

AWRO IPPF



# FGM

AS A GLOBAL CRISIS  
THROUGH IPPF MEMBER ASSOCIATIONS

GLOBAL MEMBER ASSOCIATIONS  
SURVEY OUTCOMES  
AND RECOMMENDATIONS

# Ending FGM programming through IPPF member associations

Global member associations survey outcomes and recommendations

# Context and Scope

Female genital mutilation (FGM) remains a critical global issue, persisting across 92 countries. According to a 2024 UNICEF update, there are an estimated 230 million FGM survivors worldwide.

The International Planned Parenthood Federation (IPPF) operates in 78 affected countries but faces critical gaps in high-prevalence nations such as Somalia (98%) and Djibouti (93%).

The Centre of Excellence (CoE) in Mauritania, along with AWRO, conducted a survey to assess FGM prevalence, program impact, and challenges, aiming to strengthen data-driven eradication strategies.

## Main Achievements of IPPF's Global Programme to End FGM:

- **June 2023:** Developed the **FGM Theory of Change (ToC)**. [View here](#)
- Released a booklet of success stories titled “**The Veiled Truth: Restoring Abandoned Souls.**” [Read the booklet](#)
- **February 2024:** Launched the **FGM Comprehensive Framework**. [Access the framework](#)
- **October 2024:** The **Directors' Leadership Team (DLT)** approved eight FGM indicators to be reported by IPPF Member Associations (MAs). The year 2024 is considered the baseline. [More information](#)
- **November 2024:** Distributed a shared questionnaire to 78 MAs/Collaborating Partners (CPs), covering all aspects of the ToC and results framework. It aims to establish baselines for each indicator.
- **January 2025:** Established the baseline data for FGM indicators, with the participation of 27 MAs/CPs.

This report analyzes survey data from 78 IPPF MAs to

- assess global FGM prevention efforts
- identify implementation gaps
- recommend evidence-based solutions

## Key Objectives

- Develop a roadmap for capacity-building strategies to support MAs/CPs in implementing anti-FGM programs
- Align efforts with the FGM ToC and results framework, which includes five pillars and eight monitoring indicators
- Help MAs/collaborative partners (CPs) integrate FGM-related activities into their business plans and differentiate between FGM and gender-based violence (GBV) services
- Improve data collection by incorporating FGM indicators into clinical management information system



## Data Analysis Methodology

- The survey was distributed through SGD directors to MAs/CPs in each region.
- The questionnaire covers all aspects of the ToC and results framework, setting baselines for each indicator to track progress.
- Survey design: Each question is related to a specific indicator, as shown below.

Pillars	Partnerships	Advocacy	Services	Social change
#of Questions	1	9	5	4

## Outcome

The survey ensures the CoE remains a key resource for MAs/CPs, providing evidence-based insights to accelerate FGM elimination. (See details in the Annexes.)

## Geographic Coverage and Response Rates

Metric	Data
Countries with FGM prevalence	92
IPPF operational coverage	78 countries
Survey response rate	41% (32/78 MAs)
Top-performing region	AWR (89% participation)
Critical gaps	Eritrea, Somalia, Djibouti remain uncovered

A global FGM survey achieved a 35% response rate, with 27 (countries) out of 78 IPPF/MAs/CPs participating.

- Strongest participation: Arab World Region (AWR) (89%)
- Moderate engagement: SAR (75%), Africa Region (AR) (50%)
- Lowest response: East and South East Asia and Oceania Region (ESEAOR) (30%)

Region	Countries Where FGM is reported	Concerned IPPF MA/CPs	MA/CPs Responded to the survey
ACR	6	5	2
AR	28	26	15
AWR	14	9	8
ESEAOR	10	10	3
SAR	7	4	4
EN	27	24	0
<b>Total</b>	<b>92</b>	<b>78</b>	<b>32</b>

(See details in annex)

## Regional Disparities

Region	Partnerships/	Funding Status	Youth Engagement
AWR	48 (Sudan:23)	6/6 MAs funded	75% participation (6/8)
AR	42 (Uganda:15)	10/15 funded	80% participation (12/15)
ESEAOR	0	0/10 funded	33% participation (1/3)
SAR	0	No data	0
ACR	0	No data	0

## Critical Challenges

### Data Reliability

- 43% accuracy in prevalence reporting (12 no data)
- 42% of MAs unaware of national FGM laws (three denied laws despite UNFPA)
- 25% of responses were illogical/inaccurate; 86% of countries reported FGM types

## Implementation Gaps

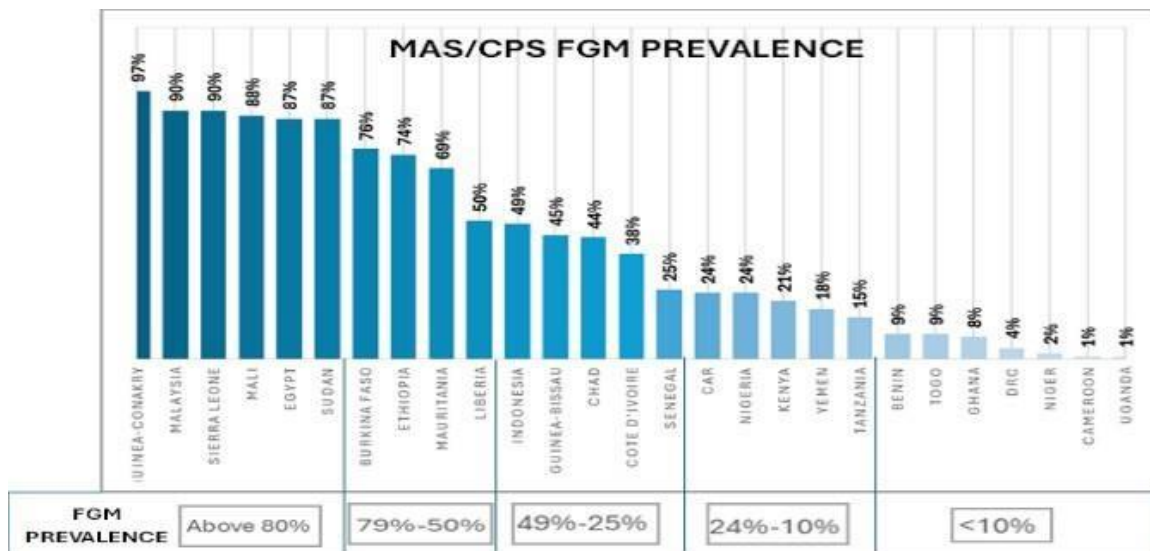
- Peer educator training → program participation: Only 18/28 MAs/CPs were effective (27 countries).
- 47% of regions (ACR/ESEAOR/SAR) show no FGM prevention activities.

Response Rates	Coverage Gaps	Key Findings
<ul style="list-style-type: none"> <li>○ AWR had the strongest participation (8/ responding countries)</li> <li>○ Other regions had mixed response rates (AR: 15/26, ESEAOR: 3/10, SAR: 4/4)</li> <li>○ EN showed complete non-participation (all 24 MAs/CPs unresponsive)</li> </ul>	<ul style="list-style-type: none"> <li>○ Key FGM-prevalent countries remain outside IPPF coverage: <ul style="list-style-type: none"> <li>• Eritrea, Gambia (AR)</li> <li>• Djibouti, Somalia (AWR)</li> <li>• Brunei, Iran (SAR)</li> <li>• Russia, Greece (EN)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ 6 regions showed different engagement levels</li> <li>○ Some countries (India, Jordan, Indonesia) didn't respond despite coverage</li> <li>○ The survey identified both service gaps (uncovered countries) and engagement challenges (non-responses)</li> </ul>



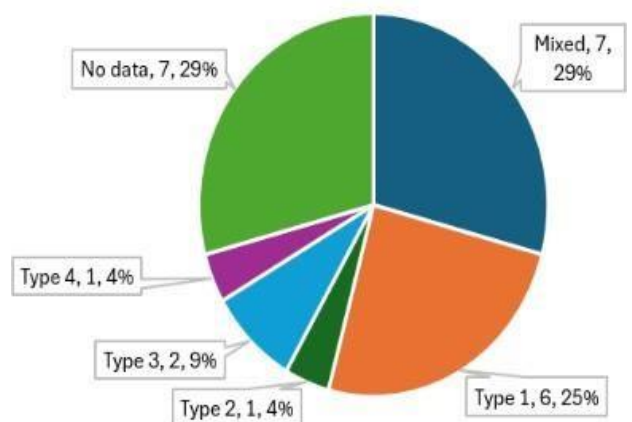
## FGM Prevalence and Types

The survey results indicate that out of the 32 MAs/CPs interviewed, four MAs stated that FGM was not relevant in their country, 12 did not have any data available, and four provided incorrect prevalence rates. Only 12 MAs accurately reported the figures, resulting in an accuracy rate of 43%.

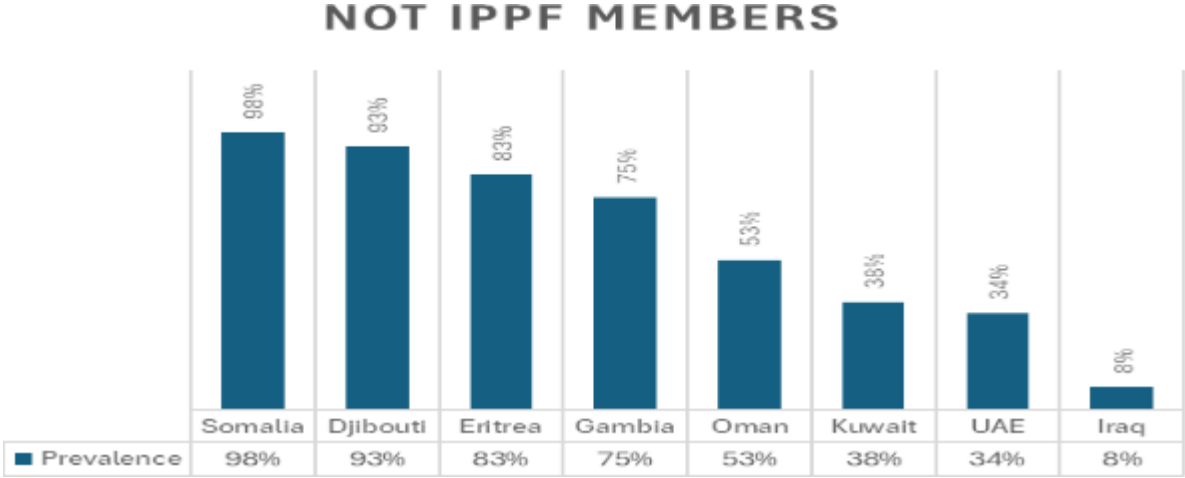


% of FGM type per MAs

Our findings reveal that only 17 of the 27 responding countries (63%) submitted data about the most prevalent FGM types in their regions. According to the graphical data, mixed-type FGM is the most common practice, with Type 1 being the second most common. Other FGM types show significantly lower prevalence rates, ranging between 4% and 9%.



**Remark:** The prevalence in Malaysia is 90% among Muslim women (type 1 and type 4). In other countries, the prevalence covers everyone.



The graph shows eight non-MA countries with a high prevalence of FGM. Most of them are in the Arab region, with six showing high prevalence rates ranging from 98% to 8% or less. In Africa, only two countries have prevalence rates between 83% and 75%.

**Observation:** The reported discrepancies in FGM types suggest two possible issues: Either (1) national systems are not using the WHO’s global classification standard or (2) MAs lack full awareness of the standardized classification.

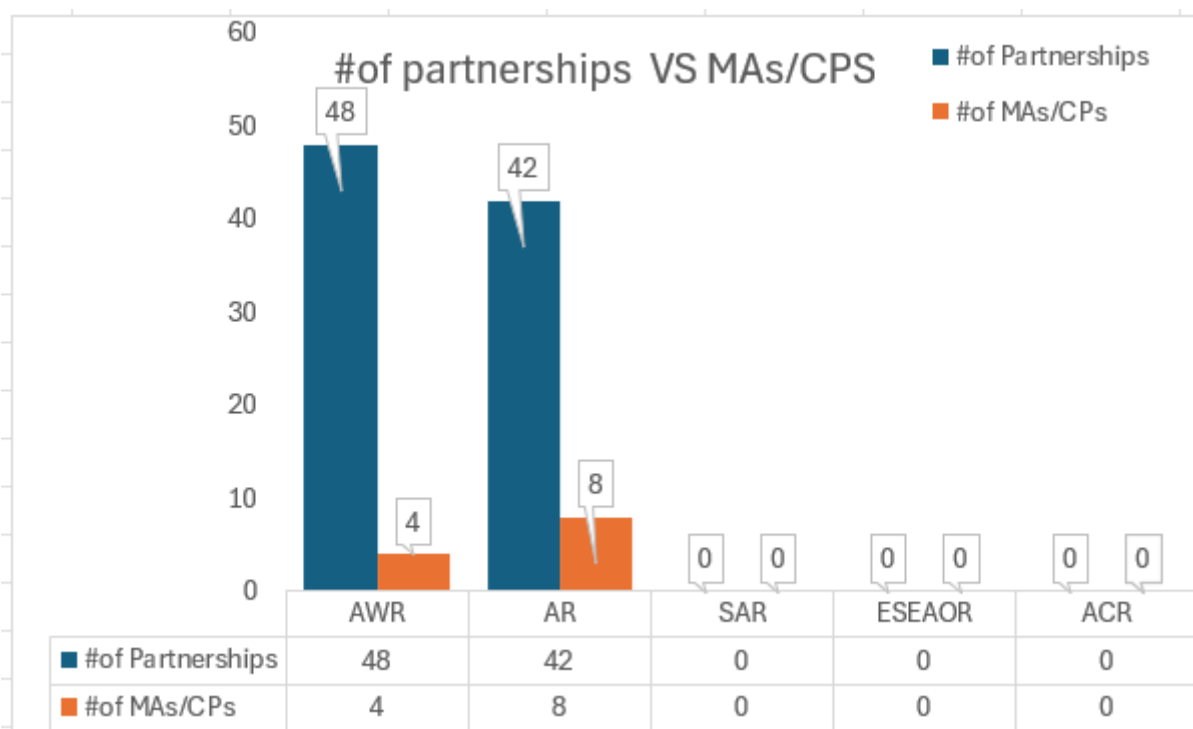
## Partnerships and Advocacy

### Partnerships

## Indicator 1: Number of partnerships the MA subscribed to in order to end FGM

Partnership formation is concentrated in two regions: AWR (48 partnerships across four of eight MAs/CPs) and AR (42 partnerships across eight of 15 MAs/CPs), suggesting more intensive collaboration per organization in AWR compared with AR.

- Highest partnerships: Sudan (23), Uganda (15), and Yemen (11)
- Lowest partnerships: Ghana, Liberia, and Chad (one each)
- Regional distribution: AWR shows higher average partnerships (12) compared with AR (4.6)



\*Note: Data reflects active MA/CP collaborations to end FGM as of 2024. (See details in Annex.)

## Advocacy

# Indicator 2: Number of public actions/statement made by activists or champions supported by the MA advocating the eradication of FGM

## FGM: A Comprehensive Overview

Of the 92 countries where FGM persists, 51 (55%) have enacted specific prohibitions either through dedicated laws or provisions in related legislation (penal codes, gender violence laws, etc.). See details in Annex.

# Law Effectiveness

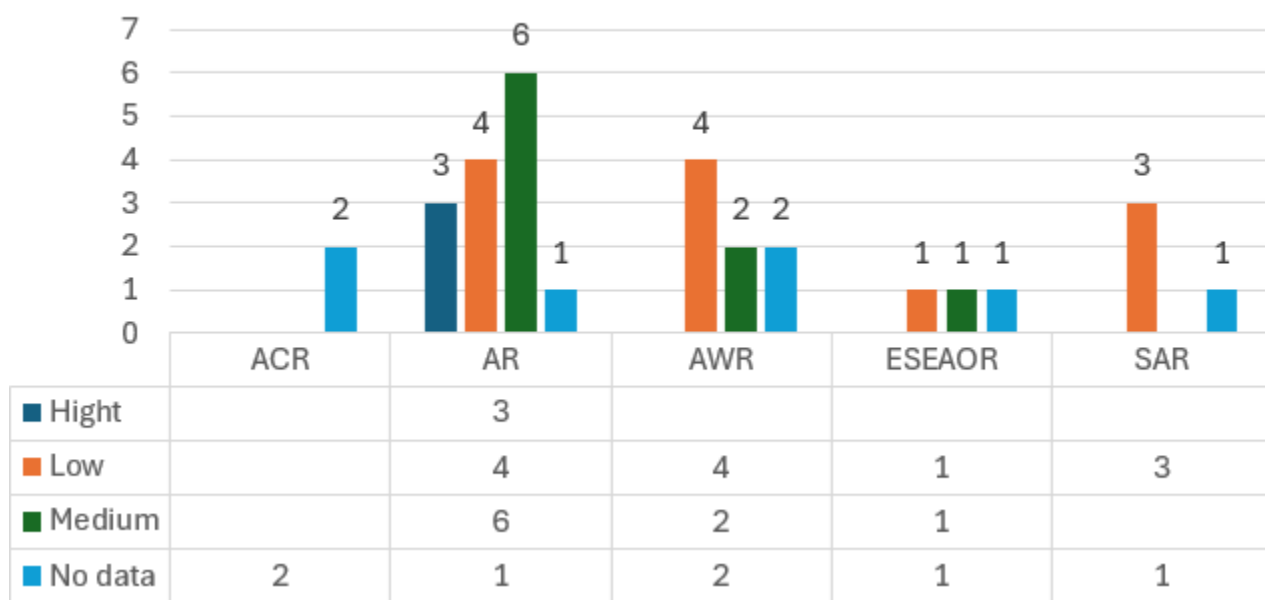
Key discrepancies emerged in a 31-country survey assessing:

- Legal awareness - 18/31 (58%) MAs correctly identified existing FGM prohibition laws
- Advocacy engagement - Varied recognition of anti-FGM activities (campaigns, training, policy work)

Notable concern: Three MAs denied having FGM laws despite UNFPA confirmation of such legislation, suggesting either

- knowledge gaps among respondents
- potential data collection issues

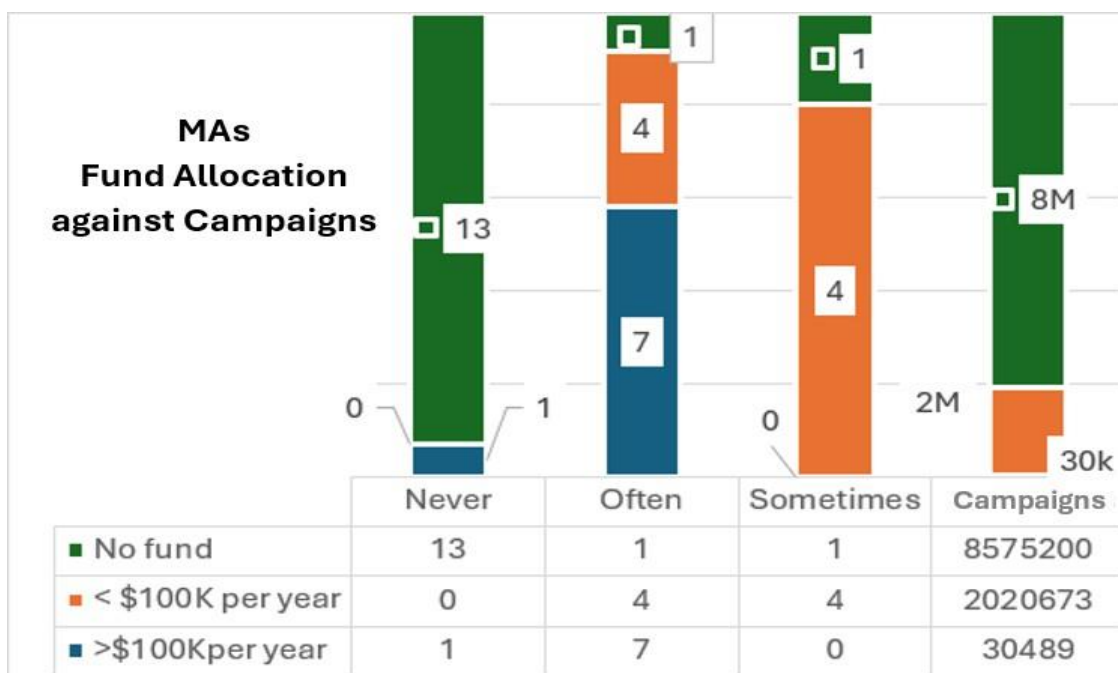
### Law level of applications



The implementation of FGM prohibition laws shows varying levels of effectiveness across regions. AR presents the most nuanced picture, with six countries demonstrating medium effectiveness—the highest of any region—alongside four countries where laws have low impact. Notably, AR contains three high-effectiveness cases, suggesting some successful models for replication. AWR shows polarized outcomes: Four countries with low-effectiveness laws contrast with two countries that achieved moderately effective. Meanwhile, ESEAOR and SAR reveal systemic challenges, with three and one countries remaining at low effectiveness, respectively, compounded by one country per region lacking any evaluable data. Most concerning are the two ACR countries that completely lack effectiveness data, alongside isolated cases in AR, AWR, ESEAOR, and SAR.



## FGM Programs - Campaigns



Region	Budget Data	MA Engagement (Often + Sometimes)	People Reached	Performance Summary
AR	Mixed: <100K, >100K, No Data	9 (6 Often + 3 Sometimes)	2,090,668	High MA engagement & outreach
ESEAO R	No data	0	8,500,000	Low MA engagement, very high reach
AWR	Mixed: <100K, >100K, No Data	6 (5 Often + 1 Sometimes)	35,670	Moderate MA activity, low reach
ACR	No data	0	0	No engagement or outreach
SAR	No data	0	0	No engagement or outreach

## Regional Analysis of FGM Prevention Activities and Funding (2024)

This analysis suggests that funding is strongly correlated with activity implementation, with AWR showing perfect alignment and AR demonstrating partial progress despite funding gaps. Other regions urgently need intervention to initiate FGM prevention efforts.

The data reveals stark disparities in anti-FGM activity planning and funding across regions.

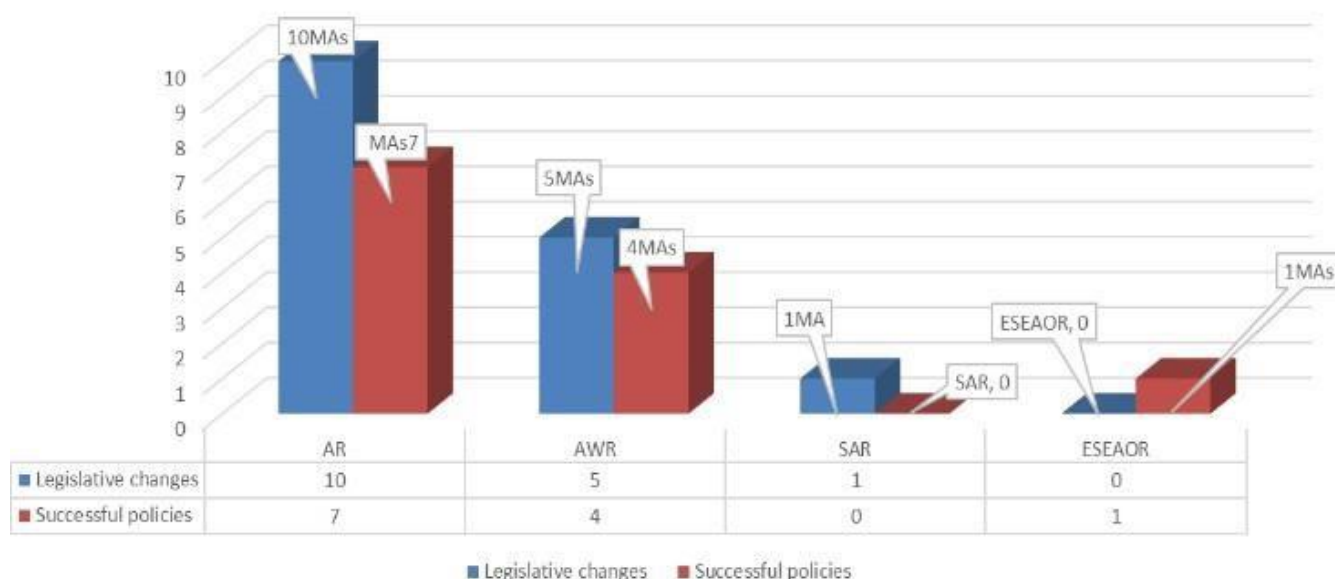
Survey results from 32 MAs reveal the following:

- 16 MAs (50%) conduct funded awareness campaigns
- AWR: most effective model (6/8 active MAs are funded)
- AR: moderate success (10/15 total MAs: eight funded, two unfunded but active, and one has funding but no activities planned)
- ACR/ESEAOR/SAR: total inactivity (nine MAs with no plans or funding)
- Total reach: 10.6 million people

**Note:** Data reflects only responding organizations; actual impact may be higher.

# Indicator 3: Number of successful political initiatives and/or positive legislative changes against FGM practices

#of MAs/CPs per region involved in legislative changes and successful policies



FGM prevention efforts have achieved significant policy advancements through the work of 12 MAs (successful policies) and 16 MAs (legislation changes) across diverse regions.

Documented successes include Sierra Leone’s comprehensive legal reform, two distinct policy initiatives in Côte d’Ivoire that demonstrate sustained commitment, and critical legislative changes in Guinea-Conakry and Kenya that align with WHO guidelines. West African nations Liberia and Chad have implemented community-based policy frameworks, while North African progress is evidenced by Egypt’s health care system integration. In the Horn of Africa, Somaliland’s localized approach and Sudan’s post-transitional reforms show contextual adaptation, complemented by Yemen’s religious-leader engagement strategy. Notably, the Philippines represents an important milestone as the first Southeast Asian nation to criminalize FGM through these efforts. These collective achievements reflect (1) varied legal and advocacy approaches tailored to regional contexts, (2) multiple successful interventions in high-prevalence areas (particularly Côte d’Ivoire’s dual reforms), and (3) expansion into emerging FGM-practice regions.

The geographic distribution—spanning Africa, the Middle East, and Asia—demonstrates the growing global policy momentum against FGM, though continued scaling is needed to match the practice’s 92-country prevalence. (See details in Annex.)



## Service Provision

# Indicator 4: Number of clients receiving FGM-related services (survivors or not)

## FGM Data Collection Systems by Region

This analysis examines how different regions collect FGM data through combined manual electronic systems and manual systems only.

- AR: The most advanced, with five MAs using both electronic and manual systems, seven relying on manual-only reporting, and three lacking disaggregated FGM data.
- AWR: Strong electronic adoption, with five dual-system sites, one manual-only reporter, and two without FGM-specific data.
- ESEAOR, SAR, and ACR: All reporting in these regions combines FGM data under general GBV programs (no disaggregation).

## FGM Survivors

Key findings on FGM service delivery and data reporting: Among 2 million clients who received FGM-related services, only 45K (1.05%) were formally identified as survivors. Notably, 90% of these survivors were reached through programs in AWR. (See details in Annex.)

	Ethiopia	Guinea-Conakry	Kenya	Liberia	Nigeria	Chad	Uganda	Mauritania	Somaliland	Sudan	Yemen
#of non-survivors	25	0	0	150	2,000,000	0	350	44,850	200	25	1,920
#Of survivors	50	160	67	250	1,630	25	24	24,150	19,000	40	0

# Indicator 5: Number of FGM-related services provided (counseling, consultations, referral, treatment, diagnosis, first-line support, psychological support)

A total of 15 MAs provide comprehensive services (nine in AR and six in AWR), including counseling, medical, psychological, and social support. However, only four MAs (15% of the 27 surveyed) offer four out of seven critical FGM service categories, revealing significant gaps in coverage.

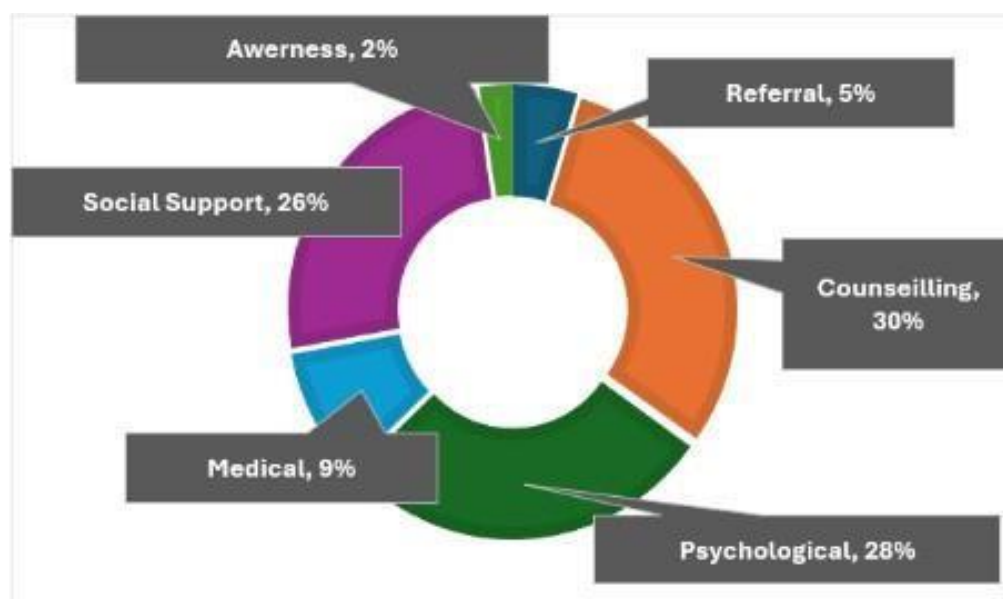
Despite being a core component of GBV programs, FGM-specific counseling is available in 13 MAs/CPs.

- Only 11 out of the 27 MAs/CPs provide services (most active: Mauritania, Somaliland, and Nigeria)
- Nigeria serves a high number of clients, with no data available on systems regarding services. The main issue is that FGM services are all under GBV, without offering the ability to segregate. (See details in Annex.)

## SOCIAL CHANGE

### Youth Engagement

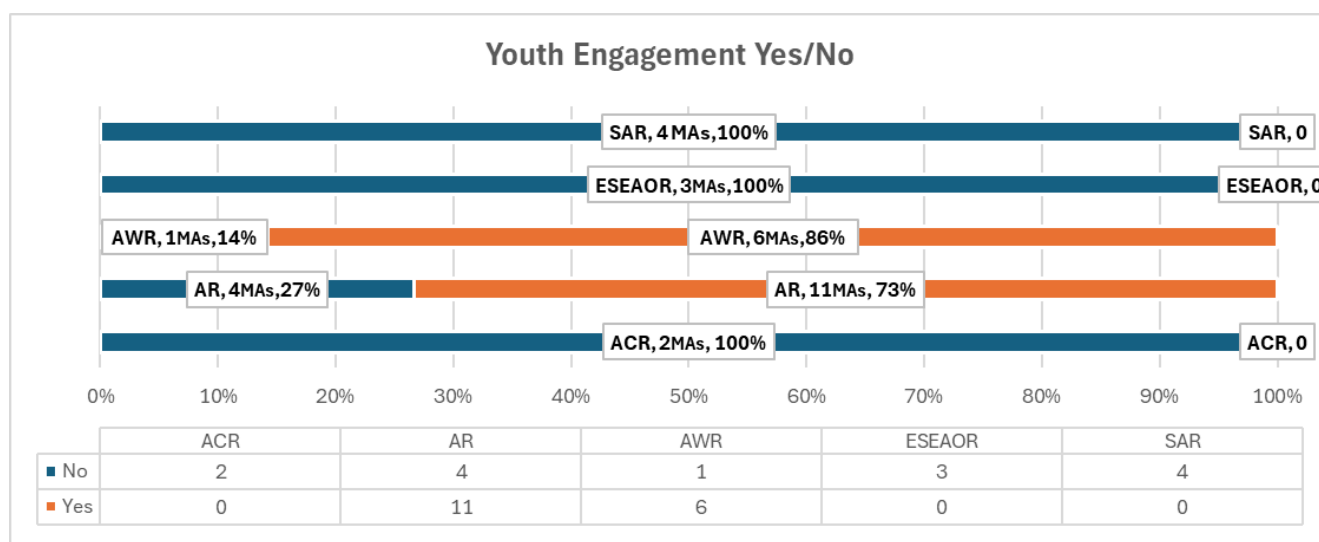
Among the 32 MAs surveyed, slightly more than half (17 MAs or 53%) reported active involvement of young people in their FGM prevention programs. These initiatives primarily focus on awareness campaigns and direct interventions to eliminate the practice.



These findings highlight both progress in youth mobilization and opportunities for expanding participation across all regions in the fight against FGM.

Notably, youth participation shows significant regional variation.

- AR demonstrates strong engagement, with 11 of its 15 MAs involving the youth.
- AWR follows closely, with six out of seven MAs reporting youth participation.
- Currently, the AR-AWR youth network stands as the only active regional collaboration in this effort.



## Indicator 6: Number of FGM sessions considered by MAs under CSE to youth

The data reveals significant regional disparities in the number of FGM prevention sessions conducted by MAs/CPs under CSE programs. AR leads with 7,283 sessions, driven primarily by Ethiopia’s remarkable 6,117 sessions—accounting for 84% of AR’s total. Other notable contributions come from Sierra Leone (346), Nigeria (326), and Tanzania (120), though five AR countries reported fewer than 50 sessions each, indicating uneven implementation.

AWR recorded 1,247 sessions, with Sudan dominating at 800 sessions (64% of the AWR’s total). Egypt (66), Somaliland (151), and Yemen (60) showed moderate engagement, while Bahrain reported minimal activity (10 sessions).

ESEAOR’s sole reported data came from the Philippines (825 sessions), suggesting either focused efforts there or reporting gaps in other ESEAOR countries.

This indicator demonstrates both concentrated successes and opportunities to expand youth-focused FGM education, particularly in countries with minimal session counts. Regional training exchanges could help replicate Ethiopia and Sudan’s high-performance models. (See details in Annex.)



## Indicator 7: Number of peer educators trained on FGM under CSE programs

The data on peer educators trained in FGM prevention under CSE programs reveals distinct regional patterns in capacity-building efforts. AR demonstrates the highest investment, having trained 608 educators, with Ethiopia contributing an overwhelming 498 educators (82% of AR's total). Other significant contributors include Sierra Leone and Nigeria (32 each), while five AR countries trained fewer than five educators, indicating substantial disparities in resource allocation.

In AWR, 120 educators were trained, with Sudan accounting for 75 educators (63% of AWR's total). Moderate numbers were reported in Somaliland (14) and Pakistan (9), while Bahrain and Yemen showed minimal activity (1 and 6, respectively).

ESEAOR's reported data is limited to the Philippines, with only nine educators trained, suggesting either a major gap in coverage or potential underreporting from other countries in the region.

This indicator highlights both successful capacity-building models and systemic imbalances in peer educator distribution. Strategic partnerships between high- and low-performing countries could help address these disparities while maintaining Ethiopia and Sudan's demonstrated training effectiveness. (See details in Annex.)

### Capacity Building Priorities for MAs/CPs

An analysis of MAs' and country programs' needs reveals clear priorities for future capacity development. Funding opportunities emerged as the most critical area, with 20 MAs identifying this as their top capacity-building requirement. This strong consensus underscores the widespread challenge of securing sustainable resources for FGM prevention work.

Three additional key needs emerged from the data.

- exchange visits between MAs
- proposal writing skills development
- enhanced online support systems



Moving forward, capacity-building initiatives should strategically combine these elements—perhaps developing funding acquisition training that incorporates proposal writing instruction while creating platforms for both virtual (online) and in-person (exchange) knowledge sharing. This integrated approach would maximize the impact of limited capacity building resources while addressing the interconnected nature of these identified needs.



## Baseline Summary

Action	Indicators	Baseline
<b>1. Partnership:</b>	#of partnerships the MA subscribed to <u>in order to</u> end FGM	<b>90</b>
<b>2. Advocacy</b>	#of public actions/statement made by activists or champions supported by the MA, advocating the eradication of FGM.	<b>26</b>
<b>3. Advocacy</b>	#of successful policy initiatives and/or positive legislative changes in support or defense of FGM.	<b>20</b>
<b>4. Services Provision</b>	#of clients receiving FGM-related services: They may be survivors or not	<b>2,071,670</b>
<b>5. Services Provision</b>	#of FGM-related services provided (counseling, consultations, referral, treatment, diagnosis, first line support, psychological support,)	<b>67,302</b>
<b>6. Social change</b>	#of FGM session considered by MAs under CSE to youth	<b>9,355</b>
<b>7. Social change</b>	#of peer educators trained on FGM under CSE programs	<b>737</b>
<b>8. Research</b>	This qualitative indicator is led by the CoE collaboration with MAs. Study: "FEMALE GENITAL MUTILATION IN HUMANITARIAN SETTINGS."	<b>1</b>

# Recommendations

The analysis of FGM prevention efforts across regions reveals critical insights for future action.

- Funding drives implementation.
  - The clear correlation between secured funding and active programming (particularly in AWR and AR) underscores the need for dedicated financial resources to combat FGM effectively.
- Regional disparities require targeted approaches.
  - High-performing regions (AWR, AR) should serve as models for knowledge-sharing, while inactive regions (ACR, ESEAOR, SAR) demand urgent intervention through
    - capacity-building initiatives
    - advocacy for funding prioritization
    - technical support for activity planning
- Strategic priorities going forward:
  - For funded regions: document and scale successful interventions
  - For partially active regions (AR): address funding gaps to activate all prepared MAs
  - For inactive regions: launch baseline assessments to identify barriers
- Global implications

These findings demonstrate that eliminating FGM requires both financial commitments and systematic planning support. IPPF should consider:

  - developing regional mentorship programs
  - establishing a special fund for low-activity regions
  - implementing mandatory reporting on FGM prevention efforts

Final observation: While progress exists in some areas, the widespread inactivity in nearly half of the surveyed regions threatens global FGM eradication targets. A coordinated, adequately resourced response is essential to protect women and girls worldwide.



# Conclusion

The findings highlight critical gaps and opportunities in strengthening youth engagement and capacity building for FGM prevention programs. While peer educator training is widespread, its translation into active FGM program participation remains inconsistent across regions, indicating a need for better alignment between training and implementation by enhancing program engagement, strengthening capacity building, and improving data tracking.

By addressing these priorities, stakeholders can maximize the effectiveness of youth-led interventions and ensure sustainable progress toward eliminating FGM. A coordinated, regionally tailored approach will be essential to bridge existing gaps and scale up successful models across all programs.

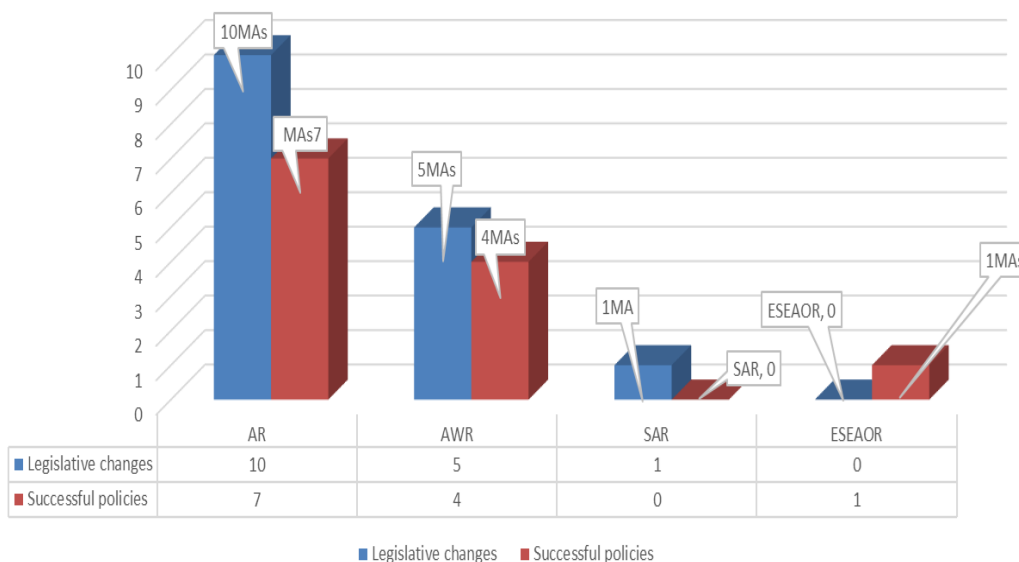
Further research should explore best practices from high-performing regions to guide replication and adaptation in areas with limited engagement.

Regions	Countries	#of MAs/CPs	#Of Partnerships
AR	Côte d'Ivoire	2	4
AR	Ethiopia	1	7
AR	Ghana	1	1
AR	Guinea	1	5
AR	Kenya	1	5
AR	Liberia	1	1
AR	Nigeria	1	3
AR	Chad	1	1
AR	Uganda	1	15
AWR	Egypt	1	10
AWR	Mauritania	1	4
AWR	Sudan	1	23
AWR	Yemen	1	11

## Advocacy

Successful Policies	Legislation changes	Overall initiatives
12 MAs/CPs succeeded on policy changes (Sierra Leone, Côte d'Ivoire (2), Guinea-Conakry, Kenya, Liberia, Chad, Egypt, Somaliland, Sudan, Yemen, Philippines)	16MAs/CPs who made good initiatives: Sierra Leone (1), Cameroon (1), Côte d'Ivoire (2), Guinea-Conakry (1), Kenya (1), Liberia (1), Nigeria (1), Chad (1), Egypt (1), Somaliland (1), Mauritania (1), Sudan (1), Yemen (1), Uganda (1), Maldives (1)	17MAs/CPs who made good initiatives: Sierra Leone (1), Cameroon (1), 2MAs in Côte d'Ivoire (3), Guinea-Conakry (2), Kenya (1), Liberia (1), Nigeria (2), Chad (3), Uganda (2), Egypt (1), Somaliland (3), Mauritania (1), Sudan (1), Yemen (2), Pakistan (1), Philippines (1)

#of MAs/CPs per region involved in legislative changes and successful policies



Countries	MAs/CPs	#Of survivors	#of non-survivors
<b>AR</b>	<b>7</b>	<b>2,206</b>	<b>2,000,525</b>
Ethiopia	1	50	25
Guinea-Conakry	1	160	0
Kenya	1	67	0
Liberia	1	250	150
Nigeria	1	1,630	2,000,000
Chad	1	25	0
Uganda	1	24	350
<b>AWR</b>	<b>4</b>	<b>43,190</b>	<b>46,995</b>
Mauritania	1	24,150	44,850
Somaliland	1	19,000	200
Sudan	1	40	25
Yemen	1	0	1,920
<b>Grand Total</b>	<b>11</b>	<b>45,396</b>	<b>2,047,520</b>

Region	Countries	#of Service categories provided	#of Services
AWR	Mauritania	6 (Anti-natal counseling, Pré-marital counseling, Prevention, Psychological, Social support)	67,302
AWR	Bahrain	1 (Counseling)	Data not disaggregated
AWR	Egypt	2 (Counseling GBV, Anti-natal counseling)	
AWR	Somaliland	4(Pre-marital counseling, Anti-natal counseling, Treatment)	
AWR	Sudan	4(Anti-natal counseling, Pré-marital counseling, Psychological-Social, Medical)	
AWR	Yemen	5(Pre-marital counseling, Anti-natal counseling and HIV, gynecological diseases, urology treatment)	
AR	Sierra Leone	1 Anti-natal counseling	
AR	Cameroun	3(Pre-marital counseling, Prevention, Psychological)	
AR	Côte d'Ivoire	4(Prevention, Psychological, treatment, Anti-natal counseling)	
AR	Ethiopia	2(Anti-natal counseling, Prevention)	
AR	Ghana	3(Prevention, Anti-natal counseling, Psychological)	
AR	kanya	2(Prevention, Psychological)	
AR	Nigeria	\$(Prevention, pre-marital counseling, Anti-natal counseling, Psychological)	
AR	Tchad	2(Prevention, pre-marital counseling,	
AR	Uganda	2(Prevention, Psychological)	

## Service Provision

AR	Sierra Leone	Cameroon	Côte d'Ivoire	Ethiopia	Ghana	Guinea-Conakry	Liberia	Nigeria	Tanzania	Chad	Uganda	Total	
	346	205	20	6,117	9	50	25	326	120	15	50	7283	
AWR	Bahrain	Egypt	Mauritania	Pakistan	Somali and	Sudan	Yemen						
	10	66	60	100	151	800	60						1247
ESEAOR	philippines												
	825											825	

AR	Sierra Leone	Cameroon	Côte d'Ivoire	Ethiopia	Ghana	Guinea-Conakry	Liberia	Nigeria	Tanzania	Chad	Uganda		
	32	19	2	498	1	4	3	32	11	2	4	608	
AWR	Bahrain	Egypt	Mauritania	Pakistan	Somali and	Sudan	Yemen						
	1	8	7	9	14	75	6						120
ESEAOR	philippines												
	9											9	