Introduction

UNFPA and UNICEF, in line with the vision of the 2030 Agenda for Sustainable Development, have co-led the largest global programme on the elimination of female genital mutilation (FGM) since 2008.

Working in partnership with governments, civil society organizations, women-led organizations, feminist-led movements, youth movements, academic institutions, faith-based organizations and communities, the Joint Programme has supported national initiatives in 17 countries across Africa and the Arab States to prevent and respond to FGM. It helps ensure that:

- Empowered girls and women can exercise and express their rights through transformed social and gender norms that favour the elimination of FGM.
- Girls and women can reach appropriate, high-quality and systemic services for FGM prevention, protection and care.
- Countries have better capacities to generate and use evidence and data for improved policymaking and programmes.
Phase IV of the Joint Programme (2022-2030) will continue existing initiatives. It will also explore new opportunities and innovations, and marshal additional technical and financial resources to eliminate FGM. Accelerated progress will hinge on expanded global, regional and local partnerships and alliances.

Some key Joint Programme achievements so far include:

**THE TRANSFORMATION OF SOCIAL AND GENDER NORMS AND THE PROTECTION OF GIRLS FROM FGM**

Since 2008, **34,659 communities** with over **45.9 million people** have made public declarations to abandon FGM.

Since 2014, community-based surveillance mechanisms have prevented **578,611 girls** from undergoing FGM.

**EMPOWERED GIRLS AND WOMEN**

More than **6 million women and girls** have used FGM-related services since the Joint Programme began.

**35.8 million** people have participated in awareness-raising on FGM elimination.

**INCREASED POLITICAL COMMITMENT TO END FGM AND ENHANCEMENT OF THE NATIONAL POLICY AND LEGAL ENVIRONMENT**

Since 2008, **14 out 17 countries** supported by the Joint Programme have passed legislation against FGM; **13 out of 17** have enacted a costed National Action Plan to eliminate the harmful practice.

**OTHER ACHIEVEMENTS AND CONTRIBUTIONS COMPRIS**:  
- Galvanizing a global movement to end FGM  
- Putting FGM at the forefront of international, regional and national political processes and forums  
- Enhancing knowledge of what works to eliminate FGM in different countries and contexts through evaluation and research  
- Developing innovative measurement frameworks for tracking social norms change resulting from social and behaviour change interventions on FGM  
- Supporting the first multi-country declaration (the Mombasa Declaration) to end cross-border FGM, signed by Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania
Why Phase IV of the Joint Programme?

Progress needs to be at least 10 times faster to meet the global target of FGM elimination by 2030. The Joint Programme is well positioned to accelerate efforts and existing momentum at all levels, especially as countries recover from multiple current crises, including the COVID-19 pandemic, conflict and climate change-related disasters, and their disruption of programme interventions.

Global data and trends

ATTITUDES TO FGM ARE CHANGING:
In countries affected by the practice, 7 in 10 girls and women think it should end.

OPPOSITION IS MOUNTING:
The last two decades have seen a doubling in the proportion of girls and women in high-prevalence countries who want the practice to stop.

MEN AND BOYS ARE INCREASINGLY ENGAGED:
Out of 11 countries supported by the Joint Programme, opposition to FGM in 9 countries is approximately the same among girls and women and boys and men – or greater among boys and men.

MEDICALIZATION IS ALARMING
Around 1 in 4 girls and women, or 52 million worldwide, have experienced FGM performed by health personnel. This proportion is twice as high among adolescents compared to older women, pointing to a disturbing upward trend in medicalization.

THE JOINT PROGRAMME HAS LAUNCHED PHASE IV based on a clear assessment of the urgent need to retool strategies to address current global realities and achieve its goals.
Delivering on a global promise

VISION:
A world free of FGM, where girls and women have voice, choice and agency.

GOAL:
To contribute to ending FGM by 2030 through accelerated collective and multisectoral action and the mobilization of a broad spectrum of community, national, regional and global actors.

OVERARCHING PRINCIPLES
- Gender-transformative and culturally sensitive approaches
- Ensuring no one is left behind
- Accountability
- Evidence-based programming
- Business “unusual”

HIGH 5’S TO DELIVER THE GLOBAL PROMISE

- Promoting girls’ agency
- Building movements
- Engaging women-led organizations
- Expanding and intensifying the Joint Programme’s global influence
- Diversifying funding
Promoting girls’ agency
Promote girls’ leadership, voice and agency to catalyse their inclusion and participation across all sectors and contexts. This includes supporting innovative and safe platforms and spaces, both offline and online, to build girls’ skills and capacities to lead, influence change, voice their opinions and gain empowerment on issues related to FGM.

Building movements
Strike strategic partnerships with purpose, with a deliberate focus on driving innovation and forming alliances vital to inclusivity and leaving no one behind.

Engaging women-led organizations and feminist-led movements
Pursue strategic partnerships with women-led organizations and feminist movements to leverage their influence, capabilities and contributions to the programme goal, and collaborate with them as social change actors to transform social and gender norms and promote gender equality.

Expanding and intensifying the Joint Programme’s global influence
Broaden programme reach and influence beyond the 17 countries currently supported through sharing knowledge and scaling up advocacy, strategic partnerships and capacity-building.

Diversifying funding
Strengthen resource mobilization to generate additional financial resources from multiple sources, including alternative funding mechanisms through partnerships with the private sector, foundations and others.
# Theory of change

## IMPACT

The global promise of ending female genital mutilation is delivered by 2030

## LONG-TERM OUTCOMES

New and more equitable social norms emerge, transforming all harmful practices that drive FGM

## MEDIUM-TERM OUTCOMES

- **Empowered girls and women**
  - know and claim rights

- **Girls and women access a comprehensive package of services**

- **Governments and other duty-bearers demonstrate increased accountability**

## SHORT-TERM OUTCOMES

- **Girls and women demonstrate increased assets, capabilities and agency**

- **Men, boys, families and communities support women and girls’ access to preventive and protective services**

- **Systems provide integrated, quality FGM services**

- **Global, regional, national and local actors advocate, develop, implement, monitor and evaluate policy and legal frameworks for FGM elimination**

## OUTPUT

- **Girls’ and women’s empowerment**
- **Movement building**
- **Family and community engagement**
- **Systems transformation**
- **Engagement of regional bodies**
- **Laws and policies**
- **Data and evidence**

## STRATEGIES

- **Expanding opportunities for women’s and girls’ agency and decision-making** by increasing programme reach to cover ungoverned spaces and hard-to-reach areas

- **Employing best practices** by replicating/scaling up successful approaches and leveraging existing initiatives by state and non-state actors

- **Scaling up social norms and behaviour change** to engage communities, create enabling environments, advance digital engagement and promote positive masculinities

- **Ensuring inclusion by enabling the participation of diverse actors**, including men and boys, as critical actors in initiatives towards ending FGM by 2030

- **Movement-building** to forge an ecosystem of solid strategic partnerships and alliances that generate context-specific, long-term solutions to and accountability for ending FGM

- **Strengthen governance for ending FGM**, including through advocacy at all levels, and by compiling and disseminating data on what works in ending FGM

- **Capacity-strengthening for sexual and reproductive health and social services, women leaders, rights holders and duty bearers**

- **Data and evidence generation and sharing** to inform evidence-based planning, policies and programming
From national to global

The Joint Programme will continue to pursue comprehensive, integrated initiatives to eliminate FGM, acting in countries and globally and regionally.

**FOR NATIONAL INITIATIVES**, geographic coverage will remain the 17 high-prevalence countries currently supported by the programme. Advocacy and key strategic initiatives in Indonesia will be considered depending on funding availability. A phased approach to supporting new and additional countries will depend on available resources. A number of countries may benefit from the work and experience of the Joint Programme even without direct financial support.

**FOR GLOBAL AND REGIONAL INITIATIVES**, the Joint Programme will continue to engage with strategic partners to support various intergovernmental initiatives, sustain and reinforce political commitment, and enhance accountability for FGM elimination. The Joint Programme will also:

- Engage with the African Union and help strengthen the different regional economic communities in Africa.
- Take part in and organize advocacy events, implement initiatives on cross-border FGM dynamics, engage diaspora communities in the Global North and organize annual technical consultations involving all regions to share emerging knowledge and evidence.
- Disseminate knowledge, technical guidance, capacity development tools, monitoring and evaluation techniques, etc..

**PHASE IV PRIORITY COUNTRIES**
- Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda, Yemen

**GLOBAL INFLUENCE**
- Bahrain, Benin, Brunei, Cameroon, Central African Republic, Chad, Colombia, Côte d’Ivoire, Georgia, Ghana, Indonesia, Iraq, Jordan, Kuwait, Liberia, Malaysia, Maldives, Niger, Oman, Philippines, Qatar, Russia, Saudi Arabia, Sierra Leone, Singapore, South Africa, Sri Lanka, United Republic of Tanzania, Thailand, Togo, United Arab Emirates

**DISCLAIMER:**
This map shows the countries where the Joint Programme is implemented. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Implementing advocacy and key strategic initiatives in Indonesia will be considered depending on funding availability.
Resource requirements

The total resource requirement for Phase IV of the Joint Programme is estimated at $335 million.

The Joint Programme will explore different financing mechanisms, and devise a strategy to operationalize them and galvanize strategic partnerships. Opportunities include:

- Funding from donors channelled through the pooled fund mechanism
- Bilateral arrangements with potential donors outside the pooled fund mechanism
- Funding from donors that is targeted and earmarked for initiatives in one or a few countries
- Funding from corporations, the private sector and individuals
- Government budgetary allocations
**RESULTS STATEMENT**

**IMPACT: The global promise of ending female genital mutilation is delivered by 2030**

<table>
<thead>
<tr>
<th>NO.</th>
<th>KEY INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5301</td>
<td>Proportion of girls and women aged 15–49 years who have undergone female genital mutilation, by age</td>
</tr>
<tr>
<td>5302</td>
<td>Proportion of girls aged 0-14 years who have undergone female genital mutilation</td>
</tr>
<tr>
<td>5303</td>
<td>Rate of reduction of the annual incidents of female genital mutilation among girls aged under 10</td>
</tr>
</tbody>
</table>

**SDG TARGET 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

| 5331 | Percentage of girls, boys, women and men aged 15-49 years who believe that FGM should be eliminated |
| 5332 | Percentage of the population with self-efficacy related to decisions about FGM |

**LONG-TERM OUTCOME 5330:** Emergence of new and more equitable social norms transforming all harmful practices that drive FGM and gender inequality.

| 1001 | Percentage of women aged 15-49 years who exercise agency in making decisions related to the elimination of FGM |
| 1002 | Number of girls aged 0-15 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme |

**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.

| 1101 | Number of women and girls who have initiated conversations on FGM elimination and/or advocated for abandonment of the practice |
| 1102 | Percentage of women aged 15-49 years who exercise agency in making decisions related to the elimination of FGM |

**SHORT-TERM OUTCOME 1100:** Girls and women demonstrate increased assets, capabilities and agency in relation to their rights to bodily integrity, gender equitable roles and relationships.

| 1111 | Number of girls and young women actively participating in comprehensive sexuality education and development programmes such as girls’ clubs that integrate FGM in discussions on life skills, rites of passage |
| 1112 | Number of communities that put in place alternative rites of passage for girls and women addressing FGM |

**OUTPUT 1110: GIRLS’ AND WOMEN’S AGENCY**

Girls and women in targeted communities use their new or enhanced knowledge, skills and critical awareness to seek and uphold their rights, access to justice and other services, taking action to promote gender equality.

| 1201 | Number of communities that made a public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance |
| 1202 | Number of people engaged in a public declaration that they will abandon the practice of FGM |
| 1203 | Proportion of young men and boys who express readiness to marry uncut girls |

**SHORT-TERM OUTCOME 1200:** Men, boys, families and communities, grass-roots and community-based organizations, action groups, including networks of youth, feminists and other relevant civil society organizations, increasingly support the access of women and girls to measures and services that prevent and protect them against FGM, gender inequalities and other harmful practices.
### OUTPUT 1210: FAMILY AND COMMUNITY ENGAGEMENT
Gatekeepers, parents and families, traditional and religious leaders, and other community influencers (men and women) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change.

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1211</td>
<td>Number of religious leaders and community/traditional influencers who publicly denounce FGM practices</td>
</tr>
<tr>
<td>1212</td>
<td>Number of individuals (boys, girls, women and men) reached by mass media (disaggregated by traditional and social media) messaging on FGM, women’s and girls’ rights and gender equality</td>
</tr>
<tr>
<td>1213</td>
<td>Number of people (women and girls, men and boys) engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women</td>
</tr>
<tr>
<td>1214</td>
<td>Number of boys and men actively participating in activities to promote positive masculinity and equitable gender norms and advocate for the elimination of FGM in dialogues/sessions with peers and others</td>
</tr>
<tr>
<td>1215</td>
<td>Number of community-to-community dialogues on abandonment of FGM within the country and across the borders</td>
</tr>
</tbody>
</table>

### OUTPUT 1220: MOVEMENT-BUILDING
Global, regional, national and local youth and feminist movements, women’s entrepreneurs, grass-roots and community-based organizations, government and non-governmental bodies and community member, 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.

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1221</td>
<td>Number of grass-roots and community-based organizations and action groups that are integrated with coalitions and networks of youth, feminists and women’s entrepreneurs working on elimination of FGM</td>
</tr>
<tr>
<td>1222</td>
<td>Number of grass-roots and community-based organizations and action groups, including networks of youth, feminists and women’s entrepreneurs and other relevant civil society organizations with strengthened capacities to network, partner and jointly advocate for progress on elimination of FGM at local, national, regional and global levels</td>
</tr>
<tr>
<td>1223</td>
<td>Number of supported grass-roots and community-based organizations and action groups, including networks of youth, feminists and women’s entrepreneurs and other relevant civil society organizations, using the appropriate accountability mechanisms for advocacy on elimination of FGM</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Number of girls and women who receive prevention and protection services on FGM</td>
</tr>
</tbody>
</table>

### SHORT-TERM OUTCOME 2100:
Health, education, social, legal and child protection systems provide integrated quality FGM services that are accessible and centred on women and girls as well as families and communities.

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2101</td>
<td>Number of medical and paramedical schools (public and non-public) supported by the Joint Programme that have mainstreamed FGM into the curricula</td>
</tr>
<tr>
<td>1202</td>
<td>Number of girls (0-19 years) and women who have received medical services related to FGM</td>
</tr>
<tr>
<td>1203</td>
<td>Number of girls and women who have received social services related to FGM</td>
</tr>
<tr>
<td>1204</td>
<td>Number of girls and women who have received legal services related to FGM</td>
</tr>
<tr>
<td>1205</td>
<td>Number of vulnerable girls aged 5-19 years at risk of FGM who have received education support</td>
</tr>
</tbody>
</table>

### 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 processes.

<table>
<thead>
<tr>
<th>Output</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1211</td>
<td>Number of primary/secondary/non-formal courses in Joint Programme intervention areas providing sexuality education and life skills training on FGM prevention and protection</td>
</tr>
<tr>
<td>1212</td>
<td>Number of law enforcement staff (police, judges, lawyers, prosecutors) trained to apply laws related to FGM</td>
</tr>
<tr>
<td>1213</td>
<td>Number of health service delivery points in Joint Programme intervention areas where at least one health-care staff member is trained on FGM prevention, protection and care services</td>
</tr>
</tbody>
</table>
### 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 services for women and girls at risk of, and affected by, FGM—even in hard-to-reach locations.

| 3001 | Percentage of the national budget allocated to the prevention and elimination of FGM. |

### SHORT-TERM OUTCOME 3100:
A broad range of actors at the global, regional, national and local levels, amplify collective efforts to advocate, develop, implement, monitor and evaluate gender-transformative, multisectoral and evidence-based policy and legal frameworks for FGM elimination, backed by adequate resourcing.

| 3101 | Country has 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. |
| 3102 | Proportion of FGM recommendations implemented from peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities’ technical specialized committees that incorporate a component on progress towards FGM elimination. |

### 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. |
| 3112 | Number of peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities’ technical specialized committees that incorporate an FGM elimination progress component. |

### 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-related legislation |
| 3122 | Number of cases brought to court |
| 3123 | Number of convictions and sanctions |
| 3124 | Number of follow-up mechanisms/processes plans of action, reviews, public inquiries, accepted recommendations from international and regional human rights mechanisms that are related to FGM. |
| 3125 | Number of countries with a budgeted emergency preparedness and response and disaster risk reduction plan that integrates FGM prevention and care |

### OUTPUT 3130: DATA AND EVIDENCE
Generation, documentation and uptake of evidence by governments, academia and civil society groups, including grass-roots organizations, have the capacity to inform human-rights-based policies, laws and programmes that address gender inequalities and harmful practices.

| 3131 | Number of government personnel from different sectors, and civil society and grass-roots organizations with enhanced capacities on data collection, analysis, research and dissemination, including qualitative data on FGM, violence against women and girls, including sexual and gender-based violence, and other harmful practices |
| 3132 | Number of in-depth analyses, research studies and evaluations conducted to fill the evidence and knowledge gaps on FGM, gender and social norms, gender-based violence and harmful practices |

### ACKNOWLEDGEMENTS:
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For more information, please contact the Joint Programme Coordination Team at [jpendfgm@unfpa.org](mailto:jpendfgm@unfpa.org)