2025 Annual Report

The Race to 2030

Accelerating Action to End Female Genital Mutilation

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#EndFGM

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

Preface

Global progress towards eliminating female genital mutilation (FGM)is not keeping pace with demographic realities. Today, there are 30 million more survivors than there were eight years ago. **On the current trajectory, the 2030 target will not be met; achieving it would require a 27-fold acceleration in elimination trends. Without such a shift, an estimated 22.7 million more girls will undergo FGM by 2030.**

The UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation 2025 Annual Report presents a comprehensive account of progress, challenges and lessons in 18 programme countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Indonesia, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen. Drawing on both quantitative and qualitative evidence, the report assesses results, distils what works and identifies priority actions to accelerate impact.
The report offers a practical resource for a wide range of actors. These comprise policymakers, programme staff and front-line practitioners, across sectors including health, education, child protection, social services, justice, human rights and development cooperation, as well as private sector partners. The report is intended to inform those who design, implement, monitor and evaluate interventions to end FGM.

Guided by a 2025 theme, "The Race to 2030: Accelerating Action to End Female Genital Mutilation", the report underscores the urgency of intensifying collective efforts. Governments, civil society, community and religious leaders, women's and youth-led organizations, and survivors must work together to eliminate FGM and safeguard hard-won gains. With only a few years remaining to achieve Sustainable Development Goal (SDG) target 5.3, on ending FGM, the pace and scale of action must increase significantly.

Demographic and economic trends heighten this imperative. For instance, Africa's population is projected to double in the coming decades. This will increase the number of girls at risk and the resources required to reach them, at a time of tightened global financing. The cost of inaction is already substantial. An estimated $1.4 billion is spent annually to treat the health complications of FGM. The total cost of eliminating FGM across 31 countries is estimated at $2.8 billion. In other words, just two years of expenditure to manage FGM health consequences equals an investment that could end it in 31 countries.

Evidence from the Joint Programme continues to affirm that change is possible. Sustained, community-led transformation – driven by engaged religious and traditional leaders and health education, social marketing and media engagement, and girls' education – remains central to success.

However, at the same time, evolving challenges, including organized countermovements, conflict, economic instability and climate-related shocks, require adaptive, context-specific and innovative responses.

In 2025, the Joint Programme shifted from isolated interventions to deeper systems transformation, demonstrating agility. This resulted in a twofold increase in the number of medical and paramedical schools with FGM content integrated in educational curricula and a fivefold increase in the number of women and girls benefiting from prevention, protection and care services, compared to 2024. Strategic engagement with faith-based institutions, from leading religious authorities in the Arab States to networks in Indonesia, has helped dismantle theological justifications for FGM. Digital innovation, including artificial intelligence (AI) and youth engagement platforms, has strengthened predictive analysis and outreach. Looking ahead, the path to 2030 demands a decisive shift, one that takes off from financial resilience and domestic ownership. Efforts to address FGM require sustained, long-term commitment, strong national leadership and integration into policies, systems, and public budgets, rather than relying solely on externally funded initiatives. While the challenge is formidable, with accelerated investment, coordinated action and unwavering commitment, eliminating FGM within a generation is within reach.

Acknowledgements

The UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation extends its deepest gratitude to all those whose commitment, courage and collaboration made 2025 results possible.

At the heart of progress are survivors, whose voices and leadership continue to inspire action and accountability, alongside activists, communities and grass-roots movements working tirelessly to shift social norms. We recognize the invaluable contributions of local, subnational, national and regional governmental and non-governmental and civil society organizations (CSOs) across sectors, including in human rights, education, health, religion, justice, sexual and reproductive health, child protection, social services and development. Their collective efforts drive sustainable change.

We offer special appreciation to UNFPA and UNICEF country teams across the 18 focus countries and beyond. Their dedication and perseverance propel implementation through technical leadership, strategic partnerships and sustained support to national counterparts translating global commitments into meaningful gains for women and girls.

This work would not have been possible without the generous and steadfast support of our partners: the governments of Belgium, Canada, France, Germany, Iceland, Italy, Luxembourg, Norway, Spain, Sweden, the United Kingdom and the United States of America, as well as the European Union and Novo Nordisk Foundation. Their investment reflects a shared commitment to advancing the rights, health and dignity of women and girls worldwide.

Finally, we acknowledge the Joint Programme's technical teams at the country, regional and global levels for their rigorous work in generating, analysing and synthesizing the evidence presented in this report. We are equally grateful to regional and country office colleagues for their contributions to data and drafting, to the global team for consolidating results, and to steering committee members, senior leadership at UNFPA and UNICEF, and data analytics experts for offering insights that strengthened the quality and depth of the report.

Progress is possible when we act together with purpose, partnership and unwavering resolve to end FGM.

Publication date: April 2026

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Graphic design and layout by **Cyan Haribhai**
Editing by **Gretchen Luchsinger**

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Acronyms

AI	Artificial intelligence
CSE	Comprehensive sexuality education
CSO	Civil society organization
FGM	Female genital mutilation
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Contents

4. Performance analysis

58

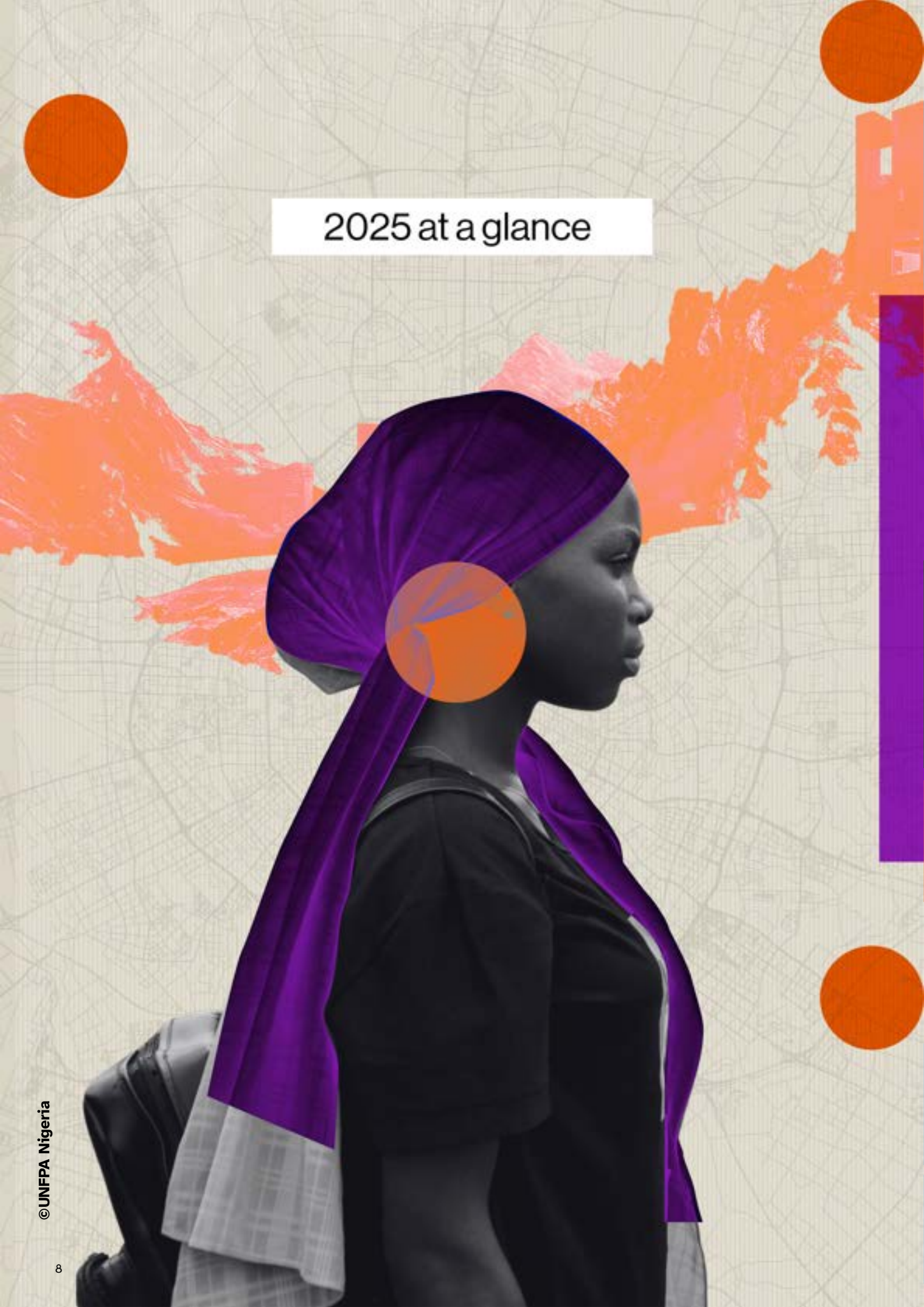
5. Conclusion and 2026 priorities

67

6. Annexes

72

2025 at a glance



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Key indicators 2024 2025

Girls' and young women's agency

Women and girls who initiated conversations on FGM elimination and/or advocated for its abandonment.	1,394,813	1,251,658
Girls and young women who actively participated in social and behaviour change programmes, such as comprehensive sexuality education (CSE), girls' clubs or life skills education, among others.	1,749,492	1,251,658

Family and community engagement

Girls aged 0–14 who were protected from undergoing FGM through community-level surveillance systems.	304,820	286,770
Individuals (boys, girls, women and men) reached through mass media messaging on FGM, women's and girls' rights, and gender equality.	80,986,364	316,103,825
People who made public declarations to abandon FGM.	3,370,590	4,304,267
Boys and men who actively participated in activities to promote positive masculinity and equitable gender norms, and to advocate for the elimination of FGM.	849,502	1,253,213

Key indicators	2024	2025
Communities that established surveillance systems to protect girls from being subjected to FGM.	3,277	5,670
Community-to-community dialogues on the abandonment of FGM within the country and across borders.	32,860	39,375

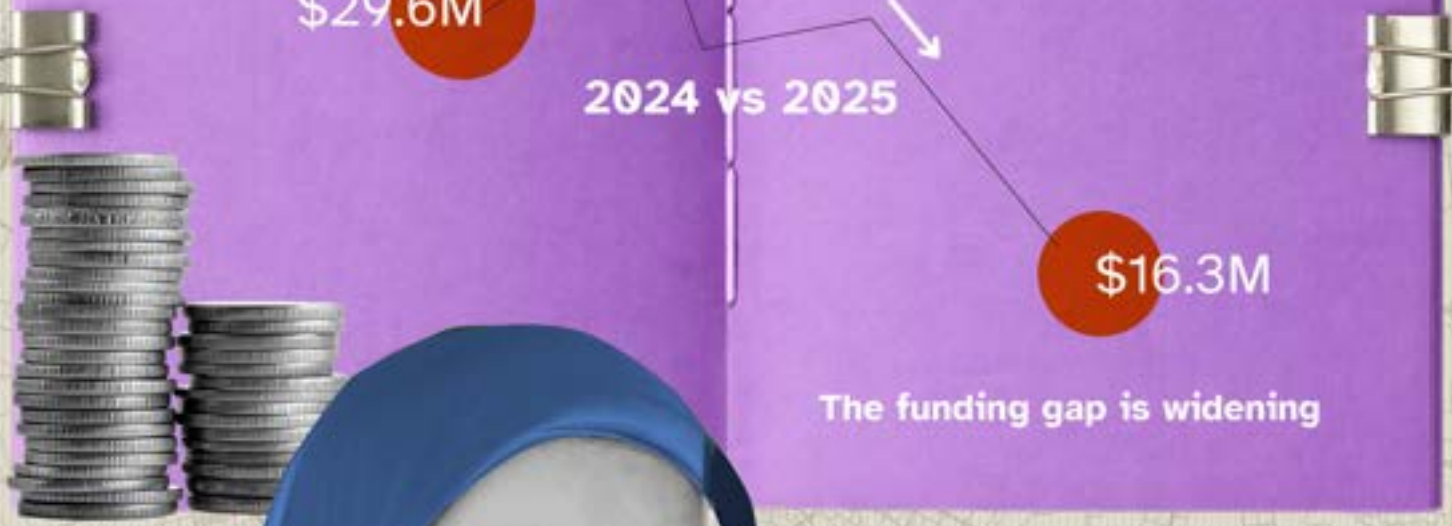
Movement-building

Grass-roots/community-based organizations that integrated coalitions and networks of youth, feminists and women entrepreneurs working on the elimination of FGM.	12,200	15,127
Front-line workers from implementing partners engaged in FGM-related interventions.	36,741	146,798
	320 implementing partners	351 implementing partners

Effective laws and policies

Arrests related to FGM.	452	932
FGM-related cases brought to court.	405	711

Introduction



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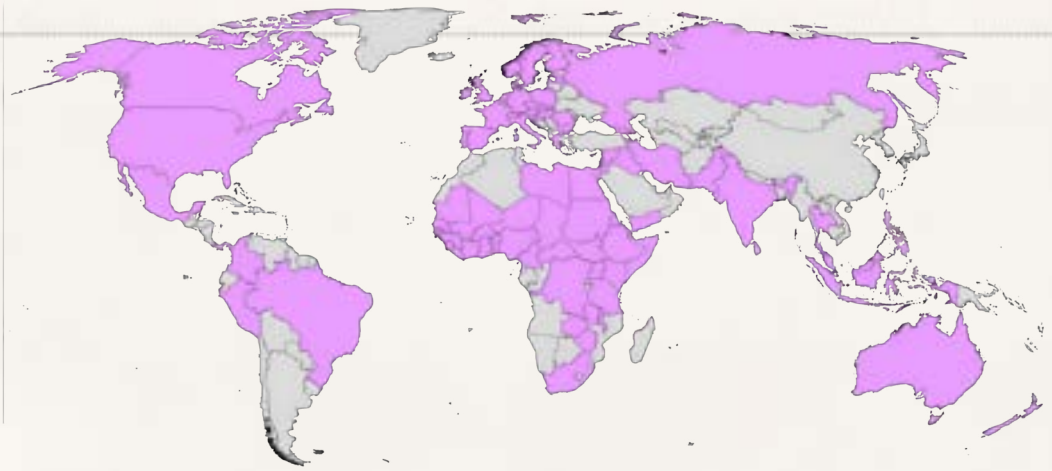
1.1. The global situation

FGM is a global issue, documented in at least 94 countries (Figure 1).[1] Population-based data on FGM are primarily generated from Demographic and Health Surveys and Multiple Indicator Cluster Surveys in 31 countries[2] while estimates from research or case reports are used elsewhere. FGM is most common across the Sahel in Western and Central Africa, and in East Africa, Western Asia and South-East Asia.

Figure 1. Countries with FGM data and reports



Countries with FGM cases

Source: UNFPA-UNICEF Joint Programme on the Elimination of FGM.

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries

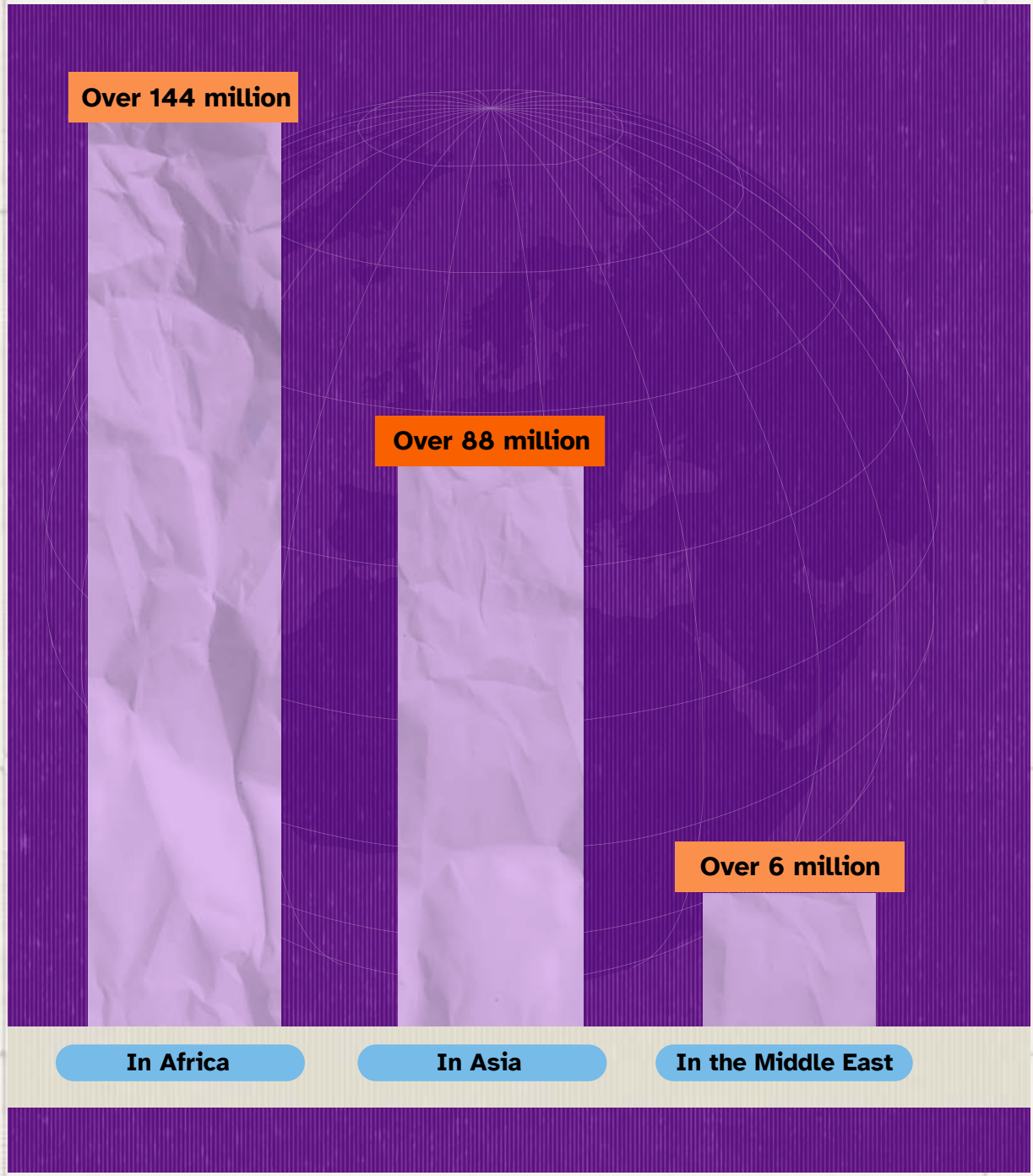
The current slow pace of FGM elimination, combined with population growth, has led to a 15 per cent increase – or 30 million more survivors – compared to eight years ago.[3] Africa hosts almost 63 per cent of FGM survivors, followed by Asia, with almost 35 per cent (Figure 2).

At the current rate, the SDG target of ending FGM by 2030 will not be achieved. Progress would need to accelerate 27-fold to meet this target. Without such acceleration, an estimated 22.7 million additional girls are projected to undergo FGM by 2030.[4]

1 End FGM and Equality Now, 2025. The Time Is Now: End Female Genital Mutilation/Cutting (FGM/C).
2 UNICEF, 2026. Female Genital Mutilation Country Profiles
3 UNICEF, 2024. "Female Genital Mutilation: A Global Concern."
4 UNFPA, 2023. "A Call for Evidence and Action to End Female Genital Mutilation." Technical brief.

The case for urgent, scaled-up action is clear.

Figure 2. Number of girls and women aged 15 - 49 who have undergone FGM



Source: UNICEF, 2024. “Female Genital Mutilation: A Global Concern.”

1.2. Financial landscape

Studies estimate that every every $1 invested in FGM elimination yields a $10 return.

By contrast, inaction forces health systems to bear a staggering $1.4 billion annual cost for treating its complications. Committing $2.8 billion to end FGM would prevent 20 million cases in 31 countries, generating $27.9 billion in long-term economic benefits.[5]

In 2025, several of the world's largest donor governments made significant cuts to development and humanitarian aid. According to the Organisation for Economic Co-operation and Development (OECD), following a 9 per cent drop in 2024, aid was projected to fall by another 9–18 per cent in 2025.[6] These cuts have had devastating effects on health and social welfare systems critical to FGM elimination.

A UN Women survey of women-led groups and CSOs in crisis settings found that 90 per cent were financially affected; 72 per cent had laid off staff, and over half had suspended programmes, threatening responses to gender-based violence and protection, livelihoods and health services. Nearly half risked closure within six months, putting crisis-affected women and girls, especially the most marginalized, at greater risk.[7]

The 2025 funds received by the Joint Programme on the Elimination of Female Genital Mutilation decreased by 45 per cent, to $16.3 million, down from $29.6 million in 2024.

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5 UNFPA, 2022. Investing in Three Transformative Results: Realizing Powerful Returns.
6 OECD. Net ODA from DAC Countries, 2010–2024 and 2025–2027 (Projected).
7 UN Women, 2025. At a Breaking Point: The Impact of Foreign Aid Cuts on Women's Organizations in Humanitarian Crises Worldwide.

1.3. Legal and normative advances and pushbacks

Several countries achieved significant legal and normative advances related to FGM in 2025. Djibouti adopted constitutional amendments explicitly reinforcing an FGM ban, strengthening legal protections alongside mounting community and religious opposition. In Guinea, a new Constitution, adopted on 21 September 2025, enshrines an explicit prohibition of FGM in Article 9, safeguarding the rights of women and girls. In Somalia, Islamic scholars issued a national fatwa confirming that no religious grounds for FGM exist.[9]

Debate around legal approaches to FGM continued in both The Gambia and Sierra Leone. In The Gambia, discussions on the 2015 ban extended into 2025 through the case of Religious Leaders v. The Attorney General. This case raises questions related to religious freedom and is currently under review by the Supreme Court. The outcome may influence how the law is applied in the future. In August 2025, the reported death of an infant following FGM prompted widespread concern and renewed calls for stronger enforcement, while some voices emphasized the importance of addressing health and safety considerations.[10]

In Sierra Leone, a ruling by the ECOWAS Community Court of Justice found that the absence of a specific legal prohibition on FGM is inconsistent with the Maputo Protocol, which classifies the practice as a violation of human rights. The adoption of the Child Rights Act 2024 (enacted in 2025) without explicit reference to FGM has been noted in ongoing discussions about strengthening protections for girls and young women.

In response to The Gambia and Sierra Leone cases, the Joint Programme convened two meetings of the Multi-UN Pushback Technical Working Group in May and July 2025. The meetings brought together multiple UN organizations and the World Bank to coordinate responses to emerging legal and policy challenges in The Gambia and Sierra Leone. Discussions focused on strengthening legal advocacy, civil society engagement and joint resource mobilization, resulting in agreed actions including the development of a shared resource repository, enhanced international advocacy with regional and international human rights bodies centred, with next steps centred on legal engagement, advocacy through the Universal Periodic Review, and strengthened coordination across stakeholders. The Joint Programme reports regularly to the UN Deputy Secretary-General-led task force on pushback on FGM elimination efforts that was established in December 2024 to coordinate system-wide responses.

8 ConstitutionNet, 2025. Djibouti's New Constitution: Between Longevity in Power and the Beginnings of Socio-Political Instability.
9 The Horn Observer, 2025. Somalia Cabinet Approves Bill Prohibiting Female Genital Mutilation.
10 News24, 2025. Gambia Baby Death Heightens Alarm Over Female Genital Mutilation.

In addition, the Joint Programme developed a “lessons learned” paper on The Gambia that analyses these developments to help practitioners recognize early-warning signs of legislative backsliding.[11] Fifteen country briefs and a synthesis paper on emerging pushback narratives, resistance strategies by key actors with actionable guidance for engaging faith actors was developed.[12]

With regard to technological advances in FGM programming to address pushback, an AI tool, Demographic Intelligence from Open Source, was further enhanced in partnership with Google to map digital discourse in real time, detect emerging narratives and concerns, and generate evidence-based insights for timely, targeted programmatic and policy responses.[13]

The Joint Programme also completed an analysis of digital discourse on X, Facebook and YouTube from 2007 to 2025 to generate evidence-based interventions for 2026. Furthermore, the Joint Programme, in partnership with the governments of Burkina Faso and Iceland, hosted a high-level forum, “Smart Solutions for a Safer Future: Using AI to End FGM”, at the United Nations in New York in December. The meeting convened over 200 partners, including UN organizations, tech innovators, donors and the private sector, and catalysed new forms of collaboration to accelerate FGM elimination. AI was recognized as a tool for enhancing evidence-based prevention by predicting high-risk communities, enabling confidential reporting, countering misinformation and delivering digital education. The Joint Programme will continue to leverage new partnerships to scale up AI-driven early-warning systems, expand digital education and community engagement, and strengthen human rights safeguards to protect girls and women in 2026.

11 UNICEF, 2025. Navigating Pushback: Building Resilience to Safeguard the Child Rights Agenda.
12 UNICEF, 2025. Countering Pushbacks to Ending Female Genital Mutilation and Child Marriage: Synthesis Paper and Country Briefs.
13 UNFPA, Demographic Intelligence from Open Sources

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A voice of justice:
From rescue centre to Kenyan lawyer

When Josephine Rotiken speaks today, her voice is calm and deliberate. It reflects years of resilience and determination. Yet her journey began in very different circumstances.

Josephine grew up in a Maasai community in Kenya. Girls were expected to marry early; education was rarely a priority. As a child, Josephine began going to class mainly because her father wanted her to accompany her brother to school along paths lined with wildlife.

Josephine quickly proved to be a bright student. Her teachers recognized her potential and intervened when plans were made for her early marriage, securing time for her to complete primary school.
At 10 years old, Josephine was subjected to FGM. Soon after, preparations for her marriage began. Three cows were delivered to her family as dowry. Her childhood had effectively been exchanged.

Seeing the danger her daughter faced, Josephine’s mother quietly sought help. Through relatives, she connected with a local organization supporting girls at risk. In 2009, shortly before she turned 12 and just days before the planned marriage, Josephine entered a rescue centre supported by the Joint Programme, leaving home behind to continue her education.

The decision came at a cost. Her father blamed her mother for Josephine’s escape, and the family endured years of tension and hardship. Yet staying in school changed Josephine’s life.

With sustained support from sponsors and mentors at the rescue centre, Josephine completed secondary school and later pursued a law degree. In 2024, she was admitted as an advocate in the High Court of Kenya.

Today, at 34, Josephine is a lawyer and mother. Her work focuses on protecting the rights of women and girls and addressing the harmful practices that limit their choices and opportunities.

“When a girl is subjected to these practices, it affects every part of her life,” Josephine explains. “Her education, her freedom, her health and her future.”

She knows that many cases remain hidden due to silence and social pressure. Her presence in courtrooms and advocacy spaces reflects the importance of legal protection, education and sustained community engagement in advancing change.

Once a girl who arrived at a rescue centre frightened and uncertain, Josephine today provides proof of how protection, education and sustained support transform lives. Her journey has come full circle: As a graduate of a centre now supported by the Joint Programme, Josephine has returned to the facility as a legal advocate

“I wanted no other girl to go through what I went through…and now, I have the tools to speak, to defend and to change things.”

1.4. Advocacy to centre FGM in political and economic priorities

The Joint Programme continued to advocate to ensure FGM remains front and centre within political and economic agendas at national, regional and global high-level platforms.

This included key events in 2025 such as the International Day of Zero Tolerance for FGM, on the theme of "Stepping Up the Pace: Strengthening Alliances"[14], which reached over 260 million people. The Joint Programme also convened well-attended events at the sixty-ninth session of the Commission on the Status of Women, the World Health Summit and the eightieth session of the UN General Assembly, a faith leaders' summit in Nairobi[15] and the FGM Donor Working Group in Pretoria. These events brought together governments, UN organizations, CSOs, survivor champions, faith leaders, youth and donors.

These forums strengthened partnerships and political commitment to integrate FGM elimination into global, regional and national policies, scale up effective programmes, drive social norms change and mobilize domestic resources. The Joint Programme will build on the commitments made to strengthen advocacy, guide policy implementation, expand AI-driven and survivor-led interventions, and reinforce accountability at the national and regional levels.


©UNFPA Guinea-Bissau

14 United Nations, 2025. Stepping Up the Pace to End FGM: Proven Solutions.
15 African Council of Religious Leaders and UNICEF, 2025. Declaration by African Council of Religious Leaders and UNICEF on Ending FGM, Child Marriage and Other Harmful Practices in Eastern and Southern Africa.

Accelerating action

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2.1. Influential and catalytic approaches

The Joint Programme has an influential and catalytic role. It expands the reach of interventions through strategic partnerships, sparks new actions and accelerates the results either through shorter duration or a ripple effect beyond targeted populations. An internal guidance note in 2025 strengthened this role, providing definitions for common understanding, a menu of approaches to adapt and build on, and measures to monitor and evaluate catalytic effects.

While direct interventions take place in 18 focus countries, the results extend from communities to the globe. Select 2025 examples follow.

Global level

The Joint Programme's influence in shaping the global agenda included supporting the Africa Group in advancing a Human Rights Council resolution on FGM and technology (A/HRC/RES/59/16), endorsed by 115 Member States. The resolution reaffirmed FGM as a human rights violation, highlighted the potential and risks of digital technologies, and called for rights-based, "do no harm" approaches linked to supportive offline systems. It urged action against FGM medicalization, cross-border practices and underlying causes such as gender inequality and the digital divide. The Joint Programme will follow up on the resolution through a planned high-level panel meeting at the Human Rights Council in February 2026. It has already begun operationalizing guidance for Member States by improving and scaling up technology-driven solutions, such as a new AI tool to map digital discourse on FGM in all countries to enable a timely response. Upcoming partnerships in 2026 will include collaboration with the UN Educational, Scientific and Cultural Organization and with the International Telecommunication Union to conduct foresight exercises. These will help to anticipate challenges and opportunities for innovative, ethical, and impactful technological solutions, and advance AI tools development, respectively.

Joint Programme work with actors on gender-based violence in emergencies resulted in integrating an FGM info-sheet on pages 131–136 of the Inter-Agency Gender-Based Violence Case Management Guidelines. This effort will continue in 2026, aiming to develop a full chapter with accompanying tools that will be pretested through consultations with case workers. By including FGM as a core element of the agenda to end gender-based violence, the Joint Programme is leveraging capacity and resources to respond to FGM at the country level through critical case management front-line workers.

Regional level

The Joint Programme continued to partner with continental and regional networks[16] to amplify collective action through advocacy, knowledge exchanges and technical support. It partnered with the Global Youth Consortium and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in East and Southern Africa, together with the East African Legislative Assembly, to support regional policy harmonization through East African Community consultations on an FGM bill. Regional legislative processes are particularly important in addressing differences in national legal frameworks that enable the circumvention of protective laws. These harmonization efforts can help to reduce regulatory gaps, strengthen accountability mechanisms, and provide a basis for coordinated implementation across countries in the region.

In Asia and the Pacific, political recognition of FGM as a human rights violation to be eliminated remains a challenge compounded by a limited body of evidence. The Joint Programme participated in a high-level advocacy with international medical bodies such as the World Health Organization (WHO), International Confederation of Midwives, International Federation of Gynecology and Obstetrics and Asia Network to End FGM/C. This culminated in a regional joint statement on FGM medicalization during the 25th XXV FIGO World Congress of Gynecology and Obstetrics (FIGO 2025) in Cape Town, South Africa. The statement calls on health workers to uphold their code of conduct to do no harm. It also calls on professional health bodies and government institutions to strengthen FGM prevention by enforcing codes of conduct, integrating FGM into medical training, and advancing and enforcing comprehensive legal prohibitions. In addition, the Joint Programme participated and shared lessons at the Second Southeast Asia Regional Stakeholder Meeting on Female Genital Mutilation. It provided technical support for a regional evidence agenda-setting process to define critical evidence needs and priorities.

16 Partners included the End FGM European Network, End FGM Canada, US End FGM Networks, End FGM Africa Network, Asia-Pacific End FGM Network, Global Youth Consortium on Ending Harmful Practices, The Girl Generation, ActionAid and the Belt of Somali Women

Country level

Since the inception of Phase IV of the Joint Programme in 2022, it has expanded technical support to four additional countries, namely, Chad, Niger, Togo and the United Republic of Tanzania by 2024. Moreover, in 2025, it extended technical assistance to Colombia, India and Malaysia. For instance, in Colombia, it empowered five Embera women leaders who conducted dialogues with over 200 community members to actively participate in preventing FGM. A communication strategy with five podcasts and a community documentary emphasized the bodies of girls and women as sacred territory, and promoted well-being and collective care. These tools will support expanded outreach to additional territories and bolster advocacy for a national anti-FGM bill in the Colombian Congress, advancing systemic protection for girls and women. This participatory approach in developing a communication strategy and tools in new and underrecognized contexts can play a catalytic role in increasing visibility and strengthening community and national ownership to end FGM.

The Joint Programme has continued the institutionalization of FGM prevention, protection and care content within domestically financed education and health sectors for sustained high reach. Notable achievements in 2025 included mainstreaming FGM content within the curricula of 415 medical and paramedical schools, and in and CSE in 9,898 primary, secondary and tertiary-level schools. A total of 15,070 health service delivery points have at least one trained health worker on FGM prevention, protection and care. These efforts shift the burden of prevention from temporary projects to state ownership and professional institutions. Moving forward, continued attention is required to assess the quality of training delivery and the translation of knowledge into practice.

Community level

In 2025, Joint Programme interventions expanded coalitions to build social movements to end FGM. Coalition-building can contribute to catalytic effects where networked actors reinforce norms supportive of the abandonment of FGM, increase the credibility of messaging, and support the diffusion of new behaviours across communities beyond those directly reached. Evidence from social norms programming suggests that the density and connectivity of local CSOs, grass-roots leaders, youth groups and faith-based actors can influence the pace at which new expectations become collectively reinforced.

Over 15,000 community-based organizations joined coalitions and networks working on elimination. Follow-up efforts will focus on tracking knowledge-sharing and support coordinated action in building systematic social movements to end FGM.

2.2. Funding diversification

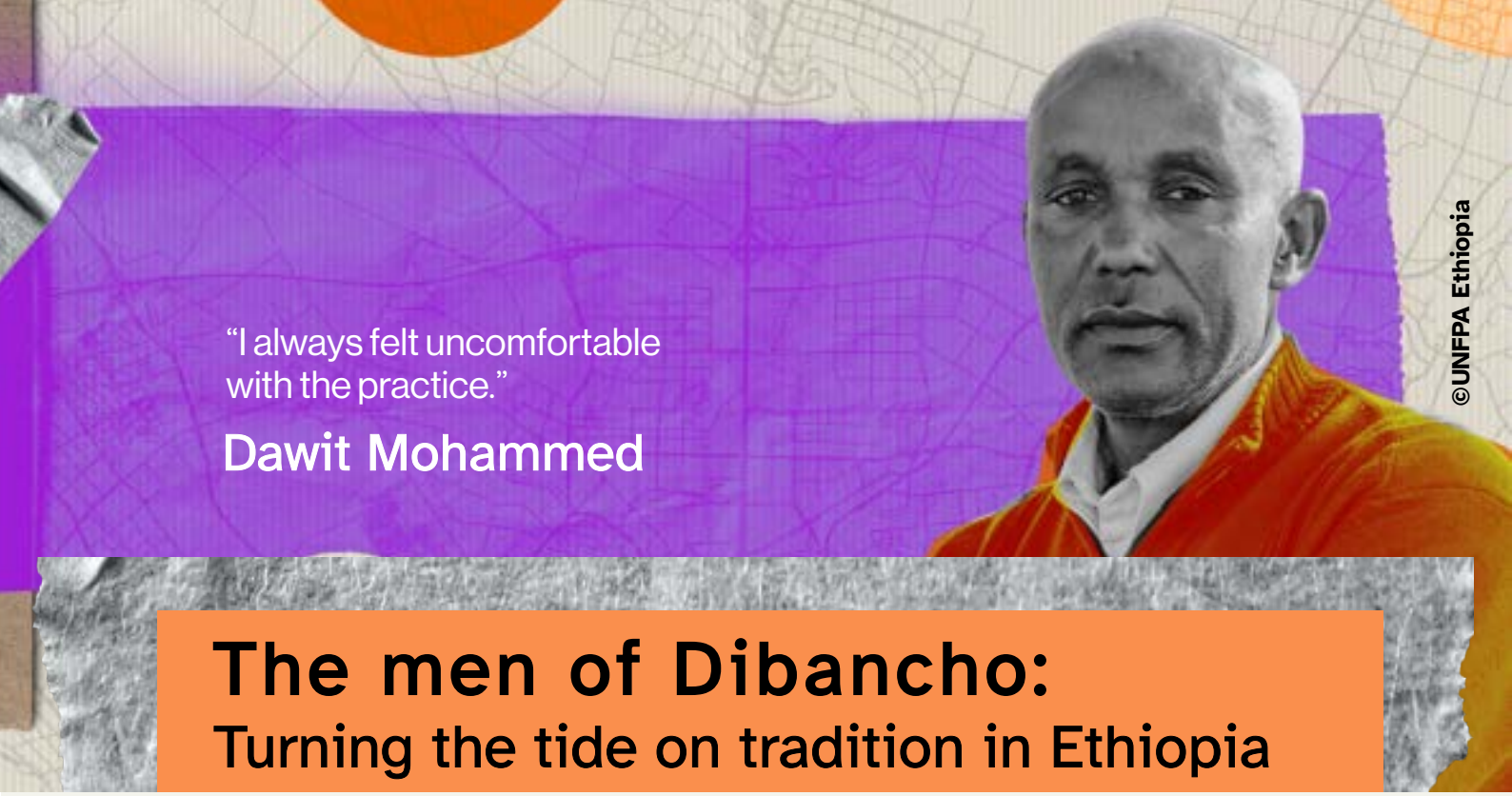
Continued efforts to diversify funding sources included initiating dialogues with the governments of Australia, Brazil and the Czech Republic. The Joint Programme embarked on technical consultations with the World Bank and African Development Bank in Eritrea to integrate FGM elimination into broader health and human capital investments.

Through a partnership with the Novo Nordisk Foundation – the first private foundation contributing to Joint Programme funding – community communication campaigns reached over 10 million people through TV and digital media in 2025. The process supported about 320 communities in Ethiopia, Kenya, Somalia and Uganda to declare the abandonment of FGM. In Kenya, a tripartite partnership with The Five Foundation and the Government of Norway established mechanisms to scale up funding to grass-roots FGM interventions.

Through successful resource mobilization in 2024, 10 countries[17] allocated domestic funds to FGM interventions. Domestic budget allocations increased from $1,991,649 in 2024 to $3,119,020 in 2025, the culmination of advocacy and improved reporting. Domestic finance data were obtained from national budgets (e.g., the National Treasury of Kenya) or directly from ministry allocations to activities related to FGM. The Joint Programme will continue to improve the capture of domestic budget allocations as well as investment cases for decision makers in finance ministries. In addition, 12 countries[18] secured complementary funding from other sources to scale up interventions beyond the reach of the Joint Programme and domestic budgets.

The programme will continue to pursue and advocate domestic resource mobilization and support governments in moving FGM elimination from a series of ad hoc, donor-dependent projects to predictable programmes embedded in national budgets. Specifically, support for fiscal and budget analysis, costing, expenditure tracking and economic narratives for policy dialogues and decisions at the country level will continue through the financing for development adviser and an additional public management finance specialist in 2026. A resource mobilization and innovative financing specialist supported by Spain is expected to expand on private sector investment in 2026. Finally, the Joint Programme will continue to build and focus on integrating FGM within domestically funded programmes and services within the health and education sector for the sustainability of interventions.

17 Burkina Faso, Djibouti, Eritrea, The Gambia, Guinea, Kenya, Indonesia, Mali, Mauritania, and Senegal.
18 Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Indonesia, Mali, Mauritania, Senegal and Sudan.



©UNFPA Ethiopia

The men of Dibancho:
Turning the tide on tradition in Ethiopia

DUBANCHO, Ethiopia – For generations, the men of Dubancho stood on the sidelines of a silent crisis. They watched their wives struggle through agonizing pregnancies and saw their daughters fall ill. Yet the cause remained a mystery, shrouded in the local myth of *chabala, a claim* that only “the cut” could cure.

Today, a bold, collective roar for change has demolished that myth and the silence around it.

In the Central Ethiopia Region, where FGM prevalence remains staggeringly high, transformation is taking root. Through the Joint Programme and the Novo Nordisk Foundation, men like Dawit Mohammed are no longer just witnesses. They are advocates for change.

“I always felt uncomfortable with the practice,” says Dawit, a local farmer. “But it felt bigger than us. I didn’t have the words to fight it.”

The turning point came through structured community conversations. By engaging religious leaders, health workers and elders, the programme stripped away the myths around “the cut”. When Dawit and his peers learned the clinical truth – that FGM has no medical basis and causes lifelong trauma – the “tradition” lost its power.

The shift in Dubancho is most visible in the marriage market. “Before, men only sought out girls who had been cut,” explains Mitiku Gunte, the Kebele Administrator. “Now, the preference has flipped. Men are actively seeking to marry uncut girls, recognizing their health and dignity as a priority.”

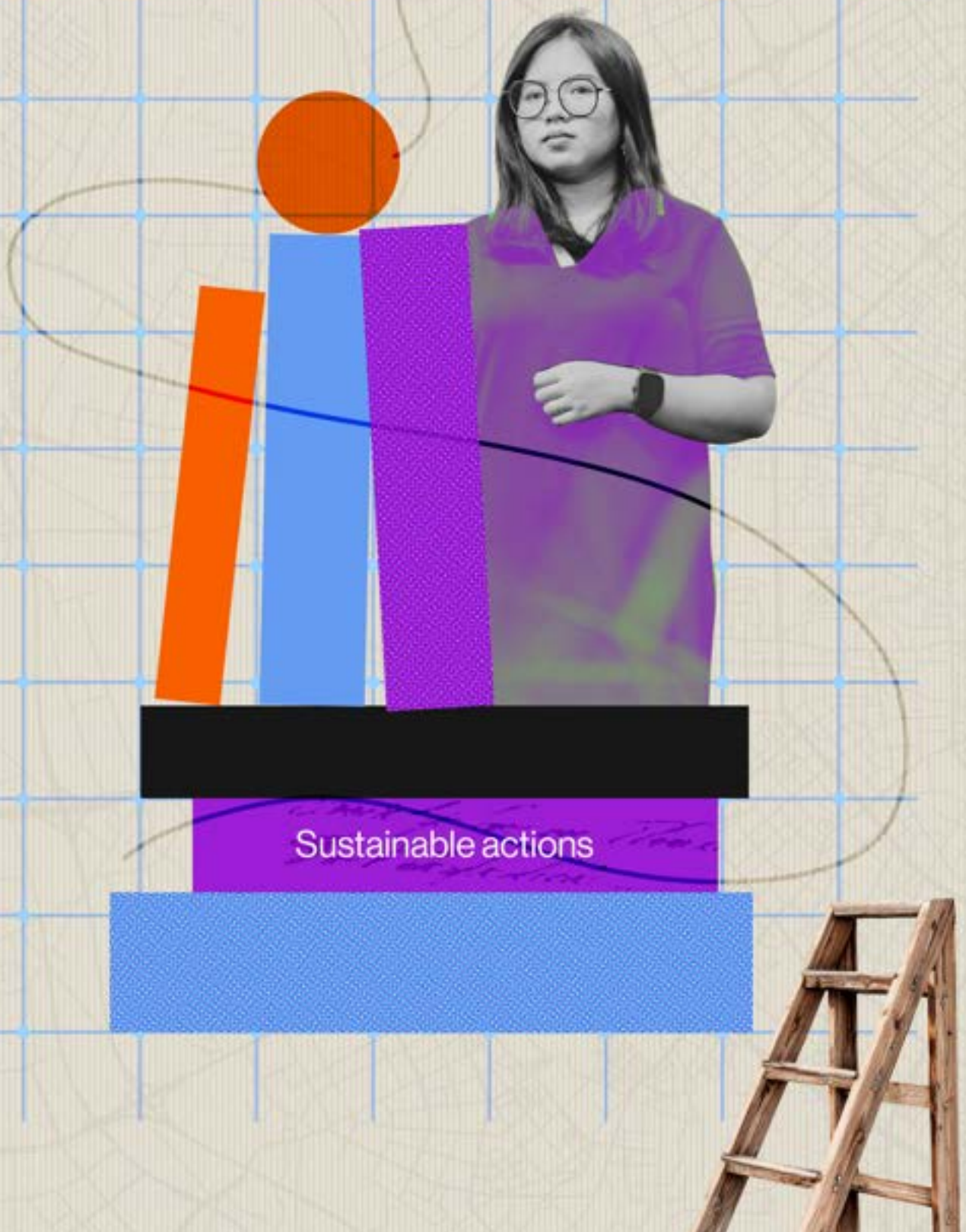
This isn’t just a change of heart. It’s also a change in governance. The men of Dubancho have formed an Anti-FGM Committee that meets every two weeks. They perform door-to-door outreach, monitor at-risk households and use community gatherings to reinforce FGM abandonment.

“Once we understood the harm, staying silent was not an option,” says Dawit.

Dubancho is now a “model village” reporting its progress to neighbouring communities across the Hadiya Zone. By placing men at the centre of the solution, the programme has shifted the burden of ending FGM so it no longer rests solely on the shoulders of the women and girls who suffer from it.

As Mitiku proudly notes, “Our eyes are open. We will continue until the number of cases is zero.” In the heart of Ethiopia, the men of Dubancho are proving that one of the best ways to protect a daughter is to change the mind of a father.

Joint Programme 2025 results

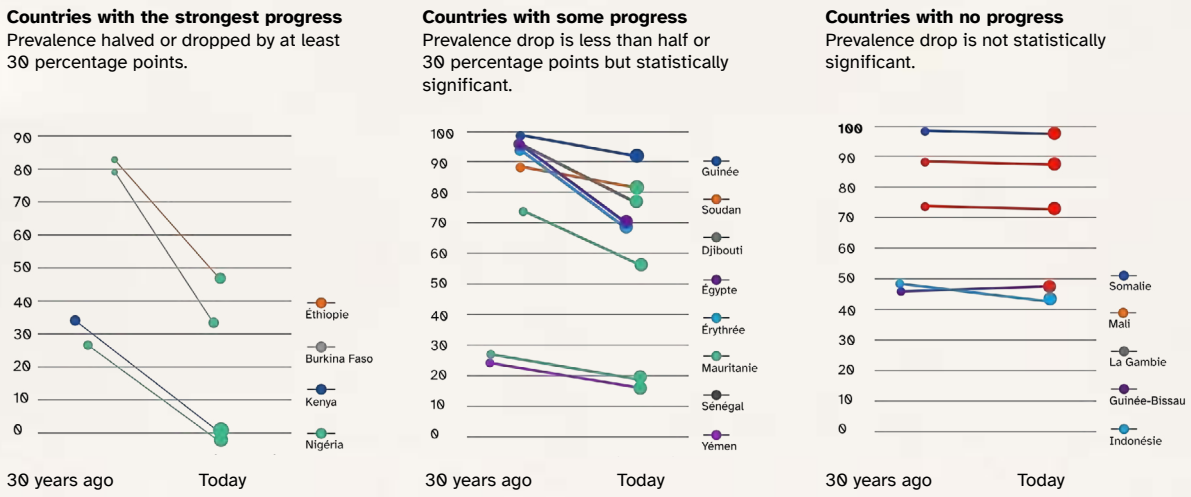


The results in this section begin with impact and long-term outcomes, followed by short- to medium-term outcomes and outputs (activity results) under the seven intervention areas, namely: girls' and women's agency, family and community engagement, movement-building, systems transformation, engagement of regional bodies, effective laws and policies as well as data and evidence. The data sources for impact and long-term outcome results are household surveys, such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys and surveys led by health ministries. Short- to medium-term outcomes and outputs are generated primarily from implementers in 18 countries of focus and compiled into the Joint Programme's data management platform.

3.1. Impact and long-term outcomes

Compared to 2024 analysis of FGM prevalence trends among girls aged 15–19 over the past 30 years,[19] findings in 2025[20] indicate two changes. Senegal moved from the "no progress" to the "some progress" category. Indonesia, which previously lacked sufficient data to determine trends, has additional data now can be categorized under countries with no progress.

Figure 3. Percentage of adolescent girls aged 15–19 who have undergone FGM over the past 30 years



Source: UNICEF 2025 analysis (unpublished).

19 UNICEF, 2024. Female Genital Mutilation: A Global Concern.
20 UNICEF 2025 analysis (unpublished).

3.2. Short- to medium-term outcomes and outputs by intervention area

The programme has maintained achievement of its year-over-year general annual target over the last two years (see Figure 4 and Table 1). Comparisons of the number of countries meeting or exceeding annual targets for selected indicators contributing to the seven intervention areas showed the following:

The engagement of regional bodies on multisectoral national policies and strategies is continuous with 17 of 18 countries met the targets.

Data and evidence was the most improved area, nearly doubling from 7 countries meeting the target in 2023 to 13 in 2025. The uptake of evidence into programming will be monitored in 2026.

Community resilience showed recovery in 2025 after a slight dip in 2024. The programme made progress on meeting targets on both family/community engagement and girls' agency – specifically, the number of girls saved from FGM or with the agency to initiate conversations on FGM or advocate an end to it.

Performance on effective laws and policies, based on the number of countries meeting annual targets, declined in 2025. The number of arrests for FGM doubled, however, rising from 452 to 932.

Figure 4. Joint Programme medium-term outcome performance by intervention area from 2023 to 2025

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
2023	●	●	●	●	●	●	●
2024	●	●	●	●	●	●	●
2025	●	●	●	●	●	●	●

Table 1. Number of countries that met or exceeded the annual targets of selected indicators across the seven intervention outcomes from 2023 to 2025

	2023	2024	2025
Girls' and young women's agency [21]	14	13	15
Family and community engagement [22]	9	8	12
Movement-building [23]	13	10	13
System transformation [24]	14	14	14
Regional bodies engagement [25]	15	16	17
Effective laws and policies [26]	4	6	5
Data and evidence [27]	7	11	13

21 Indicator 1101, number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of FGM.
22 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.
23 Indicator 1221, number of grass-root/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.
24 Indicator 2001, number of girls and women who receive prevention and protection services on FGM.
25 Indicator 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 a monitoring and evaluation framework, in line with human rights and the leaving no one behind principles.
26 Indicator 3121, number of arrests enforcing FGM legislation.
27 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.

3.2.1. Girls' and young women's agency

In 2025, through the Joint Programme, 1,779,368 girls and young women participated in social and behaviour change programmes, a 2 per cent increase from 2024.

Some 75 per cent of achievements clustered in six countries, namely, Burkina Faso, Egypt, Ethiopia, Guinea, Kenya and Sudan. Scaled-up integrated approaches, including CSE, anti-FGM school clubs, digital advocacy, life skills interventions and community mobilization through youth networks, helped to drive this increase. Examples included girls' empowerment initiatives such as Dawwie[28] and Noura[29] in Egypt and the "Uncut Voices"[30] in Ethiopia. The issuance of the Braille version of the Dawwie toolkit was a breakthrough for inclusion.

In 2025, 1,251,658 girls initiated conversations on FGM and advocated for abandonment, compared to 1,394,813 in 2024, a 10 per cent decline. Closer examination of performance by country revealed that most achieved increases, ranging from 14 per cent to over 100 per cent. Djibouti, Ethiopia, Guinea, Kenya and Sudan had reductions ranging between 30 and 70 per cent (see Table 2). Lower results were related to deficits in reporting, defunding, a shift in focus to systemic transformation and humanitarian challenges. The programme will attempt to rectify gaps in 2026.

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28 Dawwie is a community-based girls' empowerment initiative led by Egypt's National Council for Childhood and Motherhood and the National Council for Women with support from the Joint Programme. It creates safe spaces called "Dawwie circles" where girls and boys discuss issues such as health, gender equality, body integrity and aspirations for their lives.

29 Noura is a structured girls' empowerment programme launched by the Joint Programme and the National Council for Women in Egypt. It centres on a 40-session curriculum for adolescent girls, typically aged 10–14.

30 Uncut Voices is a digital campaign that shares powerful stories of community members, leaders, health workers and young people who raised their voices and became change makers protecting girls from FGM in Ethiopia

Table 2. The number of women and girls who have initiated conversations/advocacy for abandonment in 18 Joint Programme countries in 2024 and 2025

Countries	2024		2025		Change from 2024 (percentage)	
	Number (percentage)		Number (percentage)		Number (percentage point change)	
Burkina Faso	4,573	0.3	38,081	3.0	33,508	733
Djibouti	25,061	1.8	16,149	1.3	–8,912	–36
Egypt	539	0.0	61,780	4.9	61,241	11362
Eritrea	41,587	3.0	110,000	8.8	68,413	165
Ethiopia	358,383	25.7	226,330	18.1	–132,053	–37
The Gambia	2,666	0.2	35,264	2.8	32,598	1223
Guinea	3,226	0.2	2,095	0.2	–1,131	–35
Guinea-Bissau	46,396	3.3	52,926	4.2	6,530	14
Indonesia			2,011	0.2	2,011	
Kenya	487,965	35.0	158,689	12.7	–329,276	–67
Mali	3,313	0.2	4,172	0.3	859	26
Mauritania	22,877	1.6	36,893	2.9	14,016	61
Nigeria	29,773	2.1	69,848	5.6	40,075	135
Senegal	72,537	5.2	262,503	21.0	189,966	262
Somalia	7,345	0.5	16,513	1.3	9,168	125
Sudan	285,714	20.5	122,416	9.8	–163,298	–57
Uganda	1,018	0.1	33,533	2.7	32,515	3194
Yemen	1,840	0.1	2,455	0.2	615	33
Total	**1,394,813**		**1,251,658**		**143,155**	**10**

From pain to protection:
Amina’s call to safeguard every girl

Noura was born healthy. Her mother, Amina, felt boundless joy. Yet in their community, a deeply rooted belief insisted that a girl must undergo FGM within the first days of her life.

Under pressure from family members, Amina agreed. When Noura was just 7 days old, she was subjected to FGM at home by a traditional practitioner.

What followed quickly turned from celebration to fear. Noura developed severe complications and was rushed to a distant hospital, where she received urgent care. She survived, but the experience left lasting physical consequences that continue to affect her health and well-being.

For Amina, the experience was life-changing. What once seemed a necessary tradition was revealed as a harmful practice with serious consequences for her daughter.

“I thought I was doing the right thing,” she later reflected. “But I nearly lost my child.” Determined that no other mother would go through the same experience, Amina chose to speak out.

Supported by community dialogue sessions led by the Joint Programme, she has begun sharing Noura’s story within her family and community, particularly with new mothers and grandmothers. Her message is simple and powerful: “Practices carried out in the name of tradition should never put a girl’s life and health at risk.”

Through open conversations and community dialogue, Amina challenges long-held beliefs and encourages families to protect their daughters. Her voice carries weight because it is rooted in lived experience, a mother’s regret transformed into a commitment to prevent harm.

Today, Amina is part of a growing movement of community advocates working to protect girls from FGM. Her journey highlights the importance of awareness, community engagement and sustained support to shift social norms. It also underscores a broader lesson: Progress requires not only laws and policies but also continuous investment in community-led change.

3.2.2. Family and community engagement

In 2025, family and community engagement interventions continued to expand, strengthening collective action to shift social norms that sustain FGM. The number of people engaged in reflective community dialogues on discriminatory gender norms and harmful practices increased by 76 per cent, from 4,326,270 in 2024 to 7,596,959 in 2025. Photo-voice initiatives for young people, the "Mind-Heart Dialogue",[31] and school interventions, such as the Al-Azhar and Muhammadiyah student clubs, were among the measures that fostered reflective, values-driven conversations within families and communities and identified local solutions for abandonment. Seven countries – Burkina Faso, Egypt, Eritrea, Ethiopia, Guinea, Nigeria and Uganda – accounted for 91 per cent of total results.

Male engagement continued to increase in 2025, with 1,253,213 men and boys joining activities promoting positive masculinity, equitable gender norms and advocacy for FGM elimination. This figure was up 48 per cent from 849,502 in 2024. The participation of men and boys strengthened support for gender equality and the abandonment of harmful practices. Burkina Faso, Ethiopia, Mali, Mauritania and Nigeria largely propelled progress, including through fathers' clubs, sports and games, religious leaders' platforms, male action groups and boys' positive masculinity clubs in schools.

Religious leaders and community influencers played pivotal roles in addressing misinformation and discouraging FGM. In 2025, 190,213 leaders publicly denounced this harmful practice, a figure up 27 per cent from 149,598 in 2024. Five countries, Burkina Faso, Ethiopia, Kenya, Mali and Uganda, accounted for 88 per cent of results. The overall achievement stemmed from strengthened collaboration with religious leaders' platforms, including initiatives with Religions for Peace; partnerships with faith-based organizations such as Majelis Ulama Indonesia, Nahdlatul Ulama and Aisyiyah; tea-time fatwa circles with imams and scholars; and strategic engagement with cultural institutions and traditional leadership structures.

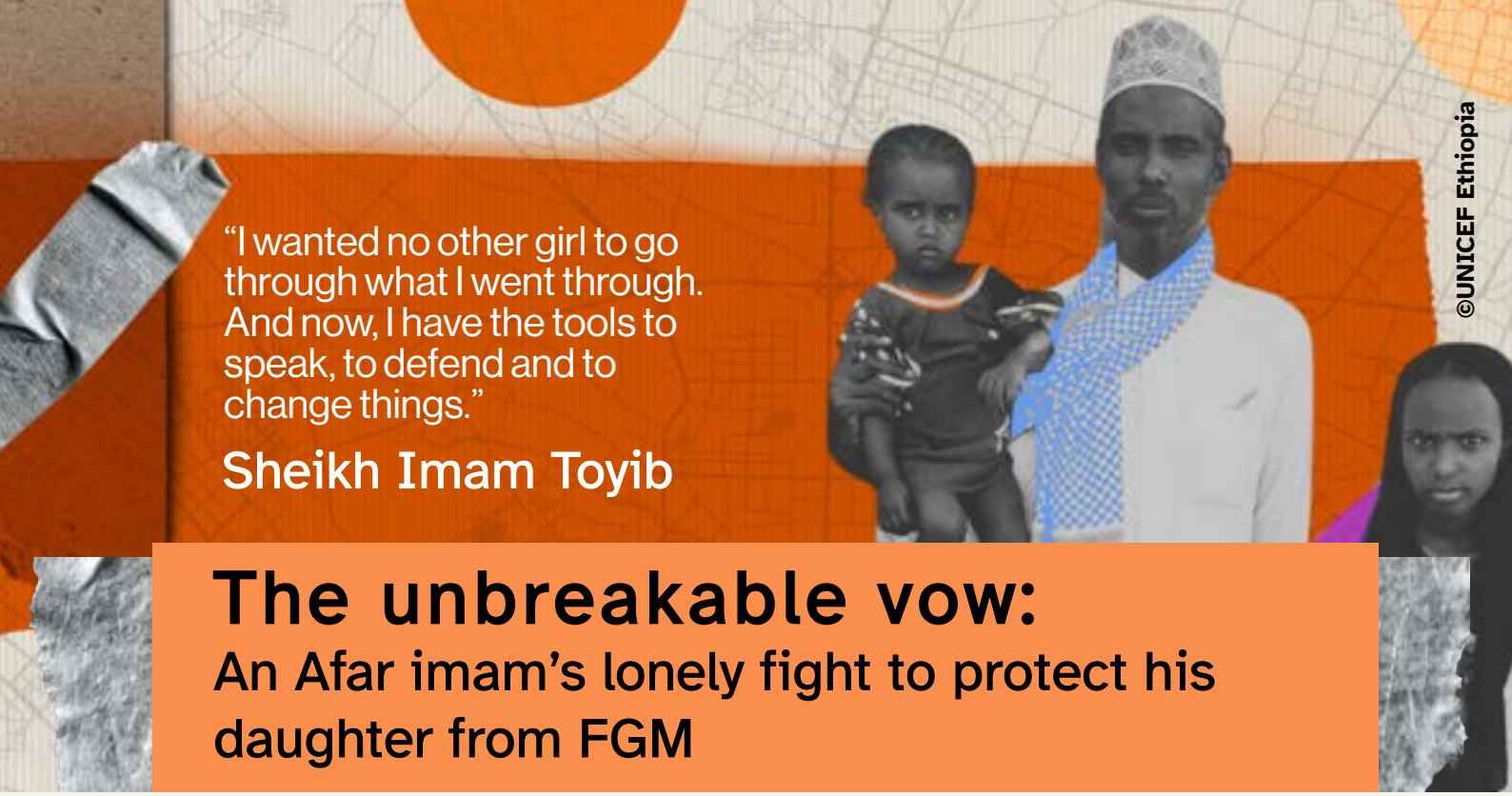
The programme scaled up community-to-community dialogues, with a 20 per cent increase in 2025 (39,375 dialogues compared to 32,860 in 2024). Messaging on FGM, women's and girls' rights, and gender equality reached 316,103,825 individuals, over three times the result in 2024 (80,986,364). Intensified media campaigns and expanded use of television, radio and digital platforms, including WhatsApp, amplified advocacy and community voices calling for FGM elimination.

The programme protected 286,770 girls aged 0–14 from undergoing FGM through community-level surveillance systems in 2025, a 6 per cent decrease from the 304,820 girls protected in 2024. Djibouti, Eritrea and Kenya had significant reductions, greater than 50 per cent (see Table 3). Declines are due to low reporting; less effective community monitoring mechanisms, local protection committees and early-warning systems; and the closure of safe spaces due to funding constraints in some settings.

31 See the Mind-Heart Dialogue Facilitators' Guide for Faith Engagement.

Table 3. Number of girls (0–14) saved from FGM through community-level surveillance systems in the 18 Joint Programme countries in 2024 and 2025

Countries	2024		2025		Change from 2024 (percentage)	
	Number (percentage)		Number (percentage)		Number (percentage point change)	
Burkina Faso	110,237	36.2	121,862	42.5	11,625	11
Djibouti	6,511	2.1	1,037	0.4	–5,474	–84
Egypt					0	
Eritrea	136,966	44.9	66,799	23.3	–70,167	–51
Ethiopia	519	0.2	4,989	1.7	4,470	861
The Gambia	147	0.0	4,150	1.4	4,003	2723
Guinea	4,510	1.5	18,056	6.3	13,546	300
Guinea-Bissau	4,492	1.5	8,677	3.0	4,185	93
Indonesia						
Kenya	19,650	6.4	4,484	1.6	–15,166	–77
Mali	58	0.0	335	0.1	277	478
Mauritania	18,379	6.0	22,925	8.0	4,546	25
Nigeria	3,094	1.0	23,864	8.3	20,770	671
Senegal	68	0.0	2,110	0.7	2,042	3003
Somalia			645	0.2	645	
Sudan	9	0.0	6,720	2.3	6,711	74,567
Uganda	66	0.0	82	0.0	16	24
Yemen	114	0.0	35	0.0	–79	–69
Total	304,820		286,770		18,050	6



The unbreakable vow:

An Afar imam’s lonely fight to protect his daughter from FGM

In the Afar region in Ethiopia, traditions run deep and social norms hold immense power. Yet a quiet revolution has begun – not in the streets, but in a modest home. Sheikh Imam Toyib, a respected religious leader, has become a guiding voice in his community in taking a clear stance against FGM.

When Zahra, his daughter, was born, joy should have filled the air. Instead, tension gripped the household. The unspoken question loomed: When will she undergo it? For Adu Mohammed, Imam Toyib’s wife, the pressure was crushing. In her world, FGM was not seen as a harm but as a sacred duty to ensure purity, marriageability and acceptance.

To refuse was to invite shame and isolation. “She quarrelled with me many times,” Imam Toyib recalls softly. “Her tears were not in anger, but fear. She asked, ‘Do you want our daughter to be an outcast? What man will marry her? Are you not the imam? Should you not uphold our traditions?’” But Toyib stood firm. His faith told him otherwise.

Toyib’s stand was not just personal; it was public. As an imam, his actions spoke louder than words. By refusing FGM for his daughter, he reminded his community that true faith protects, not harms.

“To be a model father is to protect your child from harm, even if the threat comes from your own community,” he says firmly. “My daughter’s body is not a canvas for social norms. Her future, her health, her well-being are my only concerns.”

Today, Zahra is a lively toddler, her laughter echoing as proof of her father’s courage. Now recognized as a model father and religious leader, Sheikh Toyib vows to continue this fight, not only for his family but for every girl in Afar. His mission is to break the cycle of harm and build a future where no child suffers in the name of tradition.

In Ethiopia, the Joint Programme partners with imams and religious leaders to challenge FGM through targeted community awareness programmes, dialogues and grass-roots mobilization. By aligning prevention with faith-based values of dignity and protection, the Joint Programme builds trust, shifts attitudes and supports families to protect girls, accelerating progress.

The private sector partnership supported mass media, communication and community engagement results in Ethiopia, Somalia, Tanzania and Uganda

10 Million+

people reached through media (radio, TV, digital engagement)

145

communities made public declarations to abandon FGM, including four camps of internally displaced people in Somalia

62,154

individuals made public declarations to abandon FGM

15

girl role models broke the silence on FGM and child marriage with personal testimonies

86,100

individuals participated in village radio broadcasts in hotspot areas

3,647

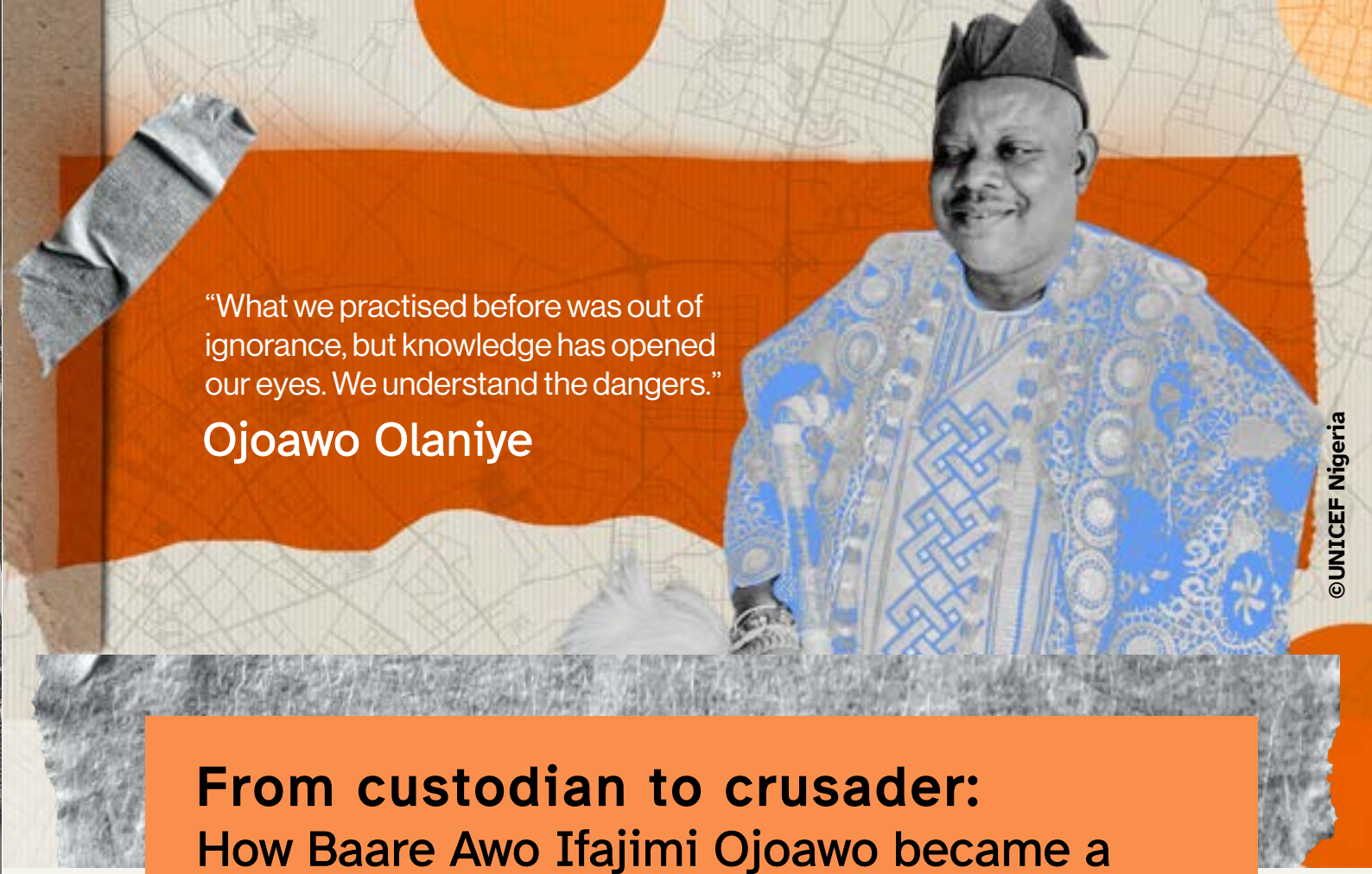
girls were directly saved from FGM in Ethiopia, Kenya and Uganda

3.2.3. Movement-building

Movement-building entails organizing individuals and groups, often through collective action or advocacy, to end FGM.[32] It empowers girls, women and other members of society to challenge social norms and build coalitions to change policies or abandon FGM. In 2025, the number of mobilized grass-roots groups and networks rose to 15,127, up 24 per cent from 12,200 in 2024. Ethiopia reported the highest number of grass-roots action groups and child protection structures (8,567), followed by Guinea (2,921) and Nigeria (1,897). While Eritrea (14), The Gambia (32) and Indonesia (13) reported lower numbers, all three increased engagement compared to 2024. Challenges in engaging grass-roots groups and networks comprised volunteer fatigue linked to multiple humanitarian priorities and political instability in Sudan and Yemen, where the programme reached 42 and 40 groups, respectively.

Youth-led movements accelerated the diffusion of anti-FGM messages through creative and digital channels, reaching unprecedented numbers of people (see Table 4). In Indonesia, the launch of a U-Report chatbot, co-created with the Children's Forum, reached an estimated 1.1 million users. In Guinea-Bissau, 19,000 young people registered on its U-Report platform within just three months. Cultural mobilization was key, disseminating messages on FGM and girls' rights in highly relatable and accessible ways. Burkina Faso's "Fitini Show", a national competition for children, reached 37,205 in-person participants and over 11 million viewers via national television and social media.

32 UNFPA, 2025. Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners.



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From custodian to crusader:
How Baare Awo Ifajimi Ojoawo became a champion against FGM in Nigeria

In Oyo State in Nigeria, Chief Ifajimi Ojoawo Olaoniye is more than just a revered traditional figure. He is a living bridge between age-old customs and transformative change. Known as the Baare Awo of Ibarapa and Oke-Ogun, his voice carries the weight of generations.

For decades, Baare Awo was a staunch believer in FGM, viewing it as an unshakeable part of cultural identity. Like many elders before him, he saw the practice as a rite of passage, a tradition too sacred to question.

But everything changed when he encountered awareness programmes introduced by the Joint Programme and its partner, the Trailblazer Initiative Nigeria. Through dialogue, education and powerful community engagements, he began to see the harms that FGM poses.

“What we practised before was out of ignorance,” he now says. “But knowledge has opened our eyes. We understand the dangers.”

Today, Baare Awo is one of the most influential voices against FGM in his region. He leads a task force of traditional custodians, actively educating people in towns such Lalate, Igangan and Eruwa about health risks and human rights violations.

With unprecedented unity, religious leaders from Islamic and Christian communities have joined hands with traditionalists like Baare Awo to end FGM. His voice, once a defender of tradition, now resonates with compassion and change.

For Baare Awo, the mission is far from over. He calls on women to join hands with men like him to advocate for the dignity, health and rights of women and girls.

“I plead with our women,” he says, “Stand with us. Let us end FGM completely, together.”

His journey from tradition to transformation is proof that even the most deeply rooted practices can be reshaped by courage, education and unity. True leadership means protecting the next generation.

Table 4. Digital format and reach by country in 2025

Country	Digital format	Estimated digital reach
Burkina Faso	Fitini Show and youth digital campaigns (TikTok, RTB, social networks)	**10 million+** TikTok views; 1.7 million social media, *44 per cent of social media users*
Djibouti	International Day of Zero Tolerance (February 6) digital campaign	**336,491** people, *29 per cent of the population*
Ethiopia	Network of Ethiopian Women's Associations social media campaign	**1.8 million** people, *21.7 per cent of social media users*
Guinea-Bissau	U-Report platform (registration and engagement)	**19,000+** U-Reporters, *3 per cent of young people aged 10–24*
Indonesia	U-Report chatbot (FGM and child marriage); Muhammadiyah Students Forum and general digital campaigns	**1.1 million** users, *2 per cent of young people aged 10–24;* 229,000+ users, *0.16 per cent of social media users*
Nigeria	Prerecorded video message by the First Lady (social media/TV)	**1.7 million** (social media), *4.4 per cent of social media users;* 50 million (TV) *or half the television audience*

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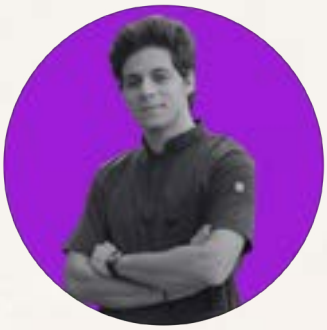

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The Joint Programme intensified efforts to involve men, boys and religious leaders as primary allies to address discriminatory social norms driving FGM. In Ethiopia, 367,763 young men and boys participated in positive masculinity programmes. Nigeria established 45 male coalitions and trained 98,120 men and boys to lead activities promoting equitable gender norms. High-level religious engagement provided critical theological clarity; in The Gambia, religious scholars publicly de-linked FGM from Islamic doctrine, providing an immediate moral rationale for abandonment. Kenya's "My Dear Daughter Campaign"[33] launch in 2025 garnered high-level participation from the First Lady and high-level officials from the Ministry of Gender who clearly voiced their stance to end FGM.

To effectively face organized countermovements, the Joint Programme launched "Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners".[34] It equips front-line workers and grass-roots organizations with tools and knowledge to systematically scan, plan, manage and monitor and adapt movement-building to end FGM. The programme also enhanced AI tools to detect digital discourse at different subnational locations and conduct analysis of narratives, actors and trends to inform frontliners.

The continued engagement of high-level religious scholars, institutions and leaders built on their significant levels of trust and influence and proven effectiveness. Dialogues with the Ethiopian Council of Ulemas challenged a fatwa that permitted certain types of FGM, based on evidence of health risks presented by Muslim medical professionals. Partnerships with the Inter-religious Council of Ethiopia amplified advocacy beyond the Joint Programme as faith leaders promoted anti-FGM messages directly to their congregants.

In Indonesia, the KUPI Fatwa and Muhammadiyah Tarjih Decree provided strong religious legitimacy for ending FGM, accelerating acceptance of anti-FGM messages in Muslim communities and universities. A partnership with Al-Azhar and Dar Al-Iftaa fast-tracked a national fatwa condemning FGM in Djibouti, contributing to a constitutional change that explicitly prohibits the practice. In Somalia, Islamic scholars issued clear statements affirming that FGM has no basis in Islam. This facilitated decision-making among parliamentarians and gave them the political confidence to back zero-tolerance legislation. In Mali, the programme mobilized 300 religious leaders and traditional authorities to engage with communities promoting its abandonment. Training for Al-Azhar University students in Egypt is a commendable approach to ensure graduates and new generations of religious leaders are informed of both Islamic teachings and human rights.

33 "My Dear Daughter Campaign" in Kenya is a social movement that calls communities to declare FGM abandonment and save girls from undergoing FGM. Mothers are asked to write letters to their daughters to tell them about FGM and to vow not to perform it.

34 UNFPA, 2025. Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners.

3.2.4. Systems transformation

Health sector

Efforts to mainstream FGM within medical and paramedical education accelerated. The number of institutions integrating FGM content into curricula and/or continuous professional development programmes increased by 84 per cent, from 226 in 2024 to 415 in 2025. This expansion will result in sustained larger cohorts of health professionals with knowledge and skills to prevent FGM, provide appropriate care to survivors and stop medicalization. Progress largely took off in Ethiopia, Guinea, Indonesia, Kenya and Nigeria, which accounted for 77 per cent of total results.

The number of health service delivery points with at least one staff member trained on FGM prevention, protection and care increased more than fourfold, from 3,642 in 2024 to 15,070 in 2025. Half of Joint Programme focus countries (Burkina Faso, Egypt, Eritrea, Ethiopia, Kenya, Mauritania, Nigeria, Sudan and Uganda) accounted for 96 per cent of these results. Burkina Faso and Kenya recorded particularly strong performance, reaching 9,156 and 2,405 service delivery points, respectively.

A total of 560,899 girls and women (aged 0–19) received FGM-related health services, counselling and referrals, more than five times the number in 2024 (88,110). Progress was most significant in six countries – Egypt, Eritrea, Kenya, Nigeria, Sudan and Uganda – which accounted for 96 per cent of results. Some countries integrated FGM in private sector services. The "Farah" model[35] in Egypt was implemented in 150 private clinics, laboratories and pharmacies.

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35 The model focuses on survivor-centred services at the community level. It links health, psychosocial, legal and protection services so that girls and women can access multiple forms of support through a coordinated referral system.

"Let the girls keep their treasure. Don't damage it. Let them discover the life of a woman without pain, without shame."

Fatouma Iyeh Migueh

©UNICEF Djibouti

Let the girls keep their treasure: Fatouma's fight against FGM

In the consultation room of the Ali-Sabieh regional hospital in southern Djibouti, Fatouma Iyeh Migueh, a healthcare professional with decades of experience, welcomes patients with compassion and quiet determination. Week after week, she meets young women suffering the consequences of FGM, from severe pain and menstrual complications to difficulties in marriage and childbirth.

"Every week, I receive about 200 young brides. Many come for the same reason: They have undergone FGM and do not manage to have a relationship with their husbands. They ask for an intervention to 'repair' their bodies," she says.
Beyond providing essential medical care, Fatouma is also a messenger of change. She speaks openly with families, especially mothers and grandmothers, who are often key in decisions about FGM. She explains that this harmful practice is neither a religious obligation nor a beneficial tradition. Through these conversations, she helps communities reflect on the harm caused by FGM and bring an end to it.

She tells them, in simple words: "Let the girls keep their treasure. Don't damage it. Let them discover the life of a woman without pain, without shame."

With support from institutional partners, civil society and the Joint Programme, health workers like Fatouma are helping survivors heal while encouraging communities to challenge long-held norms.

Social and legal sector

FGM prevention and protection services include counselling, psychosocial support, referrals, shelter and community-based protection services, delivered through social and health service systems as well as designated safe spaces for women and girls. The programme provided 2,238,680 girls and women with prevention and protection services related to FGM in 2025, a 54 per cent increase from 1,450,136 in 2024. Social services assisted 941,695 girls and women, a twofold increase from 470,174 in 2024. Burkina Faso, Egypt, Ethiopia, Guinea and Nigeria contributed 81 per cent of these results.

Access to legal services increased for 5,858 women and girls, up 15 per cent from 5,108 in 2024. In addition, 5,511 law enforcement personnel, including police officers, judges, lawyers and prosecutors, improved knowledge of how to apply FGM-related laws and provisions, up 15 per cent from 4,787 in 2024. These results reflected continued efforts to strengthen the capacities of justice system actors and enhance the enforcement of legal frameworks.

Among the 14 countries that reported on access to legal services, Djibouti, Ethiopia and Sudan had a combined total of 4,840 individuals accessing services (83 per cent). In contrast, Egypt, Indonesia, Mali and Yemen did not report on service access for reasons such as limitations in reporting and/or limited legal provisions on FGM.

Education sector

The Joint Programme continued to invest in education as an FGM prevention intervention. In 2025, 442,257 at-risk girls aged 5–19 received education support, more than double the 187,838 in 2024. Support included bursaries, stipends, scholarships and other incentives to help girls enrol in and remain in school. Seven countries – Egypt, Ethiopia, Mauritania, Nigeria, Senegal, Sudan and Uganda – accounted for almost all results.

The number of primary, secondary and non-formal educational institutions providing CSE and/or life skills training with FGM prevention and protection content increased fourfold, from 2,635 in 2024 to 9,898 in 2025. This accelerated progress reflects sustained advocacy and collaboration with ministries of education and partners to integrate FGM prevention in formal and non-formal education. Burkina Faso, Ethiopia, Guinea, Mauritania and Sudan led this achievement, collectively accounting for 91 per cent (8,962) of the annual result.

3.2.5. Engagement with regional bodies

The Joint Programme continued regional support to foster cross-border collaboration through regional legal harmonization and high-level legislative advocacy to eliminate FGM. Technical support backed the East African Legislative Assembly in drafting the East African Community Elimination of FGM Bill 2025. Other cross-border coordination and legislative dialogue included joint action planning between The Gambia, Guinea-Bissau and Senegal, and consultations on the East African Community bill in Kenya and Uganda.

The Shamekhat Network in Egypt and Yemen began advancing faith-based advocacy against FGM, an important milestone in engaging religious leaders at the regional and continental levels. The Djibouti Study Tour with Al-Azhar University and Dar Iftaa religious institutions built scholarly capacity and directly informed a national anti-FGM fatwa. Collaboration with the African Council for Religious Leaders led to a 2025 interfaith conference in Nairobi, where 250 religious leaders from nine countries endorsed a joint declaration to abandon harmful practices. They committed to issuing faith-based public statements, clarifying religious misinterpretations, engaging with community leaders and supporting alternative rites of passage that do not harm girls.


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The Shamekhat Network is a cross-country group of religious leaders, female scholars and representatives from national ministries of endowment and guidance. It seeks to dismantle misconceptions about religion and FGM through unified theological guidance, advocacy and influence on peers and policymakers. Al-Azhar University and Joint Programme regional and country teams in Djibouti and Egypt support the network.

Its efforts in 2025 contributed to the anti-FGM fatwa in Djibouti, increased national faith-based messaging and supported advocacy by female religious leaders.

Engaging youth through the Pan-African Youth Parliament strengthened knowledge exchange and coordination in youth-led advocacy across several African countries. Similarly, cross-regional knowledge exchanges on advocacy, religious discourse and policy processes between networks such as ARROW in Asia and the African Council of Religious Leaders to facilitate cross-regional learning were conducted in 2025.

Seventeen Joint Programme-supported countries, with the exception of Yemen, are implementing current national multisectoral policies or strategies to eliminate FGM. These frameworks include a plan of action with defined targets, dedicated budget allocations and monitoring and evaluation. In Yemen, the political complexity delayed progress in implementing the Aden Declaration and Roadmap to Eliminate FGM, a multisectoral action plan scheduled for implementation in 2025.

Six regional intergovernmental agreements integrated commitments to eliminate FGM. The African Union Convention on Ending Violence against Women and Girls was adopted by eight additional countries (Angola, Burundi, Democratic Republic of the Congo, Djibouti and Equatorial Guinea), adding to the three (The Gambia, Ghana, and Liberia) that adopted it in 2024.

The African Union Commission's Department of Health, Humanitarian Affairs and Social Development published the African Union Accountability Framework on Eliminating Harmful Practices in 2025. The framework aims to strengthen state reporting and accountability mechanisms for ending FGM and child marriage through 10 priority actions.

The Joint Programme supported the development of an accountability reporting template on FGM elimination efforts for countries. It also provided technical support for the first six States (Djibouti, Ethiopia, Kenya, Nigeria, Senegal and Zambia) to report using this template. This initial cadre will generate learning to improve the template, timelines, data collation, analysis and feedback to countries. The remaining countries in the continent will report using this template in 2026 through 2027.

3.2.6. Effective laws and policies

Total FGM-related cases brought before courts increased by 76 per cent from 405 in 2024 to 711 in 2025; the number of arrests doubled from 452 to 932. Ethiopia had the steepest rise in arrests, with 570 in 2025, up from 113 in 2024. Kenya had the second-highest number at 283. Both countries reported the highest numbers of cases brought to court (194 and 148, respectively). Guinea-Bissau and Eritrea reported three arrests each. Eight countries – Egypt, Indonesia, Mali, Mauritania, Nigeria, Somalia, Sudan and Yemen – did not report on this indicator.

Challenges in reporting on legal indicators comprised limited or non-existent legal information systems, inadequate disaggregation of data based on reasons for arrest, other local systems such as community by-laws that do not translate into arrests, low enforcement of FGM laws, and the absence of laws, such as in Indonesia, Somalia and Yemen.

Higher numbers of arrests and prosecutions do not necessarily reduce FGM prevalence. While legislation provides an essential framework and deterrent, legal measures alone are insufficient to drive the social and behavioural change required for elimination.

The Joint Programme uses social listening tools to monitor risks in law enforcement, including the politicization of human rights ahead of national elections, and shares information among relevant stakeholders to encourage proactive action. Regional teams in West and Central Africa have developed risk profiles and guidance to support country offices.

Notable country achievements

A landmark achievement in Guinea was the explicit prohibition of FGM in Article 9 of the new Constitution, adopted on 21 September 2025. All future national laws and policies must align with the ban. Djibouti strengthened its national legal framework through constitutional revisions that reinforced the prohibition of FGM, supported by a multistakeholder committee to operationalize monitoring and accountability mechanisms.

Building on the success of decentralized FGM laws in Galmudug and Somaliland in 2024, the states of Jubaland, Hirshabelle and South West in Somalia passed FGM legislation in 2025. Further, the federal FGM policy received Cabinet approval. It is expected to move to Parliament for clearance before the President signs off and the law comes into effect.

Indonesia successfully integrated an anti-FGM roadmap within high-level regulatory frameworks such as the Presidential Regulation on the National Strategy to End Violence Against Women and Children.

In The Gambia, 2025 was a year of defending existing protections and preparing for future reforms. The Joint Programme provided technical aid to the Government and civil society to successfully defend the FGM ban at the Supreme Court, following repeal attempts.

Uganda finalized its National Strategy to End FGM (2025–2030) and supported the integration of prevention into district plans. Mauritania validated its National Action Plan for the Response to Sexual Violence (2026–2028), providing a unified framework for legal and social interventions.

2025 legislative highlights

Indonesia

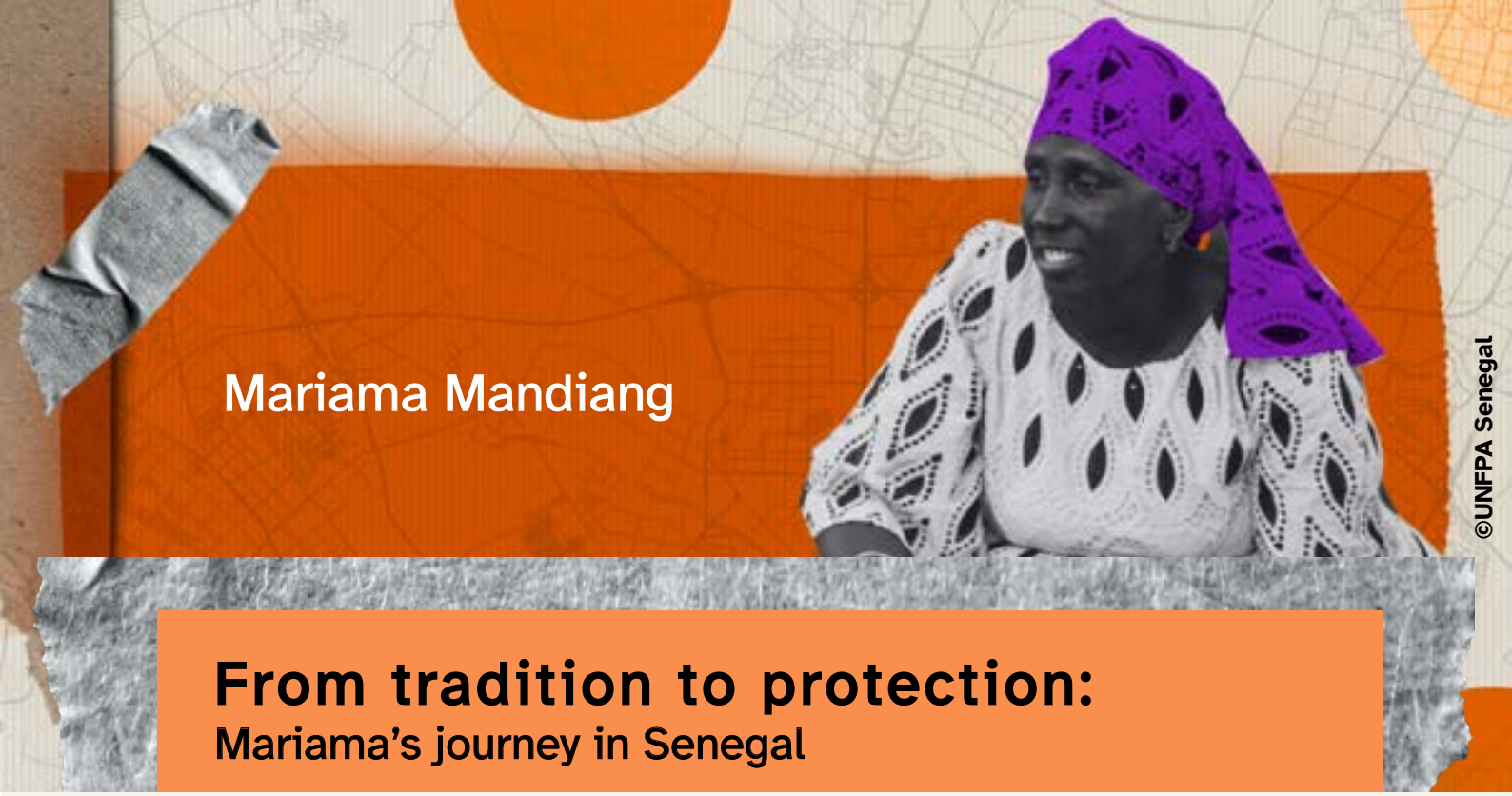
Ministry of Health Regulations No. 2/2025 and No. 3/2025 mandated healthcare providers to refuse all requests for FGM.

Somalia

The states of Jubaland, Hirshabelle and South West successfully passed anti-FGM legislation in 2025.

Regional legislation

The East African Community Prohibition of FGM Bill was tabled for its first reading at the East African Legislative Assembly, supported by public hearings in Kenya, South Sudan and the United Republic of Tanzania.



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From tradition to protection:
Mariama's journey in Senegal

At 54, Mariama Mandiang is a trusted presence at the health centre in Sédhiou in southern Senegal. For decades, she has worked as a matrone in a community where FGM remains deeply rooted in social norms.

Throughout her career, Mariama has witnessed the health consequences faced by women who have undergone FGM, including complications during childbirth and long-term physical suffering. Yet like many health workers in practising communities, she initially lacked the tools and confidence to address the issue openly.

This changed in 2025, when Mariama participated in a training on the prevention and integrated care of FGM, organized by the Joint Programme. The experience strengthened both her technical knowledge and ability to engage communities with empathy and clarity. From that moment on, she became an advocate for change.

In a region where prevalence remains high, trusted voices like Mariama's are essential. She began discussing FGM in her daily work, such as during antenatal and postnatal care, vaccination sessions and family planning consultations. Beyond the health centre, she expanded her outreach to community gatherings, home visits and local dialogue spaces. Her approach is grounded in listening first, sharing information and connecting health messages with shared values of care and dignity.

Mariama's efforts have led to tangible changes. She supported a family member and FGM survivor to access specialized medical care, improving her health and well-being. The experience also opened dialogue within the wider family, contributing to a shared decision to protect future generations.

In another instance, Mariama facilitated a conversation with a new mother, her husband and mother-in-law following the birth of twin girls. Together, they agreed that the girls would grow up free from FGM.

Today, Mariama continues her work alongside community partners, supporting survivors, raising awareness and encouraging families to make informed choices. Her journey reflects the critical role of trained health workers in both prevention and care.

3.2.7. Data and evidence

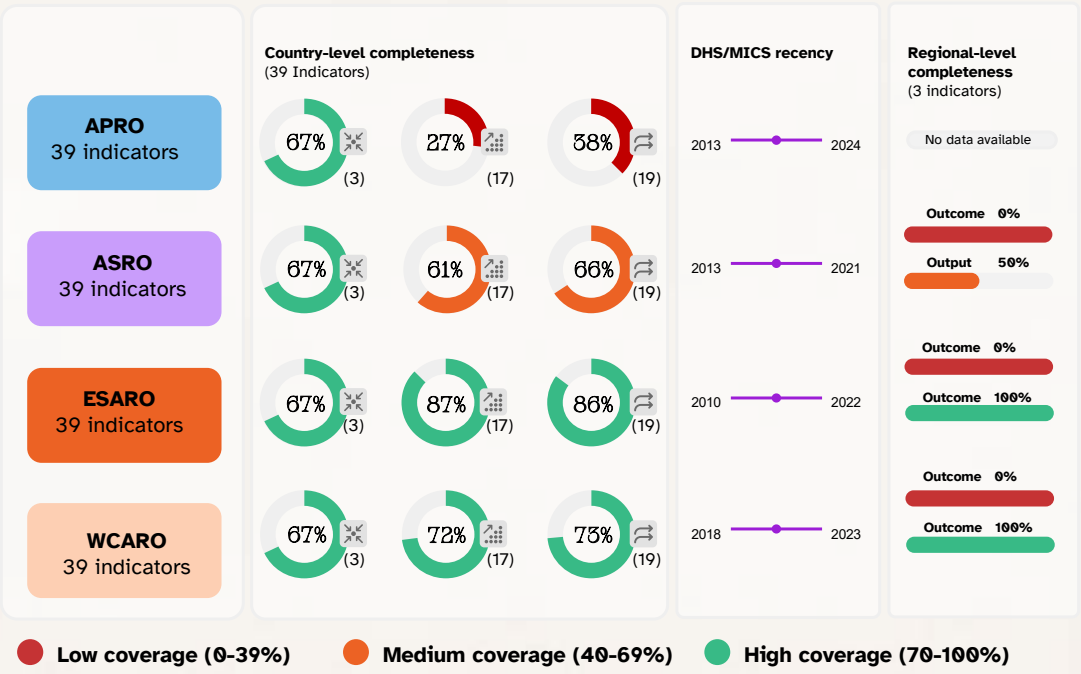
Monitoring and evaluation status

Data completeness for country output, outcome and impact indicators is strongest in two regions: West and Central Africa and East and Southern Africa. Both regions also have the most recent impact indicators. Reporting on regional-level output and outcome indicators lags across all regions (see Figure 5).

Figure 5. Joint Programme data completeness

FGM data completeness and coverage: Regional and national analysis

Comparison of country-level and regional-level data availability for APRO, ASRO, ESARO and WCARO



APRO indicates the Asia and the Pacific Regional Office, ASRO the Arab States Regional Office, ESARO the East and Southern Africa Regional Office and WCARO the West and Central Africa Regional Office.

Monitoring and evaluation data challenges on Joint Programme indicators include:

- Reporting against 41 indicators by around 350 implementing partners is burdensome, affecting quality assurance and timeliness.
- Low annual targets.
- Some outcome indicators are complex and expensive to track.

- Different interpretations of indicators and non-standardized data collection tools among implementing partners within and between countries result in varied scale and direction of bias, affecting the quality of results.
- The absence of standard programmatic indicators at the national level and the lack of a centralized data repository prevent a full picture of results and progress at the national and subnational levels.

Solutions to monitoring and evaluation data challenges

I. Country-led initiatives:

There are some excellent examples of efforts to report on outcome and impact indicators. For instance, Eritrea conducts biennial surveys of communities to determine their readiness to abandon FGM or whether they are FGM-free. It has also operationalized the digital Child and Social Protection Information Management System to track FGM cases. Ethiopia's monitoring and evaluation guidelines and data-collection tool for harmful practices, developed by the Ministry of Women and Social Affairs, strengthen standard reporting. Mauritania has integrated FGM indicators into ongoing SMART surveys that typically focus on the nutritional status of children aged 0–5, an approach that will generate administrative FGM prevalence data. Multiple countries have invested in building knowledge and skills in data collection and analysis, especially among government and civil society partners.

II. Joint programme initiatives:

1 Data consolidation through the Joint Programme's data management platform[36] was designed in line with its compatibility with countries' usage of DHIS-2 platforms, with a vision of its adoption to centralize and manage FGM data. The coming year will entail a focus on strengthening use among Joint Programme officers and capabilities for future national or subnational uptake. The annual reporting frequency was changed to biannually to permit closer monitoring of progress, allowing timely responses as warranted. Further, a new geospatial feature that maps women-, youth- and feminist-led organizations supported by the programme was introduced (Figure 6). This geospatial visual display, overlaid with subnational FGM prevalence, population density, intervention coverage and the presence of other organizations, provides a quick gap analysis to strengthen general planning as well as coordinated coalition-building. The next phase of this feature will entail sharing or updating the mapping with intervention coverage and additional organizations based on data from national coordination bodies as well as other UN partners, non-governmental organizations, and national or subnational registries.

36 The platform uses version 2 of District Health Information Software, an open-source, web-based platform used in national health management information systems in over 80 countries. It improves data quality and supports evidence-based decision-making.

2 Capacity-building on indicator target-setting informed by population size, FGM prevalence and the reach of government-led health, education and sectors was conducted in 2025. A pilot template and regular one-on-one clinics were provided to assist country teams to apply standard methodological guidance to:

- Estimate subnational to community-level population (denominators) for all indicators, according to their specific contexts
- Estimate the results coverage over the past 17 years
- Systematically generate ambitious yet realistic targets considering the reach of other programmes implemented by UN organizations, guided by thresholds for impact, such as a 30 per cent tipping point for norm change

These capacity-building efforts will continue through 2026 to refine the targets as well as to strengthen the skills of implementing partners, especially government planning officers in relevant sectors.

3 Collaborative consultations in 2025 reviewed the 41 programme indicators to improve quality through clearer metadata and standardized measurement tools. The Joint Programme steering committee approved the justification for indicator revision, with a revised set of indicators for usage in 2026.

4 To scale up outcome-level evidence on social norms change, the programme piloted community participatory monitoring tools that generate a score in northern Senegal in 2025. The programme will expand this approach into new locations in 2026.

Evidence

The Joint Programme continued to generate evidence from primary, secondary and programmatic data from local and national analysis and research. It supported the production of 26 (against a target of 22) in-depth analyses, research initiatives, studies and evaluations, mostly from 13 countries (Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Indonesia, Kenya, Mali, Senegal, Somalia and Sudan). The evidence included baseline studies to identify factors, including social norms, influencing FGM practices, and assessments of community-based and grass-roots interventions. Mixed, quantitative or qualitative methodologies were used.

Figure 6. Sample of a mapping of women-, youth- and feminist-led organizations in Kenya

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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2025 research highlights

In Indonesia, an in-depth analysis of FGM data collected during the 2024 Violence Against Women survey generated new figures on the SDG elimination target. This provided evidence for advocacy and guidance for the national development plan. The new data build on two previous sources, namely, the 2013 Ministry of Health Survey and the 2021 National Women's Life Experience Survey conducted by the Ministry of Women Empowerment and Child Protection and BPS (Statistics Indonesia).

Kenya completed social norms measurement in Garissa, Narok and West Pokot counties and a baseline study for the Stop FGM Now–Komesha FGM Sasa Programme Baseline Study. These two studies will be instrumental in guiding programming in 2026 and beyond.

In Guinea-Bissau, a study on FGM patterns and drivers and mapping interventions in Gabu, Bafatá and Quinara highlighted persistent cultural beliefs sustaining FGM, particularly among girls under age 10. It identified the limited engagement of men and boys, continued support by some religious and traditional leaders, and low awareness of the FGM bill. These findings will guide programming, particularly in high-prevalence regions.

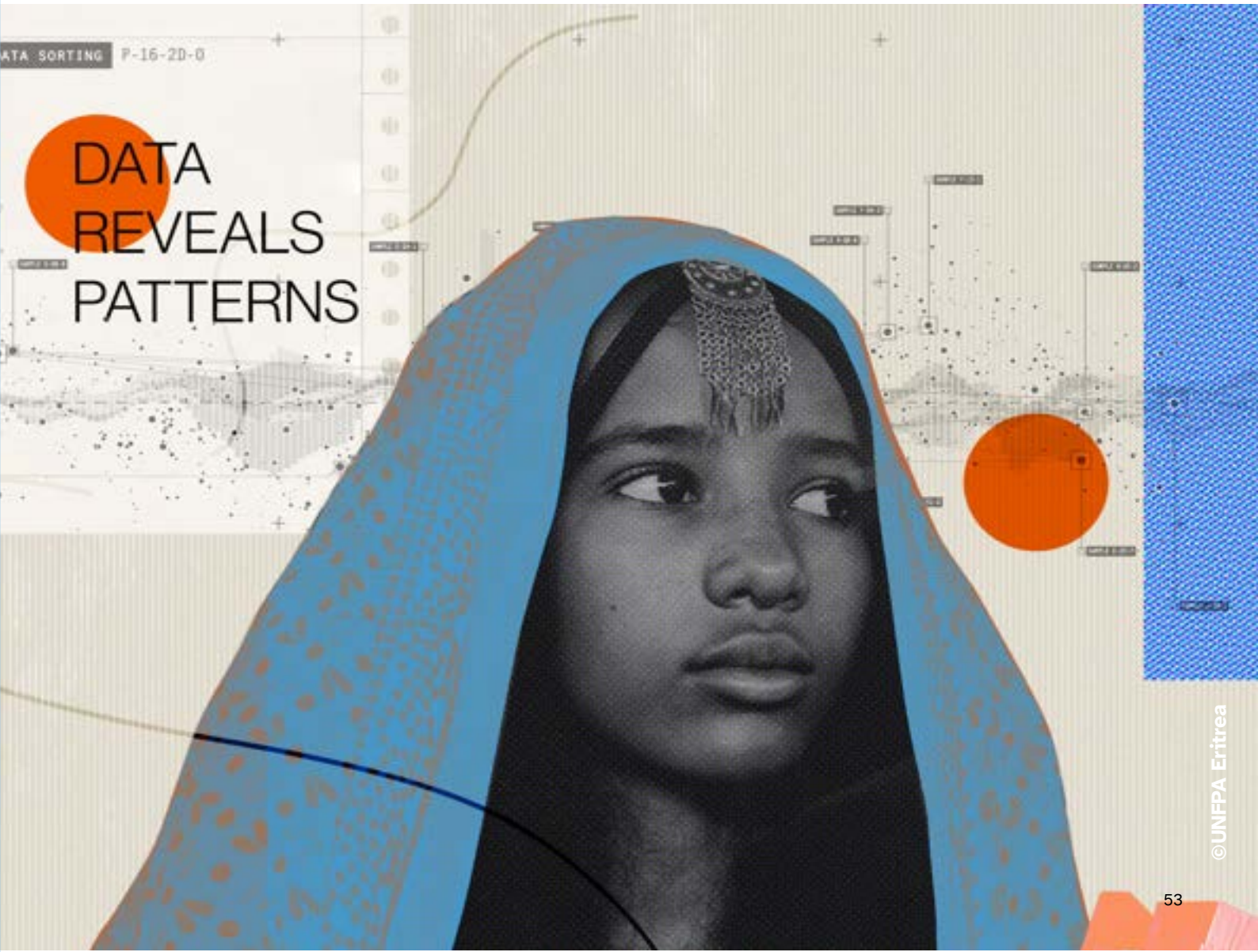
The 2024 Nigeria Demographic and Health Survey showed a decline in FGM prevalence to 13.9 per cent among women aged 15–49, compared to 19.5 per cent in 2018. It also revealed a 14.1 per cent rate among girls aged 0–14, down from 19.2 per cent. Regional disparities remained, with the highest rates among women in Katsina (59 per cent), Ekiti (48 per cent) and Ebonyi (39 per cent), and among girls in Katsina (56 per cent) and Jigawa (51 per cent). Encouragingly, 71 per cent of women now support ending FGM compared to 77 per cent in 2021, signalling shifting attitudes. Culturally entrenched hotspots, however, require continued, context-specific interventions. The Nigeria country team developed evidence briefs for local governments, non-governmental organizations, community-based organizations and other partners to inform and motivate contributions of in-kind resources to FGM programmatic interventions.

Egypt adapted and included the social norm indicators from the ACT Framework in the FGM module in its Demographic Household Survey. The survey covered 22 governorates, nearly 16,000 households and 15,000 caregivers of children aged 0–19. The survey results are expected in 2026.

Technology

A digital discourse assessment of the evolution of FGM online conversations in X and YouTube from 2007 to 2025 was conducted. Drawing on over 700,000 posts and extensive video content, the study found that online discourse was not random and is highly structured, shaped by campaign periods, legal developments and recurring narratives. There are clear platform differences: X functions as a fast-moving space for amplification, spikes and institutional messaging. YouTube hosts slower, deeper discussions debating norms and sharing personal testimonies.

Together, these platforms influence public perception, legitimacy and backlash around FGM, with digital spaces increasingly contested and, at times, hostile to elimination. Findings suggested that effective responses require coordinated, cross-platform strategies. These must leverage peak campaign moments, amplify trusted local voices, counter recurring misinformation with credible and survivor-centred content, and strengthen monitoring (such as through Demographic Intelligence for Open Sources) to track and respond to emerging narratives in real time. The Joint Programme will use study results to steer digital communication and publish a summary for wider knowledge dissemination in 2026.



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Funding landscape

A Joint Programme reflection on domestic financing, informed by a 2025 Institute for Health Metrics and Evaluation report,[37] highlighted a rapidly shifting and increasingly constrained global health financing landscape. While strong international support drove past progress in major health areas, recent cuts signal a major retreat, most notably the 67 per cent reduction in funding from the United States of America in 2025. Although some donors, including the Gates Foundation and the World Bank, have maintained or modestly increased contributions, overall declines are disproportionately affecting sub-Saharan Africa as well as non-governmental and UN organizations in these contexts. The report underscored that funding contractions will likely widen existing inequalities in health spending between high- and low-income countries, leaving already underresourced systems struggling to meet demand. This will compel affected countries to pursue greater domestic financing and efficiency measures, such as healthcare digitalization, to sustain essential services and reduce reliance on external aid, while attempting to shield populations from rising out-of-pocket health costs.

A subanalysis[38] of global financing to end FGM revealed a major funding imbalance. Namely, gender-based violence and harmful practices receive far less support than other health priorities, with funding for FGM interventions particularly limited. Donors invest significantly more in broader gender-based violence efforts than in targeted FGM programmes; current funding levels would need to increase fivefold to meet the estimated $2.8 billion required to eliminate FGM by 2030. Resources are highly concentrated, with most funding directed to a small number of countries, leaving others with minimal or inconsistent support. Countries such as Burkina Faso, Ethiopia and Kenya have made the strongest gains in eliminating FGM due to steady investment. Others have faced setbacks from volatile or insufficient funding. Crucially, the analysis found that predictable and sustained funding, not just higher amounts, drives progress

To strengthen long-term and stable financing, there is a need to identify and leverage well-funded, prioritized programmes, such as maternal health, for instance, and to and strengthen domestic financing where possible. To this end, in 2025, the Joint Programme regional teams identified funding opportunities while countries strengthened reporting of the financing of FGM-related interventions beyond the Joint Programme's funding. Moreover, an inhouse financing for development adviser supported country teams with fiscal and budget analysis, intervention costing, expenditure tracking and developing compelling economic narratives for decision makers in governments, the private sector and the international financial institutions. This support will continue and expand further in 2026 with a public management finance specialist and a resource mobilization and innovative financing specialist. The Joint Programme will also continue to build and focus on integrating FGM within domestic-funded programmes and services within the health and education sector for the sustainability of interventions and through other stable donor-financed programmes

37 Institute for Health Metrics and Evaluation, 2025. (IHME). Financing Global Health 2025: Cuts in Aid and Future Outlook. Seattle, WA: IHME, 2025.

38 UNFPA 2025 subanalysis (unpublished).

Policymaking

The Joint Programme launched a synthesis paper entitled "Accelerating Action Towards FGM Elimination: Lessons from Evidence on Effective Interventions" at the sixty-ninth Commission on the Status of Women. It synthesizes existing research to identify what works, shows promise, or is ineffective or lacks evidence. The paper provides clear guidance to strengthen policies, programmes and investments for more strategic and impactful action. Global leaders amplified its messages, including Her Excellency Senator Oluremi Tinubu, First Lady of the Federal Republic of Nigeria, and Her Excellency Madam Mouna Osman Aden, Minister of Women and Family of the Republic of Djibouti. The Joint Programme contributed to moving global discussions beyond broad calls for action, and towards solutions and greater clarity on which programmatic approaches demand investment.

Learning and knowledge exchanges

Throughout the year, the Joint Programme, together with partners, strengthened learning and knowledge exchanges to advance efforts to end FGM. Events, webinars, publications and active engagement on social media platforms disseminated knowledge, shared lessons and promoted best practices. The Joint Programme continued to develop and circulate quadrimester newsletters[39] and research digests[40] on a bimonthly basis to share programme updates and research updates, respectively.

Country-level learning

The Joint Programme conducted FGM Nexus Toolbox workshops in six countries in 2025 – Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria and Uganda. Building on earlier efforts, these workshops strengthened knowledge on humanitarian and FGM programming, planning and monitoring to enhance collaboration and expansion of FGM interventions among government, UN and civil society partners operating in humanitarian, development and peace contexts.

39 Joint Programme newsletter, 2025. "The Promise". Issue 12, issue 13 and issue 14.
40 Joint Programme, 2025. Research Digest. Issue 46, issue 47, issue 48, issue 49 and issue 50.

Regional and global learning

A global technical clinic engaged partners to discuss key findings and practical next steps guided by the evidence synthesis paper entitled “Accelerating Action Towards FGM Elimination: Lessons from Evidence on Effective Interventions”.

A series of webinars involving participants from 11 countries bridged global strategy and country implementation based on operationalizing “Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners”.

A global youth-led webinar, hosted with the Global Youth Consortium, brought together over 150 young leaders from Africa, Europe and Asia, reinforcing the critical role of youth-led movements in accelerating collective action.

Global advocacy and strategic dialogue

The UNFPA-UNICEF Joint Programme’s 2025 annual advocacy campaign for the International Day of Zero Tolerance for Female Genital Mutilation reached 260 million people across six continents, sparking over 60,000 social media engagements and generating more than 145 pieces of media coverage worldwide. The 2025 campaign broke new ground — bringing South-East Asia and Colombia into the fold for the first time, mobilizing artists, poets, and musicians alongside heads of state, UN leaders, and grass-roots activists. From the First Lady of Nigeria to survivor advocates in The Gambia and Indonesia, the campaign amplified voices that refuse to be silenced.

Moving forward, more structured campaign planning is needed across global, regional and country levels. Social media usage and metrics alone are not sufficient and will need to include deliberate radio and television outreach in high-prevalence countries with low Internet penetration. At the same time, countries with high Internet access but low engagement — like Egypt — would require active sensitization strategies paired with digital reach. The campaign’s strongest engagement came from youth aged 25–34 and from countries where senior government figures visibly championed the cause, underlining the power of leadership commitment and targeted youth engagement that would need to be sustained.

Finally, the February International Day must serve as a launchpad, not a standalone moment — with the campaign’s themes carried forward throughout the year across key international platforms, in more languages, and through creative approaches such as arts and storytelling that broaden the movement’s reach and resonance. See the 2025 advocacy and media engagement report in Annex III.

With regards to strategic dialogue, the Joint Programme either organized or participated in high-level side events at the sixty-ninth Commission on the Status of Women/Beijing+30 and the UN General Assembly. These sessions highlighted FGM elimination progress, promoted evidence-based solutions, strengthened partnerships, and underscored the role of faith leaders and interfaith collaboration in shifting social norms and protecting girls’ rights.

Inclusive and resilient approaches

Learning initiatives were used to strengthen resilience to pushback against gender equality and child rights. The global launch of “Navigating Pushback” highlighted lessons from The Gambia’s anti-FGM law. A webinar on disability inclusion shared tools and practices for inclusive prevention programming.

Complementing these efforts, the programme introduced new checklists on gender-transformative approaches for front-line workers in health, education, social and legal services to prevent FGM as part of their daily work.

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Performance analysis

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4.1. Cumulative coverage of effective interventions

The cumulative output and outcome coverage from 2008 to 2025 measured against 2030 programme targets, across five evidence-based interventions[41] to end FGM, was assessed. Coverage is calculated as the proportion of results achieved relative to the intended 2030 target for each indicator. See Table 5 for more details.

Overall the coverage scale is strongest for health systems, media and religious leaders engagement interventions. In contrast, community-level and girl-centred interventions are underscaled. These findings highlight the importance of prioritizing the scale-up of these effective interventions in the coming years.

59%

religious leaders denouncing FGM

9%

people engaged in reflective dialogue

129%

mass media reach

2,670%

medical schools with FGM curriculum — underestimated target

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41 Training health workers, health education, community engagement approaches, engagement of religious/traditional leaders, social marketing and media, and formal girl education.

Table 5. Overall 2008–2025 cumulative coverage of effective interventions against 2030 targets

Effective intervention	Output indicator	Cumulative coverage (2008–2025) towards 2030 target	Outcome indicator	Cumulative coverage (2008–2025) towards 2030 target
		Total (number & percentage)		Total (number & percentage)
Engaging religious and traditional leaders	Indicator 1211 – Number of religious leaders and community/traditional influencers publicly denouncing FGM practices	**533,855** (59%)	Indicator 1201 – Number of communities that made public declarations[1]	**43,344** (20%)
Media engagement	Indicator 1212 – Number of individuals reached by mass media[2]	**316,103,825** (129%)		
Community-led interventions	Indicator 1213 – Number of people engaged through community platforms in reflective dialogue[3]	**17,264,088** (9%)	Indicator 1001 – Number of girls aged 0–14 years saved from FGM through the community-level surveillance system[4]	**1,434,249** (7%)
Girls' education/ empowerment	Indicator 1111 – Number of girls and young women actively participating in social and behavioural change programmes (e.g., CSE, girls' clubs)[5]	**5,255,492** (13%)	Indicator 1101 – Number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice[6]	**3,920,667** (4%)
	Indicator 2111 – Number of primary/secondary/ non-formal institutions providing FGM content[7]	**16,457** (19%)		
Engaging health workers	Indicator 2113 – Number of health service points with at least one health worker trained on FGM[8]	**71,093** (266%)	Indicator 2001 – Number of girls and women who receive prevention and protection services on FGM[9]	**5,016,279** (18%)
			Indicator 2101 – Number of medical and paramedical schools with FGM integrated into curriculum[10]	**13,671** (2,670%)

Source: Joint Programme DHIS-2 platform programme data 2008–2025.

Note: Percentages represent cumulative coverage (2008–2025) as a share of the 2030 target. Values exceeding 100 per cent indicate the target has already been surpassed.

1 219,232 communities/villages and neighbourhoods where FGM is prevalent, as defined by the ministry of health, engaged by 2030.
2 243,411,260 people will be reached by the media by 2030.
3 196,119,188 people engaged in reflective dialogue in community platforms by 2030.
4 20,306,143 girls aged 0–14 at risk of FGM saved through community surveillance mechanisms by 2030.
5 39,470,379 girls/adolescents engaged in SBC programmes by 2030.
6 101,156,773 girls/adolescents initiating conversations/advocating for ending FGM by 2030.
7 84,685 primary/secondary/non-formal institutions including Islamic schools with FGM content integrated within curricula by 2030.
8 26,703 health facilities (all types) with at least one trained health worker on FGM by 2030.
9 27,758,085 of estimated 0–14 girls at risk of FGM and living with FGM received FGM prevention, protection or care services by 2030.
10 512 medical and paramedical schools with FGM content integrated within curricula by 2030.

Findings summary

1 **Religious and traditional leader engagement is on track and needs a follow through to community abandonment declarations**

While the engagement of religious leaders and their denouncement of FGM is on track, community declarations lag behind. Interestingly, the coverage of community/religious leaders denouncing FGM and community declarations match in countries with a significant FGM prevalence trend decline, unlike countries with non-significant declines (refer to Section 4.2). The low correlation between the proportion of leaders denouncing FGM and community declaration could be a possible sign to track closely the leaders' engagement at community level as well as to ramp up reflective dialogues within communities.

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2 **Community dialogues, community-led protective systems and girl empowerment require an uplift**

The cumulative coverage of people engaged in dialogue and girls saved through community surveillance systems has the lowest achievement level among the intervention categories. Evidence suggests that sustained and repeated opportunities for collective reflection are central to enabling shifts in expectations and behaviour.

The country-level data detailed in country snapshots show the number of girls saved through community surveillance mechanisms is significantly higher in countries with marked progress in FGM elimination, signalling the importance of community ownership and leadership in FGM elimination.

School-based integration of FGM content and engagement of girls in SBC programs are below a fifth of the 2030 target. This coverage requires additional efforts to strengthen in his area of work in the coming years.

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3 **Health system engagement demonstrates strong institutional uptake, with opportunities to strengthen a prevention orientation**

Health sector outputs have exceeded original targets, with trained health service points reaching 266 per cent of the 2030 benchmark and integration of FGM content into medical and paramedical curricula substantially surpassing initial projections. These results reflect significant institutionalization of FGM within professional training structures, an important enabling condition for sustainable prevention and response.

However, outcome-level coverage suggests low translation into prevention and protection services for girls and women (currently 18 per cent of target). This could be explained by an historical emphasis on health complications care vis-à-vis prevention and protection roles emphasized in the latest WHO guidelines released in 2025. In addition, low FGM reporting within health information systems explains low data capture of beneficiaries of these services.

The Joint Programme in collaboration with WHO will continue to work on strengthening the prevention and protection orientation of training curricula, service implementation within facility and community outreach services as well as FGM indicators reporting within health information systems.

4 **Media engagement demonstrates strong reach, with scope to strengthen measurement of exposure intensity**

Mass media engagement has exceeded 2030 reach targets (129 per cent), reflecting strong uptake of communication platforms. However, this figure should be interpreted with caution. The target was calculated using only populations in FGM-prevalent areas as the denominator, which may have significantly underestimated the true scale required. Evidence from the field indicates that sustained, repeated explosure – typically 7 to 10 or more touchpoints – is necessary for media messages to shift attitudes and social norms.

Current measurement frameworks capture reach but not frequency or depth of engagement, meaning the true behaviour-change value of media investment cannot yet be assessed. Future reporting must incorporate frequency of exposure alongside reach.

Recommended actions based on global performance findings

1	Scale up community-level interventions, specifically, reflective dialogue, tracking and follow through of community leaders to community declarations, and girls' participation in behavioural change programmes to accelerate norm change and impact.
2	Strengthen the prevention and protection role of health workers within health facility and community outreach services as well as FGM data within health information systems.
3	Revise health system targets for 2026 to reflect national coverage of medical institutions, and introduce graduate-level tracking to measure the reach of sensitized health professionals entering the workforce.
4	Strengthen measurement of media frequency and education sector reach. Current data tell us how many people were reached, but do not assess exposure for attitudinal change.
5	Conduct a target review across all indicators. Several targets appear to have been significantly underestimated (health system) or may require recalibration against updated population data.

4.2. Comparative analysis of outputs, outcomes and impact | 18 countries

The cumulative coverage of effective interventions was grouped into four impact tiers based on measured change in FGM prevalence among girls aged 15–19. The analysis compared output and outcome coverage against impact achieved to identify what is driving results – and where critical gaps remain.

18	4	900%	1%
countries analyzed	impact performance tiers	median coverage of community declarations in the highest performance tier countries	median coverage of reflective dialogues in the lowest performance tier countries

Central finding: Community mobilization drives impact

The data reveal a consistent pattern across all four tiers: Countries that achieved the greatest reductions in FGM prevalence recorded the highest coverage in people-centred, community-level outputs – particularly community declarations, women and girls advocating for ending FGM, girls saved through surveillance mechanisms and engagement in reflective dialogues.

By contrast, system-level outputs – health worker training and curriculum integration into medical schools – were not reliable predictors of impact. In the lowest-performing countries, these outputs were dramatically overachieved while community-level engagement remained near zero, confirming that system investment without community demand does not produce behaviour change.

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Performance by impact tier

FGM prevalence decline among girls 15 - 19	Countries	Strengths	Gaps
Highest decline	Burkina Faso, Ethiopia, Kenya, Nigeria	Community declarations (900%), religious leaders (959%)	Reflective dialogues (34%), women advocating (38%)
Significant decline	Djibouti, Egypt, Eritrea, Guinea, Mauritania, Senegal, Sudan and Yemen	Health worker training (649%), curriculum integration (235%)	Community declarations (48%), dialogues (15%)
No significant decline	The Gambia, Guinea-Bissau, Indonesia, Mali and Somalia	Health worker training (1,166%), curriculum (127%)	Dialogues (1%), women advocating (3%), declarations (22%)
Insufficient data	Uganda	Religious leaders (6,617%), media (2,345%), dialogues (1,553%)	No prevalence data available

What the evidence shows works

- Community declarations at scale shift social norms and correlate directly with prevalence decline.
- Religious and community leader engagement creates durable change in community attitudes.
- Community surveillance mechanisms directly protect girls at risk.
- Women and girls actively advocating on FGM amplify norm change from within communities.

Critical gaps requiring attention

- Reflective dialogue is under-achieved in every tier – including highest-impact countries (34 per cent).
- Low-impact countries are over-investing in health system capacity without community engagement to match.
- Uganda: extraordinary delivery (dialogues 1,553 per cent, media 2,345 per cent) but no prevalence data to confirm impact.
- The number of girls accessing prevention and protection services remains low even in better-performing countries.

Recommended actions based on country performance findings

1	Rebalance investment towards community-level outputs – declarations, dialogue and women-led advocacy – in all country programmes, especially the five with no significant decline.
2	Conduct a rapid assessment in The Gambia, Guinea-Bissau, Indonesia, Mali and Somalia to understand why system investment has not translated into community impact.
3	FGM prevalence data in Uganda are needed to confirm whether programme delivery has generated the expected impact.
4	Support the eight countries with significant decline on FGM prevalence to scale up community mobilization and transition into the highest-impact tier.

Conclusion and 2026 priorities

2030

Behind every number is a story

$29.6M down to $16.3M

230 Million Lives

5.1. 2025 in review

In 2025, the global movement to end FGM reached a crossroads. Donor commitments declined by 45 per cent, reducing funding from $29.6 million in 2024 to $16.3 million – even as progress towards the 2030 global elimination target remains alarmingly slow. With 4.4 million girls estimated to be at risk in 2025 and 230 million survivors, numbers that continue to increase annually because of population growth, the urgency is undeniable.

Global efforts must accelerate to increase the current FGM elimination decline pace 27 times to meet the 2030 SDG target — a sobering reminder of how much ground remains to be covered. Yet amid this urgency, there is a meaningful ray of hope: In addition to Uganda, the upcoming survey results for Eritrea are expected to show that it is also on track to meet the elimination deadline, offering a powerful proof of concept that sustained, targeted action can and does deliver results.

> The Joint Programme 2025 results surpassed 2024 performance on 9 out of 12 key indicators.

Similarly, the Joint Programme demonstrated remarkable resilience, pivoting from isolated interventions to more efficient systemic transformation. In 2025, results surpassed 2024 performance on 9 out of 12 key indicators, in spite of diminished resources and growing pushback. A twofold increase in medical and paramedical schools with FGM integrated into curricula (from 226 to 415) was among the standout achievements. The programme successfully mobilized supreme religious authorities – including Al-Azhar and Dar Al-Iftaa in Egypt and the KUPI network in Indonesia – to deconstruct theological justifications for FGM, and secured a landmark Islamic fatwa against all forms of FGM in Djibouti, which can potentially spark change among Somali communities more broadly.

The performance data from 2008 to 2025 reveal an imbalance in coverage that must be corrected. Countries achieving the greatest FGM prevalence declines recorded substantially higher coverage of community declarations, reflective dialogue, religious leader engagement and women-led advocacy than those with slower progress. Globally, reflective dialogue (9 per cent) and women advocating (4 per cent) were furthest below 2030 targets. Meanwhile, health system outputs have dramatically exceeded targets (health worker training at 266 per cent, medical school curriculum integration at 2,670 per cent), while only 18 per cent of girls and women received FGM prevention and protection services

– a disconnect driven by an overemphasis on clinical complication management over prevention and protection that was revised in WHO's guidelines on FGM in 2025. Scaling up the right interventions, not simply more interventions, is the defining challenge for 2026. The 2025 financial expenditure by output area demonstrates the Joint Programme efforts to address effective intervention coverage gaps for instance the highest expenditure was on girls' agency (42 per cent) followed by the engagement of families and communities (33 per cent), see Annex IV. Efforts will continue to close coverage gaps in 2026 onwards.

The evidence points to three corrective priorities: Urgently scale up community-level interventions (dialogues, declarations, girls' participation); reorient health sector programming towards prevention and protection; and revise programme targets to reflect national coverage ambitions and enable meaningful accountability towards 2030.

With regards to data quality, completion and sustainability, the Joint Programme will reduce indicators from 41 to at least 17, and sharpen the metadata, including data collection tools for implementing partners. Efforts will also focus on transitioning away from siloed data systems to integrated indicators within functional national information systems into centralized data repositories to capture all results and leverage stakeholder resources through unified data systems. A priority for 2026 will be revising targets across all indicators, introducing frequency-based measurement for media engagement, and correcting underestimates in health system baselines to ensure the accountability framework reflects the full scale of change required.

Advocacy around technology took centre stage in 2025. The Joint Programme provided critical technical support to the Human Rights Council for its landmark resolution on FGM and technology, creating a robust policy tool that supports digital advances while upholding the principle of do no harm and the protection of child rights in the digital sphere. AI-powered scanning and analytical tools are now generating evidence on digital discourse, enabling the programme to proactively address countermovements and build digital mobilization. The programme has also documented key lessons and early-warning signs from The Gambia and online countermovements to help partners navigate legislative and social resistance as organized pushback intensifies.

Although organized resistance and political hesitation challenge the path to elimination, 2025 demonstrates that change is achievable through scaling up what works, sustaining strategic partnerships and catalytic investment. The Joint Programme has maintained its holistic, evidence-based approach from the grass-roots to global level. With the right corrective actions in 2026 – prioritizing community mobilization, reorienting health systems, diversifying financing, and harnessing data and technology – the momentum built over 17 years can be translated into the acceleration the 2030 target demands. The moment to act with urgency, precision and scale is now.

5.2. Programme priorities for 2026

1 Diversifying funds

To maintain programmatic interventions amid funding contractions, the Joint Programme will continue to support a transition to financial resilience and domestic sustainability. Efforts in 2026 will focus on strengthening domestic financing through supporting country teams with fiscal and budget analysis, intervention costing, expenditure tracking and developing compelling economic narratives for decision makers in governments, the private sector and the international financial institutions. This support will continue and expand further in 2026 with a public management finance specialist and a resource mobilization and innovative financing specialist.

The Joint Programme will draw on lessons from the sexual and reproductive health programme in Kenya to design a pilot development impact bond encompassing CSE, FGM and child marriage. Other financing efforts will include digital philanthropy drives such as individual giving campaigns, as well as exploring private sector match funding and crowdfunding for grass-roots initiatives as complementary funding sources to unlock non-traditional capital and diversify the donor base beyond developed countries.

2 Scale up effective interventions and strategies efficiently

Building on gains in 2025, the Joint Programme will continue to support countries in integrating FGM indicators and services in broader education, health, child protection, and sexual and reproductive health interventions and information systems. It will continue working with interfaith networks, such as Shamekhat, to issue and uphold anti-FGM theological mandates, and will increase positive masculinity initiatives that engage men and boys in dismantling the social norms that sustain FGM.

Informed by performance findings, the programme will prioritize community-level interventions with the greatest evidence of impact – specifically, reflective dialogue, community declarations, and girls' active participation in social and behavioural change programmes, all of which remain critically below 2030 targets. Concurrently, health sector programming will be reoriented to emphasize FGM prevention and protection alongside clinical care, addressing the structural gap between trained health workers and services actually received by girls and women.

3 Leverage data, technology and AI

Leveraging the 2025 Human Rights Council resolution on FGM and technology, the programme will expand the safe use of AI and digital platforms – including Demographic Intelligence from Open Sources and the U-Report chatbot – for predictive insights, AI-supported social media discourse scanning and analysis, and youth mobilization. It will explore new partnerships and innovative solutions to reach communities with limited connectivity.

The programme will strengthen national data systems and build enhanced capacities to collect, analyse and use data to inform policies, track progress and guide programming. A priority for 2026 will be the revision of programme targets across all indicators – correcting the severe underestimation in health system targets, recalibrating community-level ambitions and introducing frequency-based measurement for media engagement – to ensure accountability frameworks reflect the full scale of change required by 2030.

Annexes

A.I. Phase IV framework results for 2025

Table A.1: Medium-term outcome 1000 and outputs

Results statement	Number	Key indicators	Baseline year and value	2023 target and result (percentage)	2024 target and result (percentage)	2025 target and result (percentage)	Coverage and cumulative achievement 2008–2025 (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 216,853	241,871 162,044 67%	196,404 304,820 155%	234,716 286,770 122%	20,306,143 1,445,427 7.1%
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	588,194 817,529 139%	736,154 1,394,813 189%	981,304 1,251,658 128%	101,156,773 3,920,667 3.9%
	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	(Lack of system to generate this indicator)
Output 1110: 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	403,176 1,068,595 265%	1,154,931 1,749,492 151%	1,444,783 1,779,368 123%	39,470,379 5,255,492 13.3%
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 declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance	2021 3,813	9,721 2,315 24%	2,297 3,277 143%	2,852 5,670 199%	219,232 25,773 11.8%
	1202	Number of people engaged in a public declaration that they will abandon the practice of FGM	2021 3,460,101	1,516,041 1,361,220 90%	1,725,998 3,370,590 195%	2,265,916 4,304,267 190%	201,468,344 56,163,386 27.9%
	1203	Proportion of young men and boys who express readiness to marry uncut girls	2022 NA	NA	NA	NA	(Lack of system to generate this indicator)

Output 1210: Family and community engagement gatekeepers, parents and families, traditional and religious leaders, and other community influencers (m/f) have increased awareness and understanding	1211	Number of religious leaders and community/traditional influencers publicly denouncing FGM practices	2021 30,980	61,486 50,384 82%	58,072 149,598 258%	85,918 190,213 221%	901,240 518,123 57.5%
	1212	Number of individuals reached by mass media messaging on FGM and gender equality	2021 32,416,266	17,103,332 66,015,838 386%	58,951,644 80,986,364 137%	69,541,089 316,103,825 455%	243,411,260 316,103,825* 129.9%
	1213	Number of people engaged through community platforms in reflective dialogue	2022 2,197,992	3,889,429 3,142,867 81%	3,967,896 4,326,270 109%	5,225,076 7,596,959 145%	196,119,188 17,264,088 8.8%
	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 practice in dialogues/sessions with peers and others	2022 433,247	440,018 455,701 104%	430,332 849,502 197%	570,978 1,253,213 219%	101,597,824 2,994,820 2.9%
	1215	Number of community-to-community dialogues on abandonment of FGM within the country and across the borders	2021 10,150	31,838 28,412 89%	31,314 32,860 105%	36,228 39,375 109%	735,803 239,720 32.6%
Output 1220: Movement-building Regional, national and local youth global movement, feminist 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 multistakeholder 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 grass-roots/community-based organizations and action groups that are integrated within coalitions and networks of youth, feminists and women's entrepreneurs working on elimination of FGM	2022 2,848	6,236 8,817 141%	7,134 12,200 171%	9,847 15,127 154%	15,881 15,127* 95.2% *Latest value
	1222	Number of networks and coalitions of grass-roots/community-based youth-led organizations, feminists and women's entrepreneurs mobilized to work on elimination of FGM	2022 9,629	6,895 7,917 115%	5,336 10,271 192%	6,603 4,361 66%	10464 4,336* 41.7%
	1223	Number of supported grass-roots/community-based organizations and 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	2,342 5,625 240%	4,061 11,502 283%	4,884 6,293 129%	21044 6,293* 29.9% *Latest value

Table A.2: Medium-term outcome 2000 and outputs

Results statement	Number	Key indicators	Baseline year and value	2023 target and result (percentage)	2024 target and result (percentage)	2025 target and result (percentage)	Coverage and cumulative achievement 2008–2025 (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 423,729	429,349 903,734 210%	855,612 1,450,136 169%	1,106,259 2,238,680 202%	27,758,085 5,016,279 18.1%
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 para-medical schools (public and non-public) supported by the Joint Programme that have mainstreamed FGM into their curricula and/or continuous professional development programme	2022 18	151 219 145%	278 226 81%	344 415 121%	512 415* 81.1%
	2102	Number of girls (0–19 years) and women who have received health services related to FGM	2021 422,700	87,188 60,656 70%	97,270 88,110 91%	174,087 560,899 322%	25,548,642 3,726,474 14.6%
	2103	Number of girls and women who have received social services related to FGM	2021 76,882	285,715 302,457 106%	203,937 470,174 231%	291,969 941,695 323%	39,018,477 2,567,337 6.6%
	2104	Number of girls and women who have received legal services related to FGM	2021 16,106	111,641 42,296 38%	50,190 5,108 10%	56,556 5,858 10%	12,756,053 236,886 1.9%
	2105	Number of vulnerable girls aged 5–19 years at risk of FGM who have received education support	2022 35,344	29,460 224,333 761%	229,792 187,838 82%	257,985 442,257 171%	15,472,408 889,772 5.8%
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	2,829 1,683 59%	2,079 2,635 127%	2,597 9,898 381%	84,685 16,457 19.4%
	2112	Number of trained law enforcement staff (police, judges, lawyers, prosecutors) demonstrating improved knowledge on the application of FGM law and provisions	2021 988	3,155 1,956 62%	2,000 4,787 239%	2,569 5,511 215%	230,134 23,053 10.0%
	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 who provide FGM-related services	2021 1,639	1,784 2,842 159%	3,594 3,642 101%	4,841 15,070 311%	26,703 15,070* 56.4%

Table A.3: Medium-term outcome 3000 and outputs

Results statement	Number	Key indicators	Baseline year and value	2023 target and result (percentage)	2024 target and result (percentage)	2025 target and result (percentage)	Coverage and cumulative achievement 2008–2025 (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	N/A	713,645 1,991,649 279%	778,566 3,119,020 401%	76,787,526 5,488,869 7.1%
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 a monitoring and evaluation framework, in line with human rights and the principle of leaving no one behind	2021 13	14 15 107%	16 16 100%	16 17 106%	18 17 94%
	3102	Proportion of FGM recommendations implemented from the 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 (Lack of system to generate this indicator)	N/A
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	6 6 100%	5 7 140%	3 4 133%	NA
	3112	Number of peer review processes of relevant African Union, League of Arab States, human right institutions, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	2022 NA	11 NA	5 5 100%	3 3 100%	NA

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	482 442 92%	348 452 130%	445 932 209%	NA
	3122	Number of cases brought to court	2021 215	505 402 80%	312 405 130%	397 711 179%	NA
	3123	Number of convictions and sanctions	2021 135	214 170 79%	151 229 152%	209 206 99%	NA
	3124	Number of follow-up mechanisms/ processes (plan of action, review, public inquiry) of accepted recommendations from international and regional human-rights mechanisms that are related to practices on FGM	2022 5	15 4 27%	15 23 153%	16 20 125%	NA
	3125	Number of countries with budgeted emergency preparedness and response and disaster risk reduction plans that integrate FGM prevention and care	2022 5	12 4 33%	10 11 110%	13 11 85%	NA
Output 3130: data and evidence generation, documentation and uptake of evidence by governments, academia and civil society groups, including grass-roots organizations, with 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	1,651 2,201 133%	2,246 3,333 148%	2,482 3,985 161%	6,621 3,985* 60.2%
	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	23 17 74%	21 22 105%	22 26 118%	NA

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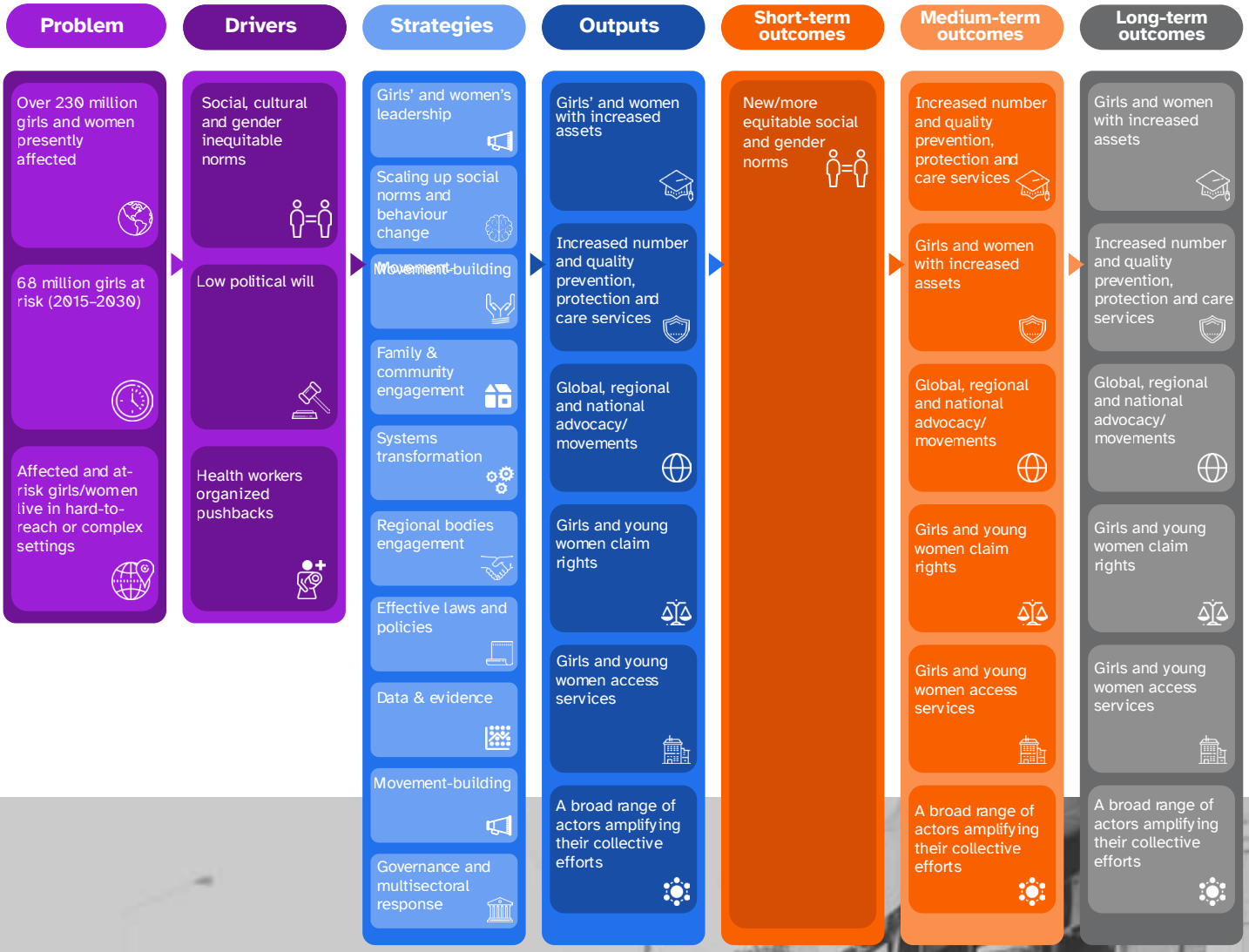
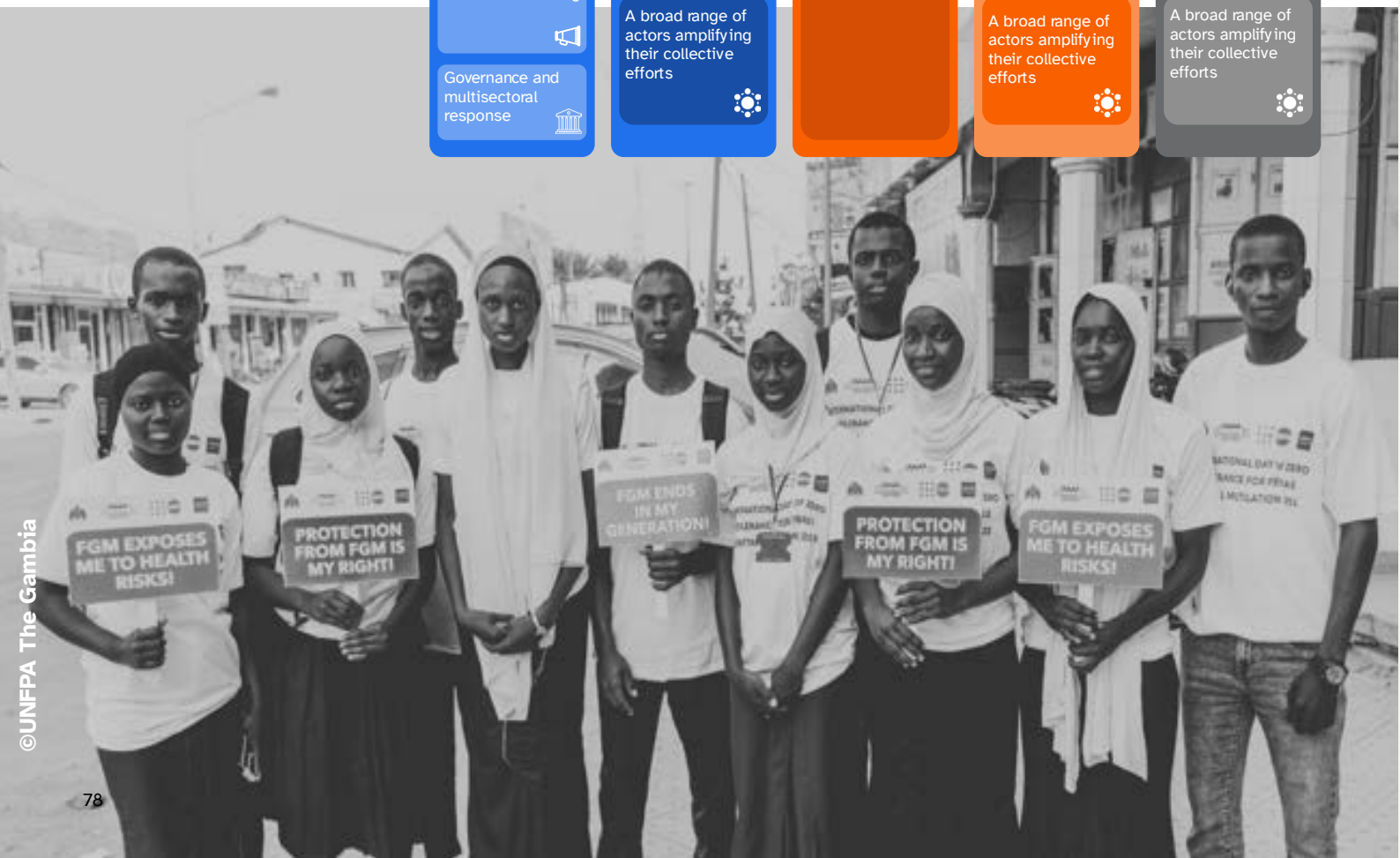
A.II Results framework logic model





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A.III Key publications in 2025

- Accelerating Action: Strengthening Alliances and Addressing Pushback Against Ending Female Genital Mutilation: The 2024 Annual Report of the Joint Programme presented 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 offered lessons learned and analysis of results, supporting accountability and strengthening implementation, coordination and partnerships with all relevant actors, within focus countries and beyond.

- Gender-Transformative Interventions to End Female Genital Mutilation: Checklists for Frontliners: This practical, user-friendly tool helps front-line service providers apply gender-transformative approaches in social, health, education and legal services, among others. Gender-transformative approaches intentionally challenge harmful gender norms and roles, and seek a more equal distribution of power and resources. They include engaging diverse stakeholders, such as men, boys and traditional leaders, in redefining gender roles and increasing the agency of women and girls.

- Girls, Youth, Women and Feminist Movements Against Female Genital Mutilation: A Practical Guide for Frontliners is a one-stop, simple, practical guide for frontliners and grass-roots organizations working to end FGM. It provides practical tools and knowledge for planning, managing and monitoring movement-building and addressing countermovements.

- The 2025 International Day of Zero Tolerance for FGM Campaign Advocacy Report documents the reach, impact, and performance of the Joint Programme's advocacy activities held between 1 and 20 February 2025. Drawing on quantitative and qualitative data, it captures key campaign milestones. Beyond the numbers, it showcases the human dimension of the campaign through survivor testimonies, creative advocacy and official statements, concluding with lessons learned and recommendations for strengthening future campaigns.

- Navigating Pushback: Building Resilience to Safeguard the Child Rights explores the front lines of this struggle, using the high-stakes 2024 defence of The Gambia's anti-FGM law as a blueprint for resilience. The paper analyses the power of collective action, from grass-roots survivors to international partners. It identifies early-warning signs and provides transferable strategies to safeguard the girls' rights agenda against political and legal retreat.

- Countering Pushbacks to Ending Female Genital Mutilation and Child Marriage: Synthesis Paper & Country Briefs is a comprehensive evidence package exploring the dynamics of pushback to ending harmful practices and the critical role of faith actors in driving change. It brings together a cross-country synthesis of emerging pushback narratives, key influencers and spaces of contestation; concise country briefs capturing trends across 15 priority countries; and a practical review of effective faith-engagement strategies. Grounded in social and behaviour change theory, the package offers actionable insights to reframe harmful norms, strengthen child protection and mobilize faith actors as powerful agents of transformation.

- The FGM Bill in The Gambia Documentary captures the mobilization of a social movement dedicated to protecting The Gambia's 2015 anti-FGM law amid a significant legislative challenge. As the Women's (Amendment) Bill, 2024, sought to repeal the ban and roll back years of progress, the documentary highlights the collective power of activists, survivors and community leaders standing firm against the pushback.

- The Inter-Agency Gender-Based Violence Case Management Guidelines set global standards for delivering coordinated, survivor-centred care by gender-based violence caseworkers and social workers in humanitarian settings. The FGM info-sheet introduced on pages 131–136 provides foundational knowledge required to support women and girls affected by this harmful practice.

- Accelerating Action Towards FGM Elimination: Lessons from Evidence on Effective Interventions: This paper synthesizes findings from multiple reviews of evidence and interventions to identify approaches that are effective, promising, or, as of yet, ineffective. This review offers critical insights and practical guidance to support more effective, evidence-based policy and programmatic responses to end FGM.

- Three issues of the Joint Programme newsletter, The Promise – Issue 12, issue 13 and issue 14 – show showcased interventions, results and critical issues at the global, regional and country levels. The newsletter is widely disseminated via email and social media, sharing regular updates and experiences with a wide range of stakeholders, from policymakers to frontliners.

- Five periodic issues of the Harmful Practices Research Digest – Issue 46, issue 47, issue 48, issue 49 and issue 50 – highlighted published research on harmful practices from scholarly journals and other publications. The digest aims to quickly inform those working on programming and policymakers on the latest evidence on their day-to-day interventions.

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A.IV 2025 financial report

The Joint Programme received **$16,348,346** in funding support in 2025 (Table A1). All donor contributions were provided through a global pooled funding mechanism established for the Joint Programme.

Table A.1: Funds recieved by the Joint Programme in 2025

Donor	Contribution (United States dollars)
Germany	762,527
Iceland	392,358
Italy	4,689,332
Luxembourg	817,757
Norway	2,188,837
Spain	2,200,415
Sweden	4,203,888
United Kingdom	1,073,232
Others (Zegar Family Fund)	20,000
Total	**16,348,346**

Based on available funds for programming in 2025 and commitments from 2024, the Joint Programme made a total allocation of $23,703,612.1 to the 18 focus countries as well as to three regional offices and headquarters to provide technical backstopping to country offices and to implement regional and global level initiatives. Total expenditure was $22,035,930.7, with an overall expenditure rate of 93.0 per cent (Table A2).

Table A.2: Budgets, expenditures and expenditure rates for 2025

Offices	UNFPA			UNICEF			UNFPA and UNICEF		
	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)
Headquarters	2,186,546.0	1,811,161.9	82.8	1,545,438.1	1,532,369.0	99.2	3,731,984.1	3,343,530.9	89.6
Arab States regional office (UNFPA)/ Middle East and North Africa regional office (UNICEF)	187,162.0	155,470.4	83.2	194,400.0	330,582.0	170.1	381,562.0	486,052.4	127.4
East and Southern Africa regional office	277,158.0	247,060.9	89.1	164,530.0	258,015.0	156.8	441,688.0	505,075.9	114.4
West and Central Africa regional office	283,344.0	152,402.5	53.8	188,189.0	245,090.0	130.2	471,533.0	397,492.5	84.3
Burkina Faso	595,000.0	471,834.8	79.3	721,059.0	605,909.0	84.0	1,316,059.0	1,077,743.8	81.9
Djibouti	408,318.0	294,897.4	72.2	412,743.0	147,767.0	35.8	821,061.0	442,664.4	53.9
Egypt	1,037,829.5	1,037,829.5	100	1,086,940.0	1,114,630.0	102.5	2,124,769.0	2,152,459.5	101.3
Eritrea	373,365.0	271,949.2	72.8	200,000.0	325,125.0	162.6	573,365.0	597,074.2	104.1
Ethiopia	1,026,636.0	1,001,049.2	97.5	912,602.0	1,615,052.0	177.0	1,939,238.0	2,616,101.2	134.9

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Offices	UNFPA			UNICEF			UNFPA and UNICEF		
	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)	Allocated funds in 2025 and commitments from 2024 (United States dollars)	Expenditure (United States dollars)	Expenditure rate (percentage)
The Gambia	385,047.0	297,864.0	77.4	433,540.0	360,261.0	83.1	818,587.0	658,125.0	80.4
Guinea	583,318.0	552,443.6	89.6	507,950.0	379,324.0	74.7	1,091,268.0	901,767.6	82.6
Guinea-Bissau	373,365.0	365,208.9	97.8	402,839.0	352,026.0	87.4	776,204.0	717,234.9	92.4
Indonesia	186,916.0	160,455.4	85.8	160,000.0	187,856.0	117.4	346,916.0	348,311.4	100.4
Kenya	773,957.0	651,461.1	84.2	820,983.0	1,077,432.0	131.2	1,594,940.0	1,728,893.1	108.4
Mali	513,318.0	368,552.93	71.8	501,984.0	582,310.0	116.0	1,015,302.0	950,862.9	93.7
Mauritania	536,636.0	372,961.1	69.5	500,961.0	416,645.0	83.2	1,037,597.0	789,606.1	76.1
Nigeria	909,953.0	553,334.2	97.5	880,000.0	744,796.0	84.6	1,789,953.0	1,298,130.2	72.5
Senegal	466,636.0	454,844.5	97.5	522,216.0	483,205.0	92.5	988,852.0	938,049.5	81.1
Somalia	385,000.0	292,821.9	76.1	434,719.0	216,587.0	49.8	819,719.0	509,408.9	62.1
Sudan	186,916.0	148,972.9	79.7	164,603.0	306,296.0	186.1	351,519.0	455,268.9	129.5
Uganda	455,000.0	419,435.0	92.2	444,509.0	356,151.0	80.1	899,509.0	775,586.0	86.2
Yemen	186,916.0	133,955.4	71.7	185,071.0	212,536.0	114.8	371,987.0	346,491.4	93.1
Total	12,318,336.0	10,185,966.7	82.7	11,385,276.1	11,849,964.0	104.1	23,703,612.1	22,035,930.7	93.0

Note: A certified financial statement for 2025 will be ready by June, 2026.

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Table A3 summarizes expenditures at the output level based on the Joint Programme's Phase IV results framework. As a core focus area of the Joint Programme, interventions related to girls' agency had the highest share of total annual expenditures (42 per cent). This was followed by result areas related to the engagement of families and communities (33 per cent) and systems transformation (14 per cent).

Table A3: Share of total expenditure per output in 2025

Output	Share of total expenditures (percentage)
Girls' and young women's agency (output 11100)	41.9
Family and community engagement (output 12100)	33.2
Movement-building (output 12200)	12.7
Systems transformation (output 21100)	14.2
Regional bodies engagement (output 31100)	1.2
Effective laws and policies (output 31200)	4.4
Data and evidence (output 31300)	8.9

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A.V 2025 regional and country programmatic snapshots

Asia and the Pacific

2025 Regional Snapshot

©UNFPA Regional Office in Asia and the Pacific

Case study spotlight

A regional coalition strengthens the resolve to end FGM in South-East Asia

Key 2025 achievement

The regional team is implementing a joint programme, “Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation in South-East Asia”, with support from the Government of Australia. The programme falls under the “Towards Universal Sexual Reproductive Health and Rights in the Indo-Pacific (TUSIP) Initiative” and runs from June 2024 to June 2028. It focuses on three strategic outcomes: a strengthened movement to end FGM and increase regional accountability, the capacity of regional networks and national stakeholders, and evidence on FGM and what works in the region.

©UNFPA in Asia and the Pacific

Regional accountability framework developed.

Evidence gaps and priorities identified.

8 countries with FGM engaged.

India, Indonesia, Malaysia, Maldives, Pakistan, Philippines, Sri Lanka and Thailand.

Political endorsement and international visibility

©UN WEB TV

At the sixty-ninth Commission on the Status of Women, **Pak Amich Alhumami, Deputy Minister of Indonesia's Ministry of National Development Planning (Bappenas)**, participated in a high-level side event: "Stepping Up the Pace to End FGM: Proven Solutions, Strategic Alliances, and Empowered Movements".

His remarks reinforced Indonesia's commitment to eliminating FGM.


©UNFPA Indonesia

From Harm to Hope: The Movement to End FGM

Young students at a *pesantren* (Islamic boarding school) in Indonesia are part of a new generation embracing education and awareness in the movement to end FGM.

Next strategic steps

1

A coalition of like-minded, diverse stakeholders is key in a non-enabling environment

A regional coalition can strengthen knowledge exchanges on advocacy, lessons learned and evidence, and support coordinated actions.

2

In-country + regional engagement and coordination + advocacy at both levels = political buy-in and increased implementation efficiency

This, however, is not the endpoint. It needs to be translated into scaled-up government funding and interventions.

3

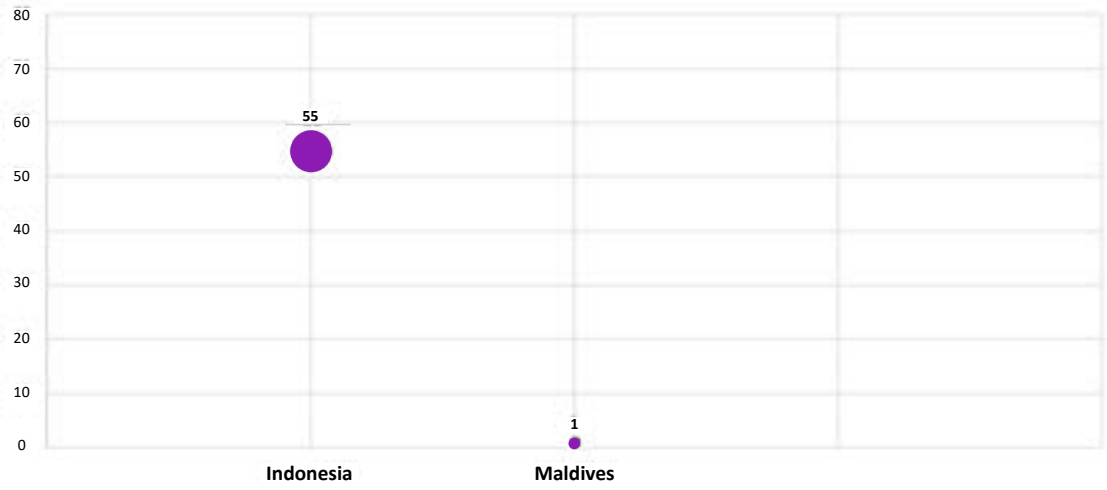
Scaled-up approach

This entails using a phased approach to scale up starting with Malaysia, the Maldives and Sri Lanka to advance advocacy, knowledge-sharing, South–South collaboration and financing diversification.

Regional FGM situation

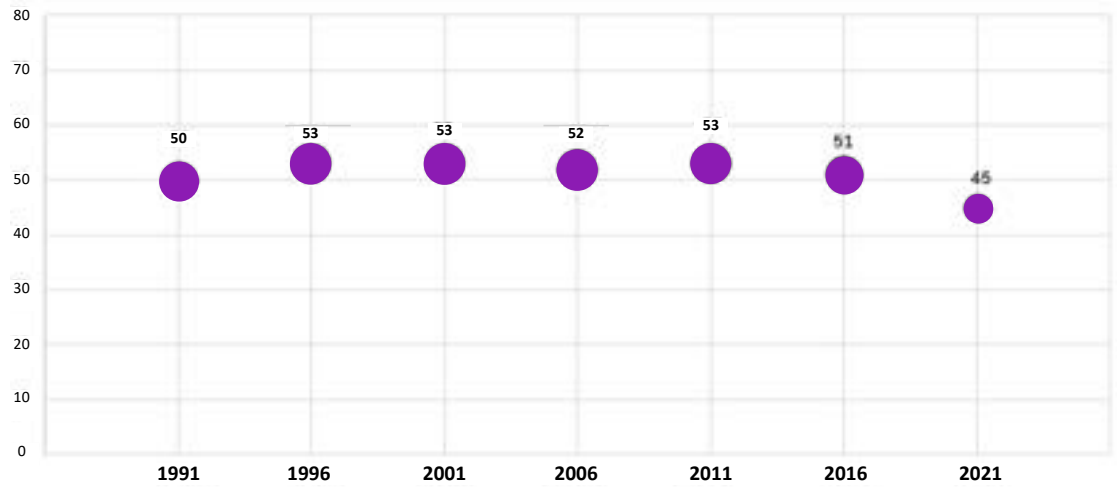
UNFPA and UNICEF cover 23[1] and 13[2] countries, respectively, in Asia. Thirteen countries have FGM, two[3] have nationally representative data (Figure 1), eight[4] have small-scale studies and three[5] have anecdotal or media reports.[6] At 35 per cent, this region has the highest share of the estimated global burden of FGM (230 million cases).[7] The Joint Programme focuses on one country, Indonesia (Figure 2). Malaysia is a country of influence. Prevalence estimates for Indonesia and Malaysia are the highest in the region, including for FGM medicalization. The region as a whole has less official FGM data on prevalence, compared to other regions.

Figure 1: FGM prevalence among girls aged 0–14 years



Source: UNICEF global databases, 2025.

Figure 2: FGM prevalence among girls aged 15–19 years in Indonesia



Source: UNICEF global databases, 2025.

Regional partners: League of Arab States, International Islamic Centre for Population Studies and Research, Al-Azhar University.

1 Afghanistan, Bangladesh, Bhutan, Cambodia, China, Democratic People's Republic of Korea, India, Indonesia, Islamic Republic of Iran, Japan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste and Viet Nam.

2 Cambodia, China, Indonesia, Democratic People's Republic of Korea, Lao People›s Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Thailand, Timor-Leste and Viet Nam.

3 Indonesia and Maldives.

4 India, Iran, Malaysia, Pakistan, Philippines, Singapore, Sri Lanka and Thailand.

5 Brunei Darussalam, Cambodia and Viet Nam.

6 Equality Now, 2025. The Time Is Now: End Female Genital Mutilation/Cutting (FGM/C).

7 UNICEF, 2024. Female Genital Mutilation A Global Concern.

2. Notable regional achievements

Global professional health associations committed to end FGM and its medicalization in Asia and the Pacific

The Joint Programme participated in high-level advocacy with international bodies, such as the World Health Organization, International Confederation of Midwives, International Federation of Gynaecology and Obstetrics and the Asia Network to End FGM/C. This culminated in a regional joint statement on FGM medicalization during the twenty-fifth World Congress of Gynaecology and Obstetrics in Cape Town, South Africa. The statement urges health workers to "do no harm" and calls on health bodies and governments to strengthen FGM prevention through enforced codes of conduct, medical training and robust legal prohibitions.

Building a theory of change and an evidence base

The Joint Programme provided technical support in finalizing a theory of change for the regional Joint Programme entitled "Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation in South-East Asia". The Joint Programme shared programmatic lessons on what works and scale-up approaches, including technological advancements. It also supported a regional process to define evidence needs and set agendas.

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Progress in cumulative intervention coverage towards the 2030 target

Indonesia is the only country in the region reporting against the Joint Programme results framework and indicators.

off track (≤ 50 per cent) | **on track** (51–80 percent) | **met target** (≥ 80 percent)

Indicator	Indonesia
Outcome indicators	
Community declarations	✗
Girls protected through community surveillance mechanisms	✗
Women and girls who initiated conversations/advocated on FGM	✗
Girls and women who received prevention and protection services	✗
Medical and paramedical schools with FGM integrated in curricula	✓
Output indicators	
Religious/community leaders denouncing FGM	✗
Mass media reach	✗
People engaged in reflective dialogues	✗
Girls and young women actively participating in social and behavioural change programmes	✗
Primary/secondary/non-formal institutions providing FGM content	✗
Health service points with at least one trained health worker	✗

Source: Joint Programme DHIS2 Platform.

NOTE: Effective interventions include training health workers, health education, community engagement, outreach to religious/traditional leaders, social marketing and media outreach, and girls' formal education. The 2030 target indicators are detailed in section 4 of the 2025 annual report. Over- and underperforming indicators, e.g., >150 and less than 30 per cent, require a review of target and coverage estimates.

Performance summary

Indonesia's interventions have been supported by the Joint Programme since 2024. Its strongest performance is on FGM content integration within medical and paramedical curricula. Programmatic data from other countries would need to be compiled to better understand the scope and scale of FGM interventions in the region as a whole.

2025 performance on Joint Programme regional indicators

0

FGM recommendations implemented from peer review processes.

0

Outcome documents of global and regional intergovernmental processes with FGM elimination commitments.

0

Peer review processes by relevant technical committees* include FGM elimination progress component.

*Technical committees for the The Association of Southeast Asian Nations, African Union, League of Arab States, human rights institutions, etc.

Source: Joint Programme DHIS2 Platform.

Performance summary

Progress towards meeting international and regional commitments on the elimination of FGM – including country-level programmatic efforts and social norms data – remains an area requiring strengthened attention and investment.

Recommended priority actions for Joint Programme staff in 2026

High	**Address FGM medicalization and strengthen community engagement** Support stakeholders to prioritize strengthening the prevention and protection role of health workers through revised training curricula and clear referral pathways to legal and protection services, and embedding FGM-related data within routine clinical and health records. Primary healthcare and outreach systems, including educational systems, should be leveraged to scale up engagement with communities, boys, girls and youth. Social and behavioural change programmes could be expanded through integrating harmful practices content within existing out-of-school programs and life skills interventions for girls and young women.
High	**Strengthen funding efficiency and diversification within the region and countries** Support stakeholders to optimize the integration of FGM-related priorities within existing regionally funded programmes, while actively exploring partnerships with non-traditional donors, regional actors, and private sector stakeholders. Governments should be supported to conduct fiscal and budget analyses, track both donor and domestic expenditure, and estimate the costs of effective interventions. Concurrently, compelling economic narratives should be developed for governmental decision makers and financial institutions to build the case for sustained investment. Innovative financing mechanisms – including private sector match funding and crowdfunding – should be assessed for feasibility, and existing development cooperation networks should be engaged to mobilize additional resources for FGM elimination.
High	**Strengthen monitoring and evaluation reporting and usage** Support stakeholders to strengthen the completeness and accuracy of outcome and output data at the regional and country levels through regular quality assurance, standardized metadata understanding, regular performance reporting and corrective actions to address gaps. Review and improve on annual targets, as most exceed 100 per cent. Scale up social norms measurement reporting.
High	**Leverage digital innovation and technology for communication and social change** Support stakeholders to scale up the use of digital platforms, social media and technology-driven approaches to amplify regional movements against FGM, particularly among youth.
Medium	**Expand influence and technical support** Scale up the Joint Programme's influential and technical support to Cambodia, Malaysia, the Maldives and Sri Lanka through advocacy, knowledge-sharing, South–South collaboration and financing diversification.
Medium	**Enhance regional coordination and learning** Support stakeholders to expand the integration of FGM within regional coordination platforms, including communities of practice, to strengthen joint programming, knowledge-sharing and South–South collaboration.

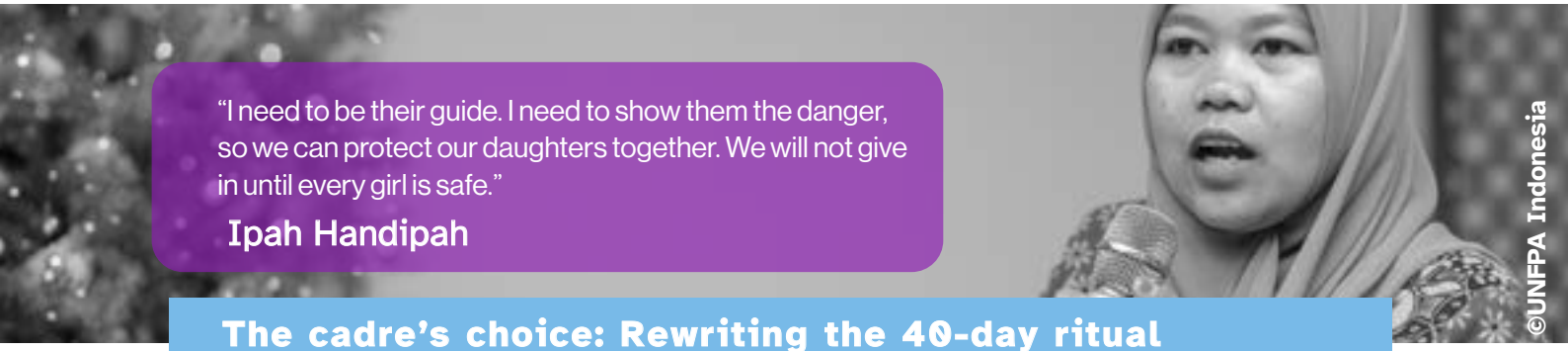
Indonesia

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 53 per cent in 1996 to 45 per cent in 2021. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains highest in Sulawesi Tengah (81 per cent) and Kalimantan Tengah (73 per cent). Among girls aged 0–14, FGM is mainly performed by traditional practitioners (51 per cent) and health workers (49 per cent).

Data sources: Indonesia Riset Kesehatan Dasarh (Riskesdas) or Health Survey 2013 and 2024 Survei Pengalaman Hidup Perempuan Nasional or National Women's Life Experience Survey.



The cadre's choice: Rewriting the 40-day ritual

In 2017, 40 days after her daughter was born, Ipah Handipah followed a path set by generations before her. At her mother's request, she brought her infant for a ritual that combined ear piercing with FGM performed by a *paraji* (traditional birth attendant). The memory of her daughter's cries remains etched in Ipah's mind.

For years, Ipah believed she was simply fulfilling a cultural duty, until she attended an FGM awareness session led by Puan Amal Hayati, a partner of the Joint Programme. For the first time, Ipah saw FGM as violence.

"I had committed violence against my own child," she reflects.

However, Ipah has chosen to turn her regret into resolve. As an educator in health centres, she uses this platform to ensure other mothers do not make the same mistake. To navigate complex traditional beliefs, Ipah is calling for more evidence-based tools to support her in communication. "Many people here perform FGM simply because it is what we have always done," she explains.

For Ipah, her journey is about turning personal pain into becoming a change agent who is guiding her community towards a future where every girl is safe.

2025 notable achievement

A shining beacon of influence on FGM elimination efforts in the region

Indonesia is positioned in Asia and the Pacific as an influencer of change. It has an exemplary model of combining regulatory reform, religious engagement, youth leadership and evidence-based policy and domestic financing initiatives, such as inclusion of FGM prevention integration within health/education/child protection planning and subnational budgets.

Moreover, Indonesia strengthened its regional and global positioning through active participation in multilateral forums such as the sixty-ninth Commission on the Status of Women, and regional meetings and partnerships within a regional joint UNFPA-UNICEF programme, "Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation in South-East Asia". The regional collaboration has facilitated cross-country learning and reinforced Indonesia's role as a normative leader in contexts where FGM intersects with religious and cultural narratives.

Selected 2025 results by intervention area

Girls' and young women's agency

- 61,598 girls/youth were reached through social and behavioural change efforts, and 2,011 girls/young women initiated conversations.

Family and community engagement

- FGM messaging was integrated into Family Learning Centres while partnerships with major Islamic organizations provided theological legitimacy during community engagement interventions.
- As a result, 1,375 religious and traditional leaders publicly denounced FGM.
- Mass media campaigns reached over 258,000 individuals, while structured community dialogues engaged nearly 14,000 people, including over 4,200 men and boys in promoting positive masculinity.
- An estimated 1.1 million users were reached through U-Report/chatbots and youth digital platforms, the highest recorded reach by the Joint Programme.
- 61,598 girls/youth were reached through social and behavioural change interventions.

Movement-building

- 13 community-based organizations were integrated into feminist and youth coalitions.

Systems transformation

- Midwifery/pre-service engagement secured medical student pledges against performing FGM.
- 5,998 girls and women received prevention services.
- 21 schools integrated FGM prevention content while youth leadership content was embedded into universities and faith campuses.

National bodies engagement

- FGM prevention was integrated into health/education/child protection planning and subnational budgets, transforming FGM programming into a self-sustaining and routine governance mandate.
- Integrating the FGM Roadmap into the Presidential Regulation on ending violence against women will promote cross-sector alignment. This permanently anchors FGM prevention within national and subnational planning and budgeting.

Effective laws and policies

- Regulatory reform aligned national policy with international standards; religious engagement secured faith-based endorsements against FGM.
- Indonesia achieved a major milestone by embedding FGM prevention into its national legal framework. Government Regulation No. 28 of 2024 established a life cycle prevention approach, operationalized by Ministry of Health Regulation No. 2 of 2025 to ensure health sector accountability.

Data and evidence

- In-depth analysis of the 2024 National Women's Life Experience/Violence against Women Survey strengthened the national evidence base, producing updated prevalence data and official data to monitor Sustainable Development Goal indicator 5.3.2 and national development indicators.
- Complementary qualitative research deepened understanding of medicalization trends and the social norms sustaining the practice, directly informing both regulatory reform and community strategies.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: The Family Welfare Institution of the Nahdlatul Ulama Central Board, Lembaga Perlindungan Anak Jatim (Child Protection Agency East Java), Indonesian Women Ulama Congress, Ministry of Health, Ministry of Women Empowerment and Child Protection, National Commission on Violence against Women, Puan Amal Hayati, Majelis Pembinaan Kesehatan Umum Muhammadiyah, Yayasan Siklus Sehat Indonesia and Lembaga Perlindungan Anak Nusa Tenggara Barat (Child Protection Agency West Nusa Tenggara).

Progress in effective intervention coverage (2008–2030)

Performance summary

Indonesia joined the Joint Programme in 2024; its initial progress towards 2030 targets does not indicate poor performance. On the contrary, Indonesia exceeded its target for integrating FGM content within medical education, a strategic achievement to prepare health workers to actively engage in FGM prevention, given high FGM medicalization prevalence.

Summary of progress towards 2030 for 11 indicators

10 off track of 11 indicators	**0 on track** of 11 indicators	**1 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	7%	✗
Girls protected through community surveillance mechanisms	0%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	1%	✗
Medical and paramedical schools with FGM integrated in curricula	330%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	5%	✗
Mass media reach	3%	✗
People engaged in reflective dialogues	1%	✗
Girls and young women actively participating in social and behavioural change programmes	10%	✗
Primary/secondary/non-formal institutions providing FGM content	1%	✗
Health service points with at least one trained health worker	5%	✗

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Address FGM medicalization urgently** Support stakeholders to build on the successful integration of FGM content within pre-service training to existing Ministry of Health in-service training for midwives and health workers in Sulawesi Tengah and Kalimantan Tengah. The expansion will start with the testing of FGM prevention and management guidelines across three districts, targeting 30 health facilities and local health offices. Continue to build on midwifery school engagement to secure institution-wide pledges and embed FGM prevention in all health curricula. Pilot the integration of standardized FGM curricula in five universities across four provinces, targeting 500 midwifery and health students. Ensure that the four pillars of stopping FGM medicalization, namely, mobilizing political will and funding, strengthening the knowledge and understanding of health workers, creating supportive legislative and regulatory frameworks, and strengthening monitoring, evaluation and accountability, are all addressed. For instance, integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records and accountability systems, operationalizing Ministry of Health Regulation No. 2 of 2025.
High	**Increase community engagement, girls' and women's advocacy as well as protection services** Support stakeholders to follow up on the strong achievement in health worker training to facilitate the translation of their knowledge and skills into FGM prevention, protection and care in service delivery points. Ensure facility and outreach services, e.g., midwifery home visits and immunization, have clear standard operating procedures and job aids have clear tasks and referral pathways, and integrate FGM indicators within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Scale up youth and religious leaders' engagement and dialogues** Support stakeholders to leverage technology with youth and link to existing youth spaces and platforms on FGM using the "My Body, My Life, My World" approach to reframe FGM as a human rights violation rather than a cultural obligation. Engage adolescent girls and young women as agents of change through the Youth Network for Reproductive Health and Community of Practice; digital advocacy initiatives are expected to reach at least 100,000 people through youth-led content production. Integrate FGM content within Islamic education curricula in Muhammadiyah/Aisyiyah universities. Link religious groups, such as Nahdlatul Ulama and Muhammadiyah religious leaders, with the Shamekhat Network of Islamic scholars in the Arab States region to facilitate cross-regional dialogue. Through Nahdlatul Ulama, engage religious leaders across 16 *pesantren* in four provinces, fostering collective ownership of elimination efforts. Pilot education-based interventions across six provinces and 21 schools, working closely with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels). Advance mass media through national digital campaigns linked to key global moments, aiming to reach at least 100,000 people online. Collaborate with NU Media Syndicate and affiliated platforms to expand outreach to at least 1 million people nationwide, embedding FGM messaging within established religious media ecosystems.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in centralizing FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

Arab States/Middle East and North Africa

2025 Regional Snapshot

Case study spotlight

A model for deconstructing theological justifications for FGM for potential replication elsewhere

Key 2025 achievement

- **A legal breakthrough:** In Djibouti, a national fatwa explicitly criminalizing FGM was issued, grounded in the Islamic principle of "no harm" (*la darar wa la dirar*). A religious prohibition on physical and psychological harm has been formally declared.
- **A sustainability mechanism:** The Shamekhat Network launched as a regional alliance of 200+ religious leaders from Djibouti, Egypt, Somalia, Sudan and Yemen, coordinated by UNFPA with Cairo as the hub.
- **A partnership model:** A tripartite collaboration between the Djibouti Supreme Authority for Fatwa, Al-Azhar/Dar al-Ifta (Egypt) and UNFPA resulted in a combination of national ownership, regional legitimacy and technical evidence.

200+
Religious leaders trained across countrie.

5
Country chapters active 2026–2027.

8 October 2025
Fatwa signed and ratified.

Voices of authority

"Women in our Arab societies have suffered for too long... Shamekhat is the shield of their dignity."
— H.E. Moamen Hassan Bareh

Djibouti Minister of Religious Affairs

Photo: ©Agence Djiboutienne d'Information

"We must take the hand of society towards the correct path – preserving the human soul."
— Dr. Ibrahim Al-Hudhud

Al-Azhar University

Photo: ©World Association for Al-Azhar Graduates

Blueprint: The Djibouti fatwa proves that faith-based change is possible when religious authority, national ownership and technical expertise converge.

Key lessons learned

1

Faith is not the barrier – it is the solution.

The Djibouti model proved that Islamic jurisprudence, properly applied, can explicitly prohibit FGM. Framing the issue through theology on “no harm” removed the religious justification for FGM entirely.

2

Local ownership + regional legitimacy + technical evidence = success.

Scholars led drafting, Al-Azhar provided regional authority and the Joint Programme contributed medical evidence. All three pillars were essential – and communities did not perceive this as a foreign-imposed agenda.

3

A ruling alone is insufficient – institutionalize it.

Shamekhat was built to turn the fatwa into sustained action through country chapters, annual workplans, a knowledge hub in Cairo, mobile seminars and a virtual academy for ongoing training.

Blueprint for implementation in 2026

Step 1

Theological clarity first

Do not draft a policy until the religious position is unified. Anchor the argument in the “no harm” principle.

Step 2

Build a triangle of trust

Combine national ownership (a local fatwa body), regional legitimacy (Al-Azhar) and technical precision (UNFPA + medical experts). Each pillar is essential.

Step 3

Connect fatwas to action

Establish a permanent body (such as Shamekhat) to operationalize a ruling and convert condemnation to actionable workplans.

Step 4

Sustain engagement

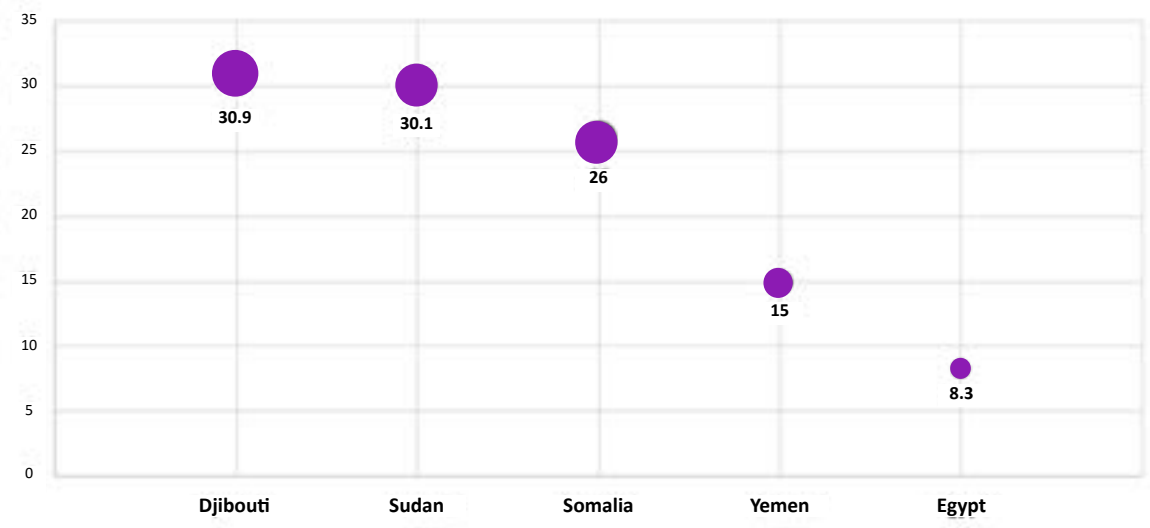
Quarterly coordination, biannual reporting, mobile seminars and a virtual academy; move beyond one-off events.

Regional FGM situation

The UNFPA Arab States[1] and UNICEF Middle East and North Africa[2] regions cover 20 and 21 countries, respectively. Fifteen countries have FGM,[3] six have nationally representative data,[4] four have small-scale studies,[5] and five have anecdotal or media reports. The available official data contributes to about a quarter (21 per cent) of the estimated global burden of FGM cases (230 million). Focus countries for the Joint Programme include Djibouti, Egypt, Somalia, Sudan and Yemen. FGM prevalence in them ranges from 8 to 31 per cent among girls and women aged 0–14 years (Figure 1).

FGM prevalence among women aged 15–49 varies across countries. Djibouti, Egypt, Somalia and Sudan have national FGM prevalence rates greater than 85 per cent. Yemen and parts of Iraq have concentrations ranging from 7 to 19 per cent.[6] The most severe form of FGM (type III) is mostly concentrated in Djibouti, Somalia and Sudan. The region has the world's highest prevalence of FGM medicalization, mainly in Egypt (82 per cent) and Sudan (77 per cent).

Figure 1: FGM prevalence among girls aged 0–14 years



Sources: Djibouti 2019 EVFF, Egypt 2021 EFHS, Somalia 2020 SHDS, Sudan 2014 MICS, Yemen 2013 DHS.

Regional partners: League of Arab States, International Islamic Centre for Population Studies and Research, Al-Azhar University.

1 Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia and the United Arab Emirates.

2 Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, the United Arab Emirates and Yemen.

3 Equality Now, 2025. The Time Is Now: End Female Genital Mutilation/Cutting (FGM/C).

4 Djibouti, Egypt, Iraq, Somalia, Sudan and Yemen.

5 Kuwait, Oman, Saudi Arabia and the United Arab Emirates.

6 Djibouti 2019 EVFF, Egypt 2021 EFHS, Somalia 2020 SHDS, Sudan 2014 MICS, Yemen 2013 DHS.

2. Notable regional achievements

Regional momentum among religious institutions

Joint Programme regional technical support and study tours with leading religious institutions, such as Al-Azhar and Dar al-Iftaa, and religious scholars from Djibouti culminated in a national fatwa in Djibouti. On 8 October 2025, it declared FGM "impermissible". The regional Shamekhat Network, composed of over 200 religious leaders from Djibouti, Egypt, Somalia, Sudan and Yemen, was launched in 2025 under the Al-Azhar umbrella. This decentralized network connects religious leaders, across these countries and beyond, for advocacy, knowledge exchange and the dissemination of religious guidance to counter FGM. Members will meet annually to develop a unified action plan for advocacy to stop FGM.

Legal reform acceleration

The regional team engaged with League of Arab States technical committees involving ministers of social affairs, women and health to promote the inclusion of FGM in regional resolutions and declarations. The team also conducted joint missions and high-level meetings with government counterparts, national stakeholders and humanitarian clusters. These efforts contributed to the passage of zero-tolerance FGM laws in two additional states of Somalia (Jubaland and Southwest State) and a constitutional change in Djibouti. These results can potentially spark change among Somali communities more broadly in the region.

Progress in cumulative intervention coverage towards the 2030 target

The Joint Programme focus countries in the region include Djibouti, Egypt, Somalia, Sudan and Yemen.

off track (≤ 50 per cent)

on track (51–80 percent)

met target (≥ 80 percent)

Indicator	Djibouti	Egypt	Somalia	Sudan	Yemen	Median
Outcome indicators						
Community declarations	✓	✗	✗	✗	✗	✗
Girls protected via community surveillance mechanisms	✗	✗	✗	✗	✗	✗
Women and girls who initiated conversations/ advocated on FGM	✗	✗	✗	✗	✗	✗
Girls and women who received prevention and protection services	✗	✗	✗	✗	✗	✗
Medical and paramedical schools with FGM integrated in curricula	✓	✗	✓	✓	✗	✓
Output indicators						
Religious/community leaders denouncing FGM	✓	✗	✓	✓	✗	✓
Mass media reach	✓	✓	✗	✗	✗	✗
People engaged in reflective dialogues	✗	✗	✗	✗	✗	✗
Girls and young women actively participating in social and behavioural change programmes	✗	✗	✗	✗	✗	✗
Health service points with at least one trained health worker	✓	✓	✓	✓	✗	✓
Primary/secondary/ non-formal institutions providing FGM content	✓	✗	● Not met the target due to unavailable data.	✓	✗	✗

Source: Joint Programme DHIS2 Platform.

NOTE: Effective interventions include training health workers, health education, community engagement, outreach to religious/traditional leaders, social marketing and media outreach, and girls' formal education. The 2030 target indicators are detailed in section 4 of the 2025 annual report. Over- and underperforming indicators, e.g., >150 and less than 30 per cent, require a review of target and coverage estimates.

2025 performance on Joint Programme regional indicators:

Performance summary

There is uneven progress across outcome and output indicators within and between countries. The region in general has strong performance in integrating FGM within health education and the training of health workers. The religious leaders denouncing FGM practice is on track. However, the translation of these results into community engagement and participation in ending FGM needs to be strengthened.

0

FGM recommendations implemented from peer review processes.

0

Outcome documents of global and regional intergovernmental processes with FGM elimination commitments.

0

Peer review processes by relevant technical committees* include FGM elimination progress component.

*Technical committees for the African Union, League of Arab States, human rights institutions, etc.

Source: Joint Programme DHIS2 Platform.

Recommended priority actions for Joint Programme staff in 2026

High	**Close the gaps between outputs and outcomes performance** The strong performance in integrating FGM within health education, training of health workers and religious leaders engagement would need to be leveraged through strengthened follow-up and accountability mechanisms. Priorities include translating knowledge and skills into dialogue during religious sermons and dialogues, and promoting of FGM prevention in primary care and during community outreach sessions.
High	**Leverage digital technology for communication and social change** The region has a high proportion of youth and increasing digital use. Collaborate with regional partners to develop and adapt content for scale-up including to build digital movements through social media platforms.
High	**Strengthen monitoring and evaluation reporting and usage** Support stakeholders to strengthen the completeness and accuracy of outcome and output data at the regional and country levels through regular quality assurance, standardized metadata understanding, regular performance reporting and corrective actions to address gaps. Review and improve on annual and 2030 targets. Scale up social norms measurement reporting.
High	**Strengthen funding efficiency and diversification within the region and countries** Support stakeholders to optimize the integration of FGM-related priorities within existing regionally funded programmes, while actively exploring partnerships with non-traditional donors, regional actors and private sector stakeholders. Governments should be supported to conduct fiscal and budget analyses, track both donor and domestic expenditure, and estimate the costs of effective interventions. Concurrently, compelling economic narratives should be developed for governmental decision makers and financial institutions to build the case for sustained investment. Innovative financing mechanisms – including private sector match funding and crowdfunding – should be assessed for feasibility, and existing development cooperation networks should be engaged to mobilize additional resources for FGM elimination.
Medium	**Enhance regional coordination and learning** Support stakeholders to expand the integration of FGM within regional coordination platforms, including communities of practice, to strengthen joint programming, knowledge-sharing and South–South collaboration.

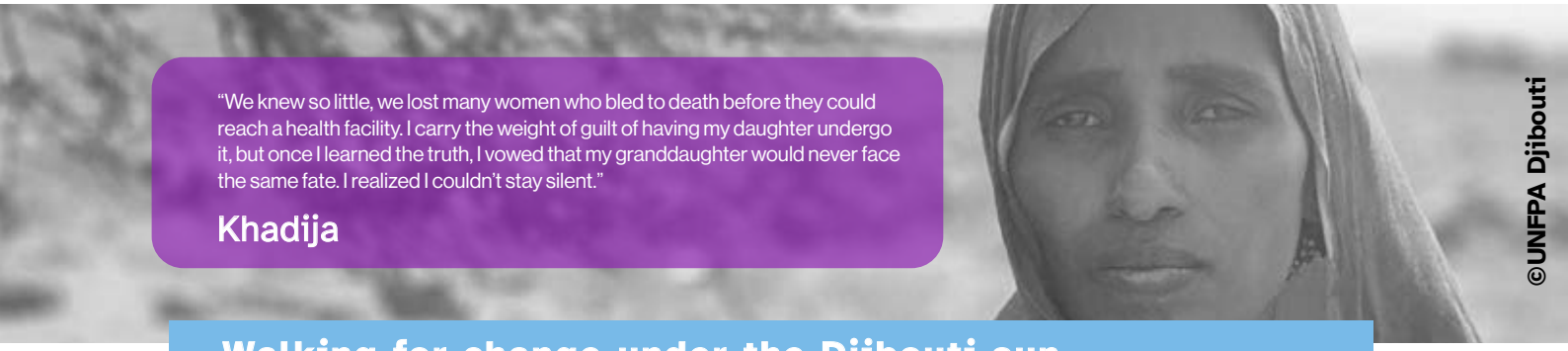
Djibouti

2025 Country Snapshot

FGM situation

FGM prevalence among girls aged 0–14 declined from 43 per cent in 2012 to 31 per cent in 2019. However, progress would need to accelerate approximately twentyfold to meet the 2030 target. Prevalence remains highest in Tadjourah (88 per cent), Dikhil (82 per cent) and Arta (76 per cent). Among those affected, FGM is predominantly performed by traditional practitioners (93 per cent).

Data sources: Djibouti 2012 Pan Arab Project for Family Health and Enquête Nationale sur les Violences Faites aux Femmes 2019.



"We knew so little, we lost many women who bled to death before they could reach a health facility. I carry the weight of guilt of having my daughter undergo it, but once I learned the truth, I vowed that my granddaughter would never face the same fate. I realized I couldn't stay silent."

Khadija

©UNFPA Djibouti

Walking for change under the Djibouti sun

Under the merciless sun of the Tadjourah region in Djibouti, 39-year-old Khadija walks miles across unforgiving, arid terrain. The practice of FGM holds a powerful grip in her village. Her slight frame carries a revolutionary message: The era of FGM must end.

Khadija's journey is fuelled by a profound personal transformation. Twenty-five years ago, she allowed her daughter to undergo FGM.

Her awakening was sparked when the Joint Programme reached her remote village, Otoy. This was the first time women in her village received clear information about their own bodies, including FGM health consequences.

The newly acquired knowledge linked to the suffering of girls and women in her community, together with the guilt of performing FGM to her own daughter, transformed Khadija from a quiet witness to a "champion for change" to end FGM. Her village recently, Otoy recently made a historic public declaration to abandon FGM.

Khadija also advocates for the economic empowerment of women as the ultimate safeguard for the next generation. She is committed to ensuring that no other girl in Tadjourah faces the same fate.

2025 notable achievement

National fatwa & constitutional amendment

A national fatwa condemning FGM was promulgated, providing authoritative religious clarification that FGM is not a religious obligation. Djibouti adopted constitutional amendments explicitly reinforcing the FGM ban.

"No one shall be subjected to torture, or to inhuman, cruel, degrading, or humiliating treatment. Any individual, State agent, or public authority found guilty of such acts, whether on their own initiative or by instruction, shall be punished according to the law. Female genital mutilation, as well as any other practice undermining human dignity or physical integrity, is strictly prohibited."
FGM ban in Djibouti's Constitution

Selected 2025 results by intervention area

Girls' and young women's agency

- 14,900 girls and women were reached through 558 community actions led by the Elles & Elles and HEELAN networks.
- Awareness-raising and door-to-door sessions across 20 areas of Djibouti City referrals of 64 gender-based violence cases and 14 FGM cases to care and support services.
- 16,149 women and girls advocated for FGM abandonment. This achievement met the 2025 target (389). However, it was a 35 per cent decrease compared to the 2024 result.

Family and community engagement

- 90 religious and traditional leaders were mobilized.
- 5 communities declared FGM abandonment.
- The media reached 587,700 people, while school health campaigns reached about 980 people (~480 students + 500 adults). The 6 February digital campaign reached 336,491 people, and the Orange Walk mobilized more than 2,600 participants.
- 1,600 people benefitted from gender-based violence/FGM prevention interventions in rural and urban areas.
- Community surveillance systems protected 1,037 girls aged 0–14 from FGM in 2025. This achievement met the 2025 target (1,037). However, it was a significant reduction (84 per cent decrease) compared to the 2024 result.

Movement-building

- 12 associations with 54 mutual groups reached 683 people across rural localities.
- Two associations mobilized 510 men and boys, 60 community relays, 5 monitoring groups, 15 community initiatives and 30 young ambassadors.
- 70 community-based organizations were integrated into feminist and youth coalitions, a 4 per cent decrease from 2024 results.

Systems transformation

- Over 50 health-justice actors were trained, and standard operating procedures were integrated across health facilities.
- 16,149 girls and women received FGM prevention services. This achievement met the 2025 target (2,495) and marked a 8 per cent increase from 2024 result.

National bodies engagement

- The current national budgeted plan of action for the elimination of FGM is under implementation.

Effective laws and policies

- 30 judicial and police actors were trained on an FGM protocol. 5 FGM cases were successfully prosecuted before the courts.

Data and evidence

- A select number of gender-based violence and FGM indicators were integrated into the DHIS2 and obstetric and reproductive health records, enabling routine data collection for planning and accountability.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Agence Nationale des Personnes Handicapées, Association Caravanes et Savoirs du Désert, Association des femmes de Tadjourah, CIAUD Canada, Commission Nationale des Droits de l'Homme (CNDH), Conseil régional d'Obock, Groupement des 12 associations des régions, Ministère de la Femme et la Famille, Ministère de la Santé, Ministère des Affaires Musulmanes et des Biens Waqfs, Plan Parenthood Association of Djibouti (PPAD), Relais communautaires du One Stop Center, Réseau des jeunes, Réseau Elle & Elles, Réseau Helan and Union pour le développement et la culture.

Progress in effective intervention coverage (2008–2030)

Performance summary

Djibouti demonstrated strong health and education system preparedness (training and integration in curricula) as well as results in engaging community leaders. Given its small population and urban concentration (around 80 per cent), targeted, concentrated investment could close gaps in FGM prevention and protection, social and behavioural change participation, community dialogues and formal education.

Summary of progress towards 2030 for 11 indicators

5 off track
of 11 indicators

1 on track
of 11 indicators

5 met target
of 11 indicators

Refer to the tables below for more details.

Status off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Medical & paramedical schools with FGM integrated in curriculum	400%	✓
Community declarations	228%	✓
Women & girls who initiated conversations / advocated on FGM	19%	✗
Girls & women who received prevention & protection services	22%	✗
Girls protected through community surveillance	7%	✗

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	84%	✓
Mass media reach	59%	~
People engaged in reflective dialogues	31%	✗
Girls & young women actively participating in SBC programmes	21%	✗
Health service points with at least one trained health worker	1,126%	✓
Primary/secondary/non-formal institutions providing FGM content	90%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Capitalize on Djibouti's urban concentration** Support stakeholders to use centralized outreach from Djibouti City to increase girls' direct service access (37 per cent) and social and behavioural change participation (20 per cent) through targeted youth-centred programming.
High	**Strengthen dialogue programming in Ali Sabieh and Tadjourah** Support stakeholders to utilize the trained facilitators, active girls and women in SBC programming and trained health workers to expand dialogue and conversations in FGM prevalent communities.
High	**Close the declaration-to-action gap** Support stakeholders to conduct quick assessments to explore why high declaration rates are not congruent with people engaged in reflective dialogues and the active participation of women and girls in promoting change. Leverage strong primary healthcare infrastructure and community outreach to scale up community dialogues and engage women on FGM. Utilize in and out-of-school programs and life skills programmes to scale up social and behavioural change programming for girls.
High	**Close the gap between health worker training and service provision** Support stakeholders to review protocols/training curricula to clarify the prevention and protection role of health workers. Review or make clear the facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly sexual, reproductive, maternal, neonatal, child and adolescent health records.
Medium	**Leverage women's networks** Work with the Union Nationale des Femmes de Djibouti to build women's and girls' advocacy platforms and increase personal FGM advocacy.
Medium	**Strengthen monitoring and evaluation** Support stakeholders to review and revise, where applicable, the annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Build on the integration of FGM indicators into the DHIS2 Platform data to ensure all clinical and community data are systematically reported and utilized for accountability and improvement of programmatic interventions. Invest in efforts to centralize FGM data from all national and subnational stakeholders to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

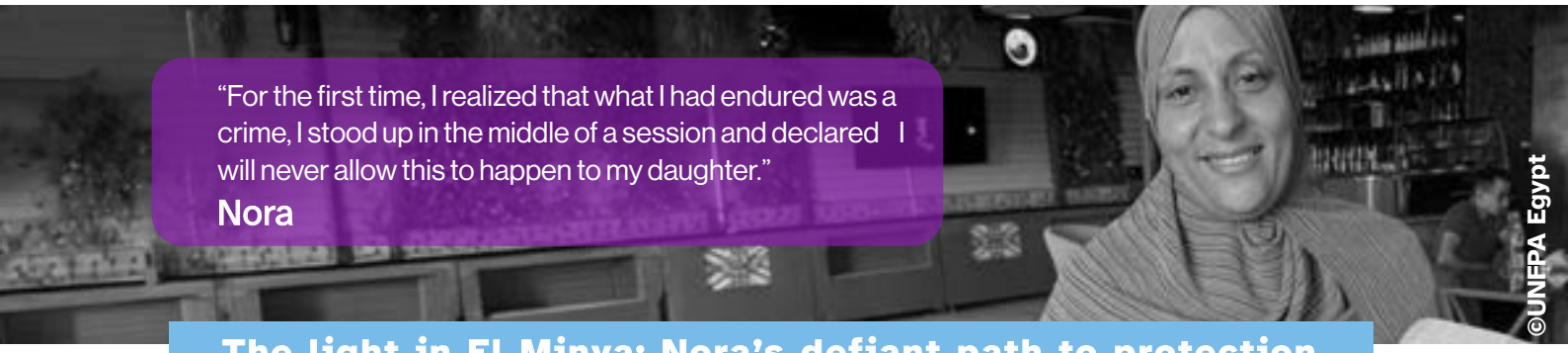
Egypt

2025 Country Snapshot

FGM situation

FGM prevalence among girls aged 0–14 declined from 17 per cent in 2008 to 8 per cent in 2021. However, progress would need to accelerate approximately tenfold to meet the 2030 target. Prevalence remains highest in Luxor (99 per cent), Aswan (98 per cent), Qena (98 per cent) and Sohag (98 per cent). Among girls aged 0–14, FGM is predominantly performed by health workers (84 per cent).

Data sources: Egypt 2008 Demographic and Health Survey, 2015 Health Issues Survey and 2021 Egypt Family Health Survey.



The light in El Minya: Nora’s defiant path to protection

The long-standing silence surrounding FGM is being broken by voices like Nora’s in Upper Egypt. Nora, a graduate in agricultural sciences, lived for decades with chronic infections and internal struggles, believing them a “normal” part of womanhood.

“I believed FGM was something good, because that is what everyone told us” she says.

Nora’s transformation and self-discovery began in 2025 during a psychological support sanctuary supported by the Joint Programme in collaboration with Care Egypt. The discussions covered FGM, gender-based violence, religious stances, and health and legal aspects. They helped Nora and other participants to realize that FGM is not a requirement of faith, but a crime under Egyptian law.

The true test of her transformation came when her family pressured her to subject her daughter to FGM. Nora’s firm “no” ended a cycle of violence that had spanned generations.

Today, Nora has transformed her healing into poetry to promote ending FGM. She is no longer a silent witness to tradition; she is a protector.

2025 notable achievement

Youth engagement

Egypt’s Central Agency for Mobilization and Statistics estimates that in 2025, youth aged 18–29 make up about one fifth of the population, with near gender parity. However, the 2021 Egypt Health Survey shows that roughly one third believe FGM is a religious requirement or should continue. The Joint Programme supports youth initiatives such as Noura, Dawwie, the White Coat Initiative and partnerships with the International Federation of Medical Students’ Associations.

Dawwie, launched in 2019, engages adolescents through “Dawwie circles” on health, gender equality and life aspirations, reaching over 387,000 participants across 21 governorates in 2025. Noura, introduced in 2021, delivers a 40-session curriculum on health and digital literacy to girls aged 10–14, reaching over 12,000 at-risk girls in 2025. Complementing these efforts, medical students use theatre-based advocacy to address FGM medicalization, while the White Coat Initiative trains young medical professionals to spread awareness among peers and immediate community using a pyramid scheme approach. This initiative expanded in 2025 to include nursing and pharmacy young professionals.

Selected 2025 results by intervention area

Girls' and young women's agency

- 4,989 refugee women were empowered in 13 safe spaces as advocates within their communities.
- The Joint Programme mobilized 61,780 advocates, meeting the annual target and exceeding the 2024 result by over 100 per cent.

Family and community engagement

- The #ProtectHerFromFGM digital campaign reached 49 million people
- The Generation Dialogue convened 10,436 participants, fostering improved communication between parents and children to collectively reassess and redefine social norms.
- About 100 Sudanese community leaders were trained.
- Nearly 7,000 refugees were reached with survivor-centred mental health and legal support services.

Movement-building

- The Men Against FGM network ran 13 local initiatives promoting positive masculinity.
- 166 grass-roots/community-based organizations were integrated into coalitions, which represents a threefold increase from the 2024 result.

Systems transformation

- Through the Farah model, a private sector partnership with medical syndicates and pharmacies delivered specialized counselling to 26,000 women and girls; 83 per cent shifted perspectives to oppose FGM for daughters.
- 350,822 girls and women received prevention services. This achievement met the 2025 target (250,250) and represents a 141 per cent increase from the 2024 result.

National bodies engagement

- Egypt's national budgeted plan of action for FGM elimination (2024 and 2025) is currently under implementation.

Effective laws and policies

- FGM training was institutionalized for 523 judges and prosecutors to support rigorous enforcement of the 2021 legal amendments.
- The Shamekhat Network was established with Djibouti and Al-Azhar to standardize the theological stance opposing FGM.

Data and evidence

- Social norms indicators adapted from ACT were integrated into the Demographic and Health Survey in 2025, with results expected in 2026.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Care Egypt, Etijah, Misr Foundation for Health and Sustainable Development, Egyptian Foundation for Advancement of the Childhood Conditions, Health and Social Services Integration. Key stakeholders: National Council for Women, National Council for Childhood and Motherhood, Ministry of Health and Population, Medical Syndicate, Ministry of Justice, Ministry of Social Affairs, Ministry of Youth, Al-Azhar and Coptic Church.

Progress in effective intervention coverage (2008–2030)

Performance summary

Egypt demonstrated good progress on health system interventions and media outreach. Community-level mobilization, religious leaders denouncing the practice, girls' prevention and protection services, advocacy by girls and women, and integration within the educational sector require scaled-up efforts, given Egypt's high population density.

Summary of progress towards 2030 for 11 indicators

- **4 off track** of 11 indicators
- **3 on track** of 11 indicators
- **4 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	2%	✗
Girls protected through community surveillance mechanisms	<1%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	22%	✗
Medical and paramedical schools with FGM integrated in curricula	42%	✗

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	12%	✗
Mass media reach	496%	✓
People engaged in reflective dialogues	18%	✗
Girls and young women actively participating in social and behavioural change programmes	9%	✗
Primary/secondary/non-formal institutions providing FGM content	0%	✗
Health service points with at least one trained health worker	89%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Accelerate grass-roots mobilization** Support stakeholders to build the community declaration infrastructure using health workers as mobilizers. Scale up medical curriculum integration, and invest in a dedicated girls' empowerment and social and behavioural change programme. Engage Al-Azhar and religious institutions as norm change partners to build a cadre of religious leaders denouncing FGM. Convert media reach into community action through pledge events, helplines and referral pathways for services.
High	**Close the gap between health worker training and service provision** Support stakeholders to review protocols and training curricula to clarify the prevention and protection roles of health workers. Review or clarify the facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Rapid scale-up of FGM content within the educational sector** Building on the experience of integration within medical curricula, scale up FGM content integration in educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools.
Medium	**Scale up youth engagement** Support stakeholders to leverage technology and digital innovation to scale up youth engagement, and use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/ pushback.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, targets for community declarations, girls protected, the denouncement of religious leaders and health workers trained. Invest in efforts to centralize FGM data from all stakeholders working at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM and develop economic narratives for government decision makers, international financial institutions, humanitarian players and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

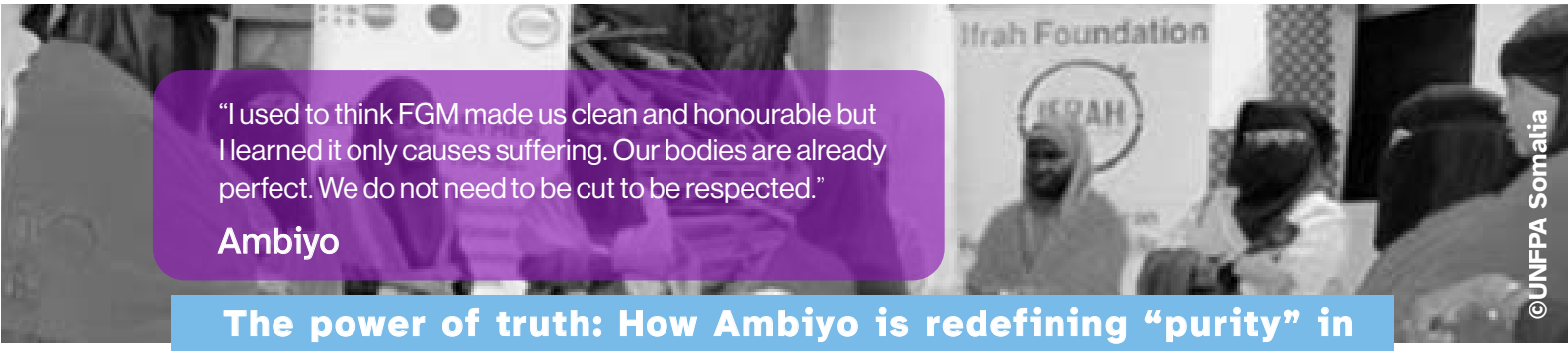
Somalia

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 increased from 97 per cent in 2006 to 99 per cent in 2020. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains high across the whole country. Among girls and youth aged 15–19, FGM is predominantly performed by traditional practitioners (91 per cent).

Data sources: Somalia 2006 Multiple Indicator Cluster Survey and Demographic and Health Survey 2020.



"I used to think FGM made us clean and honourable but I learned it only causes suffering. Our bodies are already perfect. We do not need to be cut to be respected."

Ambiyo

©UNFPA Somalia

The power of truth: How Ambiyo is redefining "purity" in Somalia

Ambiyo, a Mogadishu dweller, grew up believing that FGM was a necessary rite for respect, marriageability and "purity".

That changed when Ambiyo joined SASA! Together, a community-led initiative supported by the Joint Programme. This safe space allowed her to deconstruct social norms and explore the dynamics of power and violence.

Armed with facts that FGM has no health benefits and no basis in religion, – Ambiyo turned her realization into a relentless mission.

"Once you know the truth, you cannot go back to pretending it is okay," she said.

Today, she organizes grass-roots dialogues, visits homes and holds awareness sessions in schools, collaborating with religious and community leaders to spread the message from the pulpit to radio waves.

To the young girls in Mogadishu, her message is one of empowerment: "FGM is not our pride – it is our pain. You are beautiful, strong and worthy, just as you are. Use your voice to protect yourselves and your future daughters. Together, we can end this for good."

Ambiyo has journeyed from a believer in traditions to a vocal advocate and change agent, committed to ending FGM among her peers and community.

2025 notable achievements

Passage of FGM legal bans

A national forum convened parliamentarians from Jubaland, Southwest and Galmudug, strengthening cross-state collaboration and building momentum for comprehensive legislation. By facilitating learning exchanges with states that already have legal frameworks in place, the forum extended the Joint programme's influence beyond direct intervention areas.

In parallel, consultations with 192 stakeholders in Galmudug reinforced monitoring structures. A parliamentary advocacy network spanning all federal member states further accelerated progress towards national and state-level legislation. These combined efforts have already yielded tangible results, including the passage of FGM legislation in Jubaland and Southwest, and Cabinet endorsement of FGM bills in two additional jurisdictions - the Federal Government and Hirshabelle.

Selected 2025 results by intervention area

Girls' and young women's agency

- 600 peer leaders were trained.
- 16,795 girls joined life skills/dialogue forums.
- Youth-related activities with FGM content were implemented in 29 school clubs.
- 1,600 out-of-school girls were empowered as community advocates.
- 16,513 girls/women initiated conversations and advocated for ending FGM, exceeding the annual target by 22 times.

Family and community engagement

- 47,416 people participated in facilitated dialogues; 90 communities declared abandonment, supported by 1,053 religious/traditional leaders who clarified that FGM has no Islamic basis.
- Mass media reached 3.13 million people.
- Community dialogues using SASA! Together, alongside mosque discussions, mothers' groups and youth networks, expanded outreach beyond target districts.
- Community surveillance mechanisms protected 645 girls aged 0–14 from FGM. This achievement is below the 2025 target (2,765) but represents good progress from zero in 2024.

Movement-building

- 78 grass-roots groups and 20 coalitions across Somaliland, Puntland and Banadir were formed.
- A 40-member cross-state platform was established, and a 2026 action plan for coordinated advocacy was developed.
- The rapid scale-up of grass-roots networks from 9 to 118 groups extended peer leadership into minority and displaced communities across Somaliland, Puntland and Banadir.
- 118 community-based organizations were integrated into feminist and youth coalitions, a twelvefold increase from 2024 results.

Systems transformation

- 10 multisectoral service delivery points were strengthened to provide survivor-centred FGM/gender-based violence care and referrals.
- 37,735 girls and women received prevention services. This achievement met the 2025 target (15,084) and was a sixfold increase over 2024 results.

National bodies engagement

- A national budgeted plan of action for the elimination of FGM is operational.

Effective laws and policies

- 211 judicial and police actors were trained to apply an FGM protocol.

Data and evidence

- FGM data reporting was enhanced through the NASTEEXO mobile platform, an FGM module in the 2025 Multiple Indicator Cluster Survey and the greater data management capacity of 20 government personnel.
- A newly completed FGM study provided critical insights on drivers, community pathways to abandonment and the role of girls' agency, informing more targeted strategies for engaging faith leaders and supporting adolescent-led social norms change in districts such as Barawe and Hudur.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Agency for Minority Rights and Development, Hope in Life International, Ifrah Foundation, Ministry of Family and Human Rights Development, Ministry of Employment, Social and Family Affairs of the Republic of Somaliland, Ministry of Family and Human Rights Development for Jubbaland, Galmudug and Puntland, Northern Frontier Youth League, Save Somali Women & Children, Somali Midwifery Association, Somali Women Development Center, Somalia Community Concern, TAAKULO NGO, Tadamun Social Society and Women's Action Advocacy Progress Organisation.

Progress in effective intervention coverage (2008–2030)

Performance summary
Somalia operates in a complex humanitarian context. Despite this, it met targets on health workforce training through the integration of FGM within curricula, having trained workers in service points and religious leaders denouncing FGM. Yet health system preparedness did not translate into advances in providing prevention and protection services to girls and women. Educational sector engagement was missing, and progress on community dialogue engagement, the involvement of girls and women, active community surveillance and mass media outreach was limited.

Summary of progress towards 2030 for 11 indicators

7 off track of 11 indicators	**0 on track** of 11 indicators	**3 met target** of 11 indicators	**1 not reported** of 11 indicators

Refer to the tables below for more details.

Status **off track (≤ 50 per cent)** **on track (51–80 per cent)** **met target (≥ 81 per cent)**

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	12%	✗
Girls protected through community surveillance mechanisms	14%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	2%	✗
Medical and paramedical schools with FGM integrated in curricula	127%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	85%	✓
Mass media reach	44%	✗
People engaged in reflective dialogues	1%	✗
Girls and young women actively participating in social and behavioural change programmes	2%	✗
Primary/secondary/non-formal institutions providing FGM content	NA	●
Health service points with at least one trained health worker	13,593%	✗

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Enhance community engagement** Support stakeholders to build on the strong achievement in engaging religious leaders and trained health workers to intensify post-sermon mosque dialogues and midwife-led health talks. Both have been shown to increase community acceptance of anti-FGM messaging, especially among hesitant families. Prioritize all stable zones in Mogadishu, Puntland and Somaliland. Build on girl-led awareness, especially survivor storytelling, to shift peer perceptions within schools, increase acceptance of abandonment messages and empower girls to influence community attitudes. Leverage the existing Daryeel and Waqf networks to create women-led advocacy platforms and increase women's and girls' FGM advocacy.
High	**Close gaps between health workers' training and FGM prevention service provision** Support stakeholders to review protocols/training curricula to clarify the prevention and protection role of health workers. Review or make clear the facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Rapid scale-up of FGM content within the education sector** Support stakeholders to scale up the integration of FGM content in educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools.
Medium	**Scale up youth engagement** Support stakeholders to leverage technology and digital innovation to scale up youth engagement, and use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/pushback.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and where applicable revise targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in centralizing FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions, humanitarian players and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

Sudan

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 reduced from 87 per cent in 1990 to 82 per cent in 2014. However, progress would need to accelerate approximately twentyfold to meet the 2030 target. Prevalence remains highest in North Kordofan (98 per cent), North Darfur (98 per cent), Northern (98 per cent) and East Darfur (97 per cent). Among girls and youth aged 15–19, FGM is predominantly performed by health workers (79 per cent).

Data sources: Sudan 1990 Demographic and Health Survey and 2014 Multiple Indicator Cluster Survey.

The question that changed everything

For 34-year-old Fatima,* the hills of Kassala State were once a place of a tradition where FGM was a prerequisite for marriage, honour and social acceptance.

Before the conflict in Sudan upended her life, Fatima was a teacher in Khartoum – a life built on education and logic. Yet the deep-seated myths of her childhood remained unchallenged.

Displaced to Kassala, she visited a women's centre supported by the Joint Programme. There, she learned of the physical and psychological harms of FGM.

"I was shocked, everything I believed in suddenly didn't seem true anymore," she recalled. Suppressed memories of her own pain resurfaced, prompting a vow to protect any future daughters.

Years later, pressured by her own mother, Fatima organized a traditional celebration for her daughter, complete with beautiful henna patterns – the typical marking of the ritual – but no FGM was performed. Her mother believed the tradition had been fulfilled, while Fatima's daughter remained whole and safe.

Fatima is now a powerful advocate within the centre. She shares her story to help other women find their voices, encouraging them to ask the questions her mother could not answer.

*Name has been changed for confidentiality.

2025 notable achievements

FGM programming in complex settings

The Joint Programme sustained implementation of FGM interventions despite ongoing conflict and a challenging humanitarian context. FGM prevention was effectively integrated into broader emergency response efforts, including gender-based violence, sexual and reproductive health, and psychosocial support services. By embedding prevention and response within existing safe spaces, clinics and community networks, the programme was able to expand its reach efficiently.

Notable results include:

- 123 clubs/safe spaces were supported, reaching reached 122,416 girls/women with life skills, psychosocial well-being services and leadership support.
- 471 religious/community leaders publicly denounced FGM.
- 20 communities publicly abandoned FGM.

Key lessons emerged. For example, endorsement by religious leaders can accelerate social norm change; girls-only safe spaces are often the preferred setting for dialogue; and digital platforms help maintain continuity and resilience in insecure environments. These insights will inform and strengthen programme interventions in 2026.

Selected 2025 results by intervention area

Girls' and young women's agency

- 122,416 girls/young women initiated conversations and advocated to end FGM, 32 per cent below the 2025 annual target.

Family and community engagement

- Over 100,000 people were reached directly, along with 3.13 million people through mass media, dialogues and drama performances.
- 41,383 men and boys engaged in promoting positive masculinity and trained 5,604 community protection members.
- Community surveillance mechanisms protected 6,720 girls aged 0–14 from FGM. This achievement met the 2025 target (9) and exceeded the 2024 result by 700 times.

Movement-building

- The programme mobilized 62 grass-roots networks, 9 women-led organizations and 40+ youth groups across camps for internally displaced people and in hard-to-reach areas.
- Extended surveillance and local advocacy took place in conflict-affected zones.
- 42 community-based organizations were integrated into feminist and youth coalitions, a 40 per cent increase from the 2024 result.

Systems transformation

- Around 90 service delivery points integrated FGM prevention into services for gender-based violence, sexual and reproductive health, and primary care.
- 76,974 girls and women received prevention services. This achievement met the 2025 target (150,000), although it marked a 63 per cent decrease from the 2024 result.

National bodies engagement

- A national budgeted plan of action for the elimination of FGM is in place.

Effective laws and policies

- Over 4,100+ stakeholders were sensitized on Article 141, and legal awareness was integrated into community dialogues.
- 973 judicial and police actors were trained on an FGM protocol.
- 312 FGM-related cases were successfully prosecuted in court.

Data and evidence

- Remote monitoring, community feedback and routine reporting improved adaptive management.
- A beneficiary satisfaction survey found that 75 per cent of respondents were highly satisfied.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Near East Foundation, State Ministry of Social Welfare (White Nile, Blue Nile, Kassala states), PLAN International Sudan, Alight Sudan, Sudan Family Planning Association, Nada Alazhar, Y-Peers Sudan, Youth Mechanisms, CAFA Organization, Sadagaat Charity Organization, Charity Organization, National Planning Organization, Ministry of Education – Girls Education, Rakeyzah Interactive, Al-Alag Center, Women for Peace and Development Organization, Universities (Dongola, Merawi, Kordofan, Dilling) and State Council of Child Welfare.

Progress in effective intervention coverage (2008–2030)

Performance summary
Sudan has high coverage of indicators on primary/secondary/non-formal FGM content, trained health workers at service points, and girls or women receiving prevention or protection services. Indicators on FGM integration within medical/paramedical schools and religious leaders denouncing FGM are on track. Areas to strengthen include girls' and women-led advocacy, girls protected through community surveillance, reflective dialogues, and girls/women engaged in social and behavioural change programmes.

Summary of progress towards 2030 for 11 indicators

6 off track
of 11 indicators

2 on track
of 11 indicators

3 met target
of 11 indicators

Refer to the tables below for more details.

Status **off track (≤ 50 per cent)** **on track (51–80 per cent)** **met target (≥ 81 per cent)**

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	44%	✗
Girls protected through community surveillance mechanisms	2%	✗
Women and girls who initiated conversations/advocated on FGM	4%	✗
Girls and women who received prevention and protection services	119%	✓
Medical and paramedical schools with FGM integrated in curricula	54%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	194%	✓
Mass media reach	1%	✗
People engaged in reflective dialogues	2%	✗
Girls and young women actively participating in social and behavioural change programmes	5%	✗
Primary/secondary/non-formal institutions providing FGM content	1,538%	✓
Religious and community leaders publicly denouncing FGM	51%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Close the declaration-to-action gap** Support stakeholders to conduct quick assessments of the lag in moving from declarations to active community surveillance systems to protect girls at risk and examine limited progress on reflective dialogues. Leverage service points with trained health workers to engage communities in reflective dialogues within facilities and outreach health services. Strengthen communities that declared FGM abandonment to set up community surveillance mechanisms, especially in stable settings. Utilize the high number of religious leaders who made denouncements and their influence in sermons to facilitate reflective dialogues and the creation of community surveillance systems.
High	**Expand digital platforms, mass media reach and reflective dialogues** Support stakeholders to leverage technology and digital innovation to scale up youth engagement and reflective dialogues to systematically and proactively build social and digital movements against resistance/pushback.
High	**Increase women's and girls' advocacy and social and behavioural change participation** Support stakeholders to leverage the 123 safe spaces and girls' clubs to expand structured programming and peer-led advocacy. Assess why the high coverage of primary/secondary/non-formal institutions providing FGM content is not building the agency/advocacy of girls and young women.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

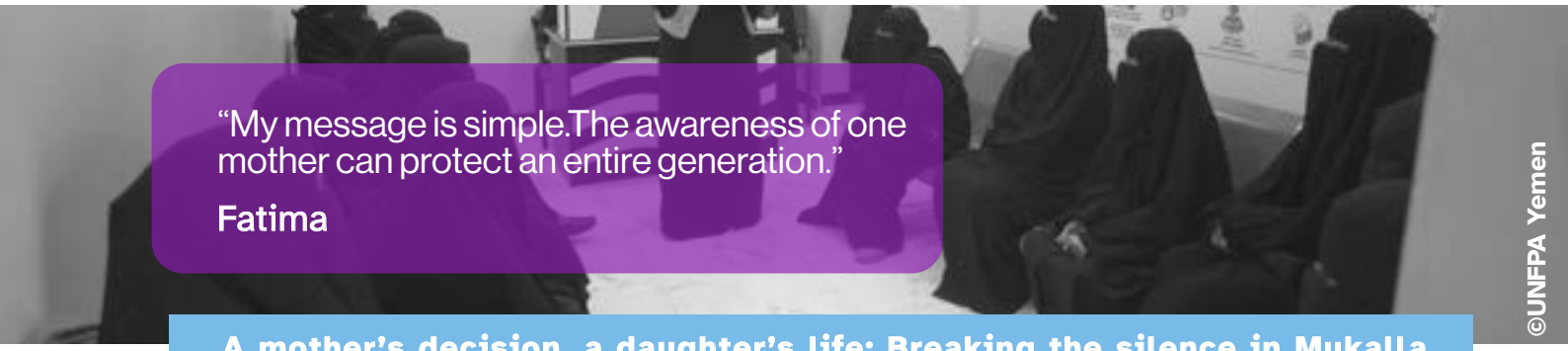
Yemen

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 reduced from 19 per cent in 1997 to 16 per cent in 2023. However, progress would need to accelerate approximately tenfold to meet the 2030 target. Prevalence remains highest in Al Mahrah (85 per cent), Hadhramaut (80 per cent) and Al Hudaydah (62 per cent). Among girls and youth aged 15–19, FGM is predominantly performed by traditional practitioners (91 per cent).

Data sources: 2013 Demographic and Health Survey.



©UNFPA Yemen

A mother’s decision, a daughter’s life: Breaking the silence in Mukalla

In Mukalla, the rhythmic sound of celebration – “zagharid” or ululation – was suddenly fractured into screams of grief. Fatima, 37, found a family mourning an infant who had bled to death during a traditional “purification” procedure.

Deeply proud of her Hadhrami heritage, the shock was a turning point. “I believed these traditions defined virtue. But that day made me ask: Why are we putting our daughters in mortal danger?”

Seeking answers, she turned to a safe space supported by the Joint Programme. A doctor and religious scholars clarified that FGM is neither obligatory (*fard*) nor teachings from the Prophet Mohammed (*sunnah*). FGM is not purification – it is a wound that never heals.

The transformation began at home. Fatima and her husband made a vow: Their daughters would would not undergo FGM. She even confronted her parents and extended family, successfully banning FGM in her entire lineage.

Today, Fatima has transitioned from beneficiary to advocate, volunteering with the safe space team to organize awareness sessions for other mothers.

2025 notable achievements

Expanding community dialogue and mass media reach

The Joint Programme strengthened engagement with parents, caregivers and community leaders through facilitated sessions and door-to-door outreach, sparking continued voluntary discussions on FGM within households, neighbourhoods and community gatherings even after funded activities concluded. This organic diffusion of messages extended the programme’s influence to families beyond those directly targeted.
In parallel, amplified impact through unified messaging on child marriage and FGM was delivered via mass media, significantly expanding geographic reach and public engagement. These campaigns reached more than 470,000 people across Aden, Al-Hodeidah, Hadramout, and Taiz – well beyond programme areas – reinforcing consistent messaging and broadening awareness of harmful practices.

Selected 2025 results by intervention area

Girls' and young women's agency

- Targeted awareness sessions for girls and young women fostered sustained dialogue on FGM within families and schools.
- Community dialogues reached 1,078 women and girls across West Coast/Mokha, Al-Hodeidah and Mukalla, empowering them as change agents.
- 2,455 girls/young women initiated conversations and advocated to end FGM, a 13 per cent increase from the annual target.

Family and community engagement

- 145 religious and traditional leaders were mobilized.
- 8 communities declared FGM abandonment.
- Working through existing networks, such as among religious leaders, youth groups and Children's Honour Ambassadors, enabled rapid access to opinion shapers and community role models.
- Community surveillance mechanisms protected 35 girls aged 0–14 from FGM. This achievement is below the 2025 target (284) and a 69 per cent decrease from the 2024 result.

Movement-building

- 21 community-based organizations were integrated into feminist and youth coalitions, which represents a 40 per cent increase from the 2024 results.

Systems transformation

- FGM prevention was integrated into gender-based violence and reproductive health services. Referrals and survivor identification improved through inter-agency coordination.
- Other advances included scaling up safe spaces, life skills and peer educator models; integrating FGM prevention into vocational and school curricula; and institutionalizing frontliner training and referral protocols.
- 11,818 girls and women received prevention services. This achievement met the 2025 target (4,069) and represents a twofold increase from the 2024 result.

National bodies engagement

- There is no national budgeted plan of action for FGM elimination.

Effective laws and policies

- 11 judicial and police actors were trained on an FGM protocol.
- 3 FGM related cases were successfully prosecuted before the courts.

Data and evidence

- Routine DHIS2 reporting was used for adaptive programme management.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Human Access.

Progress in effective intervention coverage (2008–2030)

Performance summary

Yemen continues to face a protracted political and humanitarian crisis. The Joint Programme has a single implementing partner, Human Access. These factors, along with the lack of a national FGM action plan, significantly constrain progress towards national targets. All 11 cumulative coverage indicators are off track. Yet 2025 annual results demonstrated meaningful progress, including a 262 per cent increase in prevention/protection services (11,818 girls and women) and a 33 per cent increase in women and girls initiating conversations (2,455 women and girls). Four annual targets were met.

Summary of progress towards 2030 for 11 indicators

11 off track	0 on tack	0 met target
of 11 indicators	of 11 indicators	of 11 indicators

Refer to the tables below for more details.

Status off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	<1%	✗
Girls protected through community surveillance mechanisms	<1%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	<1%	✗
Medical and paramedical schools with FGM integrated in curricula	18%	✗

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	4%	✗
Mass media reach	2%	✗
People engaged in reflective dialogues	<1%	✗
Girls and young women actively participating in social and behavioural change programmes	<1%	✗
Primary/secondary/non-formal institutions providing FGM content	<1%	✗
Religious and community leaders publicly denouncing FGM	2%	✗

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Leverage health sector services** Support stakeholders to build on achievements by reviewing protocols/ training curricula to clarify the prevention and protection role of health workers. Provide targeted sessions with newly married couples and pregnant women, complemented by confidential home visits, as a critical entry point to influence decisions not to cut newborn girls. Addressing community resistance requires culturally sensitive advocacy, awareness-raising and health education. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Expand the implementing partner base** Programming through a single partner severely limits reach. Identify and onboard additional partners working in a humanitarian context. Building structured networks, such as religious women leaders and child ambassadors, helps to sustain anti-FGM messaging, particularly in Al Mahrah (85 per cent), Hadhramaut (80 per cent) and Al Hudaydah (62 per cent)
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review targets to ensure meaningful benchmarking. Invest in efforts to centralize FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Institutionalize FGM in pre-service medical training** Support stakeholders to build on advances in medical school integration (114 per cent) by institutionalizing FGM modules in 20 nursing/midwifery schools and 25 universities to embed prevention in pre-service training nationally.
Medium	**Scale up domestic financing** Support stakeholders to build fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

East and Southern Africa

2025 Regional Snapshot

Case study spotlight

Private sector funding – A regional communication and media surge

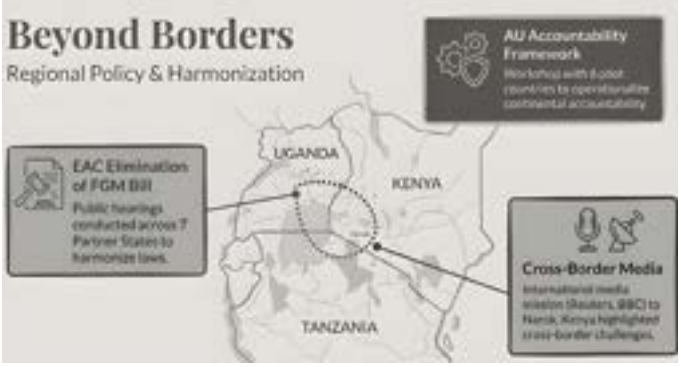
Key 2025 achievement

- **Localized and participatory content creation:** Edutainment sessions included theatre, drama skits, cultural events with survivor stories and testimonials, and role model storytelling and youth-led narratives.
- **Engagement of community influencers:** 171 influencers were engaged.
- **Multiplatform dissemination:** Radio, social media and community fora were used. Repeated culturally relevant messaging was combined with trusted community engagement.

10 million+
People reached by media.

3,647
Girls protected through community actions.

320+
Communities (145) and influencers (171) declaring abandonment.



Next strategic steps

1

Context specific and clear messages development

Locally crafted messages speak to the issue clearly with no cultural and linguistic barriers.

2

Local content ownership + influencers engagement + multiplatform dissemination = abandonment declarations

A declaration, however, should not be treated as an endpoint. Community surveillance mechanisms need to be strengthened to actively protect girls from undergoing FMG.

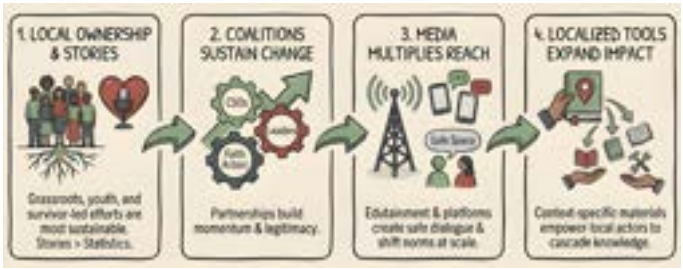
3

Short-term communication and media engagement are insufficient

Continuity requires diversifying financing through public media, community-owned radio and the private sector.

Blueprint for implementation in 2026

Blueprint: Holistic, ecosystem-based communication, where communities are not just recipients but active drivers of change, facilitates dialogue and the uptake of information, and builds momentum for social change.



Communities at the heart of social norms

One man's quest to end FGM in Kapkatei Village, Elgeyo Marakwet County, Kenya: Edwin Mosop, a local champion of FGM elimination, leads male engagement efforts in his community. Edwin has helped protect more than 200 girls from undergoing FGM.

A man and youth engaging in dialogue in Afan, Oromo, Ethiopia. This production used local language and sign language to promote inclusivity and leave no one behind.

Digital storytelling workshops and youth-led peer activities shared FGM survivor journeys and drove change in schools and youth centres in Tanzania.

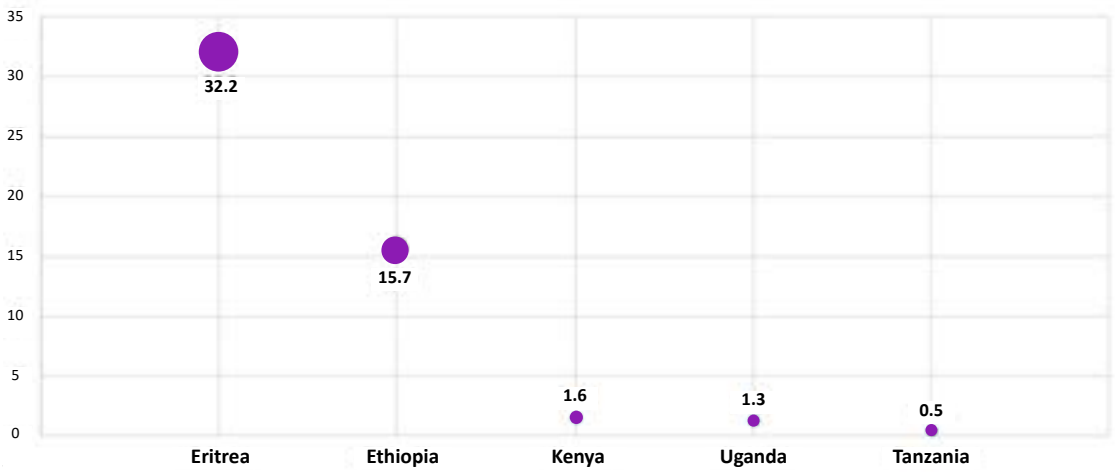
Regional FGM situation

In East and Southern Africa, UNFPA and UNICEF cover 23[1] and 22[2] countries, respectively. Eleven[3] countries have FGM, five have nationally representative data,[4] one has small-scale studies,[5] and five have anecdotal or media reports.[6] This region contributes to about a fifth (19 per cent) of the estimated global burden of FGM cases (230 million). Joint Programme focus countries are Eritrea, Ethiopia, Kenya and Uganda. The United Republic of Tanzania is one of the countries the Joint Programme influences through continental/regional accountability mechanisms, technical oversight and limited catalytic funds.

FGM prevalence among women aged 15–49 years varies among and within countries, ranging from 1.6 to 97 per cent. Across the region, generational data show a pattern of decline: Prevalence among girls aged 0–14 (see Figure 1) in Eritrea, Ethiopia, Kenya and Tanzania is lower than among women aged 15–49 (83, 65, 15 and 8 per cent, respectively). The pace of decline varies, with Uganda expected to eliminate FGM by 2030. Tanzania would need a twofold increase in the reduction rate, and Eritrea, Ethiopia and Kenya a fivefold one to meet the 2030 elimination target.

FGM medicalization is highest in Kenya, compared to other countries in the region. An estimated 21 per cent of girls aged 0–14 who have undergone FGM was performed by a health worker. FGM medicalization trends have increased from 34 per cent in 1998 to 41 per cent in 2008–2009.

Figure 1: FGM prevalence among girls aged 0–14 years



Regional partners: Global Youth Consortium Against Harmful Practices, African Women's Rights Advocate, East African Legislative Assembly, Intergovernmental Authority on Development, East African Community, Afrikea, Orchid Project, Equality Now, Reproductive Health Uganda, Akina Mama Wa Afrika, UN Women, AMREF Health Africa, Youth Anti-FGM Network Kenya, Men Engage, Power to Youth, Sonke Gender Justice, Network Against Female Genital Mutilation, The Eastern African Sub-Regional Support Initiative for the Advancement of Women, Kenya Anti-FGM Board, Children Dignity Forum, End FGM/C Network Africa, The Centre for Citizens Empowerment Programme, ACCAF and Act to End Violence Against Women.

1 Angola, Botswana, Burundi, Comoros, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

2 Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

3 Democratic Republic of the Congo, Eritrea, Ethiopia, Kenya, Malawi, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

4 Eritrea, Ethiopia, Kenya, Tanzania and Uganda.

5 Zambia.

6 Democratic Republic of the Congo, Malawi, South Africa, South Sudan and Zimbabwe.

2. Notable regional achievements

Scaling up regional survivor-, youth- and women-led regional movements to end FGM

Across the region, 1,488 grass-roots networks have coalesced and become agenda setters, influencing policy, social norms and resource mobilization. Survivor advocates are amplifying lived experiences through national and regional platforms. Youth-led coalitions are leveraging digital media, innovation hubs and peer networks to reshape narratives to promote bodily autonomy and gender equality.

Regional accountability mechanism

The Joint Programme worked closely with the African Union Commission's Department of Health, Humanitarian Affairs and Social Development on the finalization and launch of the African Union Accountability Framework on Eliminating Harmful Practices. In addition, the Joint Programme supported its dissemination and operationalization through a series of regional and global engagements, such as the fourth Africa Girls Summit in Addis Ababa, which reviewed progress on operationalizing continental commitments. Multiple convenings in Nairobi supported civil society engagement and enabled pilot countries to develop and refine action plans. High-level policy dialogue and engagements with African Union mechanisms, including sessions of the African Commission on Human and Peoples' Rights and the African Committee of Experts on the Rights and Welfare of the Child, as well as a side event at the sixty-ninth Commission on the Status of Women New York focused on accountability frameworks. Additional platforms, including a child rights symposium, African Union-led workshops and a climate-focused side event, further reinforced cross-sector collaboration and the integration of harmful practices into broader policy agendas.

The Joint Programme also supported the development of a reporting template and its roll-out in six initial States (Djibouti, Ethiopia, Kenya, Nigeria, Senegal and Zambia) in 2025. This cadre will generate learning to improve the template, timelines, data collation, analysis and feedback to countries. The remaining countries with harmful practices will report using this template from 2026 to 2027.

The East African Community Elimination of FGM Bill (2025)

This bill, currently under consideration, is a regional legislative initiative of the East African Legislative Assembly that aims to harmonize legal frameworks and address cross-border and medicalized FGM. Championed by regional legislators and supported by a coalition of civil society organizations, the bill aims to standardize definitions, penalties and protection mechanisms, while strengthening accountability and enabling courts to issue protection orders for women and girls. Extensive consultations conducted across partner States in 2025 engaged governments, local authorities, survivors, and community and religious leaders, ensuring the bill reflects national contexts and builds broad-based ownership.

The Joint Programme has played a key enabling role throughout the process by providing technical expertise, evidence and advocacy to inform the bill, while ensuring alignment with continental frameworks. It also supported inclusive, Assembly-led consultations and strengthened regional coordination among civil society and cross-border actors, helping to ground the legislative process in community realities and reinforce implementation pathways.

Progress in cumulative intervention coverage towards the 2030 target

The Joint Programme focus countries in the region include Eritrea, Ethiopia, Kenya and Uganda.

✗ off track (≤ 50 per cent)

✓ on track (51–80 percent)

✓ met target (≥ 80 percent)

Indicator	Ethiopia	Eritrea	Kenya	Uganda	Median
Outcome indicators					
Community declarations	✓	✓	✓	✓	✓
Girls protected via community surveillance mechanisms	✗	✓	✓	✗	✓
Women and girls who initiated conversations/ advocated on FGM	✓	✓	✓	✓	✗
Girls and women who received prevention and protection services	✓	✓	✓	✓	✓
Girls and women who received prevention and protection services	✓	✓	✓	✓	✓
Output indicators					
Religious/community leaders denouncing FGM	✓	✓	✓	✓	✓
Mass media reach	✓	✓	✓	✓	✓
People engaged in reflective dialogues	✓	✓	✗	✓	✓
Girls and young women actively participating in social and behavioural change programmes	✓	✓	✓	✓	✓
Health service points with at least one trained health worker	✓	✓	✗	✓	✓
Primary/secondary/ non-formal institutions providing FGM content	✓	✓	✓	✓	✓

Source: Joint Programme DHIS2 Platform.

NOTE: Effective interventions include training health workers, health education, community engagement, outreach to religious/traditional leaders, social marketing and media outreach, and girls' formal education. The 2030 target indicators are detailed in section 4 of the 2025 annual report. Over- and underperforming indicators, e.g., >150 and less than 30 per cent, require a review of target and coverage estimates.

Performance summary

Across the four countries, performance is generally strong, with most outcome and output indicators either met or, although progress remains uneven across and within countries. The region shows notable strengths in engaging religious and community leaders, advancing social and behavioural change programming for girls and young women, and securing community declarations against FGM.

However, gaps persist in translating these gains into effective community-level surveillance and the identification of girls at risk, with this indicator recording the lowest performance. Mass media reach is also inconsistent across countries, indicating the limited scale of public communication efforts. Strengthening surveillance systems and expanding media outreach will be critical to sustaining progress.

2025 performance on Joint Programme regional indicators

1

FGM recommendation implemented from peer review processes.

The Government of Ethiopia took forward Universal Periodic Review recommendations in developing the second phase of the national costed road map to end harmful practices.

3

Outcome documents of global and regional intergovernmental processes with FGM elimination commitments.

- Policy and legal framework paper for the Model Law on Gender Equality and Equity in Africa
- East African Community Elimination of FGM Bill
- 2025 Human Rights Council resolution on ending FGM

1

Peer review process by a relevant technical committee*includes an FGM elimination progress component.

Universal Periodic Review recommendations to Kenya.

*Technical committees for the African Union, League of Arab States, human rights institutions, etc.

Source: Joint Programme DHIS2 Platform.

Performance summary

Joint Programme performance is strongest in this region. Policy and accountability mechanisms continue to support progress on FGM elimination. Ethiopia incorporated Universal Periodic Review recommendations into its national road map on harmful practices, while global and regional frameworks — including a Model Law on Gender Equality in Africa, the East African Community FGM Bill, and a 2025 Human Rights Council resolution — reinforce commitments. Peer review processes are also increasingly integrating FGM, as seen in Kenya's Universal Periodic Review recommendations, strengthening alignment between international commitments and national action.

Recommended priority actions for Joint Programme staff in 2026

High	**Strengthen community-level surveillance and identification of girls at risk** Support stakeholders to translate South-South learning exchanges, such as on approaches to activate or strengthen community surveillance in Ethiopia and Uganda or Eritrea for detecting girls at risk and successful protection in Eritrea. Leverage on the strong foundation of engaged and committed community leaders/religious leaders to establish surveillance systems to detect girls at risk and to develop and enforce community by-laws or social sanctions to promote FGM elimination.
High	**Leverage digital technology for communication and social change** The region has a high proportion of youth with increasing digital use to scale up low coverage of media. Collaborate with regional partners to develop and adapt content for scale-up, including by building digital movements through social media platforms.
High	**Strengthen monitoring and reporting and usage** Support stakeholders to gains made in educational institutions and health worker training into concrete community-level prevention and protection action, ensuring trained personnel actively deliver FGM-related services.
High	**Strengthen funding efficiency and diversification within the region and countries** Support stakeholders to optimize - integration of FGM-related priorities within existing regionally funded programmes, while actively exploring partnerships with non-traditional donors, regional actors and private sector stakeholders. Governments should be supported to conduct fiscal and budget analyses, track both donor and domestic expenditure, and estimate the costs of effective interventions. Concurrently, compelling economic narratives should be developed for governmental decision makers and financial institutions to build the case for sustained investment. Innovative financing mechanisms — including private sector match funding and crowdfunding — should be assessed for feasibility, and existing development cooperation networks should be engaged to mobilize additional resources for FGM elimination.
Medium	**Enhance regional coordination and learning** Support stakeholders to expand the integration of FGM within regional coordination platforms, including communities of practice, to strengthen joint programming, knowledge-sharing and South–South collaboration.

Eritrea

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 90 per cent in 1995 to 69 per cent in 2010. However, progress would need to accelerate approximately fivefold to meet the 2030 target. Prevalence remains highest in Anseba (96 per cent), Semenawi (95 per cent), Debubawi Keyih Bahri (94 per cent) and Gash Barka (91 per cent) regions. Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (98 per cent).

Data sources: Eritrea 2010 Population and Health Survey.

Breaking the cycle: Accelerating change from one generation to the next

In Eritrea's Hagaz subzone, Semhar Haile Asghedom, a young mother and member of the National Union of Eritrean Youth and Students, supported by the Joint Programme, is a leading voice in the campaign to end FGM.

"I was cut as a child, and not knowing what it meant, I allowed my first daughter to be cut, too. Now, as a mother of five, I live with the weight of that decision. I don't want any other girl to endure that same suffering."

Semhar travels across the Anseba region, meeting families not with judgment but as a daughter and mother.

The impact is visible. One elderly woman in Hagaz noted: "She didn't judge, I realized I was wrong. My granddaughters will not go through what we did."

As villages across Anseba increasingly declare themselves FGM-free, Semhar's voice is proof that breaking a generational cycle can protect thousands. For Semhar, the victory belongs to the entire community. Her story, and the 17 FGM-free subzones that surround her, are Eritrea's promise to its daughters.

2025 notable achievement

Institutionalization of FGM interventions

FGM Prevention integration within national data systems
Integrating the child and social protection information management system (CPIMS) into government structures has firmly established FGM prevention as a permanent national priority. By enhancing case management and mapping high-risk areas, CPIMS facilitates data-driven resource allocation, community surveillance and long-term accountability.

Multisectoral operationalization of FGM ban
Enforcing Proclamation 158/2007 against FGM has established a robust legal framework for protection. By embedding these laws into national health, education and justice systems, and supporting them with ongoing government funding and personnel, the country ensures sustainable, nationwide prevention while drastically reducing reliance on external funding.

Selected 2025 results by intervention area

Girls' and young women's agency

- The National Union of Eritrean Women empowered girls in 200 villages; 39,000 engaged in behaviour change initiatives reaching 7,500 community members. In addition, the National Union of Eritrean Women's peer-led programmes doubled girls' school attendance while protecting 6,000+ at-risk girls through community-driven surveillance.
- The Joint Programme mobilized 110,000 advocates, achieving a 164 per cent increase from 2024.

Family and community engagement

- 260,000 individuals engaged through 293 community dialogues across six regions; 41 religious and traditional leaders publicly denounced FGM; mass media reached an additional 253,125 people.
- The Joint Programme mobilized 260,000+ individuals through 293 community dialogues across six regions.
- Religious leaders publicly abandoned support for FGM practices and strengthened accountability, resulting in increased prosecutions across communities; 460 villages established active surveillance systems. community surveillance protected 66,799 girls aged 0–14 from FGM in 2025. The annual target was met but represents represents a 51 per cent decrease from the 2024 result.

Movement-building

- A Government-led coalition convened ministries, UN organizations and community leaders; 73 men and boys championed positive masculinity.
- 14 community-based organizations were integrated in coalitions and networks, a sevenfold increase from the 2024 result.

Systems transformation

- 452 health centres and 120 legal officials were trained; 203 schools integrated life-skills education.
- 15,554 girls and women received prevention and protection services. This achievement met the 2025 target (14,891) and represents 85 per cent increase from 2024 result.

National bodies engagement

- The national budgeted plan of action for the elimination of FGM is current and under implementation.
- The national steering committee and technical committees, including *zoba*-level committees on ending FGM, were actively engaged engaged. They demonstrated governmental leadership and ownership to end FGM to the Joint Programme steering committee mission, which comprised 13 donor governments and partners, lending international visibility.

Effective laws and policies

- Of the seven reported FGM cases, three were successfully prosecuted.

Data and evidence

- Biannual community mapping exercises guide targeted interventions. The Eritrea Population and Health Survey was completed in 2025, and the results are expected to be launched in 2026.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Ministry of Health, Ministry of Labour and Social Welfare and National Union of Eritrea Women.

Progress in effective intervention coverage (2008–2030)

Performance summary

Eritrea was the top overall performer in the Joint Programme. Most indicators exceeded targets with the notable exception of girls' and women's advocacy (70 per cent) and mass media reach (52 per cent). Surveillance (489 per cent), social and behavioural change participation (221 per cent), reflective dialogues (335 per cent) and health worker coverage (753 per cent) surpassed targets by several times. There is a need to invest more in rural areas with high FGM prevalence, including in the Anseba, Gash-Barka and Southern regions.

Summary of progress towards 2030 for 11 indicators

0 off track	2 on track	9 met target
of 11 indicators	of 11 indicators	of 11 indicators

Refer to the tables below for more details.

Status off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	275%	✓
Girls protected through community surveillance mechanisms	489%	✓
Women and girls who initiated conversations/advocated on FGM	70%	✓
Girls and women who received prevention and protection services	229%	✓
Medical and paramedical schools with FGM integrated in curricula	320%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	104%	✓
Mass media reach	52%	✓
People engaged in reflective dialogues	335%	✓
Girls and young women actively participating in social and behavioural change programmes	221%	✓
Primary/secondary/non-formal institutions providing FGM content	162%	✓
Health service points with at least one trained health worker	753%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Strengthen community engagement** Support stakeholders to utilize mass media radio and video shows, particularly in rural settings of the Anseba, Gash-Barka and Southern regions. Investigate the over 50 per cent decline in girls protected through community surveillance and whether it is related to abandonment, inactive surveillance or poor reporting.
High	**Scale up dialogue and programming, including girls' advocacy in rural regions** Focus on girls-led advocacy initiatives with the National Union of Eritrean Women to increase peer-led advocacy and conversation networks. Use strong *zoba*-level community structures and schools to increase girls-led advocacy.
High	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise targets for effective interventions. Invest in efforts to centralize FGM data, and integrate FGM indicators in existing health and social sector information systems at the national and subnational levels to track coverage, social norms change and programme effectiveness. The social norms measurement experience has been strong and could inform a subset of core indicators. Finalize the Eritrea Population and Health Survey, and synchronize health and administrative data to ensure resource allocation is guided by updated prevalence trends and localized community mapping.
Medium	**Protect and expand FGM-free zones and share learning** Support stakeholders to expand the 17 officially FGM-free subzones; institutionalize community-owned protection committees and biannual mapping across all zones to reach the 30 subzone targets by 2030. Document and share community surveillance, social norms measurement, and social and behaviour change models for cross-country learning, and to test or replicate elsewhere.
Medium	**Tracking domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector.

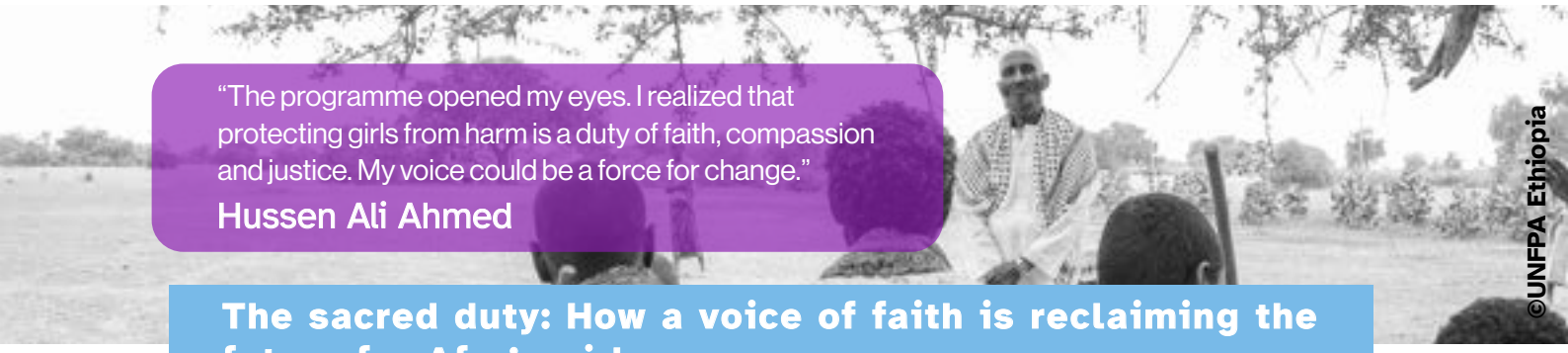
Ethiopia

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 71 per cent in 2000 to 47 per cent in 2016. However, progress would need to accelerate approximately fivefold to meet the 2030 target. Prevalence remains highest in the Somali (99 per cent), Afar (91 per cent), Harare (82 per cent) and Oromia (76 per cent) regions. Among girls and youth aged 15–19, FGM is predominantly performed by traditional practitioners (90 per cent).

Data sources: Ethiopia 2011 Welfare Monitoring Survey and 2016 Demographic Health Survey.



"The programme opened my eyes. I realized that protecting girls from harm is a duty of faith, compassion and justice. My voice could be a force for change."
Hussen Ali Ahmed

©UNFPA Ethiopia

The sacred duty: How a voice of faith is reclaiming the future for Afar's girls

In the vast, sun-drenched Afar region of Ethiopia, Imam Hussen Ali Ahmed is a respected voice, guiding his community through matters of faith and family. Yet for much of his life, he carried a heavy burden of silence. Almost all girls in his community have undergone FGM. It was long defended as heritage and a condition for marriage. "The community was highly affected, but I did not know how to address it." he recalls.

The turning point came during a community conversation hosted by the Joint Programme where he sat alongside health workers, elders and women. He understood the physical and emotional scars left and that FGM has no religious basis.

Hussen transformed his ministry. Today, his Friday sermons and community discussions are centred on protecting girls, with a powerful message rooted in the teachings of Islam: "Daughters are blessings, not burdens, and their health is a sacred trust."

Collaborating with local women's affairs offices, Hussen leads outreach teams to the doorsteps of families at risk. "As religious leaders, we know our people," he explains. "We know which households are preparing to cut their daughters."

Hussen's courage has sparked a regional movement. Other imams, inspired by his resolve, are joining and delivering synchronized messages of protection during Friday sermons.

"We are no longer silent," Hussen says with conviction. "We are protecting our daughters, not harming them. Every girl deserves to grow up safe and whole. That is not just our duty; it is our humanity."

In a region where FGM prevalence once seemed an immovable destiny, families are beginning to choose a different path.

2025 notable achievement

Community accountability mechanisms and domestic financing

The harm-free *kebele* verification checklist was developed to standardize local monitoring and promote FGM-free models. This checklist engages religious leaders and community members as a community-led accountability mechanism to ensure *kebeles* remain free from FGM.

The integration of FGM prevention into national planning and budgeting ensures sustainability of FGM interventions financed through government budget. In addition, the National Costed Roadmap established a country-led financing framework to reinforce long-term government ownership.

Selected 2025 results by intervention area

Girls' and young women's agency

- Anti-harmful practices committees prevented 4,989 FGM cases through early warning systems.
- Girl power manuals were developed to empower adolescents to challenge harmful norms.
- 4,989 girls were protected through community surveillance systems, an eightfold increase since 2024. The Joint Programme mobilized 226,330 advocates, meeting the annual target (80,504); however, this was a 37 per cent decrease from the 2024 result.

Family and community engagement

- 1.6 million people were engaged through community conversations.
- Nationwide media campaigns mobilized 9.3 million people with 3,480 communities declaring FGM abandonment.
- 30,050 religious leaders publicly denounced FGM practice.
- Community surveillance systems protected 4,989 girls aged 0–14 from FGM. This achievement met the 2025 target (1,056), an eightfold increase from the 2024 result.

Movement-building

- Women-led campaigns reached 1.8 million people.
- Evidence-based dialogue was initiated with the Ethiopian Council of Ulemas.
- 8,567 community-based organizations were integrated into feminist and youth coalitions, which represents a 15 per cent increase from the 2024 result.

Systems transformation

- FGM prevention was mainstreamed in 7,067 schools with standardized guidelines on monitoring, evaluation and learning.
- 1,330 justice actors and health providers were trained.
- 525 health facilities have at least one trained health worker on FGM.
- 451,755 girls and women received prevention and protection services. This achievement met the 2025 target (3,977), a fourfold increase from the 2024 result.

National bodies engagement

- The endline evaluation of Phase I of the National Costed Roadmap (2020–2024) was completed. Its findings will inform the development of Phase II.

Effective laws and policies

- The Afar Family Law was endorsed, and Somali consultations are ongoing for the Somali region.
- A standardized checklist for verification and accountability for *kebeles* free of harm was developed.
- A total of 137 convictions resulted from 570 arrests.

Data and evidence

- The National Monitoring, Evaluation and Learning Guideline was launched and adopted.
- 581 experts were trained on standardized data collection.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Afar Bureau of Women and Social Affairs and Woreda Offices, Afar National Regional State Bureau of Justice and Woreda Offices, Afar National Regional State Bureau of Women and Social Affairs and Woreda Offices, Afar Pastoralist Development Association, Benishangul Gumuz Regional State Bureau of Justice, Benishangul Gumuz Regional State Bureau of Women and Social Affairs, Central Ethiopia Bureau of Women and Social Affairs and Woreda Offices, Central Ethiopia Regional Bureau of Justice, Central Ethiopia Regional Bureau of Women and Children Affairs, Inter-Religious Counsel of Ethiopia, Ministry of Justice, Ministry of Women and Social Affairs, Network of Ethiopian Women Association, Norwegian Church Aid, Organization for Welfare and Development in Action, Oromia Bureau of Women and Children Affairs at regional, zonal and woreda levels, Oromia National Regional State Bureau of Justice and woreda offices, Oromia National Regional State Bureau of Women and Social Affairs and woreda offices, Population Media Center Ethiopia, South Ethiopia Region Bureau of Justice, South Ethiopia Region Bureau of Women and Children Affairs, Sidama Bureau of Women – Youth and Social Affairs and woreda offices, Sidama Regional State Attorney General, Sidama Regional State Bureau of Women, Youth and Social Affairs, Somali Bureau of Women and Children Affairs and woreda offices, Somali National Regional State Bureau of Justice and woreda offices, Somali National Regional State Bureau of Women and Children Affairs and woreda offices, South Ethiopia Bureau of Justice, South Ethiopia Bureau of Women and Children Affairs and woreda offices, SWEPR Bureau of Justice, SWEPR Bureau of Women – Children and Youth Affairs.

Progress in effective intervention coverage (2008–2030)

Performance summary

Ethiopia is one of the top overall performers in the Joint Programme, with exceptional results across most indicators. Achievements on community declarations, religious leader engagement, social and behavioural change participation and medical curricula integration were among the highest in the programme cohort. A key gap was in girls protected through surveillance and FGM content integrated within the education sector.

Summary of progress towards 2030 for 11 indicators

- **2 off track** of 11 indicators
- **1 on track** of 11 indicators
- **8 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	1,168%	✓
Girls protected through community surveillance mechanisms	3%	✗
Women and girls who initiated conversations/advocated on FGM	208%	✓
Girls and women who received prevention and protection services	105%	✓
Medical and paramedical schools with FGM integrated in curricula	649%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	2,791%	✓
Mass media reach	83%	✓
People engaged in reflective dialogues	273%	✓
Girls and young women actively participating in social and behavioural change programmes	966%	✓
Primary/secondary/non-formal institutions providing FGM content	43%	✗
Health service points with at least one trained health worker	65%	~

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Strengthen community surveillance mechanisms and engagement in rural settings** Support stakeholders to investigate the very low 3 per cent coverage for girls protected through surveillance, whether due to reporting gaps or system failure. There is a need to strengthen community surveillance mechanisms, particularly in the Somali, Afar, Harare and Oromia regions, where FGM prevalence remains the highest. Leverage progress on declarations and leader engagement to create operational surveillance committees with referral protocols in all communities that have made declarations. Utilize the wide network of community extension workers to facilitate the set-up of surveillance systems. Scale up radio and community media programming to increase mass media coverage and reach the target, particularly in the rural and high-burden regions of Somali, Afar, Harare and Oromia.
High	**Scale up the coverage of service points with trained health workers and FGM content in schools** Support stakeholders to investigate why coverage is low, despite exceeding the target to integrate FGM content within medical/paramedical curricula. Identify whether the issue is a low set target for health facilities, low reporting or tracking of trained graduates, low assignment of trained health workers to regions with high FGM prevalence or other issues. Consider community outreach points as service points where trained community health workers provide FGM prevention and protection services. Scale up the roll-out of FGM content in educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools.
High	**Monitoring and evaluation targets and data capture** Support stakeholders to revise targets for effective interventions as most have been achieved. Leverage the National Monitoring, Evaluation and Learning Guideline to integrate FGM indicators within health and social sector information systems at the national and subnational levels in order to track coverage and programme effectiveness.
Medium	**Sustain and document community declaration models** Support stakeholders to document and share the highly successful community declaration approaches (1,168 per cent) and religious leader engagement (2,791 per cent) for cross-country learning within the Joint Programme.
Medium	**Tracking domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector.

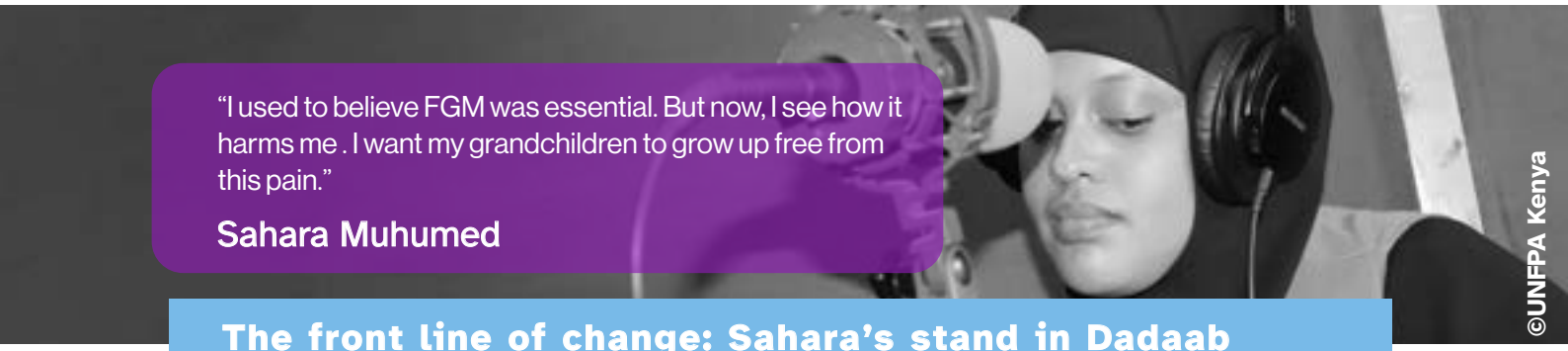
Kenya

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 26 per cent in 1998 to 9 per cent in 2022. However, progress would need to accelerate approximately fivefold to meet the 2030 target. Prevalence remains highest in Wajir (97 per cent), Mandera (96 per cent) and Garissa/Marsabit (83 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (86 per cent).

Data sources: Kenya 1998 Demographic and Health Survey (DHS), 2009 DHS, 2014 DHS and 2022 DHS.



"I used to believe FGM was essential. But now, I see how it harms me . I want my grandchildren to grow up free from this pain."

Sahara Muhumed

©UNFPA Kenya

The front line of change: Sahara's stand in Dadaab

In Kenya's Dadaab Refugee Camp, tradition has long been a source of identity and survival. But for many girls, that tradition includes FGM.

Sahara Muhumed, a community engagement assistant with FilmAid Kenya, uses film, radio and "educational caravans" to spark once-forbidden conversations. Despite facing fierce hostility, Sahara remains unshaken, building a bridge to safety. By linking at-risk girls to medical care, psychological support and legal aid, Sahara ensures referral pathways supported by the Joint Programme.

Sahara has reached over 97,000 community members, and is now joined by those who once led FGM continuation. The Area Chief of Fafi now accompanies Sahara to sessions to facilitate dialogue. He is not alone. Local elders and grandmothers are beginning to speak out. Through the integration of FGM education in schools, a new generation is rising against FGM in Dadaab.

Supported by the Joint Programme, Sahara is moving the needle from hostility to allyship, one film screening, one radio show and one protected girl at a time.

2025 notable achievement

FGM survivor-led movement building

The "My Dear Daughter Campaign" was launched during the 16 Days of Activism against Gender-Based Violence. The campaign garnered high-level participation, including by the First Lady and high-level officials from the Ministry of Gender, who clearly voiced their commitment to end FGM. The campaign, spearheaded by the Anti-FGM Board, is a social movement that calls on communities to declare FGM abandonment and, protect girls from undergoing FGM. Mothers are are asked to write letters to their daughters to tell them about FGM and vow not to perform it.
This campaign successfully mobilized government and civil society support, establishing a robust foundation for survivor-centred norm transformation and a nationwide scale-up planned for 2026.

Selected 2025 results by intervention area

Girls' and young women's agency

- 158,659 women and girls were reached through mentorship and empowerment initiatives in Northern Kenya. This achievement is below the annual target (350,000) and a 67 per cent decrease from the 2024 result.

Family and community engagement

- Over 80,815 community members were directly engaged through intergenerational dialogues, school clubs and community caravans, while an additional 11,030,800 individuals were reached through coordinated radio, television, digital and social media campaigns.
- 52 public declarations by elders were made. These elders committed to abandoning FGM and child marriage across counties.
- 1,209 girls were rescued from FGM and child marriage by linking them to essential protection services. Further, community surveillance systems protected 4,484 girls aged 0–14 from FGM. This achievement is below the 2025 target (10,000) and a 77 per cent decrease from the 2024 result.
- Joint Programme interventions complement the European Union-funded "Stop FGM Now! – Komesha FGM SASA!" programme, which focuses on FGM survivor-led advocacy, community dialogue and community-led surveillance systems.

Movement-building

- 83 community movements were established, integrating youth, religious leaders, women's groups and survivors, and strengthening local surveillance, reporting and accountability. This achievement is below the 2025 target (350), a 68 per cent decrease from the 2024 result.

Systems transformation

- FGM prevention/protection services reached 72,231 people. This achievement is below the 2025 target (85,000) but comparable to the 2024 result.

National bodies engagement

- Existence of a national budgeted plan of action for the elimination of FGM. Coordination between the Anti-FGM Board and justice sector enhanced cross-sectoral linkages.

Effective laws and policies

- 198 judicial actors and police were trained on an FGM protocol.
- 148 out of 283 reported FGM and child marriage cases were successfully prosecuted.
- Supported hosting of a public participation forum on the East African Community Cross-Border Anti-FGM Law, creating awareness among civil society and government actors and strengthening preparedness for harmonized regional enforcement once the law is adopted.

Data and evidence

- The Social Norms Measurement Study and the Stop FGM Now (Komesha FGM Sasa) Baseline Study found opposition to FGM is increasing; however, perceived marriageability sanctions remain a barrier to abandonment. These findings informed targeted male engagement and role model strategies that will be scaled up in 2026.

Data sources: Joint Programme DHIS2 Platform.

Implementing partners: Africa Coordinating Centre for Abandonment of FGM, Brighter Society Initiative Kenya, Centre for Enhancing Democracy and Good Governance, Centre for Rights Education and Awareness, County Governments (Kisii, Migori, Wajir, T. River, West Pokot, Samburu, Marsabit), Directorate of Public Prosecution, Division of Reproductive Health Ministry of Health, Gender Violence Recovery Center, Habiba International Women and Youth Affairs, Illaramatak Community Concerns, Kenya National Human Rights Commission, Marsabit Women Advocacy and Development Organization, Men End FGM Foundation, Mission with a Vision, Network of Adolescents and Youth of Africa, Pastoralist Women for Health and Education, Samburu Girls Foundation, Umoja Development Organization and Youth for a Sustainable World.

Progress in effective intervention coverage (2008–2030)

Performance summary

Kenya was among the top performers in the Joint Programme, with the highest achievement on community declaration coverage. Progress on leader engagement and health service points with at least one trained staff member also significantly exceeded targets. Key gaps are in educational institutions providing FGM content and women's and girls' advocacy. All remaining indicators show strong on-track performance or have met targets.

Summary of progress towards 2030 for 11 indicators

- **2 off track** of 11 indicators
- **4 on track** of 11 indicators
- **5 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	4,013%	met target
Girls protected through community surveillance mechanisms	147%	met target
Women and girls who initiated conversations/advocated on FGM	73%	on track
Girls and women who received prevention and protection services	59%	on track
Medical and paramedical schools with FGM integrated in curricula	64%	on track

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	1665%	met target
Mass media reach	341%	on track
People engaged in reflective dialogues	42%	off track
Girls and young women actively participating in social and behavioural change programmes	82%	met target
Primary/secondary/non-formal institutions providing FGM content	632%	met target
Health service points with at least one trained health worker	357%	met target

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up reflective dialogues** Support stakeholders to conduct quick assessments to explore why high declaration rates are not aligned with more people engaging in reflective dialogues. Leverage strong health infrastructure at the primary healthcare level and community outreach to scale up community dialogues and engage women on FGM. Build on existing comprehensive sexuality education and life skills programmes to scale up social and behavioural change programming for girls. The high performance on FGM content integration within formal and non-formal education could be utilized to expand the agency of girls and young women to initiate conversations and advocate in FGM dialogues within in- and out-of school settings.
High	**Girls receiving prevention and protection services** Support stakeholders to review protocols/training curricula to clarify the prevention and protection roles of health workers. Review or make clear facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly sexual, reproductive, maternal, neonatal, child and adolescent health records.
High	**Integrate FGM within medical/paramedical curricula** Support stakeholders to scale up the integration of FGM content in all schools, with monitoring and evaluation to assure the quality of training and prevention and protection skills.
Medium	**Mass media reach** Support stakeholders to leverage digital innovation to scale up youth engagement. Use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/pushback.
Medium	**Strengthen monitoring and evaluation and domestic financing** Support stakeholders to review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

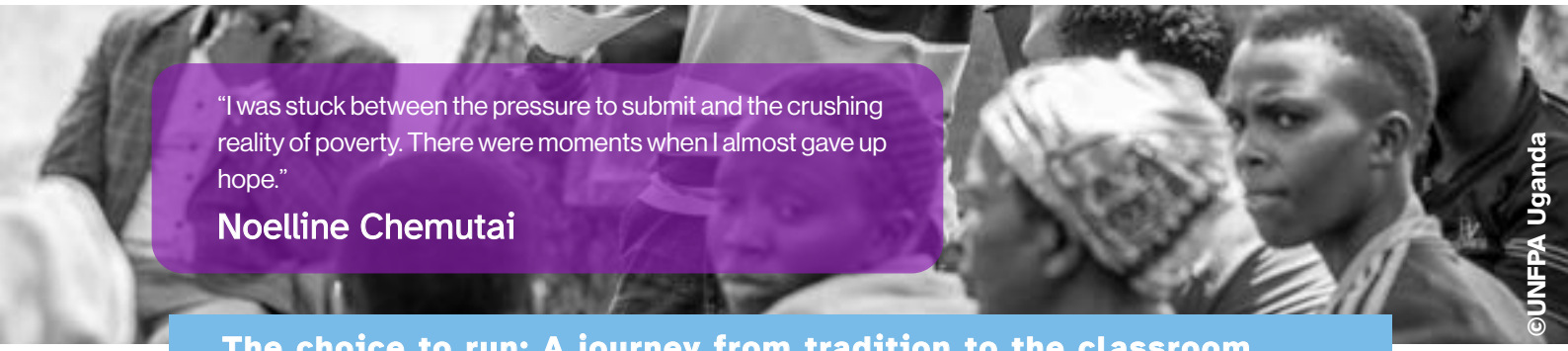
Uganda

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 reduced from 0.5 per cent in 2006 to 0.1 per cent in 2016. Uganda is on track to end FGM by 2030 to end FGM. The highest burden is in Karamoja (2.2 per cent) and Elgon (2.1 per cent). No population-based data are available on FGM practitioners.

Data sources: Uganda 2022 Demographic and Health Survey.



The choice to run: A journey from tradition to the classroom

In the lush, rural hills of Eastern Uganda, 15-year-old Noelline Chemutai was seen by her family as a "lifeline" to alleviate their financial struggle through her bride price. They planned for Noelline to undergo FGM to prepare for a forced early marriage.

"My parents truly believed that cutting me was the only solution," Noelline recalls. Noelline chose to run away.

She sought refuge at a local church, where she met Shadrack, a member of a male action group supported by the Joint Programme. Shadrack connected Noelline with legal counsel and enlightened her on her rights. A mediation process was launched. Shadrack, alongside police and legal aid, convinced her parents that Noelline belonged in the classroom.

The intervention worked. Her parents abandoned plans for FGM and marriage, pledging to support her education.

Today, Noelline is back in school. Though school fees remain a struggle, the threat of the knife is lifted. "I am no longer stuck," Noelline says. "I have hope that I will complete school and build a life of my own choosing."

*Name has been changed for confidentiality.

2025 notable achievements

Scaling up youth-led platforms to expand reach

Leveraging complementary funding, anti-FGM school clubs and youth empowerment platforms were scaled up in hotspot districts, expanding peer outreach, life skills programming, and integrated sexual and reproductive health and rights/FGM information services. Youth-led initiatives – including flash mobs, survivor storytelling and integrated outreach campaigns – further accelerated awareness and behaviour change. Together, these efforts extended reach beyond Joint Programme target areas while strengthening youth leadership and promoting sustainability through school – and community-based structures.

Selected 2025 results by intervention area

Girls' and young women's agency

- 87,799 girls and young women were reached with social and behavioural change initiatives via school clubs, peer groups and empowerment platforms. Survivor storytelling and flash-mobs created visible peer-led momentum across Karamoja and Sebei.
- 33,533 girls and young women initiated advocacy, double the annual target.

Family and community engagement

- Mass media and dialogues reached 3,027,970 people across six hotspot districts.
- 86,211 leaders publicly denounced FGM.
- 42,037 men/boys engaged in positive masculinity initiatives.
- Community surveillance mechanisms protected 82 girls aged 0–14 from FGM. This achievement met the 2025 target (50) and surpassed the 2024 result by 24 per cent.

Movement-building

- School outreach and community dialogues integrated FGM prevention content.
- 56 community-based organizations across Karamoja, Sebei and refugee-hosting areas were integrated into feminist and youth coalitions, a 57 per cent decrease from the 2024 result.

Systems transformation

- 30 midwife mentors were trained as national trainers.
- 15 paramedical institutions integrated FGM content.
- 122,630 people were reached with health services and 106,498 with social services.
- 41,989 at-risk girls received education support.
- 1,106 girls and women received prevention services. This achievement met the 2025 target (11,513) and was a 92 per cent decrease from 2024 result.

National and regional bodies engagement

- The National Strategy 2025–2030 was finalized.
- Uganda strengthened regional advocacy by engaging the East African Legislative Assembly through consultations and public hearings on the East African Community Elimination of FGM Bill, while youth and policy engagement with the African Union and the Pan-African Youth Parliament elevated harmful practices within regional development agendas.

Effective laws and policies

- Legal accountability advanced through open court sessions in Moroto and Nakapiripirit involving 562 participants. A total of 27 gender-based violence and FGM-related cases were presented, strengthening community deterrence.
- 401 judicial and police actors were trained to apply an FGM protocol; 27 cases were successfully prosecuted.

Data and evidence

- 48 district gender-based violence focal persons were trained to use the national gender-based violence database.
- FGM indicators were integrated into government tools and thematic reports.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Action Aid International Uganda, AfriYAN Uganda, Amudat District LG, Benet Women Association, Binyiny Church of Uganda, Binyiny Mosque, Body of Christ, BRAC, Bukwo CDI, Bukwo District LG, Bukwo GBV Champions, EASSI, Global Youth Consortium on Ending FGM, Integrated Community Network, Kapchorwa Women in Development, Kapchworwa District LG, KAWUO Karamoja Women Umbrella, Kween District LG, Ministry of Gender Labour and Social Development, Ministry of Health, Moroto & Nakapiripirit District LGs, Musopisiek Empowerment Foundation, National Youth Council, Sat Kaa Survivors, She Impact Makers, Toswo PWD Organization, Uganda National Students Association, Welt Hunger Hilfe, Young People Social Norm Changers, Youth Action Movement, and other local faith and youth organizations.

Progress in effective intervention coverage (2008–2030)

Performance summary

Uganda is among the top performers in the Joint Programme; 10 of 11 indicators have been met or are on track. One area to strengthen is the number of girls protected through community surveillance mechanisms; this may potentially support Uganda in meeting the 2030 goal of eliminating FGM.

Summary of progress towards 2030 for 11 indicators

- **1 off track** of 11 indicators
- **2 on track** of 11 indicators
- **8 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	78%	on track
Girls protected through community surveillance mechanisms	1%	off track
Women and girls who initiated conversations/advocated on FGM	290%	met target
Girls and women who received prevention and protection services	67%	on track
Medical and paramedical schools with FGM integrated in curricula	114%	met target

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	227%	met target
Mass media reach	2,345%	met target
People engaged in reflective dialogues	1,554%	met target
Girls and young women actively participating in social and behavioural change programmes	891%	met target
Primary/secondary/non-formal institutions providing FGM content	105%	met target
Religious and community leaders publicly denouncing FGM	6,617%	met target

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up community surveillance and girls protected** Support stakeholders to conduct quick assessments on the lag in moving from declarations to active community surveillance systems to protect girls at risk. Leverage service points with trained health workers to engage communities in activating community surveillance systems in Karamoja and Sebei. Link male action groups, school clubs and community-based organizations to formal referral and reporting pathways.
High	**Increase prevention/protection service delivery** Coverage is on track but declined significantly from 13,918 girls and women in 2024 to 1,106 in 2025. Support stakeholders to review service delivery models and ensure the continuity of referral pathways to health and social protection services. Review protocols/training curricula to clarify the prevention and protection role of health workers. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise annual targets for highly overperforming indicators to ensure meaningful benchmarking. Invest in efforts to centralize FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness. Integrate FGM within the Ministry of Health's DHIS2 platform across all 48 districts.
Medium	**Institutionalize FGM in pre-service medical training** Support stakeholders to build on advances in medical school integration (114 per cent) by institutionalizing FGM modules in 20 nursing/midwifery schools and 25 universities to embed prevention in pre-service training nationally.
Medium	**Scale up domestic financing** Support stakeholders to build on the National Strategy 2025–2030 and the East African Community bill to secure dedicated public budget lines for gender-based violence/FGM courts. Conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

West and Central Africa

2025 Regional Snapshot

©UNFPA Regional Office for West and Central Africa

Case study spotlight

Strengthening regional midwifery leadership and professional associations in ending FGM

Key 2025 achievement

- The first *State of Midwifery Report for West and Central Africa* highlighted the critical role of midwives in eliminating FGM and other harmful practices.
- The role of midwives in FGM prevention, protection and care was discussed, and experiences were shared between Joint Programme country offices and midwifery associations across sub-Saharan Africa.
- The process identified a focus on building FGM prevention and rights-based care for at-risk people and survivors within the educational curriculum for midwives of the Economic Community for West Africa States.

West African postgraduate school

to review curricula.

Federation of Midwifery Associations of Francophone Africa*

FASFAF to facilitate roll out of FGM content within curricula in 13 countries.

FASFAF members (13) with FGM

Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Guinea, Mali, Mauritania, Niger, Senegal and Togo.

*The Federation works with the International Confederation of Midwives to improve midwifery education, regulation, practice and research in Francophone countries in Africa. It focuses on improving maternal and neonatal health, regulating education and strengthening midwifery leadership.

Next strategic steps

1

Country professional association ownership + regional legitimacy + technical support = context relevant content for uptake

The Economic Community for West African States educational curriculum for midwives is a regional reference. The collaboration with the West African postgraduate school to review curricula, together with FASFAF and the Joint Programme, will strengthen competency-based content on gender-based violence and FGM prevention and response, within survivor-centred, rights-based, contextually relevant approaches to sexual and reproductive health.

2

Integrating FGM content within regional and country midwifery curricula in collaboration with the West Africa Health Organization is not the ultimate goal

The region needs to develop and implement quality assurance and tracking mechanisms for training content delivery and service provision, including through on-site monitoring and the integration of indicators within midwifery practice records.

Blueprint for implementation in 2026

Step 1

Political and professional partnership

Continue to fully engage with the Economic Community for West African States, West African postgraduate school and the regional Francophone midwifery association were fully engaged.

Step 2

Participatory approach in content development

Multicountry experience-sharing and consultative discussions should analyse available curricula and develop content adaptable and relevant for the region.

Step 3

Pool of trainers at the regional level

Trained midwives will facilitate in-country roll-outs within midwifery schools.

Step 4

Follow-up and quality assurance of delivery

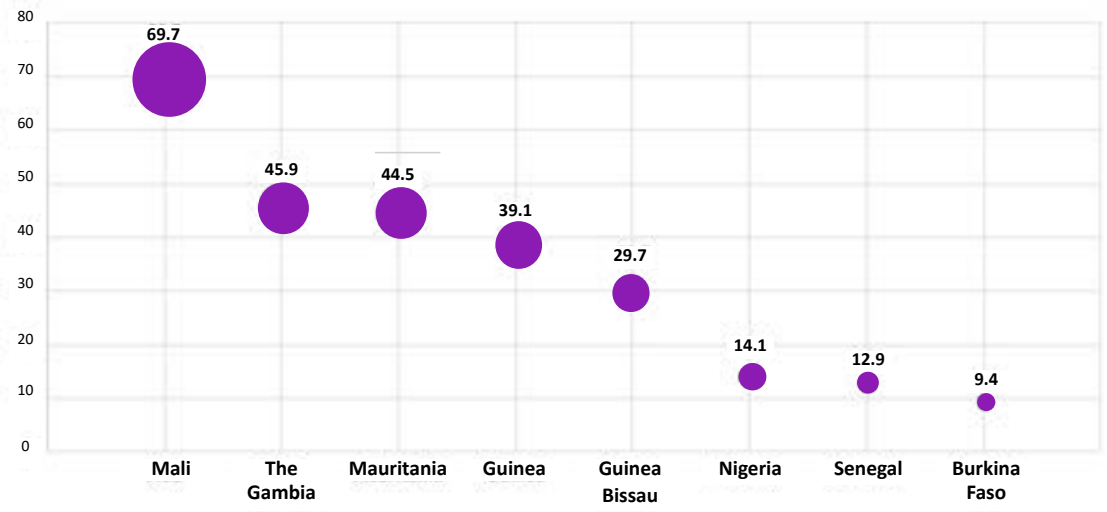
Regular follow-up and quality assurance and the tracking of trainings and trainee delivery of FGM prevention and care services are key.

1. Regional FGM situation

The UNFPA[1] and UNICEF[2] West and Central Africa regions cover 23 and 24 countries, respectively. Nineteen countries have FGM, 17 have national representative data[3] and 1 has anecdotal or media reports.[4] The region contributes a fifth (20 per cent) of the estimated global burden (230 million). Compared to other regions, it has made the greatest progress progress; Benin, Cameroon, Ghana, Nigera and Togo are predicted to end FGM by 2030. Yet the overall pace of decline in the region must accelerate 10 times to meet the 2030 elimination goal. The Joint Programme has eight focus countries (Burkina Faso, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, and Senegal) with an FGM prevalence that ranges from 9 to 70 per cent among girls aged 0–14 years (Figure 1).

FGM prevalence among girls and women aged 15–49 years varies within and across countries from 0.1 to 98 per cent. FGM medicalization prevalence is highest in Guinea (17 and 35 per cent among youth, women and girls aged 15–49 and 0–14, respectively).

Figure 1: FGM prevalence among girls aged 0–14 years



Sources: Burkina Faso 2021 DHS, The Gambia 2019–2020 DHS, Guinea 2018 DHS, Guinea-Bissau 2018–2019 MICS, Mali 2023–2024 DHS, Mauritania 2019–2021 DHS, Nigeria 2024 DHS, Senegal 2023 DHS.

Regional partners: Implementing: Equality Now, Equimundo; collaborating: African Union, regional economic communities and and the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project.

1 Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo Brazzaville, Côte d'Ivoire, Equatorial Guinea, The Gambia, Gabon, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome & Principe, Senegal, Sierra Leone and Togo.

2 Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Congo Brazzaville, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo.

3 Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

4 Cabo Verde.

2. Notable regional achievements

Leveraging technology and artificial intelligence

The Joint Programme partnered with the International Budget Partnership in 28 countries to test artificial intelligence tools to facilitate national budget analysis to advocate for increased domestic investment in ending harmful practices. The next steps are to generate data, advocate for reform, and build skills and knowledge to enable budget decision-making.

Youth-led decision-making and digital advocacy

Adolescent girls joined national coalitions to bridge the intergenerational gap in programming and build capacity to lead digital campaigns.

Faith-based engagement

The “Faith for Positive Change for Children” initiative with Religions for Peace advanced through the “Guided by Faith, Grounded in Community” programme guide and country risk profiles, alongside new multi-faith action coordination committees enabling sustained national engagement.

Progress in cumulative intervention coverage towards the 2030 target

The Joint Programme focus countries in the region include Burkina Faso, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria and Senegal.

off track (≤ 50 per cent)

on track (51–80 percent)

met target (≥ 80 percent)

Indicator	Burkina Faso	The Gambia	Guinea	Guinea-Bissau	Mali	Mauritania	Nigeria	Senegal	Median
Outcome indicators									
Community declarations	✓	✓	✗	✗	✗	✓	✗	~	✗
Girls protected via community surveillance mechanisms	✓	✗	~	✓	✗	✓	✗	✗	~
Women and girls who initiated conversations/ advocated on FGM	✗	✗	✗	✗	✗	✗	✗	✗	✗
Girls and women who received prevention and protection services	✗	✗	✗	✗	~	✗	~	✓	✗
Medical and paramedical schools with FGM integrated in curricula	✓	✓	✓	✗	✓	✓	✗	✓	✓
Output indicators									
Religious/ community leaders denouncing FGM	✓	~	✗	✓	✓	✓	✗	✓	✓
Mass media reach	~	✗	~	✓	✗	✗	✓	✗	~
People engaged in reflective dialogues	✗	✗	✗	✗	✗	✗	✗	✗	✗
Girls and young women actively participating in social and behavioural change programmes	✗	✗	~	✓	✗	✗	✗	✗	✗
Health service points with at least one trained health worker	✗	✗	✓	✗	✓	✓	✗	✓	✗
Primary/ secondary/non-formal institutions providing FGM content	✓	✓	✓	✓	✓	✓	✗	✓	✓

Source: Joint Programme DHIS2 Platform.

NOTE: Effective interventions include training health workers, health education, community engagement, outreach to religious/traditional leaders, social marketing and media outreach, and girls' formal education. The 2030 target indicators are detailed in section 4 of the 2025 annual report. Over- and underperforming indicators, e.g., >150 and less than 30 per cent, require a review of target and coverage estimates.

Performance summary

Across the eight countries, performance is uneven, with a number of indicators off track despite pockets of progress. The region's strongest results are in integrating FGM content within educational institutions and engaging religious and community leaders, with several countries meeting their targets in these areas. Health worker training in medical and paramedical schools also shows positive momentum.

However, community-level engagement requires strengthening. Girls protected through community surveillance, women and girls initiating conversations on FGM, and participation in reflective dialogues all record among the lowest values across all indicators. Social and behavioural change programming for girls and young women is similarly off track in most countries. Strengthening community surveillance, scaling up behavioural change interventions, and improving data reporting specifically on girls/women initiating conversations and service points with trained health workers will need to be prioritized in 2026. Compared to other regions, West and Central Africa has among the highest levels of outcome and output data availability and completeness, including social norms data.

2025 performance on Joint Programme regional indicators

0

FGM recommendations implemented from peer review processes.

0

Outcome documents of global and regional intergovernmental processes with FGM elimination commitments.

0

Peer review processes by relevant technical committees* include FGM elimination progress component.

*Technical committees for the African Union, League of Arab States, human rights institutions, etc.

Source: Joint Programme DHIS2 Platform.

Performance summary

In July 2025, the Economic Community for West African States Community Court of Justice issued a landmark ruling in the case of Forum Against Harmful Practices (FAHP) & Others v. Republic of Sierra Leone, finding the Government of Sierra Leone liable for human rights violations due to its failure to explicitly criminalize FGM. This ruling is a strong signal of this regional economic and political body's commitment to upholding girls' and women's rights and providing an enabling regional environment to advance the Joint Programme's efforts through regional recommendations, accountability processes and outcome documents on FGM elimination.

Recommended priority actions for Joint Programme staff in 2026

High	**Strengthen community surveillance systems** Support stakeholders to facilitate South-South learning exchanges, such as on approaches to activate or strengthen community surveillance in Burkina Faso to detect girls at risk and provide successful protection in Guinea-Bissau. Leverage the strong foundation of engaged and committed community leaders/religious leaders to establish surveillance systems to detect girls at risk risk, to develop and enforce community by-laws or social sanctions to promote FGM elimination, and to promote dialogue during community or religious gatherings.
High	**Scale up social and behavioural change programming** Primary healthcare and outreach systems, including educational systems, should be leveraged to scale up engagement with communities, boys, girls and youth. Social and behavioural change programmes could be expanded through integrating harmful practices content within existent out-of-school programs and life skills interventions for girls and young women.
High	**Close the gap between institutional progress and community engagement** Support stakeholders to translate gains made in educational institutions and health worker training into concrete community-level prevention and protection action, ensuring trained personnel actively deliver FGM-related services.
High	**Leverage digital innovation and technology for communication and social change** The region has a high proportion of youth population with relatively high access to digital platforms that can be leveraged to increase advocacy and dialogue engagement. Collaborate with regional partners to develop strategic approaches and adapt content for scale-up, including to build digital movements through social media platforms.
Medium	**Strengthen funding efficiency and diversification within the region and countries** Support stakeholders to optimize the integration of FGM-related priorities within existing regionally funded programmes, while actively exploring partnerships with non-traditional donors, regional actors and private sector stakeholders. Governments should be supported to conduct fiscal and budget analyses, track both donor and domestic expenditure, and estimate the costs of effective interventions. Concurrently, compelling economic narratives should be developed for governmental decision makers and financial institutions to build the case for sustained investment. Innovative financing mechanisms – including private sector match funding and crowdfunding – should be assessed for feasibility, and existing development cooperation networks should be engaged to mobilize additional resources for FGM elimination.
Medium	**Strengthen monitoring and evaluation reporting and usage** Support stakeholders to assess data gaps across countries and support integration of FGM within national data collection systems. Strengthen outcome and output data completeness and accuracy at the regional and country levels through regular quality assurance and standardized metadata understanding, reporting in order to track coverage and programme effectiveness. Review and improve on annual and 2030 targets. Scale up social norms measurement reporting.

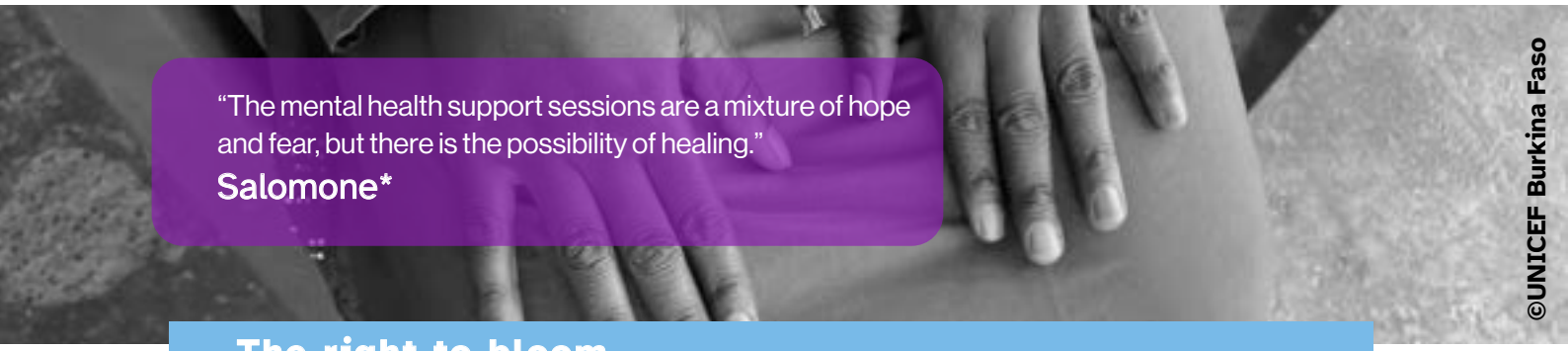
Burkina Faso

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 80 per cent in 1991 to 32 per cent in 2021. However, progress would need to accelerate approximately fivefold to meet the 2030 target. Prevalence remains highest in the Sahel (80 per cent), Nord (75 per cent) and Centre-Nord (72 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (97 per cent).

Data sources: Burkina Faso 2010 Demographic and Health Survey, 2015 Enquête multisectorielle continue and 2021 Demographic and Health Survey.



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The right to bloom

In a garden near Ouagadougou, 18-year-old Salomone* tends to her lettuce, dreaming of becoming a wedding planner. But for years, her reality was defined by the day she underwent FGM.

Salomone was only 2 years old when she was subjected to FGM. At 16, Salomone was withdrawing into physical agony and shame, eventually forcing her to drop out of school.

“Every moment was a torment, a reminder of the ordeal I had endured” she recounted.

In a tragic attempt to “fix” the complications, her parents took her back for a second procedure, unknowingly doubling her trauma.

The turning point came through Voix de Femmes, a partner supported by the Joint Programme.

Salomone finally accessed psychological support.

In weekly sessions with a psychologist, Salomone met other survivors. Together, they are learning to love their bodies again. The impact of Salomone’s healing has rippled through her entire family. Her mother, witnessing her daughter’s recovery, has become a fierce advocate for change.”None of my four granddaughters have been cut” she says proudly.

Today, with the Joint Programme’s support, Salomone stands tall in her garden, harvesting 10,000 plants with a renewed purpose. She is now committed to ensuring no other girl in Burkina Faso endures the pain she once carried.

*Name changed for protection.

2025 notable achievement

Funding diversification and countering harmful practices promotion

The country office team successfully secured $1.3 million in additional funding from the Embassy of Denmark to increase community-related interventions coverage to 450 more villages.

The Joint Programme successfully included FGM and child marriage-related content to promote awareness and address misinformation in the “Fitini Show”. This popular national youth cultural competition reaches over 11 million viewers. The messages addressed the national “Day of Customs and Traditions”, which legitimized a return to FGM and other harmful practices such as child marriage.

Selected 2025 results by intervention area

Girls' and young women's agency

The peer-to-peer advocacy model empowered girls and women to actively engage and advocate in community dialogues. There was a sevenfold surge in results, generating 38,081 advocates compared to 2024 (4,573) and the 2025 target (5,840).

Family and community engagement

- The mobilization of 6,325 religious and traditional leaders facilitated FGM abandonment declarations across 578 communities helped to establish community surveillance systems.
- Community surveillance networks intervened to protect 121,862 girls aged 0–14 from FGM. This result met the 2025 target (120,000) and surpassed the 2024 result by 10 per cent.
- Further, a radio broadcast that featured six leaders reached 2 million listeners.

Movement-building

- 77,978 boys and men (including 13,860 internally displaced) were organized into networks that defend girls' rights and promote positive masculinity.
- 368 community-based organizations were integrated into feminist and youth coalitions, a 10 per cent increase from the 2024 result.

Systems transformation

- FGM training content was integrated into four medical/nursing curricula, and 738 health professionals graduated with FGM prevention skills.
- 303,946 girls and women received prevention services. This achievement met the 2025 target (283,168) and marked a 16 per cent increase from 2024 result.

National bodies engagement

- The Government continues to advance the implementation of the National Strategy for FGM elimination and a new integrated child protection framework.

Effective laws and policies

- 60 judicial and police actors were trained on an FGM protocol. Three FGM cases were successfully prosecuted before the courts.

Data and evidence

- FGM indicators were integrated into the national impact evaluation of the Global Programme to End Child Marriage.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Association pour le Développement Communautaire et la Promotion des Droits de l'Enfant, Association Songui Manégré/ Aide au développement endogène, Association Tin-Tua, Children Believe, Clinique Atéguina (Privé), Direction Centrale du Service de Santé des Armées, Direction de la Santé de la Famille, Direction Générale de la Famille et de l'Enfant, Directions Régionales de la Famille et de la Solidarité (13 bureaux), Directions Régionales de la Santé et districts sanitaires (13 bureaux), Groupe d'Appui en Santé, Communication et Développement, Hôpital Saint Camille (Confession religieuse), Hôpital Schiphra (Confession religieuse), Mwangaza, ONG Voix de Femme and Plan International.

Progress in effective intervention coverage (2008–2030)

Performance summary

Burkina Faso achieved strong results in community surveillance, health system readiness and religious leader engagement; all exceeded 2030 targets. The coverage of FGM prevention and care services for girls and women, girls' and women's advocacy, and FGM content in formal education engagement are significantly off track in terms of meeting the 2030 goal.

Summary of progress towards 2030 for 11 indicators

- **5 off track** of 11 indicators
- **1 on track** of 11 indicators
- **5 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	633%	✓
Girls protected through community surveillance mechanisms	1,155%	✓
Women and girls who initiated conversations/advocated on FGM	2%	✗
Girls and women who received prevention and protection services	24%	✗
Medical and paramedical schools with FGM integrated in curricula	184%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	254%	✓
Mass media reach	60%	~
People engaged in reflective dialogues	25%	✗
Girls and young women actively participating in social and behavioural change programmes	26%	✗
Primary/secondary/non-formal institutions providing FGM content	9%	✗
Health service points with at least one trained health worker	270%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Close the declaration-to-action gap** Support stakeholders to conduct quick assessments of why high declaration rates are not congruent with people engaged in reflective dialogues and the active participation of women and girls in promoting change. Leverage strong primary healthcare infrastructure and community outreach to scale up community dialogues and engage women on FGM. Utilize existing out-of-school programs and life skills programmes to amplify social and behavioural change programming for girls.
High	**Close the gap between health worker training and service provision** Support stakeholders to review protocols/training curricula to clarify the prevention and protection roles of health workers. Review or make clear facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Rapid scale-up of FGM content within the educational sector** Support stakeholders to scale up the roll-out of FGM content in educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools.
Medium	**Scale up youth engagement** As the penholder for the Africa-led group on the resolution on FGM and technology, Burkina Faso is well positioned to lead technological applications. Leverage technology and digital innovation to increase youth engagement and use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/pushback.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and where applicable revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analyses, estimate intervention package costs, estimate and track domestic expenditure on FGM and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

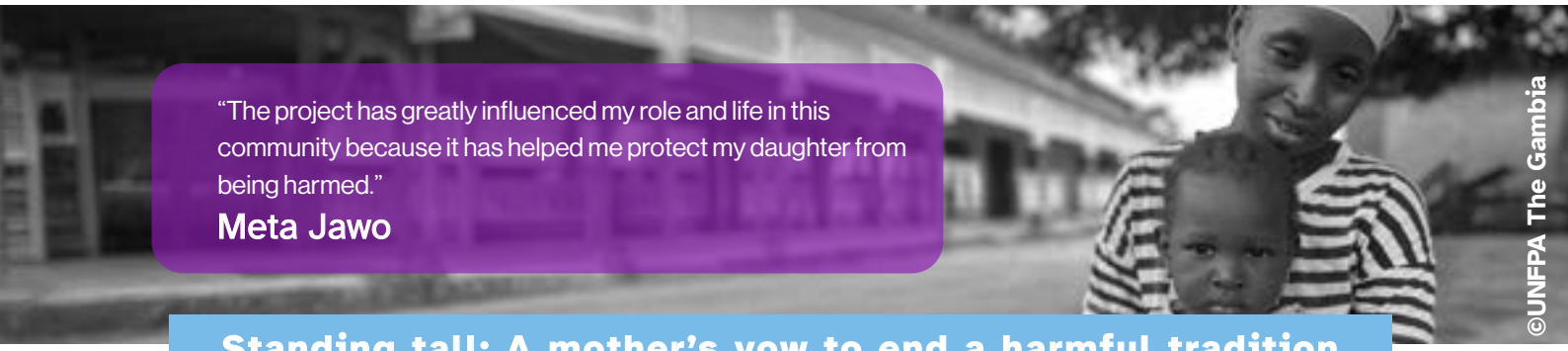
The Gambia

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 reduced from 80 per cent in 2006 to 73 per cent in 2020. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains highest in Basse (97 per cent), Mansakonko (80 per cent) and Brikama (78 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (98 per cent).

Data sources: The Gambia 2010 Multiple Indicator Cluster Survey (MICS), 2018 MICS and 2019-20 Demographic and Health Survey.



Standing tall: A mother's vow to end a harmful tradition

In Sotuma Samba, tradition was once measured by an annual collective FGM ritual. For generations, Meta Jawo and her family accepted this as an unquestionable part of their identity.

The cycle finally met its match in May 2025. Through community engagement sessions organized by Beakanyang, supported by the Joint Programme, Meta was confronted with the medical and psychological effects of FGM and the life-altering dangers of child marriage.

Meta made the courageous decision to shield her daughter, Salimatou Baldeh, from the blade. Her choice acted as a catalyst: Her family made the collective decision to abandon their annual ritual of FGM entirely. The day was replaced by a commitment to health and bodily integrity. Meta has moved from being a silent participant to becoming a leading voice.

Today, Meta and other parents have publicly affirmed their stance by signing a village charter to end these harmful practices.

"The project has helped me protect my daughter," she declared. "I stand tall among the people and parents who confidently signed the village charter without any regret."

2025 notable achievements

Bridging policy and community justice

Following a successful defence of the national law against FGM in the National Assembly, efforts have shifted to preparing an evidence-based case before the Supreme Court, with technical support provided for witness coordination and legal strategy. The Female Lawyers Association Gambia, together with a coalition of civil society organizations, have been formally admitted as defendants representing the public interest, alongside international and State actors seeking amicus curiae status.

Complementing these legal efforts, high-level advocacy has been reinforced by grass-roots initiatives, including community "mock court" dramas that translate legal consequences into accessible, locally relevant terms – effectively bridging national policy and community-level justice. At the same time, targeted training for police, male nurses and journalists has strengthened a coordinated, multisectoral movement to support and sustain legal protections.

Selected 2025 results by intervention area

Girls' and young women's agency

- Empowered girls developed a "Call to Action" endorsed by the Minister of Gender, which was presented to the First Lady.
- Creative arts and peer-led camps built active youth solidarity networks and legal literacy, engaging 4,000+ youth.
- Youth conducted intergenerational dialogues such as the "Musu Kachaa" circles, which transformed grandmothers from traditional enforcers into fierce protectors of bodily autonomy.
- Over 7,000 girls were active as agents of justice.
- 35,264 girls/young women initiated conversations and advocated to end FGM, exceeding the annual target by two times.

Family and community engagement

- The programme conducted outreach to 48,000+ people.
- 282 religious leaders and National Assembly members were engaged.
- Fathers' clubs were formed with 42 per cent of members pledging to marry "uncut" girls. Livelihood-linked pledges (*lahido*) secured community commitments.
- The programme engaged 282 religious leaders and National Assembly members.
- 3,686 men and boys were also engaged in gender equality advocacy.
- Community surveillance mechanisms protected 4,150 girls (0-14) from FGM. This achievement met the 2025 target (4,000) and surpassed the 2024 result by 272 per cent.

Movement-building

- 154 male nurses and 100 community champions were trained to address FGM medicalization.
- 32 community-based organizations were integrated into feminist and youth coalitions, a 60 per cent increase from 2024 results.

Systems transformation

- 760 trained committee members and advocates provided localized responses and referrals for around 2,000 people.
- 200 police officers were trained on youth-friendly, rights-based responses.
- 15,281 girls and women received prevention services. This achievement met the 2025 target (2,500), increasing 23 times over the 2024 result.

National bodies engagement

- A national budgeted plan of action for FGM elimination is in place.
- A cross-border alliance was formed with Guinea-Bissau and Senegal for coordinated action.

Effective laws and policies

- 62 judicial and police actors were trained.
- Two FGM cases were successfully prosecuted.

Data and evidence

- A cross-border baseline study produced prevalence and transnational dynamics data.
- The programme transitioned to internal, real-time tracking tools.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Beakang Organization, Catch Them Young, Child Protection Alliance, ChildFund The Gambia, Children's National Assembly, The Female Lawyers Association – Gambia, The Forum for African Women Educationalists Gambia Chapter, Gambia Committee on Traditional Practices Affecting the Health of Women and Children, Girls Pride, Girls Talk, Men for Equality, Ministry of Gender Children and Social Welfare, Ministry of Health (Directorate of Health Promotion), NGBV, Nova Scotia Gambia Association, Paradise Foundation, Peace Ambassadors, Safe Hands for Girls, Society for the Study of Women's Health, The Association of Non-Governmental Organizations in the Gambia, The Girls Agenda, The Woman Boss, Think Young Women, Tostan, Wassu Kafo, Women's Initiative for Leadership and Liberty and Youth Parliament.

Progress in effective intervention coverage (2008–2030)

Performance summary

The Gambia has strong progress in community declarations, service points with at least one trained health worker and integrating FGM content within medical curricula. Moreover, religious leaders denouncing FGM is on track. However, active community surveillance mechanisms and community dialogue, girls and women's advocacy and participation progress is off track. There is a declaration-to-action gap. Finally, mass media reach also lags behind.

Summary of progress towards 2030 for 11 indicators

7 off track of 11 indicators	**1 on track** of 11 indicators	**3 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	302%	✓
Girls protected through community surveillance mechanisms	12%	✗
Women and girls who initiated conversations/advocated on FGM	11%	✗
Girls and women who received prevention and protection services	5%	✗
Medical and paramedical schools with FGM integrated in curricula	120%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	1,810%	✓
Mass media reach	43%	✗
People engaged in reflective dialogues	6%	✗
Girls and young women actively participating in social and behavioural change programmes	6%	✗
Primary/secondary/non-formal institutions providing FGM content	24%	✗
Religious and community leaders publicly denouncing FGM	76%	~

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Close the declaration-to-action gap** Support stakeholders to conduct quick assessments of the lag in moving from declarations to active community surveillance systems to protect girls at risk and examine slow progress on reflective dialogues. Leverage service points with trained health workers to engage communities in reflective dialogues within facilities and outreach health services. Strengthen communities that declared FGM abandonment to set up community surveillance mechanisms, especially in high-prevalence areas. Leverage the cross-border alliance with Guinea-Bissau and Senegal to build joint surveillance in high-prevalence districts (Basse 97 per cent, Mansakonko 80 per cent).
High	**Expand women's/girls' engagement** Support stakeholders to build on the >7,000 girls already active as agents of justice and expand the call to action framework to additional schools and communities. Expand school FGM curricula and prevention services through a 20 per cent scale up in integrating FGM content within existing social and behavioural change programmes, school clubs, safe spaces and in and out-of-school programs.
High	**Increase mass media reach and reflective dialogues** Support stakeholders to scale up work with community radio, drama and digital channels, especially in Basse and Mansakonko, to accelerate norms change in the highest-burden areas. Engage mothers and grandmothers in safe spaces to break cultural resistance and facilitate dialogues. Leverage the large number of religious leaders who have denounced FGM to create reflective dialogues during Friday sermons to clarify that FGM is not an Islamic requirement and provide immediate moral rationales for abandonment.
Medium	**Sustain the Supreme Court defence of the 2015 FGM ban** Support stakeholders to advance the defence with continued legal support and "mock court" dramas. Support community-based organizations secure independent funding through partners such as the Wallace Global Fund.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in centralizing FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

Guinea

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 97 per cent in 1999 to 92 per cent in 2018. However, progress would need to accelerate approximately 100-fold to meet the 2030 target. Prevalence remains highest in Kindia (98 per cent), Labé (98 per cent), Boké (97 per cent) and Faranah (96 per cent). Among girls and youth aged 15–19, FGM is predominantly performed by traditional practitioners (71 per cent).

Data sources: Guinea 2012 Demographic Health Survey (DHS)-Multiple Indicator Cluster Survey (MICS), 2016 MICS and 2018 DHS.

"FGM is a problem that affects girls; therefore, girls must be the ones to solve it. We will not give in until every girl is safe."

M'mah Camara

©UNFPA Guinea

The science of change: M'mah's mission to protect Guinea's next generation

At 19, M'mah Camara carries the resolve of the doctor she dreams of becoming. A high school student specializing in experimental sciences, M'mah understands the pain and lifelong medical complications of FGM.

For the past two years, M'mah has been a leading voice in the Young Leaders Club, a grass-roots initiative supported by the Joint Programme. She uses "image boxes" – visual toolkits provided by the Joint Programme to illustrate how FGM harms.

"In our club, unity is our strength," M'mah says. By standing side-by-side with peers, survivors and girls who have not undergone FGM, M'mah and her fellow advocates provide living proof that it is not a requirement for health, dignity or womanhood.

M'mah's advocacy often takes her into difficult conversations with matriarchs. While mothers are hard to convince and want to perpetuate the custom, she finds that many fathers are quietly against the practice.

"We are educating the dads so they can influence their wives," she explains.

The Young Leaders Club also acts as a front-line protection shield for girls, recently denouncing and preventing two forced child marriages through the local gendarmerie.

2025 notable achievements

Guinea's new Constitution bans FGM

Guinea has taken a significant step forward in protecting the rights of women and girls by enshrining a ban on on FGM in Article 9 of its in its newly adopted Constitution. While FGM was already prohibited under existing laws, its constitutional inclusion strengthens the legal framework and signals strong government commitment, removes cultural or religious legal defenses, and firmly institutionalizes FGM prevention as a mandatory, State-funded obligation across national development planning.

The Joint Programme played a key advocacy role, supporting sustained engagement with government stakeholders and amplifying youth-led efforts, which contributed to this outcome. Encouragingly, there is increased reporting through health and child protection systems. The country's first conviction of a practitioner reflects growing accountability and willingness to address the practice.

Selected 2025 results by intervention area

Girls' and young women's agency

- Grass-roots efforts driven by 965 women mentors and 300 trained "model families", with government support, enabled extensive free media coverage advocating for the elimination of FGM.
- The Joint Programme mobilized 2,095 advocates, 10 per cent below the annual target, a 35 per cent decrease from the 2024 result.

Family and community engagement

- 5,456 religious and traditional leaders were mobilized and 321 communities declared FGM abandonment.
- The media reached 7.6 million people.
- Community surveillance protected 18,056 girls aged 0–14 from FGM. This achievement met the 2025 target (8,542) and was a threefold increase from the 2024 result.

Movement-building

- 3,160 grass-roots/community-based organizations and action groups initiated actions to eliminate FGM.
- 2,921 community-based organizations were integrated into feminist and youth coalitions, a 39 per cent increase from the 2024 result.

Systems transformation

- 596,090 adolescents/youth have strengthened advocacy skills.
- 864 teachers, 700 new schools and 98,525 students benefited from comprehensive sexuality education covering FGM content.
- 421,540 girls and women received prevention services. This achievement met the 2025 target (7,910), a 55 per cent increase from the 2024 result.

National bodies engagement

- The national budgeted plan of action for the elimination of FGM is current and under implementation.

Effective laws and policies

- 44 judicial actors and police were trained on an FGM protocol.
- 12 FGM cases were successfully prosecuted.
- The September 2025 Constitution explicitly banned FGM, leading to the country's first prison sentences for perpetrators.

Data and evidence

- Joint supervision and documentation of good practices was conducted.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Accompagnement des Forces d'Actions Sociocommunautaires, Association des Amis de la Solidarité Sociale et du Développement, Association Promotion entrepreneuriat jeunesse, Cercle des Volontaires pour le Développement Local, Club des Jeunes Filles Leaders de Guinée, Direction Nationale Promotion Féminine et du Genre, Fédération Mounafagny de Kindia, Génération Qui Ose, Gouvernorat de Boke, Gouvernorat de Conakry, Gouvernorat de Faranah, Gouvernorat de Kankan, Gouvernorat de Kindia, Gouvernorat de Labe, Gouvernorat de Mamou, Gouvernorat de N'Zerekore, Le Club des Amis du Monde, Maison Mère de Mamou, Office de Protection du Genre de l'Enfance et des Moeurs, ONG Agir pour la Paix et le Développement en Guinée, Secretariat General des Affaires Religieuses, Service Central de Protection des Personnes Vulnérables, Structure Nikoten and Tostan Guinee.

Progress in effective intervention coverage (2008–2030)

Performance summary
Guinea showed a statistically significant decrease in FGM prevalence among girls aged 15–19. Strong performance was evident on health service points with trained workers and medical curricula integration; mass media and girls' participation in social and behavioural change were on track. Health sector investment did not quite translate into health prevention and protection services received by girls and women. Religious leader engagement, community declarations, girls' advocacy, and prevention and protection services lag behind and require rapid improvements.

Summary of progress towards 2030 for 11 indicators

- **7 off track** of 11 indicators
- **2 on track** of 11 indicators
- **2 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	15%	✗
Girls protected through community surveillance mechanisms	58%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	13%	✗
Medical and paramedical schools with FGM integrated in curricula	149%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	2%	✗
Mass media reach	75%	✓
People engaged in reflective dialogues	26%	✗
Girls and young women actively participating in social and behavioural change programmes	51%	✓
Primary/secondary/non-formal institutions providing FGM content	10%	✗
Health service points with at least one trained health worker	796%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Strengthen community engagement and access to protection and care** Support stakeholders to leverage trained health workers to increase access to FGM prevention, protection and care services in primary care outreach and dialogue with religious and traditional leaders, while engaging professional associations to drive norms change. Expand to 12 strategic communes along the trans-Guinean corridor, integrating FGM prevention into the Simandou 2040 project to reach high-growth populations. Conduct a rapid assessment to determine why service uptake remains low despite trained capacity, and address gaps in targeting, deployment or service delivery.
High	**Engage girls/young women through out-of-school platforms** Given low literacy rates, utilize existing communal platforms for storytelling, survivors, etc. Support stakeholders to scale up mass media programming, particularly in the high-burden regions of Kindia, Labé, Boké and Faranah.
High	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up youth engagement** Support stakeholders to integrate FGM content within educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools. Leverage digital platforms for discussions. Use artificial intelligence tools to systematically and proactively inform and build social and digital movements against resistance/pushback
Medium	**Tracking domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Expand the successful model of integrating FGM prevention into the Simandou 2040 mining project's corporate social responsibility plans to additional private sector actors. Support the revision of the National Strategic Plan (2026–2030), including a comprehensive, budgeted action plan and monitoring and evaluation framework, to include FGM elimination. A critical focus will be supporting the Ministry of Women's Promotion in the effective operationalization of its programme budget to ensure sustainable domestic financing.

Guinea-Bissau

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 increased from 43 per cent in 2006 to 48 per cent in 2019. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains highest in Gabú (96 per cent) and Bafatá (87 per cent). Among girls aged 10–14, FGM is predominantly performed by traditional practitioners (99 per cent).

Data sources: Guinea-Bissau 2014 Multiple Indicator Cluster Survey (MICS) and 2018–19 MICS.

“Enough is enough”: Tida Candé’s crusade for health and choice in Guinea-Bissau

: At 57, Tida Candé, a resident of Sintchan Fodé in the eastern region of Guinea-Bissau was silent on the practice of FGM for decades.

The silence ended when her granddaughter, Adama, contracted HIV through a contaminated blade used during the procedure.

“FGM is a tragedy for women,” Tida says. “It leaves lifelong scars and reduces a mother’s strength during childbirth. Seeing my granddaughter struggle with a trauma that was entirely preventable – I knew I had to speak.”

Through the Joint Programme, Tida has become a leading advocate in Sonaco district. She works alongside community health technicians to educate families on clinical dangers, including haemorrhages, chronic pain and disease transmission.

Tida’s advocacy extends to child marriage, warning parents of the physical and psychological toll on young girls forced into motherhood.
“A child is not prepared to be a wife or mother,” she warns. “Many die in childbirth; others are traumatized for life.”

For Tida, ending FGM is about reclaiming a healthy, chosen future. She champions reporting mechanisms and community awareness campaigns that empower girls to stay in school and choose their own partners.

“The most blessed children are those whose parents chose each other,” Tida concludes.

2025 notable achievements

Digital movements and cross-sectoral linkages

A youth-led digital movement was initiated through the launch of U-Report Guinea-Bissau, which resulted in over 19,000 young people engaged within three months. The platform enabled youth-led U-Actions, including peer-to-peer sensitization on FGM and child marriage, strengthening community-driven awareness and dialogue.

Peacebuilding initiatives involving youth advanced FGM programming through the National Network of Young Women Leaders (RENAJELF), which organized 55 clubs to strengthen girl-youth leadership and advocacy skills through summer camps on gender equality, gender-based violence and FGM. Through a peer-to-peer cascade model, these girls now engage their peers and communities as role models and advocates for positive social norms.

The Joint Programme also strengthened cross-sectoral integration, linking FGM prevention within education and water, sanitation and hygiene initiatives in 30 communities, increasing community ownership and sustainability.

Selected 2025 results by intervention area

Girls' and young women's agency

- 31 adolescent girls led intergenerational dialogues with parents and community elders, transforming traditional gatekeepers into public allies who support girls' right to not undergo FGM.
- The Joint Programme mobilized 52,926 advocates, surpassing the annual target (48,347) by 9 per cent.

Family and community engagement

- Community engagement reached 83,203 people in 168 communities, and 40 public abandonment declarations were made
- Community surveillance systems protected 8,677 girls aged 0–14 from FGM. This achievement is below the 2025 target (13,822) but surpassed the 2024 result by 93 per cent.

Movement-building

- The launch of U-Report Guinea-Bissau registered over 19,000 young people within three months, transforming youth engagement into a real-time digital movement. The platform enabled youth-led U-Actions, including peer-to-peer sensitization on FGM and child marriage, strengthening community-driven awareness and dialogue.
- 169 community-based organizations were integrated into feminist and youth coalitions, a twelvefold increase from the 2024 result.

Systems transformation

- The World Health Organization's FGM clinical protocol was rolled out in 59 health facilities, and 1,505 survivors received clinical and psychosocial care.
- 52,926 girls and women received prevention services. This achievement met the 2025 target (43,690), a 14 percent increase from the 2024 result.
- 42 women journalists were trained to improve responsible reporting on harmful practices and gender issues, strengthening the media as an accountability and awareness tool.

National bodies engagement

- FGM was integrated into the National Development Plan (2025–2034) with a budgeted plan in progress. Moreover, the National FGM Strategy 2026–2030 is underway.

Effective laws and policies

- 79 judicial police and law enforcement officers were trained on gender-based violence and child protection.
- 4 FGM cases were successfully prosecuted in court.

Data and evidence

- An FGM patterns and drivers study covered Gabú, Bafatá and Quinara. It identified persistent cultural drivers and gaps in male findings that will be used to inform 2026 programme interventions.
- The transition from paper-based reporting to a digital information management system led by the Institute for Women and Children improved data management through real-time monitoring of gender-based violence and FGM cases.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: SOS VILLAGE, Ação Nacional para o Desenvolvimento Comunitário, Associação dos Amigos da Criança, Associação Guineense para o Bem Estar Familiar, Guinea-Bissau Scouts, Institute for Women and Children, Judiciary Police/Women and Child Unit, Ministry of Interior, Ministry of Justice and Human Rights, TOSTAN, U-Report, National Network to Fight Gender-Based Violence and Children in Guinea-Bissau, Rede Nacional de Jovens Mulheres Líderes da Guiné-Bissau and 15+ additional national partners.

Progress in effective intervention coverage (2008–2030)

Performance summary

Guinea-Bissau presented a split picture. Five indicators met targets while six remained off track. Community surveillance, health worker training, religious leader engagement, social and behavioural change participation and mass media all exceeded targets. Strong programmatic outputs have not translated into robust community engagement, women's and girls' agency, community declarations and reflective dialogues. Moreover, there is limited institutionalization of FGM within the educational system.

Summary of progress towards 2030 for 11 indicators

6 off track	0 on track	5 met target
of 11 indicators	of 11 indicators	of 11 indicators

Refer to the tables below for more details.

Status off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	22%	✗
Girls protected through community surveillance mechanisms	1,275%	✓
Women and girls who initiated conversations/advocated on FGM	25%	✗
Girls and women who received prevention and protection services	26%	✗
Medical and paramedical schools with FGM integrated in curricula	0%	✗

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	485%	✓
Mass media reach	81%	✓
People engaged in reflective dialogues	21%	✗
Girls and young women actively participating in social and behavioural change programmes	256%	✓
Primary/secondary/non-formal institutions providing FGM content	10%	✗
Health service points with at least one trained health worker	738%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up community declarations and reflective dialogues** With slightly less than a quarter achievement towards the 2030 targets for community declarations and reflective dialogues, more focus and expansion are required through structured community conversation programming in Gabú and Bafatá, where FGM prevalence exceeds 86 per cent. Leverage existing networks of religious leaders who denounced FGM to mobilize communities towards FGM abandonment. Engage FGM survivors and former practitioners in dialogues as this has been found in Guinea-Bissau to build immediate empathy, breaks the silence and provides credible entry points to address sensitive FGM issues. Youth can engage in reflective dialogues; expanding efforts on digital platforms such as U-Report rapidly engages youth by offering safe, anonymous spaces to access vital information and openly discuss gender equality. Expand on cross-sector water, sanitation, hygiene and education links beyond the current 30 communities. Elevate FGM abandonment from a standalone project to a State priority by embedding community management committees within municipal development structures, strengthening local ownership and sustainability.
High	**Increase women's advocacy and access to prevention and protection services** Progress is significantly lagging on 2030 targets for women advocating to end FGM and girls receiving prevention services. Girl-led advocacy networks and access to prevention and protection can be scaled up using the coalitions of community-based organizations as a delivery infrastructure.
High	**Urgently integrate FGM into educational curricula** Support stakeholders to embed FGM prevention content into curricula through the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools, leveraging the National Institute for Education Development and the National FGM Strategy for 2026–2030. Ensure that FGM content within health professional education and standard operating procedures for facility and community work emphasize prevention and protection, using the World Health Organization's person-centred communication for FGM prevention.
Medium	**Convert strong outputs into measurable norms change** Strong religious leader engagement and health worker training have not yet translated into community abandonment, receipt of FGM prevention and protection services or FGM declines, or, ultimately, to statistically significant declines in FGM prevalence. Efforts in 2026 would need to build on strong achievements with religious leaders and trained health workers to intensify post-sermon mosque dialogues and health worker-led health talks, which have been shown to increase community acceptance of anti-FGM messaging. Review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers to ensure estimates are not too low to achieve the 2030 targets. Implement structured social norms measurement and community verification, using U-Report's 19,000+ members as a real-time monitoring tool.
Medium	**Strengthen data systems** Support stakeholders to operationalize the digital information management system for real-time gender-based violence/FGM monitoring.
Medium	**Diversify financing for long-term sustainability** Support stakeholders to conduct budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of development impact bonds.

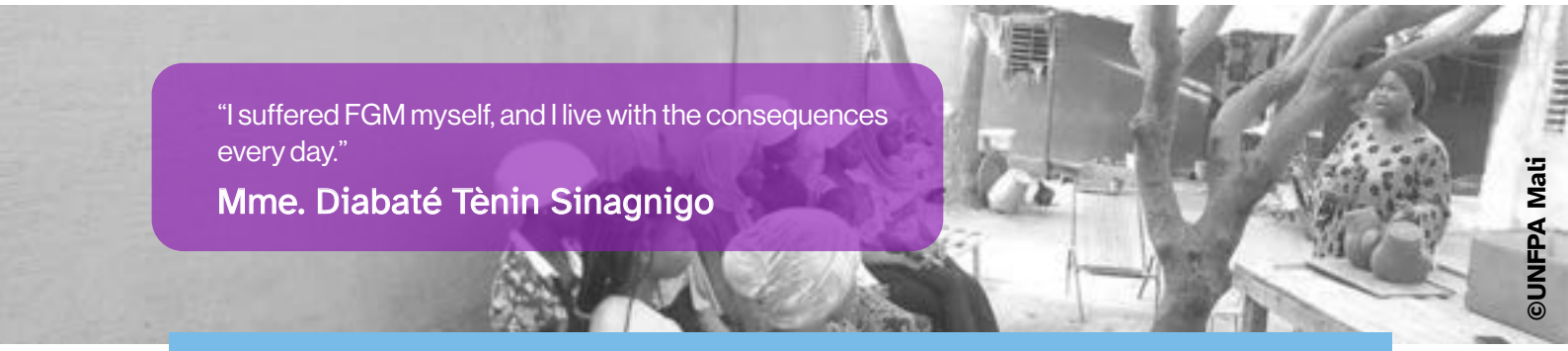
Mali

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 93 per cent in 1996 to 87 per cent in 2024. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains highest in Kayes (96 per cent) and Koulikoro (95 per cent). Among girls and youth aged 15–19, FGM is predominantly performed by traditional practitioners (90 per cent).

Data sources: Mali 2012-13 Demographic and Health Survey (DHS), 2015 Multiple Indicator Cluster Survey, 2018 DHS and 2024 DHS.



"I suffered FGM myself, and I live with the consequences every day."

Mme. Diabaté Tènin Sinagnigo

©UNFPA Mali

A mother's silent victory: Breaking the FGM cycle in Mali

Since 2018, Mme. Diabaté Tènin Sinagnigo has served as a mentor at the Koulikoro Safe Space in Koutiala, Mali. Mme Diabaté grew up believing that FGM was the only way to become a "real woman".

"I was a supporter of the practice," she admits. "In our community, any girl who did not undergo it became the laughingstock of other women."

Her two eldest daughters underwent FGM, but everything changed when Mme. Diabaté became a mentor. Through training supported by the Joint Programme and L'Association de Soutien au Développement des Activités de Population, she learned about FGM health complications, which included chronic pain, haemorrhaging and other complications during childbirth.

When her family pressured her to have her third daughter undergo FGM, she made a courageous, silent choice.

"I pretended to agree," she explains. "I took her for a walk in the city and returned home acting as if the procedure had been done. To this day, no one in the family knows that she remains untouched."

Mme Diabaté's influence now extends far beyond her own home. Her second daughter has joined her mother's mission, sensitizing her older sister and other girls in the community. Mme Diabaté has convinced numerous women and young mentees to abandon the practice entirely.

2025 notable achievement

Community engagement

The Joint Programme mobilized 152 key actors actors; their combined actions resulted in 16,800 people participating in public declarations of FGM abandonment. Through dialogues and media synergy, 13,900 religious and traditional leaders and ambassadors publicly denounced their willingness to abandon FGM. Moreover, 138,586 men and boys actively participated in the promotion of positive masculinity, and 114 intercommunity dialogues were conducted. All these steps encouraged 112 new communities to sign declarations to abandon FGM and child marriage.

Selected 2025 results by intervention area

Girls' and young women's agency

- Training for adolescents aged 13–17 has supported advances in the reporting of cases to the legal system. Young activists have participated in international summits, lobbying for the abandonment of FGM and child marriage.
- 9,955 women served as community change agents across six regions.
- 4,172 girls and women initiated conversations and advocated for FGM elimination, meeting the annual target, and achieving a 26 per cent increase from the 2024 result.

Family and community engagement

- The engagement of hundreds of ambassadors and leaders accelerated the FGM abandonment of 1,150 community members in five villages.
- "Danse Inlassable", a 73-episode Tv series designed to strengthen national dialogue on FGM and promote gender equality, will run through 2026.
- 13,900 religious and traditional leaders publicly denounced FGM.
- 375,418 people were reached through mass media.
- Community surveillance systems protected 335 girls aged 0–14 from FGM. This achievement met the 2025 target (113) and was a fourfold increase from the 2024 result.

Movement-building

- 35 grass-roots/community-based organizations and action groups initiated actions towards FGM elimination.
- 236 community-based organizations were integrated into feminist and youth coalitions, a threefold increase from the 2024 result.

Systems transformation

- 85 health structures were reinforced for FGM services, while 88 health workers were trained in medical and psychosocial care.
- 64,704 girls and women received prevention services. This achievement is below the 2025 target (120,298) and represents a 41 per cent decrease from the 2024 result.

National bodies engagement

- National budget line was preserved for FGM elimination despite resource scarcity.

Effective laws and policies

- 150 judicial actors and police were trained on an FGM protocol.
- Three FGM-related cases were successfully prosecuted before the courts.

Data and evidence

- The 2023–2024 Demographic and Health Survey findings suggest generational trends. While FGM prevalence was 89 per cent in the 15–49 age group, FGM among those aged 0–14 decreased from 74 to 70 per cent.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Académie d'Enseignement et les Centres d'Animation Pédagogique Kayes, Nioro, Koulikoro, Sikasso, Ségou, Bamako, Association du Sahel d'Aide à la Femme et à l'enfance, Association pour la Promotion des Droits et le Bien-Être de la Famille, Association pour le Progrès et la Défense Des Droits des Femmes, Centres de Santé de Reference et les Centres de Sante Communautaires (CSCOM), Directions Régionales de la Promotion de la Femme, de l'Enfant et de la Famille de Kayes, Nioro, Koulikoro, Sikasso, Ségou, Bamako, L'Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles, Ministère de la Promotion de la Femme, de l'Enfant et de la Famille, Programme National pour l'abandon des Violences Basées sur le Genre and TOSTAN.

Progress in effective intervention coverage (2008–2030)

Performance summary
Mali presented a mixed picture; four indicators met 2030 targets, one was on track and six were off track. There is exceptional performance for the coverage of health service points with at least one trained health worker, religious leader engagement, primary/secondary institutions providing FGM content and medical curricula integration. Key gaps were in community-level engagement through declarations and community surveillance systems as well as in the agency of girls and young women and advocacy to end FGM. Despite strong output-level performance, the absence of a significant FGM prevalence decline underscores the need to convert strong leadership engagement and institutional coverage into direct community norms change, particularly in the high-burden regions of Kayes, Koulikoro, Sikasso and Ségou.

Summary of progress towards 2030 for 11 indicators

6 off track
of 11 indicators

1 on track
of 11 indicators

4 met target
of 11 indicators

Refer to the tables below for more details.

Status **off track (≤ 50 per cent)** **on track (51–80 per cent)** **met target (≥ 81 per cent)**

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	33%	✗
Girls protect through community surveillance mechanisms	4%	✗
Women and girls who initiated conversations/advocated on FGM	3%	✗
Girls and women who received prevention and protection services	64%	◐
Medical and paramedical schools with FGM integrated in curricula	1280%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	742%	✓
Mass media reach	18%	✗
People engaged in reflective dialogues	1%	✗
Girls and young women actively participating in social and behavioural change programmes	9%	✗
Primary/secondary/non-formal institutions providing FGM content	111%	✓
Health service points with at least one trained health worker	1,593%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up community engagement** Support stakeholders to utilize the strong engagement of religious leaders to advance community dialogues in mosques/sermons across Kayes, Koulikoro, Sikasso and Ségou.
High	**FGM prevention and care institutionalization in the health sector** Support stakeholders to shift from siloed trainings to integrate FGM content within pre- and in-service trainings to generate sustained cohorts of trained health workers. Review protocols and training curricula to clarify the role of health workers in prevention and protection. Review or make clear facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records.
High	**Scale up youth engagement, mass media, and social and behavioural change programming** Support stakeholders to leverage technology and digital innovation to scale up youth engagement, and use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/ pushback.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and where applicable revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

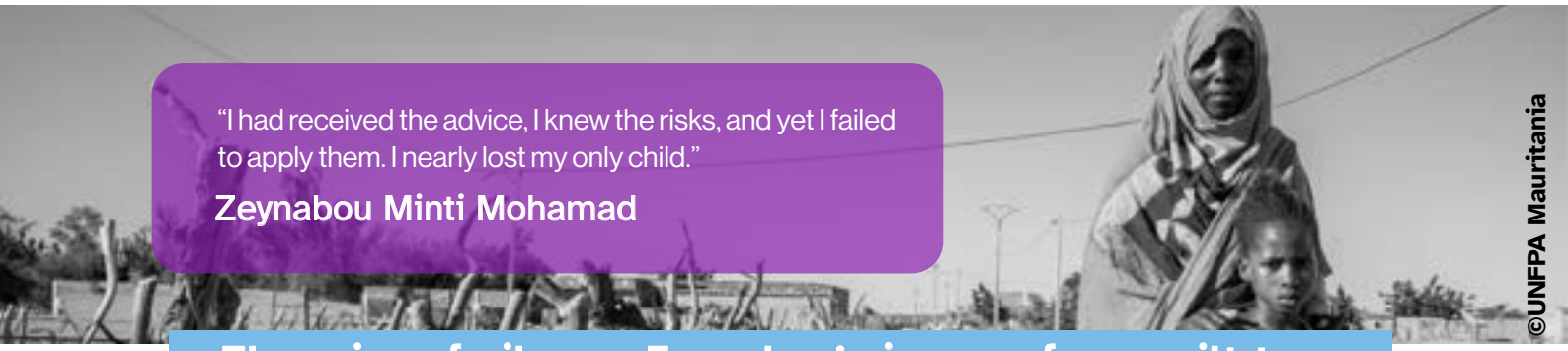
Mauritania

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 66 per cent in 2000 to 56 per cent in 2021. However, progress would need to accelerate approximately twentyfold to meet the 2030 target. Prevalence remains highest in Hodh Gharbi (94 per cent), Tagant (88 per cent), Guidimagna (85 per cent) and Assaba (82 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (92 per cent).

Data sources: Multiple Indicator Cluster Survey (MICS), 2015 MICS and 2019-21 Demographic and Health Survey. DHS.



"I had received the advice, I knew the risks, and yet I failed to apply them. I nearly lost my only child."

Zeynabou Minti Mohamad

©UNFPA Mauritania

The price of silence: Zeynabou's journey from guilt to advocacy

Zeynabou Minti Mohamad was 45 when she had her daughter, Morum. Having attended awareness sessions on the dangers of FGM, Zeynabou was personally opposed to the practice. Despite her husband's quiet opposition and her own reservations, Zeynabou succumbed to the intense pressure of her community. "They told me that if I did not circumcise her, she would be impure," Zeynabou recalls.

This decision almost cost Morum's life due to massive bleeding. Today, even at the sight of the former FGM practitioner in the village, Morum is gripped by a fear she cannot shake.

Overwhelmed by guilt, Zeynabou chose not to remain silent. During a community mobilization session supported by the Joint Programme, Zeynabou stepped forward, as a facilitator.

Today, Zeynabou uses her story as a cautionary tale, convincing her brothers and many young mothers in her village to abandon the practice, citing Morum's traumatic experience as living proof of the danger. Zeynabou is ensuring that in her community, no other mother has to choose between social acceptance and her daughter's life.

2025 notable achievements

A three-tiered approach to prevent FGM in high-risk periods

The "1,000-day window targeting" strategy focuses on intensive engagement with pregnant and breastfeeding women during the first 1,000 days of their child's life - when FGM is performed. This startegy is further re-inforced with "social accountability contracts", an agreement signed between communities and health centres committing to FGM prevention. A third tier of protection entails the implementation of an early warning mechanism to detect tensions among those at risk in order to intervene and mediate in a timely manner before FGM occurs.

Selected 2025 results by intervention area

Girls' and young women's agency

- Safe spaces and school leadership clubs were established, and peer-to-peer activities in Brakna reached 600 girls.
- The expansion of the Women Mediators' Network into Nouadhibou, used local actors to accelerate the adoption of prevention messages.
- 36,893 girls/young women initiated conversations and advocated for FGM elimination, exceeding the annual target by 32 per cent.

Family and community engagement

- Over 80 youth and 12 disability leaders were sensitized, and five caravans of women mediators conducted large-scale community awareness drives.
- One community-based early warning system was established in Nouadhibou (Dakhlet Nouadhibou).
- Community surveillance systems protected 22,925 girls aged 0–14 from FGM. This achievement met the 2025 target (8,158), surpassing the 2024 result by 25 per cent.

Movement-building

- 120 community workers, religious leaders and youth were trained.
- 200 community-based organizations were integrated into feminist and youth coalitions, a 69 per cent increase.

Systems transformation

- The programme supported the signature of 21 local quality-of-care contracts, and FGM modules were integrated into midwifery curricula.
- 14,717 girls and women received prevention services. This achievement met the 2025 target (6,242) but was a 47 per cent decrease from the 2024 result.

National bodies engagement

- A national budgeted plan of action for FGM elimination is in place.

Effective laws and policies

- Karama Law advocacy continued, while gender strategies were integrated into national election planning.
- 88 judicial actors and police were trained on an FGM protocol.
- Three FGM cases were successfully prosecuted before the courts.

Data and evidence

- Successfully integrating FGM indicators into the national SMART survey enabled the identification of reductions in FGM prevalence for children under age 5.
- A pilot database was successfully implemented in Nouadhibou using KoboToolbox, with expansion planned for high-prevalence zones to ensure real-time reporting.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Agir pour le Bien Être des Personnes Âgées et Déficientes, Association Mauritanienne pour la Promotion de la Famille, Association Mauritanienne des Droits de l'Homme, Cellule nationale de lutte contre les VBG y compris MGF, CORDAK, Direction de la promotion de l'Enseignement Originel, Direction de Protection judiciaire des Enfants, Ministere de la Jeunesse/Projet d'appui à la Santé reproductive des jeunes et adolescents, Organization for the Development of Arid and Semi-Arid Zones of Mauritania, ONG Actions au GORGOL, ONG Actions au Guidimaka, ONG AMSME Hodh Charghi, ONG COAN Hodh Charghi and Sifa Hanki Pinal Hande.

Progress in effective intervention coverage (2008–2030)

Performance summary
Mauritania showed strong performance on community engagement and surveillance outcomes, exceeding targets for girls protected and community declarations, religious leaders denouncing FGM, trained health workers in service points and medical/paramedical school integration of FGM. Key gaps remained in integrating FGM content within education as well as girls' and women's engagement in general, including in advocacy, social and behaviour change programmes, and receiving prevention and protection. Mass media coverage was also off track on 2030 targets.

Summary of progress towards 2030 for 11 indicators

6 off track of 11 indicators	**0 on tack** of 11 indicators	**5 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	172%	✓
Girls protected through community surveillance mechanisms	294%	✓
Women and girls who initiated conversations/advocated on FGM	28%	✗
Girls and women who received prevention and protection services	23%	✗
Medical and paramedical schools with FGM integrated in curricula	420%	✓

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Religious/community leaders denouncing FGM	115%	✓
Mass media reach	23%	✗
People engaged in reflective dialogues	10%	✗
Girls and young women actively participating in social and behavioural change programmes	3%	✗
Primary/secondary/non-formal institutions providing FGM content	48%	✗
Health service points with at least one trained health worker	544%	✓

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up girls' and women's engagement** Focus interventions on school-based and community clubs for girls. Support stakeholders to leverage safe spaces to expand peer-to-peer programming and social and behavioural change initiatives to reach adolescent girls.
High	**Health sector** Close follow-up of service points with trained health workers will support them in providing prevention and protection in facilities and outreach services. Support stakeholders to review referral protocols and integrate FGM prevention into sexual, reproductive, maternal, neonatal, child and adolescent health records. Adapt and integrate World Health Organization prevention and care curricula in all five national medical schools. Finalize standard operating procedures with the Ministry of Social Affairs, Children and the Family to anchor the early warning system in national protection structures.
High	**Community engagement and mass media** Support stakeholders to use the strong engagement of religious leaders to advance community dialogues in mosques/sermons across Hodh Gharbi, Tagant, Guidimagna and Assaba. Messaging is more effective when developed jointly with religious leaders, reducing resistance in conservative rural areas.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and, where applicable, revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Scale up the KoboToolbox roll-out to generate real-time field evidence. Invest in efforts to centralize FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness. Work closely with the Ministry of Health to standardize FGM indicators in health service information systems.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

Nigeria

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 13 per cent in 2003 to 7 per cent in 2024. However, progress would need to accelerate approximately twofold to meet the 2030 target. Prevalence remains highest in Katsina (50 per cent), Ekiti (48 per cent), Ebonyi (39 per cent) and Imo (34 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (95 per cent).

Data sources: Nigeria 2011 Multiple Indicator Cluster Survey (MICS), 2013 Demographic and Health Survey (DHS), 2016 MICS, 2018 DHS, 2021 MICS and 2024 DHS.

"Protecting our daughters sometimes means having the courage to change the traditions we once accepted."
Zainab

©UNFPA Nigeria

Voices breaking the silence on FGM in Oyo State

In Jericho, Ibadan, 36-year-old Zainab once viewed tradition as the bedrock of a girl's dignity. Like many mothers in Oyo State, she grew up believing FGM was a silent but necessary thread in the cultural fabric of her community.

"We were taught these traditions were about protection," Zainab reflects. "Most of us never had the opportunity to ask: protection from what?"

That opportunity arrived in 2025 through the Women Empowerment and Safety Programme, a grass-roots initiative supported by the Joint Programme. Through interactive sessions, Zainab was confronted with the clinical and human rights realities of FGM.

"The training opened my eyes," she says. "I realized that many things we believed were protecting girls were actually harming them."

Zainab didn't keep this realization to herself. As a respected mother, she turned markets and church gatherings into spaces for dialogue, leading with empathy and sharing her own journey of unlearning. The impact was immediate. Younger mothers began to ask questions they had never dared to voice before.

"The most powerful moment," Zainab recalls, "was when another mother said, 'If this is harmful, then we must think about our daughters differently."

For Zainab, the Joint Programme redefined her understanding of motherhood. As Nigeria races towards 2030, voices like Zainab's are the key to breaking generational cycles.

2025 notable achievements

Digital movements to end FGM

The Joint Programme leveraged the "Movement for Good" platform, a national, technology-driven advocacy initiative, to scale up efforts to end FGM. The platform uses digital tools, social media influencers and youth-led mobilization to transform advocacy from localized community sessions into a nationwide digital movement. Through a dedicated online platform, individuals make public "digital pledges" to reject the practice, creating visible social accountability. The initiative secured over 55,800 pledges to protect girls from FGM. This public and socially endorsed commitment, particularly among young people, continues to bridge urban–rural advocacy gaps and increases the social cost of continuing the practice.

Selected 2025 results by intervention area

Girls' and young women's agency

- Survivor-led networks (W-CAN) reached around 30,000 survivors as first responders, linking them to medical, psychosocial and legal aid. Youth and school clubs expanded peer-driven advocacy through support by parent-teacher associations and youth-led networks, which mobilized local resources, embedding FGM prevention into daily life and creating self-sustaining advocacy structures.
- 69,848 girls/young women initiated conversations and advocated for ending FGM, a result that exceeded the annual target by 57 per cent.

Family and community engagement

- Advocacy reached 434,360 people. Community matriarchs were engaged as change agents to shift norms across generations.
- Community surveillance mechanisms protected 23,864 girls aged 0–14 from FGM. This achievement met the 2025 target (1,791) and represents a sixfold increase from the 2024 result.

Movement-building

- 1,897 community-based organizations were integrated into feminist and youth coalitions, a 28 per cent increase from the 2024 result.

Systems transformation

- 640 health workers were trained in 491 service delivery centres.
- FGM indicators were integrated into DHIS2 reporting.
- Some 57 education institutions adopted prevention curricula; pre-service training integration is underway.
- FGM modules were integrated into the core curricula of 20 schools of nursing and midwifery and 25 universities through general education studies.
- 288,494 girls and women received prevention services. This achievement met the 2025 target (102,965) and was an 82 per cent increase over the 2024 result.

National bodies engagement

- A national budgeted plan of action for the elimination of FGM is in place.

Effective laws and policies

- 15 FGM cases.
- Fifteen FGM cases were documented; 49 survivors received legal services. The harmonization of community by-laws with the Violence Against Persons (Prohibition) Act will be a 2026 priority.

Data and evidence

- The programme uses routine DHIS2 reporting and partner evaluations to guide targeting.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Action Health Incorporated, Anti Sexual Violence Lead Support Initiative, Balm in Gilead Foundation, Bashir Foundation for Fistula and Women Health, The Better Health for Rural Women, Children and Internally Displaced Persons Foundation, Bridge Connect, Centre for Girls Education, Child Protection and Women Empowerment Initiative, Daalitech, Development Initiative of West Africa, Ebonyi & Ekiti & Imo & Osun & Oyo & Rivers State Ministries of Health and Women Affairs, Education as a Vaccine, Federal Ministry of Health, Federal Ministry of Women Affairs, The Federation of Muslim Women Associations in Nigeria, Gender Relevance Initiative Promotion, Grassroot Initiative for Strengthening Community Resilience, Isa Wali Empowerment Initiative, National Council on Women's Society, Nigerian Union of Journalists (NW Zone), SmartAid Initiative, Steamledge, The Civil Resource Development and Documentation Centre, The New Generation Girls & Women Development Initiative, TOMORROW IS A GIRL INITIATIVE, Trailblazer Initiative Nigeria, Value Female Network, Value re-orientation for community enhancement, VIRGIN HEART FOUNDATION, Women's Rights and Health Project, YAYA Memorial Foundation, Young Men's Network Against SGBV, Youthub Africa and Zamfara Charity Organization.

Progress in effective intervention coverage (2008–2030)

Performance summary
Nigeria showed strong mass media reach, exceeding the 2030 target. The reach of prevention and protection services is on track. There is a need to work through existing wide networks of government education and health service points as well as to leverage community governance structures to scale up programming coverage in FGM-prevalent states.

Summary of progress towards 2030 for 11 indicators

- **9 off track** of 11 indicators
- **1 on track** of 11 indicators
- **1 met target** of 11 indicators

Refer to the tables below for more details.

Status — off track (≤ 50 per cent) | on track (51–80 per cent) | met target (≥ 81 per cent)

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	5%	✗
Girls protected through community surveillance mechanisms	<1%	✗
Women and girls who initiated conversations/advocated on FGM	<1%	✗
Girls and women who received prevention and protection services	69%	✓
Medical and paramedical schools with FGM integrated in curricula	25%	✗

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	34%	✗
Mass media reach	251%	✓
People engaged in reflective dialogues	4%	✗
Girls and young women actively participating in social and behavioural change programmes	1%	✗
Primary/secondary/non-formal institutions providing FGM content	5%	✗
Religious and community leaders publicly denouncing FGM	19%	✗

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Scale up community health outreach and prevention services** Support stakeholders to complete the integration of FGM content into 20 nursing/midwifery schools and 25 universities. Integrate FGM content within continuous development programmes or trainings for health workers who have already graduated and are working. Review protocols/training curricula to clarify the prevention and protection role of health workers. Review or make clear facility-level referral protocols from health services to legal or protection services. Integrate prevention and protection data within clinical and monthly reproductive, maternal, neonatal, child and adolescent health records. Target Katsina, Ekiti, Ebonyi and Imo as priority states.
High	**Scale up girls' and youth engagement** Support stakeholders to scale up the roll-out of FGM content in educational curricula with the Ministry of Education and departments of primary, secondary, higher, and technical and vocational education in formal schools (all levels) and vocational schools. Scale up FGM content within existing social and behavioural change programmes, school clubs, safe spaces and out-of-school programs. Target Katsina, Ekiti, Ebonyi and Imo as priority states.
High	**Increase reflective dialogues and advocacy reach** Women/girls initiating conversations and reflective dialogue require dedicated investment. Support stakeholders to leverage the August Meetings and support community matriarchs for structured dialogue.
Medium	**Scale up youth engagement** Continue to leverage technology and digital innovation to scale up youth engagement, and use artificial intelligence to systematically and proactively inform and build social and digital movements against resistance/pushback.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and where applicable revise annual targets for community declarations, girls protected, religious leader denouncements and trained health workers. Invest in efforts to centralize FGM data from all stakeholders at national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to conduct fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

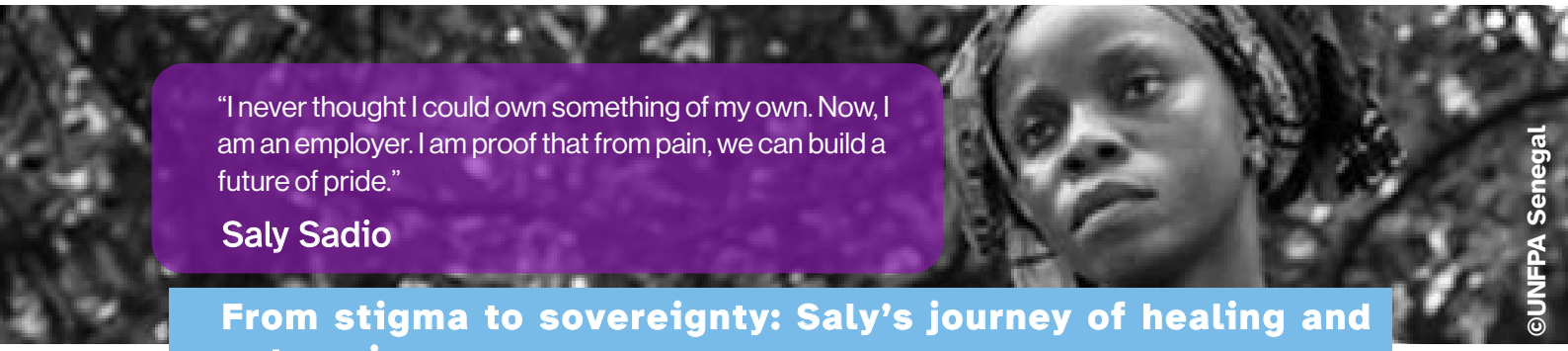
Senegal

2025 Country Snapshot

FGM situation

FGM prevalence among girls and youth aged 15–19 declined from 25 per cent in 2005 to 16 per cent in 2023. FGM elimination progress would need to overcome stagnation to meet the 2030 target. Prevalence remains highest in Matam (83 per cent), Sedhiou (81 per cent), Kédougou (71 per cent) and Kolda (68 per cent). Among girls aged 0–14, FGM is predominantly performed by traditional practitioners (99 per cent).

Data sources: Senegal 2015 Demographic and Health Survey (DHS), 2018 DHS, 2019 DHS and 2023 DHS.



From stigma to sovereignty: Saly's journey of healing and enterprise

Saly Sadio was subjected to FGM at a young age of 3. She suffered severe infections and a permanent physical disability in her hip and leg, despite corrective surgeries.

"They called me Kantioli – a name for the marginalized," she recalls. "The physical pain was a constant reminder of what had been taken from me."

A turning point came through the Joint Programme, which provided specialized support. Saly enrolled in a professional tailoring course and received nine sewing machines to launch her own business. By joining the Girls' Leadership Club, the girl once mocked transformed into a social change agent.

"My disability is no longer a barrier," Saly says. "We lead mass awareness campaigns to convince our communities to abandon this practice so that no other girl suffers as I did."

Today, Saly is a thriving entrepreneur. She manages her own workshop, with five female apprentices. Her business supports her mother and covers her educational fees. Ranking third in a class of 40 students, Saly is now preparing for her professional exams. "The support of the Joint Programme gave me back my zest for life," she concludes.

2025 notable achievements

Community engagement

The increased involvement of men, boys, religious leaders and survivors in communications campaigns has galvanized momentum for change. An "edutainment" strategy – comprising TV series, social media and recreational activities – intensified youth engagement. The voices of survivors gained more reach. Intergenerational dialogue accelerated the breaking of taboos surrounding FGM, with the matter now discussed within families as a public health issue. This evolution fosters community surveillance and immediate and lasting protection for girls. A total of 10.6 million people were reached via digital and broadcast media campaigns. Moreover, 67 communities (163,568 individuals) declared FGM abandonment. Husbands' schools engaged 54,651 men and boys.

Activists from youth movements, civil society associations, women's groups, and the Islam and Population Network, which has strong community roots and solid regional networks, received training focused on advocacy techniques and strategic actions to rapidly engage communities and families in achieving social and behavioural change.

Selected 2025 results by intervention area

Girls' and young women's agency

- 350 trained survivors and leaders drove community advocacy.
- 10 youth panelists represented Senegal at international summits.
- 262,503 girls/young women initiated conversations and advocated for ending FGM, exceeding the annual target by over two times.

Family and community engagement

- 10.6 million people were reached via digital and broadcast media campaigns.
- Community surveillance systems protected 2,110 girls aged 0–14 from FGM. This achievement met the 2025 target (75) andwas a thirtyfold increase from the 2024 result.

Movement-building

- The creation of a male engagement model through 10 young boys' clubs sustained a commitment to positive masculinity. Transforming gender dynamics from an early age supports a lasting generational shift and enhances community protection.
- 135 grass-roots organizations were integrated into strategic coalitions, and 46 networks and coalitions, predominantly led by women and youth, were formed.

Systems transformation

- An FGM module was integrated into the national education curriculum.
- 3,158 community and religious leaders actively monitored FGM abandonment.
- 36,870 girls and women received prevention services. This achievement met the 2025 target (2,307) and was an over twofold increase compared to the 2024 result.

National bodies engagement

- A strategic synergy with the National Advisory Council and Commission Nationale des Droit de l'Homme has resulted in a validated national action plan.
- Advocacy is currently focused on the Conseil Africain et Malgache pour l'Enseignement Supérieur (CAMES) agreement to permanently integrate FGM modules into the official curricula of all national health and education training schools.

Effective laws and policies

- 66 judicial and police actors were trained to apply an FGM protocol.
- One FGM-related case was successfully prosecuted in court.

Data and evidence

- Three studies were conducted; cross-border research addressing "vacation FGM" was funded separately by the Government of Italy.

Data source: Joint Programme DHIS2 Platform.

Implementing partners: Association des juristes sénégalaises, Comité d'Appui et de Soutien Au Développement Economique et Social, Centre de Formation et de Recherche en Santé de la Reproduction, Cellule Genre Ministère de l'Education Nationale, Coalition nationale des associations et ONG en faveur de l'enfant, Comité Départemental de Protection de l'Enfant (Tambacounda, Bakel, Bounkiling, Goudiry, Goudomp, Kédougou, Matam, Salémata, Saraya, Sédhiou, Keur Massar), Direction de la protection sociale des jeunes, Enda Jeunesse Action, Forum pour un Développement Durable Endogène, Grandmother Project, Groupe pour l'Etude et l'enseignement de la population, Marodi, Ministère de l'Education Nationale, Plateforme des Femmes pour la Paix en Casamance, Réseau des jeunes pour la promotion de l'abandon des MGF/ME, Society for Women and AIDS in Africa/Sénégal and TOSTAN.

Progress in effective intervention coverage (2008–2030)

Performance summary
Senegal has exceeded its 2030 target for integrating FGM within medical and paramedical curricula, and girl and women who received prevention and protection services. While progress towards 2030 target for community declarations, mass media reach and trained health workers in service points remain on track. Key gaps remain in girls protected via community surveillance mechanisms, women/girls initiating conversations, girls participating in social and behavioural change programmes, reflective dialogue engagement, religious leader denouncements and FGM content in schools.

Summary of progress towards 2030 for 11 indicators

6 off track
of 11 indicators

3 on track
of 11 indicators

2 met target
of 11 indicators

Refer to the tables below for more details.

Status **off track (≤ 50 per cent)** **on track (51–80 per cent)** **met target (≥ 81 per cent)**

Outcome indicators

Indicator	Progress towards 2030 target (percentage)	Status
Community declarations	51%	
Girls protected through community surveillance mechanisms	7%	
Women and girls who initiated conversations/advocated on FGM	34%	
Girls and women who received prevention and protection services	113%	
Medical and paramedical schools with FGM integrated in curricula	505%	

Output indicators

Indicator	Progress towards 2030 target (percentage)	Status
Health service points with at least one trained health worker	62%	
Mass media reach	73%	
People engaged in reflective dialogues	12%	
Girls and young women actively participating in social and behavioural change programmes	44%	
Primary/secondary/non-formal institutions providing FGM content	8%	
Religious and community leaders publicly denouncing FGM	33%	

Note: Effective interventions include training health workers, health education, community engagement, religious/traditional leaders, social marketing and media, and formal girls' education. The 2030 target indicators are detailed in section 4 of the 2025 Joint Programme annual report. Over- and underperforming indicators, greater than 150 per cent and less than 30 per cent, respectively, require a review of targets and coverage estimates.

Data source: UNFPA-UNICEF DHIS2 Platform

Recommended priority actions for Joint Programme staff in 2026

High	**Close the declaration-to-action gap** Support stakeholders to conduct quick assessments of the lag in moving from declarations to active community surveillance systems to protect girls at risk and examine limited progress on reflective dialogues. Leverage service points with trained health workers to engage communities in reflective dialogues within facilities and outreach health services. Leverage the 156 grass-roots coalitions and husbands' schools as channels for systematic dialogue sessions. Strengthen communities that declared FGM abandonment to set up surveillance mechanisms, especially in high-prevalence areas, such as Kédougou, Kolda, Matam, and Sedhiou.
High	**Expand FGM integration in education and build girls' agency** Close follow-up of service points with trained health workers will support them in providing prevention and protection in facilities and outreach services. Support stakeholders to review referral protocols and integrate FGM prevention into sexual, reproductive, maternal, neonatal, child and adolescent health records. Adapt and integrate World Health Organization prevention and care curricula in all five national medical schools. Finalize standard operating procedures with the Ministry of Family, Social Action and Solidarity to anchor the early warning system in national protection structures.
Medium	**Monitoring and evaluation targets and data capture** Support stakeholders to review and where applicable revise targets for community declarations, girls protected, religious leader denouncements and health workers trained. Invest in centralizing FGM data from all stakeholders at the national and subnational levels to track coverage, social norms change and programme effectiveness.
Medium	**Scale up domestic financing** Support stakeholders to review fiscal and budget analysis, estimate intervention package costs, estimate and track domestic expenditure on FGM, and develop economic narratives for government decision makers, international financial institutions and the private sector. Explore the feasibility of innovative financing, private sector match funding and crowdfunding for grass-roots initiatives.

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