

2023 ANNUAL REPORT

Addressing global challenges with **local solutions** to eliminate female genital mutilation



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UNFPA-UNICEF

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



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Acronyms

CSO	Civil society organization
FGM	Female genital mutilation
M&E	Monitoring and evaluation
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



Preface

The 2023 annual report adopts a theme of “addressing global challenges with local solutions to eliminate FGM”. It focuses on engagement with women-led organizations¹ as sources and agents of change in ending FGM, one of the “high 5s” in Phase IV of the Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise to End Female Genital Mutilation by 2030.

Women-led organizations, especially at the local and grass-roots level, have in-depth understanding of the challenges that women and girls face and vital resources on how to advance their rights. They are critical to shifting policies, legislation and institutional structures that perpetuate FGM. In 2023, the Joint Programme supported the integration of 8,817 grass-roots and community-based organizations within coalitions and networks working for the elimination of FGM. It engaged more than 111,781 front-line workers at the community level from 241 implementing partners across 17 target countries (14 in Burkina Faso, 10 in Djibouti, 18 in Egypt, 3 in Eritrea, 14 in Ethiopia, 17 in The Gambia, 20 in Guinea, 20 in Guinea-Bissau, 21 in Kenya, 5 in Mali, 18 in Mauritania, 22 in Nigeria, 10 in Senegal, 13 in Somalia, 22 in Sudan, 12 in Uganda and 2 in Yemen).

The Joint Programme, alongside its partners, remains committed to continuing to enhance strategic partnership with and the engagement of women-led organizations and feminist movements to leverage their influence, capabilities and contributions to the achievement of short-, medium- and long-term outcomes, towards ending FGM by 2030. The Joint Programme builds on the vision that local solutions can accelerate the elimination of FGM at the subnational and national levels.

1 Women-led organizations: are governed/directed by women; or have leadership principally made up of women; or self-identify as women’s rights organizations with a primary focus on advancing gender equality, women’s empowerment and human rights; or have, as part of their mission statements or objectives, the advancement of women’s and girls’ interests and rights; or promote positive social norms to challenge and transform gender inequalities (unjust rules) as well as unequal power relations. Definition adapted from UN Women, 2022. *Women-led Organizations and Women Rights Organizations’ Role in Humanitarian Action in Palestine: Barriers and Opportunities*.

A portrait of Nafissa Mahamoud Mouhoumed, a woman wearing a black hijab and glasses, smiling. The background is a gradient of purple and blue.

Nafissa's story

Championing women's rights and community well-being in Djibouti

Nafissa Mahamoud Mouhoumed, President of the Rasmy Association, is a dedicated Djiboutian activist working tirelessly to improve the living conditions of women and girls. Through her association, Nafissa focuses on raising awareness about the harmful effects of FGM and promoting gender equality.

Having undergone FGM at age 6, Nafissa uses her personal experience to reach out to mothers and daughters. She shares her testimony, stating, *"I want my voice to convey the pain and suffering of FGM. I want mothers to understand its consequences for their daughters, and I want to ensure no other woman endures what I did. Together, we can build a world where every daughter can fully achieve her potential."*

Nafissa's activism led to the creation of the Rasmy Association in 2007. In 2021, she joined the Elle&Elles Network, an initiative by the Joint Programme, to further her efforts in eliminating FGM and promoting gender equality within her community. This collaboration birthed a group of young peer educators trained in sexual and reproductive health, with a particular focus on accelerating the abandonment of FGM.

The impactful actions of the Elle&Elles Network have reached deep into the community. The trust established within the community has transformed the Rasmy Association into a refuge for women survivors of violence. Women know they can seek shelter, clothing, and a listening ear at any time of the day or night.

"We instill courage and hope in women. Commitment comes from the heart; it means helping to change an entire generation," says Nafissa.

Global Key Highlights



Girls' and young women's agency



162,044

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



817,529

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



Family and community engagement



1,361,220

people made public declarations to abandon FGM



66,015,838

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



2,315

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



Movement-building



8,817

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



111,781

community and front-line workers from 241 implementing partners engaged in FGM-related interventions



Systems transformation



903,734

girls and women received FGM prevention and protection services



2,842

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



Effective laws and policies



442

arrests made as part of FGM legislation enforcement

1. Introduction

1.1 Statistical highlights on female genital mutilation

Globally, more than 230 million girls and women are estimated to have undergone FGM. Every year, over 2 million girls are subjected to it before their fifth birthday.² In many contexts, the procedure is performed in the first days or weeks of life.³ FGM has physical, mental and

sexual and reproductive health consequences,⁴ together with economic costs,⁵ yet progress to end it remains slow.⁶ The global pace of decline would need to be 27 times faster to eliminate the practice by 2030.



Global cases of FGM

(Number of girls and women of all ages who have undergone female genital mutilation)

over **144m** 
in AFRICA

over **80m** 
in ASIA

over **6m** 
in the ARAB STATES

1.2 About the Joint Programme

The UNFPA-UNICEF Joint Programme is the largest global programme on the elimination of FGM, with programmatic interventions in 17 countries in Africa and the Arab States: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen. Interventions are designed and implemented in close collaboration with governments, grass-roots community organizations and other key stakeholders. They are evidence-based and draw on technical support from UNFPA and UNICEF. The objective is to contribute to ending FGM by 2030 through

accelerated collective and multisectoral action that mobilizes a broad spectrum of actors at the community, national, regional and global levels. The Joint Programme aims to shift social norms in affected communities while working with governments to establish viable national response systems.

Drawing on best practices and accumulated learning from over a decade of programme implementation, Phase IV of the Joint Programme (2022-2030) has prioritized global movement-building by women- and youth-led organizations working to eliminate FGM.

² UNICEF, 2024. "Female Genital Mutilation: A global concern." 2024 update.

³ Ibid.

⁴ Please see the resource page on FGM: UNFPA, 2024. "Female Genital Mutilation (FGM) Frequently Asked Questions." Website: <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#:~:text=is%20scaled%20up,How%20does%20female%20genital%20mutilation%20affect%20the%20health%20of%20women,benefit%20from%20female%20genital%20mutilation>.

⁵ See: World Health Organization, 2020. "Female Genital Mutilation Cost Calculator. The economic cost of female genital mutilation." 6 February. Website: <https://www.who.int/news/item/06-02-2020-economic-cost-of-female-genital-mutilation>

⁶ UNICEF, 2024. "Over 230 Million Girls and Women Alive Today Have Been Subjected to Female Genital Mutilation." Press release, 8 March. Website: <https://www.unicef.org/press-releases/over-230-million-girls-and-women-alive-today-have-been-subjected-female-genital>

1.3 About the 2023 Annual Report

The 2023 Annual Report is structured around three interlinked sections:

1

Results:

Presents key Joint Programme results for 2023. Aggregated from the 17 target countries, the results are organized by seven intervention areas⁷ based on the Joint Programme's theory of change.

2

Summary and lessons learned:

Provides an overall summary of results across the results framework, and discusses successes, challenges and lessons learned, with a focus on the Joint Programme's high 5s and the four key strategies to ensure timely abandonment of FGM.

3

The way forward:

Highlights Joint Programme priorities for 2024 based on 2023 results and lessons learned.

⁷ The areas are: girls' and women's agency, family and community engagement, movement-building, systems transformation, regional bodies engagement, effective laws and policies, and data and evidence.

2. Results





Zekia's story

A beacon of hope against FGM in Ethiopia

Zekia, a young woman from Ethiopia's Dalocha district, is a survivor and a champion in the movement to end FGM. Witnessing the suffering caused by FGM, Zekia took a stand against the practice, utilizing her knowledge to raise awareness among her community and peers.

Zekia's advocacy has been instrumental in protecting girls from undergoing FGM, with none of the girls in her school or age group having been subjected to it. She actively engages in conversations about the dangers of FGM in various community settings, including water points, flour mills and marketplaces.

Zekia's story exemplifies the power of grass-roots, survivor-led movements in shifting social norms and promoting positive change. Her determination to pursue her education and become a doctor further underscores the transformative potential of empowering girls and protecting them from harmful practices.

The UNFPA-UNICEF Joint Programme works alongside local champions like Zekia, supporting over 11,000 groups globally that are dedicated to ending FGM. Through community engagement, education and partnerships with influential figures, the programme has contributed to a significant decline in FGM prevalence in Dalocha district.

Zekia's story is a testament to the impact that individuals can have when they speak out against harmful practices. Her resilience and courage inspire others to follow suit, creating a ripple effect of change that will ultimately lead to a generation free from FGM.

In 2023, the Joint Programme continued to achieve results in key Phase IV programmatic pillars. This section presents aggregated results from across the 17 target countries, organized

by seven intervention areas.⁸ It showcases the specific role of and engagement with women-led organizations in meeting and exceeding annual programme targets.

2.1 Girls' and young women's agency

A woman-led organization boosts girls' leadership

In Guinea-Bissau, in partnership with the National Network of Young Women Leaders, the Joint Programme created opportunities for girls and young women as well as boys and young men to join leadership trainings through the Leadership Academy Ubuntu. These trainings provided participants with knowledge and skills to excel as leaders in their communities or organizations. Girls and young women reported feeling empowered to speak out against FGM and claim their right to live free of violence.

In 2023, Joint Programme targets related to girls' and young women's agency were not only achieved but also in many cases surpassed.

In 2023, 817,529 women and girls initiated conversations on FGM elimination and advocated for abandonment of the practice. This

achievement exceeded the annual programme target (588,194) and surpassed the 2022 achievement by 80 per cent.⁹ Targeted activities and the prioritization of better data collection in Kenya, followed by Eritrea, Guinea-Bissau, Senegal and Sudan, drove progress.

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

2023 TARGET

588,194

2023 ACHIEVEMENT

817,529

Furthermore, 1,068,595 girls and young women actively participated in social and behaviour change programmes, such as comprehensive sexuality education and girls' clubs, that integrate

FGM in discussions on life skills.¹⁰ This helped surpass the target of 403,176, a 62 per cent increase over 2022.¹¹ The Joint Programme's strategic focus on advancing localization¹²

8 The seven intervention areas are: (1) girls' and women's agency, (2) family and community engagement, (3) movement-building, (4) systems transformation, (5) regional bodies engagement, (6) effective laws and policies, (7) data and evidence.

9 In 2022, the Joint Programme reached 456,667 women and girls. Please see the [2022 Annual Report](#).

10 For example, in Kenya, due to a partnership between UNFPA and Panasonic, 500 women in the bead-making industry benefited from solar lanterns. This increased beadwork production for the women, improving income and livelihoods.

11 In 2022, 658,037 girls and women actively participated. Please see the [2022 Annual Report](#).

12 Realized by deepening understanding of the context-specific drivers of FGM; strengthening local systems, ensuring that FGM prevention and response services are comprehensive and accessible; and increasing partnerships with grass-roots women- and youth-led organizations.

made a particularly important contribution to this remarkable result, which supports girls and women to use their knowledge, skills and critical

awareness to seek and uphold their rights, access justice and other services, and take actions to promote gender equality.

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

2023 TARGET

403,176

2023 ACHIEVEMENT

1,068,595

Some 162,044 girls aged 0 to 14 years were protected from undergoing FGM through community-level surveillance systems. Although there was a higher achievement in 2023 compared to 2022, the result was lower than

the planned target of 241,871. This could be explained by limited abilities to quickly scale up and operationalize surveillance systems as well as some data quality issues at the subnational and community levels.

2.2 Family and community engagement

Women and youth-led organizations are at the forefront of innovation in mobilizing communities to end FGM

In Uganda, the Joint Programme engaged with a feminist youth-led organization in the design of a real-time, free mobile app for reporting FGM cases, obtaining referral pathways and connecting with FGM services. Users can trigger an instant call, which links them to trained community-based FGM volunteer agents who serve as case response points and can provide referrals. By identifying communities with the highest numbers of calls, FGM volunteer agents can mobilize and sensitize them against FGM. The app was a finalist in awards given at the 2023 Innovation Summit in Nairobi, Kenya, organized through a collaboration between the Joint Programme and the European Union–United Nations Spotlight Initiative.



In 2023, the Joint Programme achieved new highs in reaching community members

- 50,384 religious and community/traditional leaders publicly denounced FGM
- More than 66 million people were reached by mass media messaging on FGM
- 455,701 boys and men actively participated in activities promoting positive masculinity



Hademine's story

A religious leader's journey to end FGM in Mauritania

Hademine Saleck Ely, a respected imam from the Great Mosque of Mauritania, has dedicated 15 years of his life to advocating against FGM. His journey began after witnessing the harmful effects of FGM on children, prompting him to establish a non-governmental organization focused on child protection.

Driven by a commitment to his faith and community, Hademine meticulously researched Islamic teachings and concluded that FGM was not a religious obligation but rather a harmful tradition. He played a pivotal role in drafting a fatwa banning FGM in Mauritania and has since been tirelessly raising awareness among religious leaders and communities.

Thanks to Hademine's efforts, along with the support of the Joint Programme, positive change is visible in certain regions of Mauritania, with some communities abandoning the practice. He emphasizes that the Quran upholds the sanctity of the human body and rejects any practice that harms it.

Hademine's unwavering dedication to ending FGM exemplifies the power of religious leaders in promoting positive social change. His work serves as a shining example of how faith-based approaches can be harnessed to protect the health and rights of girls and women.

Engaging community leaders is an effective intervention to shift attitudinal changes.¹³ In 2023, 50,384 religious leaders and community/traditional influencers publicly denounced FGM practices. In addition, 3,142,867 women, girls, men and boys were mobilized through reflective community dialogues on eliminating discriminatory social and gender norms and harmful practices that affect girls and women. A total of 455,701 boys and men were engaged in activities to promote positive masculinity and equitable gender norms, exceeding the annual target of 440,018 as well as the 2022 achievement.¹⁴ This result was driven by support in Burkina Faso, Ethiopia, Guinea-Bissau, Mali and Nigeria.

In 2023, the Joint Programme exceeded its annual target for mass media reach, 17,103,332, by fourfold. An estimated 66,015,838 boys, girls, women and men were reached with mass media messaging on FGM, women’s and girls’ rights and gender equality. This remarkable increase surpassed the 2022 achievement¹⁵ and represented the highest result since the programme began. The targeted and systematic amplification of mass media, news and online web coverage, social media outreach, engagements and events hosted in 2023 by the programme and partners at the global, regional and county levels – in particular in Burkina Faso, Egypt, Ethiopia, Kenya and Nigeria – contributed to this result.



Joint Programme achievements to promote engagement with men and boys to eliminate FGM

- In 2023, the hashtag #MenEndFGM was used 8,886 times and had a reach of 68,400,000 people.
- During the International Day of Zero Tolerance for FGM, user engagement on social media increased by 14.3 per cent compared to 2022; 44.4 per cent of users were men.
- On 6 February 2023, during the International Day of Zero Tolerance for FGM, the Joint Programme hosted the UNFPA-UNICEF High-Level Broadcast on Partnering with Men and Boys to Transform Social Norms to #EndFGM, watched by over 1,100 viewers across LinkedIn, Twitter and YouTube.
- In 2023, the Joint Programme and its partners produced [Engaging Boys and Men to End Female Genital Mutilation](#), a report with the latest data on the attitudes of boys and men towards FGM, and [Promoting Men and Boys Engagement in Ending Female Genital Mutilation](#), a study focused on boys and men and household decision-making on FGM, sexuality and FGM, and what could be done to engage men more fully in FGM prevention.

Number of men and boys engaged in the promotion of positive masculinity and equitable gender norms, and in advocating for the elimination of FGM:

2023 TARGET

440,018

2023 ACHIEVEMENT

455,701

13 This understanding has been the basis of the Joint Programme’s approach since its launch in 2008. See: [Effectiveness of Interventions Designed to Prevent or Respond to FGM](#).
 14 In 2022, the Joint Programme engaged 433,247 men and boys in activities to promote positive masculinity and equitable gender norms and advocate for the elimination of FGM in dialogues with peers and others. Please see the [2022 Annual Report](#).
 15 In 2022, the Joint Programme reached 18,840,027 boys and girls, men and women. Please see the [2022 Annual Report](#).



Sabit's story

Life transformed: From FGM practitioner to advocate in Ethiopia

Sabit's story is one of remarkable change. For years, he was a respected FGM practitioner in his community. However, after engaging with the growing anti-FGM movement in 2009, he began to question the practice he once championed.

Realizing the harm he had inflicted on countless girls, Sabit turned to farming, a more sustainable livelihood that benefited his family. His newfound understanding also led him to protect his younger daughters from FGM, paving the way for a brighter future for them.

Sabit's transformation wasn't without challenges. He faced resistance from his family and community, but he remained steadfast in his advocacy against FGM. His unwavering commitment has inspired others to abandon the practice, and his community is now working towards declaring itself FGM-free.

Sabit's story is a testament to the power of education and community engagement in transforming harmful social norms. It is a beacon of hope in the ongoing fight to eliminate FGM and ensure the health and well-being of girls and women everywhere.

In 2023, Joint Programme activities led 1,361,220 people (out of the annual target of 1,516,041) to make public declarations to abandon FGM, and established community-level surveillance systems in 2,315 communities that made public declarations (against the

annual target of 9,721). The latter result is lower than the 2022 achievement.¹⁶ The target may need revision because engagement with communities to make public declarations and establish surveillance systems takes time and varies by community.

2.3 Movement-building

In 2023, the Joint Programme recorded very positive results in building regional, national and local movements to advocate for and scale up commitments to achieve FGM elimination and reach those left furthest behind. The results exceeded the planned annual target of 6,236 by about 40 per cent. A total of 8,817 grass-roots/community-based organizations and action groups were integrated within coalitions and networks of youth, feminists and women's entrepreneurs working on FGM elimination.¹⁷ Furthermore, 7,917 networks and coalitions of grass-roots/community-based youth-led organizations, feminists and women's entrepreneurs were mobilized to work on the elimination of FGM. More than 111,000 community and front-line workers from

241 implementing partners were involved in programme activities.

The approaches used to select implementing partners include a call for proposals. Partners are assessed based on required expertise and fitness to implement such a project. An alternative approach is direct selection from a roster of organizations, where a CSO is chosen based on its expertise and added value, supported by the administrative justification required for contracting. Both methods involve administrative due diligence processes, including an assessment of protection against sexual exploitation and abuse and additional training if needed. The 241 implementing partners can either directly carry out interventions or assign them to several grass-roots organizations.



Joint Programme initiatives to support youth movements to end FGM

In October 2023, in Nairobi, Kenya, the Joint Programme partnered with the Spotlight Initiative to sponsor the Harmful Practices Innovation Summit. The summit, led by youth and women, focused on promoting innovations to combat FGM and other harmful practices through sharing ideas and success stories, and enhancing technical and leadership capacities. The summit brought together 236 participants from 27 countries, including policymakers, young innovators, FGM experts, enterprise coaches, donors, investors and digital communicators. Two innovative projects are poised to make a difference: AfyaToon, a United Republic of Tanzania-based start-up using visual arts to help end FGM and provide health education, and SmartRR, a Nigeria-based mobile app connecting FGM and gender-based violence survivors with support.

16 In 2022, a total of 3,663 communities that made a public declaration of abandonment of FGM established a community-level surveillance system to monitor compliance.

17 This positive result was driven by Nigeria (57 per cent) and Ethiopia (20 per cent).

Given the 2023 strategic focus on advancing localization, the Joint Programme also surpassed the 2023 target by 140 percent, its planned annual target. It supported grass-roots and community-based organizations, including networks of youth, feminists and women’s entrepreneurs and other relevant CSOs, in using accountability mechanisms for advocacy on FGM elimination, reaching 5,625 groups

in total. The primary driver of this result was close collaboration with more implementing partners and community-based organizations in Ethiopia and Nigeria. CSOs, including those led by women, took actions against FGM based on tangible workplans and measurable strategies backed by appropriate allocations of human and financial resource.

Number of networks and coalitions of grass-roots/community-based youth-led organizations, feminists and women’s entrepreneurs mobilized to work on the elimination of FGM:

2023 TARGET

6,895

2023 ACHIEVEMENT

7,917

Number of supported grass-roots/community-based organizations and action groups, including networks of youth, feminists, women’s entrepreneurs and other relevant CSOs, using the appropriate accountability mechanisms for advocacy on the elimination of FGM:

2023 TARGET

2,342

2023 ACHIEVEMENT

5,625

2.4 Systems transformation

Women-led organizations driving systems transformation

In Burkina Faso, Ethiopia and Kenya, the Joint Programme’s strategic investment in feminist movement-building involved multiple women-led organizations playing a lead role in implementing extensive capacity-building and awareness-raising on FGM, including with decision-makers and service providers within government sectors such as justice, health, education and social services.

A total of 2,842 health service delivery points had at least one health-care staff member trained on FGM, and health facilities provided FGM prevention, protection and care services. This result exceeded both the annual target (by 59 per cent) and the 2022 achievement

(by 12 per cent). This result is explained by an increased number of trained service providers.

A total of 903,734 girls and women received FGM-related prevention and protection services, exceeding the annual target of 429,349 and the 2022 achievement by 110 percent. This was a remarkable 113 per cent increase over

the 2022 achievement.¹⁸ Furthermore, 224,333 vulnerable girls aged 5 to 19 years who were at risk of FGM received education support in 2023. This marked an eightfold achievement of the annual target and a tenfold increase over 2022.¹⁹ The result is due to the increased commitment of communities making effective use of

surveillance systems as well as their active participation in sensitization on prevention and protection actions and services. Data collection improved on many indicators of the Phase IV results framework, including on systems transformation with the use of metadata and better data collection tools.

Number of vulnerable girls aged 5 to 19 years at risk of FGM who have received education support:

2023 TARGET

29,460

2023 ACHIEVEMENT

224,333

There were mixed results in 2023 regarding women and girls accessing specifically health, legal and social services related to FGM. While the annual target was 87,188, only 60,656 girls aged 0 to 19 years and women received health services related to FGM. A similar result was achieved in access to legal services: Only 42,296 girls and women received such services in 2023 compared to the annual target of 111,641. A promising result was observed in access to social services related to FGM, however. In 2023, 302,457 girls and women received social services against the annual target of 285,715. These results could be explained by delayed actions and interventions to ensure or increase access to FGM services in most countries, differences in systems preparedness to integrate or establish services at the same pace among the 17 countries, and the time required for

service use uptake, which is not only reliant on service availability.

There were mixed results on transformational changes within institutions and systems²⁰ to increase capacities to mainstream FGM and deliver coordinated and integrated quality services that prevent and respond to FGM. For example, in 2023, 1,683 out of 2,829 planned primary/secondary/non-formal institutions in Joint Programme intervention areas provided sexuality education and/or life skills training on FGM prevention and protection. These results were due to crisis contexts, including political or socioeconomic insecurity or conflicts, or unforeseen circumstances, such as elections or new government officials with low support for actions to end FGM. These factors impeded implementation of activities under this indicator.

18 In 2022, as a result of Joint Programme, 423,729 girls and women across all 17 countries received FGM-related prevention and protection services. Please see the [2022 Annual Report](#)

19 In 2022, as a result of Joint Programme activities, 423,729 vulnerable girls aged 5-19 years at risk of FGM received education support. Please see the [2022 Annual Report](#)

20 Including education, health, sexual and reproductive health and rights, and social and child protection systems and institutions.

2.5 Regional bodies engagement

In efforts to strengthen regional accountability mechanisms to increase regional and national commitment to end FGM, 15 countries, except Uganda and Yemen, have a multisectoral, FGM elimination policy or strategy that includes a plan of action with targets, a budget and an monitoring and evaluation (M&E) framework. Uganda's national strategic plan has ended and currently a new one is under development. In Yemen, development of a national policy or strategy has been delayed by increasing conflict.

The Joint Programme expected target for this indicator (14) was surpassed by 7 per cent.

Six outcome documents of global and regional intergovernmental processes that integrate commitments related to the elimination of FGM were published, achieving the target. The Joint Programme continued to actively engage in different regional bodies, such as the African Union and the League of Arab States, on the elimination of FGM.



Examples of Joint Programme engagement with regional bodies in 2023

- The Joint Programme was a key stakeholder during the Declaration of the Second International African Union Conference on Female Genital Mutilation²¹ and the Joint General Comment on the Elimination of Female Genital Mutilation (African Committee on the Rights and Welfare of the Child and the African Commission of Human and Peoples' Rights).²² Contributions involved facilitating collaboration and coordination among relevant stakeholders, providing technical expertise, drafting documents, organizing events and supporting strategies aimed at eliminating FGM. In both initiatives, the Joint Programme played a crucial role in advocating policy changes and promoting awareness about the importance of addressing FGM.
- The Joint Programme organized workshops for journalists from 11 target countries in West, Central and North Africa. Sessions created awareness and built capacity to hold governments accountable for implementing the [African Union Accountability Framework on Elimination of Harmful Practices](#). The framework provides robust performance measurements and monitoring practices to track progress on elimination by African Union member States.²³ The workshops led to the creation of a strong journalistic network for the African Union Commission.

21 The final declaration presented at the Second African Union International Conference, entitled "Change in a Generation – the Dar es Salaam Outcome to Accelerate Action towards the Elimination of Female Genital Mutilation", engaged policymakers, advocates and researchers. Conference recommendations encompassed various strategies, including enhancing the involvement of the health sector; prioritizing regional collaboration to combat cross-border FGM; adopting a multisectoral approach with a focus on youth engagement; promoting data accessibility and advocacy initiatives; implementing innovative response measures such as information technology solutions; reinforcing support for youth-led social movements, civil society, cultural and religious leaders; and enhancing accountability mechanisms at the global, regional and grass-roots levels.

22 The Joint General Comment enhances accountability by providing a comprehensive framework for action, guidance for implementation and mechanisms for monitoring progress and holding states accountable for their commitments.

23 The framework will also catalyse the use of data and evidence to conduct regular assessments of progress across the continent, while facilitating engagement and contributions from non-state actors (including CSOs) to advance and accelerate action and strengthen accountability on eliminating harmful practices in Africa.

- In May 2023, a second international workshop was organized with representatives from 14 national human rights institutions in Western and Central Africa Region. It engaged these institutions in taking up their roles in advancing sexual and reproductive health and rights and preventing FGM and other harmful practice. The African Union accountability framework and an FGM regional report – [Getting to Zero Female Genital Mutilation in Africa: Strengthening Human Rights, Accelerating Efforts and Galvanizing Accountability](#) – were shared to raise awareness, galvanize support and motivate actions to eliminate FGM.

As in 2022, the Joint Programme surpassed its annual programme target related to legal and policy developments to eliminate FGM. Fifteen countries – Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia and Sudan – had current national action plans with targets for ending FGM by the end of 2023. For example, as a result of Joint Programme advocacy, and through collaboration with other stakeholders in Guinea and Senegal,

national budget allocations for FGM increased. In Ethiopia, the Joint Programme’s partnership with the National Alliance to End Child Marriage and FGM and support to the Government of Ethiopia led to the development of a National Costed Roadmap to End Child Marriage and FGM.²⁴ In Djibouti, the Joint Programme assisted the development of the National Gender Policy 2023-2030, which includes specific guidelines to eliminate FGM and protect women and girls from all forms of violence.

²⁴ The plan outlines key strategies, packages of interventions, and expected results, targets and milestones towards the elimination of child marriage and FGM.



2.6 Effective laws and policies

Women-led organizations strengthening government capacities to end FGM

In Somalia, in partnership with several women-led organizations and the Ministry of Women and Human Rights Development, the Joint Programme supported the first costed national action plan to end FGM, key to improving coordination and collaboration and accelerating progress. The plan is considered a critical step in implementing a regional cross-border action initiative on FGM with Ethiopia, Kenya, Somalia and the United Republic of Tanzania.

Number of follow-up mechanisms/processes based on accepted recommendations from international and regional human rights mechanisms that are related to FGM:

2023 TARGET

15

A total of 1,956 law enforcement staff²⁵ received training on applying FGM laws and provisions. The number of arrests rose by 154 per cent (from 174 in 2022 to 442 in 2023) and cases brought to court increased by 9 per cent (from 368 in 2022 to 402 in 2023). These results highlight the Joint Programme's ongoing contributions to law enforcement. The comparability of cases brought to court by year comes with a caveat, since prosecutions vary by case and could roll over from one year to the next.

In 2023, 4 out of 12 countries had a budgeted emergency preparedness and response and disaster risk reduction plan that integrated FGM prevention and care.

2023 ACHIEVEMENT

4

Twelve countries planned to achieve this target, yet challenges in implementation included the need to advocate for, sensitize and secure the buy-in of humanitarian players to integrate FGM interventions. Other factors included missing the window to integrate interventions as the humanitarian programme cycle began several months before the index year (2023). Furthermore, there is an absence of clear guidance on feasible FGM interventions to select from or adapt, requiring consultations to develop appropriate measures aligned to specific phases of humanitarian responses. Several consultative meetings with global technical experts on humanitarian action resulted in a recommendation to develop normative guidance informed by learning and interventions at the field level.



How is the Joint Programme supporting legal efforts to eliminate FGM?

- The Joint Programme facilitated the signing of the Declaration of Engagement by the Government of Guinea-Bissau, led by the Ministry of Women, Family and Social Solidarity and organizations for the defense of the rights of girls and women. The declaration provides guidance to institutions that have committed to advocating and adopting all measures that can contribute to FGM elimination.

²⁵ Including police, judges, lawyers and prosecutors.

- In Ethiopia, the Joint Programme supported the implementation of the National Costed Roadmap to End Child Marriage and FGM, and strengthened coordination mechanisms and enforcement of the law by enhancing public legal literacy.
- In Kenya, Joint Programme support to the Anti-FGM Board led to the development of a strategic plan for 2023-2028 in line with the Bottom-Up Economic Transformational Agenda on achieving gender equality and the empowerment of girls and women. Through the strategic plan, the Government has committed to allocating funding for FGM and gender equality programmes.

2.7 Data and evidence

Women-led organizations as partners in leading studies, supporting research or conducting data collection on FGM

In Uganda, in partnership with Naguru Teenage Information and Health Centre and BRAC Uganda, the Joint Programme led photovoice research. This participatory feminist action research, which used cameras to document social injustices, put the power of storytelling back into the hands of those experiencing issues such as FGM, forced marriage, limited access to education and health care, or poverty. The process raised awareness in communities about gender equality and the importance of shifting inequitable gender and social norms.

In 2023, the Joint Programme surpassed its annual programme target and enhanced the capacities of 2,201 government personnel from different sectors as well as CSO and

grass-roots organizations on data collection, analysis, research and dissemination, including qualitative data on FGM.

Number of government personnel from different sectors as well as CSO and grass-roots organizations with enhanced capacities on data collection, analysis, research and dissemination, including qualitative data on FGM:

2023 TARGET

1,651

2023 ACHIEVEMENT

2,201

During 2023, 17 in-depth analyses, research efforts, studies and/or evaluations were conducted. Technical research support and capacity-building were provided to strengthen the generation, application and use of rigorous evidence for programming. Other measures entailed strengthening M&E systems to more effectively data use for better programming.

Monitoring and evaluation initiatives included a geospatial mapping of FGM interventions in specific countries (Djibouti, Egypt and Ethiopia), support to country M&E systems through the metadata of the Phase IV results framework and the creation of a Joint Programme Research Advisory Group.



Generating FGM data and evidence

- ***Ethnographic Study on the Practice of FGM in Nigeria:*** This study, conducted in five Joint Programme focus states, investigated the knowledge, attitudes, behaviours and social dynamics surrounding FGM in communities with the highest rates of prevalence in girls aged 0 to 14. The study, which used the [ACT Framework](#), revealed a complex landscape of attitudes to FGM, ranging from the willingness to participate in abandonment interventions to approval for the practice based on a perceived lack of clear evidence of its harm. The study found an increased adoption of Type IV FGM in south-eastern states together with an influential role of fathers in decision-making on FGM practices. Media and public outreach were reported to play a key part in advancing FGM abandonment. The study findings can provide guidance for interventions in these regions to apply gender-transformative approaches to address decision-making at the household level and the growing trend of FGM Type IV. Such approaches can tap into local values around the practice among different communities using community engagement and media. It will be important to continuously monitor social norm changes and practice trends cost-efficiently in this region and elsewhere.
- ***A Research Study on the Provisions of Islam on the Eradication of FGM in Somalia:*** This qualitative study examined the perspectives of the ulama (religious scholars) on FGM. Islamic scholar participants revealed varied positions on FGM, and reported diverse drivers in their communities, including norms and traditions that FGM reduces promiscuity or is a required religious rite. There was consensus on the prohibition of FGM Type III (infibulation). Recommendations included collaboration with health professionals to support their interpretations before making Islamic rulings on FGM as well as working with governments on issuing laws and penalties. These recommendations need to be carefully implemented to ensure that health professionals and government officials consulted do not favour FGM based on beliefs around it being a religious requirement or have a preference for FGM medicalization. It may be important to conduct value clarifications on FGM and its medicalization among health workers and government officials before their engagement with Islamic scholars.
- ***Female Genital Mutilation Evidence Profiles 2023:*** FGM evidence briefs were developed for Burkina Faso, Djibouti, Guinea and Mali. They highlight the latest country-level research on FGM, including its patterns and trends, drivers, consequences, and prevention and response efforts. The briefs draw from published literature, including research studies and programmatic evaluations. Stakeholders working on the elimination of FGM, including policymakers, programme implementers and researchers, can use the briefs to gain an overall picture of the landscape of research and learning on FGM in their respective countries and promote evidence-informed action.

2.8 Other strategic achievements

In 2023, the Joint Programme leveraged its experiences from its first three phases and used various strategies to address challenges in eliminating FGM. The following achievements reflect four key strategies deployed.

Human rights-based, culturally sensitive, inclusive and holistic approaches: Women-led organizations were essential in on-the-ground activities and engagements across intervention areas, diverse community actors and stakeholders.²⁶ The 2023 programme results clearly demonstrated that placing participants at the centre of design, feasibility testing, adaptation of content to

local culture and implementation made these activities successful. Personal statements and stories, case studies, scenarios and real-life examples were based on knowledge, beliefs and values recognized as important in target countries and communities.

Gender-transformative approach: From its inception in 2008, the Joint Programme has adapted a gender-transformative approach as critical to achieving FGM elimination by 2030. In 2023, Joint Programme interventions intensified critical reflections on gender inequalities, which led to individuals and communities recognizing and strengthening positive norms that support

²⁶ Based on internal analysis of reports and 2023 results by each target country.



gender equality and transforming underlying and broadly held social norms that produce and sustain FGM. As part of efforts to operationalize gender-transformative programming and increase overall impact, the Joint Programme adapted a gender-transformative accelerator tool and initiated its dissemination in Senegal, Mauritania and Uganda.²⁷

Youth movements: The Joint Programme's focus on building a global youth movement to disrupt the social systems that uphold FGM elevated the position of youth-led organizations and youth groups in the 17 target countries. Several interventions strengthened youth capacity to address FGM at the regional, national, local and grass-roots levels. Through targeted investment in, partnership with and support to these organizations and groups, the Joint Programme reinforced the idea of localization and the youth-centricity of efforts to end FGM. In 2023, by facilitating the Global Youth Consortium against FGM,²⁸ the Joint Programme created opportunities for networking, cross-organizational and cross-sectional knowledge-sharing, collaboration and coordination among and with youth-led organizations. It also facilitated their exposure to and participation in local, national and global events on FGM. Among youth movements, however, organizations need to work more closely together to address FGM.

Leaving no one behind: To uphold and advance the principle of leaving no one behind across the development-humanitarian nexus, the Joint Programme took several actions. The [Toolbox on Female Genital Mutilation and the Humanitarian Development Nexus](#) was developed, launched and disseminated among humanitarian actors, grass-roots organizations, community facilitators and community health workers in Burkina Faso, Djibouti, Ethiopia, Guinea and Somalia. The Joint Programme also established partnerships with organizations representing the most marginalized and vulnerable groups and individuals left furthest behind.

By specifically entering into formal partnerships and informal engagements with grass-roots women-led organizations, the Joint Programme brought together organizations representing the most marginalized communities – including refugees and internally displaced people, individuals living in remote areas, mothers and elderly women, and women and girls with disabilities – to work on FGM elimination. By creating opportunities for these organizations and promoting collaboration with and among them, the Joint Programme was able to include grass-root actors and their constituencies in leadership and decision-making on ending FGM, helping them contribute to and influence these processes.

27 Developed by UNFPA and UNICEF, in collaboration with Collective Impact, the aim of the gender-transformative accelerator tool is to enable implementers, advocates and technical staff to conduct rapid analysis and action planning to strengthen/accelerate gender transformation within programming through the Joint Programme. For more information, please see [here](#).

28 Launched in 2022, the Global Youth Consortium Against FGM is a youth movement consisting of over 700 young people from more than 45 countries. The consortium aims to empower young people to end FGM in their communities.





Aya's story

Mothers leading the call to stop FGM in Yemen

In Yemen, mothers of daughters who have undergone FGM are emerging as powerful advocates against this harmful practice. Umm Aya, a mother from Hadhramout, experienced first-hand the devastating impact of FGM on her daughter and witnessed a similar tragedy unfold in a hospital. This ignited her passion to protect future generations.

Umm Aya joined forces with other women activists, organizing awareness sessions and disseminating educational materials throughout her community. They utilized social media platforms to amplify their voices and reach a wider audience. Umm Aya's efforts even inspired her mother-in-law, initially a proponent of FGM, to become an ally in the fight against it.

Today, Umm Aya and countless other mothers continue their tireless work to end FGM. They are determined to ensure that their daughters and granddaughters live free from this harmful practice, creating a brighter and healthier future for girls in Yemen. Their unwavering dedication exemplifies the power of personal experience and collective action in driving positive change.

"Today, my voice and the many mobilized voices of other mothers and FGM survivors continue our activism and advocacy to combat FGM. My daughters and their daughters' generations will continue carrying this message in the future until this harmful practice is over," Umm Aya concludes.

3. Summary and Lessons Learned



This section summarizes overall performance, successes and challenges, and lessons learned in 2023.

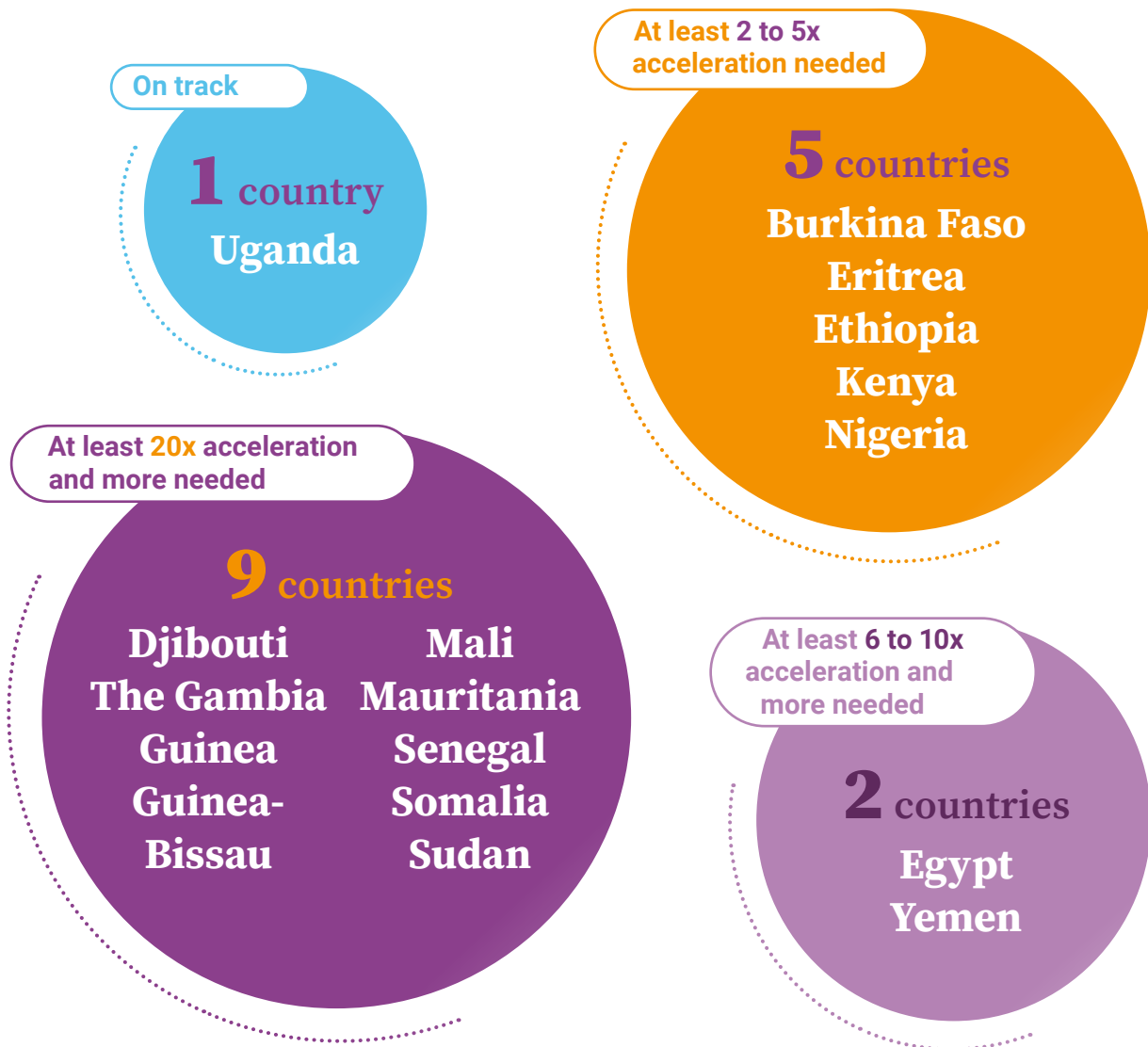
3.1 Performance by impact level

Although the pace of FGM abandonment is picking up, the rate of decline needs to be 27 times faster to eliminate FGM by 2030.²⁹

Based on projected estimates of progress, only Uganda is on track to eliminate FGM by 2030. Five countries (Burkina Faso, Eritrea, Ethiopia, Kenya and Nigeria) will need to accelerate their

efforts by at least 2 to 5 times, and two (Egypt and Yemen) by at least 6 to 10 times. Nine countries (Djibouti, The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia and Sudan) will need to accelerate their efforts by at least 20 times.

RATE OF ACCELERATION NEEDED BY 17 PROGRAMME COUNTRIES TO ELIMINATE FGM BY 2030



²⁹ UNICEF, 2024. "Female Genital Mutilation: A global concern." 2024 Update.

3.2 Linking impact with outcome and output level performance

Across all countries, the performance on medium-term outcomes was highest in empowering girls and women and improving access to FGM-related services (medium-term outcomes 1000 and 2000) compared to laws, policies and data (medium-term outcome 3000).

To better illustrate performance by impact, outcome and output levels, we tabulated the output- and outcome-level performance of

countries by their current status in terms of eliminating FGM by 2030. The status was categorized into three types: “on track/minimal efforts to be on track”, “some efforts needed to be on track” and “high efforts needed to be on track” (Figures 1 to 3). Countries that are on track or require some effort to be on track seem to have higher performance in the agency of girls and women, movement-building and systems transformation compared to others.



KEY

● Target surpassed	● Target met	● Target not met
<p>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.</p>	<p>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.</p>	<p>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 responses for women and girls at risk of, and affected by, FGM, even in hard-to-reach locations.</p>

FIGURE 1: Output- and medium-term outcome-level performance in countries that are on track or require minimal acceleration to eliminate FGM by 2030

Countries	MEDIUM-TERM OUTCOME 1000			MEDIUM-TERM OUTCOME 2000	MEDIUM-TERM OUTCOME 3000		
	Girls' and women's agency	Family & community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Nigeria	●	●	●	●	●	●	●
Uganda	●	●	●	●	●	●	●
Overall (Joint Programme)	●	●	●	●	●	●	●

FIGURE 2: Output- and medium-term outcome-level performance in countries that require some acceleration to eliminate FGM by 2030

Countries	MEDIUM-TERM OUTCOME 1000			MEDIUM-TERM OUTCOME 2000	MEDIUM-TERM OUTCOME 3000		
	Girls' and women's agency	Family & community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Burkina Faso	●	●	●	●	●	●	●
Eritrea	●	●	●	●	●	NA	NA
Ethiopia	●	●	●	●	●	●	●
Kenya	●	●	●	●	●	●	●
Overall (Joint Programme)	●	●	●	●	●	●	●

FIGURE 3: Output- and medium-term outcome-level performance in countries that require high efforts to be on track to eliminate FGM by 2030

Countries	MEDIUM-TERM OUTCOME 1000			MEDIUM-TERM OUTCOME 2000	MEDIUM-TERM OUTCOME 3000		
	Girls' and women's agency	Family & community engagement	Movement-building	Systems transformation	Regional bodies engagement	Effective laws and policies	Data and evidence
Djibouti	●	●	●	●	●	●	●
Egypt	●	NA	●	●	●	NA	●
The Gambia	●	●	●	●	●	●	●
Guinea	●	●	●	●	●	●	●
Guinea Bissau	●	●	●	●	●	●	NA
Mali	●	●	●	●	●	NA	●
Mauritania	●	●	●	●	●	●	●
Senegal	●	●	●	●	●	●	●
Somalia	●	●	NA	●	●	NA	●
Sudan	●	●	●	●	●	●	●
Yemen	●	●	●	●	●	NA	●
Overall (Joint Programme)	●	●	●	●	●	●	●

3.3 Performance by output level

In 2023, four of seven output areas (girls' and women's agency, movement-building, systems transformation and regional bodies engagement) were met or overachieved, and three output areas (family and community engagement; effective laws and policies, including the integration of FGM prevention and care within humanitarian response plans; and data and evidence) underperformed.

The higher performance on girls' and women's agency, movement-building and systems transformation was explained by an increased programmatic focus on these issues, possible

gains made through long-term investments in systems transformation, improved data collection and low targets. The performance related to regional bodies engagement was met for one component of the indicator for this output, namely, the presence of multisectoral policies and plans with targets, budget and M&E, while the remaining components were not reported.

The underperformance on family and community engagement and laws and policies was explained by the long time required to obtain results in these areas and external factors, such

as political contexts that deterred legislative processes. Challenges arose in integrating FGM programming within humanitarian responses because emergency preparedness plans are limited to life-saving interventions. Advocacy for integration and the sensitizing of humanitarian players took time, and this was not factored in when setting the annual targets. Another constraint on implementation was the absence of clear guidance on feasible FGM interventions for different phases of humanitarian crises, which necessitated developing them de novo.

The under performance on data and evidence generation, which is measured by the number of research products, in-depth analyses and evaluations, was primarily because of under-reporting on the indicator's components. The only reported component was primary research that used methodologies that cannot be completed within a year. There is a need to strengthen reporting on this indicator to encompass enumeration of all its components, in other words, through in-depth analyses and evaluations. In addition, there is a need to shift emphasis from descriptive research to rapid actionable evidence, such as programmatic data analysis or desk reviews to quickly inform implementation during the index year. Amid reduced funding, countries will also need to use real-time programmatic data including on costs more frequently to identify operational efficiencies.

Performance (over- or underachievement) against targets needs to be cautiously

interpreted as target-setting remains a major challenge. Most countries generally use funding or past achievements without considering the proportion of the overall population or outcome or timeline-to-impact, leading to low targets. Applying methodologies and evidence-based justifications related to context, population size, outcome and timeline to impact would generate appropriate targets at subnational, national and regional levels. These will contribute more meaningfully to national and global FGM reduction.

Outcome indicators are mostly absent in annual reports as they are not generated through existing information systems and are costly to generate in siloed surveys. Further, there is a need to generate output and outcome data from existing information systems on a regular basis. The current Joint Programme indicators need to be aligned to national FGM data management systems to capture subnational and national levels beyond Joint Programme-supported interventions.

It is important to highlight that the existing M&E technical resource pool for the programme is limited in terms of providing timely support to: target-setting, regular quality checks, supportive mentoring, the integration of FGM data within existing information systems, and the promotion of programmatic data into planning and implementation. More investment and efforts are needed to ensure that resource and functional gaps are addressed.

3.4 Backlash against FGM legislation

In the last quarter of 2023, a concerning pushback against legal frameworks on FGM occurred in The Gambia, after the first successful prosecution of three women for performing FGM on eight girls under age 5. A religious leader rallied protests against the judgment, claiming it limited religious freedom; he also paid the legal fine for the three women. This cascaded into calls for the right to retain

cultural practices, with an independent lawmaker introducing a bill to the National Assembly to repeal the FGM law. A press statement issued by the African Union's human rights and legal organs (the African Commission on Human and Peoples Rights and the African Committee of Experts on the Rights and Welfare of the Child) went unheeded.

This countermovement is not only concerning for The Gambia but has potentially negative ramifications for the region and globally, including in relation to other harmful practices, such as child marriage, and gender inequality in general. Several lessons learned from this pushback included the need to identify and prepare before trigger events take place, such as the enforcement of punitive measures in FGM-prevalent settings. Preparations could include having a large pool of influential allies, within the

judicial sector, and among religious, community and social media influencers for support before, during and after the enactment of a law.

Regular scanning for countermovements and robust understanding of power and political analysis is needed. Experience-sharing among countries facing countermovements is key as well as practical guidance to systematically address countermovements

3.5 Enforcing FGM legislation

The enforcement of FGM legislation takes time. It requires general legal awareness-raising as well as the operationalization of legal processes. Several challenges can occur during enforcement, such as legal loopholes, limited institutional capacity for enforcement, difficulties in reporting close family members, weak/absent social support systems if parents are incarcerated, a lack of community readiness to comply with the law as well as the practice performed secretly over fears of prosecution. Opposition to FGM laws enforcement by influential groups has entailed promoting FGM as an “obligatory” religious rite, labelling FGM programmes as “Western-based” or “colonial” efforts to erase African culture, and promoting FGM medicalization³⁰ as a safer alternative. The effective use of social media has helped opposition movements garner public support.

Interestingly, while FGM medicalization violates the professional code of conduct and ethics, the enforcement of legislative measures against health-care workers has been weak. This could be explained by insufficient regulatory mechanisms, supportive attitudes towards

FGM, secrecy and complicit agreements, and at times the political “immunity” of those who openly perform FGM. A few countries with FGM medicalization have operationalized the four pillars of the global strategy to stop medicalization³¹ at scale.

Positive lessons can be learned from some interesting approaches to enforcing legislation. For instance, Burkina Faso and Kenya have “mobile courts” for public hearings that bring the legal process closer to communities and make court appearances easier. Burkina Faso’s implementation model is exemplary,³² linking 13 ministries, women’s rights and other non-governmental organizations, religious and community leaders, law enforcement officials and the judiciary. Some communities (for instance, in Eritrea, Ethiopia and Nigeria) have developed and enforced their own bylaws (social sanctions). Those community members who violate the community consensus to stop FGM may be subject to punitive measures such as monetary penalties, limited community support during crises or limited participation in community events.

30 FGM medicalization refers to situations in which FGM is practised by any category of health-care provider, whether in a public or a private clinic, at home or elsewhere, based on the World Health Organization definition.

31 The four pillars include: political will and funding, knowledge and understanding of health workers, supportive legislative and regulatory frameworks, and monitoring, evaluation and accountability. See: UNAIDS, UNDP, UNFPA and others, 2010. Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation.

32 Burkina Faso was a Silver Award Winner of the Future Policy Award in 2014 in recognition of FGM law enforcement.

The Joint Programme published in 2023 a technical note on good practices in FGM laws and the application of a human rights-based

approach as a resource for those developing and/or amending FGM related laws.

3.6 Engaging with women- and youth-led organizations and movement-building

There were several successes in engaging women- and youth-led organizations in 2023. The globally high performance on indicators related to the agency of girls and women and movement-building is encouraging, laying a sound foundation. Furthermore, efforts have been made to build the institutional capacity of CSOs through specifying a percentage of allocations to them.

There were notable efforts to broaden the engagement of CSOs and establish an information system to strategically build movements. This includes a mapping of all regional and in-country women-led, feminist and youth-led organizations together with their geospatial coordinates to generate a comprehensive directory and visual dashboard that will be completed in 2024. These tools are expected to inform strategic links and partnerships to scale up movement-building and improve M&E. One challenge in working with small CSOs and grass-roots organizations is

the gap in financial and operational systems for direct contracting. This was resolved through umbrella organization subgrants. As a result, the current figure (241) of implementing partners for the Joint Programme is an underestimate as several implementing partners work with women-led, feminist and youth-led organizations that are not accounted for in their reports. These would need to be enumerated in future reports.

Finally, a rapid desk review of movement-building initiatives implemented in earlier phases of the Joint Programme as well as consultative discussions revealed non-standardized conceptual understanding of movement-building approaches and non-systematic approaches in implementation. Furthermore, gaps were identified in setting targets such as determining the “critical mass” for a social change movement that is proportional to population size or success markers in different phases of movement-building.

3.7 Diversifying funding

Funding diversification is one of the high 5s in Phase IV. In 2023, 3 out of 17 countries (Ethiopia, Uganda and Yemen) successfully mobilized financial resources from other donors (Canada, Iceland and Norway), while six (Guinea, Kenya, Mali, Mauritania, Senegal and Uganda) received in-country government financial support. Some UNFPA and UNICEF regional and country offices have used core resources to cover some personnel costs for the Joint Programme. There has been no systematic recording system to capture funding diversification and; mechanisms to capture this would need to be explored.

To expand programmatic scale, a key lesson is the need to increase investment in resource mobilization at all levels but more so in country and regional offices. Diversification requires expertise to engage with a broader donor base, such as the private sector, foundations, international and national financial institutions, international CSOs, and regional and national funding organizations. Furthermore, the Joint Programme will made continued efforts to advocate for national public allocations that directly or indirectly finance FGM programmes.

3.8 Expanding and intensifying global influence

In 2023, the Joint Programme conducted several initiatives to expand and intensify its global influence, such as sharing technical documents, organizing webinars, inviting countries that are not directly supported to participate in technical meetings and sponsoring global advocacy during the International Day of Zero Tolerance for FGM. These efforts need to be diversified and sustained, including by adopting targets and indicators to track the progress of programmatic expansion and global influence.

With only six years to achieve SDG target 5.3 to end FGM, strategic approaches to facilitate, accelerate and scale up interventions in countries where FGM is prevalent are key. These approaches should advance political commitment and ownership; promote the integration of FGM interventions into sectors with a wide reach, such as education and health;

bring FGM into thematic programmes on sexual and reproductive health, gender-based violence, child protection and humanitarian responses; and identify opportunities to link and collaborate with influential stakeholders such as major international non-governmental organizations. There is a need to expand technical support through resources and link movements at community, subnational, national and regional levels within and between countries and regions that are not supported by the Joint Programme. For instance, existing Joint Programme campaigns could be linked with “End FGC Singapore”, a community-led independent campaign among Muslim communities. Alternatively, FGM initiatives within the League of Arab States or African Union could be linked with the planned FGM initiative with the Association of Southeast Asian Nations.



4. The Way Forward





Accelerate progress in eliminating FGM by 2030

2030 is only six years away, requiring concerted efforts to strategically accelerate progress by scaling up evidence-based, effective interventions and mobilizing far-reaching partnerships. Evidence to support progress should focus on identifying interventions that deliver faster results with higher cost-efficiency given the declining funding landscape. Opportunities to advance innovation on these fronts will be encouraged. A closer review and analysis of countries that are on track to meet

the SDG target to end FGM could identify factors associated with progress to inform programmatic implementation as well as predictive models for catalytic intervention packages.

There will be more focus on scaling up interventions within countries and beyond Joint Programme countries and beyond them. Mapping and updates on all stakeholders implementing programmes will be useful to strategically collaborate in the scale-up.



Promote the use of data and evidence, and strengthen monitoring and evaluation

The uptake and use of data and evidence in planning and programming should be strengthened by generating data more frequently and improving access, including through the development of a user-friendly interactive dashboard featuring geospatial maps of FGM interventions. The interactive platform is expected to be designed and tested before being deployed in 2025. It will build on extensive investigations and consultations, and operate in line with stakeholder expectations and good practices in data management.

Other efforts will continue to integrate core FGM data within existing governmental and non-governmental information management systems to create a centralized data repository to monitor national performance. A resource pool and expertise on M&E at the regional and national levels to support such initiatives should be financed by at least 10 per cent of the budget allocated to Joint Programme activities.

To improve the quality of reporting, consultations with regional and country teams and partners will be held to identify core and context-specific indicators from the Phase IV results framework that align with in-country data management systems.

On-the-job practical assistance will be offered to regional and national offices who will in turn work with their partners to develop data-driven interventions, set more appropriate targets, strengthen reporting at the outcome level as well as capture social norm changes (ACT Framework indicators) from sustainable evidence generation mechanisms. There will be greater emphasis, support and guidance on the generation and use of programme data through the increased frequency of regular meetings with technical teams, including M&E resource persons, in planning and performance review meetings at all levels.

Finally, all the cumulative evidence from early phases to date will be consolidated and summarized into practical programmatic solutions or considerations for dissemination across the 17 countries and beyond. This evidence synthesis together with the centralized, independent, multidisciplinary peer review body that was created in 2023 will be a clearing house to ensure evidence generation is aligned with programmatic emphasis, and to avoid duplication and uphold quality assurance.



Address backlash against ending FGM

There will be increased efforts to regularly and proactively scan for pushback through risk analysis of trigger events, such as persecutions of individuals and movements at the country, regional and global levels. Scanning methodologies will include media monitoring, for example, digital space discourse analysis or the tracking of community conversations (e.g., social listening), as well as power and political analysis to prevent or identify concerns before they gain ground. Country teams will be encouraged to map potential champions and allies, including religious and traditional leaders, to create a support group and platforms for advocacy and communications to both eliminate FGM and respond quickly to countermovements.

The current learning and evidence will be utilized to guide implementation and enforcement of laws to minimize risks of countermovements.

For instance, polls on attitudes to law enforcement could be used to inform the timing and roll-out of legislation, or the implementation of laws targeting health professionals. For the latter, FGM violates their professional code of conduct, which may be harder for them to contest. Regular support to regional, continental and global human rights and legal bodies would bolster capacities to respond to pushback and help uphold state accountability. FGM medicalization needs to be addressed even where it is not practised so that it does not become a fallback option if laws are challenged.

Documentation of successes and learning are essential. Some countermovements have been effectively addressed, such as in Kenya in 2022. Such experiences need to be shared, including through cross-learning webinars.



Advocate for FGM legislation

Advocacy for the ratification of FGM laws in the three countries that have not yet taken this step (Mali, Somalia and Yemen) will continue this coming year. Advocacy initiatives will engage with national policymakers, support advocacy by CSOs and other groups, and leverage the influence of relevant continental and regional political structures. Community buy-in, engagement and leadership are essential for effective enforcement of legislation. CSOs would need to put additional emphasis on law buy-in during their community engagement.

The technical note entitled "[Developing FGM Laws Aligned with Human Rights](#)" that was developed in this reporting period will be disseminated in 2024. This resource is useful to review whether countries' existing laws align with human rights conventions and mechanisms and political declarations made by their governments. The good practices of FGM laws in this technical note serve as a practical resource to identify and revise any gaps within existing country FGM laws.



Engage with women- and youth-led organizations and movement-building

A systematic approach to movement-building will be emphasized, starting with rapid assessments of the stages of movement-building at the national and community levels. This would be followed by a consultative and collaborative approach with relevant stakeholders to plan movements strategically to increase their scale and results. Documentation and experience-sharing within and among countries and regions will also be encouraged. A practical guide to apply a step-by-step approach to build and address counter movements, including M&E, will also be developed.

The comprehensive directory including the geospatial coordinates of women- and youth-led organizations and visual dashboards initiated during the reporting period will continue to be

developed in 2024. Although the focus will be primarily on scaling up youth- and women-led movements, additional efforts will be made to strengthen their links with girl-led organizations under the Africa Led Movement and related initiatives. In addition, indicators of CSO engagement will be reviewed and technical support to set targets aligned to the critical mass needed to drive norm change. Regional and country offices will strive to strengthen national ownership and coordination to empower grass-roots, women-led, feminist and youth-led organizations. Country offices will explore and use existing institutional mechanisms to build the capacity of these organizations and strengthen their engagement in local movements to end FGM.



Diversify funding

The Joint Programme faces a continued funding shortfall. Nine countries made commendable efforts to broaden the donor base or mobilize national funding in 2023, and to build on the use of core funds as well as other programmes with integrated FGM interventions.

UNFPA and UNICEF regional offices in South-East Asia have begun developing a regional initiative on FGM, “Breaking the Silence: Increasing Accountability on Addressing Female Genital Mutilation in South-East Asia”, that will be funded by the Department of Foreign Affairs and Trade of the Government of Australia. This programme aims to strengthen accountability for ending FGM by supporting joint advocacy and movement-building, cultivating the capacities of regional networks and national stakeholders to address FGM and harmful social norms, and generating evidence on what works. The Joint Programme’s global and regional teams will operate in tandem with this regional initiative

to realize complementarity and alignment with Phase IV strategies, key focus areas and the results framework.

The existing Resource Mobilization, Partnership and Action Plan will be used to mobilize additional resources at the regional and country levels. To ensure a sustained funding flow and uninterrupted programming, requests for multi-year agreements among existing and potential donors will be made. Expanding the donor base through partnerships with non-traditional donors needs more focus, with a headquarters discussion underway exploring the scope for collaboration with the World Bank and private foundations.

A technical resource focal person will intensify efforts to pursue innovative financing, based on three initially identified options: a revolving donor fund, catalytic/match financing and cause-related funding. The focal point will

provide technical backstopping for resource mobilization at the headquarters, regional and country levels. A “localized approach” will comprise increased advocacy for government budgetary allocations to address FGM, and the integration of FGM programming into relevant sectoral and thematic programmes on sexual and reproductive health, gender-based violence,

child protection and humanitarian responses. Technical assistance, tools and communications materials will guide advocacy and messaging for resource mobilization among different stakeholders. To strengthen the tracking of fund diversification, existing mechanisms to capture this data will be explored and where applicable used in future reports.



Expand and intensify the global influence of the Joint Programme

The Joint Programme’s technical teams will hold consultative meetings on strategic approaches with potentially catalytic effects in advocacy, policymaking and programme implementation, at the community, subnational, national, regional and global levels. The compilation of these approaches will be used as a guiding reference to select from and adapt accordingly to each context. In addition, cross-regional communities of practice will be convened through webinars or other platforms to facilitate exchanges on the results, lessons and

experiences in implementing these strategies or other innovative approaches

The Joint Programme-supported interventions will continue to expand policy influence through global, regional and national bodies. These interventions will back resolutions on the elimination of FGM by the United Nations General Assembly and Human Rights Council, and use relevant United Nations and other platforms to advocate for increasing political commitment, closing gaps in policy and legislation, and applying good practices.



Scaling up FGM programming within the humanitarian-development-peace nexus and implementing gender-transformative approaches among front liners

The Joint Programme’s technical teams will build on 2023 results and learning, such as the “Illustrative Cases of Implementation of the Humanitarian Development-Peace Nexus Approach in Female Genital Mutilation Programme”, to consolidate a set of key interventions to address FGM in the different phases of a humanitarian crisis. Technical teams will continue to make necessary revisions to delivery mechanisms and implementation modalities to make interventions fit for humanitarian settings. The Learning on humanitarian programming cycle timelines, stakeholders to be involved and possible interventions to be integrated will

be used to set realistic targets and possibly increase the scale-up of FGM interventions within humanitarian responses.

The scale-up of gender-transformative approaches within programming will continue through the dissemination of the “Integrated Gender-Transformative Accelerator and Values Clarification Workshop Facilitation Guide (GTA+)”, which primarily targets programme managers. To complement this resource and expand on the uptake of the guide among front liners, a simple practical guide for existing interventions at the community level and in the day-to-day activities of service providers will be developed and disseminated.

Annexes



Annex 1: Phase IV Results Framework with Achievements

Impact and long-term outcomes are not collected and presented on an annual basis.

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
IMPACT: The global promise of ending FGM is delivered by 2030								
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 to 14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme	2021	216,853	204,903	113,132	241,871	162,044
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 (disaggregated by humanitarian and development settings)	2022	456,667	436,411	456,667	588,194	817,529
	1102	Percentage of girls and women aged 15 to 49 years who exercise agency in making decisions related to the elimination of FGM (index)	2022	0	NA	NA	NA	NA (lack of system to generate this indicator)
OUTPUT 1110: GIRLS' AND YOUNG WOMEN'S AGENCY Girls and women in targeted communities use their new or enhanced knowledge, skills and critical awareness to seek and uphold their rights, access to justice and other services, taking action to promote gender equality	1111	Number of girls and young women actively participating in social and behaviour change programmes such as comprehensive sexuality education or girls' clubs that integrate FGM in discussions on life skills	2022	658,037	382,395	658,037	403,176	1,068,595

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
SHORT-TERM OUTCOME 1200: Men, boys, families and communities, and grass-roots/ community-based organizations and action groups, including networks of youth, feminists and other relevant CSOs, increasingly supporting the access of women and girls to measures and services that prevent and protect them against FGM, gender inequalities and other harmful practices	1201	Number of communities that made public declarations of abandonment of FGM that have established a community-level surveillance system to monitor compliance	2021	3,813	8,862	3,663	9,721	2,315
	1202	Number of people engaged in a public declaration that they will abandon the practice of FGM	2021	3,460,101	1,594,873	1,214,650	1,516,041	1,361,220
	1203	Proportion of young men and boys who express readiness to marry uncut girls	2022	0	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 (male/female) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change	1211	Number of religious leaders and community/ traditional influencers who publicly denounce FGM practices	2021	30,980	36,146	49,681	61,486	50,384
	1212	Number of individuals (boys, girls, women and men) reached by mass media messaging on FGM, women's and girls' rights and gender equality (disaggregated by traditional and social media)	2021	32,416,266	17,042,079	18,840,027	17,103,332	66,015,838
	1213	Number of people (women and girls, men and boys) engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women (disaggregated by humanitarian and development settings)	2022	2,197,992	3,160,737	2,197,992	3,889,429	3,142,867

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
OUTPUT 1210: FAMILY AND COMMUNITY ENGAGEMENT Gatekeepers, parents and families, traditional and religious leaders, and other community influencers (male/female) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change	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	369,737	433,247	440,018	455,701
	1215	Number of community-to-community dialogues on abandonment of FGM within the country and across borders	2021	10,150	24,221	24,179	31,838	28,412



Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
OUTPUT 1220: MOVEMENT-BUILDING Regional, national and local youth global movements, feminists and women's entrepreneurs, including grass-roots and community-based organizations, government and non-governmental bodies and community members, are engaged by a common movement through 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 the elimination of FGM	2022	2,848	1,684	2,848	6,236	8,817
	1222	Number of networks and coalitions of grass-roots/community-based youth-led organizations, feminists and women's entrepreneurs mobilized to work on the elimination of FGM	2022	9,629	3,552	9,587	6,895	7,917
	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 the elimination of FGM	2022	11,490	988	11,490	2,342	5,625
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 (disaggregated by humanitarian and development settings)	2022	423,729	498,383	422,953	429,349	903,734

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
SHORT-TERM OUTCOME 2100: Health, education, social, legal and child protection systems providing integrated quality FGM services that are accessible and centred on women and girls as well as families and communities	2101	Number of medical and paramedical schools (public and non-public) supported by the Joint Programme that have mainstreamed FGM into their curricula and/or continuous professional development programme	2022	18	83	18	151	219
	2102	Number of girls (0 to 19 years) and women who have received health services related to FGM	2021	422,700	103,671	112,673	87,188	60,656
	2103	Number of girls and women who have received social services related to FGM (disaggregated by humanitarian and development settings)	2021	76,882	156,656	132,620	285,715	302,457
	2104	Number of girls and women who have received legal services related to FGM (disaggregated by humanitarian and development settings)	2021	16,106	36,162	36,302	111,641	42,296
	2105	Number of vulnerable girls aged 5 to 19 years at risk of FGM who have received education support (disaggregated by humanitarian and development settings)	2022	35,344	24,449	35,344	29,460	224,333

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
OUTPUT 2110: SYSTEM 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 (disaggregated by humanitarian and development settings)	2022	2,241	2,698	2,241	2,829	1,683
	2112	Number of trained law enforcement staff (police, judges, lawyers, prosecutors) demonstrating improved knowledge on the application of FGM law and provisions	2021	988	1,981	1,995	3,155	1,956
	2113	Number of health service delivery points in Joint Programme intervention areas where at least one health-care staff member is trained on FGM prevention, protection and care services, and that provide FGM-related services (disaggregated by humanitarian and development settings)	2021	1,639	1,259	2,542	1,784	2,842
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 responses for women and girls at risk of, and affected by, FGM – even in hard-to-reach locations	3001	National budget allocated to the prevention and elimination of FGM (amount)	2022	0	NA	NA	NA	NA (Reported by a few countries: Guinea (\$37,155), Kenya (1% of budget), Mali (\$101,003), Mauritania (1% of budget), Senegal (\$190,000), Uganda (\$50,000)

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
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 action with targets, a budget and an M&E framework, in line with human rights and the leaving no one behind principle	2021	13	13	16	14	15
	3102	Proportion of FGM recommendations implemented from peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	2022	NA	NA	NA	NA	NA (Lack of system to generate this indicator)
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, regional economic communities, etc.) processes that integrate commitments related to the elimination of FGM	2022	2	5	2	6	6
	3112	Number of peer review processes of relevant African Union, League of Arab States, human rights institutions, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	2022	0	3	0	11	NA (Activity not conducted in 2023)

Results statement	#	Key indicators	Baseline year	Baseline value	2022 target	2022 achievement	2023 target	2023 achievement
OUTPUT 3120: EFFECTIVE LAWS AND POLICIES Enhanced capacity of governments and local authorities to coordinate the enactment, implementation, enforcement and resourcing of legal frameworks to prevent FGM and provide protection to women and girls at risk, and to those who have survived FGM	3121	Number of arrests enforcing FGM legislation	2021	206	415	174	482	442
	3122	Number of cases brought to court	2021	215	417	368	505	402
	3123	Number of convictions and sanctions	2021	135	165	306	214	170
	3124	Number of follow-up mechanisms/ processes (plans of action, reviews, public inquiries) on accepted recommendations from international and regional human rights mechanisms that are related to practices on FGM	2022	5	7	5	15	4
	3125	Number of countries with a budgeted emergency preparedness and response and disaster risk reduction plan that integrates FGM prevention and care	2022	5	6	5	12	4
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	1,399	34,127	1,651	2,201
	3132	Number of in-depth analyses, research, studies and evaluations conducted during the year to fill the evidence and knowledge gaps related to the elimination of FGM	2021	17	18	20	23	17

Annex 2:

Financial Report for 2023

The Joint Programme received \$29,271,390.49 in funding support in 2023 (Table 1). All donor contributions were provided through a global pooled funding mechanism, except those from the European Union and the United States of America, which were channelled through the Spotlight Initiative Africa Regional Programme

and a bilateral agreement with UNICEF, respectively. Different figures reported in the 2023 certified financial statement for the Joint Programme reflect the fact that it only captures contributions through the pooled funding mechanism and expenditures out of these contributions for 2023.

TABLE 1: Funds received by the Joint Programme in 2023

Donor	Contribution (US dollars)
Belgium	1,095,290.25
Canada	3,713,761.53
European Union	688,033.29
France	149,413.02
Germany	953,389.83
Iceland	200,000.00
Italy	2,305,492.33
Luxembourg	925,269.22
Norway	1,122,124.56
Spain	877,192.98
Sweden	11,442,392.00
United Kingdom	799,031.48
United States	5,000,000.00
Total	29,271,390.49

Based on available funds for programming in 2023 and commitments from 2022, the Joint Programme made a total allocation of \$24,994,366 to the 17 programme 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 \$23,515,780, with an overall expenditure rate of 94 per cent (Table 2).

TABLE 2: Budgets, expenditures and expenditure rates for 2023

Offices	UNFPA			UNICEF			UNFPA + UNICEF		
	Allocated funds in 2023	Expenditures	Expenditure rate (%)	Allocated funds in 2023 and commitments from 2022	Expenditures	Expenditure rate (%)	Allocated funds in 2023 and commitments from 2022	Expenditures	Expenditure rate (%)
Headquarters	3.423.174	3.365.807	98%	1.946.960	1.946.960	100%	5.370.134	5.312.768	99%
Arab States Regional Office / Middle East and North Africa Regional Office	235.284	185.105	79%	160.000	71.581,20	45%	395.284	256.687	65%
East and Southern Africa Regional Office	296.284	253.377	86%	160.000	122.412,94	77%	456.284	375.790	82%
West and Central Africa Regional Office	368.458	368.458	100%	160.000	8.125,58	5%	528.458	376.583	71%
Burkina Faso	590.780	586.043	99%	428.990	356.030,13	83%	1.019.770	942.073	92%
Djibouti	243.642	243.641	100%	300.000	51.745,15	17%	543.642	295.386	54%
Egypt	1.032.003	1.032.003	100%	906.182	906.182	100%	1.938.185	1.938.185	100%
Eritrea	219.892	220.864,08	100%	500.000	250.857,86	50%	719.892	471.722	66%
Ethiopia	1.391.483	1.391.483	100%	1.638.247	1.638.247	100%	3.029.730	3.029.730	100%
The Gambia	354.912	334.593	94%	395.040	395.040	100%	749.952	729.633	97%
Guinea	392.341	392.341	100%	646.125	646.125	100%	1.038.466	1.038.465	100%
Guinea-Bissau	411.854	392.211	95%	367.927	367.927	100%	779.781	760.138	97%
Kenya	1.138.777	1.138.776	100%	1.350.000	1.084.882,96	80%	2.488.777	2.223.659	89%
Mali	467.290	465.284	99,6%	500.000	388.704,36	78%	967.290	853.989	88%
Mauritania	356.265	356.264	100%	596.181	596.181	100%	952.446	952.446	100%
Nigeria	595.198	595.198	100%	537.241	537.241	100%	1.132.439	1.132.438	100%
Senegal	450.159	486.769	108%	339.986	339.986	100%	790.145	826.755	105%
Somalia	235.020	235.019	100%	407.712	407.712	100%	642.732	642.731	100%
Sudan	263.871	193.386	73%	439.758	439.758	100%	703.629	633.144	90%
Uganda	288.698	288.697	100%	300.000	276.129,55	92%	588.698	564.827	96%
Yemen	153.575	153.574	100%	5.058,08	5.058,08	100%	158.633	158.632	100%
Total	12.908.960	12.678.895	98%	12.085.406	10.836.886	90%	24.994.366	23.515.780	94%

Table 3 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, the engagement of families and communities had the highest share of

total annual expenditures (34 per cent). This was followed by result areas related to girls’ and young women’s agency (24 per cent) and systems transformation (17 per cent).

TABLE 3: Share of total annual expenditures per output in 2023

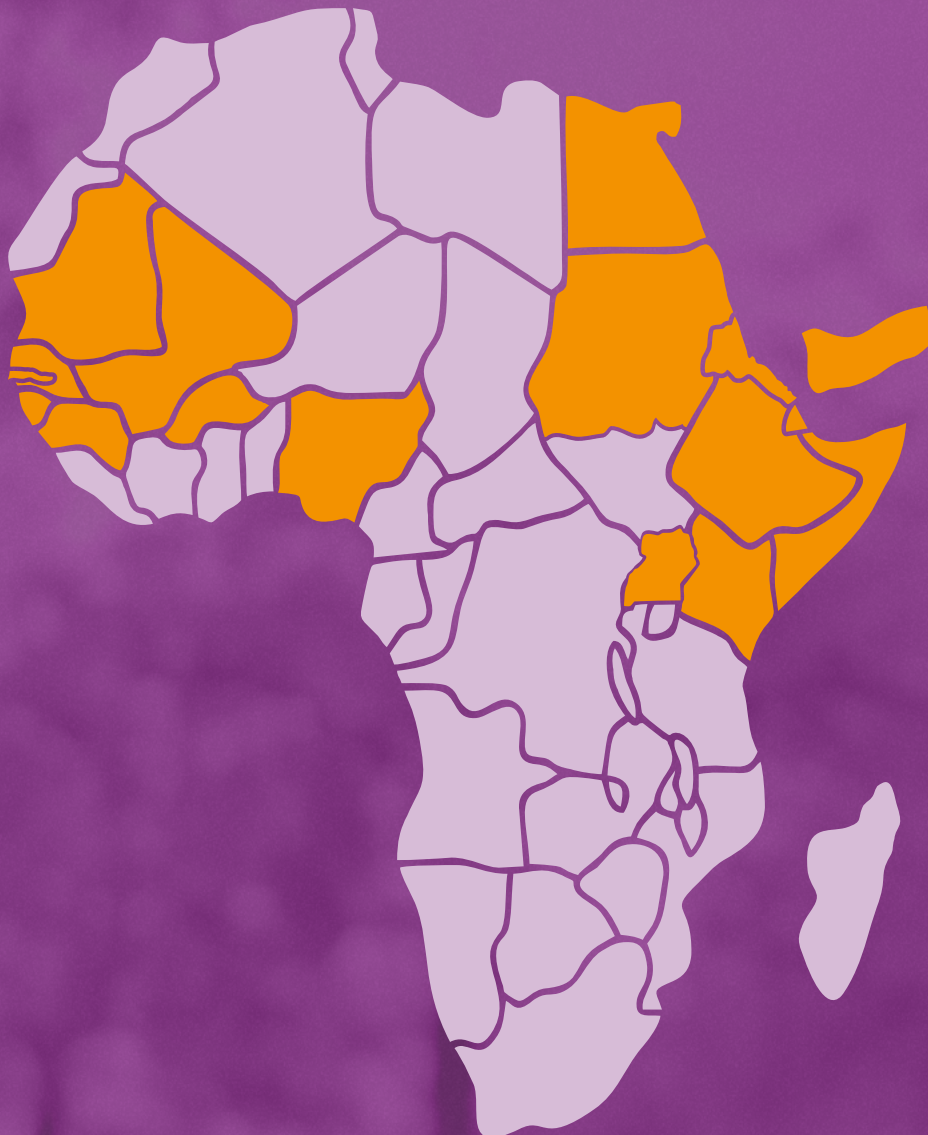
Output	Share of total expenditures (%)
Girls’ and young women’s agency (output 1110)	24
Family and community engagement (output 1210)	34
Movement-building (output 1220)	10
Systems transformation (output 2110)	17
Regional bodies engagement (output 3110)	2
Effective laws and policies (output 3120)	5
Data and evidence (output 3130)	8



Annex 3:

Country Snapshots

The 2023 Annual Report for the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation includes snapshots of 17 focus countries. Each snapshot offers a brief synopsis of the context, including drivers, prevalence, attitudes and progress in eliminating FGM, and a list of key programme partners. The snapshots also highlight key programmatic achievements and an activity showcasing how Phase IV of the programme operates at the field level. The main data sources are the UNFPA FGM dashboard and UNICEF’s “FGM Evidence Brief with Data”.

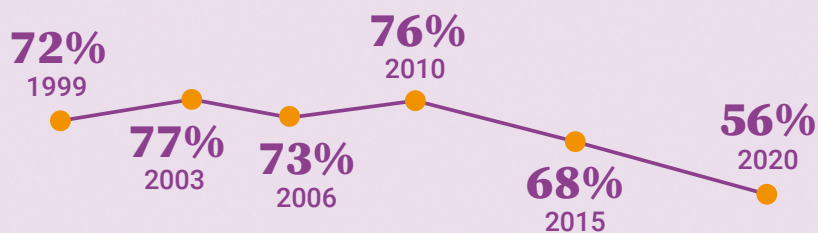


Burkina Faso

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- FGM is often rationalized as a rite of passage into womanhood.
- FGM is performed by traditional practitioners (92% of women aged 14 to 49 and 97% of girls aged 0 to 14).³³
- Lower FGM prevalence is associated with living in urban settings, higher household wealth and higher education of mothers.³⁴



FGM Prevalence and Attitudes

- 56% of women aged 15 to 49 and 9% of girls aged 0 to 14 have undergone FGM.³⁵
- Nearly 79% of women (8 out of 10) and 76% of men believe that FGM is not required by religion.³⁵
- 87% (9 out of 10) of women and 81% of men think that FGM should stop.³⁵
- 13.4% of girls and women aged 15 to 49 and 15.6% of boys and men aged 15 to 49 who have heard of FGM believe the practice is required by religion.³⁵



Progress Towards the Elimination of FGM

- Fewer adolescent girls have undergone FGM compared to older women.
- Need to accelerate efforts at least five times to eliminate FGM by 2030.

33 UNICEF. 2024. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

34 Burkina Faso Demographic and Health Survey 2015.

35 The 2021 Demographic and Health Survey (EDS V), published in 2023.



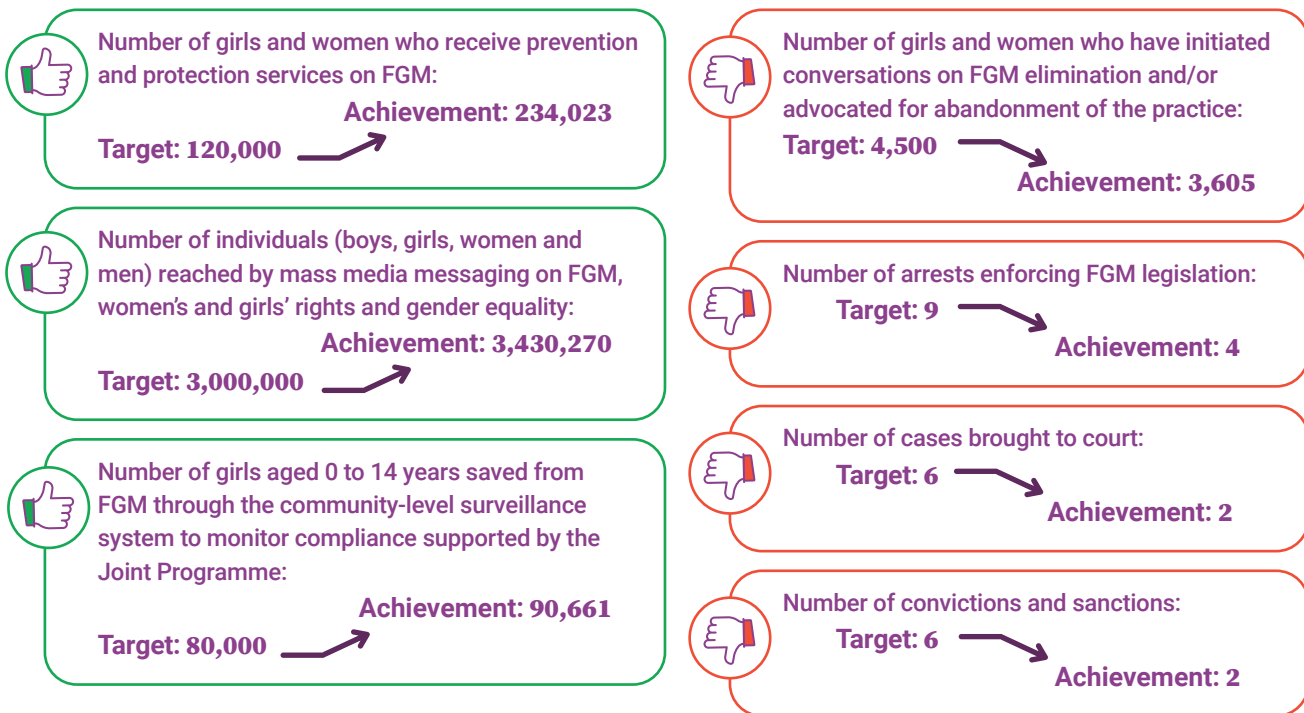
Key Partners

Government: Direction Générale de la Famille et de l'Enfant; 13 Directions Régionales de l'action Sociale; Direction de la Santé de la Famille; 13 Directions Régionales de la Santé.

Non-Governmental Organizations: Association Tin-Tua; Mwangaza; Association Songui Manegre Aide au Développement Endogène (ASMADE); Association pour le Développement Communautaire et la Promotion des Droits de l'Enfant (ADC/PDE); Groupe d'Appui en Santé, Communication et Développement (GASCODE); International Emergency and Development Aid (IEDA-Relief); ONG Voix de Femmes; Hôpital Schiphra (religious); Clinique Atéguina.



Key Programme Results in 2023



Spotlighted Intervention

Through Joint Programme support, young men and adolescent boys were engaged in the promotion of positive masculinity in more than 800 social dialogues to raise awareness about FGM. As a result of these social dialogues, more than 53,000 boys and men actively participated in programmes to promote positive masculinity and equitable gender norms. Moreover, about 20,000 internally displaced people and host community members were reached in the East, Centre-East, Sahel, Centre-South, Centre-North, Centre-West, Central Plateau and Boucle du Mouhoun regions with messages aimed at shifting inequitable social and gender norms that encourage FGM.

Djibouti

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Women mostly decide to perform FGM; men view the practice as a “women’s issue” and therefore do not intervene. Often, young girls undergo FGM in men’s absence but men are asked to finance the procedure.³⁶
- Traditional practitioners carry out approximately 93.2% of all FGM procedures.³⁷



FGM Prevalence and Attitudes

- 51% of women think FGM should stop.³⁸
- Girls and women with secondary and higher education are less likely to support FGM.³⁸



Progress Towards the Elimination of FGM

- FGM prevalence among girls aged 0 to 10 dropped from 29.3% in 2012 to 22.1% in 2019.³⁹
- Comparison of different generations of girls aged 0 to 10 reveals a significant decline, with the prevalence rate at 94.3% for generations born before 1994 and 21.1% for those born between 2009 and 2019.³⁹
- Need to accelerate efforts at least 20 times to eliminate FGM by 2030.

36 UNICEF and Equimundo, 2023. Ending FGM in Djibouti: Strategies and message for engaging men in the fight against FGM.

37 VFF-MGF, 2019. Website: https://www.instad.dj/assets/doc/Rapport_Enquete_MGF2019.pdf

38 UNICEF, 2020. “Female Genital Mutilation Country Profiles.” Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

39 The National Survey on Violence against Women, 2019.



Key Partners

Government: Ministère de la Femme et la Famille, Ministère de la Santé Ministère des Affaires Musulmanes et des Biens Waqfs, Conseil régional d'Obock.

Non-Governmental Organizations: Union Nationale des Femmes Djiboutiennes (feminist NGO), AFT, Association Caravanes et Savoirs du Désert – Network Elle&Elles, Comité International pour l'aide d'urgence et le développement, Union pour le développement et la culture.



Key Programme Results in 2023



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

Target: 213 → **Achievement: 240**



Number of girls (0 to 19 years) and women who have received health services related to FGM:

Target: 1,300 → **Achievement: 1,419**



Number of government personnel from different sectors, CSOs and grass-roots organizations with enhanced capacities for data collection, analysis, research and dissemination, including qualitative data on FGM:

Target: 48 → **Achievement: 60**



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

Target: 400,000 → **Achievement: 370,490**



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

Target: 3,000 → **Achievement: 2,599**



Spotlighted Intervention

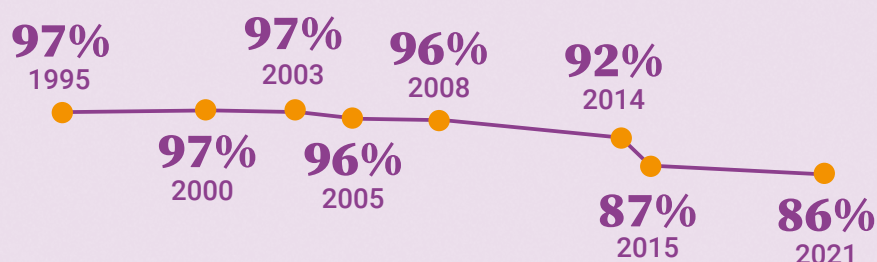
In 2023, through Joint Programme support, the Desert Caravans and Savoirs Association established coalitions of men and boys committed to ending FGM. The coalitions comprise diverse male community members as well as influential community leaders, authors, intellectuals and academics, writers and artists, and researchers, among others. They work alongside women and women's rights groups to organize community-based reflection workshops and awareness sessions that encourage men to stand against FGM. More than 60 influential men have taken part in conversations on eliminating FGM. The coalitions in 2023 reached over 1,000 people in Djibouti City.

Egypt

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- FGM is more prevalent in rural than urban settings (86.6% compared to 76.7% and 93.4% compared to 89.8% in lower and upper Egypt, respectively).
- The proportion of girls undergoing of girls to undergo FGM is higher with the lower education of mothers (94.9% for mothers with no education compared to 82.4% who complete at least secondary education).⁴⁰
- Girls under 15 years are four times more likely to undergo FGM at the hand of medical professional.



FGM Prevalence and Attitudes

- Among girls and women aged 15 to 49 years, nearly 9 in 10 have undergone FGM; in most governorates, at least 8 in 10 girls and women have experienced the practice.⁴¹
- Among people aged 15 to 49, 25.4% of women believe that men want FGM to stop; 31.3% of women believe FGM should be stopped.⁴²
- 51.7% of women (aged 15 to 49) believe FGM is required by religion.⁴²



Progress Towards the Elimination of FGM

- FGM medicalization rates are the highest globally; trends show no substantive change over time (82% in 2014 compared to 83% in 2021).⁴²
- FGM has declined among girls aged 15 to 17 from 61% in 2014 to 37% in 2021.⁴²
- Need to accelerate efforts at least 10 times to eliminate FGM by 2030.

⁴⁰ UNICEF, 2020. A Decade of Action to Achieve Gender Equality: The UNICEF approach to the elimination of female genital mutilation.

⁴¹ Egypt Family Health Survey 2014.

⁴² Egypt Demographic and Health Survey 2014 and the Egypt Family Health Survey 2021.



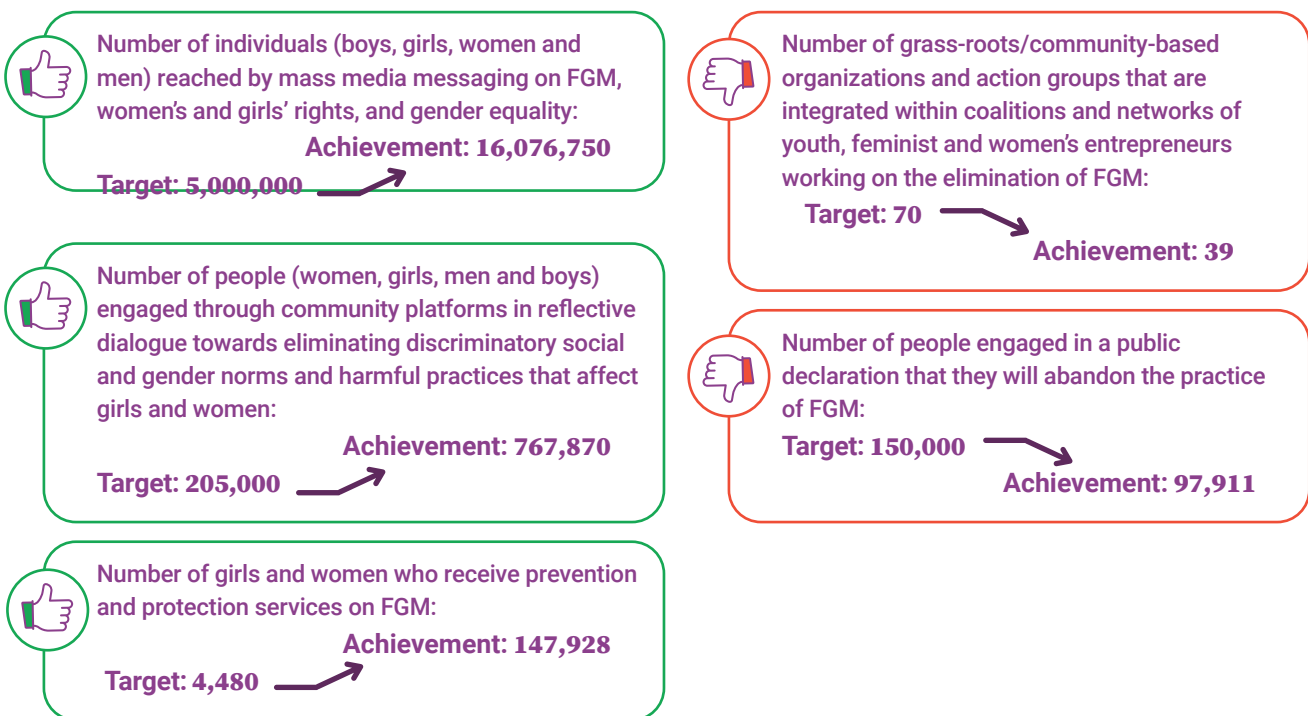
Key Partners

Government: National Council for Women, National Council for Childhood and Motherhood, Ministry of Youth and Sports, Al-Azhar University, Ministry of Health and Population, Ministry of Justice, Ministry of Education and Technical Education, Ministry of Social Solidarity.

Non-Governmental Organizations: Care Egypt Foundation, Etijah (youth-led), Y-PEER (youth-led), the International Islamic Center for Population Studies & Research at Al-Azhar University, Bishopric of Public, Ecumenical, and Social Services, Egyptian Medical Syndicate, Appropriate Communication for Development (women-led), Assiut Childhood and Development Association, Pathfinder, the Egyptian Association for Societal Consolidation.



Key Programme Results in 2023



Spotlighted Intervention

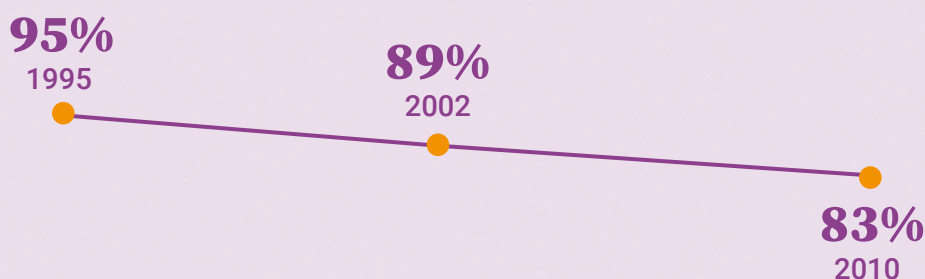
The 360 Degree Surround and Engage Platform Campaign was launched in 2023 after extensive consultations, script-writing workshops and testing with local communities across Egypt. The main goal is to raise public awareness and knowledge of the harms of FGM. The campaign includes digital content, peer education and activities (sports, theater and music). An interactive website provides opportunities to engage with trained volunteers on FGM-related issues. The campaign also has dedicated social media platforms (Facebook, Instagram and TikTok) and a 33-episode television drama series, "Berry Leaves", complemented by community-based activities led by peer educators equipped with an educational toolkit. In 2023, the campaign reached nearly 30 million people on social media and 108,000 users through the website.

Eritrea

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Preserving virginity, preventing premarital sex and social acceptance of FGM are the main drivers of the practice.⁴³
- Traditional practitioners perform most FGM (98.3%).⁴³



FGM Prevalence and Attitudes

- 77% of women and 82% of men believe that there is no benefit associated with FGM.⁴⁴
- 83% of girls and women aged 15 to 19 years have undergone FGM.⁴⁵
- One third of women (34%) are subjected to FGM before age 1; 26.9% of girls could not identify when they experienced the practice.⁴⁶



Progress Towards the Elimination of FGM

- Need to accelerate efforts at least five times to eliminate FGM by 2030.

43 UNICEF, 2021. Case Study on Ending Female Genital Mutilation in the State of Eritrea.

44 UNICEF, 2024. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.

45 Eritrea Population and Health Survey 2010.

46 UNICEF, 2020. "Female Genital Mutilation Country Profiles." Website: <https://data.unicef.org/resources/fgm-country-profiles/>.



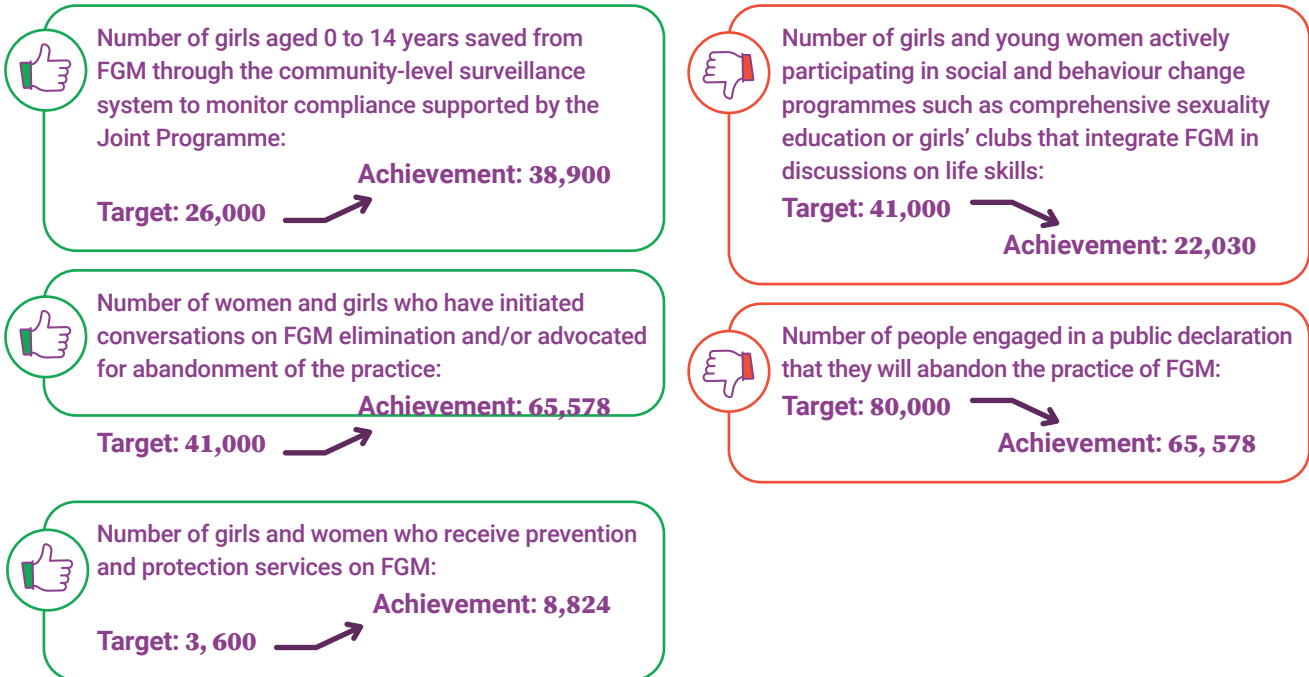
Key Partners

Government: Ministry of Labour and Social Welfare, Ministry of Health.

Non-Government organizations: National Union of Eritrea Women.



Key Programme Results in 2023



Spotlighted Intervention

The National Union of Eritrean Women is a powerful organization that advocates for women and girls at the national and local levels. It has a strong platform to advocate policy, implement programmes and influence norms at the community and village levels. Through the Joint Programme partnership with the Ministry of Labour and Social Welfare, Ministry of Health, National Technical Committee and National Steering Committees, the union was engaged in FGM interventions. This collaboration resulted in 16 subzones making declarations to be free of FGM in 2023. These declarations will be verified and, if confirmed in 2024, will bring the total number of subzones that are free of FGM to 20 out of 67.

Ethiopia

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Patriarchal norms that seek to exert control over women's sexuality and influence their societal acceptance are substantial enablers of FGM.⁴⁷
- FGM is often rooted in religious convictions and cultural traditions.⁴⁷



FGM Prevalence and Attitudes

- 85% and 87% of girls and women, and boys and men aged 15 to 19, respectively, believe FGM should be discontinued.
- 79% and 87% of girls and women, and boys and men aged 15 to 49, respectively, believe that FGM should be discontinued.⁴⁸
- 65% of women and girls aged 15 to 49 have undergone some form of FGM.⁴⁸



Progress Towards the Elimination of FGM

- Need to accelerate efforts at least five times to eliminate FGM by 2030.

47 UNICEF, 2020. A Profile of Female Genital Mutilation in Ethiopia.

48 Ethiopia Demographic and Health Survey 2016.



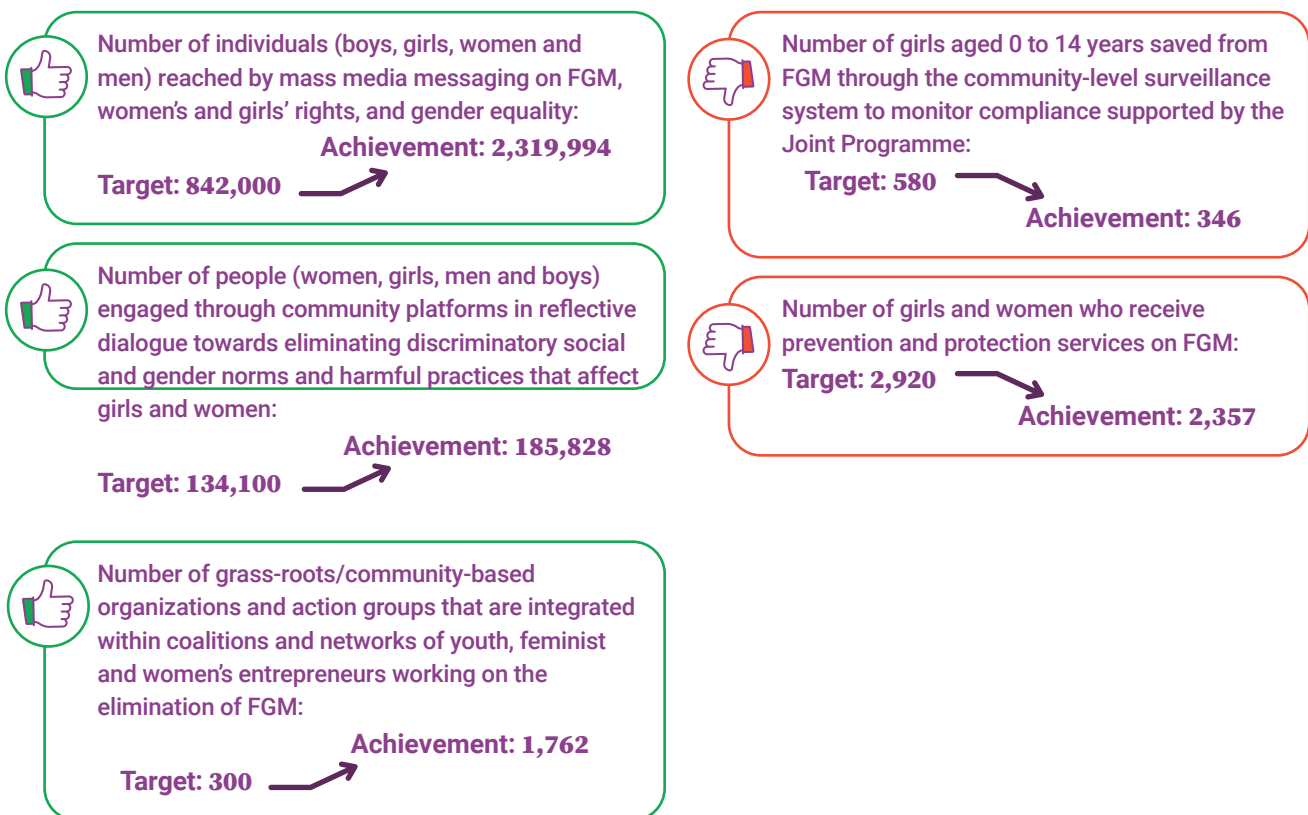
Key Partners

Government: Ministry of Women and Social Affairs, Ministry of Justice, Bureaus of Women and Social Affairs, Bureaus of Justice.

Non-Governmental Organizations: CARE Ethiopia, Girl Effect (women-led), Population Media Center–Ethiopia, Ethiopian Muslims’ Relief and Development Association, Ethiopian Evangelical Church Mekane Yesus, Development Expertise Center, Afar Pastoralists Development Association (APDA) (women-led), Norwegian Church Aid, VIAMO Inc. (global social enterprise), Wings Education and Medea (media and communication company), Inter-Religious Council of Ethiopia, Frontieri Consulting PLC.



Key Programme Results in 2023



Spotlighted Intervention

Women’s development groups are community voluntary structures comprising 30 to 35 women who meet monthly to discuss development-related matters. Smaller groups of five women meet daily to discuss these issues. These groups make up a large network covering most parts of the country. The Joint Programme made use of this network in 2023, with 2,000 women’s development groups raising FGM awareness during their daily and monthly meetings and house-to-house visits. These groups also worked closely with community surveillance committees in tracking and preventing FGM. They also collaborated with local administrations and women’s affairs offices to enforce legislation.

The Gambia

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Pervasive religious norms and social acceptance of FGM are contributing factors in FGM prevalence.
- Most FGM is performed by traditional practitioners (98%),⁴⁹ compared to medical personnel (less than 1%).⁴⁹



FGM Prevalence and Attitudes

- 50% of girls aged 0 to 14 and 27% of girls aged 0 to 4 were subjected to FGM.⁴⁹
- 44% of women aged 15 to 49 believe that FGM should be continued.
- 92% of the population knows that FGM is against the law.⁴⁹



Progress Towards the Elimination of FGM

- FGM prevalence has fallen from 76% in 2018 to 73% in 2020.⁵⁰
- Although FGM has been prohibited by law since 2015, the first and only prosecution was recorded only in August 2023.

49 The Gambia Multiple Indicator Cluster Survey 2018.

50 The Gambia Demographic Health Survey 2020.



Key Partners

Government Organizations: Ministry of Gender, Children and Social Welfare – Directorate of Gender, Ministry of Health.

Non-Governmental Organizations: GAMCOTRAP, NGBV, HePDO, SHFG, Girls Agenda, Think Young Women, Forum of African Women Educationalists – Gambia Chapter, The National Youth Council, Girls Talk (girls-led, Catch Them Young, Peace Ambassadors, Equality 4Men, Woman Boss, TOSTAN, Nova Scotia Gambia Association.



Key Programme Results in 2023



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

Target: 30,000 → **Achievement: 31,025**



Number of girls aged 0 to 14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme:

Target: 8,000 → **Achievement: 7,973**



Number of individuals (boys, girls, women and men) reached by mass media messaging on FGM, women's and girls' rights, and gender equality (disaggregated by traditional and social media):

Target: 100,000 → **Achievement: 128,691**



Number of religious leaders and community/traditional influencers who publicly denounce FGM practices:

Target: 500 → **Achievement: 421**



Number of girls and women who receive prevention and protection services on FGM:

Target: 2,000 → **Achievement: 2,811**



Spotlighted Intervention

Relying on the positive deviance methodology and towards raising awareness about FGM in communities, a Joint Programme intervention made video recordings of FGM survivors telling their stories and how they found ways to stop the practice. The videos were disseminated through social media platforms to educate the public about the negative consequences of the practice.

Guinea

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Community gender roles and expectations regarding women's sexuality and preventing premarital sex among girls are drivers of FGM.⁵¹
- 65% of FGM cases is performed by traditional practitioners and 35% by health-care providers.⁵¹



FGM Prevalence and Attitudes

- 50% of girls aged 0 to 14 and 27% of girls aged 0 to 4 were subjected to FGM.⁵²
- 44% of women aged 15 to 49 believe that FGM should be continued.
- 41% of girls undergo FGM between ages 5 and 9.⁵²



Progress Towards the Elimination of FGM

- Need to accelerate efforts at least 100 times to eliminate FGM by 2030.

51 Mamadou Dioulde Balde et al., 2022. "Involving the Health Sector in the Prevention and Care of FGM: Results from formative research in Guinea." *Reproductive Health* 19(156).

52 Guinea Multiple Indicator Cluster Survey 2018.



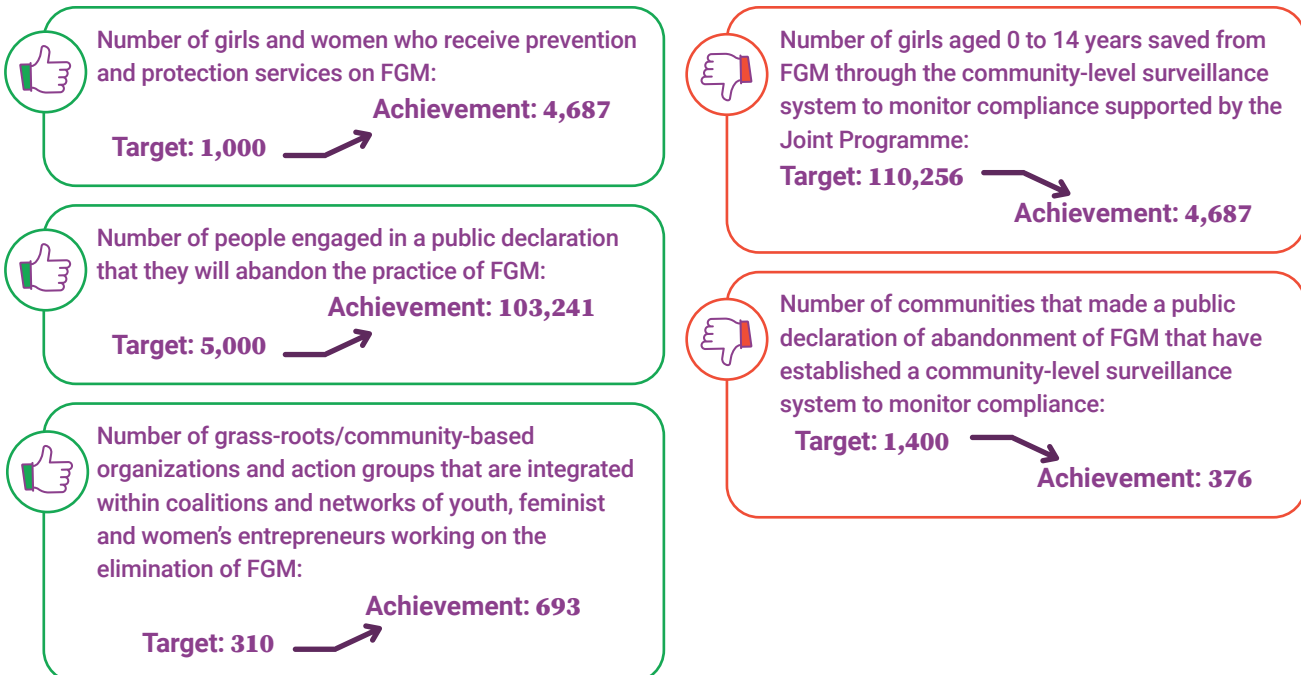
Key Partners

Government: Direction Nationale de la Promotion Féminine et du Genre, du Ministère de la Promotion Féminine, Enfance et Personnes Vulnérables, Secrétariat Général des Affaires Religieuses, Office de Protection du Genre, de l'Enfance et des Mœurs (OPROGEM) du Ministère de la Sécurité et de la Protection Civile, Service Central de Protection des Personnes Vulnérables (CSPPV) – Gendarmerie/Ministère de la Défense Nationale, 8 Gouvernorats des Régions, Les Institutions d'Enseignement Supérieur et les Établissements Scolaires, Les Écoles de santé.

Non-Governmental Organizations: Structures et réseaux des jeunes (filles et garçons), 2 KD nikoten, Centre d'autonomisation et de protection des droits des femmes, Accompagnement des Forces d'Actions Sociocommunautaires, Action pour la Santé et le Développement Fédération Mounafanyi de Kindia, Club des Jeunes Filles Leaders de Guinée (young girls organization), ONG Mafubo Guinée.



Key Programme Results in 2023



Spotlighted Intervention

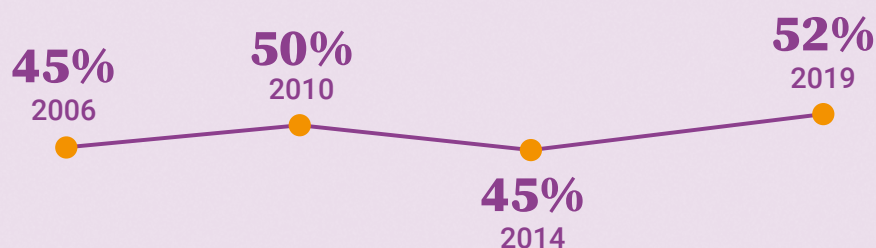
A whole-of-community approach was used to implement gender-transformative activities. This included strengthening the capacities of women-led and women's rights associations and organizations working to end FGM; bolstering commune, local and district FGM protection structures to protect women and girls from FGM; and involving community members to raise awareness and serve as community mentors to protect those at risk. Further, "model families" and youth using sports were engaged to promote the rights of women and girls and raise awareness about FGM and other forms of gender-based violence. As a result, 13 family savings and credit associations to support FGM abandonment were created; 323 new families pledged to stop FGM within their families and work to end it in their communities. In addition, 376 new villages made public declarations to abandon FGM.

Guinea-Bissau

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Most FGM (98%) is performed by traditional practitioners on girls under age 5.⁵³



FGM Prevalence and Attitudes

- 75.8% of women (15 to 49) think FGM should stop.⁵³
- 52% of girls and women aged 15 to 49 have been subjected to the practice.⁵³



Progress Towards the Elimination of FGM

- FGM prevalence has remained almost unchanged for at least the last four decades.⁵³
- The prevalence among girls under 5 increased from 15.5% in 2014 to 22% in 2018.⁵⁴
- If current trends continue, half of girls will still experience FGM in 2030.

⁵³ UNICEF, 2021. Female Genital Mutilation in Guinea-Bissau: Insights from a statistical analysis.

⁵⁴ Guinea-Bissau Multiple Indicator Cluster Surveys 2014 and 2018/19.



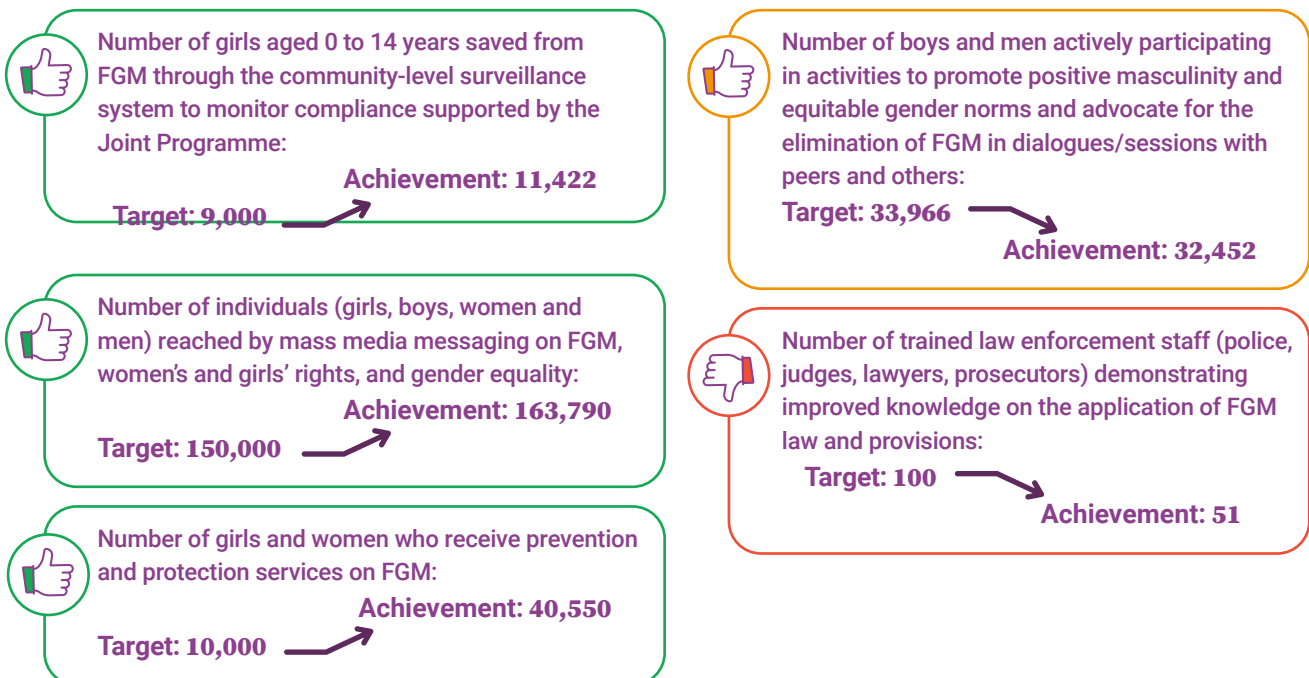
Key Partners

Government: Ministry of Women, Family and Social Solidarity – National Committee to Abandon Harmful Practices, Ministry of Women, Family and Social Solidarity – Institute of Women and Children, Ministry of National Education through the National Institute for Education Development, Ministry of Justice – General Director for Legislative Policy, Ministry of Justice – Judiciary Police, Department for Child and Women Issues, Ministry of Interior – National Guard & Gender/Child Department at Public Police, National Assembly – Special Commission for Woman and Child, National Network of Young Women Leaders, National Association of Regulated Persons of Guinea-Bissau, National Network to Combat Gender and Child-Based Violence, House of Rights (Casa dos Direitos), National Forum for Youth and Population, National Youth Council.

Non-Governmental Organizations: Rede Ajuda, Alternative and Response Women’s Association, OKANTO, Protect to Grow and Grow to Protect, TOSTAN, Scout Guinea Bissau, Network of Children and Young Journalists, Youth Platform to Accelerate Key Results for Children, Network of Children and Young Journalists (RCJJ), Youth Platform to Accelerate Key Results for Children, Rede Ajuda (RA), Alternative and Response Women’s Association (AMAR), OKANTO, Protect to Grow and Grow to Protect, TOSTAN.



Key Programme Results in 2023

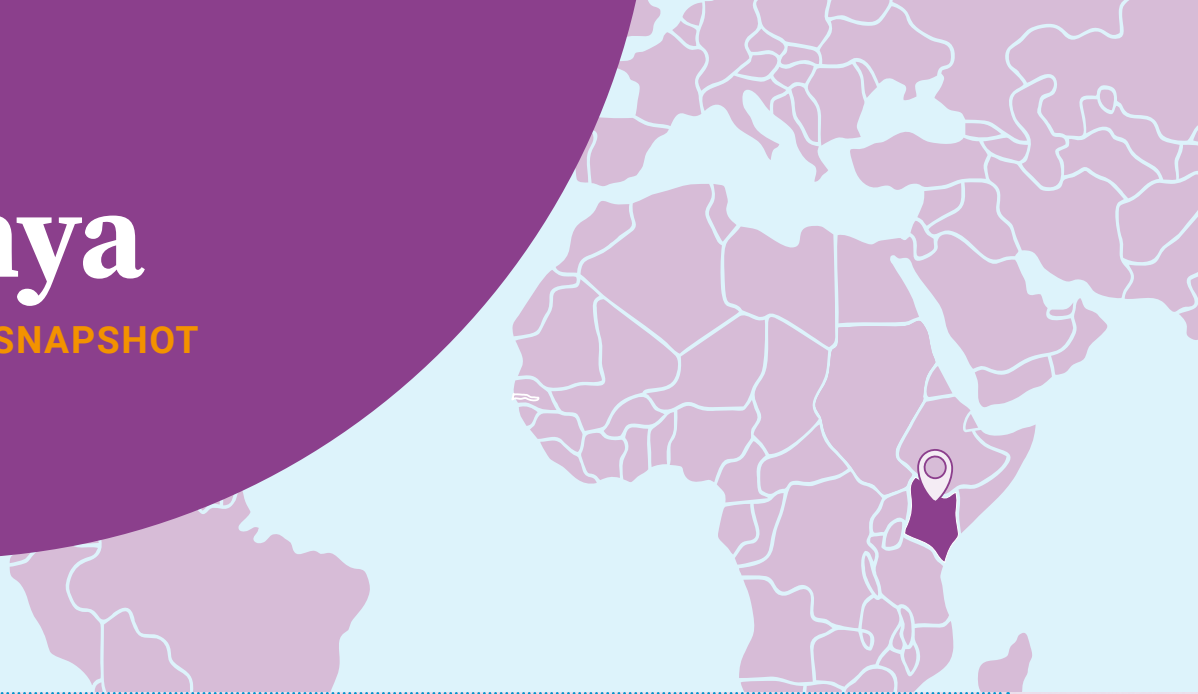


Spotlighted Intervention

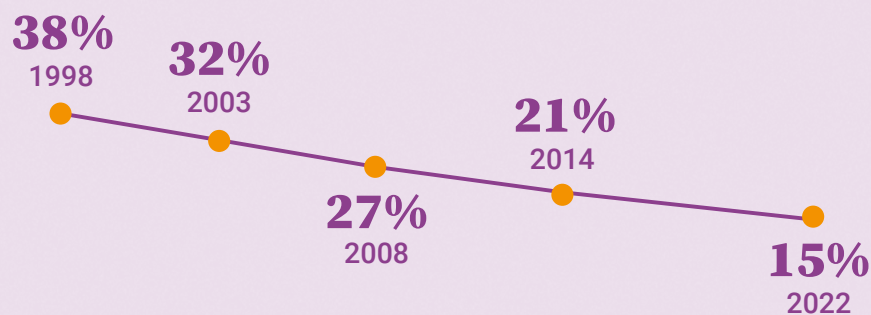
Through the support of the Joint Programme, in partnership with the Ministry of Woman, Family and Social Solidarity, the National Ballet Company and national youth networks carried out a nationwide campaign through a travelling theatrical caravan. It promoted social and behaviour change with 30- to 45-minute educational plays in large community markets in seven regions. The plays covered topics such as the consequences of FGM and child marriage, and focused on showcasing the benefits of modern contraceptives. They distributed condoms and provided advice on family planning, HIV and sexually transmitted infections as well as referral pathways for gender-based violence. Targeting women and girls, men and boys, and community, religious and traditional leaders as well as community decision-makers, the caravan reached an estimated 7,000 people, raising awareness of gender equality and the importance of ending FGM.

Kenya

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- FGM considered as a rite of passage to womanhood, sign of chastity, purity and cleanliness, and symbol of ethnic identity.⁵⁵



FGM Prevalence and Attitudes

- FGM declined from 21% in 2014 to 15% in 2022. The prevalence in Somali communities in Kenya, however, ranges from 78 to 97.5%.⁵⁶



Progress Towards the Elimination of FGM

- Need to accelerate efforts at least five times to eliminate FGM by 2030.

55 [Mohammed Muhammad Sheikh](#) et al., 2023. "Factors Linked to Female Genital Mutilation Practice Among Women Living In Alungu Village of Mandera County, Kenya." *East African Health Research Journal* 7(1): 109–115.

56 Kenya Demographic and Health Survey 2022.



Key Partners

Government: Anti-FGM Board under the State Department of Gender; county governments of Garissa, Narok, Isiolo, Bungoma, Nairobi and Baringo; and departments of health, Directorate of Children Services.

Non-Governmental Organizations: World Vision Kenya, CISP – International Committee for the Development of Peoples, Centre for Enhancing Democracy and Good Governance, Collaborative Centre for Gender and Development, FilmAid Kenya, Population Media Centre, Deutsche Stiftung Weltbevölkerung, Centre for Rights Education and Awareness, Network for Adolescent and Youth of Africa, Men END FGM Foundation, Umoja Development Organization, Illaramatak Community Concerns, Brighter Societies Initiative.



Key Programme Results in 2023



Spotlighted Intervention

The Government of Kenya launched male engagement as a fifth thematic area under the State Department of Gender and Affirmative Action, Directorate of Gender Mainstreaming, making it a major strategy in addressing gender-based violence, including FGM and child marriage, as well as teenage pregnancies. The Joint Programme supported the translation of this commitment into 11 resource materials (briefs, studies, articles and op-eds) on engaging men in ending FGM.⁵⁷ These resources were widely disseminated to raise awareness and encourage actions by men, alongside women and communities, to end FGM.

⁵⁷ The resources include: ["Youth Leaders Innovate to Pave the Way for Ending Female Genital Mutilation and Child Marriage by 2030"](#); ["Challenging Cultural Norms: A male champion's journey to end FGM"](#); ["My Work Towards Ending FGM in Samburu County: A field diary by UNFPA Youth Advisory Panel member Frank Leseketeti"](#); ["Nitasimama Imara' Men and Boys Network Rallies to End FGM and Promote Gender Equality in Elgeyo Marakwet County"](#); ["Active Involvement of Men, Boys Can Help Bring FGM to an End"](#); ["4.3 Million Girls at Risk of FGM in 2023 – UN"](#); ["The Young Men Fighting FGM, Child Marriage in Baringo"](#); ["UN Wants Men and Boys Engaged in the Fight Against FGM"](#); ["Kwo-Kwop Boi, A Men's Forum Fighting Harmful Traditions"](#); ["Meet the Young Man Standing Up for Girls in Kerio Valley"](#); and ["FGM, Rescue Centre Set Up in Marakwet"](#).

Mali

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Belonging to an ethnic group, religious beliefs, and the resistance of certain religious and traditional community leaders are FGM risk factors.⁵⁸



FGM Prevalence and Attitudes

- 76% of women and 74% of men aged 15 to 49 believe FGM must continue.⁵⁹
- Nearly 8 million girls and women have undergone FGM.⁶⁰ Overall, 89% of girls and women aged 15 to 49 have been subjected to the practice.⁶⁰
- Most FGM in Mali is performed before age 5 (76%), and nearly all before adolescence.⁶⁰
- Among girls aged 0 to 14, 34% of girls have undergone

FGM before age 1; 32% between ages 1 and 4; and 6% between ages 5 and 14.

- Nearly three in four men and women who identify as Muslim believe FGM is required by religion; such a belief is less common among Christians.⁶⁰



Progress Towards the Elimination of FGM

- The country must overcome stagnation in order to make progress towards the elimination of FGM. The country is not on track to eliminate FGM by 2030.

58 UNICEF, 2022. Female Genital Mutilation in Mali: Insights from a statistical analysis.

59 The Sixth Demographic and Health Survey (EDSM-VI), Mali.

60 UNICEF, 2022. Female Genital Mutilation in Mali: Insights from a statistical analysis.



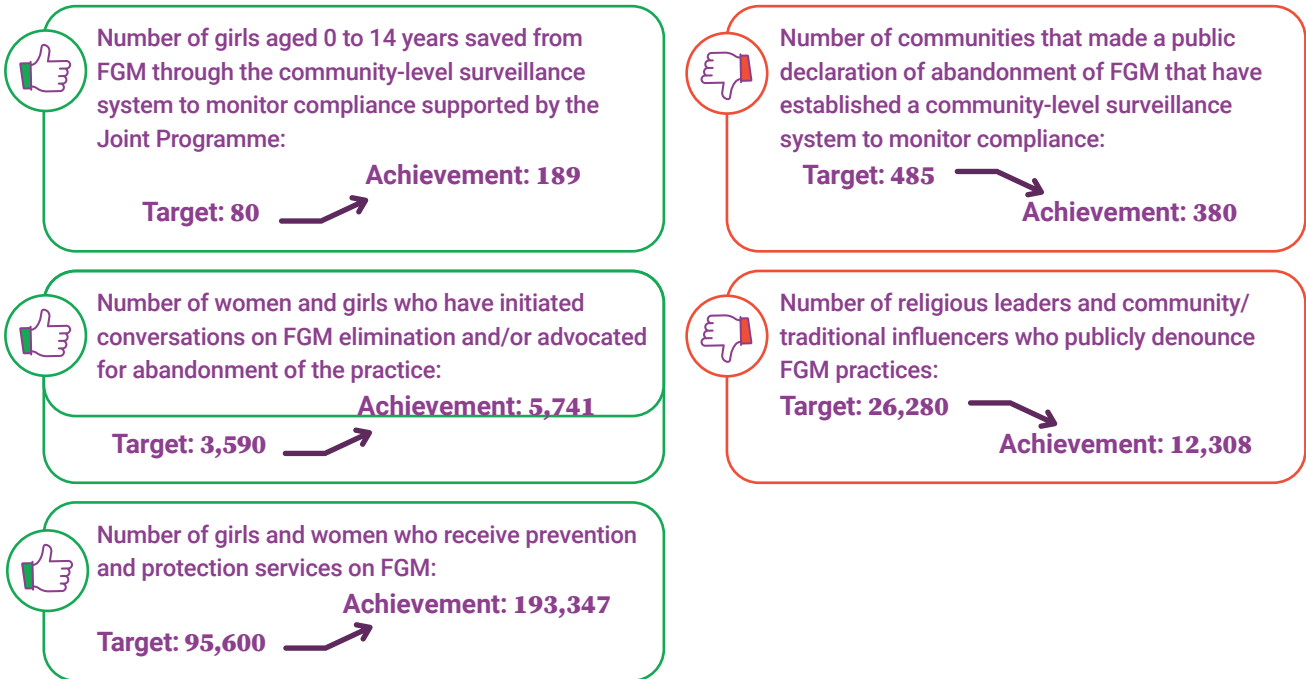
Key Partners

Government: Ministère de la Promotion de la Femme, de l'Enfant et de la Famille (MPFEF).

Non-Governmental Organizations: TOSTAN, Association pour la Promotion des Droits et le Bien-Être de la Famille, Association pour le Progrès et la Défense des Droits des Femmes, TAGNE.



Key Programme Results in 2023



Spotlighted Intervention

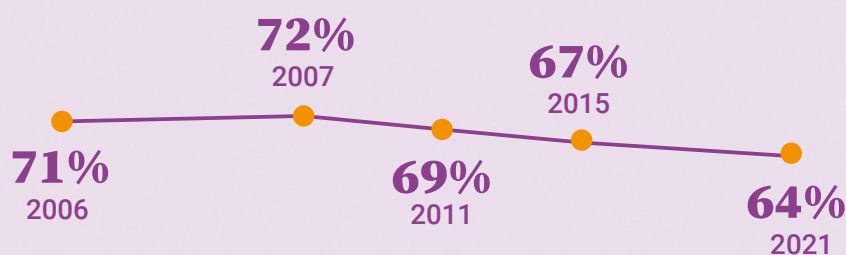
The Joint Programme supported an initiative to raise awareness about the harmful consequences of FGM in school-based activities with students and teachers. Activities comprised educational conversations, establishing student clubs with activity plans, interschool art competitions, dissemination of FGM awareness-raising material, advocacy forums, and conferences and debates within and outside schools. The approach included distributing radios to 200 households in communities of internally displaced people to facilitate access to information and conversations on FGM. School-based activities involved 379 schools, and engaged teachers, students, school administrators, parents' associations and school management committees.

Mauritania

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- FGM is performed in line with tradition and social norms to ensure women and girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family.⁶¹
- Residence in urban areas and maternal education are protective factors against FGM.⁶²
- 38.4% of women and 49.4% of men aged 15 to 49 believe that FGM should continue.⁶²
- In 59% of FGM cases, the mother makes the decision to have girls undergo it; the grandmother decides in 27% of cases.⁶²
- FGM is mostly performed by traditional practitioners (79%).⁶²



FGM Prevalence and Attitudes

- Almost 58% of women reported experiencing FGM before age 5.⁶²
- 40% of girls aged 0 to 14 years had undergone FGM before age 1.⁶²
- 41% of women did not know at what age they had undergone FGM.⁶²
- There has been a significant decline in FGM between younger and older generations of girls and women, with 71% of women aged 40 to 49 having undergone the practice compared to 56% among those aged 15 to 19.⁶²



Progress Towards the Elimination of FGM

- Among girls aged 15 to 19, FGM prevalence decreased from 63% in 2015 to 56% in 2021.⁶²
- Need to accelerate efforts at least 20 times to eliminate FGM by 2030.

61 UNICEF [data portal](#) on FGM in Mauritania.

62 Mauritania Demographic and Health Survey 2019-2021.



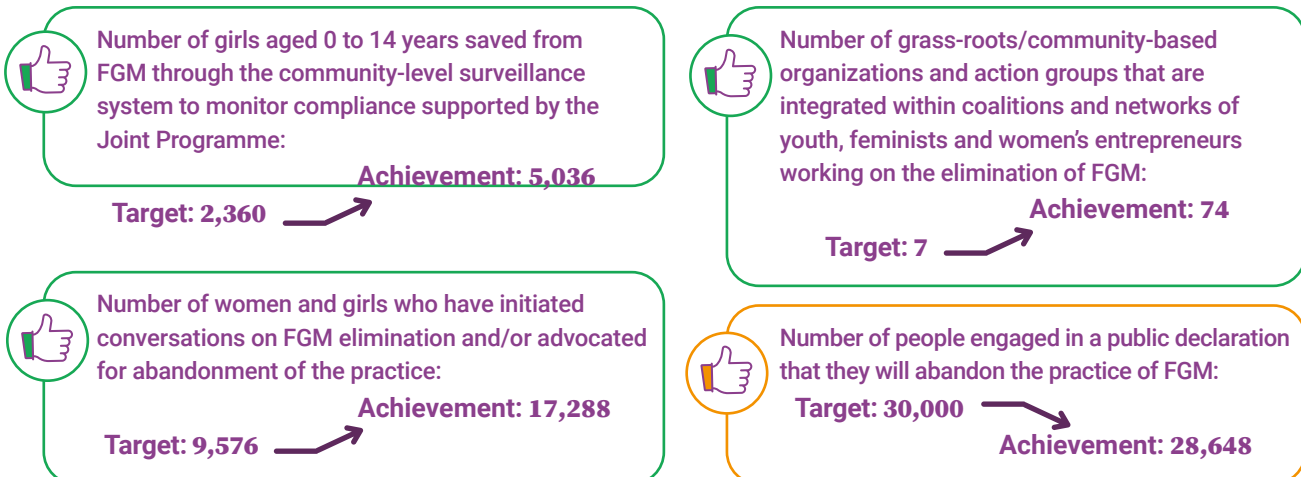
Key Partners

Government: Ministère de l'Action Sociale, de l'Enfance et de la Famille, Cellules nationales genres, Cellule nationale MGF-MASEF-PMO, Direction de la protection Judiciaire de l'Enfant DPJE-PMO, Projet d'appui a la SR Adolescents – MCJS Ministère de la Culture de la Jeunesse et des Sports-PMO (organisation jeunesse), Direction de la programmation, Statistique, Planification et Coopération – Ministère des Affaires Islamiques et de l'Enseignement Originel – PMO.

Non-Governmental Organizations: L'Association Mauritanienne pour la Promotion de la Famille, Agir pour le Bien Être des Enfants, Personnes âgées et Déficiantes, Sifa Hanki (Théâtre Populaire), Organisation pour le Développement des Zones Arides et Semi-Arides, Coordination des Réseaux pour le Développement en Assaba-Kiffa, ONG Actions, Coordination des ONG et Associations de Nema, Appui au Développement Intégré des Communautés Rurales, ONG Action dev, Agir Ensemble Contre la Faim et Pour le Développement, Observatoire National sur les Droits des Femmes et des Filles, Plateforme des Femmes du G5 Sahel.



Key Programme Results in 2023



Spotlighted Intervention

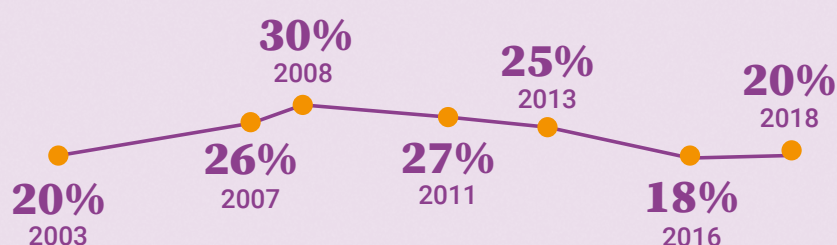
The Joint Programme is currently developing an interactive mobile app called "HarmoniGenre" slated for launch in 2024. The app has interactive features to offer a personalized way to engage users on perspectives on gender, gender equality and FGM. It has interactive quizzes on gender equality and FGM and inspiring stories of individuals who have overcome barriers and challenges. The app offers information, guidelines and resources, including where to report violence, as well as online courses on leadership and entrepreneurship, public speaking and self-expression. A calendar of events related to gender equality includes conferences, community workshops and discussions, and provides users with opportunities for networking, including chat and Q&A options. As Internet penetration in Mauritania stands at 44.4 per cent and cellular mobile is used by more than 90 per cent of people, the app is expected to engage a wide audience.

Nigeria

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- The practice of FGM is enshrined in cultural and traditional beliefs within a frame of sexual, moral and religious factors that are preserved, perpetrated and sustained through community, cultural and traditional beliefs.⁶³
- An estimated 86% of women who have undergone FGM went through the procedure before age 5.⁶⁴



FGM Prevalence and Attitudes

- Nigerian girls and women affected by FGM (19.9 million) make up close to 10% of the global estimates of estimated global FGM survivors (230 million).
- The zones with the highest FGM prevalence are South-East (32% of women aged 15 to 49) and South-West (30%). The highest state prevalence is in Imo State at 61.7%.⁶⁴
- In 2018, the prevalence of FGM medicalization was 7.1% for girls aged 0 to 14 and 8.6% for women aged 15 to 49.⁶⁴



Progress Towards the Elimination of FGM

- The prevalence of FGM has declined from 19.5% among women aged 15 to 49 and 19.2% among girls aged 0 to 14 in 2018⁶⁴ to 15.1% among the former and 8.2% among the latter in 2021.⁶⁵
- Need to accelerate efforts at least two times to eliminate FGM by 2030.

63 UNFPA, 2021. Female Genital Mutilation in Nigeria. Situation analysis.

64 Nigeria Demographic and Health Survey 2018.

65 Nigeria Multiple Indicator Cluster Survey 2021.



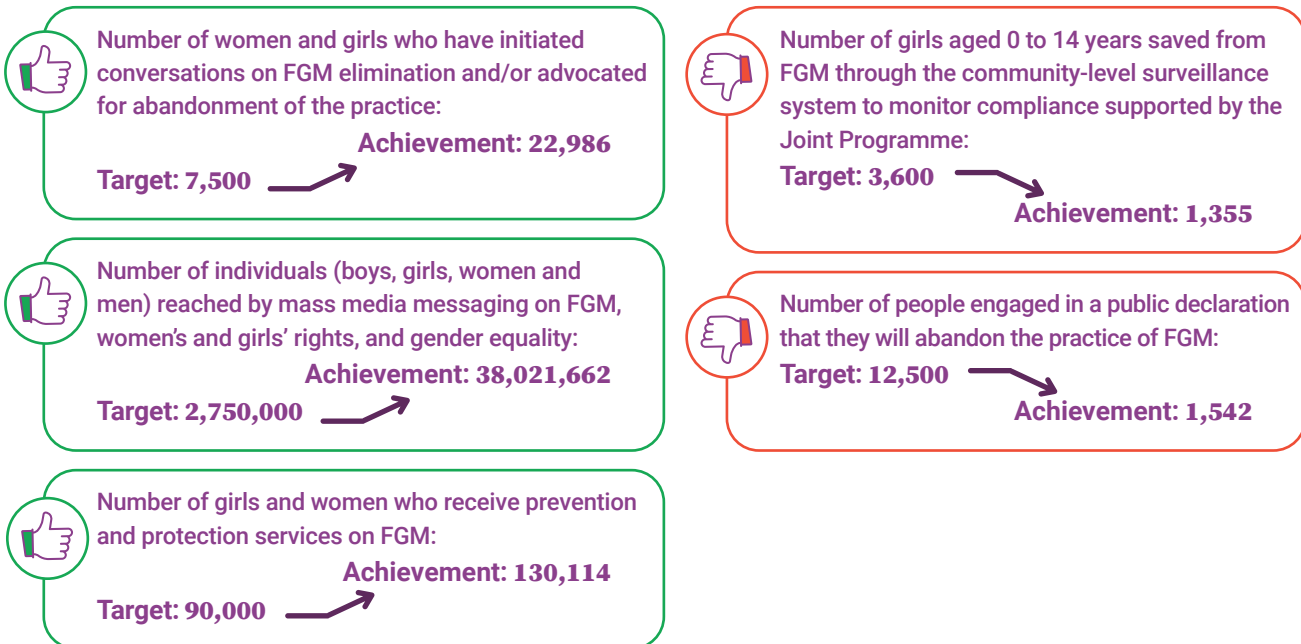
Key Partners

Government: State Primary Health Care Board, Oyo State, Ministry of Women Affairs and Social Inclusion, Ministry of Health of Imo State, Ministry of Health of Ebonyi State, Ministry of Health of Ekiti State, Ministry of Health of Osun State, Ministry of Education.

Non-Governmental Organizations/Communities: The New Generation Girls and Women Development Initiative, Civil Resource Development and Documentation Centre, YouthHubAfrica (youth-led), Development Initiative of West Africa, Onelife Initiative for Human Development, Trailblazer Initiative Nigeria (for sustainable development, health and empowerment), Action Health Incorporated, Federation of Muslim Women Association of Nigeria, Rural People Development Initiative, Christiana Olawunmi Foundation, Matan Arewa for Sustainable Development Initiative, Value Female Network, National Council for Women's Societies Nigeria, Ebonyi Ohaozara local government area – 34 communities in Imo State Mbaitoli local government area, Center for Comprehensive Promotion of Reproductive Health.



Key Programme Results in 2023



Spotlighted Intervention

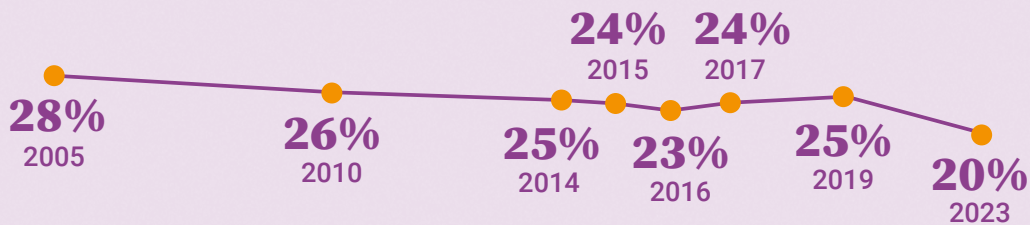
To equip boys and men with skills and tools to effectively promote positive masculinity and equitable gender norms, the Joint Programme helped to establish gender equality and social inclusion clubs in schools. As a result, some boys and men started providing support to girls by performing unpaid care chores normally assigned to girls and women alone. Male students spread messages about FGM consequences to peers at other schools and members of their families. Community leaders (men) who publicly denounce FGM receive an FGM Elimination Pledge Certificate as a morale booster and mark of honour.

Senegal

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Ethnicity and living in certain regions in the North-East and South-East are important risk factors for FGM.
- FGM is mostly performed by traditional practitioners (100%).⁶⁶



FGM Prevalence and Attitudes

- 20.1% of girls and women aged 15 to 49 and 12.9% of girls under 15 have been subjected to FGM.⁶⁶
- Prevalence varies. Among women aged 15 to 49, the rate was 20.1% with large disparities depending on the region: the highest FGM prevalences are respectively in Matam (83%), Sédhiou (80.9%), Kédougou (71.3%) and Kolda (68.4%).⁶⁶



Progress Towards the Elimination of FGM

- Nearly 2 million girls and women have undergone FGM; prevalence declined just after two consecutive years of increase, reaching its lowest level ever in 2023.
- The state budget allocation for FGM elimination increased from 45 million West African CFA francs in 2023.

66 2023 Senegal Demographic Health Survey.



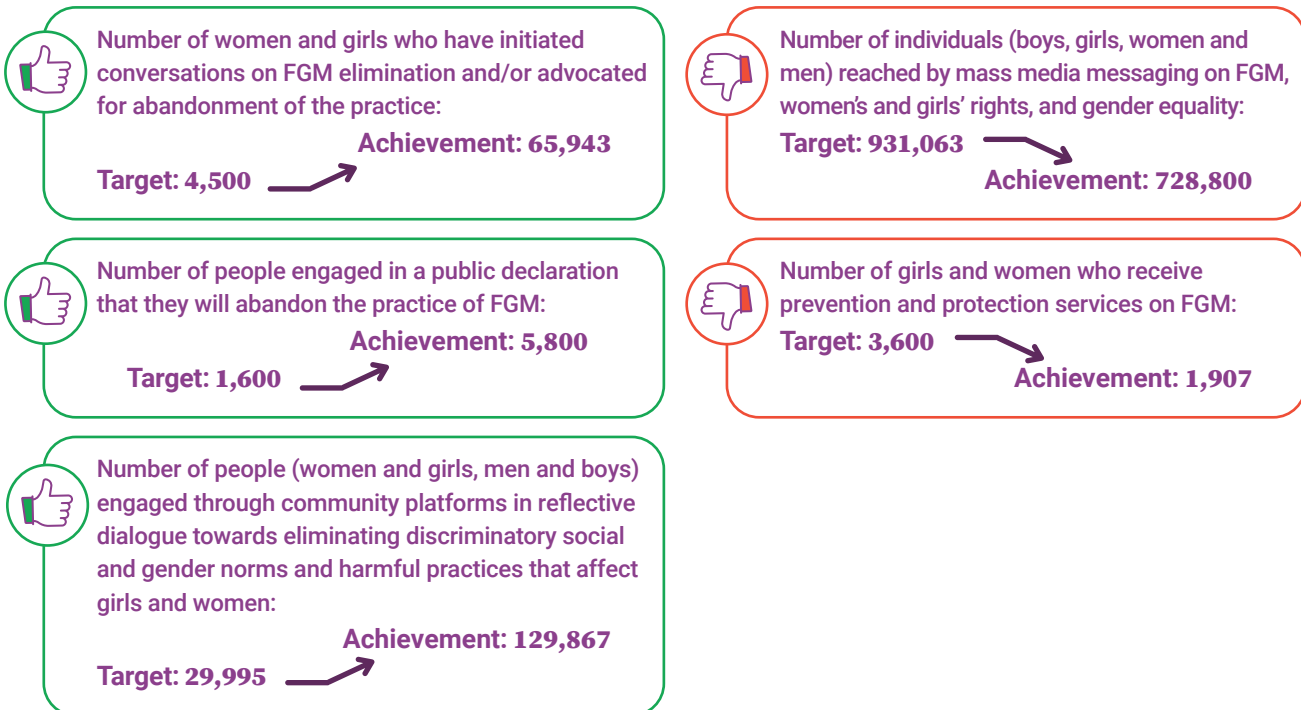
Key Partners

Government: Ministère de la Femme, de la Famille et de la Protection de l'Enfance, Ministère de la Santé, Direction de la Santé de la Mère et de l'Enfant, Comité Départemental de protection de l'Enfant, Ministère de la Jeunesse à travers les centres conseil Ado et espaces jeunes coordonné par la Direction de la Protection Sociale de la jeunesse (DPSJ) ex Projet de Promotion des jeunes, Les Centres Conseil Adolescents (CCA), les Espaces Jeunes (EJ).

Non-Governmental Organizations: TOSTAN, Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), Groupe pour l'Étude et l'Enseignement de la Population, ENDA Jeunesse Action, Réseau des Jeunes pour l'abandon des MGF, Grand Mother Project.



Key Programme Results in 2023



Spotlighted Intervention

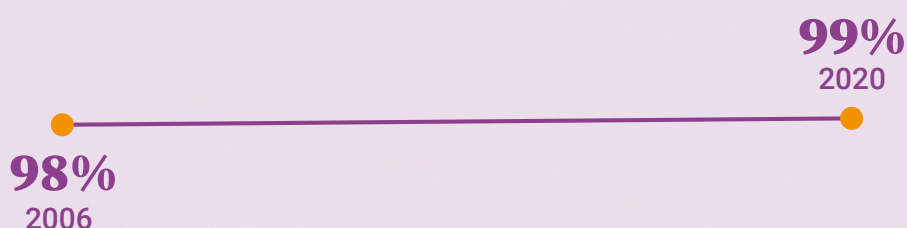
A participant-led workshop to equip 40 young people with knowledge and skills to set up groups addressing FGM included discussions about FGM, early pregnancies and forced/early marriages, and training on the use of the U-report tool (a digital community of young people). Sessions were led by participants as part of a design-thinking approach to reflecting on specific solutions to FGM based on the local reality. By the end of the workshop, the participants, who came from 10 local authorities in the Kolda region, had gained design-thinking and leadership skills. Two weeks after the training, U-Report Senegal recorded impressive growth with more than 1,200 new subscribers from Kolda. New subscribers have carried out awareness-raising activities on different themes relating to health (vaccination against HPV) and protection issues (FGM, child marriage and early pregnancy) among their peers. They have also invited others to register on the U-report platform.

Somalia

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Factors perpetuating FGM include beliefs that it is required by religion and that it will prevent pre-marital sex as well as the notion that certain forms of FGM are “harmless”.⁶⁷



FGM Prevalence and Attitudes

- 19% of women and girls believe that FGM should be stopped, yet 72% maintain that FGM is a religious requirement.⁶⁸
- Educated women in urban settings are more likely not to perform FGM on their daughters compared to uneducated women in rural areas.⁶⁸



Progress Towards the Elimination of FGM

- FGM is nearly universal among girls and women, with 99% having undergone the practice. Most girls experience FGM between ages 5 and 9.⁶⁸
- There has been no change in the FGM prevalence rate over the last 30 years.
- There is no legislation criminalizing FGM; however, the Federal Government has developed the first costed national action plan to end FGM. In addition, Galmudug state has developed its own FGM legislation, and South-West and Jubbaland have indicated a commitment to establishing FGM legislation by 2024.

67 UNFPA, Peace and Development Research Centre, 2021. A Research Study on the Provisions of Islam on the Eradication of FGM in Somalia.

68 Somalia Demographic and Health Survey 2020.



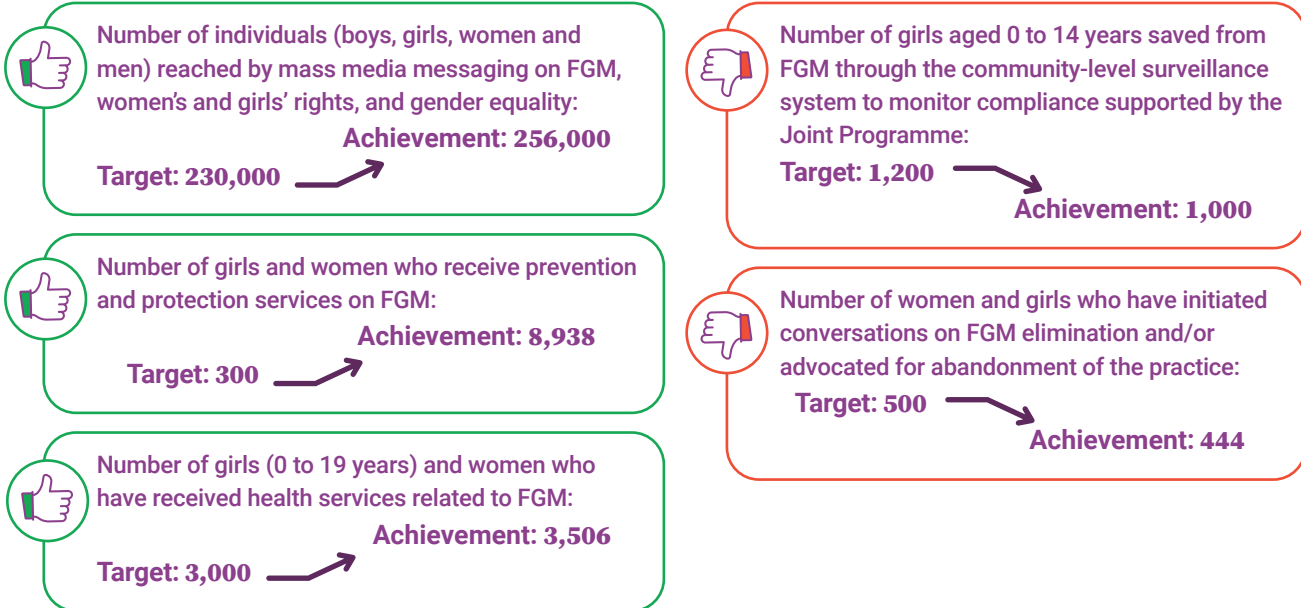
Key Partners

Government: Ministry of Justice & Religious Affairs.

Non-Governmental Organizations: Community Empowerment & Development Action, Women Action for Advocacy & Progress Organization, Towfiq Umbrella Organisation, New World Order, Tadamun Social Society, National Union of Somali Journalists, Elman Peace, Humanitarian Integrity for Women Action, Northern Frontier Youth League, Somali Women Development Center, Somali Midwifery Association, Somali Youth Peer Education Network (Y-PEER).



Key Programme Results in 2023

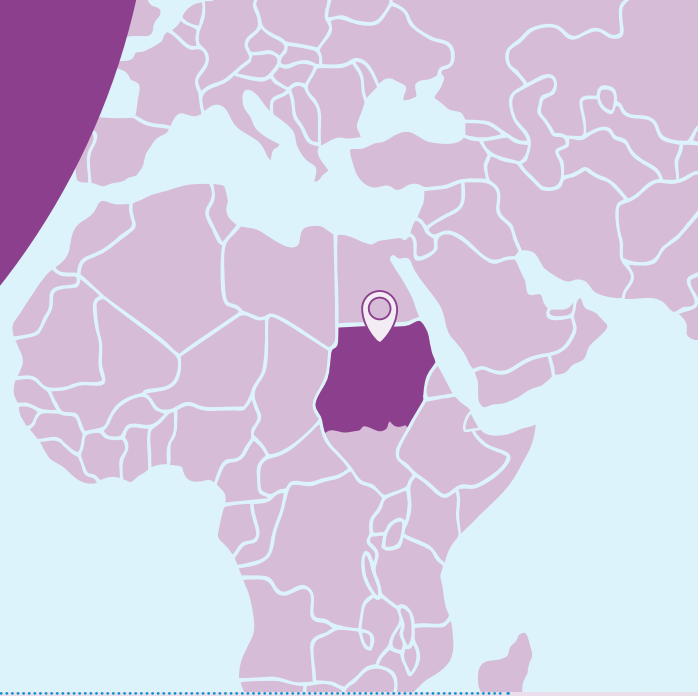


Spotlighted Intervention

Through the support of the Joint Programme, a coalition of religious and community leaders, women- and youth-led organizations, and other key stakeholders was established in Puntland. The coalition aims to enhance community mobilization, build consensus on FGM abandonment among relevant stakeholders and advocate for FGM legislation. In 2023, the coalition conducted two consultative workshops with CSO, non-governmental and United Nations representatives to plan a multistakeholder movement. The movement-building was overseen by “anti-FGM movement teams” to mobilize diverse community members in six districts. Social media campaigns took place, and more than 3,500 information, education and communications materials were distributed to all districts. The anti-FGM campaign reached around 100,000 people in Puntland.

Sudan

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- More than three quarters of girls aged 0 to 19 reported undergoing FGM performed by a health-care provider, most commonly a nurse or midwife.⁶⁹



FGM Prevalence and Attitudes

- Despite increased attention to FGM, it is rarely considered a priority in the humanitarian response in Sudan.
- Need to accelerate efforts at least 20 times to eliminate FGM by 2030.



Progress Towards the Elimination of FGM

- Nearly 9 in 10 girls and women aged 0 to 49 have undergone FGM.⁶⁹
- 66% of girls and women aged 15 to 49 reported undergoing FGM between ages 5 and 9.⁶⁹
- More than half of girls and women aged 0 to 49 oppose the continuation of FGM.⁶⁹

69 Sudan Multiple Indicator Cluster Survey 2014.



Key Partners

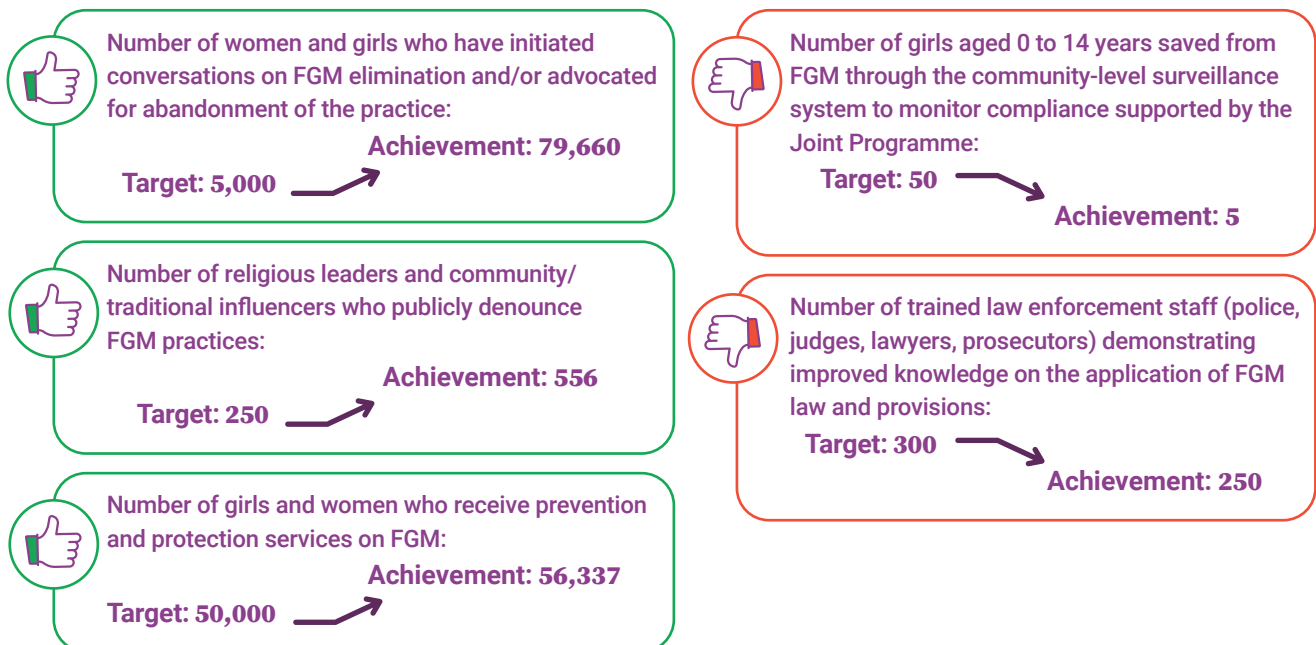
Government: State Ministry of Health – West Nile, State Council for Child Welfare – West Nile, State Ministry of Health – Blue Nile, State Ministry of Social Welfare – Blue Nile, State Council for Child Welfare – South Kordofan, State Council for Child Welfare – Red Sea, State Ministries of Health, National Council for Child Welfare.

Non-Governmental Organizations: Global Aid Hand, Child Development Foundation, Nada El-Azhar Organization, Alight, Health Alliance International, CAFA Development Organization, Auttash Organization for Peace and Development, Kabkabiya Small holders Charitable Society, JASMAR Human Security Organization, Community Resilience Organization, Youth Mechanism, Y-Peers Network, Mutawainat.

Academia: University of Blue Nile, University of Gedaref, University of Kurdufan, Dilling University.



Key Programme Results in 2023

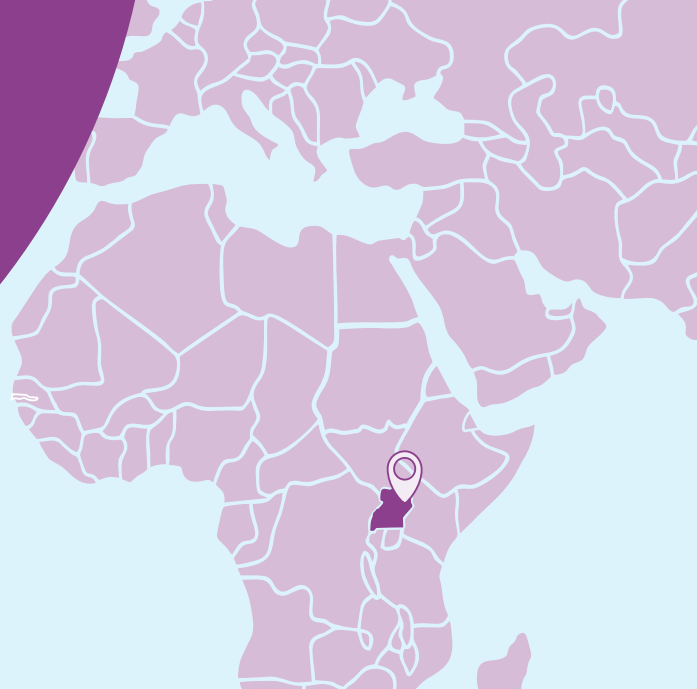


Spotlighted Intervention

The Saleema girls' clubs each consist of around 20 members, mostly girls aged 6 to 14. Some clubs also engage with adolescent boys as supporters. Historically, the 122 clubs were based in schools, offering life skills and sessions on human rights and children's rights, with a focus on girls' rights and agency. Because of the recent crisis in Sudan, this approach was adapted to fit a humanitarian context. Clubs have been set up in gathering areas and camps for internally displaced people, seeking to provide activities to mitigate risks of gender-based violence and harmful practices. By bringing together both internally displaced people and host communities, clubs help to foster a protective environment for girls to live free from FGM.

Uganda

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- Norms that exclude women who have not undergone FGM from participating in circumcision ceremonies and other key social events in the community remain drivers of FGM, especially among older married women.
- Both educational attainment and access to information (frequent use of media channels such as TV and radio) appear to be protective factors against FGM.⁷⁰



FGM Prevalence and Attitudes

- Prevalence is 0.3% among women aged 15 to 49, although district-level rates range from 13% in Kapchorwa District to 52% in Moroto District.⁷¹
- 83% of girls and women aged 15 to 49 think that FGM should stop.⁷¹



Progress Towards the Elimination of FGM

- FGM prevalence has significantly declined, from 1.4% in 2011 to 0.3% in 2016.⁷¹
- The reduction of FGM is attributed to multisectoral approaches; strong partnerships; collaboration with CSOs as society organizations as well as religious, cultural and religious leaders under the leadership of local governments; and a conducive political and policy framework.
- On track to eliminate FGM by 2030.

70 UNICEF, 2020. "FGM in Uganda."

71 Uganda Demographic and Health Survey 2016.



Key Partners

Government: Ministry of Gender Labour and Social Development, Ministry of Education and Sports, Ministry of Health, Ministry of Justice and Constitutional Affairs, Uganda Human Rights Commission (government agency), The six district government authorities.

Non-Governmental Organizations: ActionAid International Uganda, International Rescue Committee, Bangladesh Rehabilitation Assistance Committee-Uganda, National Association of Women's Organizations in Uganda, Karamoja Women-Led Network, Naguru Teenage Information and Health Centre.



Key Programme Results in 2023



Number of girls aged 0 to 14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme:

Target: 20 → Achievement: 51



Number of government personnel from different sectors, CSOs and grass-roots organizations with enhanced capacities for data collection, analysis, research and dissemination, including qualitative data on FGM:

Target: 50 → Achievement: 55



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

Target: 170 → Achievement: 493



Number of health service delivery points in Joint Programme intervention areas where at least one health-care staff member is trained on FGM prevention, protection and care services, and that provide FGM-related services:

Target: 66 → Achievement: 40



Number of people engaged in a public declaration that they will abandon the practice of FGM:

Target: 8,000 → Achievement: 16,586

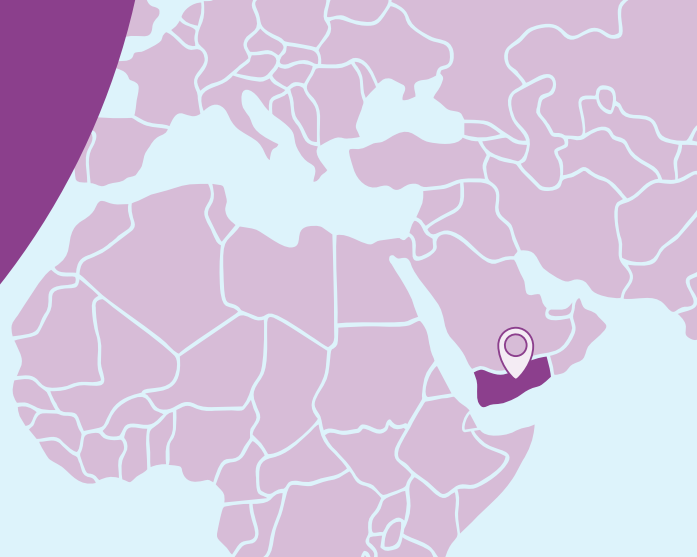


Spotlighted Intervention

In partnership with the Naguru Teenage Information and Health Centre and BRAC Uganda, the Joint Programme supported feminist action research that used cameras to document individual, personal stories about FGM and other harmful practices. Photo stories were disseminated through social media to raise awareness of the benefits of gender equality and the importance of shifting inequitable gender and social norms.

Yemen

COUNTRY SNAPSHOT



FGM prevalence among girls and women aged 15 to 49 by year



FGM: Drivers, Prevalence, Attitudes and Progress Towards Elimination



FGM Drivers and Practitioners

- FGM Type I and Type II are the most prevalent forms of the practice.
- Most FGM is performed by traditional practitioners (85%), followed by health workers (13%).



FGM Prevalence and Attitudes

- Almost one in five girls and women has undergone FGM, with the practice most common in the southern and eastern parts of Yemen.⁷²
- Nearly 9 in 10 girls who experience FGM do so within their first week of life.⁷²

- Around three in four girls and women think the practice should stop.⁷²
- Among women, a mother's own experience of having undergone FGM, her desire to continue the tradition, the maternal age (over 40 years) and a rural location are significant predictors of FGM among the youngest daughters.⁷³
- Among men, the father's desire to continue FGM as a tradition is a factor in youngest daughters undergoing FGM.⁷³



Progress Towards the Elimination of FGM

- FGM medicalization is increasing, from 8%⁷⁴ in 1997 to 12.8%⁷² in 2013.
- No legislation criminalizes FGM.
- Need to accelerate efforts at least 10 times to eliminate FGM by 2030.

72 2013 Yemen Demographic and Health Survey. Website: <https://dhsprogram.com/pubs/pdf/FR296/FR296.pdf>.

73 Mansour Abdu Al-Taj, et al., 2023. "Prevalence and Drivers of Female Genital Mutilation in Three Coastal Governorates in Yemen." BMC Public Health 23(1363).

74 1997 Yemen Demographic and Health Survey. Website: <https://dhsprogram.com/pubs/pdf/FR94/FR94.pdf>.



Key Partners

Non-Governmental Organizations: Deem for Development Organization and Human Access.



Key Programme Results in 2023



Number of girls aged 0 to 14 years saved from FGM through the community-level surveillance system to monitor compliance supported by the Joint Programme:

Target: 10 → **Achievement: 105**



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

Target: 700 → **Achievement: 1,337**



Number of people (women and girls, men and boys) engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women:

Target: 700 → **Achievement: 8,056**



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

Target: 500,000 → **Achievement: 249,922**



Number of religious leaders and community/traditional influencers who publicly denounce FGM practices:

Target: 200 → **Achievement: 82**



Spotlighted Intervention

Two youth safe spaces were established in 2023 in Mukalla, Hadramout Governorate and Al Mokha, Hodeidah Governorate. Youth conducted community outreach activities to build awareness of FGM and its harms. Their motto, "Youth End FGM", is widely displayed in both English and Arabic in taxis and public places.

The Joint Programme, alongside its partners, remains steadfast in using its global reach and comprehensive and holistic programming to advance transformative changes. It supports a world where girls and women exercise agency and claim their rights to bodily autonomy, decision-making, leadership, empowerment and self-determination.



UNFPA-UNICEF

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