

Accelerating Action

2024 ANNUAL REPORT



Strengthening alliances and addressing the
pushback against ending female genital mutilation



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for every child



UNFPA-UNICEF

Joint Programme on the Elimination of
Female Genital Mutilation: Delivering the
Global Promise to End FGM by 2030



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Preface

The United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation (FGM) annual programmatic report presents quantitative and qualitative results from 18 focus countries (Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Indonesia, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen). It includes lessons learned under an annual selected theme as well as an analysis of results to inform prioritized actions moving forward. The annual report supports accountability and strengthens implementation, coordination and partnerships with all relevant actors, within focus countries and beyond.

The target audience includes all programme staff and frontliners working in various domains of human rights, education, health, religion, the law/judiciary, sexual and reproductive health, child protection, social programmes, development and development aid. Audiences comprise and the private sector. The report is also useful for those who design, implement, monitor and evaluate FGM-related interventions.

2024 marked a critical juncture, with growing, systematic and persistent pushbacks against FGM elimination. These were closely linked to a broader backlash against gender equality and women's rights. Perpetrators of FGM justify its continuation under the guise of freedom and rights to adhere to social and gender norms, tradition, culture or religion. Some call for its medicalization as a "safety measure". Partnerships that forge strong alliances and advocacy and organized movement-building are essential to counter arguments and movements that are against the elimination of FGM.

Last year was a pivotal moment with just six years remaining to achieve the global goal of zero FGM by 2030. However, the trends in the global decline of FGM prevalence demand significant acceleration to reach elimination within that time frame.

With this background, the theme of this annual report is: "Accelerating Action: Strengthening alliances and addressing pushback against ending FGM". The theme underscores the urgent need to expedite and scale up actions, forge stronger coalitions and counter resistance with unwavering commitment – more than ever before. The report both affirms progress and issues a call to action, "from pushback to push forward". It urges stakeholders to transform challenges, drive sustainable changes and speed up progress towards a future free from FGM.

Acknowledgements

The 2024 results of the UNFPA-UNICEF Joint Programme on the Elimination of FGM would not have been possible without coordinated actions by FGM survivors; activists; communities; local, subnational, national and regional governmental and non-governmental organizations; and civil society organizations (CSOs) working on human rights, education, health, religion, the law/judiciary, sexual and reproductive health, child protection, social programmes and development in general. We especially thank UNFPA-UNICEF country teams in the programme's 18 focus countries for their tireless efforts. They provided technical assistance, monitoring and financial support to governmental and implementing partners and forged new partnerships. All national efforts and results in this report were made possible by the generous support of the governments of Belgium, Canada, France, Germany, Iceland, Italy, Luxemburg, Norway, Spain, Sweden, the United Kingdom and the United States of America as well as the European Union. We also gratefully acknowledge new support from the Novo Nordisk Foundation, initiated at the end of 2024.

This report was developed by Joint Programme technical teams at the country, regional and global levels. Special thanks go to UNFPA-UNICEF regional and country office teams, who provided data and contributed to report writing, and to the UNFPA-UNICEF Global Team for the compilation, analysis and synthesis of results. The report's content was further enriched by Joint Programme steering committee members, UNFPA and UNICEF senior management at all levels, and the data analytics team, which provided insightful inputs and feedback.

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Acronyms

CSE Comprehensive sexuality education

CSO Civil society organization

DHS Demographic and Health Survey

FGM Female genital mutilation

GBV Gender-based violence

M&E Monitoring and evaluation

MICS Multiple Indicator Cluster Survey

SDG Sustainable Development Goal

UNFPA United Nations Population Fund

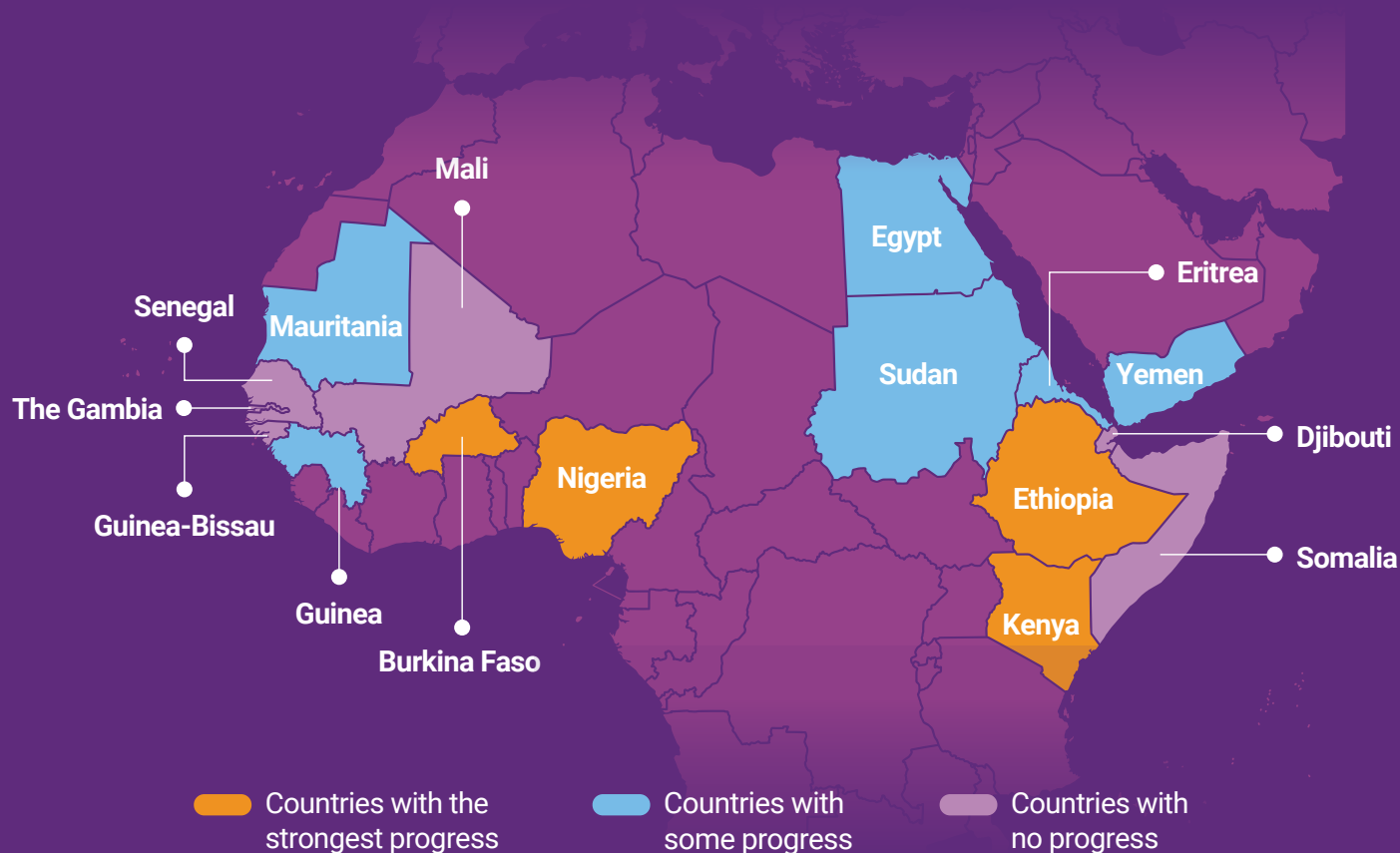
UNICEF United Nations Children's Fund

WHO World Health Organization



2024 at a glance

Country progress status with respect to FGM prevalence decline among girls (15–19) in the last 30 years



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



Girls' and young women's agency



1,394,813

women and girls initiated conversations on FGM elimination and/or advocated for abandonment of the practice



1,749,492

girls and young women actively participating in social and behaviour change programmes such as comprehensive sexuality education (CSE) or girls' clubs that integrate FGM in discussions on life skills



Family and community engagement



304,820

girls aged 0–14 were protected from undergoing FGM through community-level surveillance systems



80,986,364

individuals (boys, girls, women and men) reached through mass media messaging on FGM, women's and girls' rights, and gender equality



3,370,590

people made public declarations to abandon FGM



849,502

boys and men actively participating in activities to promote positive masculinity and equitable gender norms, and advocating for the elimination of FGM in dialogues/sessions with peers and others



3,277

communities established surveillance systems to protect girls from being subjected to FGM



32,860

community-to-community dialogues on the abandonment of FGM within the country and across borders



Movement-building



12,200

grass-roots/community-based organizations have integrated coalitions and networks of youth, feminists and women entrepreneurs working on the elimination of FGM



36,741

front-line workers from **320** implementing partners engaged in FGM-related interventions



Systems transformation



1,450,136

girls and women received FGM prevention and protection services



3,642

health service delivery points with at least one health worker trained on FGM prevention, protection and care services



Effective laws and policies



452

arrests made as part of enforcing FGM legislation



405

cases brought to court as part of enforcing FGM legislation

CONTEXTUAL CHALLENGES



Increasing and systematic pushbacks against FGM, child rights and gender inequality in three countries: **Ethiopia**, **The Gambia** and **Somalia**



Political instability continues in **Burkina Faso**, **Mali**, **Sudan** and **Yemen**



80% of focus countries have information systems that are too overburdened to integrate additional FGM-related indicators or produce quality data

THE GAMBIA CASE

A broad range of actors at local, national, regional and global levels made a collective advocacy effort and social movement to counter efforts to repeal an FGM ban in The Gambia. This culminated in a parliamentary majority voting to reject a bill to repeal the ban.

Repeal efforts continued after the vote, however, with the filing of a Supreme Court case in July 2024. The case contests the constitutionality of FGM ban and is expected to run through 2025.



1

Introduction



Over 230 million girls and women are affected by FGM globally, with 27 million more girls likely to be affected by 2030 if progress towards elimination does not change

1.1 The global burden of FGM and progress to end it

Over 230 million girls and women worldwide have undergone FGM.¹ Over 144 million live in Africa, more than 80 million in Asia and around 6 million in the Middle East. While FGM prevalence is concentrated in two continents, it is reported in 94 of 195 countries (48 per cent) globally.² The percentage of girls and women aged 15–49 years who have undergone FGM varies significantly among countries with available data, from 0.2 per cent in Uganda to 99 per cent in Somalia.

Progress has been made in reducing the global burden of FGM. Over the last 30 years, Burkina Faso, Ethiopia, Kenya, Liberia, Maldives and Sierra Leone are among the countries that have made great strides in diminishing national prevalence. In other countries, such as The Gambia, Guinea-Bissau, Mali and Somalia, prevalence has remained about the same.

While progress is uneven, the pace of FGM elimination overall has generally increased. Half of the progress realized over the last 30 years has occurred in the last decade. A recent report indicates that the percentage of adolescent girls aged 15–19 who have undergone FGM declined from 47 per cent in 1993 to 33 per cent in 2023 (figure 1).³ While this downward trend is laudable, it is not moving

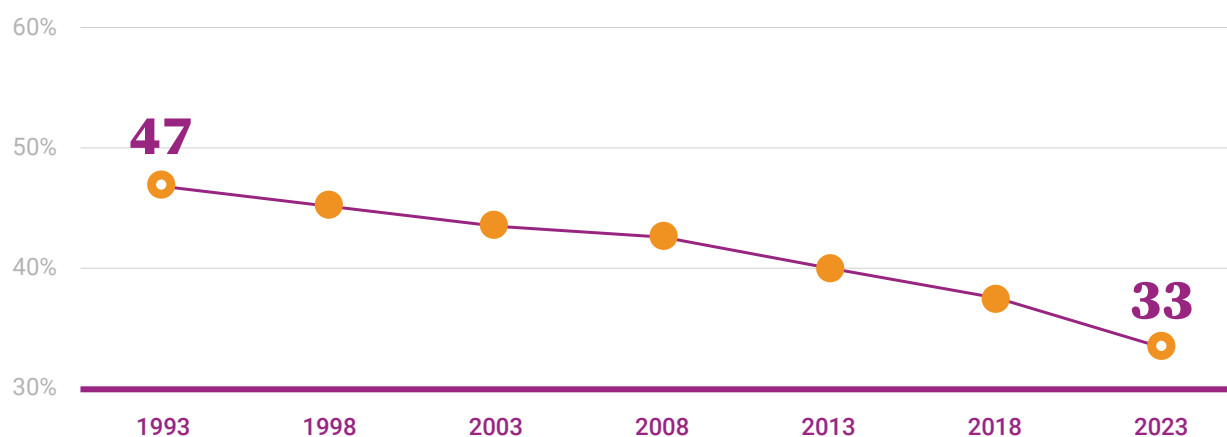
1 UNICEF, 2024. "[Female Genital Mutilation: A global concern](#)," 2024 update.

2 FGM in Asia and the Pacific, from End FGM European Network, End FGM/C US Network and Equality Now, 2025. "The Time Is Now: End female genital mutilation/cutting (FGM/C), An Urgent Need for Global Response 2025."

3 UNICEF, UN Women and Plan International, 2025. "Girl Goals: What has changed for girls? Adolescent girls' rights over 30 years."

fast enough to meet the global target of elimination by 2030. The current pace of elimination will result in 27 million more affected girls by 2030.^{4,5} All efforts at multiple levels need to intensify to prevent this from happening.

Figure 1 Percentage of adolescent girls aged 15–19 who have undergone FGM, 1993–2023 (SDG target 5.3.2)



Source: UNICEF, UN Women and Plan International, Girl Goals.

1.2 About the Joint Programme and its theory of change

The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (referred to as the Joint Programme in this report) is the largest global programme supporting national FGM elimination initiatives. It focuses on 18 countries⁶ in Africa and Asia. It also supports regional and global initiatives to reinforce and strengthen national, regional and global efforts to end FGM.

The Joint Programme has operated since 2008 and is currently in its fourth phase (2022–2030). The programme emphasizes accelerating collective and multisectoral action by mobilizing a broad spectrum of actors at the grass-roots, community, national, regional and global levels. Strategic pillars, referred to as the “high 5s” in the current phase, comprise promoting girls’ agency, building movements against FGM, engaging women-led organizations, expanding and intensifying global influence, and diversifying funding mechanisms.

The Joint Programme’s theory of change envisions a future free from FGM, where girls and women can express themselves and make informed choices. Under the current situation, hundreds of millions of girls and women are either survivors or

⁴ Estimate generated under the assumption that population dynamics, FGM risks and interventions remain unchanged from 2018.

⁵ UNFPA, 2018. “[Bending the Curve: FGM trends we aim to change](#).”

⁶ Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Indonesia, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen.



at risk of FGM. The programme's change pathway aims to address FGM drivers (social, cultural and gender inequitable norms and behaviours; the absence of political will; and the involvement of health workers as practitioners) through holistic, gender-transformative and multisectoral interventions. These interventions aim to accelerate changes to achieve Sustainable Development Goal (SDG) targets on gender equality and FGM elimination.

Programmatic intervention output areas:	1 girls' and women's agency	2 family and community engagement	3 movement- building
	4 systems transformation	5 engagement of regional bodies	6 effective laws and policies
			7 data and evidence

These interventions lead to short-term outcomes, including girls and women with more assets, increased stakeholder support for prevention and care services, enhanced delivery of quality FGM-related services, and more robust global, regional and national advocacy. The programme seeks to shift attitudes among girls and young women so they can confidently assert their rights and readily access FGM-related services as medium- to long-term outcomes. These outcomes in turn lead to Joint Programme's impacts, demonstrated by the emergence of new and more equitable social and gender norms and behaviours to end FGM.

2

Joint Programme 2024 results



The results presented in this report begin with impact and long-term outcomes, followed by short- to medium-term outcomes and outputs (activity results) under the seven areas of intervention. Annex 7.2 details data completeness, regularity, relevance and performance against targets.

Data for impact and long-term outcome results are derived from household surveys such as the Demographic and Health Surveys (DHS), the Multiple Indicator Cluster Surveys (MICS) and ministry of health-led surveys. The data source for short- to medium-term outcome and output results is the Joint Programme's [data management platform](#). The platform compiles routine programme data from UNFPA and UNICEF implementing partners in the 18 participating countries.

2.1 Impact and long-term outcomes

Four Joint Programme-supported countries have made strong progress, seven some progress and five no progress on eliminating FGM among girls aged 15–19 years. Limited or no data were available to determine trends in Indonesia and Uganda. Countries with the strongest progress among girls aged 15–19 are defined as having a statistically significant decline in FGM prevalence with a drop equal to or higher than half of FGM prevalence or 30 percentage points in the past 30 years. Countries with some progress have a statistically significant decrease in FGM prevalence in the past 30 years. Countries with no progress have not achieved a statistically significant drop over that period (table 1).

Table 1 Progress in the decline of FGM prevalence among girls aged 15–19 in the last 30 years in Joint Programme focus countries

Countries with the strongest progress (4 countries)	Countries with some progress (7 countries)	Countries with no progress (5 countries)
Burkina Faso	Djibouti	The Gambia
Ethiopia	Egypt	Guinea-Bissau
Kenya	Eritrea	Mali
Nigeria	Guinea	Senegal
	Mauritania	Somalia
	Sudan	
	Yemen	

Note: No/limited data were available to determine trends for Indonesia and Uganda.

Precision in calculating trends depends on the frequency and recency of population surveys. More importantly, FGM is performed in different ages mostly below 15 years. Measuring FGM prevalence at 15 years does not capture any changes

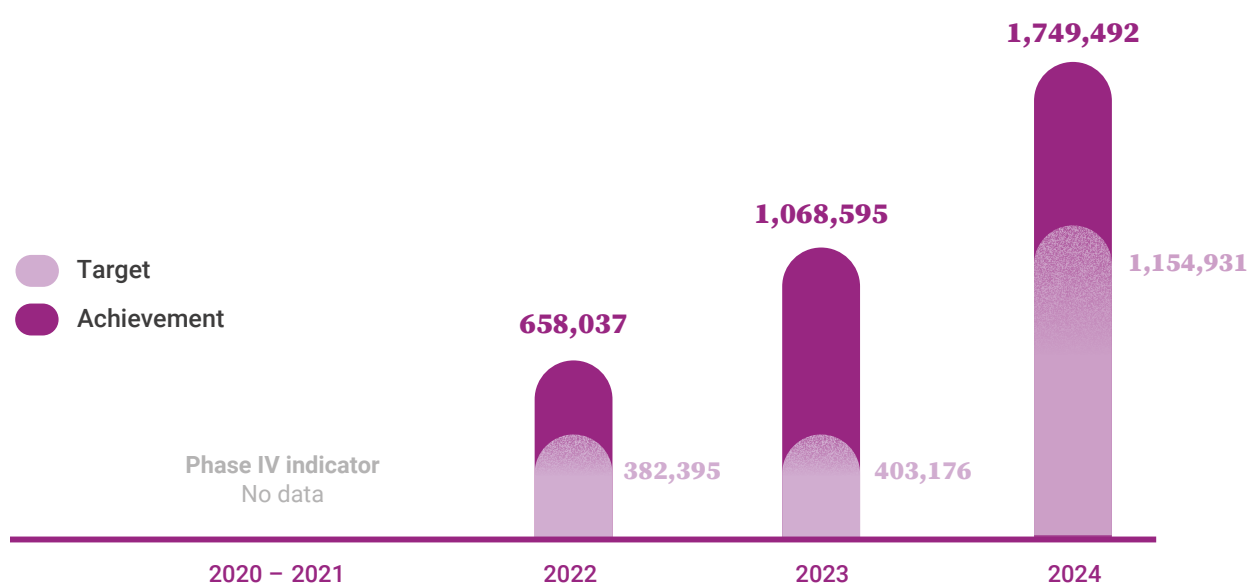
in the practice at ages where girls are at most risk. There is a remaining need to strengthen data generation on younger age groups or ages most at risk of undergoing FGM through population surveys or sentinel surveillance methods. Nevertheless, the current pace of decline suggests that the SDG 2030 target for elimination may not be achieved.

2.2 Short- and medium-term outcomes and outputs by intervention area

2.2.1 Girls' and young women's agency

In 2024, through the Joint Programme, 1,749,492 girls and young women participated in social and behaviour change programmes to foster critical life skills and promote FGM abandonment. These programmes included CSE, girls' in- and out-of-school clubs, community dialogues and advocacy platforms. They leveraged digital technologies to enhance accessibility and engagement. The result exceeded the 2023 achievement of 1,068,595 by 64 per cent and the 2024 annual target of 1,154,931 by 51 per cent (figure 2). Success is largely attributed to scaling up an integrated approach in CSE, life skills training, club-based activities and digital advocacy, as well as extensive community mobilization and mass media campaigns.

Figure 2 Number of girls and young women actively participating in social and behaviour change programmes such as CSE and girls' clubs that integrate FGM in discussions on life skills



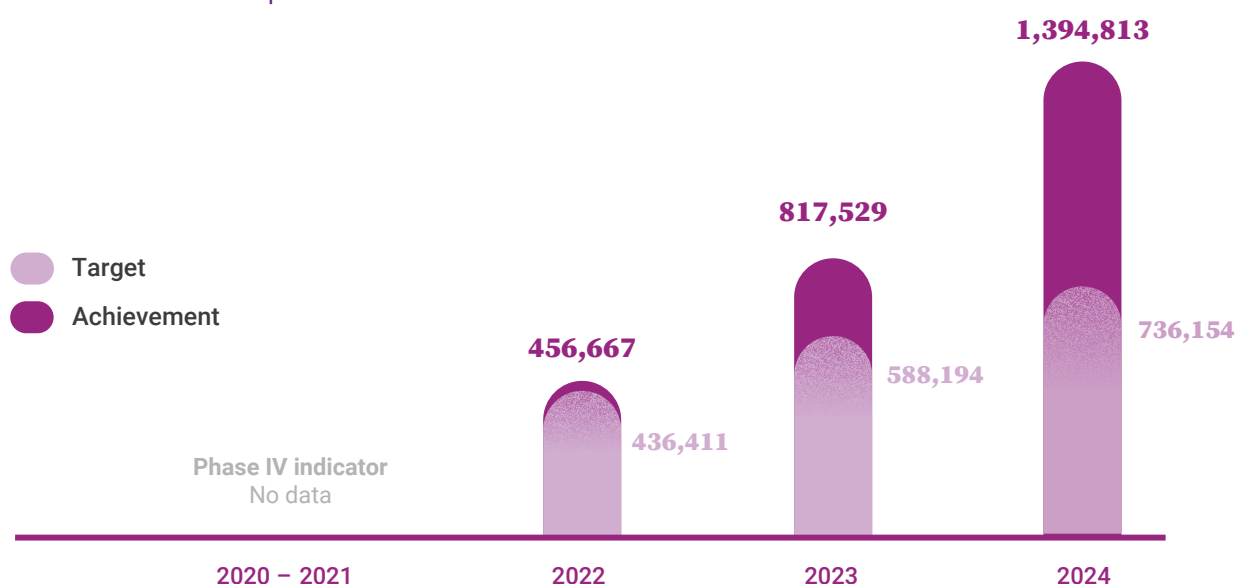
Source: Joint Programme [data management platform](#), 2018–2024.



In 2024,
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programmes.

Through support from the Joint Programme, 1,394,813 women and girls built agency through interventions such as community dialogues, anti-FGM school clubs, drama and interactive theatre, life skills training, social protection, economic empowerment and public awareness campaigns. This achievement surpassed the 2024 annual target of 736,154 by 89 per cent and exceeded the 2023 result of 817,529⁷ by 71 per cent (figure 3). Burkina Faso, Egypt, Eritrea, Ethiopia, Guinea and Kenya were key contributors to this cumulative result. Advances built on the strategic use of technology and media, life skills education, economic strengthening and community mobilization, combined with strong partnerships with youth- and women-led organizations were reported to have contributed to this result. In addition, trained participants reached and influenced others beyond direct beneficiaries, triggering a multiplier effect.

Figure 3 Number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice



Source: Joint Programme [data management platform](#), 2018–2024.

⁷ UNFPA-UNICEF Joint Programme. [2023 Annual Report](#): Addressing global challenges with local solutions to eliminate female genital mutilation.

Koko

- Mali: “I watched my daughter
- suffer – now I speak out so
- others don’t have to”



In the village of Bébé, in Mali’s Ségou region, FGM was seen as a harmless and unquestionable tradition, hardly mentioned outside the cries of girls on a seasonal basis.

Koko, a 42-year-old mother of six, decided to break the loud silence.

“Like many here, I once believed FGM was necessary. A girl who wasn’t cut was seen as impure, unworthy of respect,” Koko explained.

One fateful day, her youngest daughter, just 6 years old, underwent FGM and suffered severe health complications.

“She was bleeding heavily. I thought I was losing her,” Koko recalled, her voice still heavy with emotion. *“I felt helpless. I believed I was doing what was best...what was expected. But I watched her suffer. Her father rushed her to the hospital. She survived. Others have not been so lucky.”*

In a neighbouring village, Koko witnessed the FGM-related deaths of two girls. That was a turning point.

Through the support of the Joint Programme, she joined a community education programme that changed her life – and her voice.

“Thanks to the programme’s awareness sessions, we now understand the dangers of FGM and early marriage. We’ve left these practices behind to protect our daughters’ health and future,” she said with pride. *“We were blind, but now we see.”*

Today, Koko is a respected community member, serving on the village’s community management committee and leading income-generating activities for women. Her story, like many others, is a powerful testament to what happens when tradition meets progress and communities choose change.

“FGM is not a rite of passage. It is a danger. And no girl should suffer in silence as mine did,” Koko said. *“We owe our daughters better.”*

Sidpassandé

• Burkina Faso: “I thought I
• was helping – but I was
• causing harm”



For years, Sidpassandé was a trusted name in her community. A traditional healer by trade and a mother of nine, she inherited her skills from a long maternal line. Both her mother and grandmother were FGM practitioners and traditional birth attendants. When the time came, she performed her first FGM on her own daughter, believing it was a mother's duty.

“Everyone trusted me,” she recalled. “Because I was a healer, they believed I could do no harm.”

Sidpassandé has performed FGM on countless girls over the years, convinced she was safeguarding tradition and fully supported by her community. But everything changed when she attended an awareness session supported by the Joint Programme.

“I learned about the harm we were doing...about the pain, the childbirth complications, the trauma, the damage to women's relationships,” she said. “I realized I wasn't helping. I was hurting.”

With courage and humility, Sidpassandé put down her tools and chose a new path. Today, she is one of the strongest advocates for ending FGM in her community. *“An uncut girl is a complete girl,”* she affirmed. *“We must celebrate them. They are healthy, they give birth more easily, they enjoy their marriages. These are the examples we must show.”*

Her husband, Tinbamba, has stood by her every step of the way. He told her, *“Once you see the truth, there is no reason to keep doing what causes harm.”*

Sidpassandé's journey is one of transforming a tradition handed down over generations, proving that it is never too late to bring about change.

2.2.2 Family and community engagement

Extensive evidence confirms the impact of interventions engaging family members, parents, and community, religious and traditional leaders in changing attitudes to FGM.⁸

In 2024, family and community engagement interventions intensified under the Joint Programme, resulting in nearly double the 2024 target. The number of people in reflective dialogues challenging dominant norms that sustain FGM and deliberating community-led solutions grew from 2,197,992 in 2022 to 3,142,867 in 2023 to 4,326,270 in 2024, surpassing the 2024 target of 3,967,896 by 9 per cent.

A total of 849,502 boys and men participated in activities promoting positive masculinity and equitable gender norms, almost double the annual target of 430,332. They further contributed to an environment supporting positive norms and behaviours.

Religious leaders and community influencers were successfully mobilized to address misinformation and disinformation around FGM⁹ and to denounce the practice. In total, the programme engaged 149,598 leaders in 2024, nearly triple the achievement in 2023 (50,384). The increasing involvement of religious bodies and organizations drove this upward trend. The Supreme Islamic Council and the

Christian Council in The Gambia, Al Azhar University in Egypt, Religions for Peace and the African Council of Religious Leaders, for instance, were all involved to stop the repeal of the anti-FGM law in The Gambia.

Moreover, the African Council of Religious Leaders established an interfaith platform in both The Gambia and Mali as a forum for coordinated advocacy, messaging and support to end FGM and other harmful practices.

The media is an effective tool in shifting attitudes on FGM.⁹

In 2024, mass media messaging on FGM, women's and girls' rights, and gender equality reached 80,986,364 individuals, which represents an increase of 23 per cent over 2023 (66,015,838).¹⁰

This jump stemmed from stepped-up mass media communications at the community level, particularly in countries such as Burkina Faso, Ethiopia, Guinea, Kenya, Mali, Senegal and Sudan.



In 2024, mass media messaging on FGM, women's and girls' rights, and gender equality reached

80,986,364

individuals, an increase of 23% over 2023.

8 UNICEF Innocenti Global Office of Research and Foresight and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, 2024. [Accelerating Action Towards FGM Elimination](#): Lessons from evidence on effective interventions.

9 Misinformation is false or inaccurate information – getting the facts wrong. Disinformation is false information that is deliberately intended to mislead – intentionally misstating the facts. See the American Psychological Association, 2023. [Using Psychological Science to Understand and Fight Health Misinformation](#).

10 UNFPA-UNICEF Joint Programme, 2023 Annual Report.



Further, 3,370,590 people made public declarations to abandon FGM, exceeding the 2024 annual target of 1,725,998 by 95 per cent. Community-level surveillance systems were established in 3,277 communities, surpassing the target of 2,297 by 43 per cent. These achievements marked the first time these specific annual targets were exceeded in Phase IV. Progress in Burkina Faso, Eritrea, Ethiopia, Guinea, Kenya and Sudan bolstered these results. All these countries emphasized partnering with grass-roots organizations, including survivor movements, to promote gender equality and empower women and adolescent girls. Communities were encouraged to foster intergenerational dialogues and collective engagement through platforms to prevent harmful practices and increase the inclusion and empowerment of persons with disabilities.

Community-level surveillance systems protected 304,820 girls aged 0–14 from undergoing FGM. Burkina Faso (36 per cent) and Eritrea (45 per cent) primarily contributed to this result. The number of girls saved translates to 7 per cent of the estimated 4,366,693 girls at risk of undergoing FGM in focus countries in 2024. This achievement surpassed the annual target of 196,404 by 55 per cent as well as the 2023 achievement (162,044).¹¹ The increase in Eritrea emerged from an intensive community mapping exercise, funded by the European Union, that strengthened the monitoring and reporting of community-level surveillance systems.

The Gambia piloted a human-centred approach tool¹² to support the collation and synthesis of behavioural insights and community-proposed solutions and priorities, based on desirability and feasibility.

¹¹ UNFPA-UNICEF Joint Programme, 2023 Annual Report.

¹² A human-centred approach begins with gathering behavioural insights followed by the co-creation of community-led solutions. For instance, in Ghana's child marriage programme, stakeholders sought to redefine sexual and reproductive health and rights services as a solution.

Sainey

... The Gambia: “No woman should have to go through the pain and suffering I encountered”



At 8 years old, Sainey was subjected to FGM without her parents' consent. The trauma never left her. Years later, when married, it was not possible to have sex with her husband. Angansunmba (a traditional FGM practitioner) forcibly pushed her fingers into Sainey to widen her vaginal opening, an experience that became a watershed moment for her.

Sainey became a leading advocate against FGM in Banjul. Speaking at the National FGM Conference in June 2024, she shared her story to raise awareness and push for the enforcement of The Gambia's 2015 anti-FGM law.

"No woman should have to go through the pain and suffering I encountered," she powerfully addressed the audience.

As a strong advocate, she worked with other survivors, activists and civil society to make history when Parliament rejected a bid to repeal the anti-FGM law. *"This victory belongs to all girls who will never have to go through what I did. The law was our shield, and we fought to protect it,"* she said triumphantly.

As The Gambia celebrates this milestone, survivors like Sainey prove that one voice, one story and one movement can change history.

Joint Programme achievements in global advocacy to end FGM

In 2024, the annual global campaign against FGM on 6 February reached a potential audience of 372 million individuals. Compared to 2023 reach results, the global hashtags #HerVoiceMatters and #EndFGM had increased by 33.6 million and 4.9 million, respectively.

News coverage also rose significantly, with 370 pieces compared to 250 in 2023.

The demographic profile of online users who engaged with the global campaign showed more gender balance compared to the previous year, with male users comprising 51.8 per cent in 2024 compared to 44.4 per cent in 2023.

Thirty-two countries where FGM is prevalent, including those supported by the Joint Programme, actively engaged in the global campaign.

All 18 Joint Programme-supported countries carried out multiple advocacy activities, including hosting local events.

2.2.3 Movement-building

Movement-building refers to organizing individuals and groups, often through collective action or advocacy around ending FGM.¹³ These actions empower girls and women and other members of society to challenge social norms and build coalitions to change policies or abandon FGM within a community. Several notable results in 2024 included the integration of 12,200 grass-roots organizations into coalitions and networks. This was a 38 per cent increase from 8,817¹⁴ in 2023 and surpassed the 2024 target by 71 per cent. Burkina Faso, Ethiopia, The Gambia, Guinea, Kenya and Nigeria made the strongest contributions to this result. Achievements resulted from increased movement-building efforts, including through strategic partnerships with CSOs involved in feminist movements. Intensive engagement of the Global Youth Consortium Against FGM with country-level youth structures – through arts, sports and dialogues – contributed to the diversification of grass-roots coalitions and networks.

A regional coalition comprising East African civil society, including women- and youth-led organizations, was created to advocate for an East African Community FGM bill. Operating under the Eastern African Sub-Regional Support Initiative and Equality Now network,¹⁵ the coalition aimed to unify regional stakeholders to end FGM. As a result, the Purpose Committee of the East African Legislative Assembly and the Council of Ministers of the East African Community pledged to fast track an FGM bill in 2025.

13 UNFPA, 2025. "[Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A practical guide for frontliners.](#)"

14 UNFPA-UNICEF Joint Programme, 2023 Annual Report.

15 Reproductive Health Uganda, Amref Health Africa, Akina Mama wa Afrika, SRHR Alliance, Uganda Women's Network, African Women's Rights Advocates, Straight Talk Foundation, Men Engage, Restless Development, She Leads, Sonke Gender Justice, FIDA Uganda, POLICY, Centre for Health, C-Sema-Tanzania, Center for Human Rights and Development, and Uganda Youth and Adolescents Health Forum.



The number of implementing partners increased from 241 to 320, engaging more than **36,741** front-line workers.

A total of 10,271 networks and coalitions of youth-led organizations; young people's movements, including the Global Youth Consortium Against FGM; feminist groups and women entrepreneurs actively engaged in different FGM interventions. This result is almost double the 2024 target of 5,336 and surpasses the 2023 result of 7,917 by 30 per cent. The number of implementing partners increased from 241 to 320, engaging more than 36,741 front-line workers. This increase can be attributed to strategic and increased partnerships with grass-roots organizations, integration within front-line government services, and improved reporting in Burkina Faso, Ethiopia, Guinea, Kenya and Nigeria.

In 2024, 11,502 grass-roots organizations and action groups, including networks of youth, feminists, women entrepreneurs and CSOs, were supported to adopt accountability mechanisms, far exceeding the target of 4,061. Accountability mechanisms refer to procedures and systems related to implementation, such as monitoring and financial and human resources management. In Eritrea and Kenya, community-led referral systems and surveillance efforts demonstrated local accountability mechanisms in action. For instance, in Eritrea, technical committees and covert agents have become part of community-led referral and surveillance systems. They are responsible for monitoring and reporting on FGM and child marriage at the village and sub-zoba levels. In Kenya, communities that have declared themselves FGM free have trained champions, along with chiefs and religious leaders, who form localized surveillance networks. They remain on the look-out for those at risk of FGM, and report cases promptly, especially during school holidays in high-risk counties.

The Joint Programme in 2024 developed a user-friendly guide for frontliners involved in [girls, youth and feminist movements against FGM](#).¹⁶ It aims to systematically build FGM movements by mapping proponents and opposers and their countermovements, developing appropriate interventions, and monitoring and adapting interventions accordingly. This resource will be disseminated during key advocacy events such as the annual United Nations Commission on the Status of Women, and rolled out through Joint Programme regional and country teams and their respective partners to grass-roots frontliners.

Two communities in The Gambia implemented a behavioural insights approach to capture the key drivers of FGM, understand the motivations and aspirations of communities, and co-create behaviourally informed solutions that could be scaled up countrywide. The approach engaged community members through a listen-first strategy. It facilitated ideation and prototyped community-driven solutions, one of which engaged grandmothers and young people through storytelling circles and video-making.

16 UNFPA, A practical guide for frontliners.

The Joint Programme recognizes the importance of safeguarding frontliners and champions such as young girls, FGM survivors and others leading movements to end FGM. Several corporate measures, such as rigorous partner selection and oversight processes, are in place for implementing partners who work with frontliners. Each implementing partner is carefully vetted for adherence to safeguarding standards, recognizing the Joint Programme's responsibility to protect those it serves. All implementing partners must register in the [United Nations Partner Portal](#) as a prerequisite for engagement. Comprehensive due diligence measures include mandatory microassessments and, where necessary, spot-checks. All partners must undergo prevention of sexual exploitation and abuse assessments and training to comply with United Nations safeguarding policies and standards. UNICEF's Agora Platform provides this training. A safeguarding checklist for frontliners to help identify risks and take preventive measures, hotlines for counselling and links to relevant services will be completed in 2025.

→ The Gambia

In July 2024, the Gambian Parliament rejected a bill to repeal an FGM ban, upholding a 2015 law.¹⁷ This victory resulted from strong civil society advocacy led by a coalition of women and youth organizations supported by the Joint Programme and other stakeholders. Key strategies included nationwide mobilization; direct engagement with young people, women's networks and parliamentarians; and strategic partnerships with the National Youth Council, Ministry of Religious Affairs and Al Azhar University.

→ Somalia

A strong coalition, supported by the Joint Programme, countered proposed constitutional rollbacks. The coalition actively lobbied at the federal level, which resulted in legislative wins in the regions of Galmudug and Somaliland. In Puntland, attempts to weaken an anti-FGM bill were blocked. Notably, the movement led to the lawful establishment of the Supreme Ulama Council by the Ministry of Justice, which is now under Cabinet review. The Council is intended to address religious concerns on the sharia interpretation of the hadiths on banning FGM, fostering broader support for full acceptance of the ban. The coalition will continue lobbying Parliament for zero-tolerance legislation on FGM in Somalia.

¹⁷ Nabaneh, S., and M. B. Sawo, 2024. [Threats to #EndFGM Law in The Gambia](#).



2.2.4 Systems transformation

In the past three years, countries made significant strides in mainstreaming FGM prevention and care within the health sector, particularly in medical and paramedical education. The number of institutions that integrated FGM content within curricula and continuing professional development programmes increased from 18 in 2022 to 219 and 226 in 2023 and 2024, respectively. For instance, Burkina Faso incorporated World Health Organization (WHO)-adapted FGM training modules into the bachelor of science degree in nursing and obstetrics in both national and private schools of public health. The six countries spearheading progress in this area are Burkina Faso, Egypt, Guinea, Kenya, Mauritania and Senegal. The Joint Programme approach aims to sustainably scale up the numbers of current and future healthcare professionals equipped with the knowledge and skills to provide adequate prevention and care to those who are at risk of or have undergone FGM, as well as to stop the medicalization of FGM.



The number of health facilities with at least one health worker trained on FGM prevention, protection and care increased to **3,642.**

The number of health facilities with at least one health worker trained on FGM prevention, protection and care increased to 3,642 in 2024, up 28 per cent from 2,842 in 2023. The main contributors to this cumulative result were Egypt, Eritrea, Ethiopia, Mauritania and Nigeria. Encouragingly, the number of girls and women (aged 0–19 years) across the 18 focus countries who received FGM-related health services increased by 45 per cent, from 60,656 in 2023 to 88,110 in 2024.

Efforts intensified to improve accountability and regulate the role of health workers in FGM medicalization. For instance, Indonesia incorporated FGM into its regulation of the Health Omnibus Law, No. 28, formally banning the practice and developing guidelines for health workers. The ethics and legal aspects of FGM and its medicalization were included in either medical curricula or health worker training in Egypt, Guinea-Bissau and Kenya. Efforts in Nigeria focused on regulatory enforcement through community education and strengthened monitoring of health workers by trained advocates. Challenges in enforcing accountability and regulation include deeply entrenched cultural norms, which health workers are not immune to, as well as financial incentives they receive compared to governmental salaries. These issues highlight the need to continue applying a multisectoral approach to both reduce social demand and the supply of health workers who perform FGM.



Education support
reached

187,838
vulnerable girls
aged 5–19 at risk
of FGM.

Education support reached 187,838 vulnerable girls aged 5–19 at risk of FGM, including through bursaries, stipends, scholarships or cash transfers to enrol and/or remain in school. This result declined from 2023 (224,333) and lags the 2024 target (229,792). This is likely due to the greater focus on integrating FGM content into education systems as a long-term, sustainable mechanism, and engagement with development partners on advancing education for girls and women. This shift is exemplified by the higher number of primary, secondary and non-formal schools offering sexuality education and life skills training on FGM prevention, which increased from 1,683 in 2023 to 2,635 in 2024, surpassing the annual target. This growth was driven by the commitment and efforts of ministries of education and gender to integrate CSE and FGM-related content into co-curricular activities and non-formal education clubs. In Nigeria, for instance, continuous advocacy with the ministry of education resulted in successfully incorporating CSE into school curricula.

There was strong performance in enhancing law enforcement capacity but weaker results in access to legal services. Specifically, 4,787 law enforcement personnel – including police officers, judges, lawyers and prosecutors – demonstrated improved knowledge of the application of FGM-related laws and provisions, as evidenced by pre- and post-survey results. This achievement surpassed both the 2024 annual target of 2,000 and the 2023 result of 1,956 by more than double. This strong outcome can be attributed to a strategic, systems-strengthening approach focused on fostering long-term change and ensuring national ownership. The six countries contributing significantly to this cumulative result were Egypt, Ethiopia, Eritrea, Kenya, Nigeria and Sudan.



4,787
law enforcement
personnel
demonstrated
improved
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FGM-related laws
and provisions.

Conversely, only 5,108 girls and women accessed legal services, just 10 per cent of the 2024 target of 50,193, and lagging the 2023 achievement of 42,296. The main contributor to this cumulative result was Guinea-Bissau. This “low” performance reflects improved accuracy in reporting, as per metadata, compared to overreporting in 2023 due to an inaccurate definition. Efforts continued to strengthen system interlinkages, such as by integrating legal services or referral pathways between different sectors. For instance, in Uganda, national and regional medico-legal working groups – tasked to establish comprehensive medico-legal services supported by a strong data-collection system – developed a multisectoral action plan. Led by the Directorate of Public Prosecutions and co-chaired by the Ministry of Health, the plan is scheduled for implementation in 2025.



A total of
470,174
girls and women
benefited from
social services,
more than double
the 2024 target.

A total of 470,174 girls and women benefited from social services, more than double the 2024 target of 203,937. In addition, 1,450,136 girls and women received FGM-related prevention and protection services, including counselling, support, shelter, education and awareness programmes. This achievement surpassed the annual target of 855,612 by 69 per cent and exceeded the 2023 result of 903,734 by 60 per cent. The greatest contributions to this cumulative result came from Burkina Faso, Egypt, Guinea, Mali, Nigeria and Sudan. They implemented capacity-building initiatives targeting healthcare workers and key service providers, established or strengthened safe spaces for women and girls, and intensified community outreach and social norms change communications efforts.

The Dawwie initiative

In Egypt, an initiative called Dawwie, an Arabic word meaning My Voice, operates nationally, engaging adolescent girls and boys in activities to express themselves and embrace diversity and equality. The initiative creates digital and in-person safe spaces for girls with different abilities, including in hard-to-reach regions. It helps them to discuss sensitive topics

such as bodily autonomy while challenging traditional norms. Dawwie also empowers girls to use digital spaces to voice concerns and advocate for themselves and their communities.

In 2024 alone, Dawwie reached around 110,000 girls across Egypt's 27 governorates.

Nurasiah

- Indonesia: “Anyone can advocate for this cause. You don’t need to be a survivor to take action”



Nurasiah, also known as Nura, is a powerful voice for change in Indonesia. Serving as a project officer at Puan Amal Hayati, she focuses on preventing FGM. Her dedication is deeply personal: Nura is a survivor of FGM, a practice she endured at age 5 and a trauma she believes continues to impact her life.

Despite facing intense pressure from her husband's family, particularly her mother-in-law, Nura, with her husband's unwavering support, made the courageous decision to protect their two daughters from this harmful practice. Her own mother, a survivor of child marriage, instilled in her the importance of education, a path Nura pursued, becoming a midwifery lecturer in the city of Bandung.

“As a survivor, my mother did not want her daughters to marry at a young age, so I was encouraged to go to school. Even though we are from the village and my parents only have an elementary school education, their child must have a higher education,” Nura recalled, reflecting on her upbringing in Cianjur, West Java.

In 2020, Nura recognized the influential role she could play in educating future midwives and the broader community on FGM. *“I began teaching midwifery and felt it was important to raise awareness about FGM. I started incorporating material on female circumcision** into my lectures, explaining why it should not be performed and sharing knowledge about gender issues,”* she said.

Nura's mission extends beyond training midwives on FGM prevention and care. She also empowers them to be agents of change within their communities. She is committed to shifting public perception, emphasizing that FGM, in any form, violates women's rights. *“It's about perspective – understanding their reasoning for why it continues,”* she stated, highlighting the importance of dialogue and education in dismantling deeply rooted beliefs. She passionately advocates with the public, raising awareness by debunking myths surrounding religious or health benefits associated with FGM.

Her experience as a survivor fuels her determination to end FGM but she believes everyone should be involved. *“Anyone can advocate for this cause. You don't need to be a survivor to take action, but you can learn from the experiences of those who have endured it. Let's ensure this is not done to our daughters in the future because FGM undermines the dignity of women,”* Nura said, urging collective action.

Nura's story exemplifies how she transformed her experience as a survivor to advance awareness and advocacy within her professional and broader community. Her efforts will generate a new generation of midwives capable of providing appropriate prevention and care to those who are at risk or have undergone FGM, and acting as agents of change within their own communities.

** Female circumcision is used interchangeably with FGM. Its use by the general public, including health workers, could continue to substantiate its equivalency to male circumcision, which has been shown to have health benefits. The Joint Programme continues to support efforts to delink female circumcision from FGM.

2.2.5 Engagement with regional bodies

The Joint Programme met its 2024 target to strengthen regional accountability mechanisms and enhance regional and national commitments to eliminate FGM. Sixteen countries have a national multisectoral policy or strategy on FGM elimination with defined targets, allocated budgets, and monitoring and evaluation (M&E) components. Two countries, Guinea-Bissau and Yemen, are exceptions under this target. In Guinea-Bissau, the previous national strategic plan concluded in 2024; a new one is currently under development, slated for completion by the end of 2025. Through the Joint Programme, high-level meetings in Yemen renewed commitments and led to the adoption of the Aden Declaration and Roadmap to Eliminate FGM, a multisectoral action plan to be implemented in 2025.

Seven outcome documents from global and regional intergovernmental processes¹⁸ were published, surpassing the target of five by 40 per cent. Joint Programme support helped engage different regional bodies, such as the African Union and its organs, including the African Committee of Experts on the Rights and Welfare of the Child and African Commission on Human and People's Rights; the League of Arab States; the African Council of Religious Leaders; the East African Community and the Intergovernmental Authority on Development. Advocacy and regional coordination aimed at influencing policies, strengthening legal frameworks and increasing national budget allocations to eliminate FGM. Regional bodies also supported capacity development and knowledge exchanges by fostering evidence-based dialogues and collaboration among a wide range of stakeholders, including governments, regional bodies, CSOs and youth-led groups. For instance, the African Committee of Experts on the Rights and Welfare of the Child and the African Commission on Human and People's Rights jointly supported efforts to uphold anti-FGM legislation by issuing expressions of concern in response to attempts to repeal such laws.

The Human Rights Accountability Mechanisms to End FGM Compendium provides an overview of mandates of accountability mechanisms, methods of engagement, examples of recommendations and decisions, and case studies of successful engagement at the global, regional, national and community levels. The compendium will be published and disseminated for use in 2025.

18 UNFPA Arab States Regional Office/UNICEF Middle East and North Africa Regional Office: Recommendations of the regional meeting on the cost of harmful practices convened by the League of Arab States. UNFPA/UNICEF West and Central Africa Regional Office: Universal Periodic Review (UPR) Review Guidance Note, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Reporting Guidance Note, The African Union Convention on Ending Violence Against Women and Girls (recommendations during drafting). UNFPA/UNICEF East and Southern Africa Regional Office: Universal Periodic Review outcome report – Eritrea, Universal Periodic Review outcome report – Ethiopia, The African Union Convention on Ending Violence Against Women and Girls (recommendations during drafting).

Examples of Joint Programme-supported engagements with regional bodies in 2024



A regional meeting, “Cost of Prevention and Response to FGM and Child Marriage”, was held on 6–7 November 2024 at the League of Arab States Secretariat in Cairo. The meeting emphasized allocating national budgets to address FGM, highlighting long-term economic and health impacts. This meeting was a collaborative effort involving the League of Arab States, UNFPA Arab States Regional and UNICEF Middle East and North Africa Regional Office. The meeting drew representatives from 22 member States, United Nations organizations and regional partners.



A webinar led by Joint Programme regional offices, “Strengthening Regional Collaboration and Legal Frameworks: Accelerating the Elimination of FGM”, took place on 18 September 2024. The discussion focused on lessons from other regional frameworks, such as those addressing child marriage. Participants agreed to coordinate regional advocacy, strengthen accountability mechanisms with regional economic communities and explore creating an online platform to share knowledge and best practices on FGM elimination. A total of 78 participants from regional organizations (including the East African Legislative Assembly, Intergovernmental Authority on Development, International Conference on the Great Lakes Region and Southern African Development Community), civil society, and women- and youth-led groups attended along with religious leaders.



With technical support provided by the UNFPA and UNICEF regional offices for West and Central Africa and East and Southern Africa and their respective African Union liaison offices, the African Union launched the first continental Convention on Ending Violence Against Women and Girls on 17 February 2025. This landmark legal instrument to prevent and eliminate all forms of violence against women and girls incorporates the elimination of FGM.



The Joint Programme supported an African Union Commission side event, “Addressing Child Marriage and Female Genital Mutilation in Humanitarian Settings: What We Know – And What We Don’t”, during the Twelfth African Union Humanitarian Symposium in Nairobi, Kenya on 19 November 2024. Discussions centred on the theme “Harmful Practices in Humanitarian Settings: Lessons from Evidence and Practice”. Some 75 participants from 10 member States learned about the importance of engaging adolescent girls and integrating FGM-related interventions within national emergency plans and implementation.



Status of selected strategies and action plans

- * **DJIBOUTI** incorporated FGM-related content in its National Gender Policy and National Strategy for the Care of Gender-Based Violence (2024) and evaluated the National Strategy for the Total Abandonment of FGM (2018–2022).
- * **ERITREA** finalized a costed National Strategic Plan (2025–2030) to eliminate FGM; it replaces the outgoing plan (2020–2024).
- * **GAMBIA** initiated revision of its National FGM Strategy, which is expected to be finalized in 2025.
- * **INDONESIA** included FGM in the National Medium-Term Development Plan (2025–2029) and continued implementing its National Roadmap on FGM Prevention (2020–2030).
- * **MALI** initiated implementation of its 2024 National Action Plan for the Abandonment of FGM. It is aligned with a national child protection policy that comprehensively covers the Convention on the Rights of the Child, including its legislative framework on FGM.
- * **NIGERIA** developed four annual state action plans and a five-year state action plan for Kwara state (2024–2029).
- * **UGANDA** began drafting its FGM strategy, led by the Ministry of Gender, Labour and Social Development and based on a consultative and consensus-building process. The strategy should be finalized in 2025.
- * **YEMEN** adopted the Aden Declaration and Roadmap (May 2024) for multisectoral action against FGM.

2.2.6 Effective laws and policies

Laws prohibiting FGM reflect national political will and support for elimination. They enable and validate FGM interventions taken by diverse sectors to protect girls and women. Evidence suggests that FGM criminalization should not be pursued alone without addressing social norms and establishing preventive and protective systems,^{19,20} an approach that the Joint Programme has been implementing thus far.

Four Joint Programme-supported countries – Indonesia, Mali, Somalia and Yemen – have yet to ratify a national FGM law. National and subnational advocacy efforts continued in 2024 with positive results. In March 2024, Galmudug state in Somalia passed anti-FGM legislation – the first law of its kind in the country – while Jubbaland state is expected to follow by ratifying a state law in 2025. In addition, Somaliland signed an anti-FGM policy in September 2024. In Indonesia, advocacy based on human interest stories highlighting the struggles of FGM survivors in five regions resulted in the issuance of a circular prohibiting FGM by the East Lombok Regent. It was followed by a ministerial regulation on reproductive health to stop FGM medicalization and end the practice. This decentralized approach to issuing laws and regulations is expected to have a positive influence and contribute towards the eventual ratification of national laws in all four countries still lacking them.



A technical resource developed in 2023 with Joint Programme support highlights the importance of aligning FGM laws with human rights.

A technical resource developed in 2023 with Joint Programme support, [Developing FGM Laws Aligned with Human Rights](#), was widely disseminated through multiple platforms in 2024. This resource highlights the importance of aligning FGM laws with human rights, with the legal framework putting a strong emphasis on protective measures for children. The criminalization of parents/family members as perpetrators should only be the last resort. The technical guide presents good practices for addressing legal loopholes, such as providing clear and comprehensive definitions of FGM and its medicalization, cross-border FGM, and issues of age and consent. It also offers guidance on legal dilemmas and complexities related to the implementation of laws. For instance, it advises on suspending sentences for parents while not exempting them from criminal accountability. Follow-up on its uptake in addressing legal loopholes will take place in 2025.

19 UNFPA-UNICEF Joint Programme, 2023. [Developing FGM Laws Aligned with Human Rights: Technical note](#).

20 UNICEF Innocenti, Global Office of Research and Foresight and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise, 2025. [Accelerating Action Towards FGM Elimination: Lessons from evidence on effective interventions](#).

Examples of the Joint Programme's support for legal and policy efforts to eliminate FGM

- * **BURKINA FASO:** Advocacy efforts with the Transitional Legislative Assembly and a review of the decree to establish the National Council for the Fight against FGM supported coordination and legal action.
- * **ETHIOPIA:** Technical and financial support helped the Ministry of Women and Social Affairs develop a social narrative change strategy. It includes promoting community-based sanctions as existing mechanisms that could be leveraged to strengthen enforcement or minimal legal penalties for FGM. Advocacy sought to prevent the legitimization of medicalized FGM as endorsed by Ethiopia's Council of Ulemas declaration in 2024.
- * **GUINEA:** Advocacy contributed to including an FGM prohibition in the draft Constitution (2025).
- * **GUINEA-BISSAU:** Advocacy and high-level discussions with government authorities focused on enhancing FGM law enforcement.
- * **INDONESIA:** Advocacy resulted in an FGM elimination clause within Ministry of Health Regulation, No. 28 (2024).
- * **UGANDA:** Technical and financial support backed cross-border collaboration and regional legislation such as the East African Community FGM bill. If bill is passed, it will cover Burundi, Democratic Republic of the Congo, Kenya, Rwanda, Somalia, South Sudan, Uganda and the United Republic of Tanzania. Uganda played a key role by hosting the initial consultative meeting to retable the bill. It led the drafting of a position paper and the bill itself, coordinated by the Eastern African Sub-Regional Support Initiative, the Girl Generation and the Global Youth Consortium Against FGM, with support from the Joint Programme. The motion was jointly presented to the East African Legislative Assembly by Hon. Amongin Jacqueline (Uganda) and Hon. Iman Dekow Falhada (Kenya). The bill now awaits public consultations across partner States.

In 2024, the Joint Programme specifically prioritized cross-border coordination by advancing Pillar 1 of the regional action plan on the harmonization of legislation to end FGM. The programme supported the establishment of a regional coalition, led by the Eastern African Sub-Regional Support Initiative, comprising women- and youth-led groups, religious and legal experts, and community organizations. The coalition has actively advocated the adoption of the East African Community FGM bill through high-level consultations with members of the East African Legislative Assembly and East African Council of Ministers.

The Joint Programme supported multilevel advocacy, legislative reviews, capacity-building and partnerships with diverse stakeholders. These interventions

and related results are detailed under systems transformation (section 2.2.4) and the engagement of regional bodies (section 2.2.5).

The programme recorded 452 FGM-related arrests, slightly higher than 2023 (442).

Eritrea, Ethiopia and Kenya contributed the most to this aggregate figure. The number of FGM cases brought to court exceeded the target by 30 per cent (405 cases reported against a target of 312). Convictions resulted from 229 cases. The effectiveness of laws cannot be confirmed based on the share of convictions in a given year as legal processes, from arrest to conviction, may take months or even years. Furthermore, the scale of convicted cases does not necessarily indicate an effective legal system. Court case outcomes depend on several factors, including the strength of the case. In European countries, which have strong legal systems and zero tolerance for FGM, very few cases have resulted in convictions to date. Finally, FGM laws should be first and foremost aligned with human rights, with a primary goal to protect the child and criminalization seen as a last resort. The human rights approach should be captured in reviews of legal enforcement indicators and revisions.



The programme recorded **452** FGM-related arrests, slightly higher than 2023 (442). Eritrea, Ethiopia and Kenya contributed the most to this aggregate figure.

Following each case through its outcome would help to identify bottlenecks and loopholes, towards strengthening overall legal processes. This would be a challenging task, given decentralized record-keeping and paper-based information systems in most countries. Kenya's court user committees, which comprise multiple stakeholders at lower administrative levels for each court, troubleshoot and solve bottlenecks, and improve access to and use of legal services for gender-based violence (GBV), FGM and child marriage. This model or other similar models could be explored further to strengthen legal process implementation and reporting elsewhere.

In 12 countries, the Joint Programme supported 23 mechanisms to follow up on international and regional human rights recommendations or decisions, exceeding the target of 15. Twelve countries reported national action plans, national strategies or road maps as monitoring mechanisms.

Eleven²¹ of 18 countries (61 per cent) have a budgeted emergency preparedness, response and disaster risk reduction plan that integrates FGM prevention and care. This is a significant increase from four countries in 2023. In the coming year, the Joint Programme will strive to complete this coverage in the remaining seven countries and to monitor plan implementation in humanitarian settings where applicable.



11 of 18 countries have a budgeted emergency preparedness, response and disaster risk reduction plan that integrates FGM prevention and care.

21 Burkina Faso, Djibouti, Ethiopia, Guinea, Kenya, Mali, Mauritania, Nigeria, Somalia, Sudan and Uganda.

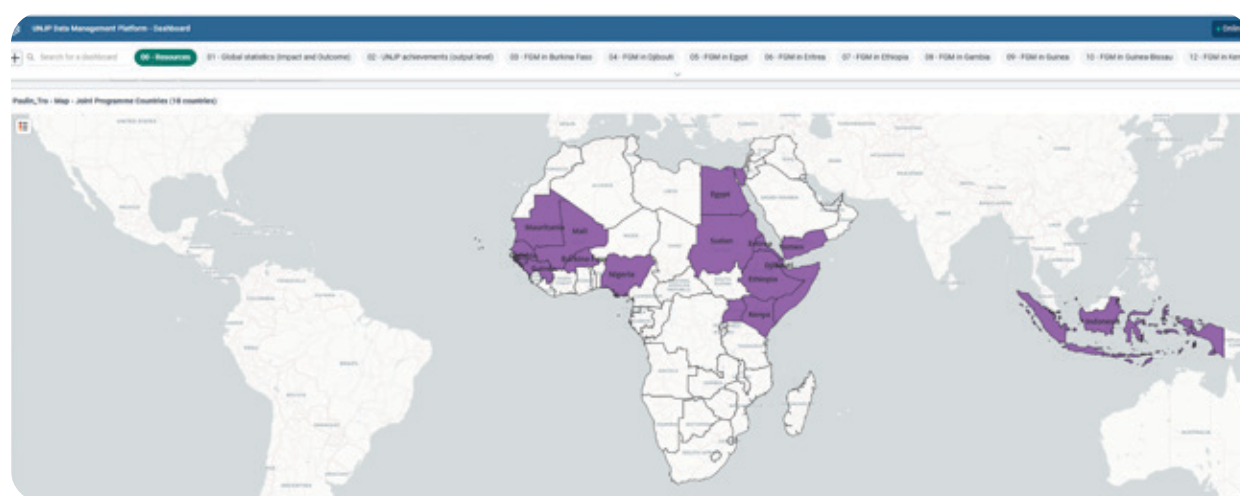
2.2.7 Data and evidence

Evidence generated from programmatic data and studies, along with data syntheses and learning uptake, continue to be cornerstones of Joint Programme efforts to strengthen effectiveness and efficiency.

Monitoring and evaluation

In 2024, a new [data management platform](#) was rolled out to manage Joint Programme M&E data. Users reported that the platform was easy to use. It includes customized dashboards featuring geospatial mappings of FGM prevalence at the subnational level to facilitate data interpretation (figure 4). Ongoing work on the geospatial mapping of women-, youth- and feminist-led organizations to enhance linkages and coordination in movement-building should be completed in 2025. The Joint Programme will share access to the platform with all Steering Committee members in 2025.

Figure 4 Sample of the dashboard display for the new Joint Programme management platform



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

An exercise to strengthen 2024 and 2025 target-setting included consultative dialogues with technical teams at the regional and country levels (annex 7.1). Proactive engagement involved focused, one-on-one technical meetings with FGM focal points within regional and country offices. These sessions were critical platforms for assessing mid-year achievements in 2024 and strategically deliberating on how to enhance the implementation of ongoing interventions in the remaining six months – all with the overarching aim of achieving established 2024 targets.

END FGM



Drawing on valuable recommendations from regional offices and the Joint Programme's headquarters coordination team, country offices sustained their commitment to strengthening the M&E systems of implementing partners. This support included targeted capacity-building initiatives addressing specific facets of M&E, complemented by rigorous supervision, on-site visits for direct engagement and the deployment of more robust information systems. These multifaceted approaches were strategically designed to identify and address existing gaps within M&E practices while also improving the quality, availability and accuracy of FGM data collection (see annex 7.2 for a detailed review of FGM data).

In 2025, there will be a strong focus on enhancing the rigour of target-setting and reviewing the Phase IV results framework to better align with information systems, ensure sustainability, and improve regional and country reporting. Technical support will continue through one-on-one virtual consultations with regional and country teams to build capacities for data interpretation and use, thereby strengthening evidence-based programming. Frontliners will be encouraged to conduct simple tallies and integrate FGM data within community information systems.

Evidence

The Joint Programme drew on primary, secondary and programmatic data at various levels, from local initiatives to national assessments, to generate 22 in-depth analyses, research initiatives, studies and evaluations against a target of 21. Contributions to evidence on FGM came from 12 countries in 2024 compared to 11 in 2023, and ranged from identifying factors influencing FGM practices to assessing the effectiveness of specific interventions and strategies. The 12 countries (Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Indonesia, Kenya, Mali, Senegal and Sudan) employed qualitative, quantitative or mixed methods with qualitative, descriptive and multivariable analyses. The main areas studied included behavioural and social norms, youth and community engagement, awareness-raising initiatives, and factors such as education and their associations with FGM attitudes and practices.

Some notable global studies included a 2024 update on FGM prevalence trends, highlighting progress at the country level.²² Additionally, a rapid review updated the 2008–2020 literature review on effective interventions designed to prevent or respond to FGM.²³ This exercise collated intervention mechanisms and key implementation considerations to support programmatic implementation.²⁴

To facilitate research and knowledge management among technical teams at the global, regional and country levels, the Joint Programme completed a centralized electronic filing system compiling summaries of research and studies it funded from 2008–2024. This system offers an internal “living” repository of experiences and knowledge generated in various contexts.

Measuring changes in social norms is key to the Joint Programme’s theory of change and an interim measure of programming effectiveness. Towards that end, the roll out of the ACT Framework continued through various initiatives, with the latest being the pilot testing of selected indicators in Burkina Faso and Nigeria. The pilot used the Performance Monitoring for Action methodology, which typically generates annual household data related to family planning and sexual and reproductive health and rights.

Current reliance on impact indicators predominantly sourced from the DHS initiative may become more challenging in the future due to the potential closure of the programme. This situation calls for innovative approaches to generate such data inexpensively and sustainably.

The Joint Programme supported initiatives to strengthen the capacities of 3,333 government personnel across various sectors as well as civil society and grass-roots organizations to conduct data collection, analysis, research and dissemination,

22 UNICEF, Female Genital Mutilation, 2024 update.

23 Matanda, D. J., et al., 2021. [What Interventions Are Effective to Prevent or Respond to Female Genital Mutilation?](#) A review of existing evidence from 2008–2020. Nairobi: UNFPA, UNICEF, WHO and Population Council.

24 UNICEF Innocenti Global Office of Research and Foresight and UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, Accelerating Action Towards FGM Elimination.



including qualitative data on FGM. This achievement surpassed the annual target of reaching 2,246 government personnel. Progress was primarily driven by Ethiopia and Kenya, which employed integrated and decentralized strategies involving multiple government agencies and CSOs at the subnational, regional and national levels. Research assurance mechanisms, including templates, were developed for application in selected countries and regions in 2025.

Finally, the Joint Programme global team participated in WHO's guideline development group, which resulted in the issuance of eight recommendations related to the training and capacity-building of health workers, the de-infibulation²⁵ procedure, mental and sexual health interventions, and three best practices on laws and policies, a code of conduct for healthcare professionals, and counselling and consent prior to de-infibulation. The group plans to disseminate the recommendations in 2025.

Learning

The Joint Programme supported various platforms, including organizational websites (UNFPA and UNICEF), social media (LinkedIn, X [formerly Twitter], newsletters and online forums [Google Groups, SharePoint, etc.]) and webinars to foster learning and knowledge dissemination.

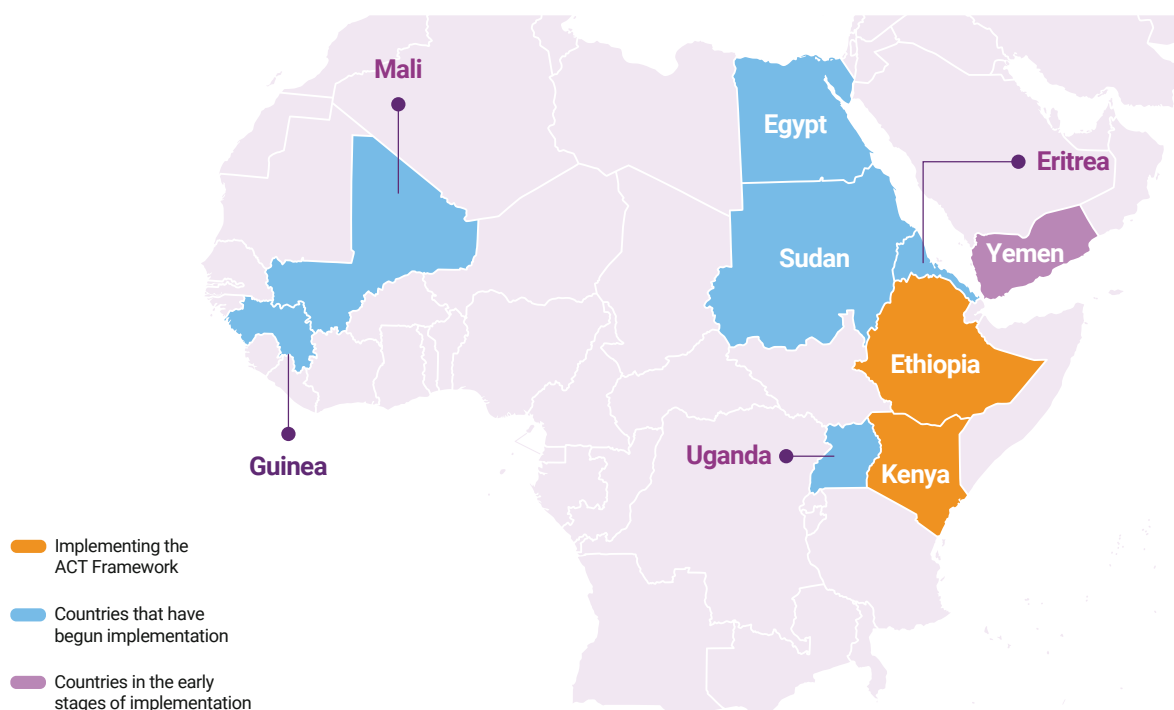
Five cross-regional, inter-agency and cross-sectoral webinars took place. For example, in May 2024, in response to growing calls for FGM medicalization in Ethiopia, The Gambia and elsewhere, the Joint Programme, along with the Medical Women's International Association, the Office of the United Nations High Commissioner for Human Rights and WHO, organized a webinar. Experts shared insights on FGM-related health complications, human rights violations and policy implications. They explored effective strategies to push back against the practice and its medicalization with front-line health workers, professional associations,

²⁵ This is a surgical procedure carried out to reopen the vaginal introitus in women living with FGM type III to improve health and well-being, allows intercourse and/or to facilitates childbirth (WHO guideline on the prevention of female genital mutilation and clinical management of complications, 2025).

ministries of health and civil society activists. In September 2024, another webinar, “Breaking Barriers: Sharing Experiences, Building Accountability & Countering Pushback on FGM Laws”, shared learning from pushback against ending FGM in The Gambia, Egypt and Kenya, fostering collaboration and learning. The webinar targeted activists, civil society members, religious leaders, programme officers, and social and health sector service providers.

Learning and experiences from rolling out the ACT Framework in nine countries²⁶ supported by the Joint Programme were shared in the first forum on framework evidence and learning hosted by the Population Council. Experiences and findings from implementing the framework and other social norms measurement tools and methods were shared with academia, civil society, researchers, social scientists and the United Nations entities working in this field. The forum identified the need for more coherence in using standardized measurement tools, such as the ACT Framework, the Behavioural Drivers Model and others, to advance comparability within and between countries and regions. Three to four core social norms measures were proposed for discussion and agreement in follow-up virtual meetings.

Map 1 ACT Framework roll out by the Joint Programme



Finally, 35 knowledge products, including reports, guidelines and toolkits, were developed or disseminated through Joint Programme support (see annex 7.5). It will be important to follow up and track the use of these resources and whether they improved performance and decision-making.

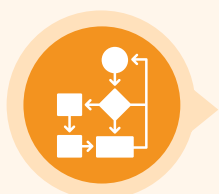
²⁶ Ethiopia and Kenya are implementing the ACT Framework. Egypt, Eritrea, Guinea, Mali, Sudan and Uganda have begun implementation. The process is in early stages in Yemen.

FGM data and evidence highlights



“FGM Evidence and Learning Forum: Improving Measurement of Social and Gender Norm Change in the Practice of FGM”:

This Population Council-led event convened programme implementers across Joint Programme countries to share and examine tools and approaches, successful strategies, and challenges in measuring shifts in social and gender norms surrounding FGM. Using a shared-learning approach, experts in social behavioural research, implementation science and programme implementation exchanged experiences in evaluating the effectiveness of their programmes and measuring norms changes using various tools. The forum generated several key recommendations, including on enhancing the knowledge and technical capacities of stakeholders to access and use standardized data tools on social and gender norms, contextualizing tools and indicators, and ensuring adequate resources for programme effectiveness and sustainability.



The feasibility of integrating DHS and ACT Framework indicators within annual family planning and sexual and reproductive health and rights household data:

Selected DHS/MICS and ACT Framework indicators were pilot tested through the Johns Hopkins University’s Performance Monitoring for Action initiative.²⁷ It generates frequent, high-quality surveys monitoring key health indicators, including family planning and sexual and reproductive health and rights, in nine countries in Africa and Asia. The pilot exercise was implemented in selected regions of Burkina Faso and Nigeria. Findings were similar to DHS/MICS results in these regions. They showed an emerging openness to change in regions with high FGM prevalence, with attitudinal stances varying more by geography than by age. The findings suggest that outreach approaches could be geographically focused rather than generational. Recommendations were made to capture FGM prevalence under age 5, when the practice is mostly performed, and to use such figures as a proxy measure for incidence. Some follow-up areas include generating representative data at lower administrative levels through either increasing survey samples or using small area estimates, and developing core ACT Framework indicators for follow-up and comparability between and within regions and countries.

27 The [Performance Monitoring for Action](#).

FGM data and evidence highlights



Evaluation of the effectiveness of Joint Programme advocacy

interventions: The Joint Programme contracted Opcit Research to evaluate the impact and outcomes of advocacy interventions from May to August 2024. Various approaches applied included contribution analysis, most significant changes and outcome mapping. The evaluation revealed that the Joint Programme plays a crucial role in multilevel advocacy, which advances national legal frameworks and elevates the issue of FGM at the country level. The assessment highlighted the need to strengthen communications channels between grass-roots CSOs and broader decision-making structures at the United Nations and government levels. The assessment also highlighted the importance of actively listening to communities and using their inputs in messaging and strategies that take into account their respective local power dynamics.



Compilation and summary of research and studies (2008–2024):

A stocktaking exercise of all research conducted to date was completed from June to November 2024. A total of 114 research reports were retrieved, predominantly from UNFPA and UNICEF country offices. The highest volume of research was produced during Phase III (2018–2021) and Phase IV (2022–2024) of the Joint Programme, especially by Burkina Faso, Mali and Nigeria. Approximately one third of studies focused on FGM epidemiological research, with 20 per cent published in peer-reviewed journals. This initiative enhances knowledge management, with a second phase planned to analyse findings for use where applicable, and identify and address bottlenecks to research uptake by decision makers.



3

**Accelerating action:
Strengthening alliances
and addressing pushback
against ending FGM**





3.1 Accelerating action

Catalytic actions, expanding and intensifying global influence

Although the Joint Programme supports direct programmatic interventions in 18 countries across four regions, its vision is that these interventions will influence and catalyse FGM elimination both within and beyond these countries. Some interventions in 2024 advanced this vision. Steps to institutionalize initiatives and enhance sustainability included mainstreaming FGM into curricula and professional development programmes in 226 medical and paramedical schools; supporting 2,673 primary, secondary and non-formal schools in delivering CSE and life skills training, including FGM prevention and protection; and supporting 3,230 health service delivery points to have at least one health worker trained on FGM prevention, protection and care services.



About

1.4 million
women and
girls initiated
conversations on
FGM elimination
and/or advocated
for FGM
abandonment.

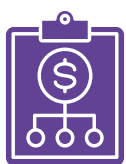
Interventions during the reporting period were instrumental in widely reaching individuals and communities within and beyond the immediate geographical focus areas of the Joint Programme, exemplified by 32,834 community-to-community dialogues on FGM abandonment within countries and across borders. About 1.4 million women and girls initiated conversations on FGM elimination and/or advocated for FGM abandonment, and around 1.75 million girls and young women participated in social and behaviour change programmes. These communities and individuals are expected to expand and amplify FGM abandonment messages through the diffusion of knowledge and influence in their daily interactions. Tracking some of them would help to determine the scale and type of diffusion to better estimate the multiplier effect.

In Guinea, key national and subnational events systematically advocated for FGM elimination, with the potential to reach a much wider audience and have a greater impact. In Uganda, a Karamoja cultural festival attended by the President amplified the call for elimination. Engagement with community leaders and members built momentum behind an anti-FGM movement across the country. The presence of representatives from Democratic Republic of the Congo, Ethiopia, Kenya and South Sudan at the festival provided an opportunity to spread anti-FGM information and promote the movement across borders.

To expand its reach, the Joint Programme shared resources and provided technical support to countries and organizations not directly supported by it. Representatives from Liberia, Niger, Sierra Leone and the United Republic of Tanzania were invited to attend the annual technical consultation, a forum for sharing experiences and learning that targets UNFPA and UNICEF programme officers in regional and country offices. A dedicated session elaborated influential and catalytic roles and needs at the national, regional and global levels. The session informed the development of a brief technical note to standardize understanding and provide operational guidance to implement influential and catalytic interventions.

Technical support helped UNFPA and UNICEF regional offices in South-East Asia to develop a programme document, “Breaking the Silence: Increasing accountability on addressing FGM in Southeast Asia”, and the Regional Accountability Framework for Ending Female Genital Mutilation/Cutting in South-East Asia, funded by the Australian Department of Foreign Affairs and Trade.

Funding diversification



11 countries supported by the Joint Programme reported approving national budget allocations for FGM initiatives in 2024, a notable increase from 4 in 2023.

To address ongoing funding shortfalls, the Joint Programme made continued efforts in 2024 to diversify funding sources. This culminated in securing private sector support, namely from the Novo Nordisk Foundation. This new partnership is a notable achievement as this is the first foundation to invest in FGM pooled funding. It could possibly help to attract new strategic partners, including foundations and corporations, among others. A collaborative partnership with the Five Foundation and Norad was also established to expand FGM interventions at the grass roots in Kenya. Additional support was secured from Spain for a position dedicated to advancing innovative funding and financing initiatives. Regarding domestic financing, 11 countries supported by the Joint Programme reported approving national budget allocations for FGM initiatives in 2024, a notable increase from 4 in 2023. Budget allocations ranged from \$25,000 to \$1,245,359, with a median of \$995,824.

Programming within the humanitarian-development-peace nexus

Implementing programming at the nexus of humanitarian and development efforts expands coverage to leave no one behind. Following the FGM Nexus Toolbox capacity-building workshops conducted in 2023 in five countries (Burkina Faso, Djibouti, Ethiopia, Guinea and Somalia), which covered adapting a humanitarian-development-peace nexus approach to address FGM in humanitarian contexts, the Joint Programme developed and disseminated [technical guides and illustrative cases](#). A webinar shared experiences from all countries supported by the programme.



Stakeholders also become effective advocates for social norms and legal frameworks that safeguard the rights of women and girls.

Capacity-building on the nexus approach continued in 2024, with preparations for workshops in seven additional countries in 2025.

Each country has developed action plans to build bridges between FGM interventions in development and humanitarian settings.

By enhancing this capacity, implementing partners and other stakeholders can confidently offer a multifaceted response to FGM and strengthen resilience in challenging contexts. These initiatives address both immediate health and protection needs in humanitarian settings and promote education and community engagement in development environments. Stakeholders also become effective advocates for social norms and legal frameworks that safeguard the rights of women and girls.



Awash*

- Yemen: “Three generations practised FGM – but now, the cycle may finally end”



For over 30 years, 65-year-old Awash* performed FGM in her community of Bani Omer, Yemen. Like her mother before her, and later her daughter, she became part of a chain – three generations of women performing a harmful practice sustained by silence, tradition and economic necessity.

“I don’t even know how many girls I’ve cut,” she said quietly during a community awareness session. “In our village, every girl went through it. It was just...what we did.”

Awash is the sole breadwinner for her family. She lives with her divorced daughter and teenage granddaughter, Nora,* who was trained to perform FGM in their absence. For this family, FGM was not just tradition – it was a source of income.

But in 2024, something changed. During a routine procedure, Nora, just 13, performed FGM on a two-month-old infant. The baby suffered severe bleeding and had to be rushed to the hospital. The child’s

father, outraged and afraid, filed a complaint against his wife for allowing an untrained girl to subject their daughter to FGM. The incident shocked the community – and shook Awash’s sense of certainty.

Shortly afterward, Awash attended a sensitization session supported by the Joint Programme. For the first time, she listened to information about the health risks of FGM – including trauma, pain, infections and even death. She saw the connection between her hands and that suffering.

“We were never told it was wrong,” she said. “We thought we were doing what was best. But now, I see what it has cost our girls and us as women.”

The sensitization session provided a space for women and girls to speak freely, many for the first time, about their own experiences of pain and trauma. Encouraged by this dialogue, Awash expressed a willingness to leave FGM behind and find a new way to support her family.

*Names were changed for privacy.

Applying gender-transformative approaches within programming

Gender-transformative approaches to FGM elimination require engaging diverse stakeholders to address social and gender norms and power imbalances that perpetuate this harmful practice. Effective gender-transformative interventions often involve diverse stakeholders, cross-sector activities and strong community engagement. Effectiveness is also determined by the inclusion of women and men, well-trained facilitators, a duration of at least three to six months, regular follow-up and efforts to remove barriers to participation.²⁸

In 2024, capacity-building workshops on advancing gender-transformative approaches to addressing FGM took place in Djibouti, The Gambia and Kenya. The workshops involved programmatic reflection and personal values clarification, followed by action planning to accelerate gender-transformative actions to eliminate FGM. A technical guide, [The Gender-Transformative Accelerator Tool and the Values Clarification Approach](#), was widely disseminated among Joint Programme-supported countries and beyond.

As an additional resource, a user-friendly, practical checklist for front-line workers on applying gender-transformative interventions to end FGM was developed in 2024, filling a resource gap. The checklist will be finalized and disseminated in 2025 through regional and country offices and partners to increase uptake within regions and countries even beyond those covered by the Joint Programme. Investing in practical, user-friendly tools for frontliners is potentially a cost-efficient, sustainable approach to building capacity and scaling up gender-transformative approaches.

3.2 Strengthening alliances

Engaging with women- and youth-led organizations

In 2024, the Joint Programme put more emphasis on strengthening youth and women's movements, with a specific focus on empowering local women- and youth-led organizations. To improve coordination and collaboration at the national and subnational levels, a comprehensive mapping exercise took place, identifying 320 relevant organizations engaged in FGM-related interventions in 18 countries. As the programme continues to identify and map more organizations, it will engage these groups through different platforms. It will use their geospatial coordinates to generate a comprehensive directory and visual dashboard in 2025.

Several country and regional activities built capacities and fostered networking among women-led, women's rights and youth-led organizations in different settings. A workshop by the regional office in East and Southern Africa engaged 40 women and youth activists and 32 women-led and women's rights organizations in Ethiopia.

28 Levy, J. K., et al., 2020. "Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A systematic review." *The Lancet Global Health* 8(2): e225–e236.



In 2024, the Joint Programme put more emphasis on strengthening youth and women's movements, with a specific focus on empowering local women- and youth-led organizations.

The participants networked and exchanged experiences working in emergencies and fragile contexts. Moreover, the regional office, in partnership with Equality Now, African Women Rights Advocates and the Frontline Women's Fund, established an intergenerational coalition against FGM – a “bridging generations convening” of 40 feminists, women- and youth-led organizations, and activists from 13 countries in East and Southern Africa. This coalition aims to advance FGM advocacy within the broader agenda of ending violence against women and girls through enhanced regional coordination. Going forward in 2025, the Joint Programme will prioritize collaboration between veteran and youth activists to strengthen intersectional alliances, amplify survivor voices, develop community-led solutions, secure flexible funding and align FGM advocacy with broader gender justice goals.

Increased engagement with grass-roots women-led organizations included the Women's Development Groups in Ethiopia, and the Women's Ulama Congress and Yayasan Siklus Sehat in Indonesia.

Targeted training and mentorship have cultivated skills to mobilize communities and report and follow-up effectively. Concerted efforts to amplify youth engagement in combating FGM and GBV took place across East and Southern Africa; the Global Youth Consortium Against FGM deployed diverse strategies to encourage meaningful participation. Digital platforms, such as online X spaces, facilitated cross-border collaboration and empowered young advocates, while community dialogues fostered local leadership. The programme bolstered these efforts by providing youth-led organizations with resources, including a social innovation toolkit.²⁹ An interactive, self-help toolkit, it provides that provides practical guidance and connection support for social enterprise growth, within and outside Africa, and showcases impactful stories to mobilize wider support. Partnerships with established youth networks such as AfriYAN and the National Student Association in Uganda expanded the reach of FGM awareness campaigns, incorporating educational initiatives on sexual and reproductive health and mobilizing movements to end FGM.

Expanding beyond digital and community-based initiatives, the Joint Programme strategically partnered with organizations such as The Scout Men's Clubs and seven national youth networks in Guinea-Bissau to conduct awareness campaigns in schools and communities. These campaigns focused on sexuality education, family planning, GBV and FGM, reaching hundreds of young people through interactive discussions and educational sessions.

The Joint Programme developed a publication, [Girls, Youth, Women & Feminist Movements Against Female Genital Mutilation: A practical guide for frontliners](#),³⁰ as a technical resource to build the capacities of frontliners in youth, feminist and women-led organizations and scale up systematic movement-building.

²⁹ Spotlight Initiative and UNFPA, n.d. The Joint Programme developed a publication, [Addressing Harmful Practices Through Social Innovation: a UNEPA Innovation Guide for YOUNG and Startups](#).

³⁰ UNFPA-UNICEF Joint Programme, A practical guide for frontliners.

Sarah

- How one woman
- sparked a movement
- against FGM



When Sarah's husband, Moses, told her she needed to undergo FGM to attend the circumcision ceremony of a friend's son, her world stood still. The request was more than shocking. It was a painful reminder that even in her own home, harmful traditions still held power. But Sarah refused to accept silence or surrender.

Instead of giving in, Sarah reached out. She confided in a local youth activist from the Global Youth Consortium Against FGM. That moment of courage marked the beginning of something bigger than she could have imagined.

The activist quickly brought together a circle of allies – community elders, religious leaders and local organizations. What followed was a series of honest, sometimes difficult, conversations with Moses. One by one, myths were dismantled. Through facts, empathy and persistence, Moses

came to understand that FGM is not a rite of passage – it is a violation with lifelong consequences.

But Sarah's story didn't end with her own liberation. Empowered by the support she received, she chose to give back. Today, Sarah is not just a survivor – she is a force for change. She leads local awareness campaigns, speaks out in village meetings, and helps build bridges between youth activists, traditional leaders and families.

Sarah's journey reflects the power of collective action. It shows how communities, when united by purpose and guided by empathy, can challenge even the most deeply rooted practices. In the face of rising pushback, stories like Sarah's remind us that progress is possible – and that alliances remain our strongest tool in the movement to end FGM.

*Illustrative image.



3.3 Addressing pushback against ending FGM

Multifaceted pushback against anti-FGM efforts in 2024 often blended religious, cultural and political arguments. While some countries maintain strong legal prohibitions, enforcement gaps, political shifts and conservative backlash threaten progress. Pushback is closely linked to a broader backlash against gender equality, as efforts to eliminate FGM challenge deeply rooted patriarchal norms that seek to control women's bodies and autonomy. Resistance to ending FGM often reflects wider opposition to advancing women's rights and challenging traditional gender roles in society.

When the nine-year-old legal ban on FGM was contested in The Gambia and FGM proponents called for its repeal, several stakeholders mobilized an effective countermovement. The Joint Programme escalated its support, made possible through additional donor contributions. Interventions focused on preventing the repeal of the FGM law and safeguarding existing legal protections. Civil society, women's rights advocates and international entities, including several United Nations organizations, actively lobbied until the National Assembly voted on 15 July 2024 to reject the Women's (Amendment) Bill 2024, which aimed to repeal the FGM ban. This victory was achieved through community engagement, awareness campaigns and strategic advocacy, both nationally and internationally, highlighting the power of collaborative efforts in protecting human rights.

The Joint Programme played a significant role in coordinating efforts across the local, national and international levels through technical working groups. Interventions ranged from issuing joint statements to aligning efforts with local civil society groups and activists to boost the collective response. It helped to generate relevant evidence, such as a mapping of key stakeholders on both sides of the FGM law debate. It identified dynamics and motivations to inform strategic advocacy and political economy analysis, backed by a compilation of FGM-related research specific to The Gambia. Regular social media analysis by the [GBV Lab](#), which uses social science, data science and graph theory to explore various elements of the digital ecosystem, also informed interventions.

The Joint Programme also facilitated opportunities to engage with experts from regional and global religious institutions such as Al Azhar University, and provided direct technical support to civil society groups for effective advocacy. The facilitation of meetings with members of the National Assembly and influential national figures enhanced institutional commitment to maintaining the anti-FGM law. Finally, the Joint Programme global team served as the secretariat for the United Nations taskforce against pushback, led by the Deputy Secretary-General, to strengthen the coordination and implementation of global advocacy and social countermovement.



The African Commission on Human and People's Rights and African Committee of Experts on the Rights and Welfare of the Child issued an "Expression of Concern on the Repeal of the FGM Law". See the [press release](#) dated 4 March 2024.



The Deputy Secretary-General's taskforce against pushback is a high-level United Nations platform to accelerate efforts to end FGM by 2030 and counter pushback against FGM elimination. It strengthens coordination, advocacy, resource mobilization and accountability across all relevant United Nations organizations, including UNFPA, UNICEF, UN Women, the Office of the United Nations High Commissioner for Human Rights, WHO, the United Nations Development Programme and the United Nations Development Cooperation Office.



The Joint Programme partnered with Religions for Peace and the African Council of Religious Leaders to support faith leaders in addressing harmful practices and advocating for protective laws. In The Gambia, the council's engagement with Islamic and Christian councils fostered dialogue that helped secure faith leader support for the anti-FGM law. This led to the creation of an interfaith platform for coordinated advocacy. A similar platform in Mali trained faith leaders on the mind-heart dialogue – a community-based approach to addressing sensitive issues.



Cross-country experience-sharing and the development of practical tools to systematically counter opposition are critical for effective anti-FGM and gender equality efforts.

Pushback against FGM elimination efforts was not limited to The Gambia. It was also observed in Ethiopia, Sierra Leone and Somalia. To better understand and respond to it, a mapping captured key narratives, particularly the role of religion in supporting or opposing harmful practices in 17 countries, and identified allies and proponents.

Complementary social and community listening across 29 African countries monitored evolving online and offline discourse around FGM, providing real-time insights to help tailor programmes and messaging.

Recent pushback has underscored the need for proactive preparation and vigilance against triggers of countermovements, such as the enforcement of FGM criminalization laws and FGM politicization. Building a broad coalition of influential allies, including members of the judiciary, religious and community leaders, and social media influencers, is essential to sustain support before, during and after legal reforms. Cross-country experience-sharing³¹ and the development of practical tools to systematically counter opposition are critical for effective anti-FGM and gender equality efforts. Additionally, regular scanning, including media monitoring, digital discourse analysis, community listening, [front-line stakeholder engagement](#), and power and political analysis, should help anticipate and respond to emerging threats early on.

31 A good practice in cross-country experience-sharing took place during The Gambia case, where parliamentarians from The Gambia were hosted by parliamentarians and scholars from Al Azhar University in Egypt. The visit facilitated extensive discussions on FGM legislation and the issue of medicalization, offering valuable insights and lessons for both countries.

4

Overall summary of 2024 performance



Performance by impact level



Joint Programme interventions continued in challenging and complex contexts. These ranged from increasing pushback against FGM to political instability and humanitarian emergencies. Overall cumulative performance at the outcome and output levels in 2024 was higher than 2023. Figure 5 illustrates 2023 and 2024 results across the 7 intervention areas.

Figure 5 Joint Programme global output and medium-term outcome performance in 2023 and 2024

	● Target surpassed			● Target met		● Target not met		
Year	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000			
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence	
Overall Joint Programme in 2023	●	●	●	●	●	●	●	
Overall Joint Programme in 2024	●	●	●	●	●	●	●	

Compared to 2023, a greater number of countries in 2024 surpassed or met targets on girls' and women's agency³² (12 countries), systems transformation³³ (12 countries), engagement of regional bodies³⁴ (15 countries) and data and evidence³⁵ (12 countries). This enhanced performance can be attributed to prioritizing these areas as well as potentially the maturation of interventions reaping higher results, and/or incremental achievement on annual targets motivating implementers to innovate and better strategize to meet them.

32 Indicator 1101, number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice.

33 Indicator 2001, number of girls and women who receive prevention and protection services on FGM.

34 Indicator 3101, number of countries with a multisectoral, evidence-based, gender-transformative FGM elimination policy or strategy that includes a plan of action with targets, a budget and an M&E framework, in line with human rights and the principle of leaving no one behind.

35 Indicator 3132, number of in-depth analyses, research, studies and evaluations conducted during the year to fill the evidence and knowledge gaps related to elimination of FGM.



For selected indicators related to effective laws and policies,³⁶ family and community engagement³⁷ and movement-building,³⁸ 11, 10 and 8 countries in 2024 compared to 12, 7 and 5 countries in 2023 did not meet set targets, respectively. Lower performance could be explained by underperformance and underreporting; for instance, on the number of FGM-related arrests, five countries did not meet targets and another five did not report on them. Underreporting of cases leading to arrests could be explained by emotional dilemmas in reporting family members, the fear of legal consequences such as imprisonment and the loss of primary caretakers, and ostracization in settings where norms supporting FGM continuation prevail. As detailed earlier, the primary goals of law enforcement need to be centred around child protection and building community buy-in. In some communities that declared FGM abandonment, community by-laws enforcing social sanctions against perpetrators in communal events like wedding and funerals seem more effective than legal enforcement. Access to legal services could advance through raising awareness among frontliners in diverse sectors and encouraging them to make referrals.

Underperformance in movement-building in specific countries was due to non-specified or low targets, the absence of tools for frontliners to systematically build movements, and limited coordination among different players, with the risk of duplicated efforts and inconsistent messaging dampening growth. Conflicts and political instability disrupted movement activities by creating an environment of fear and uncertainty in a few countries, including Burkina Faso, Mali, Sudan and Yemen. The use of the movement-building toolkit developed in 2024 and the mapping and dashboard on youth- and women-led organizations are important resources to

³⁶ Indicator 3121, number of arrests enforcing FGM legislation.

³⁷ Indicator 1001, number of girls aged 0–14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme.

³⁸ Indicator 1221, number of grass-roots/community-based organizations and action groups that are integrated within coalitions and networks of youth, feminists and women entrepreneurs working on elimination of FGM.

address some of these challenges. Some consideration is needed in the review of movement-building indicators to capture movements within the digital space, which are substantial and cannot be excluded.



A notable 2024 achievement was implementation efficiency. The Joint Programme's cumulative performance exceeded that of 2023, even with **\$4 million** less in funding.

A notable 2024 achievement was implementation efficiency. The Joint Programme's cumulative performance exceeded that of 2023, even with \$4 million less in funding. Efficiency was largely driven by efforts to promote strategic resource sharing among partners, leverage existing mechanisms within the national response/United Nations for better coordination and collaboration, and enhance the influential and catalytic role of the Joint Programme in expanding reach, sparking new actions and accelerating impact. Efficient approaches to programming, such as expanding the use of digital spaces with caveats related to safety and closing gender and connectivity divides, capitalizing on existing local social and communications platforms such as Dagu in Afar, Ethiopia, and developing checklists/guidance are needed to gradually phase out programming without losing results. Strategic partnerships with champions in the religious, education, health and private sectors and their related posts/services in communities have a far reach and influence that could be further strengthened from 2025 onwards.

The Joint Programme's current M&E framework, with over 40 indicators requiring separate siloed systems dependent on external funding, needs review. The completeness, frequency and relevance of indicators are challenging due to reliance on population-based surveys dependent on external funding. Government administrative data systems, though far-reaching and sustainable, are overburdened. Integrating social norms measures requires consensus on core indicators within existing systems. Advocating for a maximum of one to three standardized FGM indicators in governmental systems across sectors is advisable.

Findings from consultations with UNFPA-UNICEF programme staff, M&E specialists and implementing partners surfaced issues such as the heavy burden of reporting and the lack of clarity and relevance of some indicators in country settings. Consultations generated recommendations to reduce the current number of indicators, consider sustainability and integration within existing information systems, and improve indicator definitions and metrics, including through target-setting approaches based on SMART indicators (specific, measurable, achievable, relevant and time-bound). These findings prompted a review of the Joint Programme's M&E framework in 2024. It will be followed by proposed changes in the number and definitions of indicators for review and approval by the Steering Committee in 2025.



Consultations generated recommendations to reduce the current number of indicators and consider sustainability and integration within existing information systems.

5

Exploratory analysis of impact, outcome and output performance





The Joint Programme conducted an exploratory analysis to identify any patterns in performance and linkages for the theory of change result chain. The rate of decline in FGM prevalence among girls aged 15–19 was used as a proxy measure for impact as there are no recent impact data available. Countries were categorized into three groups: the strongest progress, some progress and no progress within the last 30 years. Countries with strong progress have a statistically significant decline in prevalence, with a drop equal to or higher than half of the FGM prevalence or a 30 percentage-point drop in the past 30 years. Countries with some progress have a statistically significant decline in prevalence. Countries with no progress have no statistically significant decline.

A total of 10 indicators were selected for outputs (seven intervention areas)³⁹ and medium-term outcomes (three)⁴⁰ for the exploratory analysis. The results for these indicators were categorized into three groups. Results that “surpassed the annual target” were higher than 110 per cent of the 2024 target and were labelled in green. Those that “met the annual target” achieved 100 to 110 per cent of the 2024 target were labelled blue. Results that had “not met targets” realized less than 100 per cent of the 2024 target were labelled red. Since the 2024 targets were considered minimum achievements for each country, any value or result below the target threshold was therefore considered “target not met” and labelled red.

39 The intervention areas are girls’ and young women’s agency, family and community engagement, movement-building, systems transformation, regional bodies engagement, effective laws and policies, and data and evidence.

40 Medium-term outcome 1000, empowered girls and women know and claim rights to their bodily autonomy and, together with their families and communities, drive changes in social and gender norms. Medium-term outcome 2000, girls and women can access a comprehensive package of high-quality, gender-responsive, disability-inclusive, culturally and age-appropriate services from relevant sectoral systems and institutions. Medium-term outcome 3000, governments and other duty-bearers demonstrate increased accountability for resourcing and implementing multisectoral policies, laws and frameworks to provide prevention and response for women and girls at risk of, and affected by, FGM, even in hard-to-reach locations.

The performance for output and outcomes for each country were then tabulated for each impact category. Countries with strong progress at impact level had surpassed 80 per cent of targets for medium-term outcome indicators and 80 per cent for output indicators. Countries with some progress surpassed 70 and 65 per cent of these targets, respectively. Countries with no progress surpassed less than 60 and 60 per cent of targets, respectively (see figures 6, 7 and 8). High performance in family and community engagement, movement-building and systems transformation seemed to be a differentiating feature among countries with strong progress compared to other categories. Low performance on effective laws and policies at the outcome and output levels did not seem to negatively impact countries with strong progress.

Further performance analysis will be conducted in 2025 together with an upcoming evaluation of the Joint Programme to provide additional insights. Annex 7.3 proposes recommended actions for each country category as guidance for 2025 onwards.



Figure 6 Performance on medium-term outcome and output indicators in countries with the strongest decline in FGM prevalence among girls aged 15–19

Outcome performance							
Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Burkina Faso	●	●	●	●	●	●	●
Ethiopia	●	●	●	●	●	●	●
Kenya	●	●	●	●	●	●	●
Nigeria	●	●	●	●	●	●	●
Uganda	●	●	●	●	●	●	●
Overall (Joint Programme)	●	●	●	●	●	●	●

Output performance

Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Burkina Faso	●	●	●	●	●	●	●
Ethiopia	●	●	●	●	●	●	●
Kenya	●	●	●	●	●	●	●
Nigeria	●	●	●	●	●	●	●
Uganda	●	●	●	●	●	●	●
Overall (Joint Programme)	●	●	●	●	●	●	●

Figure 7 Performance on medium-term outcome and output-level indicators in countries with some decline in FGM prevalence among girls aged 15–19

Outcome performance

Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Djibouti	●	●	●	●	●	●	●
Egypt	●	NA	●	●	●	NA	●
Eritrea	●	●	●	●	●	●	●
Guinea	●	●	●	●	●	●	●
Mauritania	●	●	●	●	●	●	●
Sudan	●	●	●	●	●	NA	●
Yemen	●	●	●	●	NA	NA	●
Overall (Joint Programme)	●	●	●	●	●	●	●

Output performance

Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Djibouti	●	●	●	●	●	●	●
Egypt	●	●	●	●	●	NA	●
Eritrea	●	●	●	●	●	●	●
Guinea	●	●	●	●	●	●	●
Mauritania	●	●	●	●	●	●	●
Sudan	●	●	●	●	●	NA	●
Yemen	●	●	●	●	NA	●	●
Overall (Joint Programme)	●	●	●	●	●	●	●



Figure 8 Performance on medium-term outcome and output indicators in countries with no decline in FGM prevalence among girls aged 15–19

Outcome performance

Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Gambia	●	●	●	●	●	●	●
Guinea-Bissau	●	●	●	●	NA	●	●
Mali	●	●	●	●	●	NA	●
Senegal	●	●	●	●	●	●	●
Somalia	●	●	●	●	●	NA	●
Overall (Joint Programme)	●	●	●	●	●	●	●

Output performance

Countries	Medium-term outcome 1000			Medium-term outcome 2000	Medium-term outcome 3000		
	Girls' and young women's agency	Family and community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Gambia	●	●	●	●	●	●	●
Guinea-Bissau	●	●	●	●	NA	●	●
Mali	●	●	●	●	●	NA	●
Senegal	●	●	●	●	●	●	●
Somalia	●	●	●	●	●	NA	●
Overall (Joint Programme)	●	●	●	●	●	●	●

6

Conclusion and 2025 priorities



Accelerating progress with a focus on catalytic approaches, evidence-based programming centred around sustainability and funding diversification

Photo credit: © UNICEF Burkina Faso



A greater proportion of countries surpassed or met annual targets for girls' and women's agency, systems transformation, engagement of regional bodies, and data and evidence.

Overall, 2024 cumulative performance surpassed that of 2023. A greater proportion of countries surpassed or met annual targets for girls' and women's agency, systems transformation, engagement of regional bodies, and data and evidence. The effectiveness of Joint Programme advocacy in addressing pushback, in collaboration with various stakeholders, was demonstrated by the successful reversal of the attempt to repeal anti-FGM legislation in The Gambia. Other important achievements included the partnership with the Novo Nordisk Foundation and collaborative partnerships with the Five Foundation and Norad to expand interventions at the grass roots.

Conversely, a higher proportion of countries did not meet annual targets for selected indicators related to effective laws and policies, community engagement and movement-building, compared to 2023. The relevance and burden of reporting over 40 programmatic indicators through siloed systems remained a challenge in generating timely, complete data, much less synthesizing them for use. This approach is not sustainable and detracts from efforts to integrate FGM indicators within existing functional information systems. Such integration potentially would better capture the scope of influence and additionality of Joint Programme results, and more effectively leverage resources and efforts from all relevant stakeholders. Finally, limited impact data suggest overall slow progress in meeting the 2030 global target of eliminating FGM; only Uganda is predicted to reach it.

In an evolving funding landscape, with only five years left before the 2030 endpoint of the SDGs, prioritized areas of work for 2025 include:



Accelerating progress at the impact level

- * Improve understanding of why certain settings or countries are strongly progressing or otherwise. This will include programmatic data subanalysis and desk review syntheses. The design of the midterm evaluation of the Joint Programme and preparatory work for an impact evaluation in 2030 will consider these issues, with a focus on moving from changing attitudes to changing behaviours, and, in particular, on monitoring related results and progress.
- * Scale up what works by advancing the uptake of knowledge and evidence in programming, using influential⁴¹ and catalytic⁴² approaches, and applying localized and smaller-scale operational research to strengthen efficiencies and reduce costs. Annex 7.3 details suggested actions for each country category, based on progress in eliminating FGM.
- * Centre interventions on the principle of sustainability by mainstreaming FGM interventions and M&E indicators in existing community structures and systems, e.g., for leadership, accountability, information or legal services, up to national systems, primarily in the health, education and religious sectors as these have the largest reach and influence in most settings.
- * Strengthen the generation of evidence and use by:
 - Completing a programmatic data review to increase relevance and reporting quality, and holding technical support clinics to enhance data uptake in programming (results-based management)
 - Using behavioural science to monitor progress through capacity-building clinics on the use of data to tailor interventions to effectively address social and gender norms and behaviours as well as community monitoring
- * Continue to expand advocacy, partnerships and collaboration between the international and local level, including among policymakers and frontliners working on human rights, education, health, religion, the law/judiciary, sexual and reproductive health, child protection, social programmes, development and development aid, within governmental and non-governmental institutions, civil society and the private sector.

⁴¹ An influential role refers to Joint Programme interventions that shape policies and FGM abandonment movements beyond targeted communities and subnational, national and regional geographic boundaries.

⁴² A catalytic role means that Joint Programme interventions will accelerate the timeliness, scale of coverage or results of interventions.



Funding diversification

- * Build on and learn from new partnerships through regular documentation and by sharing and exploring diverse collaborative models.
- * Where feasible, pilot innovative financing models.
- * Continue to monitor/assess and advocate for domestic financing or moving towards a scenario where governments allocate budgets for FGM elimination and related indicators, and address the comprehensive needs and rights of girls and women.



Community engagement and systematic movement-building

- * Support systematic movement-building through the uptake and application of technical resources by front-line workers and youth- and women-led organizations, and promote the use of a geospatial dashboard on youth- and women-led organizations to strengthen coordination and support regular scanning to pre-empt and address countermovements in a timely fashion.
- * Back the development of technical guidance/processes to help grass-roots groups and CSOs as well as governmental/non-governmental organizations to build on a systematic approach of phasing interventions into and out of communities in order to expand coverage without losing momentum or results.

7

Annexes





7.1 Phase IV results framework results

Annex 7.1 details cumulative achievements against set targets for 2021 through 2024, with the caveat that impacts and long-term outcomes are not annually collected and presented. Some of the performance is explained in the body of this report. The Joint Programme continues to develop its dashboard to elaborate why each country overachieved or underachieved on each programme indicator. As detailed earlier, reporting against 41 indicators by around 250 implementing partners is burdensome and could affect understanding of factors driving under- or overperformance against targets.

Overachievement against targets largely has three reasons. First, conservative targets were set due to concerns about not meeting targets and subsequent consequences for resource allocation. Second, country-level skills to calculate targets considering population size, FGM prevalence, the reach of systems, etc. is limited. For instance, there are no baseline figures for 20 new indicators, out of the 41, and there is an absence of specific goals at the country level and thus many indicators have low targets. Finally, overachievement less frequently results from misunderstanding indicator definitions, for instance, access to legal services was overreported in 2023 and corrected in 2024. The correction paradoxically led to an “underachievement” because of the erratically high achievement in the previous year. However, most of the underachievement of targets is explained mainly by underreporting through poor information systems and limited oversight of the results of catalytic interventions, such as by not continuously tracking trainees exposed to FGM content integrated within the curricula of educational institutions.

As an immediate remedy for these data and skill gaps, a proportional increment of 20 to 35 per cent for each indicator, based on previous achievements, was made for 2024 targets. The additions were then discussed and agreed based on their feasibility at the country and regional levels. Results in 2024 indicate that this adjustment is still conservative for some indicators and needs further refinement.

Medium- to long-term interventions to strengthen target-setting include the ongoing review of indicators to address missing baselines, goals and yearly target-setting for the final selected indicators for each country. Regular one-on-one clinics with country teams will continue to take place, covering goal-setting that considers the operational scale (geographical coverage/reach), assumptions on catalytic and influential effects, and the scale of implementation of existing national plans.

Table 2 Medium-term outcome 1000 and outputs

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
MEDIUM-TERM OUTCOME 1000: Empowered girls and women know and claim rights to their bodily autonomy and, together with their families and communities, drive changes in social and gender norms	1001	Number of girls aged 0–14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme	2021	204,903	241,871	196,404
			216,853	113,132	162,044	304,820
				55%	67%	155%
SHORT-TERM OUTCOME 1100: Girls and women demonstrating increased assets, capabilities, and agency in relation to their rights to bodily integrity, gender equitable roles and relationships	1101	Number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice	2022 456,667	436,411 456,667 105%	588,194 817,529 139%	736,154 1,394,813 189%
	1102	Percentage of girls and women aged 15 – 49 years who exercise agency in making decisions related to the elimination of FGM (Index)	2022 NA	NA NA	NA	NA
OUTPUT 1110: GIRLS' AND YOUNG WOMEN'S AGENCY Girls and women in targeted communities use their new or enhanced knowledge, skills and critical awareness to seek and uphold their rights, access to justice and other services, taking action to promote gender equality	1111	Number of girls and young women actively participating in social, and behaviour change programmes such as CSE and girls' clubs that integrate FGM in discussions on life skills	2022 658,037	382,395 658,037 172%	403,176 1,068,595 265%	1,154,931 1,749,492 151%

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
SHORT-TERM OUTCOME 1200: Men, boys, families and communities, grass-roots/community-based organizations, action groups including networks of youth, feminists and other relevant CSOs increasingly supporting the access of women and girls to measures and services that prevent and protect them against FGM, gender inequalities and other harmful practices	1201	Number of communities that made public declarations of abandonment of FGM that have established a community-level surveillance system to monitor compliance	2021 3,813	8,862 3,663 41%	9,721 2,315 24%	2,297 3,277 143%
	1202	Number of people engaged in a public declaration that they will abandon the practice of FGM	2021 3,460,101	1,594,873 1,214,650 76%	1,516,041 1,361,220 90%	1,725,998 3,370,590 195%
	1203	Proportion of young men and boys who express readiness to marry uncut girls	2022 NA	NA	NA	NA
OUTPUT 1210: FAMILY AND COMMUNITY ENGAGEMENT Gate keepers, parents and families, traditional and religious leaders, and other community influencers (m/f) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change	1211	Number of religious leaders and community/traditional influencers publicly denouncing FGM practices	2021 30,980	36,146 49,681 137%	61,486 50,384 82%	58,072 149,598 258%
	1212	Number of individuals (boys, girls, women and men) reached by mass media messaging on FGM, women's and girls' rights and gender equality	2021 32,416,266	17,042,079 18,840,027 111%	17,103,332 66,015,838 386%	58,951,644 80,986,364 137%
	1213	Number of people (women and girls, men and boys) engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women	2022 2,197,992	3,160,737 2,197,992 70%	3,889,429 3,142,867 81%	3,967,896 4,326,270 109%
	1214	Number of boys and men actively participating in activities to promote positive masculinity and equitable gender norms and advocate for the elimination of FGM practices in dialogues/sessions with peers and others	2022 433,247	369,737 433,247 117%	440,018 455,701 104%	430,332 849,502 197%
	1215	Number of community-to-community dialogues on abandonment of FGM within the country and across the borders	2021 10,150	24,162 24,179 100%	31,838 28,412 89%	31,314 32,860 105%

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
OUTPUT 1220: MOVEMENT-BUILDING Regional, national and local youth global movements, feminists and women's entrepreneurs, including grass-roots and community-based organizations, government and non-governmental bodies and community members, are engaged by a common movement through multi-stakeholder platforms, coalitions, alliances and accountability mechanisms at the global, regional, national and local levels to advocate for and scale up commitments to inclusive FGM elimination, including for those furthest behind	1221	Number of grassroots/ community-based organizations and action groups that are integrated within coalitions and networks of youth, feminist and women's entrepreneurs working on elimination of FGM	2022 2,848	1,684 2,848 169%	6,236 8,817 141%	7,134 12,200 171%
	1222	Number of networks and coalitions of grass-roots/community-based youth-led organizations, feminist and women's entrepreneurs mobilized to work on elimination of FGM	2022 9,629	3,552 9,629 271%	6,895 7,917 115%	5,336 10,271 192%
	1223	Number of supported grass-roots/community-based organizations, action groups, including networks of youth, feminists and women's entrepreneurs and other relevant CSOs, using the appropriate accountability mechanisms for advocacy on elimination of FGM	2022 11,490	988 11,490 1163%	2,342 5,625 240%	4,061 11,502 283%



Table 3 Medium-term outcome 2000 and outputs

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
MEDIUM-TERM OUTCOME 2000: Girls and women can access a comprehensive package of high-quality, gender-responsive, disability-inclusive, culturally and age-appropriate services from relevant sectoral systems and institutions	2001	Number of girls and women who receive prevention and protection services on FGM	2022	498,383	429,349	855,612
			423,729	423,729	903,734	1,450,136
				85%	210%	169%
SHORT-TERM OUTCOME 2100: Health, education, social, legal and child protection systems providing integrated quality FGM services that are accessible and centred on women and girls, as well as families and communities	2101	Number of medical and paramedical schools (public and non-public) supported by the Joint Programme that have mainstreamed FGM into their curricula and/or continuous professional development programme	2022	83	151	278
			18	18	219	226
				22%	145%	81%
	2102	Number of girls (0–19 years) and women who have received health services related to FGM	2021	103,671	87,188	97,270
			422,700	112,673	60,656	88,110
				109%	70%	91%
	2103	Number of girls and women who have received social services related to FGM	2021	156,656	285,715	203,937
			76,882	132,620	302,457	470,174
				85%	106%	231%
	2104	Number of girls and women who have received legal services related to FGM	2021	36,162	111,641	50,190
			16,106	36,302	42,296	5,108
				100%	38%	10%
	2105	Number of vulnerable girls aged 5–19 years at risk of FGM who have received education support	2022	24,449	29,460	229,792
			35,344	35,344	224,333	187,838
				145%	761%	82%

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
OUTPUT 2110: SYSTEMS TRANSFORMATION Education, health and sexual and reproductive health and rights, social and child protection systems and institutions have increased capacity to mainstream FGM and deliver coordinated and integrated quality services that prevent and respond to FGM during development, humanitarian and peacebuilding	2111	Number of primary/secondary/non-formal institutions in Joint Programme intervention areas providing sexuality education and/or life skills training on FGM prevention and protection	2022 2,241	2,698 2,241 83%	2,829 1,683 59%	2,079 2,635 127%
	2112	Number of trained law enforcement staff (police, judges, lawyers, prosecutors) demonstrating improved knowledge on the application of FGM law and provisions	2021 988	1,981 1,995 101%	3,155 1,956 62%	2,000 4,787 239%
	2113	Number of health service delivery points in Joint Programme intervention areas where at least one health worker is trained on FGM prevention, protection and care services and that provide FGM-related services	2021 1,639	1,259 2,542 202%	1,784 2,842 159%	3,594 3,642 101%

Table 4 Medium-term outcome 3000 and outputs

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
MEDIUM-TERM OUTCOME 3000: Governments and other duty-bearers demonstrate increased accountability for resourcing and implementing multisectoral policies, laws and frameworks to provide prevention and response for women and girls at risk of, and affected by, FGM – even in hard-to-reach locations	3001	National budget allocated (United States dollars) to the prevention and elimination of FGM	2022 NA	NA	NA	713,645 1,991,649 279%

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
SHORT-TERM OUTCOME 3100: A broad range of actors at the global, regional, national and local levels, amplifying their collective efforts to advocate, develop, implement, monitor and evaluate gender-transformative multisectoral evidence-based FGM elimination policy and legal frameworks with adequate resourcing	3101	Number of countries with a multisectoral, evidence-based, gender-transformative FGM elimination policy or strategy that includes a plan of actions with targets, a budget, and an M&E framework in line with human rights and the principle of leaving no one behind	2021 13	13 16 123%	14 15 107%	16 16 100%
	3102	Proportion of FGM recommendations implemented from peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	2022 NA	NA	NA	NA
OUTPUT 3110: REGIONAL BODIES ENGAGEMENT Regional accountability mechanisms for ensuring increased regional and national commitment to end FGM are strengthened	3111	Number of outcome documents of global and regional intergovernmental (African Union, League of Arab States and regional economic communities, etc.) processes that integrate commitments related to the elimination of FGM	2022 2	NA 2 NA	6 6 100%	5 7 140%
	3112	Number of peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	2022 NA	NA NA	11 NA	5 6 120%

Results statement	#	Key indicators	Baseline year & value	2022 target & result (percentage)	2023 target & result (percentage)	2024 target & result (percentage)
OUTPUT 3120: EFFECTIVE LAWS AND POLICIES Enhanced capacity of governments and local authorities to coordinate the enactment, implementation, enforcement and resourcing of legal frameworks to prevent FGM and provide protection to women and girls at risk, and to those who have survived FGM	3121	Number of arrests enforcing FGM legislation	2021 206	415 174 42%	482 442 92%	348 452 130%
	3122	Number of cases brought to court	2021 215	417 368 88%	505 402 80%	312 405 130%
	3123	Number of convictions and sanctions	2021 135	165 306 185%	214 170 79%	151 229 152%
	3124	Number of follow-up mechanisms/ processes (plan of action, review, public inquiry) for accepted recommendations from international and regional human rights mechanisms that are related to practices on FGM	2022 5	7 5 71%	15 4 27%	15 23 153%
	3125	Number of countries with budgeted emergency preparedness and response and disaster risk reduction plans that integrate FGM prevention and care	2022 5	6 5 83%	12 4 33%	10 11 110%
OUTPUT 3130: DATA AND EVIDENCE Generation, documentation and uptake of evidence by governments, academia and civil society groups, including grass-roots organizations, that have the capacity to inform human-rights-based policies, laws and programmes that address gender inequalities and harmful practices	3131	Number of government personnel from different sectors, CSOs and grass-roots organizations with enhanced capacities on data collection, analysis, research and dissemination, including qualitative data on FGM	2022 34,127	1,399 34,127 2439%	1,651 2,201 133%	2,246 3,333 148%
	3132	Number of in-depth analyses, research, studies and evaluations conducted during the year to fill the evidence and knowledge gaps related to elimination of FGM	2021 17	18 20 111%	23 17 74%	21 22 105%



7.2 Review of monitoring and evaluation data

Impact and long-term outcome indicators

The three impact indicators include the proportion of girls and women (15–49) and their daughters (0–14) who have undergone FGM as well as the rate of FGM incidence reduction among girls (<10). The two long-term outcome indicators are the proportion of girls, boys, women and men who believe FGM should be eliminated and the proportion of girls and women with self-efficacy in FGM-related decisions.

As of 2024, the latest household survey data for focus countries (17 of 18) ranged from 2013 (Yemen) to 2023 (Senegal), or from 1 to 14 years prior. FGM prevalence across different age subcategories (0–14, 15–19, 20–24, 15–49 and 0–60+) is available in most countries (17 of 18); data on women specifically predominate. About 39 per cent of countries (7 of 18) have complete data available for all age and sex subcategories on attitudinal stances supporting FGM elimination. In contrast, the rate of reduction of annual incidence among girls below age 10 is not available for most countries (17 of 18). Similarly, data on the proportion of girls and women with self-efficacy in FGM-related decisions are not available for all countries. These two indicators are not routinely generated from population-based surveys or within other information systems. In addition, population survey data below the subnational level are not designed to be representative at that level, making information to track changes at lower administrative levels unavailable.

The disaggregation of data on people who believe FGM should be eliminated is available by sex, for men and women, but age groups (0–14, 15–19 and 20–24) require supplementary analysis. The current range of available data for this indicator is wide, such as 17.5 per cent (Mali) to 93.8 per cent (Kenya) among women, and 12.6 per cent (Mali) to 92 per cent (Kenya) among men. Eight of the 18 countries do not have these data at all. Interestingly, attitudinal stances between men and women do not differ much, except in Mauritania and Senegal, where higher proportions of men favour FGM continuation.

Given gaps in data recentness, relevance and completion, this report use the rate of change in FGM prevalence to measure impact, i.e., the progress in the decline of FGM prevalence among girls aged 15–19⁴³ in the last 30 years. This age group specifically provides a more recent snapshot of FGM prevalence compared to the 15–49 years age group.

Short- and medium-term outcome and output indicators



The most frequently reported short-term indicator was the number of people engaged in a public declaration on FGM abandonment.

On the medium-term indicators, 10 of 18 countries (55 per cent) provided data for all three (girls prevented from undergoing FGM through surveillance systems, girls and women receiving prevention and protection services, and national budgetary allocations). The indicator with the highest reporting rate was the number of girls and women who received prevention and protection services related to FGM. This can be attributed to some success in integrating FGM indicators within information systems in governmental and non-governmental health and social services. Conversely, the least-reported indicator was the amount of the national budget allocated to FGM prevention and elimination. This is because government budgetary allocations are not earmarked by specific themes.

As for short-term indicators (13), no country reported on all of them. The most frequently reported short-term indicator was the number of people engaged in a public declaration on FGM abandonment, which could be explained by the fact that this indicator is easily understood and collected. It is one of the indicators not modified since the programme began. In contrast, the least-reported short-term indicator was the proportion of young men and boys expressing readiness to marry girls who have not undergone FGM. This lower reporting rate could be explained by the need for measurement using surveys; the indicator is currently not integrated in any other information systems.


43 UNICEF, Female Genital Mutilation, 2024 update.



Finally, only four countries (22 per cent) reported on all 23 output indicators (see annex 7.1 for details). The indicator with the highest reporting rate was the number of individuals reached by mass media messaging on FGM, women's and girls' rights and gender equality. The least-reported indicator was the number of convictions and sanctions related to FGM. The high reporting rate for the first indicator could be attributed to the ability to collect it through online social media platforms as well as familiarity among data collectors as it has been consistently reported on throughout the phases of the Joint Programme. The low reporting rate on the second indicator could be explained by social and emotional dilemmas, which include social and economic or community leadership issues that deter or reduce the reporting of FGM cases to the legal system, the legal loopholes that prevent cases from reaching the conviction stage, and weak and decentralized legal information management systems that limit comprehensive data on outcomes.


To address gaps in measuring short- and medium-term outcome and output indicators, the Joint Programme will take the following steps in 2025:


- 1** Reviewing the Phase IV results framework to:
 - a.** Better align with information systems and ensure sustainability
 - b.** Reduce the burden of reporting on 41 indicators to limit duplication, assess the feasibility of measurement on an annual basis (e.g., some data collected through surveys cannot be annual), and review the measurement focus (e.g., convictions and sanctions are not primary objectives of FGM laws, which should create an enabling environment for interventions aligned with a human rights-based approach and centred on child protection, with criminalization as a last resort)
- 2** Scale up one-on-one technical meetings with FGM focal points in regional and country offices on the relevance and use of data and the interactive dashboard.
- 3** Promote the use and uptake of an interactive dashboard to enable easy tracking of achievements as well as summaries of data analysis for use by regional and country offices.
- 4** Strengthen reporting by frontliners in communities, using simple tally sheets (e.g., girls protected through community surveillance).
- 5** Promote the integration of one or two FGM indicators within community and government information systems.



7.3 Suggested priority interventions based on progress at the impact level

Progress in the decline of FGM prevalence	Suggested priority interventions
<div data-bbox="193 461 341 607">  </div> <p>Strongest progress</p> <p>Countries with a statistically significant decline in prevalence PLUS a drop that is equal or higher than half of the FGM prevalence or a 30 percentage-point drop over the past 30 years</p> <ul style="list-style-type: none"> → Burkina Faso → Ethiopia → Kenya → Nigeria 	<ul style="list-style-type: none"> * Strengthen the localization and institutionalization of effective FGM interventions (use the lessons from evidence on effective interventions) at the lowest administrative level of governmental systems (social, health, education in or out of school, justice, religious affairs) and in communities, including through governmental and community-led interventions and surveillance, alert and response mechanisms. * Ensure universal access to comprehensive, quality FGM protection, prevention and care services within the lowest administrative level of governmental systems and community structures. * In settings with FGM medicalization: Support the scale-up of the four strategic pillars to stop FGM medicalization, namely to: 1) ensure that regulatory mechanisms through health professional and regulatory bodies are operationalized within all health facilities; 2) ensure that at least 80 per cent of professional training and continuous professional development institutions/programmes build knowledge and skills on FGM prevention and care; 3) integrate FGM indicators for monitoring and accountability for the quality of service, impact and FGM medicalization (when applicable) within health information systems and administrative information systems; and 4) educate health workers on rights, legal and ethical perspectives on FGM, and their responsibility to educate/empower women and girls on their human rights and how to access legal services. Use the Health Sector FGM Resource Toolkit to implement these pillars. * Ensure FGM laws are fully aligned with human rights, and the legal framework strongly emphasizes protective measures for children, such as helplines. The criminalization of parents/family members as perpetrators should only be a last resort. Pursue cross-border collaboration to address FGM in diaspora communities and prevent cross-border practices in neighbouring countries ONLY if there are differences in FGM legislation and significant variations in FGM prevalence across borders. Use the Technical Note on FGM Laws Aligned with Human Rights. To assess and promote popular buy-in to legal provisions and enhance accountability, use the Primer: Conducting Public Inquiries to Eliminate FGM. * Solidify and institutionalize movements to end FGM through sustained lobbying, and activists and organizations that can forge wide connections to broaden the movement's base. They can unify stakeholders around zero tolerance, while nurturing generations with new values through education, the media and the justice and health sectors, ensuring outreach to marginalized and remote populations. Use the practical guide and tools for stages 3 and 4 of FGM abandonment movements (physical and digital space) that are siloed or integrated within sexual and reproductive health, GBV or child protection movements. * Continue to keep alert for events/triggers that bring FGM into wide social and political discourse, and prepare appropriately to advance movements or mitigate countermovements. Conduct regular social and community listening to strengthen communications strategies and improve engagement with communities. * Advance roll out of impact investment models, transformative funding mechanisms and sustainable financing approaches for sexual and reproductive health and rights, maternal health and child protection with integrated FGM-specific interventions for the long-term sustainability of elimination efforts and survivor support.

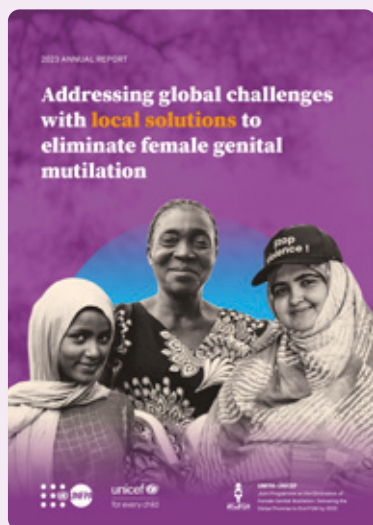
Progress in the decline of FGM prevalence	Suggested priority interventions
<div data-bbox="193 293 341 439">  </div> <p>Countries with some progress</p> <p>Based on a statistically significant decline in FGM prevalence in the past 30 years</p> <ul style="list-style-type: none"> → Djibouti → Egypt → Eritrea → Guinea → Mauritania → Sudan → Yemen 	<ul style="list-style-type: none"> * Be on the watch and prepare for events/triggers that bring FGM into wide social and political discourse. These triggers can fuel an abandonment movement or countermovements. Conduct regular social and community listening to strengthen communications strategies and improve engagement with communities. * Continue advocacy, campaigns and media outreach through different players; activists and organizations should forge wide connections to broaden the FGM abandonment movement. * Continue promoting buy-in and the integration of effective interventions within governmental and private sectors (social, health, education in or out of school, justice and religious). Use lessons from evidence on effective interventions. * Promote the integration of FGM interventions within planned impact investment models, transformative funding mechanisms and sustainable financing approaches for sexual and reproductive health and rights, maternal health and child protection with integrated FGM-specific interventions for the long-term sustainability of elimination efforts and survivor support. * Review FGM laws for full alignment with human rights and the legal framework for a strong emphasis on protective measures for children, such as helplines. The criminalization of parents/family members as perpetrators should only be a last resort. Review legislation for any legal loopholes based on best practices elsewhere – use the Technical Note on FGM Laws Aligned with Human Rights. Assess and promote popular buy-in to FGM law provisions – use the Primer: Conducting Public Inquiries to Eliminate FGM – as part of the effort to enhance accountability. * In settings where FGM medicalization is prevalent, promote and scale up the four strategic pillars to stop FGM medicalization, namely to: 1) ensure that regulatory mechanisms through health professional and regulatory bodies are operationalized within all health facilities; 2) ensure that at least 80 per cent of professional training and continuous professional development institutions/programmes build knowledge and skills on FGM prevention and care; 3) integrate FGM indicators for monitoring and accountability for the quality of service, impact and FGM medicalization (when applicable) within health information systems and administrative information systems; and 4) educate health workers on rights, legal and ethical perspectives on FGM, and their responsibility to educate/empower women and girls on their human rights and how to access legal services. Use the Health Sector FGM Resource Toolkit to implement these pillars.
<div data-bbox="193 1473 341 1619">  </div> <p>Countries with no progress</p> <p>Indicated by no significant statistical decline in prevalence</p> <ul style="list-style-type: none"> → The Gambia → Guinea-Bissau → Mali → Senegal → Somalia 	<ul style="list-style-type: none"> * Conduct operational research (use the Structured Operational Research and Training Initiative Online Training – SORT IT) and behavioural science research to understand why interventions make no progress, and develop context-specific plans to make adjustments based on current evidence on what works, quality implementation, the scale or reach of interventions, the sustainability of interventions or the presence of countermovements. * Be on the watch and prepare for events/triggers that bring FGM into wide social and political discourse. Conduct regular social and community listening to strengthen communications strategies and improve engagement with communities. Triggers can fuel the abandonment movement or countermovements. * Continue advocacy, campaigns and media outreach through allies and likeminded players from different sectors and influential people. * Forge coalitions between activists and organizations to coordinate in broadening the FGM abandonment movement. * Continue promoting buy-in and the integration of effective interventions (use the lessons from evidence on effective interventions) within governmental and private sectors (social, health, education in or out of school, justice and religious).

Progress in the decline of FGM prevalence	Suggested priority interventions
 <p>Countries with no progress</p> <p>Indicated by no significant statistical decline in prevalence</p> <p>→ The Gambia</p> <p>→ Guinea-Bissau</p> <p>→ Mali</p> <p>→ Senegal</p> <p>→ Somalia</p>	<ul style="list-style-type: none"> * Promote the integration of effective FGM interventions within planned impact investment models, transformative funding mechanisms and sustainable financing approaches for sexual and reproductive rights and health, maternal health and child protection programmes, towards the long-term sustainability of FGM elimination efforts and survivor support. * Promote or review existing FGM laws for full alignment with human rights and the legal framework for a strong emphasis on protective measures for children, such as helplines. The criminalization of parents/family members as perpetrators should only be a last resort. Review legislation for any legal loopholes based on best practices elsewhere – use the Technical Note on FGM Laws Aligned with Human Rights. Assess and promote popular buy-in to FGM law provisions – use the Primer: Conducting Public Inquiries to Eliminate FGM – as part of the effort to enhance accountability. * In settings where FGM medicalization is prevalent, promote and scale up the four strategic pillars to stop FGM medicalization, namely to: 1) ensure that regulatory mechanisms through health professional and regulatory bodies are operationalized within all health facilities; 2) ensure that at least 80 per cent of professional training and continuous professional development institutions/programmes build knowledge and skills on FGM prevention and care; 3) integrate FGM indicators for monitoring and accountability for the quality of service, impact and FGM medicalization (when applicable) within health information systems and administrative information systems; and 4) educate health workers on rights, legal and ethical perspectives on FGM, and their responsibility to educate/empower women and girls on their human rights and how to access legal services. Use the Health Sector FGM Resource Toolkit to implement these pillars.

Context	Suggested priority interventions
 <p>Countries with FGM prevalence less than 5 per cent</p> <p>Countries with a national prevalence below 5 per cent, and/or where FGM is rare nationally but may persist in specific communities, including immigrant populations from practising countries</p> <p>→ Uganda</p>	<ul style="list-style-type: none"> * Strengthen national surveillance and data-collection systems to monitor FGM prevalence, using proxy-sensitive measures for incidence (e.g., FGM prevalence among age groups with the highest risk of undergoing FGM). Cover all subgroups, including migrant/diaspora communities, in evidence generation and data use. Explore artificial intelligence-powered predictive analytics for integrated programming. * Review FGM laws for full alignment with human rights and the legal framework for a strong emphasis on protective measures for children, such as helplines. The criminalization of parents/family members as perpetrators should only be a last resort. Define any legal loopholes based on best practices elsewhere, using the Technical Note on FGM Laws Aligned with Human Rights. Assess and promote buy-in to FGM law provisions; see the Primer: Conducting Public Inquiries to Eliminate FGM. * Among affected population groups or geographic regions, strengthen the localization and institutionalization of effective FGM interventions within the lowest administrative level of governmental systems (social, health, education in or out of school, justice, religious affairs) and communities, including community-led interventions and surveillance, and alert and response mechanisms in affected areas. Use lessons from evidence on effective interventions.

Context	Suggested priority interventions
 <p>Countries with FGM prevalence less than 5 per cent</p> <p>Countries with a national prevalence below 5 per cent, and/or where FGM is rare nationally but may persist in specific communities, including immigrant populations from practising countries</p> <p>→ Uganda</p>	<ul style="list-style-type: none"> * Be on the watch and prepare for events/triggers that bring FGM into wide social and political discourse. Conduct regular social and community listening to strengthen communications strategies and improve engagement with communities. Triggers can fuel the abandonment movement or countermovements. * In settings where FGM medicalization is prevalent, promote and scale up the four strategic pillars to stop FGM medicalization, namely to: 1) ensure that regulatory mechanisms through health professional and regulatory bodies are operationalized within all health facilities; 2) ensure that at least 80 per cent of professional training and continuous professional development institutions/programmes build knowledge and skills on FGM prevention and care; 3) integrate FGM indicators for monitoring and accountability for the quality of service, impact and FGM medicalization (when applicable) within health information systems and administrative information systems; and 4) educate health workers on rights, legal and ethical perspectives on FGM, and their responsibility to educate/empower women and girls on their human rights and how to access legal services. Use the Health Sector FGM Resource Toolkit to implement these pillars.
 <p>Limited FGM programming</p> <p>→ Indonesia</p>	<ul style="list-style-type: none"> * Conduct in-depth formative research and context analysis to understand specific sociocultural drivers, identify key practising groups and safe entry points, and leverage strategic evidence generation and use and context-specific engagement. * Advocate for alignment with international human rights standards, using integrated programming, institutional strengthening and macro-level policy Interventions. * Advocate for the full alignment of laws with human rights and for the legal framework to put a strong emphasis on protective measures for children, such as helplines. The criminalization of parents/family members as perpetrators should only be a last resort. Define any legal loopholes based on best practices elsewhere, using the Technical Note on FGM Laws Aligned with Human Rights. Assess and promote buy-in to FGM law provisions; see the Primer: Conducting Public Inquiries to Eliminate FGM. * Promote buy-in and the implementation/reach of effective interventions that shift attitudes or practices universally; use community dialogues with parents and religious leaders as change agents; ensure health workers provide FGM prevention and care as well as health education; use the media and social marketing to foster positive values around those who have not undergone FGM; advance girl's education (social, health, education in and out of school, justice and religious sectors). * Continue promoting buy-in and the integration of effective interventions within government and private sectors (social, health, education in or out of school, justice and religious). Use lessons from evidence on effective interventions. * In settings where FGM medicalization is prevalent, promote and scale up the four strategic pillars to stop FGM medicalization, namely to: 1) ensure that regulatory mechanisms through health professional and regulatory bodies are operationalized within all health facilities; 2) ensure that at least 80 per cent of professional training and continuous professional development institutions/programmes build knowledge and skills on FGM prevention and care; 3) integrate FGM indicators for monitoring and accountability for the quality of service, impact and FGM medicalization (when applicable) within health information systems and administrative information systems; and 4) educate health workers on rights, legal and ethical perspectives on FGM, and their responsibility to educate/empower women and girls on their human rights and how to access legal services. Use the Health Sector FGM Resource Toolkit to implement these pillars.

7.4 Key publications in 2024



[2023 Annual Report of the FGM Joint Programme: Addressing Global Challenges with Local Solutions to Eliminate FGM](#): The report showcases the incredible power of local action and the critical role of women-led organizations in driving progress. It features 17 insightful country snapshots highlighting unique challenges and successes in: [Burkina Faso](#), [Djibouti](#), [Egypt](#), [Eritrea](#), [Ethiopia](#), [The Gambia](#), [Guinea](#), [Guinea-Bissau](#), [Kenya](#), [Mali](#), [Mauritania](#), [Nigeria](#), [Senegal](#), [Somalia](#), [Sudan](#), [Uganda](#) and [Yemen](#).

Humanitarian-development nexus approach

- * [Facilitator's Guide](#): Developed for facilitators conducting workshops on implementing the nexus approach.
- * [Participant's Workbook](#): Provides an overview of the nexus workshop and presents examples for the adoption of the nexus approach.
- * [Interactive Slide Deck on the Nexus Approach](#): Developed to help conduct nexus workshops.
- * [Illustrative Cases](#): Share knowledge and expertise on the innovative and practical ways in which country offices have implemented the nexus approach in FGM programmes.

Gender-transformative approach

- * [Advancing Gender-Transformative Approaches in the UNFPA-UNICEF Joint Programme for the Elimination of Female Genital Mutilation: Exploring Gender, Power and Agency](#): This report is a comprehensive guide, providing step-by-step approaches, highlighting examples, and narrating various activities and initiatives for successful workshops to promote gender-transformative approaches.
- * [Advancing Gender-Transformative Approaches in the UNFPA-UNICEF Global Programme to End Child Marriage and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Values Clarification Workshop Facilitation Guide](#): The guide is designed to complement gender-transformative approaches within the UNFPA-UNICEF Global Programme to End Child Marriage and the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. Activities delve into participants' attitudes and beliefs concerning gender, agency, autonomy and power.

- * **Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners:** The first one-stop, simple, practical guide to support frontliners and grass-roots organizations working to end FGM. The guide provides practical tools and knowledge for planning, managing and monitoring movement-building and addressing countermovements. It complements existing knowledge compendiums and other tools.
- * [2024 International Day of Zero Tolerance for FGM Advocacy and Media Report](#): This report highlights the global reach of Joint Programme-led campaigns on 6 February 2024 on various social media platforms and in news coverage as well as lessons learned. It offers recommendations to strengthen future advocacy campaigns.
- * [Technical Note: Developing Anti-FGM Laws Aligned with Human Rights](#) (French version): This technical note supports policymakers, parliamentarians and civil society actors in developing and/or amending laws to stop FGM, guided by good practices as case studies. The note describes how to ground an anti-FGM law in standards defined by human rights conventions and mechanisms as well as political declarations made by States.
- * **The Promise**, a Joint Programme newsletter: Developed under Phase IV, it is published every four months. In 2024, [issue 9](#), [issue 10](#) and [issue 11](#) were disseminated widely on electronic platforms including MailChimp, the Joint Programme mailing list and networks, and social media. Newsletters showcased interventions and results, and/or highlighted critical issues at the global, regional and country levels.
- * **The Harmful Practices Research Digest** was developed and circulated through the Joint Programme mailing list and email communications with countries and partners, including [issue 43](#), [issue 44](#) and [issue 45](#) in 2024. These digests highlight timely research on harmful practices from scholarly journals and other publications, towards informing programme, policy and advocacy efforts to accelerate actions to eliminate child marriage and FGM.



7.5 Financial report for 2024

The Joint Programme received \$29,613,248 in funding support in 2024 (table 5). All donor contributions were provided through a global pooled funding mechanism, except for the contribution from the United States of America, which was made through a bilateral agreement with UNICEF, and the contribution from the Novo Nordisk Foundation, which was received by UNFPA on behalf of the Joint Programme. Different figures reported in the 2024 certified financial statement for the Joint Programme reflect the fact that it only captures contributions through the pooled funding mechanism and expenditures out of these contributions for 2023.

Table 5 Funds received by the Joint Programme in 2024

Donor	Contribution amount (United States dollars)
Belgium	1,101,322
Canada	1,769,285
France	152,316
Germany	1,253,159
Iceland	200,000
Italy	4,405,286
Luxembourg	782,998
Norway	2,054,925
Sweden	10,608,087
United Kingdom	1,582,279
United States of America	5,000,000
NOVO Nordisk Foundation	650,000
Others (Individual Giving)	53,591
Total	29,613,248

Note: As per UNFPA's cash revenue recognition policy, contributions signed in 2024 but received in 2025 will be reflected in the 2025 financial year. This applies to donors such as the 1 EUR 1 million contribution from Spain.

Based on available funds for programming in 2024 and commitments from 2023, the Joint Programme made a total allocation of \$22,773,308. This went to the 18 focus countries as well as to three regional offices and headquarters for technical backstopping for country offices and regional and global level initiatives. Total expenditure was \$19,469,217, with an overall expenditure rate of 85.5 per cent (table 6).

Table 6 Budgets, expenditures and expenditure rates for 2024

Offices	UNFPA			UNICEF			UNFPA + UNICEF		
	Allocated funds in 2024 and commitments from 2023	Expenditures (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2024 and commitments from 2023	Expenditures (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2024 and commitments from 2023	Expenditures (United States dollars)	Expenditure rate (percentage)
Headquarters	2,315,035	2,315,035	100.00	2,813,297	2,813,297	100.00	5,128,332	5,128,332	100.00
Arab States Regional Office (UNFPA)/ Middle East and North Africa Regional Office (UNICEF)	200,000	91,616	45.81	100,000	5,600	5.60	300,000	97,216	32.41
East and Southern Africa Regional Office	206,800	196,998	95.26	150,000	135,470	90.31	356,800	332,468	93.18
West and Central Africa Regional Office	294,135	290,293	98.69	100,000	11,810	11.81	394,135	302,103	76.65
Burkina Faso	637,383	612,187	96.05	450,000	228,941	50.88	1,087,383	841,128	77.35
Djibouti	238,318	177,422	74.45	280,000	167,257	59.73	518,318	344,679	66.50
Egypt	1,394,111	1,394,111	100.00	1,000,000	562,365	56.24	2,394,111	1,956,476	81.72
Eritrea	288,047	40,684,58	14.12	305,000	305,000	100.00	593,047	345,685	58.29
Ethiopia	1,447,643	1,447,643	100.00	1,100,000	1,047,398	95.22	2,547,643	2,495,041	97.94
The Gambia	431,445	311,320	72.16	296,397	102,861	34.70	727,842	414,181	56.91
Guinea	393,193	393,193	100.00	405,000	397,048	98.04	798,193	790,241	99.00
Guinea-Bissau	331,776	296,102	89.25	200,000	97,161	48.58	531,776	393,263	73.95
Indoneisa	211,411	204,368	96.67	-	-		211,411	204,368	96.67
Kenya	1,355,140	1,241,010	91.58	900,000	659,016	73.22	2,255,140	1,900,026	84.25
Mali	381,505	376,451	98.68	300,000	198,016	66.01	681,505	574,467	84.29
Mauritania	331,776	313,139	94.38	355,000	254,038	71.56	686,776	567,177	82.59
Nigeria	700,935	597,284	85.21	300,000	-		1,000,935	597,284	59.67
Senegal	331,776	308,904	93.11	200,000	117,783	58.89	531,776	426,687	80.24
Somalia	447,193	447,193	100.00	250,000	135,280	54.11	697,193	582,473	83.55
Sudan	227,244	227,244	100.00	205,000	200,397	97.75	432,244	427,641	98.94
Uganda	285,047	274,162	96.18	305,000	230,491	75.57	590,047	504,653	85.53
Yemen	153,701	153,701	100.00	155,000	89,929	58.02	308,701	243,630	78.92
Total	12,603,614	11,710,059	92.91	10,169,694	7,759,158	76.30	22,773,308	19,469,217	85.49

Table 7 summarizes output expenditures based on the Joint Programme's Phase IV results framework. As one of the core focus areas, interventions centred on girls' and young women's agency had the highest share of total annual expenditures (44 per cent). This was followed by results areas related to the engagement of families and communities (22 per cent) and systems transformation (10 per cent).

Table 7 Share of total annual expenditures per output in 2024

Output	Share out of total expenditures (percentage)
Girls' and young women's agency (output 1110)	43.84
Family and community engagement (output 1210)	21.9
Movement-building (output 1220)	8.54
Systems transformation (output 2110)	10.37
Regional bodies engagement (output 3110)	0.83
Effective laws and policies (output 3120)	8.17
Data and evidence (output 3130)	6.35

As part of national commitments to ending FGM, 11 countries allocated \$1,991,649 in their 2024 national budgets to support initiatives on FGM prevention and elimination (table 8).

Table 8 National budget allocations by countries for FGM prevention and elimination

Countries	Budget amount (United States dollars)
Burkina Faso	65,000
Djibouti	152,802
Ethiopia	53,572
The Gambia	28,170
Guinea	25,000
Indonesia	33,740
Kenya	1,245,359
Mali	110,000
Mauritania	38,006
Senegal	190,000
Uganda	50,000
Total	1,991,649



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Joint Programme on the Elimination of
Female Genital Mutilation: Delivering the
Global Promise to End FGM by 2030