A RESEARCH AGENDA TO STRENGTHEN EVIDENCE GENERATION AND UTILISATION TO ACCELERATE THE ELIMINATION OF FEMALE GENITAL MUTILATION

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The development of this global research agenda benefitted immensely from the input of key experts working on FGM from the global north and south (see Annex 1 for names and organisations). We are grateful for the expertise and support provided by the global reference group that brought together representatives of the UN agencies working on FGM. This included Nankali Maksud, Claudia Cappa, Harriet Akullu, Colleen Murray, Zahrah Nesbitt-Ahmed, Stephanie Baric and Yasmine Sinkhada from UNICEF; Nafissatou J. Diop, Mireille Tushiminina, Berhanu Legesse, and Thierno Diouf from UNFPA; and Christina Pallitto and Wisal Ahmed of WHO and HRP (the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction, a cosponsored programme executed by WHO). In addition, we greatly appreciate the intellectual and editorial support given by Chi-Chi Undie and Francis Obare of Population Council, and Jacinta Muteshi of Options Consultancy Services Limited. We acknowledge the editorial support provided by Green Ink and the design support provided by Blossom.

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FOREWORD

Evidence from nationally representative surveys shows that a girl today is about one third less likely to be subjected to female genital mutilation (FGM) compared with 30 years ago. In addition, data from 31 countries with a history of this practice indicate that FGM has dropped by one quarter in the last 20 years. Nonetheless, rapid population growth, coupled with ongoing insecurity and humanitarian crises (including the COVID-19 pandemic) in Africa and the Middle East threatens to roll back progress. Other noted threats include medicalization of the practice and it being performed at an increasingly young age.

As the Sustainable Development Goals (SDG) target of zero new cases of FGM by 2030 approaches, a focus on the utility of research for programming, policy development and resource allocation is critical. As part of the United Nations Member States' commitment to eliminating all harmful practices, including FGM, by 2030, the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change will be launching its Phase IV programme in 2022. For this phase intervention activities will focus on accelerating collective and multisectoral action by mobilizing a broad spectrum of actors across communities and at the national, regional and global level. This will go hand in hand with strengthening the mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, advance gender equality and increase women's decision-making. Together, our ultimate goal is a world free from FGM and where every woman and girl has voice, choice and agency.

There must be investments in the generation and use of evidence to strengthen efforts to end FGM as we seek to design effective interventions to halt the practice. This global research agenda, developed by UNFPA, UNICEF, , WHO and the Population Council, Kenya – in consultation with key stakeholders – will support and enable evidence-based programming. The agenda outlines the evidence gaps that need to be addressed and provides approaches to enable uptake and effective use of the evidence generated. It is our hope that this agenda will help fast-track the elimination of FGM by directing investments in this much needed research. It will also assist in narrowing the gap between research generation and uptake in programming, policy development/implementation and resource allocation at all levels for a multisectoral effort to accelerate achievement of SDG target 5.3.

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ACRONYMS

CHNRI	Child Health and Nutrition Research Initiative
COVID-19	Coronavirus Disease 2019
DfID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
FGM	Female Genital Mutilation
Joint Programme	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise
NGO	Non-Governmental Organisations
OHCHR	Office of the High Commissioner for Human Rights (OHCHR)
REA	Rapid Evidence Assessment
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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Background

The World Health Organisation (WHO) has classified female genital mutilation (FGM) into four broad categories: FGM Type I, also called clitoridectomy (partial or total removal of the clitoral glans and/or the prepuce); FGM Type II, also called excision (partial or total removal of the clitoral glans and labia minora, with or without excision of the labia majora); FGM Type III, also called infibulation (narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris; in most instances, the cut edges of the labia are stitched together); and FGM Type IV, which includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterisation (Office of the High Commissioner for Human Rights [OHCHR] et al 2008).

More than 200 million girls and women alive today have undergone FGM in 31 countries with nationally representative data in Africa, the Middle East and Asia (UNICEF 2020). This is most likely an under-representation as FGM may be present in more than 90 countries globally (Cappa, Van Baelen, and Leye 2019). While girls are one third less likely today to undergo the harmful practice than 30 years ago, rapid population growth in some of the world's poorest countries where FGM persists threatens to roll back progress (United Nations Population Fund (UNFPA) 2019; UNICEF 2020). In 2020 alone, an estimated 4.1 million girls were at risk of undergoing FGM, with the number of girls each year projected to rise to 4.6 million by 2030 (UNFPA 2019; UNICEF 2020). Without concerted and accelerated actions, an estimated 68 million more girls will have undergone FGM by 2030 (UNFPA, 2019).

The emergence of the COVID-19 pandemic in 2020 is also likely to have a huge impact on efforts towards achieving zero new cases of FGM by 2030, as envisaged in the Sustainable Development Goals (SDGs). Measures to contain the spread of COVID-19, such as restrictions on movement and social distancing, have directly affected the implementation of FGM interventions. Closure of schools, local and national lockdowns leading to girls spending more time at home and increased economic hardship

are potentially exacerbating the problem (Orchid Project 2020). Previous projections suggested that scaling up FGM prevention programmes could reduce new cases by 5.3 million between 2020 and 2030 (UNFPA 2020). However, due to COVID-19 and the scaling down of FGM programmes, achievement of this milestone could be challenging. It is estimated that 2 million additional FGM cases that would otherwise have been averted could occur over the next decade as a result of the pandemic (UNFPA 2020). The need to accelerate progress towards FGM elimination is therefore even more pertinent in the context of the COVID-19 pandemic.

To achieve this, UNICEF and UNFPA in collaboration with the Population Council, Kenya conducted a global review of evidence on the effectiveness of FGM interventions designed to prevent or respond to FGM, spanning over a decade. Subsequently, an experts' meeting was convened with researchers, programme staff and policymakers to prioritise research questions geared towards acceleration in achieving the SDG on gender equality, particularly target 5.3 on the elimination of FGM. Based on the evidence review and prioritization by experts, a global research agenda for the FGM sector was developed.

Rationale for a Research Agenda to Address Evidence Gaps in FGM Programming

Over the past decade (2010-2020), despite intensified efforts to conduct research globally on addressing FGM, knowledge of what works has remained elusive, partly due to lack of high quality evidence as well as the limited synergy between existing evidence and programme and policy implementation (Ashford, Naik and Greenbaum, 2020). The disconnect between research and programming is reflected in the limited uptake of evidence-based FGM findings to inform policy and programmes and to support mobilisation of resources to end the practice.There is equally a disconnect between programmes not generating evidence on their effectiveness. Much of the research conducted to date has not been adequately used to engage key stakeholders, including community members, programme implementers and policymakers, from the outset. Other reasons for the limited uptake of evidence include inadequate communication of evidence-based findings and insufficient support or budgets to utilise and operationalise research findings. In addition, inadequate monitoring of evaluation indicators and a lack of coordination between programme personnel and research practitioners in the sector have made it more difficult to determine the effectiveness of FGM programmes, while also resulting in research strategies that are not well-aligned with programme needs (UNFPA-UNICEF, 2017).

In this final decade of acceleration towards the SDG target of zero new cases of FGM by 2030, increasing the rigour, relevance, and utility of research for programming, policy development and resource allocation is critical. Identifying what works at scale will be essential to achieve this elimination goal. The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise has therefore prioritised the development of a global research agenda with the view not

only to identify the evidence gaps but also to enhance utilisation of the evidence generated, the research products and other policy documents. To this end, UNICEF in partnership with the Population Council, Kenya facilitated a process that included a review of the state of evidence, an experts' review meeting to prioritise research gaps and the drafting of a global research agenda. The evidence review paper, *Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation: A Review of Evidence* (Matanda et al, 2021), was used as the starting point for the development of this global research agenda.

Purpose, Scope and Audience for this Agenda

Fulfilling our commitment to the 2030 SDG by achieving gender equality and women and girls' empowerment requires the complete elimination of FGM. To date, several questions on effective ways to eliminate FGM remain unexplored by research and programming. A sector-wide approach to identifying gaps and building consensus on research questions is now an imperative. In addition, a sector-wide research agenda is critical to the understanding of various FGM issues, building knowledge, increasing public awareness and facilitating learning.

Purpose and scope

Through this agenda, the Joint Programme promotes understanding of various FGM issues, builds knowledge to increase programme effectiveness and to facilitate learning within the sector. The purpose of this agenda is twofold: (I) To prioritise the evidence most urgently required by researchers, programme implementers and policymakers to facilitate the elimination of FGM for the next decade (2) To promote uptake and utilisation of FGM research findings in policy/programme planning and implementation. Specifically, the agenda:

1. Refines the research questions within identified thematic areas noted as requiring further research for evidence-based actions over the next five years

2. Identifies bottlenecks in the uptake of research findings in programming for the elimination of FGM and identifies strategies for improved dissemination and uptake of research

3. Outlines considerations to support the implementation and achievement of the new research agenda.

Audience

The audience of this research agenda are stakeholders in the FGM sector defined as member states/government agencies, UN agencies, the research community, organisations and individuals that contribute, directly or indirectly, to the attainment of SDG target 5.3 on elimination of FGM by 2030 through development and implementation of programmes and policies.

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METHODOLOGY AND PROCESS FOR THE DEVELOPMENT OF THE AGENDA

- **Rapid Evidence Assessment**
- **Consultative and Consensus Building Processes**
- **Global Reference Group**
- **Importance and Strength of the Approach**

The methodology and process for the development of this agenda consisted of three stages: (1) a review of the state of evidence; (2) a consultative and prioritisation process that brought together 37 experts from 27 institutions including UN, governments, academia, activists and young people working on FGM and (3) a review by a reference group that provided technical support to the process.

Rapid Evidence Assessment

This agenda drew on a Rapid Evidence Assessment (REA) of the available literature on interventions implemented towards FGM abandonment published from 2008 to 2020 (Matanda et al. 2021). The REA is an emerging methodology for locating, appraising and synthesizing evidence within a short period of time, and is primarily driven by the need to provide timely reviews to support evidence-based recommendations (Varker et al. 2015). A systematic search of the literature in scientific databases was

conducted with searches on EBSCO (social sciences database, CHW Wilson, gender studies database, MEDLINE, CINAHL Plus and ERIC), JSTOR, Knowledge Commons, PubMed, SAGE journals, Web of Science and WILEY. Institutions or organizations that have been involved in FGM work (n=45) were purposively selected based on prior knowledge of their work by the co-authors, and their websites were reviewed. We also used references in reports and other literature to identify institutions or organisations involved in FGM work. Additional literature was identified by searching references of retrieved studies and suggestions from experts on FGM. The quality of studies was assessed using the *How to Note: Assessing the Strength of Evidence* guidelines published by the United Kingdom's Department for International Development (DfID, 2014). The strength of evidence was evaluated using a modified Gray scale that has been previously applied in the assessment of studies on reproductive health interventions (Gay et al. 2016; Gray and Chambers, 1997; Gray, 2009).

Consultative and Consensus-Building Processes

A consultative and consensus-building approach was adopted throughout the development of this research agenda. Following the identification of possible thematic areas and research questions from the evidence review, experts from academic and research institutions, policymakers, programme implementers, representatives of donors and United Nations staff were invited to participate in a virtual workshop to develop the research agenda. Global and national experts were identified from a sample of countries with high FGM prevalence through a review of programme and donor websites, internet searches and snowballing techniques. We equally considered key contributors on the Foreign, Commonwealth and Development Office (FCDO)-funded Evidence to End FGM Research Programme and FGM Data Hub. All together, a total of 37 experts were engaged. Efforts were made to ensure that the final list of experts had a fair representation in terms of diversity in expertise, region and gender. The global experts' virtual workshop provided an opportunity for participants to consider the state of evidence on FGM interventions that was shared to participants before the workshop; to discuss a set of research questions that needed to be addressed over the next five years during small group and plenary sessions; and to formulate ideas to enhance the use of evidence in FGM programming. See Annex 1 for the full list of experts who participated in the virtual consultation workshop held on 24 and 25 June 2021.

Global Reference Group

The global reference group brought together representatives of United Nations agencies working on FGM. This included representatives from UNICEF, UNFPA, and World Health Organisation (WHO). The primary responsibility of the reference group was to provide technical input and oversight in the review of evidence and development of the research agenda.

Importance and Strength of the Approach

The two-step process of developing the research agenda began by reviewing the current evidence on FGM interventions and later inviting experts in the FGM field to participate in a consultative and prioritisation exercise, which was critical for the following reasons: (i) the review of the evidence provided information on some of the existing gaps in research that needed to be filled in the coming years; and (ii) the consultative and prioritisation approach ensured that the development of the research agenda benefitted from input from various stakeholders in the FGM field, thereby increasing its legitimacy and uptake.The agenda is expected to increase the relevance and utility of research in FGM elimination, programming, policy development and resource allocation at all levels. It also enhances the use of evidence and consensus building on gaps that need to be addressed in order to accelerate the achievement of the SDG target 5.3 of eliminating FGM by 2030.

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THE STATE OF EVIDENCE ON INTERVENTIONS TO ADDRESS FGM

- **Taking Stock of Existing Evidence on Programming for FGM**
- **What Works, and What Doesn't Work**

Taking Stock of Existing Evidence on Programming for FGM

The review of evidence consisted of a total of 115 studies that met the inclusion criteria for the final analysis. To classify the various intervention approaches, we drew on the global theory of change and the compendium of indicators for measuring the effectiveness of FGM interventions developed by the Joint Programme (UNFPA-UNICEF, 2017, 2020). Both the global theory of change and the compendium of indicators embrace a holistic and multi-sectoral approach to ending FGM. Approaches identified in the literature were categorised by the level of intervention targeted, including the systems level (providing an enabling environment for ending FGM), community level (challenging gender and social norms around FGM), individual level (empowering women and girls), or service level (providing services for FGM prevention, protection and care) (UNFPA-UNICEF, 2017, 2020). Interventions were classified according to these four broad thematic areas, based on the level and hierarchy at which they were implemented, which are interlinked:

- **System level:** Refers to existing policies and legislation for the elimination of FGM; policies and legislation intended to empower and protect women and girls at risk of and/or affected by FGM to access comprehensive services; as well as policies and legislation intended to provide an enabling environment for individuals, families and communities to accept the norm of not subjecting girls to FGM and increasing girls' agency. The evidence review showed that legislation accompanied by political will, in combination with additional interventions such as sensitization and locally appropriate enforcement mechanisms, are promising practices in reducing FGM.

- **Community level:** Refers to interventions that target community members, including women leaders, women's associations, groups of men and boys, as well as religious and traditional leaders, to engage in critical reflection and deliberations on new norms and behaviour to improve well-being. It also includes interventions geared towards building the capacities of community members to motivate others to abandon FGM. The evidence review showed that health education and community dialogues with parents and religious leaders can change attitudes towards FGM –an important step in the continuum of change towards the abandonment of the practice. Media and social marketing efforts are associated with changing social norms and attitudes towards abandoning and, in some cases, have been associated with a reduction in FGM. Notably, there is currently no evidence that efforts to convert and/or provide traditional practitioners with alternative sources of income are effective in eliminating FGM.

- **Service level:** Refers to interventions that seek to build and strengthen the capacities of health, social (including child protection services) and legal service providers to prevent or respond to FGM. It also includes efforts to mainstream FGM in school curricula and social protection programmes targeting girls and women, as well as provision of legal, social and health services for prevention of and response to FGM. Available evidence, though limited, showed that training healthcare providers can improve the capacity for prevention and treatment of FGM. Notably, most of the studies assessed intermediate outcomes for behavioural change such as knowledge and attitudinal change.

- **Individual level:** Refers to interventions targeting girls and women to improve their economic status, capabilities in decision making, and agency. It also includes interventions that seek to promote women's and girls' rights in order to contribute to the emergence of new egalitarian gender norms. Evidence showed that formal education in the school system (educating girls who will become mothers) can reduce the number of girls undergoing FGM, while educating girls (general education on FGM) was associated with improved knowledge on the consequences of FGM and a change in attitudes towards the need for the practice.

What Works and What Doesn't

Combining the Gray rating of moderate and high-quality studies, as summarized in the state of the evidence review, with the geographical spread of the interventions allowed for analysis of successful programming towards abandoning FGM. The evidence review (Matanda et al. 2021) demonstrated that there are some interventions with positive supporting evidence, some that need further evidence, and some that are lacking evidence. For interventions lacking evidence, this could imply the need for more investigation or that a particular approach is not effective. Given the limited evidence across countries and regions overall, it is difficult to make strong claims about interventions that 'work' in general and how they would work in different geographic and cultural contexts. Nonetheless, Table 1 summarizes the existing evidence on interventions.

Table 1.
Interventions with positive findings, promising findings, and lack of evidence

Interventions with positive supporting evidence	
Level	**Intervention/evidence**
Community	Health education and community dialogues with parents and religious leaders can potentially change attitudes about FGM: an important step in the continuum of change towards abandonment of FGM.
	Media/social marketing efforts have shown positive results in changing social norms and attitudes towards abandoning FGM in some settings, and, in some cases, have been associated with a reduction in the practice.
Individual	Educating mothers can potentially reduce the number of girls undergoing FGM. The higher the level of formal education of a mother, the less likely her daughter is to undergo FGM.
	Educating girls is associated with increased knowledge and changing attitudes, an important step in the continuum of change towards abandonment of FGM.

Promising interventions that need further evidence	
Level	**Intervention/evidence**
System	Legislation accompanied by political will, in combination with additional interventions such as community sensitization and locally appropriate enforcement mechanisms are promising practices in reducing FGM.
Community	Public declarations supporting abandonment of FGM and designation of communities as "FGM free", particularly when accompanied by post-declaration follow-up, may change attitudes, and potentially reduce FGM.
	Public statements of opposition to FGM by religious leaders may help change attitudes towards abandoning FGM.
Service	Health-care provider training can improve capacity for prevention and treatment of FGM. Further information is needed on the type of training and the best ways to strengthen health systems to prevent and respond to FGM.

Interventions lacking evidence	
Level	**Intervention/evidence**
System	Evidence suggests that legislation alone without other interventions, such as community sensitization, is not effective in ending FGM; additionally, evidence suggests that criminalization may drive the practice underground or cause unintended harms to families.
Community	There is a lack of evidence on efforts to convert and/or provide excisors with alternative sources of income as an intervention for eliminating FGM.
Individual	There is a lack of evidence on alternative rites of passage with a focus on the public ceremonial passage of girls to womanhood in reducing or eliminating FGM.

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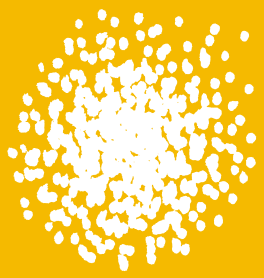
STRATEGIES TO IMPROVE PROGRAMME EFFECTIVENESS



- **Identification of Research Gaps and Possible Research Questions**
- **Prioritisation and Ranking of Research Questions**
- **Top 10 Prioritised Research Questions**

Identification of Research Gaps and Possible Research Questions

Building on the research gaps and questions identified from the evidence review, the following 10 thematic research areas were identified:

1. **Enabling legal and policy frameworks:** Most countries with a high prevalence of FGM have developed laws to support FGM abandonment. While there is wide consensus that laws are a critical component of a package of interventions to promote FGM abandonment using a rights- based approach, mechanisms to ensure implementation of these laws are often inadequate, and the evidence on implementation and impact is lacking.

2. **Achieving sustainable social and gender norm change around FGM:** Social norms are defined as shared standards of acceptable behaviour by groups. The ability of a programme to lead to the abandonment of FGM will vary across communities and countries due to differences in social, cultural and/or religious factors as well as differences in implementation approaches in these different settings. Changing religious and cultural beliefs, for example, could contribute towards the elimination of FGM. Gender norms on the other hand refers to social principles that govern the behaviour of girls, boys, women and men in society that sometimes restrict their gender identity to what is considered appropriate. While men have

not always been the targets of abandonment interventions due to their perceived lack of a role in FGM, their involvement may be critical due to their influence on decisions to continue or abandon the practice. Importantly, evidence has shown the extent of discordant opinions about FGM among mothers and fathers. While the mother's opinions are usually a stronger influence in whether a girl will be cut, girls are least likely to be cut when both parents are in opposition to the practice.

3. **Mainstreaming of FGM abandonment interventions across/ within social, economic development programmes and services, and health:** FGM should be addressed as part of broader efforts to address gender inequality. Abandonment may be linked to shifts in gender norms and the role(s) that women play in society. Reviews also have shown that targeting FGM is most effective and well received when a broader approach is used that simultaneously addresses other challenges within communities. WHO has successfully included FGM prevention and care into the universal health coverage package. It has also argued for inclusion of FGM in sexual and reproductive rights (SRH) essential service packages at global and national level.

4. **Multisectoral and intersectoral approaches:** The deeply rooted, enduring socio-cultural nature of FGM may require the use of more than one approach to achieve behavioural change. This may also include the adoption of different approaches for different stages of an intervention and underscores a need for contextualised, comprehensive, multisectoral approaches that can link advocacy, policy, education, and community efforts in order to facilitate change. Integrated, intersectional approaches to ending FGM should link to programming to address gender-based violence and other harmful practices, including early child marriage. Multisectoral and intersectoral approaches often lead to complex interventions that are happening at different levels and within different sectors. These types of interventions should form the next generation of research.

5. **Costing:** There are limited studies that have assessed the cost-effectiveness of FGM interventions. This is relevant in aiding decision-making on costs associated with scaling interventions.

6. **Scaling interventions:** Limited evidence exists on the key factors and/or components of successful scale-up of interventions. There is a need to develop evidence informed theories of change and apply them in the design and implementation of interventions, while also monitoring and evaluating them prior to scale-up. There is a need to understand the long-term and sustained impact of interventions beyond immediate changes in knowledge and attitudes. In addition, improved documentation of interventions that do not work is needed to guide targeted use of limited resources on effective interventions.

7. **Leveraging the health system and health care providers/ workers:** Local and national healthcare systems should have the capacity to manage complications due to FGM and prevent the

practice from occurring among those at risk. Evidence is needed on interventions that build the capacity of health providers' knowledge and skills both independently and as part of health systems' strengthening approaches.

8. **FGM in humanitarian situation:** Effective programming is needed to protect girls and women from FGM in complex emergencies, protracted conflicts and in fragile regions. The practice can be potentially aggravated in humanitarian emergencies (climate, health emergency [outbreak], conflict and population displacement) where girls and women are especially vulnerable to sexual and gender-based violence due to a lack of services, poor support mechanisms and an absence of legal and punitive mechanisms. Additionally, traditional practices may increase because of the attempt to sustain cultural identity and traditions at time of displacement.

9. **Cross-border FGM:** There are cross-border FGM activities among FGM-practicing ethnic communities situated along country borders or overlapping such bordering countries. This area needs more research as there are programmatic interventions in cross-border regions. People cross borders to practice FGM for various reasons including existence and enforcement of laws at home that forbid the practice. Importantly, practicing communities are concentrated in groups that do not fit neatly within national borders, and therefore approaches to ending FGM should also operate across borders.

10. **Improving measurement of FGM incidence, prevalence and changes in the practice:** Insufficient evidence exists on whether intermediary goals, such as change of attitude towards FGM and increased knowledge on the consequences of FGM leads to abandonment of the practice. Evidence gaps/research questions include developing and testing tools to identify and measure outcomes that can serve as proxies for measurement of social change, translating knowledge into action, understanding how to move from changes in attitudes on FGM to actual reductions in the number of girls and women who udergo FGM, and evaluation of the standardised universal measurement indicators of FGM developed by the Joint Programme, WHO and other partners.

Experts working on FGM, harmful practices and/or matters related to women's and girls' sexual and reproductive health and rights (SRHR) were invited to participate in the identification and prioritisation of research on interventions to accelerate the abandonment of FGM. The experts were asked to complete an online survey questionnaire based on the thematic areas and research questions identified. For each thematic area outlined in the questionnaire, experts were asked to provide their views on the identified gaps and research questions, and their input on additional key evidence gaps that they thought needed to be filled, along with possible research questions that needed to be answered. This generated a total of 102 research questions that were later narrowed down to 78 after revision (Annex 2). The revision primarily involved editing of questions and merging similar research questions.

Prioritisation and Ranking of Research Questions

The 78 research questions formed the basis for the virtual workshop with global experts, including researchers, programme implementers and policymakers to identify key research areas and questions. The global experts' virtual workshop set to achieve the following objectives: (i) review progress made in addressing research priorities on ending FGM (ii) prioritise the evidence most urgently required by researchers, programme implementers and policymakers to facilitate the elimination of FGM for the next five years (iii) refine the research questions within the identified thematic areas noted as requiring further research for evidence-based actions over the next five years (iv) identify bottlenecks in the uptake of research findings in programming for the elimination of FGM and identify strategies for improved dissemination and uptake of research and (v) outline a process to support the implementation and achievement of the new research agenda.

A total of 30 FGM global experts with experience either in FGM research, programming, and/or policy; and/or representating organisations and institutions working on FGM, as well as 10 reference group members, were invited to attend the virtual workshop over two days for the prioritisation process. Upon review of the identified research areas, a total of 27 research questions were agreed upon through group and plenary discussions (Annex 3). During brainstorm sessions in breakout rooms, experts who were identified to have specific knowledge on the 10 themes were asked to prioritise a maximum of three questions per thematic area. Also, experts refined the language of the questions if needed. Thereafter, the experts were individually sent an online survey to score and rank the 27 research questions using a pre-defined scoring criterion. The framework for prioritisation and scoring of research questions included the following five criteria adapted from the Child Health and Nutrition Research Initiative (CHNRI) research prioritization method (Rudan et al. 2008):

1. **Answerability** – Based on the following criteria: (i) Is the research question well framed (clear, feasible, relevant) and outcomes well defined? and (ii) Would you say that a study can be designed to answer the research question and to reach the proposed outcomes of the research? Do you think that a study needed to answer the proposed research question would obtain ethical approval without major concerns?

2. **Effectiveness** – Based on the best existing evidence and knowledge, what is the likelihood that the research question will generate new knowledge that would lead to high quality evidence to inform an effective intervention or programme?

3. **Deliverability** – What is the likelihood that the intervention or programme related to the research question would be deliverable and affordable? Deliverable from the perspective of the intervention itself e.g. design, standardization and safety; the infrastructure required e.g. human resources, health facilities, communication and transport infrastructure; and users of the intervention e.g. need for change of attitudes or beliefs

and behaviour. Costs in terms of amount of resources – time, money, staff, and equipment required to complete the research.

4. **Potential impact** – What is the likelihood that the intervention or programme related to the research question will significantly contribute to the elimination of FGM? What is the likelihood that the intervention or programme related to the research question will be easily scalable to other settings?

5. **Equity** – What is the likelihood that the intervention or programme related to the research question will benefit the most vulnerable groups and bring change in settings where it is needed most?

Experts were requested to rate each of the 27 research questions on a scale between 1 and 5 on each of the above five criteria to determine whether that research question should be prioritised in the next five years, with 1 being less prioritised and 5 highly prioritised. The scores of all criteria were summed to create a composite score, and each question could therefore attain the lowest score of 5 or the highest score of 25. Mean scores were then computed for each of the individual scores in each criterion and for the composite scores for each question. The scoring results for each of the 27 research questions are shown in Annex 4.

Top 10 Prioritised Research Questions

The top-10 ranked research questions were discussed in a plenary session where consensus was reached among experts that these should indeed be the 10 key research questions. They are summarised in Table 2. Prioritised research questions emanated from only six of the 10 thematic research areas that were identified. Two research questions were ranked among the top 10 from each of the following four thematic areas: 'Achieving sustainable social and gender norm change around FGM', 'Mainstreaming of FGM abandonment interventions across/within social and economic development programs and services', 'Leveraging the health system and health care providers/ workers', and 'Improving measurement of FGM incidence, prevalence, and changes in the practice'. One research question was ranked among the top 10 from each of two thematic areas: 'FGM in conflict and emergency settings' and 'Cross-border FGM'. No single research question was ranked among the top 10 from the following four thematic areas: 'Enabling legal and policy frameworks', 'Multisectoral and intersectoral approaches', 'Costing', and 'Scaling interventions'.

Table 2. Top 10 prioritised research questions

Rank	Research question	Average score (composite)	Total score
1)	How can healthcare providers and the health system be effectively utilised in the prevention of FGM and the provision of services to women and girls affected by FGM?	4.29	21.45
2)	How can FGM intervention activities be more effectively integrated into educational, social and economic development programmes (e.g. programmes dealing with SRHR and gender-based violence (GBV), formal and informal education avenues for girls and boys as well as women empowerment programmes?	4.12	20.60
3)	What are the valid measures of change in social and gender norms and practices that should be used in the evaluation of FGM interventions?	4.12	20.60
4)	What intervention approaches are effective in preventing FGM across countries that border each other?	4.11	20.55
5)	How can interventions integrate girl-centred approaches in bringing social change?	4.10	20.50
6)	How can other health related areas including mental health, social work, sexology, and psychology be incorporated to support response and prevention of FGM?	4.06	20.30
7)	How do we strengthen partnerships and collaboration with governments, UN agencies, humanitarian partners, CSOs, private partners in emergency settings to enhance prevention and support services as part of (prevention, protection and recovery measures) routine package of care?	4.03	20.15
8)	How can men and/or boys be effectively engaged as allies of gender equality and ending FGM?	4.02	20.10
9)	What lessons on effectiveness of interventions can interventions that seek to end FGM gain from other related fields such as GBV, SRHR and child marriage?	3.99	19.95
10)	What context-specific factors (mechanisms) motivate communities or individuals to stop practising FGM?	3.99	19.95

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CONDUCTING RESEARCH ON FGM PROGRAMMING

- **Linking Programme Monitoring, Evaluation Objectives and Research to Document Progress**

The experts' consultative meeting outlined the root causes of not only the limited evidence base but also challenges in the use of evidence to design and implement programmes to end FGM, identified practical solutions to addressing the gaps between research and programming and proposed the key actors (institutions, organisations, individuals) best positioned to implement the proposed solutions. Those with the authority to use evidence generated through research are often not well positioned to do so. They may:

1. not know that the evidence or information exists, where or how it may be accessed or it may not be available in their native tongue

2. not understand what the evidence means or how it could inform or strengthen their efforts

3. not view the information as relevant or beneficial to their overall goals and

4. disagree with study results and/or view the evidence as misguided, false or incorrect.

The successful achievement of this research agenda will require the development of country and regional level strategies designed to increase the generation and utilisation of evidence-based practices that can ultimately contribute to a significant reduction of the practice of FGM.

Linking Programme Monitoring, Evaluation Objectives and Research to Document Progress

How research questions in this agenda are eventually investigated is at least partially dependent on the monitoring, evaluation and learning processes of the development sector as a whole. This involves having the right measurement indicators, documenting contextual factors through stakeholder and policy analysis, and analysing programme processes through monitoring and evaluation data, such as the Joint Programme's results framework on FGM, which has placed emphasis on strengthening systems to generate evidence and use it to inform ongoing programme implementation across member states (UNFPA-UNICEF Joint Programme, 2017, 2020). This underscores the need for programmes to strengthen capacity in countries in the areas of evidence-based policy and programme design, monitoring, evaluation and learning.

Challenges exist in measuring social change, ranging from the documentation and description of how change occurs during and after implementation of the various interventions, to the measurement of changes in FGM practice or attitudes (Matanda et al. 2021). Measuring change requires standardised indicators that can be compared over time and across settings, and development of theories of change on how and why change occurs. The recent list of indicators developed by the Joint Programme (UNFPA-UNICEF, 2020) is one example. WHO has developed a monitoring and evaluation framework with indicators for the health sector, which includes guidance on use of health information systems and surveillance models as one potential data source (WHO, forthcoming) and is providing technical support to countries in its implementation. These provide an opportunity to measure the effectiveness of FGM interventions over time and across settings. In addition, the ACT global framework for measuring changes in social norms related to FGM provides an additional monitoring and evaluation framework to facilitate adaptive programming (i.e. continuous improvements in decisions, policies and practices by testing what works and what does not) and learning around social norm change. The FGM Data Hub funded by FCDO and implemented by the Population Council is also actively supporting implementing partners by providing technical support for the design of monitoring, evaluation and learning questions that meet their needs; gathering quality evidence to help answer these questions; and offering tools, and capacity-strengthening to support interventions geared towards ending FGM.

Available tools/resources:

- WHO Implementation Research Toolkit
- Reference guide for data collection: Qualitative social network interviews. Authors: Bettina Shell-Duncan, Amadou Moreau, Sarah Smith, Holly B. Shakya, 2019
- Reference guide: Factorial focus group analysis methods for studying social norm change. Authors: Bettina Shell-Duncan, Amadou Moreau, Katherine Wander, Sarah Smith, 2019
- A Reference Guide: Six Practical Tips for Understanding Data on Female Genital Mutilation/Cutting (FGM/C). Authors: Charlotte Greenbaum, Reshma Naik, 2018
- Improving the documentation of female genital mutilation or cutting (FGM/C) abandonment interventions and their evaluations. Author: Caroline W. Kabiru, 2020

Engaging Stakeholders throughout the Research Process

Researchers need to give careful thought to the different 'voices' or actors that must be at the table to inform the area(s) of work and specific research questions to be addressed. This may include legislative government bodies, government research institutions, community members, NGOs and grassroots organisations. The target audiences most likely to benefit from the evidence should be defined at the beginning of the study design and conceptualisation phase. Stakeholders need to be enabled to actively inform what needs to be researched or where we need more evidence. Careful consideration must be given to which stakeholders are engaged, when and how decision-makers are involved in the research design and implementation process. Research priorities may also be shaped at the community level through an iterative process that engages identified stakeholders, considers the relevance of the evidence to be generated to that context and allows for co-learning across the various actors. Research may be also incorporated into programme monitoring or evaluation to contribute not only to real-time decision-making on design and implementation but also to address gaps in the evidence base. Consideration should be given to actively involving stakeholders during the design and implementation of research or M&E data for continuous ownership and buy-in. Continuous stakeholder engagement must be planned and budgeted for. WHO's guide in participatory action research could be used to engage stakeholders in research.

Ensuring ethical conduct of research from planning to dissemination

Research on sensitive topics, such as female genital mutilation, must apply ethical principles at all stages of the research process – from study design and conceptualization through study implementation, data analysis and dissemination – to ensure the ethical conduct of the research and the safety of research participants and researchers. Careful consideration of risks and benefits of the research will minimize unintended harms and maximize the quality of the research and utility of the findings. WHO's ethical guidance on research on FGM (WHO, 2021) is a recommended resource to support researchers and research ethics committees reviewing research protocols to ensure that the specific considerations relevant to research on this topic are addressed. The document contains checklists to guide researchers at all stages of research regardless of the study design as well as hypothetical scenarios that provide concrete examples of how to apply these ethical principles. This ethical guidance serves as important background reading for researchers seeking to fill research gaps described in this research agenda.

Evidence communication, sharing and dissemination

Studies must pay close attention to and understand how information and knowledge flows in the communities, countries, regions or programme of interest, how decisions are made, and how programme implementers, researchers or donors inform that process. Similar to approaches in marketing, various evidence consumers must be segmented as one size will not fit all. Established credible and trusted fora or media can also be used to reach the actors of interest with the evidence most relevant to them. This may include media tools such as blogs, communities of practice and social media as appropriate. National anti-FGM coordination mechanisms and their taskforces at the country level may also be leveraged to facilitate the sharing and use of evidence.

Recognising the diverse stakeholders engaged in a study, the evidence generated must be packaged and shared in clear, easily digestible and understandable formats or contexts that are tailored to each group's needs. Consideration must be given to how research findings may be presented to different audiences, including programme and policymakers. It must be interesting and relevant to the agenda(s) of the target audience and sufficiently compelling to motivate action. Evidence must also be accessible. This includes translating data to enable its utilisation through the provision of actionable interventions and recommendations for programme design, management and implementation.

Recommended Resources: WHO Module 5: Disseminating Research Findings

Enabling a cultural shift towards both evidence generation and use

Donors, United Nations agencies and other organisations that support governments may play a vital role in placing a strong scientific value on research. The importance of evidence-based programme design and implementation must be reflected at all levels. Institutions that fund programmes and governments can mandate that activities, their strategies and implementation be evidence-based. Government and/or ministry interventions are often developed under the guidance of technical assistance partners and UN agencies who will need to have a culture of evidence seeking and use ingrained into their ways of working. The production of high-quality research and at a minimum monitoring and evaluation of programmes can be time and resource intensive. Many donors and implementers of programmes have limited funding available to directly support such efforts. Yet, the commitment of policymakers and programmers to research results that they did not fund can be lackluster. This points to a clear need to allocate a percentage of overall programme budgets to support research and monitoring and evaluation (M&E). There will be a need to sensitize and encourage developmental partners as well as donors on the value of investing and/or supporting activities aligned with this research agenda.

Local ownership of the research can be established through consistent collaborative support and capacity strengthening of key actors. Active linkages between individuals/institutions and programmes, national statistics/research agencies and public universities for data sharing and use/decision-making are essential, necessitating building institutional capacity in evidence generation and use.

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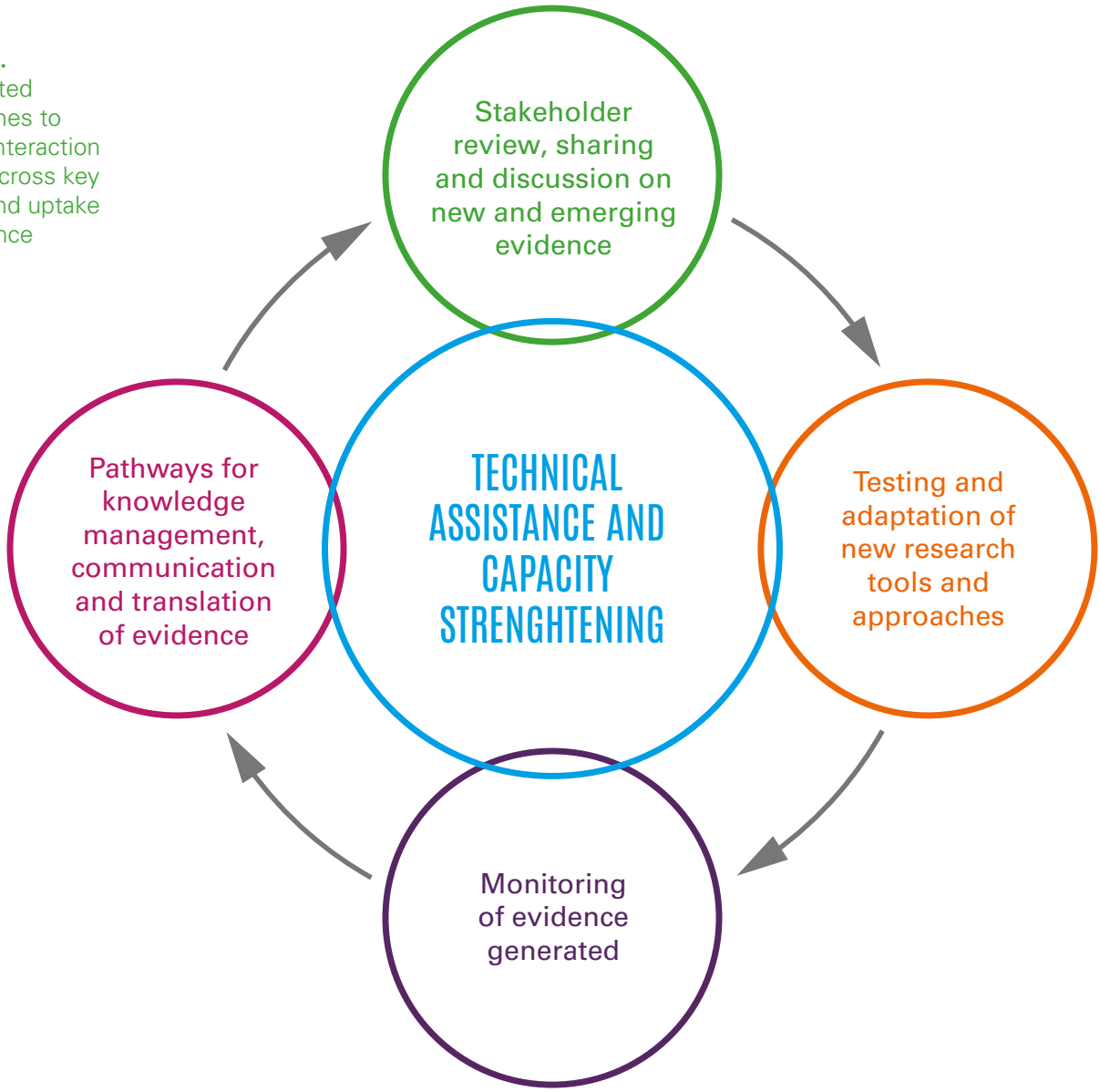
ENABLING THE ACHIEVEMENT OF THIS RESEARCH AGENDA

Historically, low levels of funding for research on FGM have led to limited quality monitoring and evaluation of FGM interventions; contextually-specific findings that make generalisation difficult; and data with poor validity due to the use of limited methods, lack of theory-based interventions and evaluation designs; and fragmented documentation of research uptake and use for policy and programming. Rigorous evaluation of interventions to address FGM have been limited. Many interventions to address FGM, while promising, have been small in scale, worked with limited budgets, or lacked consistent indicators to monitor and evaluate impact. Today, larger and continued levels of funding by, and collaboration with, international development assistance organizations and philanthropic foundations provide an opportunity prospectively to document and rapidly evaluate ongoing and planned interventions and approaches, including those designed to have indirect benefits from wider impacts on the lives of girls, women and their communities. Building on these efforts, this research agenda will catalyse a systematic learning effort such that local, national and regional strategies and approaches on FGM are informed by rigorous evidence.

Critical to the success of this agenda will be establishing a system(s) and process(es) for enabling country/regional level accountability, monitoring, evaluation and learning; knowledge management and communication including support for the translation of research evidence; and the leveraging of partnerships and networks that bring together different players in the FGM arena including academics, activists, advocates and those in policy decision-making capacity. The provision of technical assistance and capacity strengthening to improve research quality and rigour and the implementation of proven interventions will be central to addressing existing gaps. These interrelated approaches (Figure 1) would enable interaction and coordination across key actors and the uptake of the evidence generated by programme and policy makers.

Figure 1. Interrelated approaches to enable interaction across across key actors and uptake of evidence



An End FGM reference group/standing committee consisting of key experts working on issues related to FGM could regularly review emerging evidence from studies on FGM, how the evidence is being and/or could be utilised, and to facilitate linkages between researchers, policy makers and programme implementers. These conversations could occur at the global level with regional arms established based on determined needs. At the country level where context, evidence needs and capabilities differ, the research agenda may be applied as a blueprint for identifying priority questions and/or interventions. Beyond this, appropriate mechanisms and funding will need to be identified and/or leverages by national FGM taskforces, country and/or regional efforts to conduct, collatate, disseminate and use emerging evidence for programming. Monitoring of the strategy will enable the ongoing review on whether progress is being made; where evidence gaps remain; and/or where updates to the research agenda are required.

The Population Council Inc. led FGM Data Hub provides a natural platform to enable accountability, monitoring of research and the utilization of evidence by key actors. The FGM Data Hub aims to provide robust data, timely analyses, practical monitoring and evaluation tools, and responsive technical assistance to inform the United Kingdom's Foreign, Commonwealth and Development Office flagship programme, 'Support to the Africa-Led Movement (ALM) to End Female Genital Mutilation'. Ultimately, the goal of the FGM Data Hub is to provide the ALM and the global community with evidence to inform the design, implementation, adaptation and scaling of effective strategies to end FGM. The FGM Data Hub, in close partnership with the Joint Programme and a to-be-established End FGM reference group/standing committee, will work collaboratively to drive this research agenda forward. A detailed five-year action plan will be developed to guide this process using the five approaches outlined above.

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ANNEXES

- **Annex 1. List of Experts who Participated in the Virtual Consultation and Consensus Building Workshop Held on 24 and 25 June 2021**
- **Annex 2. Possible Research Questions per Thematic Area (78 Questions)**
- **Annex 3. Prioritised Research Questions per Thematic Area (27 Questions)**
- **Annex 4. Scores of the Prioritised Research Questions (27 Questions)**

Annex 1. List of Experts who Participated in the Virtual Consultation and Consensus Building Workshop Held on 24 and 25 June 2021

Name	Designation	Organization
Ann-Marie Wilson	Founder/Executive Director	28toomany
Berhanu Legesse	Technical Specialist	UNFPA
Bettina Shell-Duncan	Professor	University of Washington
Christina Pallito	Research Scientist	World Health Organization
Claudia Cappa	Senior Advisor for Statistics and Monitoring	UNICEF
Doug Evans	Professor	George Washington University
Els Leye	Assistant Professor	International Centre for Reproductive Health at the Ghent University
Emily Todd	Senior Responsibility Officer	UK/Foreign, Commonwealth and Development Office
Erika Martin	Director, Research Impact	Population Council, Inc
Francesca Moneti	Senior Advisor	Tostan
Gorka Fagilde	Programme Specialist	SIDA
Grace Uwizeye	End Harmful Practices Consultant	Equality Now
Jacinta Muteshi	Team Lead	Options UK/ALM on FGM

Name	Designation	Organization
Julie Dubois	Child Protection Specialist	UNICEF
Mariam Dahir	Medical doctor and Advocate	Chairperson of Youth Anti FGM Somaliland.
Mary Ellsberg	Founder	Global Women's Institute at George Washington University.
Masooma Ranalvi	Founder	WeSpeakOut
Nafisa Bedri	Professor	Gender and Rights Advocacy Center, Ahfad University for Women,
Nankali Maksud	Senior Advisor	UNICEF
Nardos Hago	Policy and Advocacy Manager	Orchid Project
Nerida Nthamburi	Head, Africa Engagement	Girls not Brides
Ngianga-Bakwin Kandala	Distinguished Professor	University of Witwatersrand
Samuel Kimani	Researcher and Senior Lecturer	Africa Coordinating Centre for the Abandonment of FGM/C/University of Nairobi
Stephanie Baric	Collaborator	Child Frontiers
Tammary Esho	Director, Centre of Excellence for Female Genital Cutting/Mutilation (FGM/C),	AMREF Health Africa
Thierno Diouf	Monitoring and Evaluation Specialist	UNFPA
Tony Mwebia	Founder	Men End FGM Foundation.
Wisal Ahmed	Technical Officer	World Health Organization
Zahrah Nesbitt-Ahmed	Manager, Gender &Development Research	UNICEF Innocenti
Meeting Planning Team		
Harriet Akullu	Child Protection Specialist	UNICEF
Yasmine Sinkhada	Knowledge Management and Research Consultant	UNICEF
Esther L. Walgwe	Associate	Population Council, Kenya
Dennis Matanda	Deputy Team Lead, FGM Data Hub	Population Council, Kenya
Janet Munyasya	Knowledge Management Coordinator	Population Council, Kenya
Daniel Mwanga	Data Manager	Population Council, Kenya
Annemarie Middelburg	Human Rights Law Consultancy	Middelburg Consulting
Stella Etemesi	Independent Consultant	

Annex 2. Possible Research Questions per Thematic Area (78 Questions)

Thematic Area	Possible Research Questions
1. Enabling legal and policy frameworks	1) How should laws and policies criminalizing FGM be enforced to limit unintended consequences? 2) What is the role of professional associations in implementing codes of conduct and policies to prevent medicalization of FGM? 3) How can linkages be strengthened between legal and policy frameworks and communities such that rights and obligations under the law are understood? 4) What additional interventions other than legislation or policy can be integrated at the system level? 5) What are the barriers or facilitators for law enforcement and which law enforcement implementation models work or do not work? 6) How can community members be effectively involved in the development of FGM laws and policies within a state or country in order to enhance legitimacy? 7) How can legal and policy frameworks be effectively implemented alongside cultural and religious beliefs? 8) How effective are community surveillance structures in monitoring and reporting cases of FGM? 9) How can knowledge/awareness of FGM laws and policies be enhanced among duty bearers and criminal justice actors in enforcing FGM policies and legislations and ending FGM? 10) How holistic are FGM laws and policies in addressing needs of FGM survivors, advocating for community education, and being specific on responsibilities of government entities in implementation? 11) How can FGM be integrated in health, education and social protection policies and legislations?
2. Achieving sustainable social and gender norm change around FGM	1) How effective are strategies for engaging religious leaders (e.g. in making public statements or fatwas) as gatekeepers of patriarchy, in shifting social and gender norms that sustain FGM? 2) How can men and/or boys be effectively engaged as allies of gender equality and ending FGM? 3) What innovative non-stigmatizing approaches can be used to effectively address social and gender norms at the community level? 4) What mechanisms can be used to effectively engage change agents (mothers, grandmothers, traditional cutters, older women, healthcare workers, and/or religious leaders) to drive programme implementation? 5) What potential does social media have in accelerating abandonment of FGM? 6) How can interventions integrate girl-centred approaches in bringing social change? 7) What role can positive deviants play in efforts to end FGM abandonment? 8) How effective are social norms programmes that promote new positive norms around un-cut girls as compared to anti-FGM campaigns? 9) What do communities identify as factors that could increase community involvement and propensity to bring sustainable change in norms? 10) How are community engagement sessions organized to foster values deliberations and reinforce individuals and communities' skills to enable changes from within? 11) How can teachers, health service providers (including community health workers) and other community actors play a more significant role to address social and gender norms? 12) Do alternative rites of passage change social and gender norms and lead to abandonment of FGM?

Thematic Area	Possible Research Questions
3. Mainstreaming of FGM abandonment interventions across/within social and economic development programmes and services	1) How can FGM intervention activities be integrated into educational programmes (e.g. programmes dealing with SRHR and GBV, formal and informal education avenues) for girls and boys as well as women empowerment programmes? 2) How can community empowerment programmes to address FGM contribute to wider discriminatory social and gender norms change to achieve gender equality? 3) What are the barriers to mainstreaming FGM abandonment interventions across or within social and economic development programmes and services? 4) To what extent are communities more or less motivated to participate in single issue FGM programmes as contrasted to those that address FGM in the context of girls' holistic development? 5) In what ways can meaningful discussions on FGM abandonment (e.g. value deliberations) between girls, mothers and local community elders, older women, and men be streamlined? 6) What lessons on effectiveness can interventions that seek to end FGM gain from other related fields such as GBV, SRHR and child marriage that aim to improve gender equality?
4. Multisectoral and intersectoral approaches	1) How can multi-component interventions involving, for example, formal education, media campaigns, legislative action, and a responsive health system, be tailored to end FGM? 2) How can education, SRHR, economic empowerment, emergency and social protection be linked to end FGM and foster resilience in communities? 3) What are the key learnings on best practices from assessment of multi-sectoral approaches in ending FGM? 4) What tailored packages should be implemented in contexts where there is disparity in access to social, health and legal services? 5) How effective have the media campaigns and legislative action been in addressing gendered socio-cultural habits and beliefs in countries practising FGM? 6) What are the cross-cutting indicators for measuring effective multi-sectoral approaches? 7) What are the lessons learnt during implementation of multisectoral and intersectoral interventions aimed at ending FGM in various contexts?
5. Costing	1) What analytical approaches can be used to evaluate the impact of individual components of interventions to determine the most cost-effective interventions? 2) What is the cost of adapting successful FGM interventions in different contexts? 3) What is the cost of caring for a woman who has undergone FGM from childhood to adulthood in terms of her physical and psychosocial wellbeing? 4) What is the cost-effectiveness of multi-component as compared to single component FGM interventions? 5) What is the minimum cost for social and gender norms formative research and representative social and gender norms change measurement?
6. Scaling interventions	1) What are the barriers and facilitating factors on how and why programmatic interventions achieved the reported outcomes? 2) How can we increase the number of impact evaluations of FGM intervention programmes using prospective and retrospective methodologies? 3) What are the indicators of scaling interventions that can be commonly shared in planning focused interventions? 4) What are the key conditions to achieve social and gender norms change at scale? 5) What interventions can be used as potential benchmarks for scaling FGM interventions?

Thematic Area	Possible Research Questions
7. Leveraging the health system and healthcare providers/ workers	1) How can healthcare providers and the health system be effectively utilised in the prevention of FGM and the provision of services to women affected by FGM? 2) What is the effectiveness of FGM training content on the quality of services provided by healthcare workers in prevention of FGM and treatment of complications? 3) What are effective strategies for shifting social and gender norms among health care providers, so they support the elimination of FGM? 4) What is the capacity, willingness, and availability of health workers in developing close relationships with communities to encourage community reflection on FGM practice? 5) What is the level of engagement of local and national health policy makers and health regulation bodies in responding to and preventing FGM? 6) How can the capacity of local and national health policy makers and health regulation bodies be strengthened in low resource settings in response to FGM? 7) At what stage and frequency should training and refresher training be provided to health care providers in order to strengthen the capacity of the health system to respond to and prevent FGM? 8) How can other disciplines in health such as mental health, social work, sexology, and psychology be incorporated to support response to and prevention of FGM? 9) How can FGM be integrated in curricula of universities in all health, psychology, sexology, and social work related to university education?
8. FGM in conflict and crisis settings	1) What intervention approaches are effective in preventing FGM in emergency settings such as during Covid-19? 2) How is FGM affected by different types of emergencies (climate, health emergency/ outbreak, conflict) and can actors respond effectively? 3) How can the capacity of local and international non-governmental organisations (NGOs) that work in emergency contexts be strengthened to produce evidence on addressing negative social and gender norms including FGM? 4) What is the resilience of communities that practice or have stopped practising FGM in the face of an emergency? 5) How prepared are local governments, civil society organizations (CSOs), community members and other actors in responding to and preventing FGM in emergency settings? 6) How can the capacity of local governments be strengthened to respond effectively in complex emergencies for sustainable behaviour change? 7) How do we strengthen partnerships and collaboration with governments, CSOs, and private partners in emergency settings to ensure prevention, protection, and recovery measures are streamlined? 8) What is the impact of governments' COVID-19 response measures in relation to gender-sensitive issues such as FGM? 9) How can FGM prevention and support services be provided as part of routine package of care in situations of protracted humanitarian crisis?
9. Cross-border FGM	1) What is the prevalence or scale of cross-border FGM? 2) What are the factors that fuel/encourage cross-border FGM? 3) What intervention approaches are effective in preventing FGM across countries that border each other? 4) What are effective policies, communication, and advocacy approaches for prevention of and response to cross-border FGM? 5) How can efforts to end cross-border FGM maximize community similarities across borders to strengthen mechanisms for eliminating FGM at national level? 6) How can organizations in the border regions/countries interested in FGM be effectively engaged to collaborate to end FGM? 7) How can regional plan of action to end FGM be effectively implemented across regional blocks?

Thematic Area	Possible Research Questions
10. Improving measurement of FGM incidence, prevalence, and changes in the practice	1) What are the valid measures of change in social and gender norms and practices that should be used in the evaluation of FGM interventions? 2) What are the valid measures of FGM prevalence and incidence? 3) Do changes in knowledge and attitudes in relation to FGM translate into behaviour change? 4) What factors motivate communities or individuals to stop practising FGM? 5) What is the applicability of the proposed standardized FGM indicators by stakeholders such as the Joint Programme on FGM and WHO in different contexts? 6) What are effective mechanisms of involving community members in measurement of change? 7) In absence of large surveys, what is the applicability of community mapping as a tool to measure the effectiveness of FGM interventions and readiness of communities to declare total abandonment of FGM?

Annex 3. Prioritised Research Questions per Thematic Area (27 Questions)

Thematic Area	Prioritised Research Questions
1. Enabling legal and policy frameworks	1) What are the barriers or facilitators for law enforcement and which law enforcement implementation models work or do not work? 2) How can knowledge/awareness of FGM laws and policies be enhanced among duty bearers and criminal justice actors in enforcing FGM policies and legislations and ending FGM? 3) How holistic are FGM laws and policies in addressing needs of FGM survivors, advocating for community education, and being specific on responsibilities of government entities in implementation?
2. Achieving sustainable social and gender norm change around FGM	1) What potential does social media have in accelerating abandonment of FGM? 2) How can interventions integrate girl-centred approaches in bringing social change? 3) How can men and/or boys be effectively engaged as allies of gender equality and ending FGM? 4) How effective are social norms programmes that promote new positive norms around un-cut girls as compared to anti-FGM campaigns?
3. Mainstreaming of FGM abandonment interventions across/within social and economic development programs and services	1) How can FGM intervention activities be more effectively integrated into educational, social, and economic development programmes (e.g. programmes dealing with SRHR and GBV, formal and informal education avenues) for girls and boys as well as women empowerment programmes? 2) How can community empowerment programmes to address FGM contribute to wider discriminatory social and gender norms change to achieve gender equality? 3) What lessons on effectiveness of interventions can interventions that seek to end FGM gain from other related fields such as GBV, SRHR and child marriage?
4. Multisectoral and intersectoral approaches	1) How can multi-component interventions involving, for example, formal education, media campaigns, legislative action and a responsive health system be tailored to end FGM? 2) What are the key learnings on best practices from implementation and assessment of multi-sectoral approaches in ending FGM (what works and what does not)?
5. Costing	1) What is the cost-effectiveness of FGM interventions? 2) What is the cost of adapting successful FGM interventions in different contexts?
6. Scaling interventions	1) What are the key conditions to achieve social and gender norms change at scale to address FGM with considerations to structural determinants? 2) What are the impacts of commonly implemented FGM interventions that have not been rigorously evaluated? 3) What are the indicators of scaling interventions (good practices/interventions) that can be commonly shared in planning focused interventions?

Thematic Area	Prioritised Research Questions
7. Leveraging the health system and healthcare providers/ workers	1) How can healthcare providers and the health system be effectively utilised in the prevention of FGM and the provision of services to women affected by FGM? 2) How can other health and non-health disciplines such as mental health, social work, sexology and psychology be incorporated to support response to and prevention of FGM? 3) What are effective strategies for shifting social and gender norms among healthcare providers, so they support the elimination of FGM (including medicalization)?
8. FGM in conflict and crisis settings	1) How do we strengthen partnerships and collaboration with governments, United Nations agencies, humanitarian partners, CSOs and private partners in emergency settings to enhance prevention and support services as part of (prevention, protection and recovery measures) routine package of care? 2) How is FGM affected by different types of emergencies (climate, health emergency/ outbreak, conflict) and can actors respond effectively? 3) How can the capacity of local governments, CSOs, community members and other actors be strengthened to be prepared to effectively respond in complex emergencies for prevention and sustainable behaviour change?
9. Cross-border FGM	1) What is the prevalence or scale of cross-border FGM? 2) What intervention approaches are effective in preventing FGM across countries that border each other?
10. Improving measurement of FGM incidence, prevalence, and changes in the practice	1) What context specific factors (mechanisms) motivate communities or individuals to stop practising FGM? 2) What are the valid measures of change in social and gender norms and practices that should be used in the evaluation of FGM interventions?

Annex 4. Scores of the Prioritised Research Questions (27 Questions)

Question	Answerability	Effectiveness	Deliverability	Potential Impact	Equity	Average score (composite)	Total score
Theme 1. Enabling legal and policy frameworks							
1. What are the barriers or facilitators of law enforcement and which law enforcement implementation models work or do not work?	4.20	3.65	3.80	3.50	3.20	3.67	18.35
2. How can knowledge/awareness of FGM laws and policies be enhanced among duty bearers and criminal justice actors in enforcing FGM policies and legislations and ending FGM?	4.10	3.25	3.30	3.05	3.10	3.36	16.80
3. How holistic are FGM laws and policies in addressing needs of FGM survivors, advocating for community education, and being specific on responsibilities of government entities in implementation?	3.75	3.35	3.15	3.40	3.65	3.46	17.30
Theme 2. Achieving sustainable social and gender norm change around FGM							
4. What potential does social media have in accelerating abandonment of FGM?	3.95	3.70	3.80	3.85	3.50	3.76	18.80
5. How can interventions integrate girl-centred approaches in bringing social change? ***	4.25	3.95	4.10	4.10	4.10	4.10	20.50
6. How can men and/or boys be effectively engaged as allies of gender equality and ending FGM? ***	4.35	4.00	3.95	4.00	3.80	4.02	20.10
7. How effective are social norms programmes that promote new positive norms around un-cut girls as compared to anti-FGM campaigns?	3.90	3.80	3.65	3.70	3.70	3.75	18.75
Theme 3. Mainstreaming of FGM abandonment interventions across/within social and economic development programmes and services							
8. How can FGM intervention activities be more effectively integrated into educational, social and economic development programmes (e.g. programmes dealing with SRHR and GBV, formal and informal education avenues) for girls and boys as well as women empowerment programmes? ***	4.25	4.10	3.80	4.35	4.10	4.12	20.60
9. How can community empowerment programmes to address FGM contribute to wider discriminatory social and gender norms change to achieve gender equality?	4.05	3.95	3.70	4.00	3.80	3.90	19.50

Question	Answerability	Effectiveness	Deliverability	Potential Impact	Equity	Average score (composite)	Total score
10. What lessons on effectiveness of interventions can interventions that seek to end FGM gain from other related fields such as GBV, SRHR and child marriage? ***	4.15	4.10	4.00	4.00	3.70	3.99	19.95
Theme 4. Multisectoral and intersectoral approaches							
11. How can multi-component interventions involving, for example, formal education, media campaigns, legislative action and a responsive health system, be tailored to end FGM?	3.90	3.95	3.50	4.25	4.00	3.92	19.60
12. What are the key learnings on best practices from implementation and assessment of multi-sectoral approaches in ending FGM (what works and what does not)?	3.90	3.75	3.70	3.75	3.45	3.71	18.55
Theme 5. Costing							
13. What is the cost-effectiveness of FGM interventions?	3.25	3.65	3.35	3.60	3.20	3.41	17.05
14. What is the cost of adapting successful FGM interventions in different contexts?	3.30	3.75	3.35	3.45	3.35	3.44	17.20
Theme 6. Scaling interventions							
15. What are the key conditions to achieve social and gender norms change at scale to address FGM with considerations to structural determinants?	3.65	3.90	3.70	3.80	3.70	3.75	18.75
16. What are the impacts of commonly implemented FGM interventions that have not been rigorously evaluated?	3.60	4.00	3.70	4.00	3.55	3.77	18.85
17. What are the indicators of scaling interventions (good practices/interventions) that can be commonly shared in planning focused interventions?	3.70	3.75	3.60	3.60	3.60	3.65	18.25
Theme 7. Leveraging the health system and health care providers / workers							
18. How can healthcare providers and the health system be effectively utilised in the prevention of FGM and the provision of services to women affected by FGM? ***	4.45	4.35	4.15	4.30	4.20	4.29	21.45

Question	Answerability	Effectiveness	Deliverability	Potential Impact	Equity	Average score (composite)	Total score
19. How can other health and non-health disciplines such as mental health, social work, sexology and psychology be incorporated to support response and prevention of FGM? ***	4.30	4.20	3.75	4.05	4.00	4.06	20.30
20. What are effective strategies for shifting social and gender norms among healthcare providers, so they support the elimination of FGM (including medicalization)?	3.95	3.95	3.75	3.90	3.50	3.81	19.05
Theme 8. FGM in conflict and crisis settings							
21. How do we strengthen partnerships and collaboration with governments, United Nations agencies, humanitarian partners, CSOs and private partners in emergency settings to enhance prevention and support services as part of (prevention, protection, and recovery measures) routine package of care? ***	4.15	4.10	3.85	4.00	4.05	4.03	20.15
22. How is FGM affected by different types of emergencies (climate, health emergency/outbreak, conflict) and can actors respond effectively?	4.05	4.05	3.60	4.00	3.95	3.93	19.65
23. How can the capacity of local governments, CSOs, community members and other actors be strengthened to be prepared to respond effectively in complex emergencies for prevention and sustainable behaviour change?	4.15	3.95	4.00	3.95	3.80	3.97	19.85
Theme 9. Cross-border FGM							
24. What is the prevalence or scale of cross-border FGM?	4.10	3.90	3.85	3.75	3.70	3.86	19.30
25. What intervention approaches are effective in preventing FGM across countries that border each other? ***	4.25	4.35	4.10	3.95	3.90	4.11	20.55
Theme 10. Improving measurement of FGM incidence, prevalence and changes in the practice							
26. What context specific factors (mechanisms) motivate communities or individuals to stop practising FGM? ***	4.10	4.20	3.80	4.00	3.85	3.99	19.95
27. What are the valid measures of change in social and gender norms and practices that should be used in the evaluation of FGM interventions? ***	4.10	4.20	4.00	4.20	4.10	4.12	20.60

***Research question was ranked among the top 10 questions


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