

2025 Annual Report

The Race to 2030

Accelerating Action to End
Female Genital Mutilation



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.

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

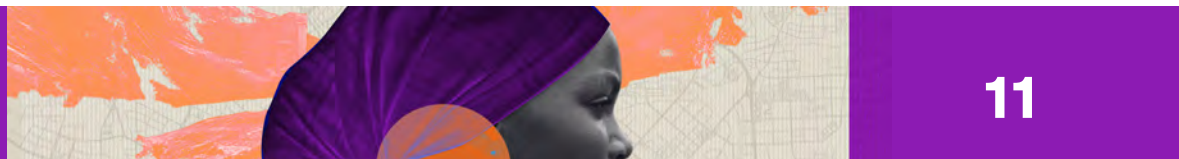
Acronyms

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

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2025 at a glance

Key indicators

2024

2025



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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

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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

Joint Programme funding

\$29.6M

2024 vs 2025

\$16.3M

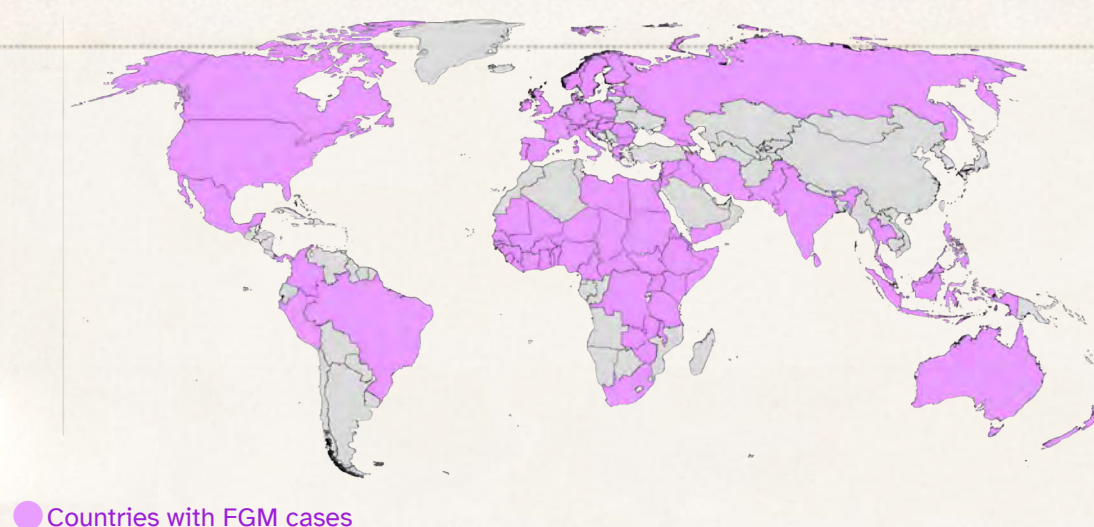
The funding gap is widening



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 countries² 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



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

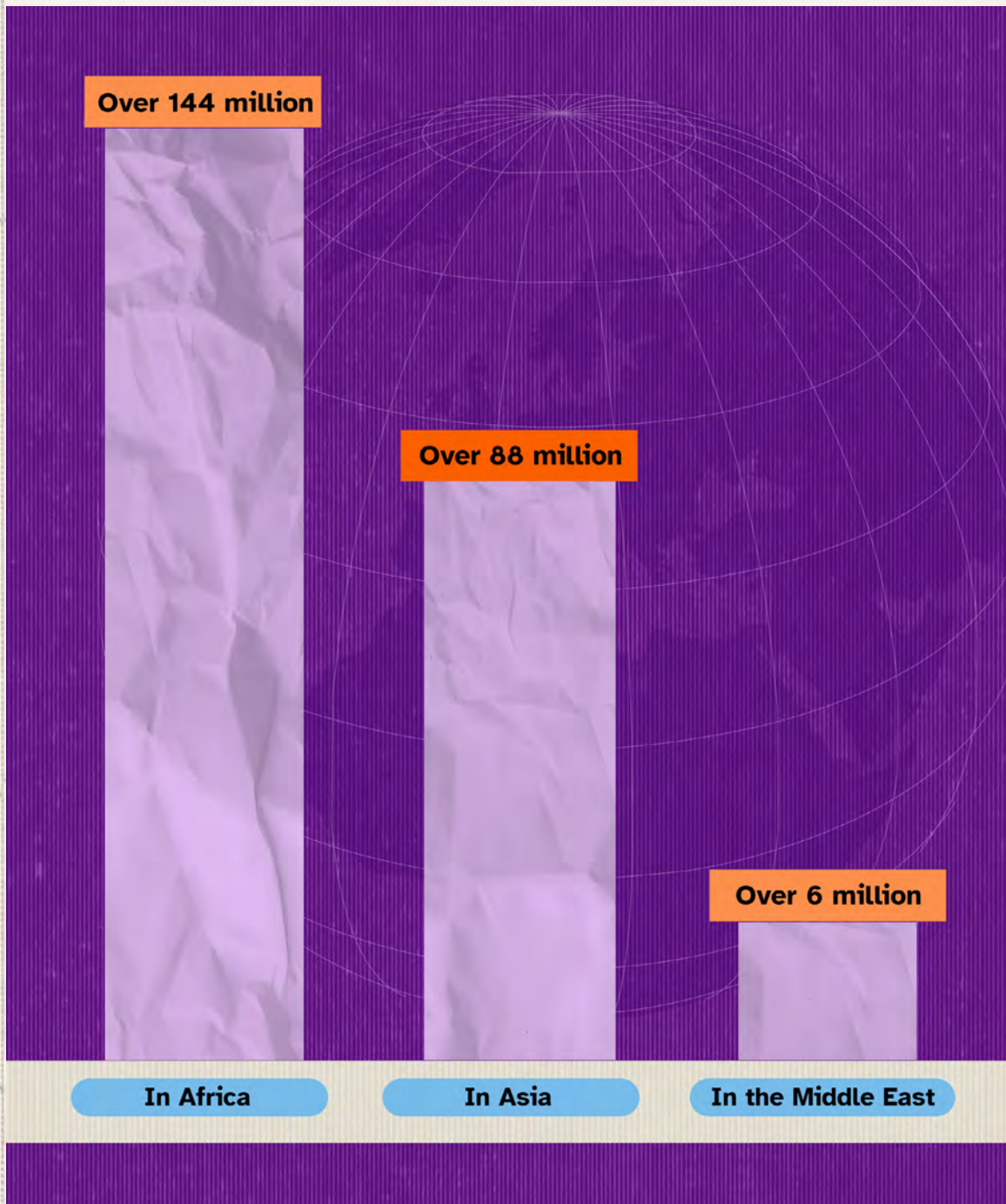
The current slow pace of FGM elimination, combined with population growth, has led to a 15 per cent increase – or 30 million more survivors – compared to eight years ago.³ Africa hosts almost 63 per cent of FGM survivors, followed by Asia, with almost 35 per cent (Figure 2).

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

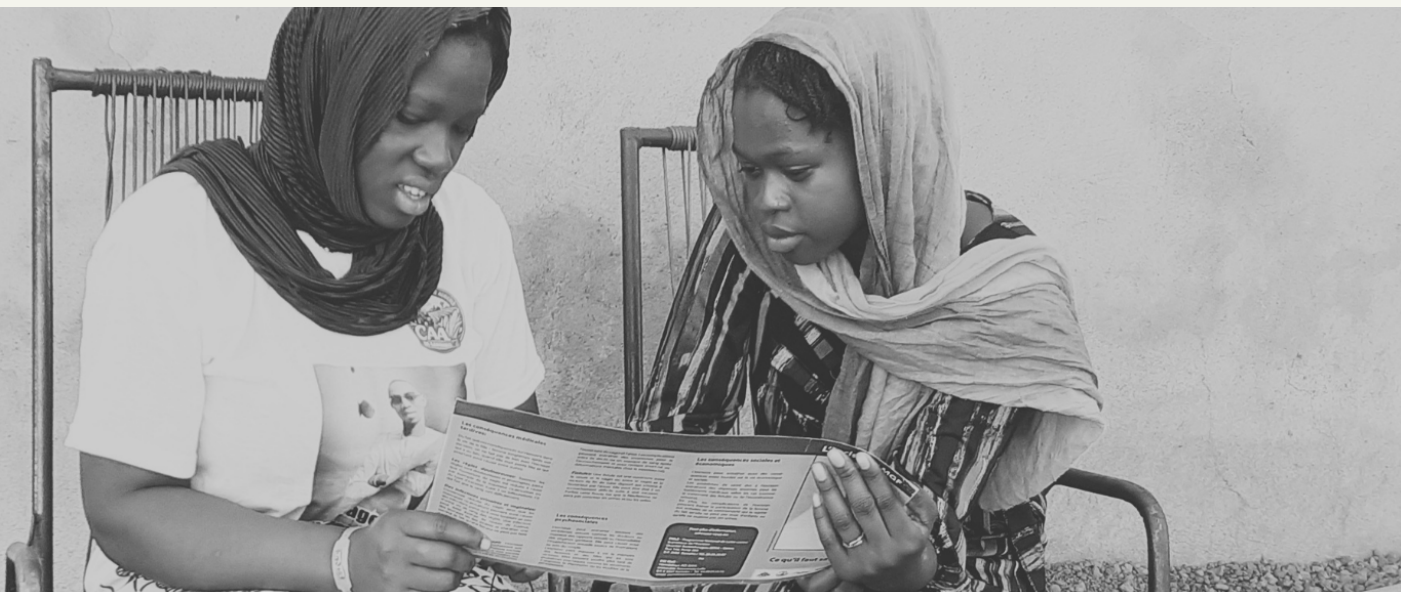
Studies estimate that every every \$1 invested in FGM elimination yields a \$10 return.

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.



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](#)

A portrait of Josephine Rotiken, a woman with short dark hair, smiling. She is wearing a bright purple jacket over a light-colored top. The background of the portrait is a textured blue. The entire page has a collage-like background with a map of Kenya at the top and a torn paper effect at the bottom.

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

Josephine Rotiken

© UNFPA Kenya

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 Nairobi¹⁵ 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



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 networks¹⁶ 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.



© UNFPA Nigeria

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 countries¹⁷ 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 countries¹⁸ 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.

A portrait of Dawit Mohammed, a middle-aged man with a shaved head, wearing a red jacket over a white shirt. He is looking directly at the camera with a serious expression. The background is a purple map of Ethiopia.

“I always felt uncomfortable with the practice.”

Dawit Mohammed

©UNFPA Ethiopia

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

DUBANCHO, Ethiopia – For generations, the men of Dibancho 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 Dibancho 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.”

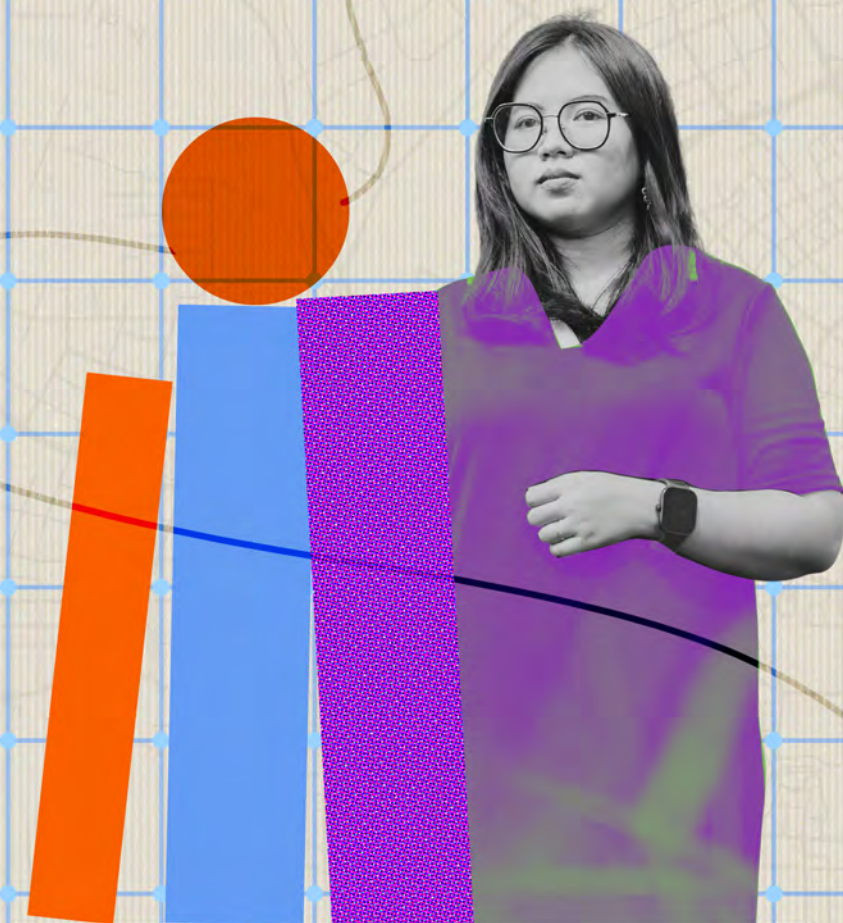
This isn’t just a change of heart. It’s also a change in governance. The men of Dibancho have formed an Anti-FGM Committee that meets every two weeks. They perform door-to-door outreach, monitor at-risk households and use community gatherings to reinforce FGM abandonment.

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

Dibancho 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 Dibancho are proving that one of the best ways to protect a daughter is to change the mind of a father.

Joint Programme 2025 results



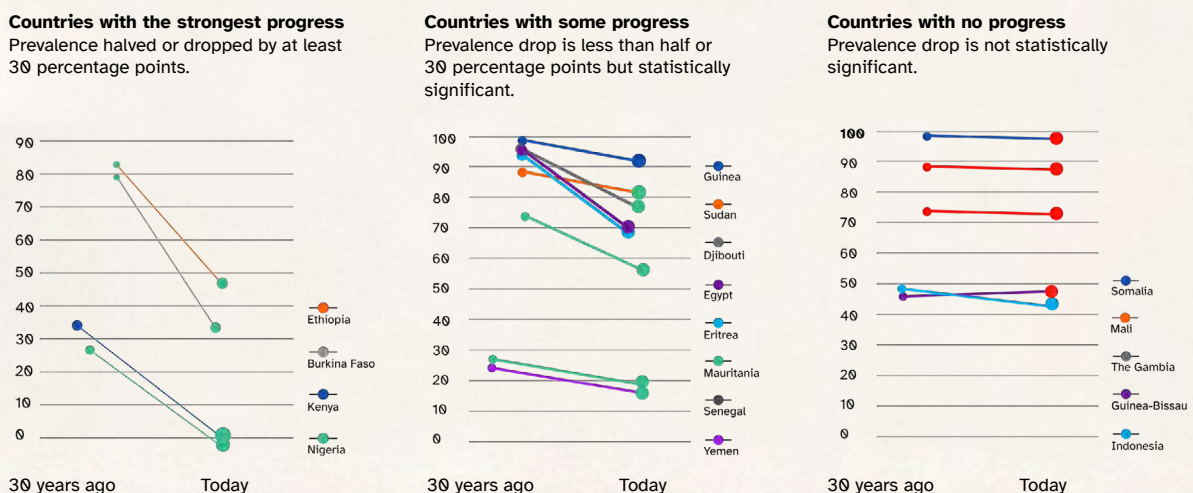
Sustainable actions

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 2025²⁰ 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.

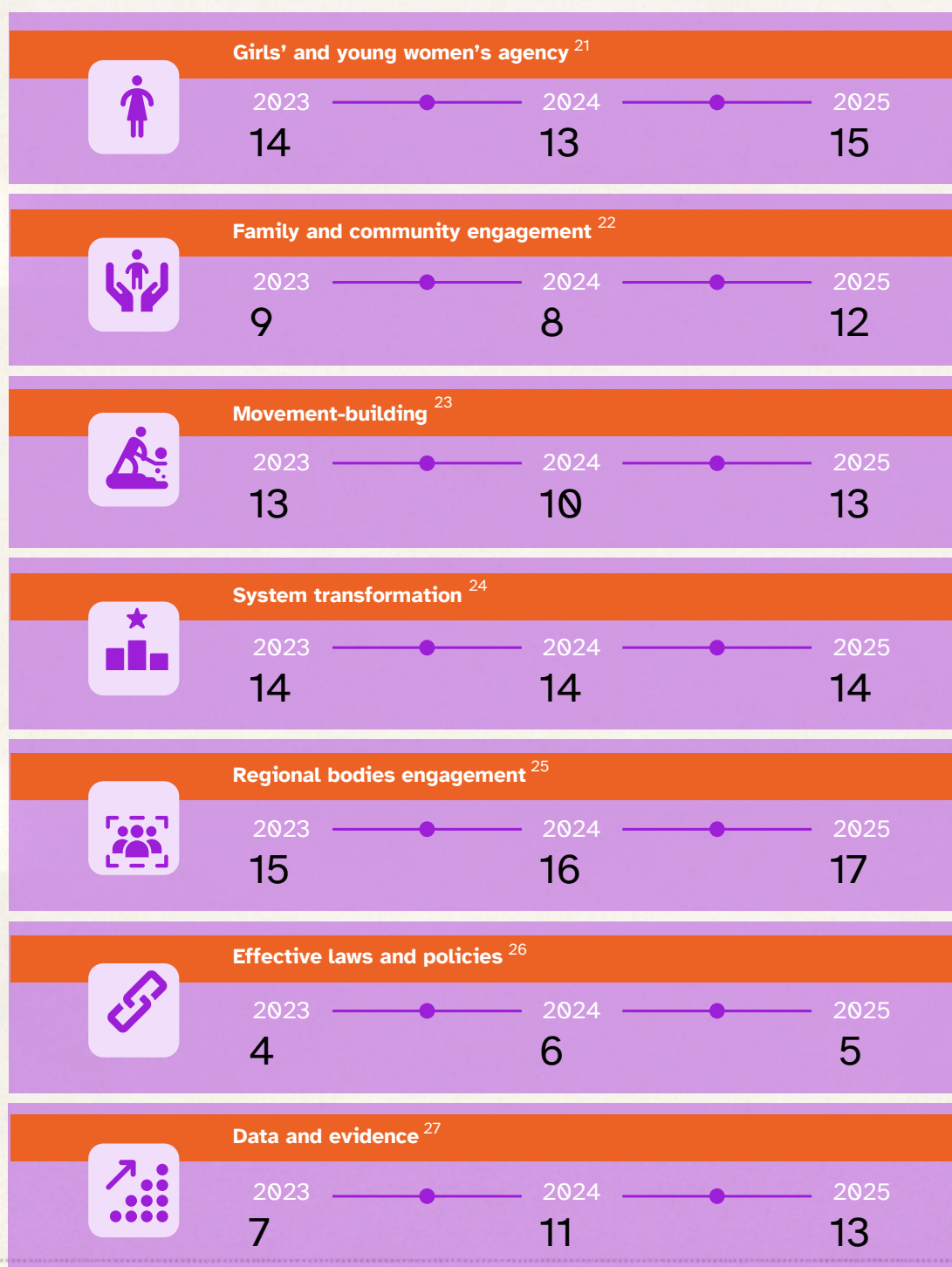


Performance on effective laws and policies, based on the number of countries meeting annual targets, declined in 2025. The number of arrests for FGM doubled, however, rising from 452 to 932.

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



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 Dawwie²⁸ and Noura²⁹ 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.



©UNFPA Egypt

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



"I thought I was doing the right thing. But I nearly lost my child."

Amina

©UNFPA Yemen

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.

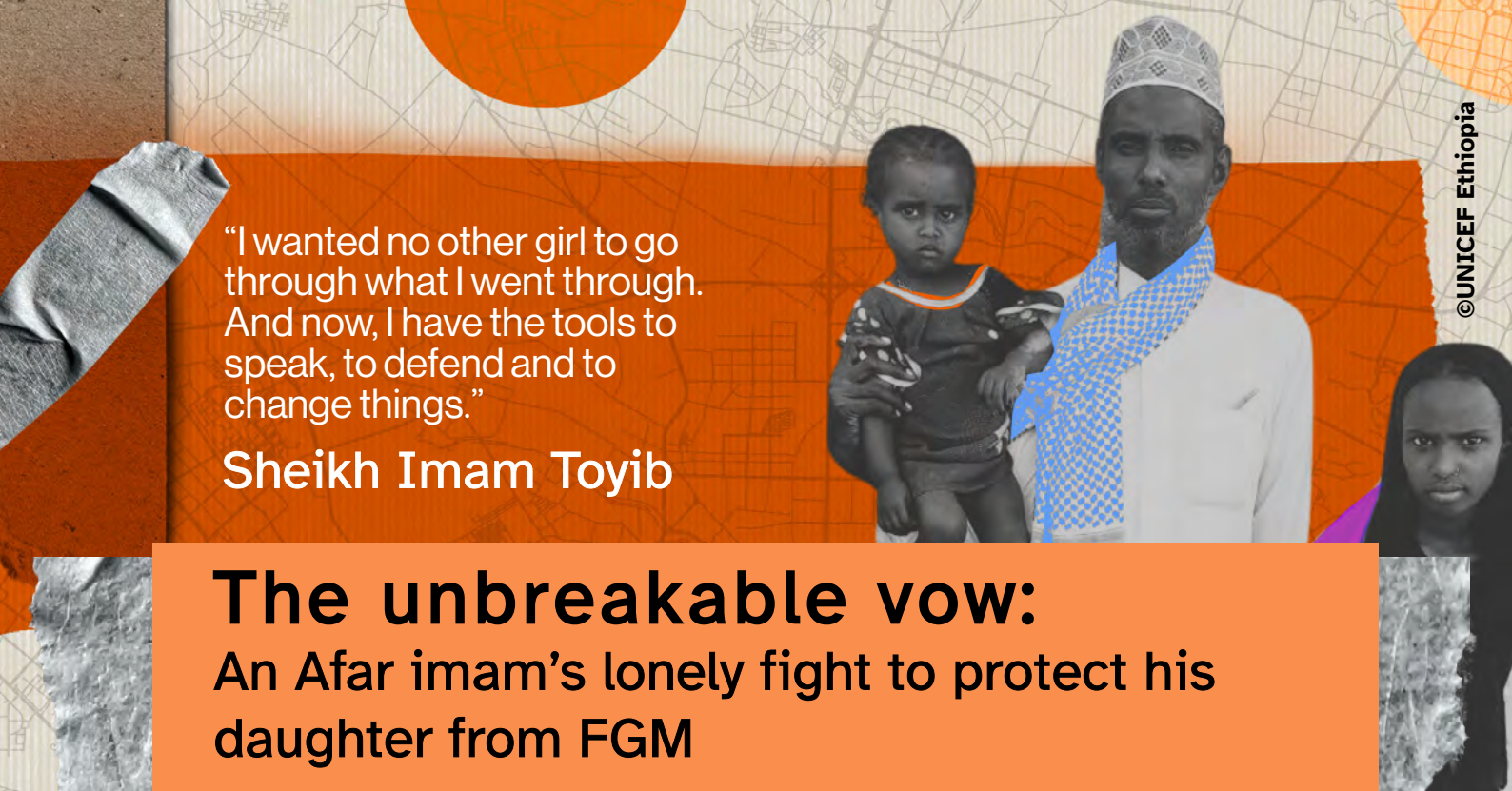
The programme scaled up community-to-community dialogues, with a 20 per cent increase in 2025 (39,375 dialogues compared to 32,860 in 2024). Messaging on FGM, women’s and girls’ rights, and gender equality reached 316,103,825 individuals, over three times the result in 2024 (80,986,364). Intensified 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



"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."

Sheikh Imam Toyib



©UNICEF Ethiopia

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.

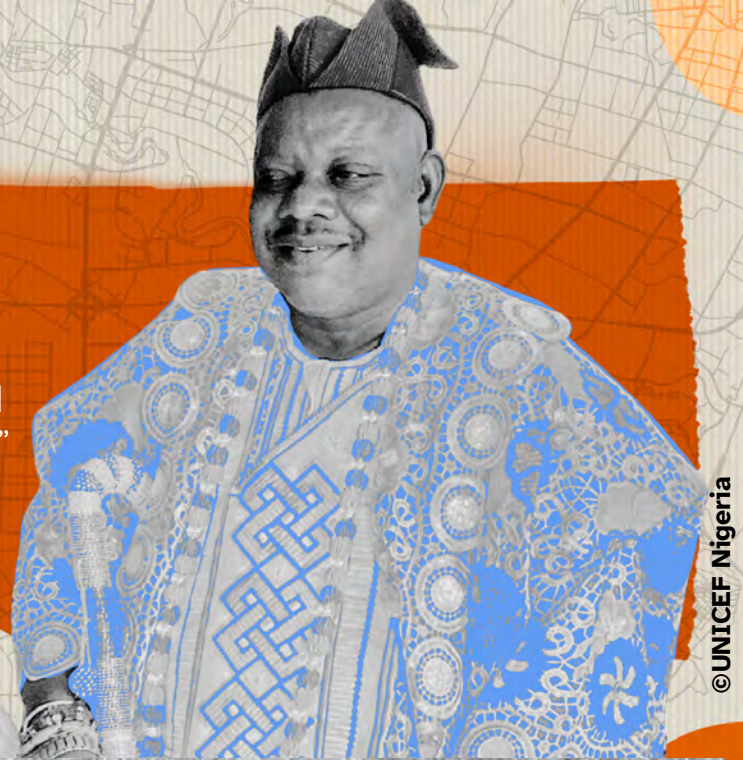
Youth-led movements accelerated the diffusion of anti-FGM messages through creative and digital channels, reaching unprecedented numbers of people (see Table 4). In Indonesia, the launch of a U-Report chatbot, co-created with the Children's Forum, reached an estimated 1.1 million users. In Guinea-Bissau, 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](#).



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

Ojoawo Olaniye



© UNICEF Nigeria

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 as 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.

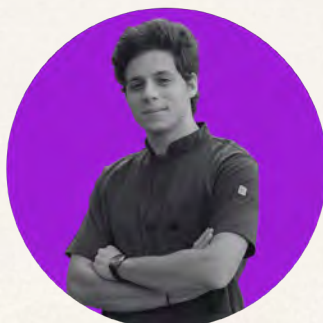
Table 4. Digital format and reach by country in 2025

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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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” model³⁵ in Egypt was implemented in 150 private clinics, laboratories and pharmacies.



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.

A portrait of Fatouma Iyeh Migueh, a woman wearing a white headscarf and a white garment with blue embroidery. She is looking directly at the camera with a calm expression. The background is a collage of textures, including a map, a large orange circle, and a purple rectangular area.

“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.



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.



Mariama Mandiang

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

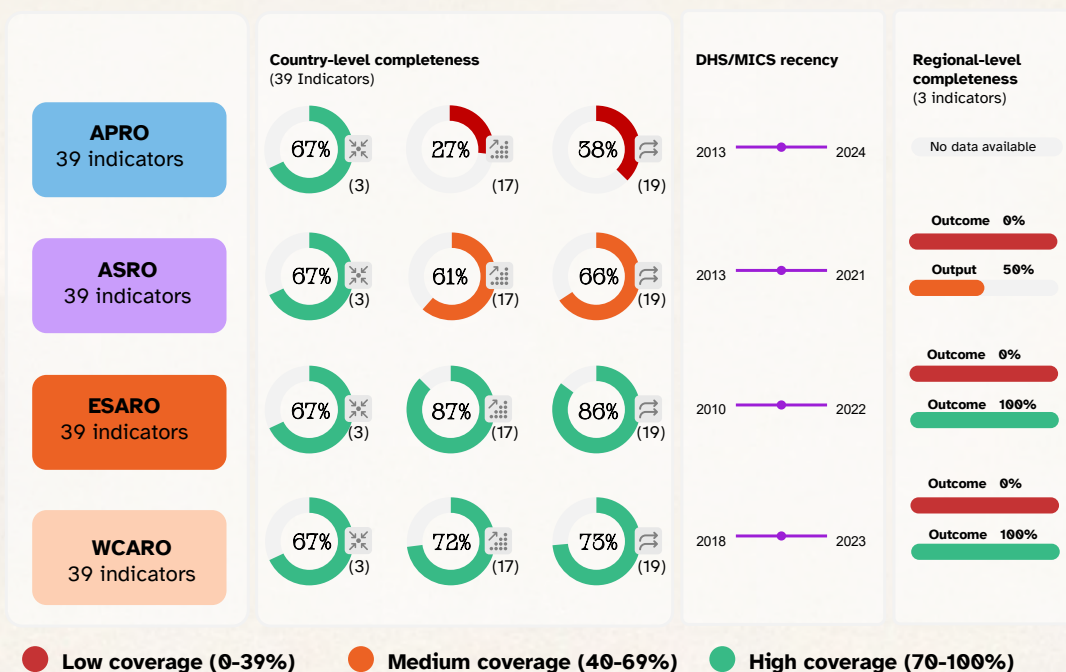
Monitoring and evaluation status

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.



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.

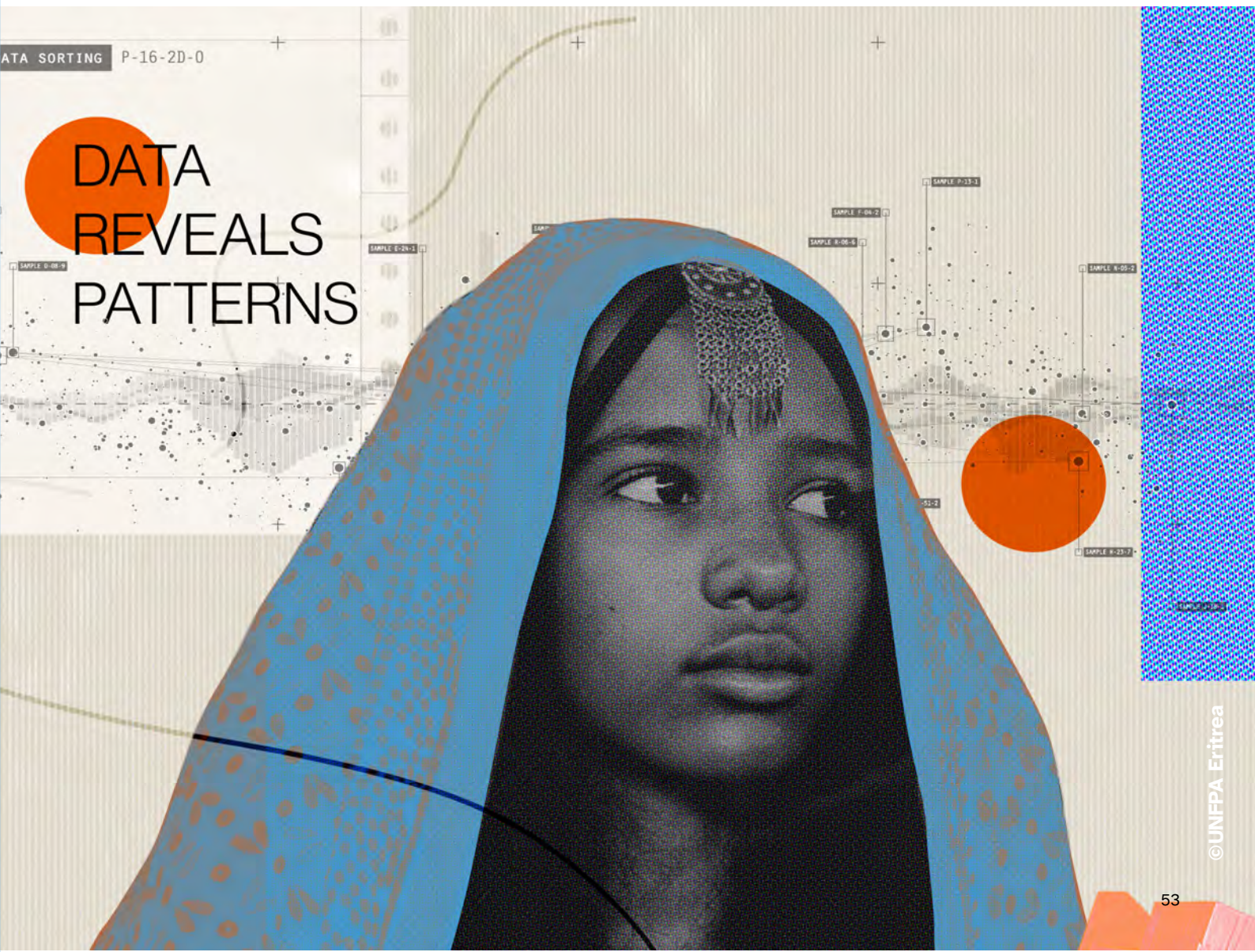
The 2024 Nigeria Demographic and Health Survey showed a decline in FGM prevalence to 13.9 per cent among women aged 15–49, compared to 19.5 per cent in 2018. It also revealed a 14.1 per cent rate among girls aged 0–14, down from 19.2 per cent. Regional disparities remained, with the highest rates among 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.



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 subanalysis³⁸ 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).

Polycymaking

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 newsletters³⁹ and research digests⁴⁰ 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.



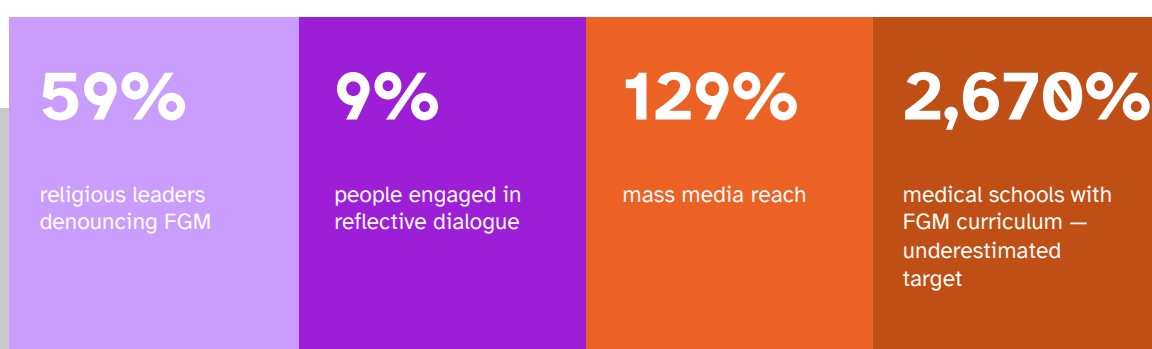
Performance analysis



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 interventions⁴¹ 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.



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.

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.

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 exposure – 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.

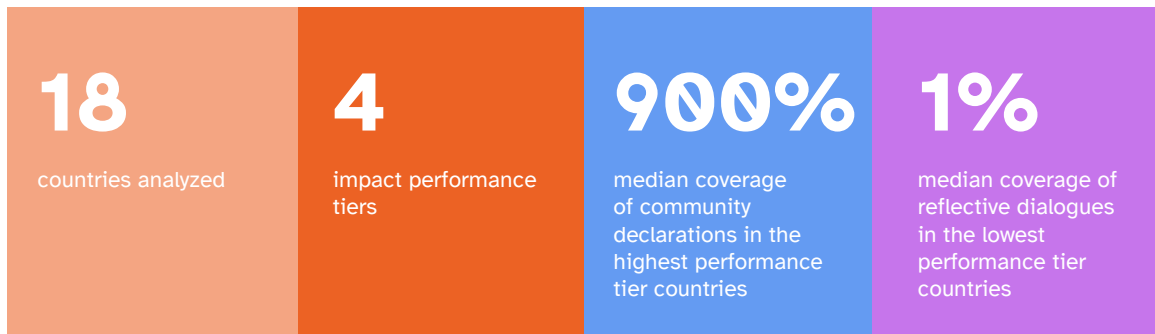
5

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.



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.



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%

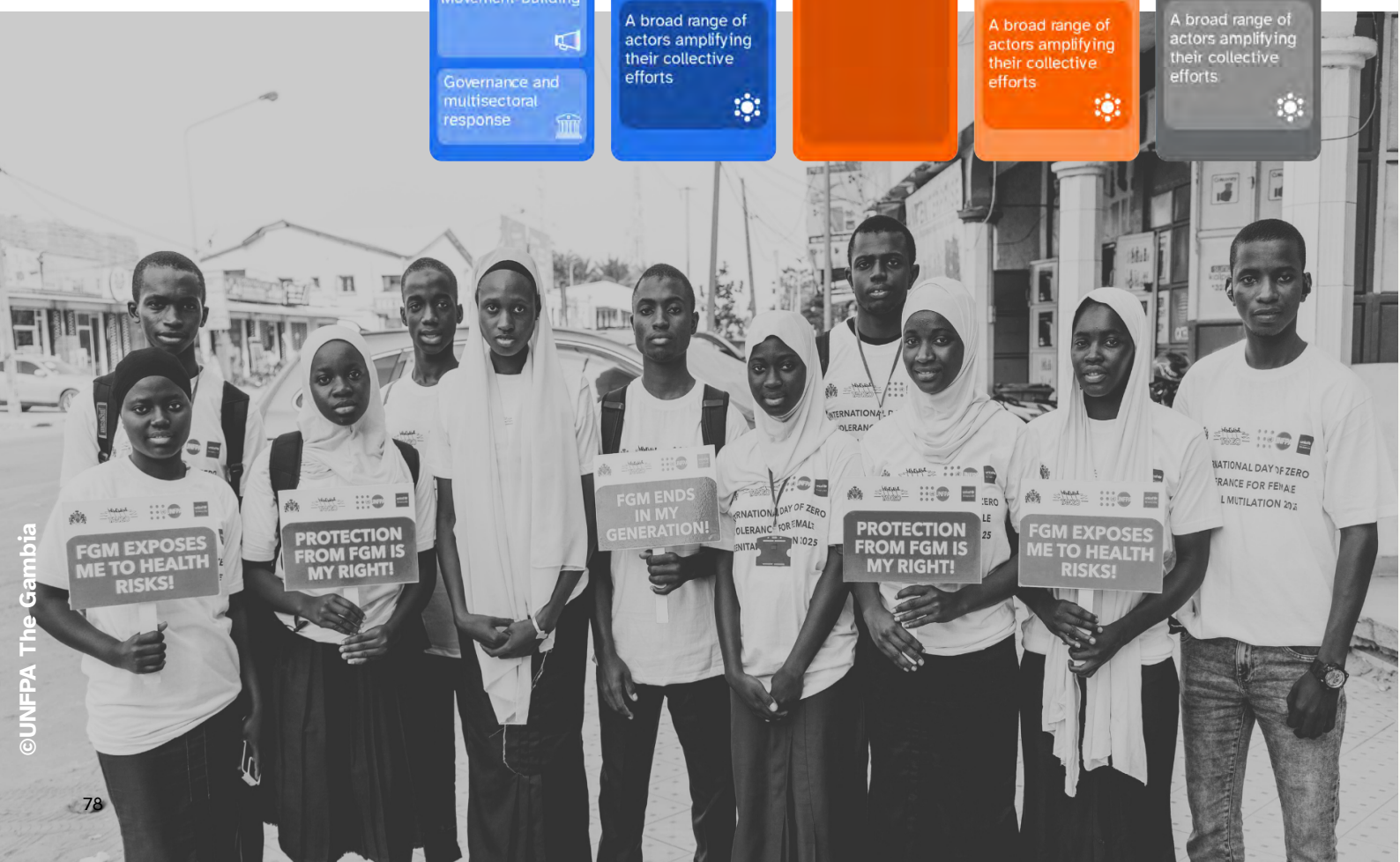
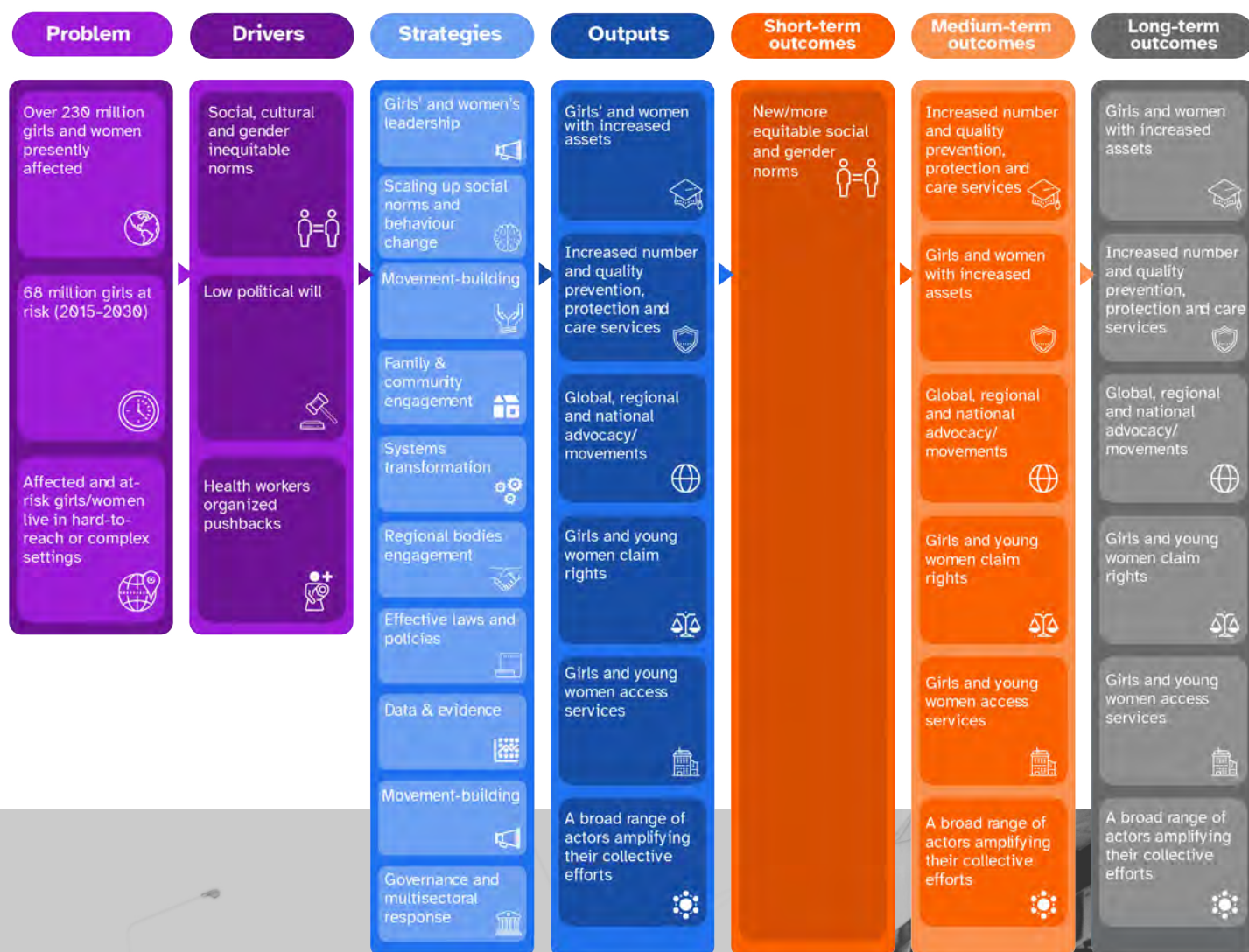
Table A.3: Medium-term outcome 3000 and outputs

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



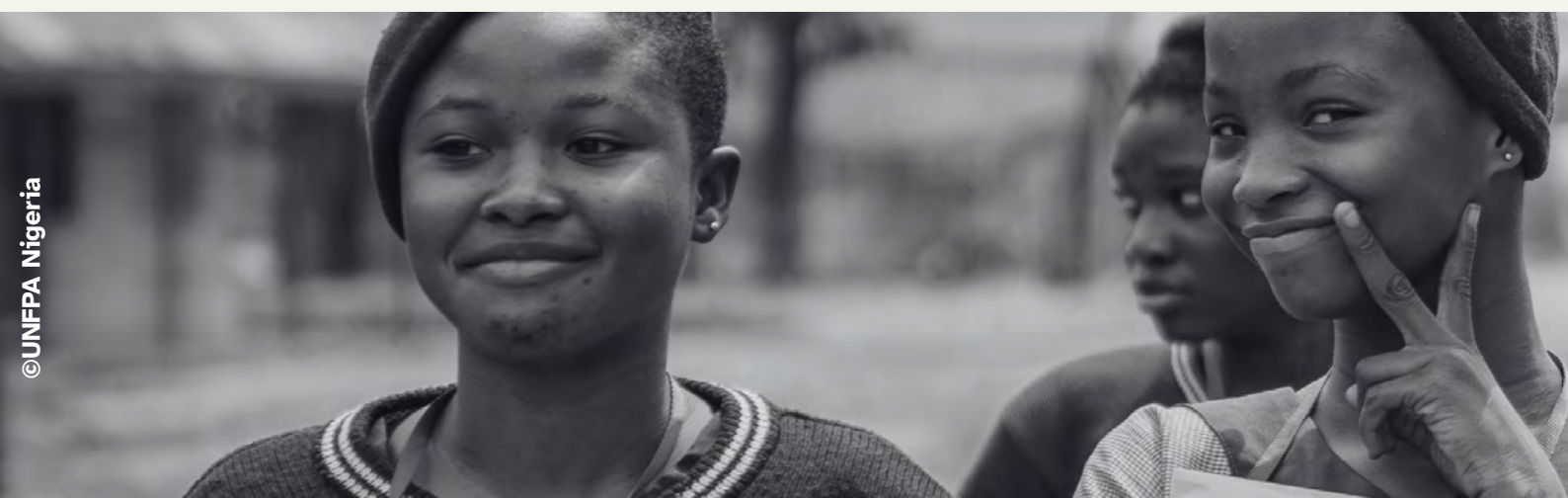
A.II Results framework logic model



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.



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



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.



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 1110)	41.9
Family and community engagement (output 1210)	33.2
Movement-building (output 1220)	12.7
Systems transformation (output 2110)	14.2
Regional bodies engagement (output 3110)	1.2
Effective laws and policies (output 3120)	4.4
Data and evidence (output 3130)	8.9







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