to *"fulfil their full potential, free from discrimination, harassment, violence and harmful practices, including female genital mutilation and child, early and forced marriage"*.[8]

THE JOINT PROGRAMME ON THE ELIMINATION OF FEMALE GENITAL MUTILATION

The Joint Programme, launched in 2008 and now in its fourth phase (2022–2030), focuses on fostering accelerated, collaborative action across all levels (grassroots, communities, subnational, national, regional and global) and all relevant sectors (social, education, health, religious,

6 UNICEF. 2024. Female Genital Mutilation: A Global Concern. 2024 Update. New York: UNICEF. https://data.unicef.org/resources/female-genital-mutilation-a-global-concern-2024/ Accessed 16 September 2024

7 WHO (World Health Organization). 2024. *Female Genital Mutilation: Fact Sheet,* updated February 2024, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation Accessed 16 September 2024

8 UN ECOSOC. 2025. Political declaration on the occasion of the thirtieth anniversary of the Fourth World Conference on Women. https://docs.un.org/en/E/CN.6/2025/L.1

economic, and political). This collaborative and multifaceted approach aims to shift underlying social norms within affected communities through movement building and strengthening of systems in partnership with governments, non-governmental organizations and the private sector. The Joint Programme directly supports programmatic interventions in 18 countries (11 in Africa, five in the Arab states and most recently, Indonesia).[9]

FGM/C in South-East Asia

While commonly associated with countries in Africa and the Middle East, FGM/C is practiced across the South-East Asia region. It is widely accepted and conducted in Brunei Darussalam, Indonesia and Malaysia, and in sub-populations in parts of the Philippines, Thailand and Singapore, and, anecdotally, in Cambodia.[10] Most countries in the region do not collect or publish prevalence data in national statistics, or report prevalence of FGM/C in national reporting against SDG targets and indicators. The Asia Network to End FGM/C and the Orchid Project estimate that approximately 78.9 million women and girls in South-East Asia have undergone the practice.[11] However, only Indonesia has reliable national prevalence data on FGM/C.

Around half of women and girls in Indonesia have undergone some form of FGM/C. In 2021, 50.5% of women aged 15-64, and 45% of those aged 15-19 were found to have undergone some form of FGM/C. In addition, 55% of girls have undergone the practice, as reported by their mothers: 80% were under the age of two.[12] More recently, the 2024 National Survey on Violence Against Women found that 46.3% of women aged 15-49 had undergone some form of FGM/C which may suggest that the practice is declining. While national prevalence data is not available for Malaysia, Asia Network to End FGM/C and Orchid Project estimates suggest that 93% of the ethnic Malay majority population - an estimated 7.5 million women and girls - have undergone some form of FGM/C. In Indonesia most girls were found to have undergone the practice under the age of 5, while in Malaysia it is usually performed on girls under the age of one.[13] Of the four types of FGM/C identified by the WHO, Type I and Type IV are

9 https://www.unfpa.org/unfpa-unicef-joint-programme-elimination-female-genital-mutilation

10 One study with Cambodian Cham women who had migrated from Cambodia to Malaysia found that they had brought the practice with them when they migrated. Zahari, Siti Nur & Azmi, Zaireeni & Iguchi, Yufu. 2022. Female Genital Cutting (FGC) among the Cham immigrants in Malaysia. https://www.researchgate.net/publication/373488336_Female_Genital_Cutting_FGC_among_the_Cham_immigrants_in_Malaysia. Accessed 13 February 2025

11 Estimates presented during the regional roundtable by Asia Network to End FGM/C and Orchid Project.

12 MOWECP (Ministry of Women's Empowerment and Child Protection). 2022. *Violence Against Women Survey – 2021*. Jakarta: Republic of Indonesia

13 Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

most commonly practiced in the region. However, a recent small-scale study has suggested that Type II may be conducted in Singapore.[14]

While traditional practitioners continue to perform FGM/C, the practice is increasingly medicalized.[15] In Indonesia, 48.5% of practitioners who perform the practice are medical professionals including doctors, nurses and midwives. In Malaysia, medicalization is increasingly common and preferred by younger cohorts. In other countries, such as Thailand, FGM/C medicalization is resisted in favour of traditional methods.[16] FGM/C medicalization may be perceived to be safer than traditional methods, and may also contribute to the perception that the procedure is necessary for health or medical reasons.[17] In Indonesia, 26% of women surveyed cited health reasons as one of the main reasons women and girls should undergo FGM/C. This view was more commonly held in urban areas, by 32% of respondents compared to 18% in rural areas.[18]

Drivers of the practice are complex and vary between and within countries, and across settings. However, common factors include social and gender norms regarding women and girls' sexuality and purity and beliefs that the practice is a religious requirement, as well as a marker of both maturity and acceptance into the Islamic faith. Control of women's and girls' sexuality is also a driver: in Malaysia, older generations believe FGM "reduces women's libido and decreases the risk of sex outside marriage."[19] In Malaysia, support for FGM/C remains widespread, estimated at 90% in some studies, though there are some signs that views among younger cohorts may be changing. In Indonesia, almost 50% of women surveyed in 2021 said the practice should continue: the main reasons given were that it is a religious requirement (68%), and most people do it (40%).[20]

The ASEAN Regional Plan of Action on the Elimination of Violence against Women 2016-2025 and the ASEAN Regional Plan of Action on the Elimination of Violence Against Children 2016-2025 recognize harmful practices including FGM/C as a form of violence against women

14 Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project.

15 "Medicalization" of FGM refers to situations in which FGM is practiced by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere. https://www.unfpa.org/sites/default/files/resource-pdf/FGM_Policy_Brief_On_Medicalization_Brochure_-_PDF_June_18.pdf

16 MOWECP. 2022. *Violence Against Women Survey – 2021*. Jakarta: Republic of Indonesia; A. Dawson *et al*. 2020. "Addressing female genital mutilation in the Asia Pacific: The neglected sustainable development target", Australian and New Zealand Journal of Public Health. 44: 8-10; Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

17 Serour, G.I. 2013. Medicalization of female genital mutilation/cutting, *African Journal of Urology*, Volume 19, Issue 3, Pages 145-149.

18 MOWECP. 2022. *Violence Against Women Survey – 2021*. Jakarta: Republic of Indonesia; Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

19 Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

20 MOWECP. 2022. *Violence Against Women Survey – 2021*. Jakarta: Republic of Indonesia; Orchid Project. 2024. *Country Profile: FGC in Malaysia*. London: Orchid Project

and children. The RPA on EVAW calls on member countries to review and amend laws, regulations, policies, practices and customs *"including customary or religious laws, and any legislation which accepts the "defence of honour" as a mitigating factor related to crimes against women and girls and female genital mutilation (FGM) and honour killings"* and encourages countries to collect data on FGM/C.[21] Further, CEDAW and CRC Committee concluding observations and member states participating in the Universal Periodic Review process have made recommendations that countries in the region eliminate FGM/C including by legislating against the practice and ensuring that criminalization cannot be overruled on religious grounds.[22]

Efforts to address FGM/C in South-East Asia have been hampered by the widespread perception that it is a religious requirement, that the forms of FGM/C practiced in South-East Asian countries do not fall within WHO typologies and are not harmful, or that it is safe due to medicalization. Lack of evidence and data in most countries in the region about the prevalence of FGM/C and the harm it causes constrains efforts to understand and effectively advocate for ending the practice. Political and cultural sensitivities impact willingness and commitment of governments and other actors to address FGM/C across majority and minority prevalence settings. Limited resources for and coordination of interventions as well as a scant evidence base for what works to address FGM/C in the region also impede efforts to raise awareness and build consensus about the need to end the practice.

21 ASEAN (Association of Southeast Asian Nations). 2016a. ASEAN Regional Plan of Action on the Elimination of Violence against Women (ASEAN RPA on EVAW). Jakarta: ASEAN; ASEAN. 2016b. ASEAN Regional Plan of Action on the Elimination of Violence against Children (ASEAN RPA on EVAC). Jakarta: ASEAN

22 Member states participating in the third cycle of the UPR have made recommendations to Thailand, Brunei Darussalam and Malaysia to ban FGM/C. The most recent CEDAW Committee concluding observations have included recommendations to Malaysia, Singapore, Thailand, Brunei Darussalam, and Indonesia regarding banning FGM/C, including to criminalize the practice. The CRC has made recommendations to Brunei Darussalam and Indonesia and has requested further information from Malaysia.

REGIONAL INITIATIVES TO END FGM/C

In 2019, Malaysia based regional NGO the Asian Pacific Resource and Research Centre for Women (ARROW) and Orchid Project, a global NGO working to end FGM/C came together to establish a network to end FGM/C in Asia. The **Asia Network to end FGM/C** brings together activists, civil society organizations, survivors of FGM/C, researchers, medical professionals, journalists and religious leaders from 13 countries in Asia to work together to promote the abandonment of all forms of FGM/C across the region.

UNFPA's Regional Office for Asia and the Pacific and UNICEF's East Asia Regional Office, with the support of Australia's Department of Foreign Affairs and Trade, are implementing a new regional joint initiative, **Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation (2024-2028).** The programme aims to strengthen the evidence base on the harmful impact of FGM/C in South-East Asia, and to build a multi-stakeholder accountability framework to address FGM/C in the region. The initiative will i) support development of a common narrative and joint advocacy to address FGM/C, ii) strengthen capacity of stakeholders to address FGM/C as a harmful social norm, and iii) generate and disseminate evidence on the practice and what works to address it in the South-East Asia region.

IV. Objectives and principles

The Framework aims to contribute to the realization of global and regional normative standards and commitments to end FGM/C including i) the right of all women and girls to live free of violence and discrimination as set out in the CEDAW and CRC; ii) Member State commitments to end FGM under successive UN General Assembly resolutions; ii) SDG Target 5.3 on elimination of harmful practices including FGM/C and iv) ASEAN commitments to end all forms of violence including FGM/C under the ASEAN EVAW and EVAC Regional Plans of Action 2016-2025 and the next iteration of these RPAs for 2026-2035.

The objectives of the Framework are to:

- Strengthen coordination of stakeholders and initiatives to end FGM/C including by identifying roles and contributions of key stakeholders.
- Provide technical and coordination support to stakeholders, networks and social movements working to end the practice
- Facilitate generation and dissemination of evidence about FGM/C, the harm it causes and what works to address it
- Promote a joint regional approach and advocacy efforts to end FGM/C
- Foster shared commitment and accountability for jointly defined objectives and results including by developing a shared theory of change.

The Framework is guided by the following key principles:

- *Rights based*, grounded in human rights standards and principles, and commitments made by countries at global, regional and country levels,
- *Gender transformative*, seeking to address and change the structural inequalities and gendered drivers that underpin the practice
- *Shared values and collective approaches,* focusing on what can be done together to end the practice
- *Evidence-based*, using data and evidence to understand FGM/C and what works to change it, and implementing interventions that build on

this evidence

- *Intersectional*, recognizing the ways that intersecting forms of inequality and discrimination impact women and girls experience of FGM/C and ensuring vulnerable and disadvantaged groups of women and girls, including women and girls with disabilities, are addressed in interventions to end the practice
- *Do no harm*, ensuring that interventions do not worsen the situation of women and girls, and monitoring for and addressing pushback and other unintended harmful consequences
- *No one size fits all,* recognizing that FGM/C is a practice that is complex and diverse, that differs between and within countries, and solutions and interventions must be tailored to address it.
- *Differentiated approache*s to targeting to address the practice in countries where FGM/C is a majority practice versus countries where it is practiced by minority groups.

The RAF recognizes that approaches need to be tailored to the country context and negotiated with stakeholders to avoid unintended consequences. For example, criminalization of FGMC can have potential harmful consequences such as driving the practice underground and/or accelerating medicalization or increasing stigma and discrimination against minority populations. Partners will advocate for banning medicalization of the practice and strengthening guidelines for medical practitioners and health professionals.

V. Priority Areas

The RAF prioritizes areas for action, identified during the Regional Roundtable in October 2024, building on interventions being undertaken by key partners, and informed by experience from other regions and the global UNFPA-UNICEF Joint Programme to Eliminate FGM/C. An action plan is also available and is monitored annually through the regional programme "*Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation (2024-2028)*". The following priority areas and actions represent the joint commitment of regional partners to work together to contribute to elimination of FGM/C in the region:

1. **Promote a common understanding of FGM/C in South-East Asia, including by:**

    1.1. Developing a common definition of FGM/C in the region, and further clarifying the application of the WHO typologies of FGM/C in the region[23]

    1.2. Developing and promoting a shared narrative and understanding of the harm[24] caused by FGM/C in the South-East Asia region

    1.3. Developing and promoting a shared theory of change for ending FGM/C in the South-East Asia region

    1.4. Agreeing on a common and coordinated approach to addressing FGM/C in countries of majority prevalence and countries where FGM/C is a minority practice.

2. **Strengthen availability and quality of data to monitor prevalence of FGM/C, and build the evidence-base to understand and address the practice, including by:**

    2.1. Building the business case for investment in ending FGM/C and undertaking costing of the impact of FGM/C and of prevention and response to end it.

23 https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation

24 Harm encompasses physical, mental, and sexual health consequences for women and girls impacted by the practice: https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation

2.2. Advocating for the generation of official data on prevalence of FGM/C.

2.3. Generating and disseminating evidence on the harm caused by the practice.

2.4. Developing a joint research agenda on FGM/C to identify evidence gaps in the region.

2.5. Strengthening use of existing available data and evidence including to inform policy decision-making and intervention design and implementation.

3. Promote government engagement and strengthen normative standards and legislative and policy frameworks to eliminate FGM/C including by:

3.1. Advocating and supporting integration of commitments to end FGM/C in regional intergovernmental processes and agreements including the ASEAN regional plan of action on EVAW and EVAC 2026-2035 and regional mechanisms to promote progress towards and promote achievement of the SDGs, gender equality and SRHR (such as Beijing +35 and the Asia-Pacific Conference on Population and Development)

3.2. Advocating for adoption of a joint regional intergovernmental statement on ending FGM/C

3.3. Providing technical advice and support to implementation and monitoring of national policy frameworks and action plans on FGM/C including the Indonesia Roadmap 2030

3.4. Providing technical support to the inclusion of recommendations on the importance of addressing FGM/C in major human rights fora and mechanisms across the region, including UPRs and CEDAW reporting and procedures.

4. Undertake advocacy and foster movement building to end FGM/C, including by:

4.1. Engaging with regional stakeholders including health and medical associations and regional associations and networks of religious leaders

4.2. Providing technical advice and support to strengthen engagement of national and local stakeholders including religious authorities and religious, traditional and community leaders.

5. Build knowledge and develop capacities of key stakeholders and actors to more effectively address FGM/C, including by:

5.1. Engaging regional bodies to advocate for and provide technical support to develop and promote adoption of medical and health professional standards and guidance.

5.2. Providing technical advice and support to countries to develop and implement education and training for medical and health professionals (including through education, fellowships, and pre- and in-service training)

5.3. Providing capacity building and technical support to national and local civil society organizations to build understanding and capacity to address FGM/C.

6. Promote best practice approaches to, and share knowledge about, what works to undertake effective community mobilization and gender and social norm change to end FGM/C, including by

6.1. Providing technical advice and support to countries to understand and adopt best practices in implementing:

6.2. Awareness raising, value clarification and community-led and community mobilization interventions, and

6.3. Initiatives to integrate FGM/C in education, comprehensive sexuality education and SRHR programming.

7. Facilitate coordination and convening of stakeholders and actors working to end FGM/C in South-East Asia, including by

7.1. Coordinating regional convening, monitoring and oversight including of RAF implementation

7.2. Convening and providing technical advice and support to a regional community of practice on FGM/C

7.3. Supporting national coordination and monitoring and oversight mechanisms, as required

VI. Roles and Responsibilities

Partners include regional organizations and networks working to end FGM/C.

Partners to the RAF agree to: i) identify and leverage opportunities for joint advocacy, initiatives and evidence building; ii) acknowledge and respect each partner organization's mandate, contributions, and different approaches and perspectives as relevant; iii) share knowledge and information including evidence and data, and political and stakeholder environmental scanning and analysis; and iv) participate in regional meetings to monitor implementation and share lessons learned and experiences from interventions to end FGM/C.

Under the regional joint initiative to end FGM/C UNFPA and UNICEF will support monitoring and reporting on implementation of the RAF. The existing Asia Network to end FGM/C community of practice will serve as a mechanism for supporting knowledge exchange and resource sharing, capacity building, joint advocacy and communication, and collaboration with interested national and regional stakeholders and actors.

VII. Monitoring, Reporting and Evaluation

UNFPA and UNICEF will support monitoring and reporting on RAF implementation. This will include: i) presentation and discussion by RAF partners of implementation progress and challenges at bi-annual meetings (held virtually or in person); ii) annual reporting on progress and review of actions in the RAF; and iii) revision and updating of the RAF based on the annual review, including any adjustments needed to address emerging issues and opportunities as relevant.

It is proposed that a review of initial implementation of the RAF be conducted in 2027. Subject to availability of resources, an evaluation of the implementation of the Framework could be conducted in 2035.

Monitoring the Regional Accountability Framework

Aim: To contribute to the realization of global and regional normative standards and commitments to end FGM/C

Based on a review of existing indicator frameworks for elimination of FGM/C, and aligned to the UNICEF and UNFPA Regional Programme, the following indicators have been adopted to monitor implementation of the Regional Accountability Framework:

- Existence and functionality of sub-national, national/regional mechanisms to monitor FGM-related commitments (Medium Term Outcome Indicator).
- FGM regional Framework/ accountability framework implementation rate (Short Term Outcome Indicator)
- Number of joint initiatives (multi-stakeholder) created and acted on (Short Term Outcome Indicator)
- Number of joint statements against FGM/C in Southeast Asia (Short Term Outcome Indicator)

Key indicators for measuring progress towards ending FGM/C. *(NOTE: these indicators can only be monitored through official*

government data. At this stage, in South- East Asia this is possible only in Indonesia. Indonesian survey data is disaggregated by age and by urban/rural location.):

- Percentage of girls and women aged 15-49 years who have undergone FGM (disaggregated by place of residence and household wealth quintile, disability status, religious/ethnic identity, age, and urban/rural location where available) (Source: National or subnational surveys in Indonesia and in target countries as and when they become available)

- Percentage of girls aged 0-14 who have undergone FGM (as reported by their mothers, by place of residence and household wealth quintile) (Source: National or subnational surveys in Indonesia and in target countries as and when they become available)

- Percentage of girls and women and percentage of boys and men aged 15 to 49 years who have heard about FGM and think the practice should end. (Source: National or subnational surveys in Indonesia and in target countries as and when they become available)

- Percentage of women who agree that the practice of FGM is not necessary for one or more reasons. (Source: National or subnational surveys in Indonesia and in target countries as and when they become available)

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