



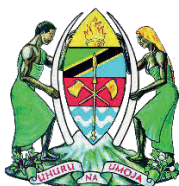
THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF COMMUNITY DEVELOPMENT, GENDER, WOMEN
AND SPECIAL GROUPS

NATIONAL MULTI-SECTORAL STRATEGY TO END
FEMALE GENITAL MUTILATION

2025/26 - 2029/30



JULY 2025



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MINISTRY OF COMMUNITY DEVELOPMENT, GENDER, WOMEN
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MUTILATION 2025/26 – 2029/30

July 2025

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PREFACE

The National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 marks a pivotal moment in Tanzania's unwavering commitment to eliminating a practice that constitutes a grave violation of the fundamental human rights of women and girls. Globally recognized as a form of gender-based violence, FGM causes profound physical, psychological, and socio-economic harm, hindering the full realization of human potential and impeding national progress. This strategy underscores the Government of Tanzania's steadfast resolve to build a society where every girl can thrive, free from the threat of FGM.

Building upon the robust foundation of preceding national initiatives, particularly the National Anti-Female Genital Mutilation Strategy and Implementation Plan 2020/21–2024/25; this document represents an evolution in our collective response. It meticulously integrates crucial lessons learned from past successes and challenges, ensuring that interventions are tailored, effective, and sustainable. Insights gained from previous efforts have informed a strategic shift toward more adaptive programming, improved data utilization, and strengthened accountability mechanisms to accelerate the abandonment of FGM across the country.

This strategy is fully aligned with national development priorities, regional commitments and international human rights frameworks, including the African Union's Maputo Protocol and the United Nations Sustainable Development Goals (SDG 5.3), which specifically call for the elimination of all harmful practices. It embraces a comprehensive and evidence-based approach, with multi-sectoral collaboration as its cornerstone. By engaging a diverse range of stakeholders, from government ministries and civil society organizations to traditional and religious leaders, the strategy seeks to build a unified and synergistic front against FGM.

At the heart of this strategy lies an actionable framework, which outlines clear objectives and strategic actions across critical areas. These include strengthening existing legal and policy frameworks, empowering communities through culturally sensitive interventions, enhancing the provision of quality services for survivors and at-risk groups, and establishing robust monitoring and evaluation systems. Each component is designed to address the root causes of FGM and facilitate sustained behavioral change within communities.

Ultimately, the National Multi-Sectoral Strategy to End FGM is more than just a policy document, it is a shared commitment and a call to action for all Tanzanians. It emphasizes community ownership and active participation as indispensable elements for success. By fostering a collaborative environment and ensuring strong accountability, Tanzania is poised to accelerate its efforts toward a future free from FGM by 2030, securing a safer, healthier, and more equitable society for all its women and girls.



Hon. Dr. Dorothy O. Gwajima (MP)

Minister for Community Development, Gender, Women and Special Groups

FOREWORD

It is with immense conviction and profound hope that I present the National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30. This strategy embodies the steadfast resolve of the United Republic of Tanzania to eliminate FGM, a deeply rooted, harmful practice that violates the fundamental human rights of women and girls, impedes their holistic development, and undermines the socio-economic progress of our nation. Its launch signifies a renewed and intensified commitment to safeguarding the dignity, health, and future of every girl in Tanzania.

Globally, FGM continues to impact millions, with alarming trends indicating a potential resurgence in some communities due to complex socio-cultural pressures, cross-border movements, and demographic shifts. Despite notable progress achieved through previous national interventions, the pace of decline in FGM prevalence remains insufficient to meet the ambitious target of eliminating the practice by 2030, as enshrined in United Nations Sustainable Development Goal 5.3. This new strategy, therefore, is not merely a continuation but a critical acceleration of our collective efforts, designed to address emerging challenges and strengthen our response.

This strategy represents a deliberate paradigm shift, moving towards a more integrated, coordinated, and comprehensive multi-sectoral approach. It has been meticulously developed through extensive consultations with a diverse range of stakeholders, incorporating lessons learned from the National Anti-FGM Strategy 2020/21–2024/25 and leveraging evidence-based practices. The framework outlined in this document emphasizes strengthened collaboration among various government ministries, departments, and agencies, alongside civil society organizations, development partners, traditional and religious leaders, and the communities themselves, recognizing that ending FGM requires a united front.

Through this strategy, we set forth clear objectives and strategic actions aimed at addressing the multifaceted drivers of FGM. This includes reinforcing our legal and policy frameworks to ensure robust protection and accountability, empowering communities to abandon the practice through culturally sensitive awareness campaigns, enhancing access to comprehensive prevention and response services, and strengthening data systems for more effective monitoring and evidence-based decision-making. These pillars are designed to create an enabling environment in which communities are equipped and motivated to protect their girls.

I therefore urge all stakeholders, Governmental bodies, International Partners, Civil Society, Community Leaders, Families, and Individuals to embrace this strategy as a shared responsibility and commit to its diligent and passionate implementation. The success of this endeavor rests on our collective dedication and concerted efforts. Together, we can accelerate the abandonment of FGM, ensuring that every girl and woman in Tanzania is afforded the opportunity to grow up free from violence, realize her full potential, and contribute meaningfully to the prosperity and well-being of our nation. Let us work hand in hand to build a future where FGM is but a relic of the past.



Dr. John A.K. Jingu

Permanent Secretary

Ministry of Community Development, Gender, Women and Special Groups

ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AMREF	African Medical and Research Foundation
ARP	Alternative Rites of Passage
AU	African Union
BCC	Behavior Change Communication
CBOs	Community-Based Organizations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHMT	Council Health Management Team
CHRGG	Commission for Human Rights and Good Governance
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
DED	District Executive Director
DMO	District Medical Officer
DPG	Development Partners Group
EAC	East African Community
ECD	Early Childhood Development
EU	European Union
FBOs	Faith-Based Organizations
FGM	Female Genital Mutilation
FGMCRI	Female Genital Mutilation Country Research Initiative
FYDP	Five-Year Development Plan
GBV	Gender-Based Violence
HIMS	Health Integrated Monitoring System
HRBA	Human Rights-Based Approach
ICT	Information and Communication Technology
IMC	Inter-Ministerial Committee

IPV	Intimate Partner Violence
LGAs	Local Government Authorities
MDAs	Ministries, Departments and Agencies
MEL	Monitoring, Evaluation and Learning
MoCDGWSG	Ministry of Community Development, Gender, Women and Special Groups
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
NPA-VAWC	National Plan of Action to End Violence Against Women and Children
NPSC	National Protection Steering Committee
NPTC	National Protection Technical Committee
PO-RALG	President’s Office – Regional Administration and Local Government
PS	Permanent Secretary
RBM	Results-Based Management
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TDHS-MIS	Tanzania Demographic and Health Survey and Malaria Indicator Survey
TWGs	Thematic Working Groups
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VAWC	Violence Against Women and Children
WCPC	Women and Children Protection Committee
WHO	World Health Organization

DEFINITIONS OF KEY TERMS

Terminology	Definition	Reference
Female Genital Mutilation (FGM)	All procedures involving the partial or total removal of the external female genitalia, or other injuries to the female genital organs, carried out for non-medical reasons. It is a harmful traditional practice that is internationally recognized as a violation of the human rights of girls and women.	WHO, 2022. https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
Survivor	A woman or girl who has experienced female genital mutilation (FGM) and lives with its physical, emotional, or psychological consequences. The term “survivor” is used in place of “victim” to highlight personal agency and resilience	
FGM Practitioner (Cutter)	A person who performs or facilitates female genital mutilation (FGM), often a traditional practitioner and, in some cases, a health worker	StatPearls. (2024). Female genital mutilation or cutting. National Center for Biotechnology Information. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK606106/
Medicalization of FGM	The practice of Female Genital Mutilation (FGM) performed by health professionals, including Doctors, Nurses, or Midwives, is based on the misconception that it is safer or less harmful. However, it remains a violation of medical ethics and human rights.	WHO, 2010. “Global strategy to stop health-care providers from performing FGM.”
Alternative Rites of Passage (ARP)	Culturally sensitive and community-supported ceremonies that uphold traditional coming-of-age rituals without involving Female Genital Mutilation (FGM) or causing harm.	Population Council, 2020. “Evidence to End FGM/C: ARP Evaluation in Kenya.”
Gender-Based Violence (GBV)	Any harmful act committed against a person based on their gender and without their consent. It includes physical, sexual, psychological, and economic abuse, FGM is one form of GBV.	UNHCR, 2021. https://www.unhcr.org/gender-based-violence.html
Child	According to the Law of the Child Act, Chapter 13, Section 4(1), a child is defined as any person under the age of eighteen (18) years. This legal definition emphasizes the rights and protections granted to individuals below this age, especially in relation to harmful practices such as Female Genital Mutilation (FGM).	UNCRC, 1989. Article 1 – Convention on the Rights of the Child.
Child Protection	Involves all activities and interventions aimed at preventing and responding to abuse, neglect, exploitation, and violence against children.	UNICEF, 2020. “Child Protection Strategy.”

	In the context of FGM, it focuses on safeguarding children from this harmful practice and providing support to those at risk or those who have been affected	
Child Protection Committee (CPC/WCPC)	A multi-sectoral team operating at the community level, established to prevent, identify, and respond to cases of violence against children, including Female Genital Mutilation (FGM).	Save the Children, 2019. "Community-Based Child Protection Mechanisms."
Community Engagement	A collaborative process involving groups of people connected by geographic proximity, shared interests, or common circumstances to address issues affecting their well-being. In the context of FGM eradication, this means empowering communities to take ownership of the issue, foster open dialogue, and lead social change from within.	UNICEF, 2020. "Community Engagement Standards."
Human Rights-Based Approach (HRBA)	A conceptual framework that places individuals' rights at the core of all programming and interventions. It emphasizes participation, accountability, and equality as guiding principles for action	OHCHR, 2006. "Frequently Asked Questions on a HRBA to Development Cooperation."
Social Norms	Shared beliefs and rules that guide behavior within a group or society. In the context of Female Genital Mutilation (FGM), these norms refer to traditional expectations that sustain the practice.	UNICEF Office of Research, 2020. "Social Norms and Harmful Practices."
Cross-Border FGM	The practice of transporting girls or women across national borders to undergo FGM in regions where the procedure is not effectively prohibited or monitored	UNFPA & UNICEF, 2021. "Accelerating Change to End FGM."
Consent	A voluntary agreement to participate in a specific act, given by someone with the legal and mental capacity to do so. In the context of FGM, consent from minors is legally invalid and cannot justify the practice.	UNFPA, 2020. "Consent in Sexual and Reproductive Health."
Zero Tolerance to FGM	A national and international stance advocating for the complete eradication of FGM under all circumstances, without exception.	UN Resolution A/RES/67/146, 2012.
Safe Space	A physical or emotional environment where individuals feel secure, respected, and protected from harm. These spaces are especially vital for survivors of Female Genital Mutilation (FGM) and other forms of Gender-Based Violence (GBV).	UN Women, 2018. "Creating Safe Spaces for Women and Girls."
Early/Child Marriage	A marriage or union in which at least one party is under the age of 18. This practice often overlaps with FGM, sometimes serving as a	UNICEF, 2023. "Ending Child Marriage: A Profile of Progress."

	precondition for marriage in certain cultural settings	
Stigma	Negative labeling, prejudice, or discrimination directed at survivors of FGM or families who reject the practice. Stigma can result in social exclusion, isolation, or feelings of shame.	WHO, 2018. "Mental Health and FGM."
Protective Mechanisms	A combination of legal, social, health, and community-based measures designed to prevent FGM and safeguard individuals at risk.	Plan International, 2019. "Strengthening Child Protection Systems."
Empowerment	The process through which girls and women gain control over their decisions regarding their bodies, health, education, and livelihoods. Empowerment promotes autonomy and resilience against harmful practices like FGM.	UN Women, 2020. "Women's Empowerment Principles."
Rescue Shelters	Temporary, safe housing facilities for girls escaping FGM or child marriage. These shelters offer protection along with essential services such as counseling, medical care, and legal support	Equality Now, 2021. "Safe Houses in East Africa."
Duty Bearers	Institutions or individuals, such as government officials and service providers, hold legal or moral responsibility to uphold human rights and protect citizens, especially vulnerable populations.	OHCHR, 2006. "Frequently Asked Questions on HRBA."
Rights Holders	Individuals, particularly girls and women, who are entitled to claim and enjoy rights as provided under national and international legal frameworks.	Ibid.
Harmful Practices	Traditional, customary, or religious practices result in physical and or psychological harm. These disproportionately affect women and girls and include Female Genital Mutilation (FGM), child marriage, forced marriage, and other acts that violate human rights.	UNCRC General Comment No. 13, 2011.
Intimate Partner Violence (IPV)	Behaviors within an intimate relationship that cause physical, sexual, or psychological harm. This includes physical aggression, sexual coercion, emotional abuse, and controlling behavior by a current or former partner. While IPV is distinct from FGM, both can emerge within a broader context of gender-based inequality and violence.	WHO, 2021. "Violence Against Women Prevalence Estimates."
Multi-sectoral Approach	A collaborative and coordinated strategy involving government ministries, departments, civil society organizations, private sector entities, communities, and international partners. This approach recognizes that complex issues like Female Genital Mutilation (FGM)	UNFPA–UNICEF Joint Programme, 2020.

	require integrated interventions across health, education, justice, social welfare, and community development sectors to achieve sustainable eradication.	
Prevention	Actions and programs aimed at stopping FGM before it occurs. These include awareness campaigns, education, community dialogues, legal enforcement, and the promotion of alternative rites of passage to shift social norms and behaviors.	UN Women, 2021. "FGM Prevention Toolkit."
Response:	Services and support provided to individuals who have undergone FGM or are at risk. This includes medical care, psychosocial support, legal aid, and protection services designed to mitigate harm and empower survivors.	WHO, 2016. "Health Care for Women and Girls Subjected to FGM."
Sustainable Development Goals (SDGs):	A set of 17 interlinked global goals established by the United Nations General Assembly in 2015, to be achieved by 2030. These goals call for action to end poverty, protect the planet, and ensure peace and prosperity for all. SDG 5.3 specifically targets the elimination of harmful practices, including child, early and forced marriage, and female genital mutilation.	United Nations, 2015. "Transforming Our World: 2030 Agenda for Sustainable Development."
Violence Against Women and Children (VAWC):	Refers to all acts that cause or could cause physical, sexual, psychological, or economic harm to women and children, including the threat of such acts. FGM is a key element of VAWC addressed by this strategy.	UN Women, 2022. "VAWC Programming Essentials."

EXECUTIVE SUMMARY

The National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 is a comprehensive and strategic document outlining Tanzania's renewed commitment and approach to ending FGM. This overview summarizes the strategy's structure and key content areas, reflecting the expected layout of the full document.

Background: This section introduces FGM as a grave human rights violation and a major public health and social development challenge in Tanzania. It sets the context for the strategy by highlighting the persistence of the practice despite previous interventions and referencing the global commitment to its elimination by 2030, as articulated in the Sustainable Development Goals (SDGs).

Rationale and Justification of the Strategy: This section outlines the compelling need for a new strategy. It builds on the successes and lessons from the preceding National Anti-FGM Strategy 2020/21–2024/25, addressing existing gaps and emerging challenges such as cross-border FGM and data limitations. It emphasizes the urgency for a more accelerated, coordinated, and sustainable national response.

Guiding Principles: This section describes the core values underpinning the strategy. These include: A human rights-based approach, A child-centered focus, multi-sectoral collaboration, Community ownership, Gender equality and Evidence -based programming. These principles ensure interventions are ethical, effective, and sustainable.

Methodology: The strategy was developed through a rigorous, participatory, and evidence-based process. Activities included: An inception meeting with key stakeholders, A comprehensive review of existing literature, national and international legal frameworks, and previous FGM-related initiatives, Extensive consultations with government ministries, civil society organizations, development partners, academic institutions, traditional and religious leaders, and affected communities, Collection and analysis of primary data from nine regions: Arusha, Tanga, Kilimanjaro, Mara, Pwani, Dar Es Salaam, Manyara, Singida, and Dodoma; and application of PESTLE and SWOT analyses to inform strategic priorities and interventions. This robust methodology ensured the strategy is contextually relevant, inclusive, and actionable.

Previous Efforts Under the National Anti-FGM Strategy (2020/21–2024/25). This section reviews the interventions and initiatives implemented during the previous strategic period. **Comprehensive Achievements:** Highlights the successes, positive outcomes, and progress made in the abandonment and prevention of Female Genital Mutilation (FGM). These achievements provide a critical foundation for the development of the new strategy and **challenges Encountered:** Outlines the obstacles, limitations, and persistent issues faced during the execution of the previous strategy. This includes concerns related to data systems, inadequate funding, and cross-border FGM dynamics. These insights inform the targeted solutions and revised approaches within the 2025/26–2029/30 strategy to effectively address past hurdles.

Overall Goal of the Strategy: The overarching goal of the National Multi-Sectoral Strategy to End FGM (2025/26–2029/30) is to eliminate FGM in Tanzania by 2030. This goal ensures that all women and girls are free from the practice and are empowered to fully realize their rights and potential. It aligns directly with Tanzania's national development aspirations and the global Sustainable Development Goal (SDG) 5.3, which calls for an end to all harmful practices, including FGM and child marriage.

Strategic Objectives: To achieve the overarching goal of eliminating Female Genital Mutilation (FGM) in Tanzania by 2030, the strategy is guided by five strategic objectives—each targeting a critical aspect of FGM elimination:

- i. **Strengthening Policy and Legal Frameworks:** Ensure the existence and enforcement of comprehensive laws and policies, establishing a strong deterrent against FGM.
- ii. **Promoting Social and Behavioral Change:** Transform harmful social norms and cultural practices through community-led initiatives and widespread awareness campaigns that encourage abandonment of FGM.
- iii. **Enhancing Access to Quality Services:** Guarantee access to comprehensive, high-quality, and child-friendly health, psychosocial, and legal protection services especially for survivors and those at risk.
- iv. **Strengthening Data Systems and Research:** Improve the collection, analysis, and use of disaggregated FGM data to enable evidence-based planning, monitoring, and accountability.
- v. **Strengthening Coordination and Partnerships:** Foster effective multi-sectoral collaboration and mobilization of resources across international, national, regional, and local stakeholders.

Key Result Areas (KRAs): Each strategic objective includes defined Key Result Areas that articulate the expected outcomes and focus areas for implementation:

- **Objective 1: Legal and Policy:** Strengthened legal enforcement, prosecution, and convictions, Increased public awareness of anti-FGM laws and Improved capacity of justice system actors
- **Objective 2: Social and Behavioral Change:** Heightened community rejection of FGM, and Positive shifts in attitudes toward gender equality
- **Objective 3: Service Access:** Improved quality and reach of health services for FGM prevention and care, Strengthened psychosocial support mechanisms and Functional referral systems for legal and protection services
- **Objective 4: Data and Research:** Operational national FGM data management system, Regular reporting on FGM prevalence and trends; and Expanded FGM-related research and knowledge dissemination
- **Objective 5: Coordination and Partnerships:** Established and active multi-sectoral coordination platforms, Increased and diversified funding for FGM initiatives and Robust partnerships among government, civil society organizations (CSOs), and communities

Implementation and Coordination: The strategy embraces a collaborative, multi-level implementation approach. It clearly outlines the roles and responsibilities of key stakeholders, including Government bodies at National, Regional, and Local levels, Civil Society Organizations, Traditional and Religious leaders and Community groups. Effective coordination is facilitated through mechanisms such as inter-ministerial committees and NPA-VAWC's thematic working groups, ensuring harmonized efforts, strategic alignment, and optimal resource allocation across sectors.

Monitoring, Evaluation, and Learning (MEL): A robust Monitoring, Evaluation, and Learning framework is central to the strategy's effectiveness. Key elements include: Development of clear, measurable indicators aligned with strategic objectives; Establishment of systematic data collection processes across all intervention areas; Facilitation of periodic reviews and performance assessments; Identification of gaps, successes, and emerging challenges and Adaptive learning to ensure timely adjustments and responsiveness to evolving contexts. This approach promotes transparency, accountability, and continuous improvement throughout the implementation period.

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BACKGROUND

1.1 BACKGROUND

Female Genital Mutilation (FGM) remains a significant cultural practice in Tanzania, affecting thousands of women and girls. Internationally recognized as a violation of human rights, FGM persists in several communities due to deeply entrenched cultural beliefs and traditions. FGM encompasses a range of procedures involving the partial or total removal of external female genitalia or other injuries to female genital organs for non-medical reasons. The World Health Organization (WHO) classifies FGM into four types, each varying in severity and associated health risks. The practice has no medical benefits and is globally condemned as a form of gender-based violence.

Globally, FGM occurs predominantly in Africa, the Middle East, and parts of Asia, with prevalence rates differing by region. WHO data from 2021 indicates extremely high rates in countries such as Somalia (98%), Guinea (97%), and Egypt (87%). As of 2024, over 230 million girls and women have undergone FGM worldwide—a 15% increase since 2016, largely driven by population growth and a concerning trend of FGM being performed by healthcare professionals. Africa bears the largest burden, accounting for approximately 144 million cases, followed by 80 million in Asia and 6 million in the Middle East. Alarming, 40% of FGM survivors reside in fragile and conflict-affected areas, where limited resources and crisis priorities complicate eradication efforts. Despite these challenges, progress has been noted in several African countries—including Ethiopia, Kenya, and Tanzania—where prevalence has dropped by more than 30% in recent decades.

Africa accounts for the largest share of the global burden of FGM, with over 144 million cases estimated by UNICEF in 2024¹. The practice is concentrated in a belt stretching across West Africa to the Horn of Africa, with countries like Somalia, Guinea, Mali, Sudan, and Egypt having particularly high prevalence rates (above 80%). However, significant progress has been made in several African countries, including Ethiopia, Kenya, Tanzania, and others, where prevalence has declined by over 30% in recent decades.

In Tanzania, Female Genital Mutilation (FGM) remained a pervasive and harmful practice in Tanzania. Recognized as a violation of human rights and a significant public health issue, FGM has long-term physical, psychological, and social consequences for women and girls. Nationally, approximately 8% of female aged 15–49 have undergone FGM. However, certain regions experience considerable higher rates: The regions with the highest rates of FGM are more likely to be influenced by traditional and cultural practices that perpetuate FGM and they include Manyara with prevalence of 43%, Arusha 43%, and Mara 28%. Some regions have moderate FGM rates but are still in need of strong interventions, they include Singida with prevalence of 20%, Tanga 19%, Dodoma 18%, and Iringa 12%. On the same note, some regions have emerging trend of FGM and there is still concern about potential rises in the prevalence due to social and cultural shifts. They include Morogoro with prevalence of 10%, Njombe 7%, Pwani 5%, and Mbeya 3%. Some regions have significantly lower rates of FGM with prevalence between one (1) and less than one (<1) percent.

This table presents a summary of the different forms of Female Genital Mutilation (FGM) practiced in nine selected regions of Tanzania. The classification follows the WHO typology of FGM and highlights region-specific variations in the practice.

S/N	Region	Different Forms of FGM Performed
1	Dar es Salaam	Type I (Clitoridectomy); Type IV (symbolic pricking, stretching); mostly among migrant communities.
2	Pwani	Type I and Type II (Excision); also, symbolic forms in migrant populations.
3	Tanga	Type I and Type IV (symbolic pricking, reinfibulation); often part of initiation.
4	Singida	Type II and Type III (Infibulation); non-medical procedures with traditional tools.

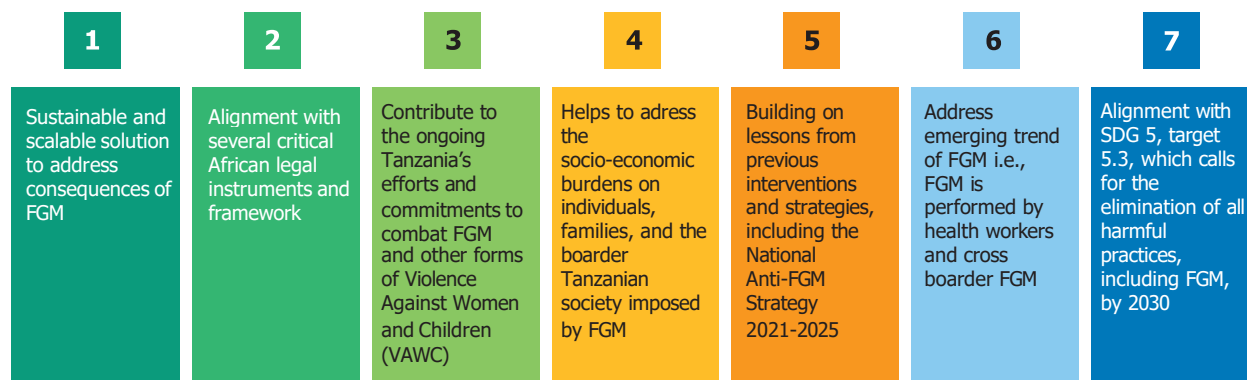
¹ <https://data.unicef.org/resources/female-genital-mutilation-a-global-concern-2024/>

5	Arusha	Type I, Type II, and Type IV (burning, cauterizing); linked to pastoralist traditions.
6	Dodoma	Type I and Type II; traditional instruments used in rural areas.
7	Mara	Type II and III (severe infibulation); practiced as part of collective initiation.
8	Kilimanjaro	Type I and II; also symbolic Type IV in initiation rites.
9	Manyara	Type II and III (extensive cutting and sewing); strong cultural attachment.

Tanzania possesses a solid legal framework prohibiting female genital mutilation (FGM). Legislation such as the *Law of the Child Act* [Cap. 13 R.E. 2023], under Sections 160 (1) and (2), criminalizes the practice and defines it as a form of child abuse. Cap. 13 prescribes a penalty of a fine of not less than two million Tanzanian shillings or imprisonment for a term of not less than five years and not exceeding fifteen years, or both. Tanzania has reaffirmed its commitment to ending FGM through regional and global platforms, including adoption of the African Union’s Maputo Protocol and Sustainable Development Goal (SDG) 5.3, which targets the elimination of harmful practices by 2030. The government’s National Plan of Action to End Violence Against Women and Children also supports these efforts. Community-based organizations and activists play a vital role in raising awareness, offering alternative rites of passage, and supporting survivors. Nevertheless, progress is challenged by deep-rooted cultural beliefs, and limited resources for enforcement and education. In many areas, FGM continues to be seen as a rite of passage or prerequisite for marriage, reinforcing gender inequality and undermining girls’ autonomy.

1.2 RATIONAL AND JUSTIFICATION OF THE STRATEGY

The National Multi-Sectoral strategy to end FGM in Tanzania by 2030 is very critical on the ground that it is a panacea to address consequences of FGM to Girls and women in Tanzania. Generally, Female Genital Mutilation (FGM) has severe and often irreversible long-term health consequences that profoundly affect survivors’ physical, sexual, reproductive, and psychological well-being. Women and girls who have undergone FGM are at increased risk of chronic urinary tract infections, menstrual irregularities, and complications during childbirth, including prolonged labor, postpartum hemorrhage, obstetric fistula, and a higher likelihood of cesarean delivery and perinatal death. These complications not only endanger the lives of both mother and child but also strain Tanzania’s already limited maternal healthcare system. Additionally, survivors may experience long-term sexual health issues such as dyspareunia (painful intercourse) and reduced sexual satisfaction, which can contribute to marital discord and emotional distress. Psychologically, FGM is associated with anxiety, depression, post-traumatic stress disorder (PTSD), and lifelong trauma, particularly among women who were cut at a young age without understanding or consent. These health outcomes represent a direct violation of the right to the highest attainable standard of physical and mental health, as recognized under Tanzania’s Constitution and global human rights instruments such as the Convention on the Rights of the Child and CEDAW



Socio-Economic Justification for the National Multi-Sectoral Strategy to End FGM (2025/26–2029/30). The Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) is crucial, serving as a comprehensive solution to address the far-reaching socio-economic burdens FGM imposes on individuals, families, and the broader Tanzanian society. At the **household level**, managing complications arising from FGM including infections, prolonged hospital stays, childbirth difficulties, and psychological trauma can be prohibitively expensive, particularly for rural and low-income families. These financial pressures divert limited household resources away from essential needs such as education, nutrition, and shelter, reinforcing poverty and deepening gender inequalities. At the **national level**, FGM exacerbates public health challenges by increasing demand for costly services such as emergency obstetric care, mental health support, and reconstructive surgery—all of which are often under-resourced in Tanzania’s healthcare system. The resulting strain undermines the country’s ability to deliver equitable healthcare for all citizens.

On the other hand, FGM intensifies the public health burden by increasing the demand for emergency obstetric care, mental health services, and reconstructive surgery. The WHO FGM Cost Calculator estimates that, globally, the total costs of treating the health impacts of FGM would amount to USD 1.4 billion per year if all resulting medical needs were addressed. For individual countries like Tanzania, these costs can represent a substantial portion of the yearly healthcare expenditure, nearing an average of 10% and rising to as much as 30% in some countries. Without urgent action, these costs are projected to soar by 50% by 2050 due to population growth and continued prevalence of the practice. Conversely, if FGM were to be abandoned now, the associated savings in healthcare costs could be more than 60% by 2050. This highlights the immense financial relief that successful implementation of the strategy could bring to Tanzania's healthcare system.

Economically, FGM leads to: Reduced educational attainment, as many girls drop out of school after undergoing the procedure, Early marriage and limited labor force participation among women and girls, Perpetuation of intergenerational poverty, which hampers national productivity and sustainable development. This practice directly contradicts Tanzania’s national development aspirations outlined in the: National Five-Year Development Plan, National Plan of Action to End Violence Against Women and Children (NPA-VAWC II 2024/25–2028/29) and Global frameworks such as Sustainable Development Goal (SDG) 5 on gender equality and SDG 8 on inclusive economic growth

Legal and Policy Alignment of the National Multi-Sectoral Strategy to End FGM (2025/26–2029/30). The Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) for the period 2025/26–2029/30 is designed to strengthen and build upon the country's ongoing efforts and commitments to addressing FGM and other forms of Violence Against Women and Children (VAWC). It aligns with a range of national legal and policy frameworks aimed at safeguarding human rights and promoting gender equality. The Law of the Child Act Section 13: This act provides a robust legal framework for the protection of children, affirming their right to safety and shielding them from harmful practices such as FGM. The strategy also supports the enforcement and implementation of local government by-laws, which address FGM at the community level by promoting grassroots action and localized accountability. In addition, it is strategically aligned to accelerate progress made under the: National Anti-FGM Strategy 2021–2025 and National Plan of Action to End Violence Against Women and Children (NPA-VAWC II 2024/25–2028/29). By reinforcing existing laws and policies and integrating them within a coordinated national response, the 2025/26–2029/30 strategy positions Tanzania to make substantial strides toward eliminating FGM by 2030.

Regional and International Alignment; the National Multi-Sectoral Strategy to End FGM (2025/26–2029/30) aligns closely with critical regional and international legal instruments and frameworks that reinforce Tanzania’s commitment to ending Female Genital Mutilation. **Regionally**, the strategy draws

strength from: The Maputo Protocol, The African Charter on the Rights and Welfare of the Child and Commitments under the East African Community (EAC), which play a pivotal role in addressing *cross-border FGM*, a practice where girls are trafficked across national boundaries to undergo FGM in areas with weak enforcement or oversight. **Internationally**, the strategy contributes directly to: Sustainable Development Goal (SDG) 5, specifically Target 5.3, which calls for the elimination of all harmful practices—including FGM—by 2030; and the principles of global human rights instruments such as: Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and Universal Declaration of Human Rights (UDHR). This alignment highlights Tanzania’s unwavering commitment to gender equality, public health, and human development.

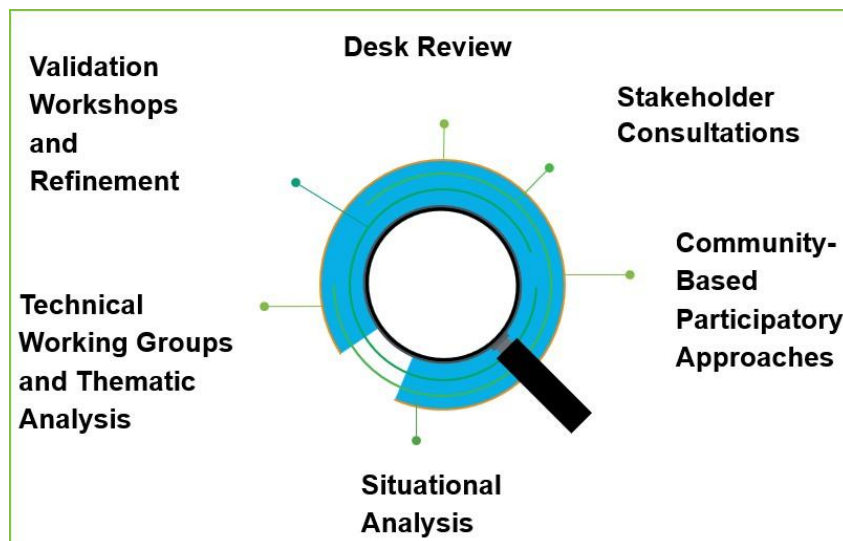
Learning from Past Interventions: Insights from previous strategies, such as the National Anti-FGM Strategy 2021–2025, emphasize the importance of continuous learning and adaptive programming. The new strategy builds on these lessons, leveraging best practices and innovations from joint initiatives like the UNFPA–UNICEF Joint Programme on the Elimination of FGM to strengthen programmatic effectiveness and impact.

The Need for a Comprehensive Approach: Despite existing laws and sustained efforts, FGM continues due to deep-rooted cultural beliefs, patriarchal societal norms, inadequate enforcement mechanisms and emerging medicalization trends, where healthcare workers perform FGM, lending it a false sense of legitimacy and complicating detection and prevention. While the overall prevalence of FGM has seen a reduction from 17.6% in 2010 to 8.9% in 2022, the medicalization aspect remains a critical challenge. Data indicates that while traditional practitioners still perform the majority of procedures (75%), health professionals account for a significant 18% of FGM cases in Tanzania. Some reports from previous years also suggested that a small percentage (0.4-1%) of FGM instances were carried out by nurses/midwives, with indications that wealthier families in urban areas might prefer the services of health personnel. The danger of medicalization lies in the misconception that it is "safer" due to sterile environments or anesthesia, yet it still inflicts irreversible physical and psychological harm and violates medical ethics, undermining efforts to abandon the practice entirely. This strategy calls for a comprehensive, rights-based, and evidence-informed strategy that addresses socio-cultural drivers, confronts evolving manifestations of the practice and prioritizes community engagement, education, and accountability.

Strategic Evolution: The development of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 is not merely a continuation of past interventions—it marks a critical evolution in the national response. Prompted by the expiration of the previous strategy and the urgency to meet the 2030 global target outlined in the Sustainable Development Goals, this strategy reflects a renewed and vigorous national commitment to eliminate FGM. By addressing the root causes of FGM, enhancing protective mechanisms, and advancing gender equality, the strategy adopts a coordinated, multi-sectoral approach involving diverse stakeholders across sectors and levels. The strategy is designed to achieve impactful and sustainable outcomes through several interlinked objectives: **Effective Enforcement and Legal Implementation:** Ensure that laws and policies prohibiting FGM are comprehensively enforced and respected; **Community-Driven Prevention and Response:** Strengthen grassroots mechanisms for preventing, reporting, and responding to FGM cases; **Economic Empowerment of Families and Survivors:** Support income-generation efforts for affected families and survivors, including targeted attention to families of mutilators and victims; **Knowledge Management and Learning:** Promote systematic documentation, knowledge sharing, and dissemination of best practices; **Child and Youth Participation:** Empower children and youth as agents of change by involving them meaningfully in prevention efforts; **Engagement of Men and Boys:** Encourage the active participation of men and adolescent boys to challenge and change harmful gender norms; and **Multi-Stakeholder Coordination:** Facilitate strong collaboration between Civil Society Organizations (CSOs) and Ministries, Departments, and Agencies (MDAs) to ensure a unified and impactful response.

1.3 METHODOLOGY

The development of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 was guided by an inclusive, participatory, and evidence-based methodology. This approach ensured the strategy was grounded in the lived experiences of affected populations, aligned with both national priorities and international commitments, and informed by lessons learned from previous interventions. A combination of qualitative and quantitative methods was used, structured into five key phases



Desk Review and Secondary Data Analysis: As part of the development of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26– 2029/30, a comprehensive review of existing national and international laws, policies, strategies, and reports was conducted. This process focused on frameworks relevant to FGM, Gender-Based Violence (GBV), and Violence Against Children (VAC). National documents reviewed included: *National Anti-FGM Strategy*

(2020/21–2024/25), *National Plan of Action to End Violence Against Women and Children II* (2024/25–2028/29), *Law of the Child Act* (2009). Global and regional references included: *Costed Regional Action Plan to End Cross-Border FGM*, *UNFPA–UNICEF Joint Program Technical Guidance and Sustainable Development Goal (SDG) Progress Reports*. This extensive review helped to identify gaps in current interventions, highlight emerging trends and socio-cultural drivers of FGM, assess existing efforts and challenges and integrate best practices to inform strategic design and implementation

Stakeholder Consultations and Multi-Level Engagement: A core component of the strategy’s development methodology was the emphasis on extensive stakeholder consultations and participatory approaches. Acknowledging that Female Genital Mutilation (FGM) is a deeply rooted socio-cultural issue, the formulation of the strategy involved active engagement across all levels of society. Stakeholders were consulted at national, regional, district, and community levels, ensuring the strategy reflected a wide range of perspectives and lived experiences. Key groups included: Government Ministries, Departments, and Agencies (MDAs), Civil Society Organizations (CSOs), Faith-Based Organizations, Traditional and Religious Leaders, Youth and Community-Based Networks and Survivors and grassroots advocates. These consultations provided valuable insights into the complex drivers of FGM and informed the strategy’s design by integrating community voices, ensuring cultural sensitivity, and building local ownership and accountability.

Community-Based Participatory Approaches: To ensure the strategy is deeply rooted in the lived realities of communities most affected by Female Genital Mutilation (FGM), community-based participatory methods were employed in selected high-prevalence regions, including Manyara, Dodoma, Singida, and Mara. This process involved conducting key informant interviews with a diverse and influential group of stakeholders such as: Traditional leaders, religious leaders, Caregivers, Practicing mutilators, and Survivors of FGM. By centering the voices of those directly impacted and involved in the practice, these consultations provided invaluable insights into local attitudes, motivations, and potential avenues for change. The feedback gathered played a pivotal role in shaping the vision, strategic objectives, guiding principles, and intervention pillars of the National Multi-Sectoral Strategy to End FGM (2025/26–2029/30).

Technical Working Groups and Thematic Analysis: To lead and coordinate the development of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30, a National Technical Working Group (TWG) was convened. Composed of experts from various government ministries, departments, and agencies, the TWG provided strategic direction and technical oversight throughout the formulation process. To enhance focus and specialization, the TWG was organized into thematic sub-groups, each addressing a critical pillar of the strategy: Legal Frameworks, Community Engagement, Service Delivery, Coordination Mechanisms, Cross-Border Dynamics and Monitoring and Evaluation. Each sub-group undertook thematic analysis, drafted relevant strategy components, and formulated recommendations. These were subsequently consolidated through a series of national validation sessions to ensure consistency, coherence, and stakeholder ownership. Throughout the development process, the TWG ensured that the strategy remained firmly aligned with: Gender- transformative principles, Human rights-based approaches and Disability-inclusive standards.

Technical Working Groups and Thematic Analysis: A National Technical Working Group (TWG), composed of experts from Government Ministries, Departments and Agencies, was established to lead and guide the strategy development process. The TWG was divided into thematic sub-groups, each focusing on legal frameworks, community engagement, service delivery, coordination mechanisms, cross- border dynamics, and monitoring and evaluation. These sub-groups conducted thematic analyses, developed draft components of the strategy, and presented recommendations, which were consolidated through national validation processes. Throughout this process, the TWG ensured alignment with gender- transformative, human rights-based, and disability-inclusive principles.

Situational Analysis: A comprehensive situational analysis was undertaken to assess the current landscape of female genital mutilation (FGM) in Tanzania, examining its prevalence, trends, underlying drivers, regional disparities, and existing response mechanisms. This analysis was informed by national surveys—including the Tanzania Demographic and Health Survey (TDHS) and Multiple Indicator Cluster Survey (MICS)—as well as program evaluations, NGO reports, and qualitative insights gathered from community consultations and case studies.

Validation Workshops and Refinement: Draft versions of strategy were presented during a series of national-level validation workshops. These sessions brought together stakeholders from various sectors to review, critique, and strengthen the document. Particular focus was given to the practicality, feasibility, and resource implications of the proposed interventions and success indicators. Feedback from these workshops was systematically incorporated into the final strategy, ensuring it reflects national consensus and alignment among stakeholders. The completed strategy received endorsement from key government authorities and development partners for implementation.

The methodology concluded with a **formal Validation and Endorsement** Process. Following rigorous review and consultations, the draft strategy was submitted to high-level government entities, including the Ministerial Steering Committee, for official validation and endorsement. This formal approval legitimized the strategy, integrated it into national planning frameworks, and secured the political commitment and resources required for effective execution. As a result, the strategy is officially recognized and adopted as Tanzania's national framework for eliminating female genital mutilation (FGM).

1.4 ARRANGEMENT OF THE STRATEGY

This section outlines the structure and logical flow of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) for the period 2025/26–2029/30. It is intended to guide readers through the document, illustrating how each chapter builds on the previous one to present a coherent and actionable blueprint for FGM elimination. Understanding this arrangement is essential for stakeholders to navigate the strategy effectively, comprehend its interconnected components, and identify their respective roles and responsibilities in its implementation.

The strategy begins with **Chapter One: Introduction**, which lays the groundwork by providing background information on FGM in Tanzania. It explains the rationale for developing the renewed strategy, outlines its justification, and defines the core guiding principles for all interventions. This chapter also details the methodology used in developing the strategy, promoting transparency and establishing the credibility of its foundation. Next, **Chapter Two** presents a thorough situational and contextual analysis of FGM in Tanzania. **Chapter Three** advances beyond situational analysis to define the strategic direction, beginning with the strategy’s vision and mission for a Tanzania free from FGM, along with its overarching goal. It further elaborates the five Strategic Objectives (SOs) and reaffirmation of the guiding principles.

Chapter Four: Strategy Framework forms the conceptual backbone of the strategy. While Chapter Three introduces the framework, Chapter Four dives deeper into its operational dimensions. Each Strategic Objective is thoroughly explained, accompanied by corresponding Key Result Areas (Outcomes), specific Strategic Actions, and clear, measurable indicators to support robust monitoring of progress and impact. **Chapter Five: Implementation, Coordination, Monitoring, and Evaluation** transitions the strategy from conceptual design to practical execution. It details the implementation arrangements, including coordination mechanisms at both national and sub-national levels, stakeholder engagement strategies, and resource mobilization plans. It also presents a comprehensive Monitoring, Evaluation, and Learning (MEL) framework to ensure systematic progress tracking, lesson generation, and adaptability throughout the strategy’s lifecycle.

Finally, the strategy integrates a range of cross-cutting themes, including human rights, gender equality, child protection, community ownership, and cultural sensitivity—woven throughout the strategic objectives and implementation mechanisms. These ensure that all interventions remain ethical, inclusive, and context specific. The interdependence among chapters reinforces the strategy’s coherence, allowing foundational principles and analyses to inform the strategic framework, guide implementation, and evolve through ongoing evaluation. Supplementary content such as detailed budgets or logical frameworks may be included in annexes to enhance the strategy’s utility.

2



SITUATION AND CONTEXT ANALYSIS

2.1 INTRODUCTION

Despite notable progress in reducing the overall prevalence of Female Genital Mutilation (FGM) in Tanzania, the practice remains deeply entrenched in several regions and among specific ethnic communities. According to the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS), the national prevalence of FGM among women aged 15–49 stands at 8%, down from 10% in 2015/16. However, this national average conceals stark regional and ethnic disparities. Prevalence rates exceed 50% in Manyara and Dodoma, 39% in Arusha, and 31% in Mara.

The highest prevalence is observed among the Maasai (78%), Gogo (53%), and Nyaturu (41%) ethnic groups, highlighting the intersection of cultural identity and FGM practices. Adolescent girls aged 15–19 remain particularly vulnerable, especially during school holidays and initiation periods. Evidence from the UNFPA-EU Fact Sheet and the UNFPA–UNICEF Joint Programme indicates that girls from poor, rural households—those with limited education and weak access to social protection are at greater risk. They are often subjected to FGM in connection with early marriage preparation or as part of traditional rites of passage. Female Genital Mutilation (FGM) in Tanzania is sustained by a complex interplay of cultural, economic, and gender-based norms. Traditional beliefs continue to link FGM with notions of purity, marriageability, social acceptance, and female honor. The 2024 African Union report highlights entrenched patriarchal traditions, low levels of education among women, and pervasive gender inequality as core drivers of the practice.

Economic incentives further perpetuate FGM. In some communities, it is perceived as a prerequisite for dowry negotiations, while traditional cutters rely on performing FGM as a primary source of income. Although the practice is criminalized under Tanzania’s Penal Code (RE 2025) and the Law of the Child Act, enforcement remains uneven particularly in rural and remote regions where legal awareness and policing capacities are limited. A worrying trend is the medicalization of FGM, whereby certain healthcare providers acting in violation of national laws and professional ethics perform the procedure under the pretense of safety. Additionally, cross-border FGM poses significant enforcement challenges. Families in regions bordering Kenya and Uganda are increasingly transporting girls across national boundaries to evade Tanzanian legal sanctions, as documented in the *Costed Regional Action Plan to End Cross-Border FGM*.

Female Genital Mutilation (FGM) in Tanzania is driven by a complex interplay of cultural, economic, and gender-based norms. Traditional beliefs continue to associate FGM with purity, marriageability, social acceptance, and female honor. The 2024 African Union report identifies patriarchal traditions, low levels of education among women, and deeply entrenched gender inequality as major contributors. Additionally, economic incentives perpetuate the practice: some families view FGM as a prerequisite for dowry negotiations, while traditional cutters rely on it as a primary source of income. Although FGM is criminalized under Tanzania’s Penal Code (RE 2025) and the Law of the Child Act, enforcement remains inconsistent particularly in rural and remote areas. Alarming, the medicalization of FGM is emerging as a new threat. Some health practitioners, in violation of both national laws and professional standards, perform the procedure under the pretense of safety. Cross-border FGM further complicates enforcement, especially in regions bordering Kenya and Uganda, where families move girls across national borders to avoid prosecution. This issue is documented in the *Costed Regional Action Plan to End Cross-Border FGM*.

Tanzania has made significant policy advancements by aligning its anti-FGM efforts with international, regional, and national legal frameworks. These include the Maputo Protocol, the African Charter on the Rights and Welfare of the Child, the UN Sustainable Development Goals—particularly SDG 5.3 and the EAC Regional Action Plan to End Cross-Border FGM. At the national level, the revised National Plan of Action to End Violence Against Women and Children (NPA-VAWC II, 2024/25–2028/29) offers a vital

platform for integrating FGM elimination into broader gender and child protection strategies. However, implementation challenges remain. The evaluation of the 2020/21–2024/25 Anti-FGM Strategy highlighted several key bottlenecks, including limited funding, weak inter-sectoral coordination, inadequate community engagement mechanisms, and underdeveloped data systems. Many interventions lacked clear targets and timelines, and pivotal stakeholders such as men, boys, and religious leaders were insufficiently involved.

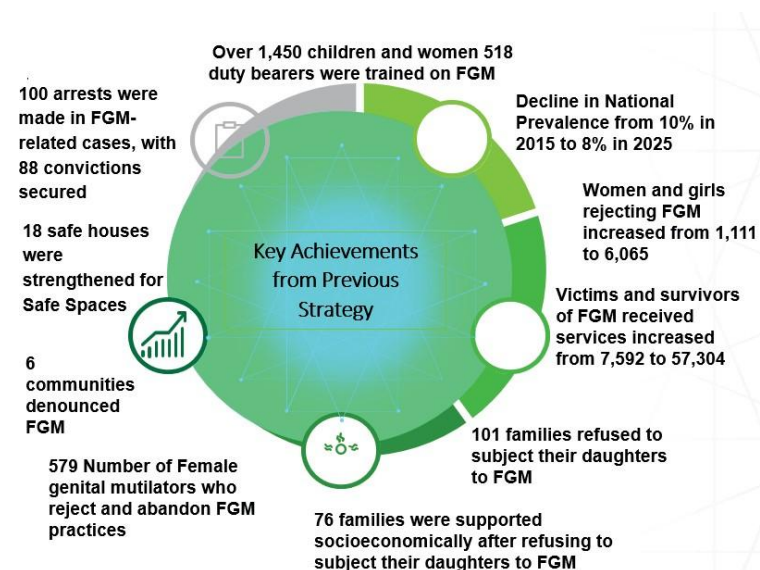
To address these gaps, the upcoming 2025/26–2029/30 strategy must adopt a multi-sectoral, survivor-centered, and data-driven approach. Success will depend on strengthening law enforcement capacity, enhancing cross-border cooperation, securing sustainable financing, and fostering local ownership while actively engaging men, youth, and faith leaders as agents of change.

2.2 PREVIOUS EFFORTS UNDER NATIONAL ANTI-FGM 2020/21-2024/25 STRATEGY

The National Anti-FGM Strategy 2020/21–2024/25 established a comprehensive multi-sectoral framework aimed at accelerating the elimination of Female Genital Mutilation (FGM) in Tanzania. As the country prepares to enter a new strategic phase, it is crucial to critically evaluate the performance of the outgoing strategy to guide future efforts. This strategy represented a significant milestone in Tanzania’s ongoing campaign to eradicate FGM. Through a coordinated, multisectoral approach, it sought to align legal, health, educational, and community-based interventions to address the practice holistically.

2.2.1 COMPREHENSIVE ACHIEVEMENT

Decline in National Prevalence and Growing Public Awareness



One of the most significant achievements of the 2020/21–2024/25 National Anti-FGM Strategy was the measurable decline in the national prevalence of Female Genital Mutilation (FGM). According to the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS), the proportion of women aged 15–49 who had undergone FGM fell from 10% in 2015–16 to 8% in 2022. Although this decline may appear modest, it is statistically significant given the deeply entrenched cultural norms that sustain the practice. Historically high-prevalence regions such as Manyara, Arusha, Dodoma, and Mara also reported relative reductions among

younger cohorts, indicating a generational shift in attitudes. This progress was driven by aggressive media campaigns, widespread social mobilization, and the strategic use of community champions and survivor testimonies. During the strategy period, eight nationwide media campaigns were conducted across radio, television, and social media platforms surpassing the national target by 200%, according to the end line evaluation report. These campaigns played a pivotal role in raising public awareness about the health risks, legal consequences, and human rights violations associated with FGM.

One of the most significant achievements of Tanzania’s 2020/21–2024/25 National Anti-FGM Strategy was the measurable decline in the national prevalence of Female Genital Mutilation (FGM). According to the 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS), the proportion of women aged 15–49 who had undergone FGM fell from 10% in 2015–16 to 8% in 2022. While the decline may appear modest, it is statistically significant given the deeply entrenched cultural norms that sustain the practice. Historically high-prevalence regions such as Manyara, Arusha, Dodoma, and Mara

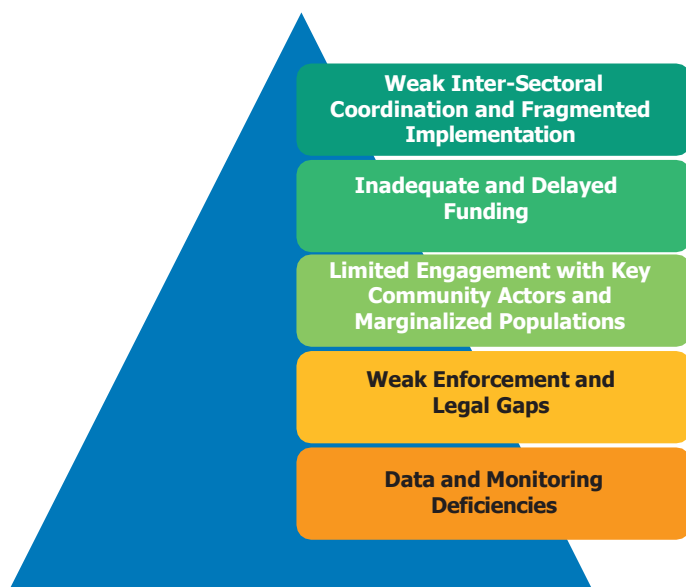
also reported reductions among younger cohorts, indicating a generational shift in attitudes. This progress was driven by aggressive media campaigns, widespread social mobilization, and the strategic use of community champions and survivor testimonies. During the strategy period, eight nationwide media campaigns were conducted across radio, television, and social media platforms exceeding the national target by 200%, according to the end line evaluation report. These campaigns played a pivotal role in raising public awareness about the health risks, legal consequences, and human rights violations associated with FGM.

Survivor-Centered Services and Safe Spaces: The strategy significantly strengthened service provision for survivors and girls at risk of FGM. Eighteen (18) safe houses were established or supported across high-prevalence regions including Mara, Singida, and Manyara offering protection, psychosocial counseling, legal support, and continued education for affected girls. By 2025, more than 57,000 survivors had received medical and mental health services an eightfold increase compared to baseline figures from 2019. Additionally, over 78,000 women who had undergone FGM were identified during health facility visits, enabling providers to offer care and gather critical data. A total of 6,065 girls were placed in safe shelters during the strategy period, while 659 were protected through interventions by the Police Gender and Children’s Desks (PGCDs). These achievements reflect significant progress toward a rights-based, survivor-centered approach, aligned with the UNFPA-UNICEF Joint Programme’s global guidance. The expansion of PGCDs now numbering over 420 has also enhanced legal redress and protection mechanisms.

Legal and Policy Milestones: From a legal standpoint, the strategy reinforced existing laws and supported community-level enforcement. During the strategy period, 100 arrests were made in FGM-related cases, with 88 convictions securing a marked increase from just one conviction in 2020. More than 236 legal, social welfares, and health professionals received training on handling FGM cases, resulting in improved prosecution and survivor care. Community-level by-laws were developed or updated in several councils (e.g., Manyara and Singida), enhancing local enforcement. Some councils-imposed fines and required public apologies from FGM perpetrators as a form of deterrence. Furthermore, the integration of commitments to end FGM into local government plans and budgets in at least seven districts demonstrated growing institutional ownership of the fight against FGM.

Capacity Building and Community Engagement: The strategy prioritized capacity building across sectors and communities. Over 1,450 children and women were trained on their rights related to FGM, sexual and reproductive health, gender equality, and legal protections. Trainings targeted junior councils, child protection desks, and youth clubs, although targets for training teachers and “fit families” were not fully met. The strategy supported the dissemination of 20 key messages through Information, Education, and Communication (IEC) materials and radio segments, with some content translated into Swahili for accessibility. While this fell short of the initial target, it represents the beginning of locally relevant and culturally sensitive messaging. Partnerships with civil society organizations including Network Against Female Genital Mutilation (NAFGEM), Children’s Dignity Forum (CDF), and C-Sema enabled community mobilization, Alternative Rites of Passage (ARPs), and public dialogues critical to shifting harmful norms. Traditional cutters (n=579) who publicly renounce FGM marked an important cultural turning point, as their voices carry authority in communities that uphold customary rites.

2.2.2 EXISTING GAPS LEFT BY THE FORMER ANTI- FGM STRATEGY 2020/21 – 2024/25



Weak Inter-Sectoral Coordination and Fragmented Implementation

A major challenge undermining the strategy’s effectiveness was inadequate coordination among key government ministries, departments, and agencies (MDAs). Although the strategy was designed to be multi-sectoral, actual collaboration among institutions in health, education, justice, gender, and local government was sporadic and lacked structure. The absence of a unified joint work plan or designated coordination mechanism at national and regional levels resulted in duplicated efforts in some areas and inactivity in others.

For example, the Ministries of Health and Education fell short in fulfilling their respective mandates concerning curriculum integration and medical reporting systems. At the community level, coordination among law enforcement, social welfare officers, and community-based organizations (CBOs) was often informal and inconsistent, thereby weakening the overall coherence of efforts to eliminate FGM.

Inadequate and Delayed Funding

Limited financial resources, especially from domestic budgets, posed a significant constraint. Although FGM is recognized as a national priority, it was not explicitly reflected in Medium-Term Expenditure Frameworks (MTEFs) across MDAs and Local Government Authorities (LGAs). Most of the strategy’s implementation depended heavily on external donor support, primarily from UNFPA, UNICEF, and the EU, raising concerns about long-term sustainability. Additionally, delays in fund disbursement negatively impacted timely implementation, particularly at the grassroots level, where community sensitization, protection services, and surveillance activities were most needed. Underfunding also constrained the scale and duration of Alternative Rites of Passage (ARP) programs and economic empowerment initiatives for ex-cutters—both of which are critical for sustainable social norm change.

Limited Engagement with Key Community Actors and Marginalized Populations

Although community engagement was a cornerstone of the strategy, its execution lacked strategic depth and inclusivity. Male involvement remained limited, despite global evidence highlighting the importance of engaging men and boys in transforming gender norms. Key gatekeepers such as traditional leaders, religious authorities, and reformed cutters were not systematically engaged across regions. Moreover, the strategy did not effectively reach marginalized groups including pastoralist communities, internally displaced people, and people with disabilities, many of whom face elevated risk of FGM due to restricted access to information and services. Youth, especially adolescent boys and girls, were also not meaningfully involved in the design or feedback processes, despite their potential role as catalysts for change.

Enforcement and Legal Gaps

While Tanzania has a robust legal framework criminalizing FGM, enforcement remains uneven and weak in high-prevalence areas. Community backlash, corruption, limited awareness among law enforcement personnel, and logistical challenges hampered effective investigation and prosecution. Although 100 arrests were reported during the strategy period, many cases were dismissed or went unprosecuted due to insufficient evidence or procedural shortcomings. Legal documents and laws were often inaccessible to

the public—most were available only in English and were not adequately translated or disseminated in Swahili or local languages. Additionally, the law’s limited scope in addressing adult women who voluntarily undergo FGM left critical gaps in protection and accountability. The increasing incidence of medicalized FGM conducted covertly by healthcare workers further complicated enforcement, as existing penalties and reporting obligations for medical professionals remain unclear.

Data and Monitoring Deficiencies

Throughout the strategy’s implementation, there was a persistent lack of accurate, timely, and disaggregated data. Although the Health Management Information System (HMIS) began tracking some FGM-related indicators, there was no centralized, cross-sectoral platform for monitoring prevalence, interventions, and outcomes. Many MDAs and LGAs faced capacity constraints in data collection, analysis, and reporting. Community-based monitoring systems were weak or absent in most districts, and the strategy lacked routine mechanisms for adaptive learning and management. Furthermore, most national-level data relied on outdated sources such as the 2015–16 DHS until the release of the 2022 TDHS-MIS, limiting the ability to respond to emerging patterns like seasonal FGM and cross-border cutting.



2.2.3 KEY LESSONS LEARNED FROM PREVIOUS NATIONAL ANTI-FGM STRATEGY

Effective Multi-Sectoral Coordination Requires Institutionalized Leadership and Dedicated Planning Mechanisms: The previous strategy underscored the importance of multi-sectoral collaboration in tackling the complex drivers of FGM. However, its implementation was hampered by the lack of a centralized coordination structure with legal and operational authority. Ministries often worked in isolation, with many interventions executed without reference to a joint work plan resulting in duplication, inefficiencies, and gaps in accountability. Some regions experienced inconsistent engagement across key sectors, including health, education, justice, and social welfare. Additionally, the absence of a national monitoring platform to align efforts across national, regional, and local levels led to missed opportunities for synergy.

A key takeaway is the critical need for a legally mandated inter-ministerial body supported by a dedicated secretariat and technical working groups at regional and district levels. These structures should be responsible for strategic planning, implementation tracking, and resource harmonization ensuring clearly defined roles, timelines, and deliverables for all stakeholders involved.

Community Ownership, When Meaningfully Supported, leads to Sustainable Behavioral Change: Communities that were actively engaged through participatory approaches such as village dialogues, Alternative Rites of Passage (ARP), and the involvement of local champions showed tangible progress in transforming social norms. For example, regions like Singida and Mara reported increased numbers of cutters publicly renounce the practice and greater reporting of FGM incidents through community surveillance mechanisms. These gains were notably absent in areas where programs were externally driven or short-term. A key lesson is that lasting change requires embedding anti-FGM

interventions into established community governance systems such as village councils, junior councils, and child protection committees. Support should go beyond mere engagement and include capacity- building, small grant schemes, recognition platforms, and deliberate inclusion of marginalized voices, including youth, men, and persons with disabilities. Engaging local influencers such as traditional elders, reformed circumcisers, and respected female leaders is also essential in shifting the social acceptability of FGM and fostering alternative practices that preserve community values without causing harm.

Legal Frameworks Must Be Matched with Public Awareness, Enforcement Capacity, and Access to Justice: Despite Tanzania's strong legal provisions against FGM including the potential for imprisonment under the *Law of the Child Act* [Cap. 13 R.E. 2023], under Sections 160(1) and (2). Implementation at the grassroots level remains inconsistent and often ineffective. The evaluation revealed low awareness of legal protections, limited public trust in the justice system due to prior inaction, fear of retaliation, and instances of corruption. In some areas, perpetrators exploited local by-laws that imposed lighter penalties. However, a significant flaw in the current legislation is its restriction on girls under 18 years of age. This age limit is problematic because FGM, while primarily affecting minors, can still be performed on adult women, leaving them unprotected by the law. Extending the Legal frameworks by include all ages would provide comprehensive protection, fully address the deep-rooted cultural and social factors driving FGM, and reinforce that FGM is a severe human rights violation regardless of the victim's age. This comprehensive approach is essential for truly eradicating the practice across Tanzania. Moreover, legal documents were rarely translated into Swahili or other local languages, leaving them inaccessible to many. Front-line workers such as police officers, social welfare staff, and court clerks often lacked the specialized training needed to handle FGM cases, particularly those involving minors or medicalized procedures. The lesson here is clear: enforcement must be enhanced through legal literacy campaigns, mobile courts in remote areas, and the integration of FGM content into pre-service training for law enforcement personnel. Establishing confidential, survivor-friendly reporting channels and expanding paralegal networks in high-prevalence areas is also vital.

Education and Health Systems Hold Untapped Potential as Platforms for Prevention and Early Response: Although education and health are strategically positioned to prevent FGM, they were underutilized in the last strategy. The national curriculum was not updated to include FGM-related content, and teachers were not equipped to identify or respond to FGM risks missing a critical opportunity to reach children across Tanzania's regions. Similarly, while over 78,000 women who had undergone FGM were identified during clinical visits, many health workers lacked guidance or legal protections to report or address medicalized FGM cases. Facilities often lacked the resources for comprehensive care, including mental health services, legal referrals, and reconstructive surgery. This highlights the need to institutionalize FGM-related training in both pre-service and in-service education for teachers and health workers. Additionally, schools and clinics should be systematically linked to local protection committees, police desks, and helplines to form an integrated response system capable of detecting, preventing, and referring FGM-related incidents.

Addressing FGM Requires Confronting Gender Norms and Socio-Economic Realities That Fuel the Practice: FGM persists not merely as a cultural tradition, but as a reflection of deeper gender inequities. In communities where girls are seen as sources of dowry or family honor, the economic and social motivations for FGM remain entrenched. Many traditional cutters continue performing FGM as their primary source of income. The strategy's limited investment in addressing these underlying drivers weakened its transformative potential. Initiatives that used gender-transformative approaches challenging patriarchal norms, engaging men and boys, and supporting female agency saw greater success in shifting community attitudes. Small-scale economic empowerment programs for reformed cutters were promising but lacked scalability. Going forward, anti-FGM strategies should integrate structured male engagement components, embed FGM abandonment into broader gender equality frameworks, and include livelihoods support for families and former practitioners. Aligning with national policies such as the Economic Empowerment Policy and social protection programs will help enhance impact and provide incentives for sustainable change.

Long-Term Investment in Survivor-Centered Services, Data Systems, and Adaptive Learning

Is Critical: Survivor-centered services were among the most notable achievements of the previous strategy, especially with the expansion of safe houses and Police Gender and Children’s Desks. However, much of the focus remained on emergency response, with limited follow-up on reintegration, long-term psychosocial care, and economic empowerment. Many survivors left the protection system without pathways to resume education or secure livelihoods, placing them at risk of re-traumatization and stigma. Additionally, the absence of robust systems for documenting interventions, tracking data, and applying adaptive learning led to poor continuity and limited scale-up of successful models. The key lesson is the need to institutionalize survivor-centered programming through multi-year recovery frameworks and embed Monitoring, Evaluation, and Learning (MEL) systems that promote real-time data use and shared learning. Structured documentation protocols, digital knowledge hubs, and annual learning forums can facilitate continuous improvement and the replication of effective practices across regions.

2.3 CURRENT SITUATION OF FGM IN TANZANIA

Female Genital Mutilation (FGM) remains a significant concern in Tanzania, affecting young girls and women and violating their fundamental rights and freedoms. The country’s commitment to eliminating FGM is reflected in its alignment with both national and international frameworks, including the Sustainable Development Goals (SDGs) specifically SDG 5 by 2030 and the African Union’s Agenda 2063. The National Anti-Female Genital Mutilation Strategy and Implementation Plan for 2020/21–2024/25 was developed to accelerate these efforts, with a particular focus on addressing the societal norms and values that perpetuate the practice. The strategy targets nine regions with the highest prevalence: Arusha, Dar Es Salaam, Dodoma, Kilimanjaro, Manyara, Mara, Pwani, Singida, and Tanga. PESTLE Analysis

Political Environment: Tanzania has demonstrated commendable political commitment to ending Female Genital Mutilation (FGM) through the enactment of national strategies, laws, and active participation in regional and global initiatives. The government’s alignment with key instruments such as the Maputo Protocol, Sustainable Development Goal (SDG) 5.3, and the East African Community (EAC) Regional Action Plan to End Cross-Border FGM underscores its formal recognition of FGM as both a development and human rights issue. Domestically, the National Plan of Action to End Violence Against Women and Children (NPA-VAWC II 2024/25–2028/29) offers an integrated framework within which anti- FGM efforts can be anchored. However, political will varies across administrative levels: while national- level actors often champion the cause, regional and district authorities may deprioritize FGM in their budgetary and planning frameworks. The issue also receives limited attention in parliamentary debates and is rarely integrated into political party agendas, weakening policy continuity and long-term advocacy at both national and local levels.

Social and Cultural Dimensions: FGM remains deeply ingrained in the social and cultural fabric of several Tanzanian communities. Among ethnic groups such as the Maasai, Gogo, Nyaturu, and Kurya, the practice is considered a rite of passage, a marker of identity, and a social prerequisite for marriage. Uncut girls often face stigma, discrimination, or exclusion. Despite growing awareness campaigns, entrenched gender norms and patriarchal control over female sexuality perpetuate the practice for many families. In remote and conservative areas, silence around FGM reinforces its secrecy and facilitates intergenerational transmission. Nevertheless, community-based change is emerging—especially where local leaders, reformed cutters, and youth have been actively engaged.

Technological Landscape: The expanding reach of mobile phones, radio, and internet connectivity in Tanzania presents new opportunities to advance the fight against FGM. Digital platforms such as the 116 National Child Helpline enable reporting of cases and access to counseling services. Government and NGO campaigns increasingly use SMS messaging, WhatsApp groups, and local radio stations to spread awareness and challenge social norms. Some health facilities have begun integrating FGM indicators into the Health Management Information System (HMIS) to facilitate case tracking. However, challenges remain: internet access and digital literacy are limited in rural areas where FGM is most prevalent, diminishing the impact of tech-driven interventions. Additionally, coordination between digital platforms across health, justice, and education sectors is weak, leading to fragmented data and missed opportunities for case referral and response.

Legal and Regulatory Framework: Tanzania possesses a solid legal framework prohibiting female genital mutilation (FGM). Legislation such as the *Law of the Child Act* [Cap. 13 R.E. 2023], under Sections 160(1) and (2), criminalizes the practice and defines it as a form of child abuse. Cap. 13 prescribes a penalty of a fine of not less than two million Tanzanian shillings or imprisonment for a term of not less than five years and not exceeding fifteen years, or both. Similarly, the *Penal Code* [Cap. 16 R.E. 2023], under Sections 169A (1) and (2), provides comparable provisions. In addition, it stipulates that a person convicted of the offence of cruelty to children shall be liable to a fine not exceeding one million Tanzanian shillings or to imprisonment for a term of not less than five years and not exceeding fifteen years, or both, and shall be ordered to pay compensation, in an amount determined by the Court, to the person against whom the offence was committed for the injuries caused. Furthermore, Various districts have passed local by-laws to reinforce national laws. Nevertheless, enforcement remains a challenge, hampered by limited capacity among law enforcement officers, low legal literacy among communities, and bureaucratic hurdles. Many legal texts are only available in English, reducing accessibility. Further gaps exist in addressing emerging issues, such as medicalized FGM, which currently lacks specific penalties and adult women who consent to the practice. Inadequate training for police, magistrates, and health professionals also restricts prosecution and victim support.

Tanzania possesses a solid legal framework prohibiting female genital mutilation (FGM). Legislation such as the *Law of the Child Act* [Cap. 13 R.E. 2023], under Sections 160(1) and (2), criminalizes the practice and defines it as a form of child abuse. Cap. 13 prescribes a penalty of a fine of not less than two million Tanzanian shillings or imprisonment for a term of not less than five years and not exceeding fifteen years, or both. Similarly, the *Penal Code* [Cap. 16 R.E. 2023], under Sections 169A (1) and (2), provides comparable provisions. In addition, it stipulates that a person convicted of the offence of cruelty to children shall be liable to a fine not exceeding one million Tanzanian shillings or to imprisonment for a term of not less than five years and not exceeding fifteen years, or both, and shall be ordered to pay compensation, in an amount determined by the Court, to the person against whom the offence was committed for the injuries caused.

Environmental and Geographic Considerations: Geographic and infrastructural barriers hinder access to services aimed at ending FGM, particularly in remote regions like Simiyu, Mara, and Manyara. These areas often lack functional safe houses, reliable transport, and well-staffed health and legal facilities. During peak cutting seasons, often aligned with school holidays, girls in these regions face heightened vulnerability with few avenues for escape or protection. Environmental stressors such as displacement and climate-related events can further exacerbate risk, particularly for pastoralist and migrant communities. Poor road infrastructure and limited coordination among local responders impede rescue operations and case follow-ups. Still, community institutions like schools and health centers remain valuable entry points for prevention and protection services. Mobile health and legal services, along with structures like Nyumba Kumi, hold untapped potential to extend outreach.

The following table shows the PESTLE Analysis by focusing on the community need and assets.

Table 1: PESTLE Analysis showing Community Assets and Need

PESTLE	COMMUNITY ASSEST	COMMUNITY NEEDS
Political	<ul style="list-style-type: none"> ▫ Existence of a national policy and legal framework prohibiting FGM (e.g., the Sexual Offences Special Provisions Act 1998). ▫ Government commitment through the National Plan of Action to End Violence Against Women and Children (NPA-VAWC). ▫ Presence of gender desks at police stations and district-level child protection committees. ▫ There is a strong political will supported by 2 key committees which are Standing Parliamentary Committee on Community development and Social Welfare which act as regulator on child rights and welfare. 	<ul style="list-style-type: none"> ▫ Greater political will and enforcement at district and ward levels. ▫ More visible leadership from male champions and traditional leaders. Increased alignment of regional/district development plans with national strategies to end FGM. ▫ Low knowledge on the Impact of FGM socially and economically. ▫ To adopt the East Africa Community Model law on FGM and develop a bill of law to end FGM to be tabled in parliament
Economic	<ul style="list-style-type: none"> ▫ Community-based women’s groups, savings and loan associations (VSLAs), and youth economic empowerment programs in FGM practicing areas (e.g., Manyara, Mara, Dodoma, Arusha, and Singida). ▫ NGO support for economic alternatives f^{or} former circumcisers. ▫ The Local Government Finance Act, Chapter 290 ▫ The Regulations on the Provision and Management of Loans to Women, Youth, and Persons with Disabilities of 2021 gives the Availability of 10% interest free loans provided to Women, Youth and Persons with Disabilities by the LGAs with an intention of accelerating 	<ul style="list-style-type: none"> ▫ Economic empowerment for girls and young women to resist early marriage linked to FGM. ▫ Funding for grassroots community sensitization activities. ▫ Lack of a specific budget allocated to implement FGM interventions at LGA and national levels. ▫ Household Poverty is still a huge setback as mutilators conduct FGM for economic reasons.

PESTLE	COMMUNITY ASSEST	COMMUNITY NEEDS
Social	<ul style="list-style-type: none"> □ Strong networks of local activists, women’s rights organizations, and community-based organizations like C-SEMA, NAFGEM, and Children’s Dignity Forum (CDF). □ Existing community champions, including survivors and reformed cutters who speak out against FGM. □ Strong community gatherings and rites (e.g., village meetings, church/mosque sessions) that can be used to shift norms. □ Availability of key social groups e.g., religious leaders, Fit Persons, Influential groups, Youth and Traditional Leaders. □ Presence of Women and Children Protection Committees at the Regional Secretariat and Local Government Levels. These Committees, among other things act as mechanisms that prevent and respond on Gender Based Violence including FGM 	<ul style="list-style-type: none"> □ Deep-rooted cultural beliefs still supporting FGM in some ethnic communities (e.g., Kuria, Maasai, Gogo). □ Need for comprehensive behavior change interventions targeting parents, elders, and peer groups. □ More support groups for survivors and girls at risk. □ Established committees are not active after their establishment. □ Low knowledge on the Impact of FGM socially and economically. □ Inadequate of Male engagement
Technological	<ul style="list-style-type: none"> □ Growing use of mobile phones for awareness (e.g., SMS campaigns, WhatsApp groups). □ Availability of the 116 National Child Helpline, which can be used for reporting FGM cases and counselling. □ Media outlets (local radios, community TV) are already used in SRHR advocacy. □ Availability of. <ul style="list-style-type: none"> - Health Management Information System that has integrated FGM component. This facilitates capturing data from facilities and been channeled at national level. - MNOs - 116 National Child Helpline -Fiber Optic Cable 	<ul style="list-style-type: none"> □ Limited internet and digital access in rural FGM-practicing areas. □ Need for more localized content in Swahili and ethnic languages for radio/TV/online campaigns. □ Digital reporting and case management systems are underutilized. □ This HMIS is at the MoH, and it is not integrated with other sectors.
Legal	<ul style="list-style-type: none"> □ In addressing FGM the Law of the Child Act [Cap. 13 R.E. 2023], under Sections 160(1) and (2), criminalizes the practice and defines it as a form of child abuse. Cap. 13 prescribes a penalty of a fine of not less than two million Tanzanian shillings or imprisonment for a term of not less than five years and not exceeding fifteen years, or both. Similarly, the Penal Code [Cap. 16 R.E. 2023], under Sections 169A (1) and (2), provides comparable provisions. In addition, it stipulates that a person convicted of the offence of cruelty to children shall be liable to a fine not exceeding one million Tanzanian shillings or to imprisonment for a term of not less than five years and not exceeding fifteen years, or both, and shall be ordered to pay compensation, in an amount determined 	<ul style="list-style-type: none"> □ Weak enforcement of FGM laws due to fear, corruption, and cultural pressure. □ Inadequate legal literacy among communities and local leaders. □ Need for stronger coordination between police, social welfare officers, and CSOs to ensure a timely response. □ The legal frameworks do not address the issue of women over 18 years who decide to willingly go FGM. □ Low awareness to the community of the laws and most of them re in English language which provides a gap in its implementation. □ Most of these Laws are not well known to the Law Enforcers, thus, it affects the whole process of prosecution and conviction.

PESTLE	COMMUNITY ASSEST	COMMUNITY NEEDS
	<p>by the Court, to the person against whom the offence was committed for the injuries caused.</p> <ul style="list-style-type: none"> ▫ Laws to end FGM exist and are increasingly being used (Penal Code amended in 1998). ▫ Child Protection Units at police stations. ▫ Local government by-laws in some areas supporting enforcement. 	
Environmental	<ul style="list-style-type: none"> ▫ Safe shelters and rescue homes in some regions (e.g., Masanga Center in Tarime). ▫ Schools and health centers used as platforms for messaging to end FGM. ▫ Availability of youth-friendly corners in some health facilities. 	<ul style="list-style-type: none"> ▫ Lack of safe houses in many FGM hotspots, especially during the cutting season. ▫ Limited infrastructure to support referral and rescue operations in rural/remote areas. ▫ Girl's face challenges accessing nearby youth-friendly services.

2.3.1 SWOT ANALYSIS

Strengths: Tanzania’s efforts to eliminate Female Genital Mutilation (FGM) are built on strong institutional and policy frameworks. The country has enacted comprehensive legislation, including the Law of the Child Act, which criminalizes FGM and defines it as a form of child abuse. These legal instruments are complemented by national strategies such as the National Plan of Action to End Violence Against Women and Children (NPA-VAWC II) and the recently concluded National Anti-FGM Strategy 2020/21–2024/25, which integrate FGM within broader protection, gender, and rights agendas. In addition, a vibrant civil society, represented by organizations like the Children’s Dignity Forum (CDF), NAFGEM, and C-Sema has strengthened grassroots mobilization, community surveillance, and advocacy. Government initiatives such as the establishment of over 420 Police Gender and Children’s Desks (PGCDs) and 18 safe houses in high-prevalence regions have expanded survivor services and access to protection. Tanzania’s participation in regional and international mechanisms, including the EAC Anti-FGM frameworks and the UNFPA-UNICEF Joint Program, also reflects strong political commitment and access to technical and financial support.

Weaknesses: Despite these strengths, several internal challenges persist and have hindered the effectiveness of past interventions to end FGM. Coordination between key ministries; Health, Education, Justice, and Community Development has often been fragmented, with no unified implementation plan or inter-ministerial oversight mechanism. This has resulted in siloed programming, duplicated efforts, and weak accountability. Furthermore, many Local Government Authorities (LGAs) have failed to incorporate FGM into their planning or budgets, limiting the reach of community-level interventions. Although the health and education sectors play critical roles in prevention and early response, they have been underutilized with no integration of FGM content into national curricula and limited pre-and-post-service training for teachers and health workers. Data collection remains weak, as many FGM-related cases go unreported or are poorly documented due to fragmented systems and limited real-time surveillance. Moreover, community-level structures—such as Child Protection Committees and Fit Families often exist only in form and are inactive due to inadequate training, resourcing, or follow-up.

Opportunities: Tanzania has several emerging opportunities to accelerate the abandonment of FGM. Technological advancements such as widespread mobile phone usage, SMS platforms, and community radio offer cost-effective channels for awareness campaigns, real-time case reporting, and community feedback. The growing presence of youth and women’s networks provides platforms for mobilizing young advocates, survivors, and male champions to challenge harmful norms and reshape community attitudes. Regional frameworks such as the Costed Regional Action Plan to End Cross-Border FGM and political commitments under the African Union’s “Getting to Zero” FGM campaign offer avenues for cross-border collaboration, joint enforcement, and knowledge exchange. Economically, Tanzania’s Local Government Regulations on Women, Youth, and PWD Development Funds present an entry point to support alternative livelihoods for traditional cutters and girls at risk. There is also increasing alignment between efforts to end FGM and broader development goals including gender equality, girls’ education, and sexual and reproductive health—creating potential for integration and resource pooling across sectors.

Threats: Several external threats could undermine the sustainability and impact of anti-FGM interventions in Tanzania. Cultural resistance remains strong in high-prevalence communities, where FGM is closely tied to identity, marriageability, and social status. Peer and elder pressure continues to reinforce conformity, particularly among adolescent girls. The rise of medicalized FGM where health professionals perform the practice clandestinely poses a growing challenge, especially in the absence of explicit penalties or professional sanctions. Cross-border FGM is another serious concern, with families in border regions taking girls to neighboring countries such as Kenya and Uganda to evade Tanzanian laws. Weak extradition protocols and limited cross-border surveillance further exacerbate this issue. In addition, funding insecurity driven by donor dependency and low domestic budget allocation risks stalling or reversing progress. Political transitions, policy shifts, or competing national priorities could reduce attention to FGM. Lastly, the lack of sustained male engagement and low legal literacy among communities and law enforcement continues to pose significant risks to both prevention and prosecution efforts.

Table 2: SWOT Analysis

Strength	Opportunities
<ul style="list-style-type: none"> i. Existence of Policies, Act, Plans and Guidelines which address FGM ii. Competent and skilled staff iii. Readiness of the Government of Tanzania iv. Technical working group v. CSOs coalition vi. Improved social Media 	<ul style="list-style-type: none"> i. Existence of regional and international protocol convention frameworks and laws which prohibit FGM ii. Political will on elimination of FGM iii. Readiness of Community engagement and participation of development partners iv. Existence collaboration with different partners v. Availability of funds at global level
Weakness	Threats
<ul style="list-style-type: none"> i. Outdated Policies e.g. child development policy (15 years not reviewed) ii. In adequate enforcement of laws iii. In effective electronic data systems iv. In adequate monitoring and evaluation v. limited funding both domestic and external vi. Some of the policies are not translated in Kiswahili and disseminated vii. Knowledge gap among policy and key decision makers 	<ul style="list-style-type: none"> i. Cultural and tradition resistance ii. Disguised practices and alternative rites of passage iii. Gender in equality and patriarchal norms iv. FGM is not prioritized in MTEF among MDAs, LGAs and development partners v. Limited awareness and education among community members

2.3.2 STAKEHOLDER'S ANALYSIS

The elimination of Female Genital Mutilation (FGM) in Tanzania is a multifaceted challenge that demands active engagement and coordinated efforts from a diverse range of stakeholders. These actors including governmental bodies, international organizations, local communities, and grassroots movements hold varying degrees of power and influence, each contributing uniquely to the overall impact of FGM interventions. A clear understanding of their roles, interests, and capacities is essential to developing a coherent and effective national strategy



At the apex of Tanzania’s anti-FGM stakeholder ecosystem is the Government and its various Ministries, Departments, and Agencies (MDAs). Key players include the Ministry of Health; the Ministry of Community Development, Gender, Women, and Special Groups; the Ministry of Constitutional and Legal Affairs (MOCLA); and the Ministry of Education, Science and Technology (MoEST). These entities are instrumental in policy formulation, legal enforcement, resource allocation, and integrating anti-FGM messaging into national programs.

Their influence stems from legislative authority and administrative reach, which allows them to shape a supportive legal and institutional environment. However, their impact can be constrained by limited prioritization of FGM in budget allocations particularly within the Medium-Term Expenditure Framework (MTEF) and by inadequate enforcement capacity at operational levels.

Development partners and international organizations such as UNFPA, UNICEF, UN Women, and GIZ represent a powerful force in the

movement to end FGM in Tanzania. These entities provide essential financial resources, technical expertise, and programmatic support, frequently playing a coordinating role across multi-stakeholder initiatives. Their influence stems from funding capabilities and global advocacy platforms, which can shape national priorities and introduce international best practices. Their contributions are evident in program scaling, capacity building, and the generation of critical data for monitoring and evaluation.

Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs), and Faith-Based Organizations (FBOs) form the backbone of grassroots implementation and community engagement. A vibrant coalition including TAMWA, C-Sema, TGNP, CDF, ATFGM, Hope for Women and Girls, NAFGEM, ELCT, and HIMS is actively involved in direct interventions. Their strength lies in their proximity to communities, enabling trust-building, culturally sensitive programming, awareness campaigns, and the promotion of Alternative Rites of Passage (ARPs). They influence community behavior, advocate for policy change, and provide critical support, making them indispensable drivers of local transformation.

Local communities including girls, women, duty bearers, and wider community members are both the targets and agents of change. Village Executive Officers (VEOs) and Village/Mtaa Women and Children Protection Committees hold significant sway within their communities. Their capacity to uphold or challenge traditional norms directly affects whether FGM is perpetuated or abandoned. Engaging these actors is crucial for community-led prevention, reporting, and response mechanisms. Their impact is foundational, as lasting change depends on shifts in community attitudes and practices.

Law enforcement officers play a vital role in upholding legal bans on FGM. Their authority to investigate, apprehend, and facilitate prosecutions gives them power in enforcing protective laws. However, their influence is undermined by the reported lack of prioritization of FGM cases, resulting in

limited prosecutions. Enhancing their awareness, training, and commitment is essential for translating legal frameworks into effective deterrents and justice mechanisms.

Survivors of FGM, adolescent girls, and youth-led groups are emerging as vocal agents of change. Survivor testimonies have proven powerful in reshaping community norms. Youth champions particularly in urban and semi-urban areas are using digital platforms, school clubs, and peer forums to speak out against FGM and advocate for gender equality. Yet many survivors still lack access to long-term psychosocial support, economic empowerment, and safe spaces for healing and leadership. Investing in survivor and youth advocacy through training, services, and platforms can amplify their voices and foster a more inclusive, intergenerational movement. Their current impact, however, remains limited by social stigma and resource constraints.

Traditional elders, clan leaders, and religious authorities hold considerable influence over cultural norms and practices that sustain FGM. In communities such as the Maasai, Kurya, and Gogo, these figures are viewed as custodians of culture and gatekeepers of social acceptance. Some have become strong allies in the fight against FGM, while others remain resistant or silent. Their social power can either accelerate or obstruct behavioral change. Strategic engagement through culturally respectful dialogue, capacity building, and peer influence is essential. Their support for ARPs and participation in public declarations of FGM abandonment have shown success in areas like Singida and Manyara. They represent high-impact stakeholders whose involvement is vital to any comprehensive strategy.

Finally, **parents and caregivers**, especially in high-prevalence regions are pivotal decision-makers in determining whether girls undergo FGM. Positive parenting programs aim to equip them with skills to foster safe, supportive family environments. Female genital mutilators and Traditional Birth Attendants (TBAs), once enablers of the practice, are increasingly being positioned as potential change agents. Offering them sustainable economic alternatives through income-generating activities empowers them to leave the practice behind and become vocal advocates for abandonment, effectively addressing FGM from the supply side.

Table 3: Stakeholders Analysis

Stakeholder	Power	Influence	Impact
Government of Tanzania (MDAs & LGAs)	High (Legislative authority, administrative reach, resource allocation)	High (Policy formulation, legal enforcement, national prioritization)	Significant (Creates enabling environment, sets legal standards, allocates budget)
Development Partners (e.g., UNFPA, UNICEF, GIZ)	High (Financial resources, technical expertise, global platforms)	High (Influence national priorities, provide technical support, capacity building)	Significant (Scales up programs, fosters best practices, generates data)
Civil Society Organizations (CSOs) & NGOs	Medium (Community mobilization, advocacy, direct service provision)	High (Builds trust at grassroots, advocates for policy change, provides support)	High (Drives behavioral change, offers direct services to survivors, implements ARPs)
Community Members (including Traditional/Religious Leaders/FBOs)	Medium to High (Uphold/challenge norms, social influence local decision-making)	High (Directly influences adherence to or abandonment of FGM, shapes local attitudes)	High (Determines sustainability of change, critical for reporting an response mechanisms) ^d
Law Enforcement Officers	Medium (Investigation, apprehension, prosecution)	Medium (Deterrence through legal action, justice for victims)	Variable (Impact is significant when cases are prioritized; otherwise, limited)

Stakeholder	Power	Influence	Impact
Parents and Caregivers	High (Decision-making over daughters, household practices)	Medium (Can promote or prevent FGM within the family)	Significant (Directly impacts girls' vulnerability to FGM)
Female Genital Mutilators & Traditional Birth Attendants (TBAs)	Medium (Historically perpetuate practice, social standing)	Medium (Can influence continuation or abandonment of FGM practice)	Significant (Directly impacts the supply side of FGM; can become change agents)

2.3.3 TRENDS AND DEVELOPMENT

The development of Tanzania’s National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) for 2025/26–2029/30 will undoubtedly be shaped by significant trends and developments observed during the preceding strategy period. Over the past decade, Tanzania has witnessed a steady decline in the national prevalence of FGM, particularly among younger age cohorts, reflecting a slow but meaningful shift in societal attitudes and behaviors. According to the TDHS-MIS 2022, FGM prevalence among women aged 15–49 dropped to 8%, down from 10% in 2015–16. Declines are even more pronounced in certain high-burden regions, illustrating the impact of sustained community sensitization, legal enforcement, and expanded access to protection services.

Moreover, younger generations, especially those with secondary or higher education, are showing increased resistance to the practice, supported by the rise of peer-led initiatives and youth advocacy. However, this overall progress masks persistent disparities: ethnic groups such as the Maasai, Gogo, Kurya, and Nyaturu still report prevalence rates well above the national average, and rural areas continue to lag behind urban centers in terms of access to information and services. At the same time, new and complex dynamics are reshaping the FGM landscape in Tanzania. One alarming trend is the increase in medicalized FGM, whereby health professionals—particularly in private or informal settings—perform the procedure under the guise of reducing harm. This practice not only violates medical ethics and national laws but also risks legitimizing FGM and complicates detection and prosecution.

Cross-border FGM also remains a growing threat, particularly in regions bordering Kenya and Uganda. Families in these areas often transport girls across national borders to evade Tanzanian law, undermining domestic legal progress. Rising mobility, porous borders, and weak regional cooperation mechanisms have compounded the challenge. These developments call for renewed efforts in legal reform, professional accountability in the health sector, and the strengthening of cross-border surveillance systems. At the same time, opportunities for progress are expanding through technological, policy, and demographic shifts. Increased access to mobile phones, community radio, and social media platforms has improved outreach, awareness, and real-time reporting of FGM cases, especially among youth and in urban settings. The adoption of digital case management tools and the integration of FGM indicators into national health and protection systems are helping close data gaps.

At the policy level, Tanzania’s alignment with regional frameworks such as the East African Community (EAC) Regional Action Plan to End Cross-Border FGM, and global agendas including the African Union’s “Getting to Zero FGM” campaign and SDG 5.3, provides strategic direction and opportunities for resource mobilization. There is also growing political and community-level support for survivor-centered services and culturally relevant alternatives, such as Alternative Rites of Passage (ARP).

These evolving trends and developments underscore the need for a dynamic and adaptive strategic response in the 2025/26–2029/30 period.

2.4 KEY SUCCESS FACTORS FOR THE STRATEGY 2025/26–2029/30

The success of Tanzania’s National Multi-Sectoral Strategy to End FGM will depend largely on sustained political will and leadership at every level of government from national to local. This commitment must be reflected in tangible actions: prioritizing FGM elimination within national development agendas, allocating adequate funding, and demonstrating consistent support for law enforcement agencies. Political champions play a crucial role in advocating for the cause, keeping FGM high on the policy agenda, and cultivating an enabling environment for program implementation. Without strong and continuous political backing, interventions risk becoming fragmented, underfunded, and ineffective in dismantling deeply rooted cultural norms.



Strong Legal and Policy Frameworks: One of the most critical success factors is the existence and continuous strengthening of a robust legal and policy framework. Tanzania already has legal instruments, such as the Penal Code RE 2025 and the Law of the Child Act (2009), which criminalize FGM and protect children from harmful practices.

However, the effectiveness of these laws depends on their consistent and rigorous application. This requires enhanced capacity across law enforcement agencies, the judiciary, and social welfare departments to investigate, prosecute, and adjudicate FGM cases. Challenges such as judicial corruption, low public awareness of legal provisions, and difficulties in collecting credible evidence must be addressed. Accountability mechanisms—including tracking prosecution rates and establishing gender desks in all police stations—are essential for ensuring justice for survivors and deterring perpetrators.

The new strategy builds on efforts to advocate for legal reforms that close existing loopholes, such as the lack of explicit penalties for medicalized FGM, and to ensure protection for adult women. It also seeks to harmonize national policies with regional instruments like the East African Community’s Gender Policy and global commitments such as SDG 5.3. By reinforcing enforcement mechanisms, promoting legal literacy, and improving judicial responsiveness, the strategy can foster a legal environment that both deters perpetrators and safeguards the rights and dignity of survivors.

Community Engagement and Ownership: Sustainable elimination of FGM requires deep-rooted changes in beliefs, attitudes, and practices. Genuine community ownership is essential, given that FGM is often upheld by entrenched social norms and traditions. The strategy must transcend top-down approaches and empower communities to identify their own solutions and lead change from within. This includes active engagement of traditional and religious authorities, who hold significant influence and can become vocal advocates against FGM. Meaningful involvement of elders, youth, and community leaders in the design and delivery of interventions is vital. Evidence-based approaches such as Alternative Rites of Passage (ARPs), parenting groups, positive deviance models, and community dialogues can foster social norm transformation. Community-driven prevention and response systems, including localized surveillance and protection mechanisms, are critical for building culturally relevant, sustainable change. Notably, regions like Singida and Mara have demonstrated measurable reductions in FGM prevalence through the mobilization of community champions and dialogue-based interventions.

Effective Multi-Sectoral Coordination: Ending FGM demands coordinated action across sectors and governance levels. Health, education, justice, social welfare, law enforcement, and child protection

agencies must collaborate seamlessly. The strategy prioritizes the revitalization of the National Taskforce to End FGM, with clearly defined roles for each Ministry, Department, and Agency (MDA) to oversee implementation, monitoring, and accountability. At the regional and district levels, Local Government Authorities (LGAs) will drive locally tailored interventions through Gender and Children Protection Committees. Key tools including joint planning, harmonized data-sharing, and inter-agency referral protocols will support integrated service delivery. Strong coordination structures, such as technical working groups and shared reporting platforms, will help minimize duplication, optimize resources, and ensure interventions are complementary and coherent.

Data-Driven Decision Making and Accountability: Evidence-based programming is critical for guiding strategic decisions, allocating resources, and adapting interventions in real time. The strategy emphasizes the use of disaggregated data by age, region, and type of FGM to understand trends and measure impact. It proposes the creation of a national FGM data dashboard aligned with systems such as HMIS, PGCDs, and judicial records. Efforts will also strengthen routine data collection systems, including health information platforms and national surveys (e.g., TDHS/MICS). Real-time case tracking and community reporting will support targeted responses. Monitoring tools such as public scorecards and mid-term reviews will promote transparency and inform policy and programming adjustments. Additionally, research into emerging or disguised forms of FGM will be critical to staying ahead of evolving practices.

Comprehensive Survivor-Centred Services: Integrated support for FGM survivors is a cornerstone of the strategy. This includes expanding safe houses, scaling mental health and psychosocial services, strengthening referral networks via One-Stop Centres, and increasing access to reconstructive surgery. Clear protocols, trained personnel, and adequate financing will be necessary to ensure service quality and sustainability.

Meaningful Engagement of Children, Youth, Men, and Boys: Empowering girls and young women as agents of change is crucial. This involves equipping them with knowledge of their rights, educating them on the harms of FGM, and building their capacity for informed decision-making through life skills training and youth clubs. Youth-led initiatives such as peer education, social media campaigns, school debates, and local activism can drive norm shifts quickly and effectively. In parallel, men and adolescent boys must be engaged as allies and advocates. Targeted outreach such as male-focused dialogues, workshops for religious and traditional leaders, and champion-training programs can transform attitudes and increase accountability. Their active support for ARPs and other prevention efforts will help foster equitable, protective environments for all.

Addressing Cross-Border FGM: A significant barrier to ending FGM in Tanzania is the persistence of cross-border and hidden forms of the practice, which continue to undermine national legal enforcement. In border regions such as Tarime (Mara Region) and Longido (Arusha Region), families often transport girls into neighboring countries like Kenya and Uganda to undergo FGM in secrecy, circumventing Tanzanian laws that criminalize the practice. This challenge is compounded by discrepancies in sentencing between countries. Tanzania imposes penalties of up to life imprisonment, while Kenya and Uganda enforce lighter sentences—creating a perverse incentive for offenders to exploit legal loopholes. For example, a 2020 incident in Tarime District involved over 50 girls taken across the border into Kenya during school holidays for cutting, intercepted only after community alerts were raised. To effectively address these cases, the strategy leverages the Costed Regional Action Plan to End Cross-Border FGM. This includes prioritizing joint cross-border taskforces, harmonized legislation, and bilateral agreements to facilitate extradition and information sharing across borders.

Addressing Hidden FGM: Hidden FGM is an evolving threat that often goes undetected due to its secretive nature. With increasing awareness and legal restrictions, families and perpetrators are adopting covert methods, including disguising FGM as routine health procedures or traditional healing ceremonies. In some cases, medicalized FGM is performed by health workers in private clinics or homes—violating professional ethics and making detection more difficult. Seasonal spikes in FGM, especially during school breaks (June and December), have been reported in high-prevalence regions such as Manyara, Dodoma, and Singida. Girls are cut en masse in rural hideouts and later reintegrated into schools without any formal reporting. The new strategy responds by building early warning systems through schoolteachers,

child protection officers, and trained peer mentors equipped to identify risk indicators and report suspected cases. Community-based surveillance mechanisms, such as the Five Households Model, will be introduced and reinforced to monitor local patterns and support reporting and referral. These measures will be complemented by intensive outreach campaigns during peak risk periods to sensitize communities and prevent planned FGM events.

2.5 KEY SUCCESS MEASURES FOR THE STRATEGY

Monitoring and Evaluating Strategy Effectiveness: The effectiveness and impact of the National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26 – 2029/30 will be systematically assessed through a set of clearly defined Key Success Measures. These measures serve as critical benchmarks, enabling stakeholders to rigorously track progress, ensure accountability, and make informed adjustments to interventions throughout the strategy's lifespan. By providing a comprehensive framework for monitoring and evaluation, these indicators will demonstrate whether the strategy is achieving its intended objectives. This includes not only a reduction in FGM prevalence, the successful enforcement of legal prohibitions, and fundamental shifts in social norms but also the strengthened capacity of national systems, particularly leveraging the untapped potential within both education and health systems as platforms for prevention and early response. Furthermore, the strategy's success metrics will specifically address the growing concern of the medicalization of FGM, ensuring that interventions effectively counter this harmful trend. This section outlines the specific metrics and qualitative evidence that will collectively define the strategy's success in safeguarding the rights and well-being of girls and women across Tanzania.

- 01 Reduction in FGM Prevalence in High-Risk Regions
- 02 Increase in Communities Publicly Declaring Abandonment of FGM
- 03 Enhanced Access to and Utilization of Survivor-Centered Services
- 04 Strengthened Legal Enforcement, Prosecution and Conviction of FGM Cases
- 05 Functional Cross-Border and Inter-District Surveillance Systems
- 06 Integration of Anti-FGM Actions into Sectoral and Local Government Plans
- 07 Effective Implementation of School-Based Prevention Mechanisms
- 08 Reach and Impact of Public Awareness and Communication Campaigns
- 09 Economic Empowerment Outcomes for At-Risk Groups and Former Mutilators
- 10 Establishment of a National FGM Monitoring, Evaluation, and Learning (MEL) System

Reduction in FGM Prevalence in High-Risk Regions: One of the most critical indicators of success for the strategy is a measurable decline in the national and regional prevalence of FGM. Although national averages indicate a decrease from 15% in 2010 to 8% in 2022, regions such as Manyara, Dodoma, and Mara continue to report significantly higher rates. The strategy will prioritize targeted interventions in these high-risk areas and will regularly assess impact using nationally representative surveys, including the Tanzania Demographic and Health Survey (TDHS), the Multiple Indicator Cluster Survey (MICS), and specialized community-based studies. Success will be reflected in a consistent downward trend in FGM prevalence among both adult women (aged 15–49) and younger girls (aged 0–14), confirming the effectiveness of prevention efforts. Special attention will be given to age-specific and ethnicity-disaggregated data to ensure the most at-risk groups are

effectively reached and to guide targeted programming.

Increase in Communities Publicly Declaring Abandonment of FGM: Behavioral change at the community level is essential for the sustainable abandonment of FGM. One key success measure will be the number of communities making formal, documented declarations to abandon the practice. These declarations typically result from prolonged dialogue sessions, participatory learning, and the engagement of local leaders including traditional elders and religious figures. The strategy aims to support and verify at least 300 such community declarations over the implementation period. Progress will be tracked

through community development officers and civil society partners. Success will be assessed not only by the number of declarations made but also by communities' continued adherence to these pledges, measured through follow-up visits, peer accountability, and visible declines in cutting incidents post-declaration.

Enhanced Access to and Utilization of Survivor-Centered Services: Providing comprehensive support services for FGM survivors is both a moral imperative and a practical necessity for healing and reintegration. The strategy seeks to expand access to medical treatment (including reconstructive surgery), psychosocial support, legal aid, and shelter services via safe houses and One-Stop Centers. Survivor engagement will be monitored through referral registers, service utilization forms, and case tracking systems overseen by social welfare and health departments. Baseline data from the previous strategy show that only 110 survivors received comprehensive services by 2024/25 far below the need. The new strategy aims to triple service reach and ensure availability in all high-prevalence districts. Additionally, survivor satisfaction surveys will measure service quality, dignity, and the effectiveness of follow-up support.

Strengthened Legal Enforcement, Prosecution, and Conviction of FGM Cases: Effective legal action is crucial to deterring perpetrators and reinforcing a zero-tolerance stance. Indicators will include increased numbers of FGM-related cases reported to Police Gender and Children's Desks (PGCDs), successful investigations, and convictions. The strategy also aims to boost the number of law enforcement officials police officers, prosecutors, and magistrates trained on FGM legislation and survivor-sensitive procedures. Data will be sourced from PGCD reports, court records, and the Ministry of Constitutional and Legal Affairs. Qualitative metrics such as prosecution timeliness, survivor protection, and use of evidence-based practices will also be assessed. To enhance the strategy for eliminating FGM in Tanzania, the strategy proposes incorporating proactive legal approaches alongside existing enforcement and prosecution efforts. This means not only pursuing cases after FGM occurs but actively using the law to prevent it. This will be achieved through public awareness campaigns highlighting legal consequences, enabling the issuance of preventive court orders when FGM is imminent, providing early legal intervention and counseling for at-risk families, and strengthening reporting mechanisms with whistleblower protection. Additionally, we'll collaborate with traditional and religious leaders to promote legal adherence. These measures, combined with increased reporting and convictions, aim for a 50% rise in reported cases and a 60% increase in convictions within five years across priority regions, creating a more robust and comprehensive legal framework against FGM.

Functional Cross-Border and Inter-District Surveillance Systems: Cross-border FGM remains a serious threat, especially in districts such as Tarime and Longido. Success will be evaluated through the establishment and effectiveness of surveillance mechanisms, including joint patrols, inter-jurisdictional case tracking, and collaborations with authorities in Kenya and Uganda. Indicators include the number of girls intercepted before crossing borders, jointly reported cases, and coordinated prosecutions. School reporting channels and Nyumba Kumi (Ten Household Model) units will also be activated for early warning. These systems will be reviewed via monitoring missions, focus group discussions, and performance audits. The strategy will pilot at least 10 inter-district and three cross-border collaborative interventions.

Integration of Actions to End FGM into Sectoral and Local Government Plans: Institutionalization of anti-FGM efforts into sectoral and LGA frameworks is a strong indicator of sustainability. Success will be tracked by the number of health, education, social welfare, and legal sector plans that include FGM-specific targets and budget allocations. The strategy will also monitor how many LGAs integrate FGM prevention into annual development plans and M&E frameworks, aiming for full integration in at least 60% of high-prevalence LGAs by Year 3. Verification will come from budget execution reports, council meeting records, and sector reviews. Such integration will help secure continuity even if donor priorities shift.

Effective Implementation of School-Based Prevention Mechanisms: Schools are vital for both prevention and early identification of at-risk girls. Success indicators include the number of schools implementing life skills education, peer mentoring, and child protection protocols.

The strategy will monitor teacher training on FGM, activation of referral systems, and the establishment of student-led clubs promoting SRHR and FGM awareness. A new reporting framework from the Ministry of Education will document suspected or confirmed incidents and the actions taken. Education inspectors will include FGM in their quality assurance reviews. By the end of the strategy, at least 1,000 schools in high-risk areas will be implementing prevention efforts.

Reach and Impact of Public Awareness and Communication Campaigns: Public awareness efforts are central to breaking silence and shifting attitudes. Reach will be measured by the number of people engaged via radio, TV, social media, edutainment events, and printed materials. Impact will be evaluated using pre- and post-campaign Knowledge, Attitude, and Practice (KAP) surveys. Special attention will be paid to the involvement of religious leaders, youth, and men as advocates. The strategy aims to reach 10 million Tanzanians via media and directly engage 1 million through community dialogues. Increased case reporting decreased FGM support, and greater uptake of alternative rites of passage will reflect campaign effectiveness.

Establishment of a National FGM Monitoring, Evaluation, and Learning (MEL) System: A robust MEL system is fundamental to overseeing strategy implementation. It will include standardized data tools, digital dashboards, periodic reviews, and community-provider feedback loops. The MEL framework will allow disaggregated tracking of key indicators in real time, improving resource allocation and decision-making. It will be managed by the Ministry of Community Development in coordination with the National Bureau of Statistics and other sectoral M&E units. The strategy aims for full operationalization by Year 2 and full integration into the national data ecosystem by Year 5. Regular learning forums, documentation of best practices, and midterm/end-line evaluations will ensure ongoing improvement.

3



STRATEGY FOUNDATION

3.1 INTRODUCTION

This chapter aims to provide a unified vision, mission, goal and guiding principles for stakeholders across various sectors, ensuring a coherent and impactful response to this deeply entrenched harmful practice. Its significance lies in setting the stage for a coordinated and intensified approach to safeguarding the rights and well-being of girls and women across Tanzania.

3.2 Vision, Mission, Overarching Goal, Objectives and Guiding Principles of the Strategy

3.2.1 Vision

A nation where girls and women live free from all forms of Female Genital Mutilation.

3.2.2 Mission

To coordinate a nationwide, inclusive effort to prevent FGM, protect those at risk, support survivors, and enforce relevant laws, through multi-sectoral collaboration grounded in human rights inclusiveness, and gender equality.

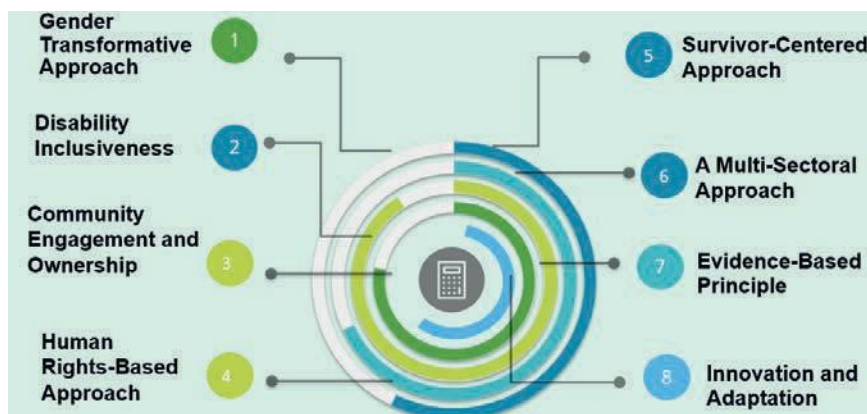
3.2.3 Overarching Goal

To reduce the prevalence rate of Female Genital Mutilation in Tanzania by 50% from 8% in 2024/2025 to 4% in 2029/30

3.3.1 Strategic Objectives (SO)



3.3.2. GUIDING PRINCIPLES FOR THE NATIONAL MULTI-SECTORAL STRATEGY TO END-FGM



The Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 will be fundamentally grounded in a Holistic Approach recognizing FGM not as an isolated issue, but as a deeply entrenched practice shaped by complex social, cultural, economic, legal, and health dimensions.

This principle mandates that

all interventions be comprehensive and interconnected. It encompasses:

- **Robust prevention strategies** that address the underlying drivers of FGM
- **Proactive protection services** for girls at risk
- **Rigorous legal and prosecutorial measures** to hold perpetrators accountable
- **Accessible and dignified care and rehabilitation services** for survivors

Additionally, it calls for recognition of FGM's interlinked nature with other harmful practices, such as child marriage and educational disparities. The strategy will therefore address these interdependencies to ensure truly comprehensive and sustainable eradication of FGM across Tanzania.

A **profound Gender Transformative Approach** will be central to the strategy's design and implementation, moving beyond merely addressing FGM to actively challenging and dismantling the harmful, discriminatory gender norms and imbalanced power dynamics that perpetuate the practice. This entails promoting substantive gender equality as a core principle across all interventions and engaging both women and men, girls and boys, in critical reflection and dialogue on harmful masculinities and femininities. By fostering equitable relationships, shared decision-making, and challenging patriarchal structures within families and communities, the strategy aims to empower women and girls to assert their full human rights—including their bodily autonomy—thereby creating an environment in which FGM can no longer thrive.

The strategy will **firmly uphold Disability Inclusiveness**, ensuring that all interventions are accessible, responsive, and specifically tailored to meet the unique needs and vulnerabilities of girls and women with disabilities, who are at heightened risk of FGM or are survivors. This principle mandates meticulous disaggregated data collection to accurately understand the prevalence and specific impact of FGM on persons with disabilities, the development and dissemination of accessible communication materials (e.g., sign language, Braille, or easy-to-read formats), and the provision of disability-friendly support services (e.g., physically accessible health clinics, psychosocial support tailored to diverse communication needs, and legal aid services with trained disability advocates).

Genuine Community Engagement and Ownership will serve as a cornerstone of the strategy, recognizing that the sustainable cessation of FGM must emanate from within affected communities themselves. The strategy will prioritize bottom-up approaches, fostering authentic partnerships with local leaders, revered traditional elders, influential religious figures, established women's groups, and dynamic youth networks. This includes facilitating extensive community dialogues, supporting communities in making public, collective declarations of FGM abandonment, and promoting culturally sensitive Alternative Rites of Passage (ARPs) that uphold cherished cultural traditions and identity formation processes without resorting to any form of cutting.

Operating under an **unwavering Human Rights-Based Approach**, the strategy explicitly frames FGM as a grave violation of the fundamental human rights of women and girls, rather than a mere cultural practice. This principle ensures that all interventions are guided by both international and national human rights standards and legal frameworks, drawing upon instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and Tanzania's constitutional provisions and laws.

The strategy will consciously adopt a **Survivor-Centered Approach**, ensuring that the needs, voices, and agency of FGM survivors are prioritized and embedded throughout all stages of programming—from initial design and ongoing implementation to comprehensive monitoring and evaluation. This principle dictates that all support services (e.g., medical care, psychosocial counseling, legal assistance) be delivered with utmost sensitivity, adhering to principles of non-judgment, strict confidentiality, trauma-informed practices, and full responsiveness to the unique experiences and choices of each survivor. It also includes creating safe and empowering spaces for survivors to share their narratives, fostering peer

support networks, and enabling survivors to become influential advocates for change—thereby ensuring their dignity, holistic well-being, and full recovery are paramount.

A **Multi-Sectoral Approach** will foster robust collaboration and seamless coordination among various government ministries (e.g., Ministry of Health for comprehensive care, Ministry of Education for awareness and child protection, Ministry of Justice and Constitutional Affairs for prosecution, Ministry of Community Development, Gender, Women and Special Groups, and the Ministry of Home Affairs for law enforcement), local government authorities, civil society organizations, traditional and religious institutions, academic bodies, and international development partners.

The strategy will be firmly rooted in an **Evidence-Based Principle**, mandating the systematic use of reliable data, rigorous research, and well-documented lessons learned from past and ongoing interventions to inform all programmatic decisions, policy development, and resource allocation. This includes continuous strengthening of national data collection systems on FGM prevalence, emerging trends, and underlying drivers, including the implementation of real-time monitoring through integrated national FGM dashboards. Regular, independent evaluations will assess program impact and cost-effectiveness, enabling adaptive management and the strategic scaling of proven interventions.

Innovation and Adaptation will be embraced throughout the strategy, fostering a culture of creativity, flexibility, and continuous learning. This includes exploring new technologies for enhanced reporting, monitoring, and data visualization; piloting novel communication strategies for behavior change; and consistently adapting interventions based on emerging evidence, local specificities, and the evolving nature of the practice itself.

4



STRATEGY FRAMEWORK

4.0 INTRODUCTION

This chapter serves as the foundational blueprint for the **National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM)** for the period spanning 2025/26 to 2029/30. It is designed to articulate the strategic direction and comprehensive framework that will guide all national efforts toward the abandonment of FGM. The chapter clearly defines the overarching aspirations, provides detailed explanations of each Strategic Objective, and outlines the expected outcomes, Result Areas, and Indicators.

4.1 STRATEGIC OBJECTIVES, KEY RESULT AREAS (OUTCOMES) AND STRATEGIC INTERVENTIONS

Strategic Objective I (SO1): Strengthen Policy and Legal Frameworks Enforcement: This objective is paramount to creating an enabling environment for the abandonment of Female Genital Mutilation (FGM) in Tanzania. Although legislation addressing FGM exists, significant gaps persist in aligning national laws with international human rights standards and in enforcing those laws effectively. SO1 seeks to bridge these gaps by ensuring that robust legal instruments are both established and actively applied to deter FGM practices, safeguard potential victims, and offer redress for survivors. This foundational objective underscores the government's commitment to leveraging its legal mandate to drive social change and uphold the rule of law in protecting the rights of girls and women. Achieving this objective involves a two-pronged approach:

- ☒ **Policy and Legal Reform:** Continuously reviewing and updating national laws and policies to ensure they are comprehensive, explicitly prohibitive of FGM, and responsive to emerging challenges such as cross-border FGM and disguised practices. This includes developing clear guidelines and bylaws for local government authorities to localize and enforce national mandates effectively.
- ☒ **Capacity Building:** Significantly strengthening the capacity of stakeholders within the legal and law enforcement sectors. This entails delivering targeted training for judicial officers, police, social welfare personnel, and even traditional leaders, equipping them to identify, investigate, prosecute, and adjudicate FGM cases with expertise and sensitivity, while ensuring the protection of victims.

Successful implementation of SO1 is expected to establish a powerful deterrent against FGM, sending a clear message that the practice is both culturally unacceptable and legally punishable. By enhancing legal literacy and ensuring consistent enforcement, this objective contributes to shifting social norms and reinforces the broader strategic framework for eliminating FGM. It ensures girls at risk are protected, survivors have access to justice, and the rule of law becomes an agent for lasting transformation.

Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM: This objective lies at the heart of transforming social norms and ensuring the sustainable abandonment of Female Genital Mutilation (FGM) from within communities. Recognizing that FGM is deeply rooted in cultural traditions and social pressures, SO2 seeks to equip individuals and communities with the knowledge, agency, and viable alternatives necessary to collectively reject the practice. It moves beyond surface-level awareness to foster genuine shifts in attitudes and behaviors, making abandonment of a community-led and self-sustaining process.

At its core, SO2 entails the deployment of comprehensive **Behavior Change Communication (BCC)** campaigns tailored to local contexts. These campaigns will leverage various media platforms and engage influential community figures such as religious and traditional leaders, men, and boys to promote open dialogue about the harms of FGM and nurture a stronger understanding of human rights. Additionally,

SO2 also enhances **social support for survivors**, strengthening community structures that promote healing and resilience.

By empowering communities, SO2 aims to catalyze a surge in public declarations of FGM abandonment, signaling collective commitment to protecting girls. This objective is pivotal in shifting social pressure from perpetuating FGM to actively opposing it. Ultimately, SO2's success will be reflected in a measurable decline in FGM prevalence driven by informed, community-led decisions and the improved social and economic well-being of those formerly involved in or affected by the practice. It envisions the emergence of a new generation free from the burden of FGM.

Strategic Objective III (SO3): Enhance Access to Quality Services for Prevention, Reporting, and Response: This objective ensures that essential services are readily available and accessible to both prevent FGM and provide comprehensive support to those affected by it. It addresses the critical need for a robust service delivery system that caters to the health, psychosocial, and legal needs of individuals—particularly girls and women who are at risk or have undergone FGM. It emphasizes a victim-centered approach, ensuring that services are delivered with sensitivity, confidentiality, and respect for human rights, alongside proactive efforts to prevent FGM.

Implementation of SO3 involves strengthening the capacity of service providers across various sectors. This includes integrating FGM prevention education into school curricula and youth programs to reach adolescents with vital information. It also focuses on training health workers to effectively counsel on the dangers of FGM and provide appropriate medical care to survivors, while equipping social workers to offer psychosocial support and legal guidance. Establishing and equipping safe spaces and rescue homes are crucial actions to provide immediate protection for girls at risk. Additionally, developing standardized protocols for multi-sectoral case management is essential to ensure comprehensive and coordinated care for survivors.

The expected impact of SO3 is a significant improvement in the safety and well-being of girls and women, with increased access to life-saving and supportive services. By building the capacity of health systems, social protection mechanisms, and educational institutions, this objective frames FGM not only as a legal or social issue but also as a public health and welfare concern requiring immediate and sustained professional intervention. Ultimately, SO3 aims to create a protective environment in which girls are shielded from FGM, and survivors receive the holistic care they need to recover and thrive, reinforcing the overall goal of ending FGM.

Strategic Objective IV (SO4): Strengthen Coordination, Partnerships, and Resource Mobilization: Effective multi-sectoral coordination and robust partnerships are indispensable for the success and sustainability of this strategy. SO4 recognizes that FGM is a cross-cutting issue requiring the concerted efforts of diverse stakeholders from government ministries and departments to civil society organizations, traditional institutions, and international development partners. Without strong coordination mechanisms, efforts can become fragmented, resources inefficiently utilized, and overall impact diminished. SO4 is designed to foster a cohesive and collaborative ecosystem where all actors work in synergy toward the common goal of ending FGM.

This objective prioritizes the establishment and operationalization of multi-sectoral coordination committees at national, regional, district, and ward levels, ensuring that efforts to end FGM are integrated into local governance structures. Clear delineation of roles and responsibilities among stakeholders is critical to avoid duplication and maximize efficiency. Moreover, SO4 places strong emphasis on strategic resource mobilization both domestic and international to secure the financial and technical resources necessary to implement the strategy's ambitious agenda. This includes proactive advocacy for increased government budgetary allocations and the development of strong partnerships with funding entities and implementing partners.

Successful achievement of SO4 will result in a more efficient and impactful implementation of the overall strategy. Improved coordination will streamline efforts, enhance information sharing, and facilitate

collective problem-solving preventing a fragmented approach to FGM elimination. Adequate and sustained resource mobilization will ensure that planned interventions are fully funded and effectively implemented, contributing to the timely achievement of the strategy's goals. This objective reinforces the long-term sustainability of efforts to end FGM by cultivating lasting commitment and investment from all relevant stakeholders, thus significantly accelerating progress toward an FGM-free Tanzania.

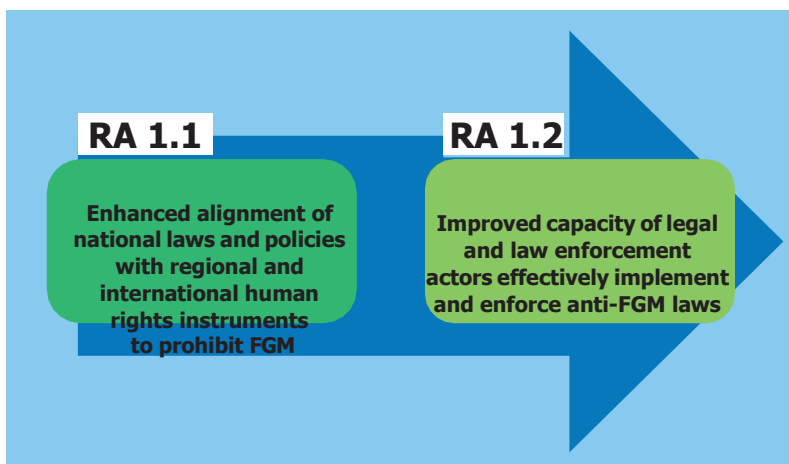
Strategic Objective V (SO5): Strengthen Evidence Generation, Knowledge Management, and Learning: This objective is essential for ensuring that Tanzania's National Multi-Sectoral Strategy to End FGM is adaptive, evidence-based, and continuously improving. In a dynamic context where FGM practices may evolve, robust systems for collecting, analyzing, and disseminating data and knowledge are vital. SO5 aims to build a strong foundation of evidence to inform policy decisions, refine program designs, and facilitate continuous learning from both successes and challenges.

Key activities under SO5 include conducting regular FGM prevalence surveys and in-depth qualitative research to understand trends, drivers, and the effectiveness of interventions. It also focuses on strengthening national data collection systems, ensuring that disaggregated data on FGM is systematically gathered and made accessible for analysis. Additionally, this objective emphasizes documenting and disseminating best practices, lessons learned, and innovations from FGM programming across different regions and contexts. It also fosters platforms for knowledge exchange and learning among practitioners and policymakers.

The anticipated impact of SO5 is a more informed, responsive, and impactful strategy. With data-driven decision-making and continuously refined interventions, the strategy becomes more efficient and effective. This objective promotes a culture of accountability and ongoing improvement, allowing for timely adjustments as new challenges or opportunities emerge. Ultimately, a strong evidence base and effective knowledge management are crucial for accelerating the abandonment of FGM and ensuring that resources are allocated to the most impactful interventions.

4.2 KEY RESULT AREAS (OUTCOMES) AND STRATEGIC INTERVENTIONS

Key Strategic Results under SO1:



RA1.1: Enhanced Alignment of National Laws and Policies with Regional and International Human Rights Instruments to Prohibit FGM

This Key Result Area forms the foundation for establishing a robust legal environment that unequivocally prohibits Female Genital Mutilation (FGM) in Tanzania. It highlights the critical need for national laws and policies to align fully with the comprehensive protections and

prohibitions enshrined in international and regional human rights instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the Maputo Protocol.

Although Tanzania has existing legislation against FGM, ongoing review is essential to identify and address any gaps, ambiguities, or limitations that may hinder effective prosecution. This includes adapting the law to respond to emerging forms of the practice, such as cross-border FGM, and ensuring all aspects of FGM are explicitly prohibited. The goal is to create a legal framework that leaves no room

for interpretation or tolerance of FGM under any circumstance, thereby providing the strongest possible legal foundation for its eradication.

Achieving this alignment requires more than legislative amendments; it involves ensuring that updated legal instruments are widely disseminated and clearly understood by stakeholders including judicial officers, community leaders, and the general public. The strategy includes developing simplified legal guidelines, bylaws for Local Government Authorities (LGAs), and interpretive notes to localize the legal framework and make it actionable at the grassroots level. This ensures that legal provisions function not only as theoretical safeguards but as practical tools for protection and deterrence within communities.

The ultimate aim is that a clear, comprehensive, and well-communicated legal framework will deter potential perpetrators and empower communities to demand legal recourse and hold offenders accountable reinforcing Tanzania's commitment to ending FGM.

Key Strategic Interventions

- Facilitate the alignment of national laws and policies with international human rights instruments (e.g., Maputo Protocol, CRC, CEDAW) through policy reviews, technical support, and multi-stakeholder consultations.
- Advocate for and support the comprehensive review and reform of national legal and policy frameworks to ensure they explicitly prohibit Female Genital Mutilation (FGM) and align with international human rights standards.

Key Indicators

- Number of national laws and policies aligned with international human rights instruments.
- Number of national laws and policies reviewed/enacted to explicitly address FGM and related issues.

Outputs

- National laws and policies to end FGM are fully aligned with and officially adopted to meet international human rights standards.
- A national roadmap for FGM legal/policy alignment is adopted and supported through disseminated advocacy briefs.

RA1.2: Improved Capacity of Legal and Law Enforcement Actors to Effectively Implement and Enforce Laws to End FGM

This Key Result Area is critical for transforming legal prohibitions against FGM into tangible protection and justice for victims and survivors. While strong legislation is essential, its effectiveness depends on the capacity of the institutions and individuals responsible for enforcement. Many law enforcement and legal professionals including police, judicial officers, social welfare officers, and immigration officials may lack the specialized knowledge required to navigate the complexities of FGM, recognize its varied forms, and sensitively handle cases involving victims. This key result area addresses these gaps by ensuring that frontline actors are equipped with the training, resources, and coordination tools needed to rigorously enforce anti-FGM laws, investigate cases thoroughly, prosecute offenders effectively, and provide appropriate support to affected individuals.

A multi-pronged approach, encompassing training, operational improvements, and data management, will guide implementation efforts. To ensure a sustainable and systematic approach to combating Female Genital Mutilation (FGM), specialized training programs will be integrated directly into the curricula of law enforcement bodies. This crucial integration will enhance understanding of FGM as a human rights violation and build capacity for victim-sensitive interviewing, evidence collection, and legal procedures specific to FGM cases.

Key Strategic Interventions for RA1.2

- Strengthen the operational capacity of law enforcement and legal professionals in FGM prevention, reporting, and response.
- Establish and reinforce Standard Operating Procedures (SOPs) for handling FGM cases within law enforcement agencies.

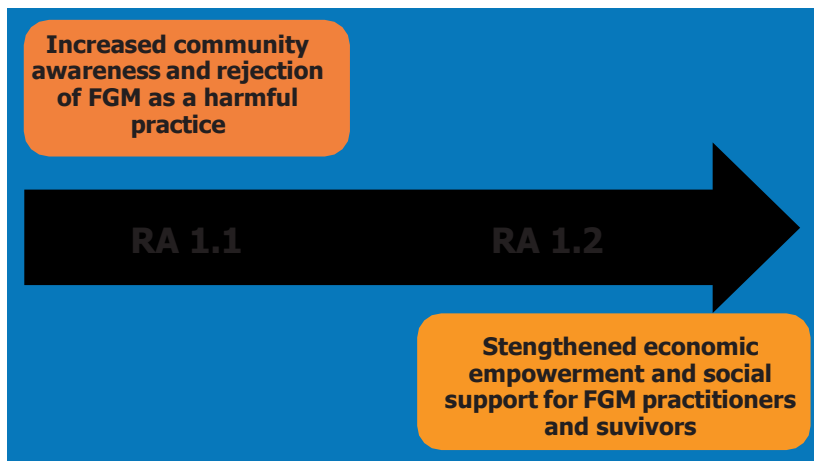
Key Indicators

- Percentage increase in the number of trained law enforcement personnel on FGM prevention, reporting, and response.
- Number of law enforcers applying SOPs in handling FGM cases.

Outputs for RA1.2

- Legal and law enforcement actors demonstrate improved capacity and awareness for effective enforcement of anti-FGM laws.
- Comprehensive guidelines for handling FGM cases are formally adopted and implemented.

Key Strategic Results under SO2:



RA2.1: Increased Community Awareness and Rejection of FGM as a Harmful Practice.

This Key Result Area (KRA) is fundamental to the long-term elimination of Female Genital Mutilation (FGM), as the practice is deeply embedded in social norms, cultural traditions, and community expectations in affected regions. Achieving sustainable change requires more than legal prohibitions; it demands a profound shift in community perceptions, beliefs,

and behaviors concerning FGM. This KRA aims to systematically raise awareness within communities about the severe health, psychological, and human rights consequences of FGM, while challenging traditional justifications for its continuation. The objective is to foster an environment in which communities recognize FGM as a harmful practice and actively choose to abandon it, rather than merely complying with external mandates.

The success of this KRA hinges on cultivating a powerful, unified movement that brings together diverse individuals and groups who not only deeply understand the harm of FGM but also actively and vocally reject it. This means empowering women and girls to assert their rights, educating men and boys to become essential allies, and inspiring community leaders to champion change. When communities fully grasp the negative impacts and are equipped with positive, alternative cultural practices, they are more likely to collectively abandon FGM, demonstrating a strong and coordinated voice that shifts from passive awareness to active rejection, ultimately fostering sustainable behavioral change and creating an environment where future generations are free from FGM.

Key Strategic Interventions

- Implement targeted community awareness and education campaigns to highlight the health risks of FGM, promote behavioral change, dispel myths, reinforce community-led efforts to abandon the practice, and raise awareness of its legal implications.
- Engage religious and traditional leaders as key change agents by promoting anti-FGM messages through culturally appropriate dialogues, sermons, and community forums.
- Design and implement male-focused sensitization programs, engaging men and boys through peer education, community dialogues, and mentorship initiatives to promote positive masculinity and support for ending FGM.
- Establish and reinforce a comprehensive, multi-layered mentorship and leadership development program specifically for women and girl advocates.

Key Indicators

- % increase in community members with knowledge of the harms of FGM and its legal consequences
- # of religious and traditional leaders actively advocating to end FGM in their communities
- % increase in men and boys expressing support for ending FGM and participating in prevention efforts

Outputs

- Community awareness campaigns successfully challenge social norms that support FGM
- Traditional, religious, and youth leaders engaged and mobilized as change agents to promote alternative rites of passage and lead community-driven advocacy against FGM

RA2.2: Strengthened Economic Empowerment and Social Support for Mutilators and Survivors

This Key Result Area is essential for ensuring the sustainable abandonment of FGM and supporting the holistic recovery and reintegration of those affected. For Female Genital Mutilators, participation in FGM may be driven by economic incentives or social status, making it difficult to abandon the practice without viable alternatives. Survivors of FGM, on the other hand, face a range of physical, psychological, and social challenges that require comprehensive support.

This KRA recognizes that eliminating FGM requires going beyond legal and awareness measures by creating tangible economic and social safety nets. Economic empowerment interventions target Female Genital Mutilators, aiming to provide alternative livelihoods such as access to interest-free local government loans or support to launch small businesses. These alternatives help dismantle the financial motivation behind the practice.

Simultaneously, robust support systems are designed for FGM survivors. This includes psychosocial counseling, comprehensive healthcare services for FGM-related complications, and access to legal aid. The goal is to alleviate long-term trauma and health challenges, ensuring survivors can lead dignified lives free from the burdens of their past experiences.

Ultimately, enhancing economic empowerment and social support addresses both the supply and demand sides of FGM. Empowering mutilators to transition to sustainable income sources reduces the number of girls subjected to FGM, while equipping survivors with proper support fosters resilience and a commitment to their rights and well-being. This integrated approach is vital for creating a society where FGM is fully abandoned.

Key Strategic Interventions

- Implement livelihood and economic empowerment programs for identified FGM mutilators, supporting their transition to sustainable alternative income-generating activities
- Establish and strengthen comprehensive social support networks for FGM survivors

Key Indicators

- # of mutilators identified and transitioned to alternative livelihoods
- % increase in average income among mutilators engaged in new economic activities

Outputs

- Sustainable economic empowerment support increased for former mutilators and survivors
- Mental, psychosocial, social, and economic support services established for FGM survivors and at-risk girls

Key Strategic Results under SO3:

RA 3.1: Enhanced Access to Comprehensive FGM Prevention, Reporting, and Response Services



This consolidated Key Result Area seeks to establish a robust and integrated service delivery system that addresses the full continuum of needs related to Female Genital Mutilation (FGM) from proactive prevention and timely reporting to comprehensive survivor-centered response. Recognizing the deeply rooted, multifaceted nature of FGM, this holistic approach ensures seamless coordination across critical pillars: prevention, protection, and

response.

Prevention strategies aim to stop the practice before it occurs by equipping communities with accurate knowledge, early warning systems, and accessible intervention platforms. Reporting mechanisms must be safe, confidential, and culturally sensitive to encourage timely disclosure and accountability. Response services are tailored to the unique needs of survivors, offering immediate medical treatment, psychosocial counseling, legal assistance, and pathways to reintegration

By linking these elements into a unified framework, the strategy fosters an environment where girls are protected from FGM, survivors receive dignified and holistic support, and communities are actively engaged in ending the practice. This systemic approach strengthens institutional capacity, builds public trust, and ultimately contributes to the sustainable eradication of FGM

Key Strategic Interventions

- Strengthen referral pathways and service delivery by training healthcare providers, social workers, and legal professionals to deliver integrated, survivor-centered support—encompassing medical care, psychosocial counseling, and legal assistance for FGM survivors
- Collaborate with the Ministry of Education, Science and Technology, and Civil Society Organizations (CSOs) to integrate age-appropriate FGM prevention content into school curricula

and informal education programs, while equipping educators with the skills to facilitate safe, informed discussions and deliver content effectively

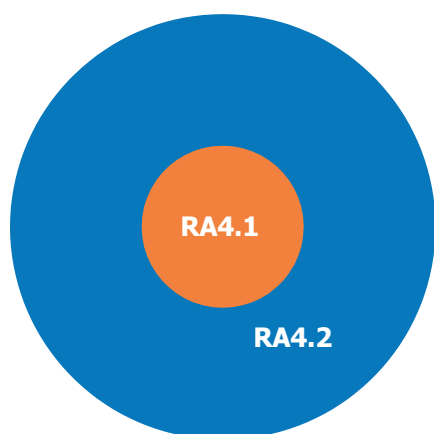
Key Indicators

- % of FGM survivors accessing comprehensive medical, psychosocial, and legal services
- % of schools and informal education programs incorporating FGM prevention modules into their curricula
- # of healthcare providers trained in FGM prevention, screening, reporting, and survivor-centered care
- Extent of Institutionalization of FGM Prevention within Sectoral Policies, Programs, and Practices.
- % of Health Training Institutions with Integrated FGM Prevention and Management Modules in Their Curricula.

Outputs:

- Multi-sectoral service delivery points such as one-stop centers and mobile outreach units strengthened to provide accessible, survivor-centered care across medical, psychosocial, and legal domains
- National guidelines and specialized FGM prevention, reporting, and response services developed and institutionalized to ensure consistency, accountability, and quality across regions

Key Strategic Results under SO4:



Enhanced coordination and collaboration among multi-sectoral stakeholders

Increased and sustainable financial and technical resources for FGM elimination

RA 4.1: Enhanced Coordination and Collaboration Among Multi-Sectoral Stakeholders.

This Key Result Area is pivotal to ensuring the coherence, efficiency, and effectiveness of Tanzania's National Multi-Sectoral Strategy to End FGM. Female Genital Mutilation is a complex issue shaped by socio-cultural, economic, and legal dynamics, requiring a concerted and inclusive effort from a wide array of actors including government ministries, civil society organizations, traditional and religious leaders, development partners, and community-based groups.

Without robust coordination and genuine collaboration, initiatives risk becoming fragmented, resources misallocated, and overall impact diluted. RA2.4 seeks to foster a unified, strategic approach where all stakeholders work synergistically leveraging their distinct mandates, expertise, and community reach to accelerate the abandonment of FGM nationwide.

By institutionalizing collaboration, harmonizing interventions, and promoting shared accountability, this KRA establishes a strong foundation for sustained progress. It ensures that national efforts are not only cohesive but also adaptive and responsive to community realities driving systemic change from the grassroots to policy level.

Key Strategic Interventions

- Establish and operationalize a Technical Working Group to lead FGM prevention efforts, including regular capacity-building sessions and structured progress reviews to foster active participation and sustained commitment among stakeholders
- Develop and strengthen multi-level coordination mechanisms to facilitate regular stakeholder forums at national, regional, district, ward, and village/Mtaa levels—ensuring inclusive dialogue, joint monitoring, and collaborative decision-making

Key Indicators

- # of joint multi-sectoral initiatives developed and implemented based on collaborative decision-making through established coordination mechanisms.
- # of stakeholder forums coordinated at national, regional, district, ward, and village/Mtaa levels.

Output

- National and sub-national coordination platforms established and operationalized

RA4.2: Increased and Sustainable Financial and Technical Resources for FGM Elimination

This Key Result Area is essential to the effective implementation and long-term sustainability of Tanzania's National Multi-Sectoral Strategy to End FGM. Eliminating a deeply entrenched practice like Female Genital Mutilation requires significant and sustained investment across legal reforms, community empowerment, service delivery, and data generation. Without adequate financial and technical resources, interventions risk remaining underfunded, fragmented, or ineffective, slowing the nation's momentum toward ending the practice.

Success under RA4.2 hinges on expanding and diversifying funding sources. While traditional donor support remains vital, this KRA emphasizes increased domestic budgetary allocations and strategic engagement with the private sector. It also promotes building the technical capacity of implementing partners to manage resources transparently and efficiently ensuring that every investment translates into impactful programming on the ground.

By mobilizing and effectively utilizing both financial and technical resources, Tanzania can ensure that its bold commitment to eliminating FGM is matched by the means to realize that vision —safeguarding the dignity, rights, and futures of countless girls and women across the country.

Key Strategic Interventions

- Develop and implement a comprehensive resource mobilization strategy for FGM elimination
- Advocate for the integration of FGM-related programming into sectoral planning and budgeting by engaging key Ministries, Departments, and Agencies (MDAs) to secure sustained government allocations across relevant sectors

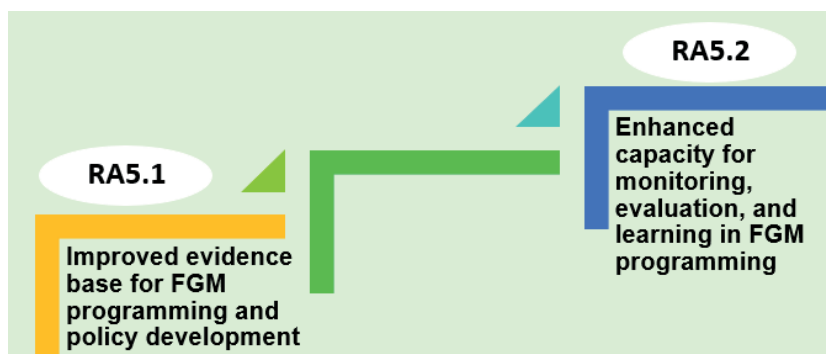
Key Indicators

- % increase in financial resources mobilized locally and internationally to end FGM
- % increase in government budgetary allocations across relevant sectors for FGM elimination

Outputs

- Innovative financing mechanisms established, involving government, donors, and private sector actors to fund FGM elimination programs
- Key FGM stakeholders demonstrate strengthened capacity in resource mobilization, fund development, and financial accountability

Key Strategic Results under SO5:



RA 5.1: Improved Evidence Base for FGM Programming and Policy Development.

This Key Result Area (KRA) is essential to ensuring that the Tanzania National Multi-Sectoral Strategy to End FGM remains effective, relevant, and responsive to evolving challenges. Eliminating FGM requires interventions that are not only well-intentioned but also

demonstrably impactful achievable only through a strong foundation of reliable data and robust research. This KRA seeks to systematically generate, analyze, and apply evidence to deepen understanding of FGM dynamics, identify key drivers and barriers to abandonment, and evaluate the effectiveness of various programs and policies. By prioritizing evidence generation, the strategy reinforces its commitment to informed decision-making, enabling continuous refinement and adaptation of approaches toward the ultimate goal of ending FGM.

Key Strategic Interventions

- Promote and support collaboration between the ministry responsible for FGM and academic institutions, research organizations, and relevant government bodies to generate evidence-based data that informs policies, programs, and advocacy efforts
- Strengthen national data collection systems on FGM cases and interventions
- Establish a centralized knowledge management platform for FGM-related information

Key Indicators

- Number of FGM-specific research studies conducted
- Number of updated FGM prevalence data sets disseminated
- Number of best practices documented and shared.
- Percentage of research/study recommendations on FGM programming and policy development adopted and implemented by relevant ministries and stakeholders.

Outputs

- National research agenda on FGM enhanced
- FGM-related data integrated into national information systems and annual knowledge products (e.g., policy briefs, reports).

RA 5.2: Enhanced Capacity for Monitoring, Evaluation, and Learning in FGM Programming

This Key Result Area is vital for ensuring accountability, transparency, and continuous improvement within the national multi-sectoral strategy to end FGM. It emphasizes the importance of robust monitoring, evaluation, and learning (MEL) systems to track progress, assess impact, identify challenges, and adapt interventions as needed.

By enhancing MEL capacity across stakeholders from national coordinating bodies to community-level implementers the strategy aims to shift from mere activity tracking to genuine outcome and impact measurement. This enables evidence-based adjustments to programming, promotes efficient resource utilization, and supports the replication of successful approaches, ultimately accelerating the abandonment of FGM through an adaptive and results-oriented framework.

Key Strategic Interventions

- Design and implement targeted capacity-building programs for key stakeholders including government officials, civil society actors, and community leaders on FGM monitoring, evaluation, and data utilization, ensuring they are equipped with the skills and tools to collect, analyze, and apply data for informed decision-making and effective program implementation
- Build the technical capacity of stakeholders, including government officials, civil society organizations, and community-level implementers, in FGM-specific monitoring, evaluation, data analysis, and utilization for evidence-based decision-making

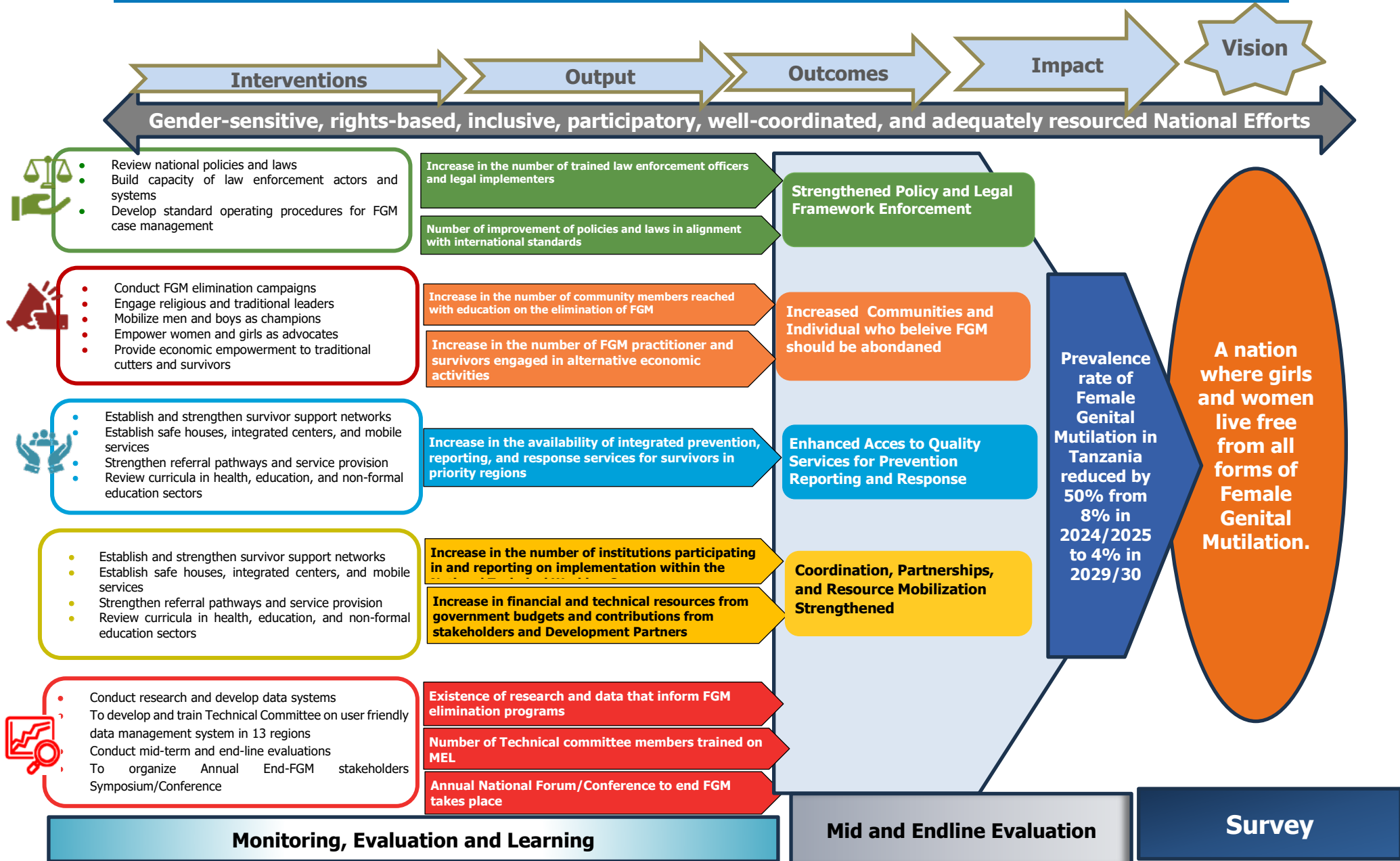
Key Indicators

- Number of key stakeholders trained in FGM monitoring, evaluation, and data utilization
- Number of stakeholders with MEL systems integrated into their FGM programs

Outputs

- A national MEL system for FGM developed and institutionalized
- Strengthened learning, knowledge-sharing platforms, and feedback mechanisms

4.2 THEORY OF CHANGE



5



IMPLEMENTATION, COORDINATION, MONITORING, AND EVALUATION OF THE STRATEGY

5.1 INTRODUCTION

The successful eradication of Female Genital Mutilation (FGM) in Tanzania, as envisioned by the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30, hinges on a meticulously planned and rigorously executed framework for implementation, coordination, monitoring, and evaluation. This chapter serves as the cornerstone for translating strategic objectives into tangible actions and measurable outcomes. It outlines the operational blueprints, governance structures, and oversight mechanisms necessary to ensure that every intervention from national policy formulation to community-led grassroots initiatives contributes effectively toward a Tanzania free of FGM. Without a robust and adaptive approach to these critical elements, even the most well-intentioned strategies risk falling short in impact and sustainability.

The ICME phase of the strategy represents a pivotal moment in turning national commitments into results that meaningfully benefit women and girls. Building on achievements and lessons learned from the previous strategy (2020/21–2024/25), this chapter details the pathways for operationalizing strategic goals across all governance levels and stakeholder groups. Emphasis is placed on systematic execution, consistent tracking, and ongoing refinement informed by evidence and community feedback. Given FGM's deeply rooted cultural presence in certain regions, this strategic phase is especially critical in reinforcing both national and local systems. The goal is to accelerate progress toward zero FGM by 2030, in alignment with SDG Target 5.3.

This chapter also introduces a comprehensive Monitoring, Evaluation, Learning, and Improvement (MELI) framework central to assessing the strategy's effectiveness and efficiency. It integrates both quantitative and qualitative tools, scheduled reviews, and structured channels for stakeholder feedback and community participation. Clearly defined indicators and reporting protocols at each implementation level enable timely course corrections and promote accountability. The data management component is strategically aligned with existing national information systems to ensure coherence and long-term sustainability.

Ultimately, this chapter provides not just an implementation roadmap but also a blueprint for accountability, adaptive learning, and resilience. It outlines mechanisms for tracking progress, assessing impact, and making necessary adjustments in real time. By establishing clear roles, responsibilities, and reporting lines and committing to transparent data management and effective communication the strategy is equipped to maximize its success. Through well-orchestrated and collaborative efforts, it aspires to fulfill the vision of a Tanzania free from FGM over the next five years.

5.2 IMPLEMENTATION ARRANGEMENTS AND STRATEGIES

5.2.1 OVERALL COORDINATION OF STRATEGY

The Ministry responsible for Community Development, Gender, Women, and Special Groups will serve as the principal coordinating body for implementing the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30. In this pivotal role, the Ministry will provide policy guidance, articulate strategic direction, and ensure rigorous oversight aligning efforts across sectors and among a diverse range of stakeholders with the Strategy's objectives.

Its leadership will be key to fostering a unified national response, minimizing duplication of efforts, and promoting shared accountability. To support effective coordination, the Ministry will establish robust mechanisms for inter-sectoral communication and collaboration, including regular high-level meetings, dedicated working groups, and formal platforms for information sharing, joint planning, and collaborative problem-solving.

These mechanisms will engage all key implementers Government Ministries, Departments, Agencies, Civil Society Organizations, and Development Partners, a coordinated approach. Such structured engagement will enable optimal resource utilization, reinforce complementary interventions, and facilitate collective

responses to emerging challenges. Through this harmonized and strategic effort, the Strategy's ambitious goal of ending FGM in Tanzania stands to be powerfully advanced.

5.2.2 STRUCTURED APPROACH FOR DECENTRALIZATION AND CONTEXTUALIZATION OF THE STRATEGY

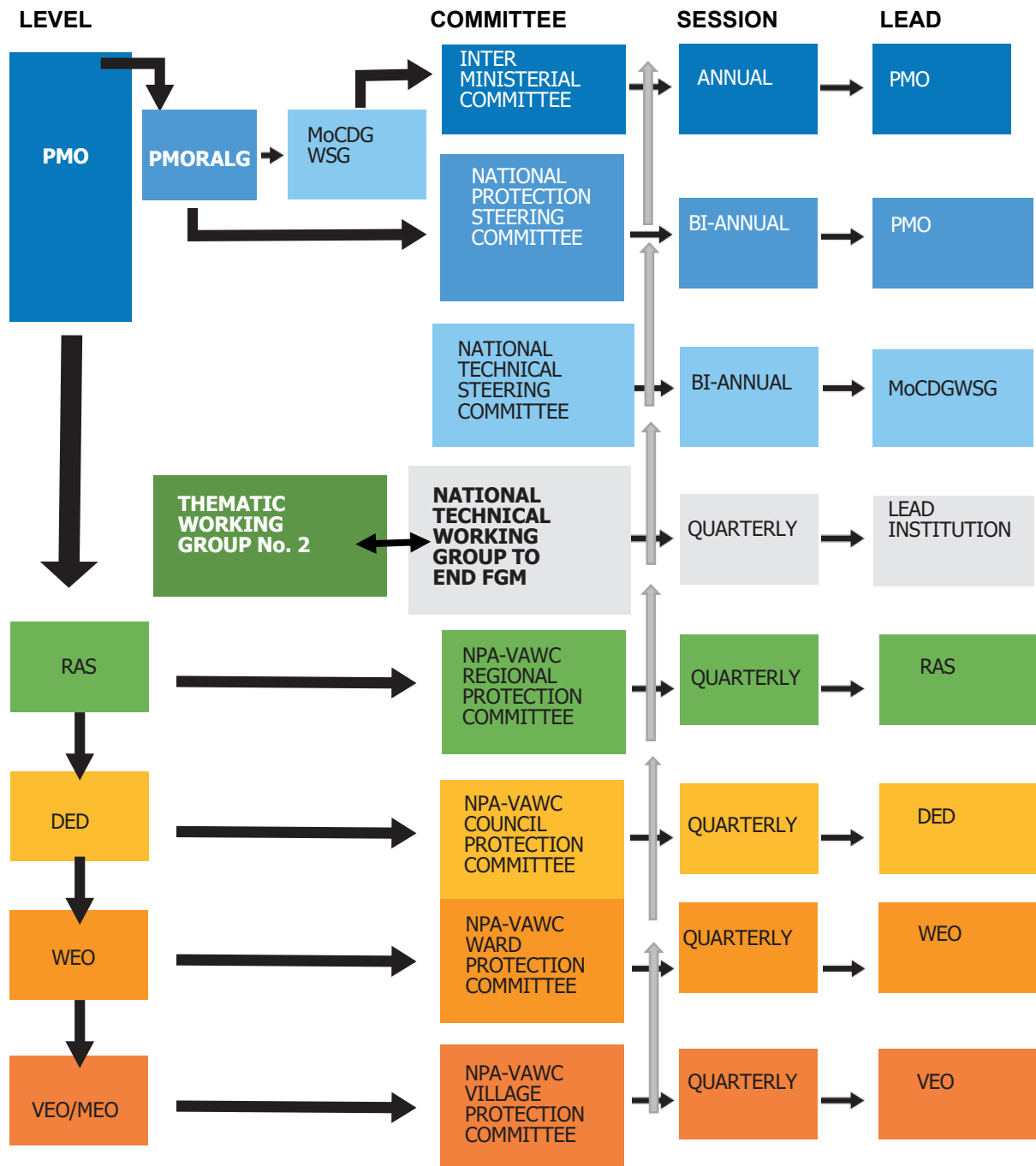
The Strategy adopts a comprehensive and structured approach to decentralization and contextualization, recognizing that effective interventions to end FGM must be tailored to the unique socio-cultural, economic, and geographic realities of Tanzania's diverse communities. It emphasizes empowering sub-national entities and local communities to lead and adapt to the national agenda, ensuring interventions resonate deeply with the specific needs and cultural sensitivities of target populations. This decentralized framework is operationalized through several key mechanisms:

- **Regional and District-Level Plans:** Regional Secretariats and District Councils will be supported and encouraged to develop context-specific End FGM Action Plans. These plans will not merely reflect the national strategy but will integrate FGM prevention and response initiatives into existing local government structures, annual development plans, and budgets. This ensures that FGM interventions become part of local governance and service delivery rather than standalone projects, thereby enhancing ownership and sustainability. Localized plans will be informed by region- and district-specific FGM prevalence data, cultural practices, and available resources, allowing for targeted and efficient resource allocation.
- **Community Engagement and Adaptation:** At the core of contextualization is genuine community engagement. The Strategy emphasizes fostering truly community-led initiatives, where local actors including traditional leaders, religious figures, women's groups, youth, and men actively identify the drivers of FGM and co-create solutions. This entails adapting global and national best practices to meet specific community needs, cultural norms, and local dynamics. For example, communication strategies will employ local languages and culturally appropriate mediums, and interventions may incorporate traditional ceremonies or community dialogues to promote alternative rites of passage or challenge harmful norms from within. The success of these interventions will depend on their ability to be perceived as locally relevant and community-driven, fostering collective abandonment of the practice.
- **Capacity Building at Local Levels:** A critical component of decentralization is strengthening institutional and human resource capacities at the sub-national level. This includes providing targeted training, mentorship, and ongoing technical support to Local Government Authorities (LGAs), regional and district officials, frontline service providers, and community actors. Specifically, it involves equipping government officials, community development officers, healthcare workers, social welfare personnel, law enforcement agents, educators, and grassroots civil society organizations with the knowledge, skills, and tools necessary to effectively implement, monitor, and report on anti-FGM activities. The goal is to develop a robust local ecosystem capable of sustaining FGM elimination efforts independently, embedding them within governance and community structures rather than relying solely on external support.

5.3 COORDINATION STRUCTURES AND KEY RESPONSIBILITIES

The coordination and responsibilities are mirrored in the NPA VAWC II, as illustrated in the figure below. For further understanding, it is recommended to also refer to the NPA VAC II.

Figure 1: Coordination Structure



5.1 MULTI-SECTORAL COLLABORATIONS: STAKEHOLDERS' ENGAGEMENT STRATEGIES

The National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30" strongly emphasizes the vital role of robust multi-sectoral collaboration and inclusive stakeholder engagement as key pillars of successful implementation. Recognizing that FGM is a deeply rooted and multifaceted issue spanning social, cultural, health, and legal dimensions, the Strategy acknowledges that no single entity or sector can tackle it effectively in isolation. Instead, it is anchored in the principle of collective responsibility, promoting a coordinated approach that mobilizes the unique strengths, expertise, and resources of actors at every level: national, regional, district, ward, and village. This collaborative framework ensures comprehensive coverage and cohesive interventions, advancing beyond fragmented efforts toward a unified and impactful national response.

Table 4: Roles and Responsibilities of Stakeholders

S/N	Name of the stakeholder	Description of Roles and Responsibilities
1.	Ministries such as Community Development, Gender, Women, and Special Groups	<ul style="list-style-type: none"> i. Policies review ii. Advocate for the enactment of a law against Female Genital Mutilation iii. Budget allocation for the implementation of FGM interventions iv. Strengthening data system management v. Coordination (quarterly meetings) vi. Promoting and conducting education campaigns against FGM vii. Comprehensive prevention, reporting and response services to the survivors.
2.	President's Office, Regional Administration and Local Government	<ul style="list-style-type: none"> i. Facilitate the FGM interventions incorporated in Regional and Local Government Plans and Budgets. ii. Strengthen the reporting and communication system from the local level to the national level. iii. Submit consolidated reports of LGAs on FGM implementation to the ministry responsible. iv. Facilitate integration of the FGM interventions into LGAs and implementing partners' plans and budget. v. Coordinate stakeholders in LGAs in implementing interventions/activities to prevent and respond to FGM vi. Conduct joint supportive supervision, monitoring, and evaluation visits at the LGA level
3.	Ministry of Health	<ul style="list-style-type: none"> i. Develop guidelines, SOPs, and training manuals for healthcare workers to ensure the delivery of quality healthcare services to survivors. ii. Capacity building of healthcare workers to offer prevention, comprehensive management, and response services to the survivors. iii. Collect, analyze and report data gathered iv. Conduct advocacy meetings to raise awareness among decision makers. v. Support printing of GBV&VAC Monitoring and Evaluation tools
4.	Ministry of Education, Science and Technology	<ul style="list-style-type: none"> i. Schools Quality Assurance Department Oversees girl's safety and other schools' welfare ii. Circular and guidelines on Guidance, Counselling and Child prevention and protection education. iii. Response through improving the education curriculum.

5.	Ministry of Home Affairs	<ul style="list-style-type: none"> i. Developing Policies and enforcing the law against FGM ii. Promoting education campaigns iii. Strengthening institutional capacity iv. Ensuring functionality of Gender and Children Desks v. Promoting Inter-ministerial coordination (Ministry of Constitutional and Legal Affairs, Ministry of Health and Ministry of Community Development, Gender, Women and Special Groups) vi. Coordination to the Security organs
6.	Inspector General Police	<ul style="list-style-type: none"> i. Community engagement by promoting awareness, supporting outreach and community policing. ii. Law enforcement (Arresting, investigating, and prosecuting FGM)

S/N	Name of the stakeholder	Description of Roles and Responsibilities
		<ul style="list-style-type: none"> offenders) iii. Training and capacity building (Training of the police officer on gender sensitivity and child protection) iv. Strategic planning and coordination (Formulating anti-FGM policing strategies) v. Response by improving the reporting system and rescue.
7.	Tanzania Immigration Department	<ul style="list-style-type: none"> i. Prevention of Cross-Border Female Genital Mutilation ii. Combating human and child trafficking. iii. Raising public awareness through the community "Mjue Jirani yako" program
8.	Ministry of Constitutional and Legal Affairs	<ul style="list-style-type: none"> i. Legal enforcement ii. Amendment and implementation of the Laws for prohibiting FGM. iii. Formulating Bylaws at the community level to prevent GBV issues.
9.	Prime Minister's Office	<ul style="list-style-type: none"> i. Overall coordination of Sectoral Ministries involved in implementing the strategy
10	Civil Society Organizations (CSOs), Faith-Based Organizations (FBOs) and Community-Based Organizations (CBOs)	These groups of non-state actors play an indispensable role as critical partners. These organizations often possess deep-rooted connections within communities, local knowledge, and the flexibility to implement culturally sensitive interventions. They are instrumental in community mobilization, conducting grassroots awareness campaigns, facilitating alternative rites of passage, and providing direct support services to FGM survivors and those at risk. Their advocacy efforts are also crucial in influencing policy and challenging harmful social norms from within the community. The Strategy actively seeks to strengthen the capacity of these local partners and integrate their invaluable contributions into the broader national framework.
11	International development partners	They are essential allies in this multisectoral endeavor. Development partners provide crucial financial and technical support, bringing the best global practices and facilitating cross-learning
12	Academic and Research institutions	Contribute through research, evidence generation, and capacity building, ensuring that robust data informs interventions.
13	Private sector	They can contribute through corporate social responsibility initiatives, innovative technologies, and engaging their workforce in awareness campaigns, also to provide resources for the construction of one-stop centers to respond to FGM cases.
14	Media (Mass and Social media)	To air out FGM campaigns and stakeholders' interventions, to educate the general public and facilitate constructive dialogues to end FGM
15	Local Community	<ul style="list-style-type: none"> i. Fostering community-led prevention, reporting, and response mechanisms. ii. Collaborating with all stakeholders at the community level

S/N	Name of the stakeholder	Description of Roles and Responsibilities
16	Traditional elders and clan leaders	Influencing community norms and practices, including those that sustain FGM. In some communities, these leaders act as custodians of culture and are often gatekeepers to social acceptance.
17	Parents and Caregivers	<p>Parents and other Caregivers are vital agents of change in the movement to end FGM. Through participation in income-generating activities, they not only strengthen their economic independence but also gain the confidence and platforms to advocate for the abandonment of FGM. Empowered individuals become community role models, promoting messages of resilience, equality, and dignity. By engaging in livelihood initiatives—such as savings groups, vocational training, entrepreneurship, and cooperative enterprises, they help reshape social expectations and challenge the economic drivers that perpetuate FGM.</p> <p>Additionally, these change-makers serve as champions of positive parenting, fostering nurturing family environments that uphold the rights and well-being of children. They play a key role in breaking intergenerational cycles of violence and shaping future attitudes toward health, gender equity, and personal autonomy. Their combined efforts create a ripple effect, influencing peers and shifting norms from within the household outward to the broader community.</p>
18	Children and youth girls and boys	<p>Youth and community champions are pivotal in driving behavior change and transforming mindsets toward the abandonment of FGM. As credible voices within their peer groups and neighborhoods, they serve as influential catalysts for shifting attitudes, challenging entrenched beliefs, and promoting values of gender equality and human rights. These individuals organize peer-to-peer support networks that provide safe spaces for open discussion, shared learning, and collective rejection of FGM.</p> <p>Their lived experiences and community visibility enable them to advocate authentically and persuasively, making them indispensable agents of change. Whether through storytelling, mentoring, grassroots activism, or creative expression, they help demystify harmful practices and foster a culture of protection and empowerment. By equipping youth and local influencers with leadership skills and accurate information, the Strategy leverages their potential to generate momentum and ripple change throughout families, schools, and social circles.</p>

5.2 FINANCING THE STRATEGY

The successful and sustainable implementation of the "Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30" hinges on the availability of adequate and predictable financial resources. Recognizing the multi-faceted nature of FGM and the broad scope of interventions required, the Strategy adopts a comprehensive financing framework aimed at diversifying funding sources and ensuring efficient resource allocation across all levels of implementation. This approach moves beyond reliance on singular funding streams, establishing a robust and resilient financial foundation capable of sustaining efforts throughout the Strategy's lifecycle and beyond.

Government Budgetary Commitment: A key pillar of the financing framework involves substantial budgetary allocation from the Government of Tanzania. This commitment reflects national ownership and

political will to end FGM. Funds will be directed through relevant ministries, departments, and agencies, ensuring that FGM-related activities are integrated into annual national and local government budgets. These funds will support coordination mechanisms, capacity-building initiatives, survivor services, and community engagement programs. Embedding FGM financing into core public sector functions ensures long-term sustainability and institutionalization.

International Development Partnerships: The Strategy underscores the significance of mobilizing resources from a diverse set of international actors, including UN agencies, bilateral donors, and multilateral institutions. These partners contribute both financial aid and technical expertise. Collaborative efforts will be geared toward aligning donor support with strategic priorities, coordinating funding streams, and minimizing duplication. Innovative financing mechanisms and global funds dedicated to gender equality and ending violence against women and girls will be leveraged to amplify impact.

Domestic Resource Mobilization: Local and national civil society organizations (CSOs) are crucial drivers of domestic resource mobilization. Strategy promotes their access to support from philanthropic foundations, private donors, and public appeals. The private sector is also encouraged to contribute through CSR initiatives, strategic partnerships, and direct investment in anti-FGM efforts including infrastructure support such as the construction of one-stop centers. Community-based fundraising and contributions will foster grassroots ownership and sustained engagement.

Transparent Financial Management: The financial framework prioritizes transparency, accountability, and efficiency. This includes Clear budgetary guidelines and standards, Robust financial reporting systems, Regular monitoring and evaluation of expenditures and Capacity-building for implementing partners in financial management. These measures are designed to minimize misuse of funds, ensure optimal resource utilization, and build trust among stakeholders and donors thereby encouraging sustained investment.

Toward a Sustainable Ecosystem: Ultimately, this financing strategy is not solely about securing funding it's about cultivating an ecosystem of sustainable resource flow. By integrating government leadership, international collaboration, domestic partnerships, and strong financial governance, the Strategy ensures that every planned intervention is fully resourced paving the way for the lasting eradication of FGM and the protection of Tanzania's women and girls.

5.3 COMPREHENSIVE HUMAN RESOURCES CAPACITY DEVELOPMENT PLAN

The effective implementation of the "Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30" fundamentally depends on the existence of a robust, well-trained, and adequately supported human resource base across all levels of engagement. Recognizing that the success of any strategic intervention hinges on the capabilities of those responsible for its execution, the Strategy places significant emphasis on a comprehensive Human Resources Capacity Development Plan. This plan is designed to ensure that all stakeholders from national policymakers to frontline community workers possess the necessary knowledge, skills, and attitudes to effectively prevent FGM, protect girls at risk, and support survivors. It goes beyond mere training to encompass continuous professional development, mentorship, and the creation of an enabling environment that fosters sustained commitment and high performance in ending FGM.

A key component of this capacity development plan involves targeted training and sensitization programs tailored to the diverse needs of various professional groups and community actors. For government officials at the national, regional, and district levels, this includes specialized training on policy formulation, program planning, budgeting for FGM interventions, and effective multi-sectoral coordination. For frontline service providers such as health workers, social welfare officers, educators, and law enforcement personnel training will focus on identifying FGM cases, providing survivor-centered care, navigating legal procedures, ethical considerations, and culturally sensitive communication. Community-level actors, including traditional and religious leaders, community health workers, and

members of women's and children's protection committees, will receive training on community mobilization, behavior change communication, alternative rites of passage, and effective referral pathways, ensuring they are equipped to drive change from within their own communities.

Beyond formal training, the Capacity Development Plan incorporates strategies for continuous learning, knowledge sharing, and peer support. These include establishing platforms for regular experience-sharing among implementers across sectors and levels, facilitating cross-visits to learn from successful interventions, and developing accessible resource materials and toolkits. Mentorship programs will pair experienced professionals with emerging leaders in the movement to end FGM, fostering the transfer of institutional knowledge and practical skills. Furthermore, the plan advocates for integrating FGM prevention and response content into the curricula of relevant professional training institutions such as medical schools, nursing colleges, and social work programs ensuring that future generations of professionals are equipped with the necessary competencies from the outset.

Finally, the sustainability of human resource capacity development will be ensured through institutional strengthening and the creation of supportive work environments. This involves advocating for adequate staffing levels in critical sectors, integrating FGM-related responsibilities into job descriptions, and providing the necessary resources and supervision for effective performance. Recognizing the sensitive and often challenging nature of FGM-related work, the plan will also address the psychosocial well-being of staff and community volunteers by offering support mechanisms to prevent burnout and ensure sustained dedication. By systematically investing in human capital, the Strategy aims to build a resilient and highly capable workforce that can sustain momentum toward eliminating FGM in Tanzania for generations to come.

5.4 DATA, INFORMATION AND COMMUNICATION MANAGEMENT PLAN

The effective elimination of Female Genital Mutilation (FGM) hinges not only on well-designed interventions but also on a robust and dynamic Data, Information, and Communication Management Plan. As an integral component of the "Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30," this plan is essential to ensuring that all decisions from policy formulation to grassroots action are evidence-based and responsive to evolving needs. It outlines a systematic approach to collecting, analyzing, disseminating, and utilizing data related to FGM, creating a feedback loop that continuously informs and refines strategic interventions. A well-managed flow of information is vital for tracking progress, identifying emerging challenges, and celebrating achievements, thereby fostering accountability and maximizing the impact of the Strategy.

At the heart of this plan is the establishment of a comprehensive data collection system that captures accurate and timely information on FGM prevalence, trends, and intervention effectiveness. This includes leveraging existing national mechanisms such as the Demographic and Health Surveys (DHS) and the Tanzania Violence Against Children Survey (TVACS) while strengthening routine data collection at national and sub-national levels. Key sources will include health management information systems, social welfare registries, police records, education, judiciary routine data, and community-based monitoring initiatives. Emphasis will be placed on disaggregating data by age, gender, geographic location, and other relevant demographics to ensure that vulnerable and hard-to-reach populations are appropriately represented. In addition, the plan promotes the collection of qualitative data to uncover underlying drivers of FGM, community perceptions, and nuances of social norms change, complementing and enriching quantitative findings.

The plan also features a robust information management and communication strategy to ensure that data is not only gathered but strategically applied to guide action and engage stakeholders. This includes the development of user-friendly data platforms and dashboards that offer real-time insights into FGM trends and the performance of various interventions, making information accessible to policymakers, implementers, researchers, and the general public. Regular analytical reports, policy briefs, and research summaries will be disseminated through multiple channels to inform decision-making at every level.

Furthermore, a proactive communication strategy will be employed to raise public awareness about the harms of FGM, promote positive social norms, and amplify success stories. This will involve the use of diverse media platforms, community outreach programs, and public advocacy campaigns to catalyze national dialogue and sustain long-term commitment to ending FGM in Tanzania

5.5 MONITORING, EVALUATION, LEARNING AND IMPROVEMENTS

Monitoring the implementation of the National Multi-Sectoral Strategy to End FGM will be a continuous and structured process, aimed at ensuring that all successful interventions remain on track, resources are utilized effectively, and results align with the strategic objectives of this strategy and national targets. The Ministry of Community Development, Gender, Women and Special Groups, in its coordination role, will collaborate with sectoral ministries, regional administrations, local government authorities, and civil society organizations to operationalize an integrated monitoring framework.

The success and adaptive capacity of the "Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30" are inextricably linked to a robust and continuous framework for Monitoring, Evaluation, Learning (MEL), and Improvement. This comprehensive MEL system is designed to go beyond accountability, serving as a dynamic tool for strategic management. It fosters a culture of evidence-based decision-making and ensures that interventions remain relevant and impactful amid evolving challenges.

By systematically tracking progress, assessing effectiveness, capturing lessons learned, and proactively adapting approaches, the Strategy aims to maximize its potential to achieve the ambitious goal of ending FGM in Tanzania. This integrated approach ensures the Strategy is not a static document, but a living framework evolving with new insights and adapting to contextual realities to enhance its overall efficacy and sustainability

5.5.1 MODALITIES OF MONITORING

The monitoring modalities within the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30 are designed as a continuous and dynamic process to systematically track implementation progress, identify emerging challenges, and provide daily and/or monthly feedback for adaptive management. This multi-layered approach ensures that oversight is comprehensive, spanning from national coordination levels to community grassroots (including the LGAs). Its primary aim is to keep successful interventions on track, ensure efficient resource utilization, and maintain responsiveness to the evolving context of FGM eradication across diverse regions in Tanzania. This proactive monitoring framework is essential for timely adjustments and for maximizing the effectiveness of all programmatic interventions.

Specific monitoring activities will encompass a blend of direct observation, participatory reviews, and systematic data collection. Quarterly field visits by relevant authorities and technical committees to project sites and communities will facilitate direct engagement with implementers and beneficiaries. These interactions will help assess on-the-ground progress, identify bottlenecks, and gather quantitative and qualitative insights. Structured quarterly and annual review meetings at national, regional, and district levels will bring key stakeholders together to analyze progress reports, address challenges, and strategize corrective actions collaboratively. A robust reporting system will be integrated in the existing case management system (NICMS), ensuring data and narratives flow seamlessly from lower administrative levels (village/ward) to higher coordination structures (district, regional, national), offering a holistic view of implementation and emerging trends.

To enhance efficiency and analytical depth, the Strategy will leverage modern tools and technologies for data collection and management. A surveillance system will be established in communities and integrated into this monitoring system to facilitate real-time data collection. Mobile data collection applications will also be used to gather real-time input from the field, minimizing delays and improving accuracy. An integrated online dashboard will present visualized data on key performance indicators (KPIs) related to FGM prevalence, knowledge, attitudes, service utilization, and policy implementation. Disaggregated data will be meticulously tracked to highlight disparities and guide focused interventions. This data-driven

monitoring approach supports evidence-based decision-making, helping to identify replicable successes and swiftly address challenges. The core elements of monitoring modalities can be conceptually summarized in the following table:

Table 5: Core Elements of Monitoring Modalities

Modality	Description	Frequency	Key Actors	Purpose
Field Visits	Direct observation and engagement at intervention sites.	Periodic (e.g., monthly/quarterly)	National, Regional, District Teams; NGOs	Verify activities, identify ground-level challenges, gather qualitative insights.
Review Meetings	Structured discussions of progress reports and challenges.	Quarterly & Annually	NPSC, NPTC, Council Committees, TWGs	Analyze performance, facilitate joint problem-solving, inform adaptive management.
Reporting System	Systematic submission of data and narrative reports.	Monthly, Quarterly, Annually	Village/Ward, District, Regional Teams; MDAs, CSOs Network members	Track progress against KPIs, provide data for higher-level analysis and decision-making.
Data Tools/Tech	Use of mobile apps and online dashboards for real-time data.	Continuous	All Data Collectors & Users	Enhance data accuracy, efficiency, accessibility, and real-time insights.
Disaggregated Data	Collection of data broken down by age, gender, location, etc.	Continuous	All Data Collectors	Identify disparities, ensure inclusivity, inform targeted interventions.

5.5.2 EVALUATION PROCEDURES

Evaluation within the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30 is conceived as a rigorous, periodic assessment designed to determine the relevance, effectiveness, efficiency, impact, and sustainability of interventions aimed at ending FGM. The findings from the evaluation of the past strategy will serve as baseline data. The evaluation framework centers around two critical assessments a mid-term evaluation and an end-term evaluation.

The mid-term evaluation typically conducted halfway through the Strategy’s five-year implementation period will serve as a strategic checkpoint. Its primary objective is to assess whether the Strategy is on track to achieve its goals, identify early outcomes, recognize areas of significant progress, and highlight any emerging challenges or unforeseen bottlenecks. This formative evaluation enables timely course corrections and adaptive management, allowing for optimal resource reallocation and refinement of programmatic approaches during the remaining implementation phase.

The end-term evaluation, scheduled at the conclusion of the Strategy’s timeframe, will provide a comprehensive and summative assessment of its overall performance and contribution to the FGM abandonment movement in Tanzania. This final evaluation will analyze the extent to which the Strategy’s objectives were achieved, measure its ultimate impact on FGM prevalence, knowledge, attitudes, and practices, and evaluate the sustainability of implemented interventions and capacity-building efforts.

Both evaluations will be conducted by independent evaluators to ensure objectivity, impartiality, and credibility. A robust mixed-methods approach will be employed, integrating quantitative data (e.g., FGM prevalence rates, service uptake figures) with qualitative insights (e.g., community perceptions,

stakeholder experiences). This methodology will provide a holistic and nuanced understanding of the Strategy’s successes, challenges, and lessons learned.

Findings and recommendations from these evaluations will be widely disseminated to stakeholders across sectors. This dissemination will inform national policy formulation, guide future programming cycles, and support broader efforts to combat gender-based violence. The key aspects of the evaluation procedures are summarized below:

Table 6: Key Aspects of Evaluation Procedures

Evaluation Type	Timing (approx.)	Primary Purpose	Focus Areas	Conducted By	Output/Utilization
Mid-Term	Mid-point of Strategy (Year 2.5)	Formative: Assess early progress, identify challenges, enable course correction.	Initial outcomes, implementation efficiency, relevance of interventions, emerging bottlenecks, operational recommendations.	Independent Evaluators	Actionable recommendations for adaptive management, program refinement for remaining years.
End-Term	At Strategy's conclusion (Year 5)	Summative: Assess overall achievement of objectives, ultimate impact, and sustainability.	Overall achievement of objectives, impact on FGM prevalence and attitudes, efficiency, effectiveness, relevance, sustainability, lessons learned.	Independent Evaluators	Comprehensive reports, findings inform future policy, programming, and resource mobilization; accountability.

5.5.3 LEARNING AND IMPROVEMENT OF STRATEGY IMPLEMENTATION

Learning is embedded as a continuous and iterative process throughout the entire lifecycle of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation 2025/26–2029/30. This ensures that insights from ongoing monitoring and periodic evaluations are not merely reported, but systematically captured, critically analyzed, widely shared, and actively used to refine and enhance the Strategy’s implementation. This commitment to continuous learning fosters a dynamic, adaptive approach shifting away from rigid adherence to the initial plan, toward a responsive framework that evolves considering new evidence, changing contexts, and practical experiences gained on the ground. It is about cultivating an organizational culture that values reflection, open dialogue, and evidence-based decision-making at all levels of implementation, from national policymakers to community-level actors.

To strengthen the Strategy's existing learning mechanisms, the Strategy is enhancing its approach to knowledge capture and sharing. The Strategy will continue to hold regular "learning events" and workshops across national, regional, and district levels here in Tanzania. These gatherings will be vital for implementers, partners, and beneficiaries to collectively review monitoring data, discuss evaluation findings, and exchange practical experiences. They'll also provide a crucial platform to collaboratively identify what works, understand why it's effective, and address persistent challenges. Peer-to-peer exchanges and cross-visits to successful intervention sites will be actively encouraged, facilitating direct learning from effective practices. Finally, a systematic documentation approach is being adopted, ensuring that all case studies, success stories, innovations, and challenges are recorded in easily accessible formats. This growing body of evidence will serve as a rich resource for in-depth analysis and timely programmatic adaptations, ultimately making the Strategy more responsive and impactful.

The ultimate goal of embedding learning is to directly translate insights into improved Strategy implementation and inform future FGM-related initiatives. Lessons learned, best practices, and innovative solutions will be widely disseminated via multiple channels including online knowledge platforms, policy briefs, thematic reports, and targeted workshops to reach all relevant stakeholders. This continuous feedback loop will guide programmatic adjustments, strategic refinements, and policy enhancements throughout the Strategy’s duration. By consistently integrating new knowledge and adapting interventions to real-world experience, the Strategy aims to maximize its effectiveness, respond more capably to evolving challenges, and strengthen its role as a dynamic and impactful framework for achieving FGM abandonment in Tanzania in Tanzania.

Table 7: Key elements of the learning and improvement process

Element/Mechanism	Description	Purpose	Frequency/Trigger	Output/Benefits
Learning Events/Workshops	Structured forums for stakeholders to discuss M&E findings, share experiences, and identify lessons.	Facilitate collective reflection, problem-solving, and identification of best practices.	Quarterly, Annually, or As Needed	Documented lessons learned, agreed-upon adaptations, strengthened networks.
Peer-to-Peer Exchanges	Visits and direct interaction among implementers from different areas to share practical experiences.	Promote cross-learning from successful interventions and practical problem-solving.	As identified needs arise	Adoption of effective strategies, improved implementation techniques.
Documentation of Lessons	Systematic recording of case studies, success stories, challenges, and adaptive responses.	Create a robust knowledge base for continuous improvement and future reference.	Ongoing	Knowledge products (briefs, case studies), evidence for policy advocacy.
Feedback Loops	Processes for transmitting insights from M&E and learning events back into program design and execution.	Ensure that learning directly informs programmatic adjustments and strategic refinements.	Continuous	Responsive programming enhanced efficiency, increased impact.
Knowledge Dissemination	Sharing documented insights through various platforms (online, reports, briefs).	Make lessons accessible to a wider audience, inform national and sub-national stakeholders.	As products are developed	Informed decision-making, replication of successful approaches, evidence for advocacy.

5.5.4 STRATEGIC RISK ANALYSIS AND MITIGATION MEASURES

The development of the Tanzania National Multi-Sectoral Strategy to End Female Genital Mutilation (FGM) 2025/26–2029/30 necessarily involved a thorough strategic risk analysis, informed by lessons learned from previous challenges and threats. Several key risks are likely to persist and require targeted attention to ensure the effectiveness and sustainability of the new Strategy.

One major category of strategic risk involves legal and policy implementation. Despite the existence of a robust legal framework prohibiting FGM, enforcement remains weak. This stems from low prioritization among law enforcement officers, leading to insufficient prosecutions and a resulting perception of impunity. Outdated policies such as the child development policy, which has not been reviewed in 15 years—and existing legal loopholes further compromise protection and enforcement. A continued risk also lies in inconsistencies between Tanzania’s national laws and regional frameworks, which complicate cross-border efforts and introduce legal ambiguities that weaken coordinated action. Addressing these risks requires legal review and harmonization, sustained capacity-building, and stronger accountability mechanisms within the justice system.

Socio-cultural risks pose another profound challenge. Deeply rooted traditional resistance to abandoning FGM persists, often reinforced by patriarchal norms and systemic gender inequality. An emerging threat is the rise of disguised practices and “alternative rites of passage,” where communities maintain traditional elements while bypassing legal prohibitions, making detection and intervention more complex. These adaptive forms of FGM demand culturally sensitive strategies that go beyond enforcement to address social pressures and belief systems. Limited public awareness and education also pose a risk, allowing misinformation and resistance to persist at the community level.

Finally, operational and financial risks are key considerations. Funding remains limited from both domestic and external sources with FGM sometimes underprioritized within Medium Term Expenditure Frameworks (MTEFs) across government entities. Resource allocation gaps threaten the rollout and sustainability of essential initiatives. Additionally, weak electronic data systems for monitoring and evaluation pose a strategic risk. Without strong data infrastructure, tracking progress, identifying prevalence trends, and making evidence-based decisions become challenging, limiting program responsiveness. The continued existence of cross-border FGM further exacerbates these risks, as the mobility of girls across national borders undermines domestic efforts and necessitates coordinated regional responses.

Table 8: Strategic Risk Analysis and Mitigation Measures

Risk Category	Key Strategic Risk	Potential Impact	Likelihood	Mitigation Strategies
	Inadequate Enforcement of Laws (Lack of prioritization by law enforcement, insufficient prosecutions)	Undermines legal framework; fosters impunity; perpetuates FGM; reduces public trust in justice system.	Medium to High	<ul style="list-style-type: none"> - Advocate FGM to be a priority for law enforcement agencies. - Provide specialized training for police, prosecutors, and judiciary on FGM laws and victim-centered approaches. - Establish clear reporting and accountability mechanisms for FGM cases. - Strengthen coordination between legal and social protection sectors.
	Outdated Policies & Legal Loopholes (e.g., Child Development Policy not reviewed; inconsistencies)	Gaps in legal protection reduce effectiveness of legal framework; allows for continued practice	Medium	Child Development

Risk Category	Key Strategic Risk	Potential Impact	Likelihood	Mitigation Strategies
		without clear legal recourse.		Policy) to align with current FGM context. - Harmonize national laws with regional (EAC, AU) and international FGM prohibitions and best practices.
	Persistent Cultural & Traditional Resistance (Deeply entrenched norms, patriarchal structures)	Slows down FGM abandonment; perpetuates intergenerational practice; creates resistance to interventions.	High	<ul style="list-style-type: none"> - Intensify culturally sensitive community dialogues and engagement, involving traditional and religious leaders, men, and boys. - Promote positive social norms through sustained public awareness campaigns, leveraging local influencers. - Develop and disseminate counter-narratives that challenge harmful traditional beliefs without alienating communities.
	Emergence of Disguised Practices & Alternative Rites of Passage (ARPs)	Makes FGM harder to detect and monitor; circumvents legal prohibitions; gives a false sense of abandonment.	High	<ul style="list-style-type: none"> - Conduct in-depth research to understand the evolving nature of disguised practices and "ARPs" that still involve FGM. - Develop monitoring tools and indicators specifically for identifying and reporting these new forms. - Strengthen community-based surveillance and reporting networks. - Educate communities on the distinction between harmless cultural rites and harmful practices disguised as such.

Risk Category	Key Strategic Risk	Potential Impact	Likelihood	Mitigation Strategies
	Limited Awareness & Education (Community Level)	Low understanding of FGM harms and legal implications; perpetuates misinformation; hinders community-led abandonment.	Medium	<ul style="list-style-type: none"> - Implement targeted, sustained, and accessible awareness campaigns using diverse media (radio, community theatre, social media, IEC materials). - Integrate FGM education into formal and informal education curricula. - Empower community educators and peer advocates to disseminate accurate information.
	Insufficient Funding & Low Prioritization in MTEF (Limited domestic/external funds; not prioritized in national budgets)	Restricts program scale, reach, and sustainability; leads to cessation of vital interventions.	High	<ul style="list-style-type: none"> - Advocate for increased domestic budget allocation for programs to end FGM across all relevant MDAs and LGAs. - Diversify funding sources by actively seeking new partnerships with international donors and private sector. - Demonstrate cost-effectiveness and impact of interventions to end FGM to justify increased investment. - Include FGM as a key priority in national development plans and MTEFs.
	Ineffective Data Systems for M&E (Poor data collection, analysis, and utilization)	Hinders evidence-based decision-making; limits accountability; prevents adaptive programming; masks true prevalence.	Medium	<ul style="list-style-type: none"> - Invest in developing and implementing a robust, centralized electronic data system for FGM monitoring and evaluation. - Strengthen capacity for data collection, analysis, and reporting at all levels (national to community). - Ensure data is disaggregated to

Risk Category	Key Strategic Risk	Potential Impact	Likelihood	Mitigation Strategies
				Identify specific trends and vulnerable populations. - Establish mechanisms for regular data review and utilization for strategic adjustments.
	Cross-Border FGM (Movement of girls across borders for FGM)	Undermines national laws; makes tracking difficult; perpetuates the practice beyond national control.	Medium	- Foster stronger regional cooperation and agreements with neighboring countries on efforts to end FGM. - Establish joint action plans, data-sharing protocols, and coordinate prevention strategies with border communities and authorities. - Increase surveillance and border monitoring in known cross-border FGM hotspots. - Conduct joint advocacy and awareness campaigns in border areas.

Annex



ANNEXES

Annex I: Result Framework

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
Overarching Goal: To reduce the prevalence rate of Female Genital Mutilation in Tanzania by 50% from 8% in 2024/2025 to 4% in 2029/30	% decrease of girls aged 0-14 who have undergone Female Genital Mutilation	8%	7%	6%	5%	4%	4%	4%	Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS).	Once	Official TDHS-MIS reports (e.g., final survey reports, preliminary reports, statistical tables). National Bureau of Statistics (NBS) publications.	Ministry of Community Development, Gender, Women, and Special Groups. Ministry of Health, Community Development, Gender, Elderly and Children.	UNICEF Tanzania, UNFPA Tanzania, Local and international NGOs working on FGM elimination (NAFGEM, LHRC, Hope for Girls and Women Tanzania, Plan International etc.).
Strategic Objective I (SO1): Strengthen policy and legal framework enforcement													
	# of national laws and policies aligned with international human rights instruments.	2	1	2	2	1	1	6	Legal reviews, Policy documents	Annually	Official government gazettes, Legal analysis reports	Ministry of Constitutional and Legal Affairs, Attorney General's Office, Ministry of Community Development, gender, women and special groups.	Civil Society Organizations (CSOs), Parliament

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
to prohibit FGM.	# of national laws and policies reviewed/enacted to explicitly address FGM and related issues.	1	1	1	2	1	1	6	Legal reviews, Policy documents	Annually	FGM law in place, Official government gazettes, Legal analysis reports, Survey, Law of Evidence, witness protection Act, Law of Child Act in place	Ministry of Constitutional and Legal Affairs, Attorney General's Office	CSOs, Parliament
Output 1.1.1: National Policies addressing FGM are fully aligned and officially adopted to meet international human rights standards.	# of national Policies reviewed and adopted, to address FGM in line with international standards (Maputo protocol, CEDAW and AU 2063)	0	0	1	1	1	1	4	Policy documents	Annually	Legal documents, Policy adoption records	Ministry of Constitutional and Legal Affairs, Attorney General's Office, Ministry of Community Development, Gender, Women and Special Groups	CSOs
Output 1.1.2: National laws addressing FGM are fully aligned and officially adopted to	# of national laws reviewed to address FGM in line with international standards (East Africa	0	0	0	0	0	1	1	Legal reviews	Annually	Legal analysis reports, Review documents	Ministry of Constitutional and Legal Affairs, Attorney General's Office, Ministry of Community Development,	CSOs, Parliament

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
meet international human rights standards.	FGM Act)											Gender, Women and Special Groups	
	% increase in the number of trained law enforcers on FGM prevention, reporting, and response.	90%	15%	15%	15%	20%	20%	85%	Training reports	Annually	Training attendance sheets, Pre/post-test results	Judiciary, Police Force, National Prosecution Services	Training institutions/National Facilitators
	# of law enforcers exercising Standard Operating Procedures in handling FGM cases.	518	90	90	90	90	90	450	Court records	Quarterly	Court judgments, Case tracking databases	National Prosecution Services, Judiciary	Police Force
	# of Law enforcers trained on FGM related laws and procedures	518	90	90	90	90	90	450	Training reports	Annually	Training attendance sheets, Pre/post-test results	Judiciary, Police Force, National Prosecution Services	Training institutions
	% increase of FGM cases investigated prosecuted and	TBD	80%	80%	85%	90%	95%	95%	Court records	Quarterly	Court judgments, Case tracking databases	National Prosecution Services, Judiciary	Police Force

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
	convicted.												
	# of FGM case handling guidelines developed and disseminated .	1	1	1	0	0	1	3	Dissemination Reports	Once	Approved guidelines document	Judiciary, National Prosecution Services	Ministry of Constitutional and Legal Affairs
	% of law enforcement institutions using the adopted guidelines.	0%	50%	80%	100%	0%	0%	100%	Implementation reports	Annually	Institutional reports, Case files	Police Force, National Prosecution Services, Judiciary	
Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.													
	% increase in community members with knowledge about the harms of FGM and its legal implications	37%	15%	10%	20%	15%	15%	75%	Community surveys	Biannually	Survey reports	Ministry of Community Development, Gender, Women and Special Groups, LGAs	CSOs, Traditional and Religious Leaders
	# of religious and traditional leaders actively advocate to end FGM in	45	80	100	180	90	300	750	Community declarations Reports from local	Annually	Event and Media reports	Traditional and Religious Leaders, CSOs	LGAs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
	their communities.								leaders				
	% increase of men and boys who express support for ending FGM and actively participate in prevention efforts.	TBD	5%	10%	15%	18%	22%	70%	Community surveys	Biannually	Survey reports	Ministry of Community Development, Gender, Women and Special Groups, LGAs	CSOs, Traditional and Religious Leaders
	% decrease of girls aged 0–14 undergone FGM.	TBD	NA	NA	10%	10%	10%	30%	Activity reports	Quarterly	Attendance lists, Meeting minutes	CSOs, Community-Based Organizations (CBOs)	LGAs
	% of community members reached through awareness campaigns	67%	15%	10%	20%	15%	15%	75%	Community declarations, Reports from local leaders	Annually	Signed declarations, Event reports	Traditional and Religious Leaders, CSOs	LGAs
	% of FGM practitioners publicly denouncing the practice.	TBD	20%	50%	65%	70%	90%	90%	Program records, public declarations, NGO	Bi-Annually	Signed declarations, transition support program reports, media	Ministry of Community Development, CSOs working on FGM, LGAs	Ministry of Health, Police Gender Desks, Faith-Based Organizations (FBOs),

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
and Survivors									reports		coverage, community event records		Women's and Youth Networks
	Prevalence of traditional leaders actively engaged in anti-FGM campaigns and community sensitization initiatives.	TBD	50%	70%	90%	100%	100%	100%	Campaign activity reports, community dialogue session reports	Quarterly	Attendance lists, meeting reports, photos/videos of events, testimonial records	National and Regional Anti-FGM Committees, Local Government Authorities (LGAs), Community-Based Organizations (CBOs)	Ministry of Information, Traditional and Cultural Councils, Media Outlets, Development Partners
	% increase in FGM mutilators and traditional leaders demonstrate improved knowledge of FGM-related health complications and human rights violations.	TBD	25%	40%	50%	65%	80%	80%	Activity reports	Quarterly		Community Development Officers, Health Promotion Officers, Local NGO Staff.	Ministry of Health, Ministry of Community Development, Gender, Women and Special Groups, Local Government Authorities (LGAs), Community Leaders.

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
consequences of FGM	# of FGM mutilators and traditional leaders actively participating in peer-to-peer learning sessions and exposure visits.	TBD	100	350	500	800	1000	2750	Visit report	Quarterly	Activity reports detailing the content and participants of each session/visit	Community Mobilizers, Local NGO Staff, Traditional Leader Networks.	Health Facility Staff (for exposure visits), Religious Leaders, Ward Development Committees (WDCs).
	# of functional multi-sectoral support centers providing mental, psychosocial, social, and economic services to FGM survivors and at-risk girls	TBD						5000	Ministry of Health reports District Social Welfare records NGO/CSO program reports	Annually	Site visit reports Service center registers/logbooks Beneficiary records Programmatic reports	Ministry of Health Ministry of Community Development Local Government Authorities (LGAs)	Civil Society Organizations (e.g., CDF, TAMWA, TAWLA) UN agencies (e.g., UNFPA, UNICEF) Community-based organizations
	% of FGM survivors and at-risk girls accessing mental, psychosocial, or economic support services in	TBD						100%	Client intake and service utilization records Social Welfare	Biannually	Beneficiary lists HMIS reports Community outreach reports	Ministry of Health LGAs Health facilities and Social Welfare Officers	NGOs and CBOs Regional/ District Gender & Health Teams Community Health Workers

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
	targeted regions								and NGO reports Health facility data				(CHWs)
Output 2.2.3: Alternative livelihood skills training provided to FGM Mutilators to support economic transition away from the practice	# of FGM Mutilators trained in alternative livelihood skills.	18	18	18	18	18	18	90	Training reports	Biannually	Training certificates	Ministry of Community Development, Gender, Women and Special Groups,	LGAs
	# Mutilators with skills on alternative income generating activities	18	18	18	18	18	18	90	Activity reports	Biannually		Ministry of Community Development, Gender, Women and Special Groups, Ministry of Agriculture, Ministry of Livestock and Fisheries	LGAs

Strategic Objective III (SO3): Enhance Access to Quality Services for Prevention, Reporting and Response.

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
Outcome 3.1: Enhanced access to Comprehensive FGM Prevention Reporting and Response Services.	% of FGM survivors accessing comprehensive medical, psychosocial, and legal services	87%	15%	20%	15%	20%	20%	90%	Service user surveys, Case management data	Annually	Client satisfaction surveys, Service utilization reports	Ministry of Health, Ministry of Community Development, Gender, Women and Special Groups	CSOs
	% of schools and informal education programs integrating FGM prevention modules.	5%	15%	15%	15%	20%	20%	85%	Program reports, Education curriculum reviews	Annually	Curriculum documents, School reports	Ministry of Education, CSOs	Schools, Community education centers
	# of healthcare providers trained on FGM prevention, screening, reporting and survivor care	225	140	140	140	140	140	600	Training reports	Annually	Training attendance, Certification	Health training institutions, CSOs	
	% increase regional coverage of FGM response services.	TBD	9	6	5	5	1	26	Service mapping, Facility reports	Annually	GIS maps, Service directory	Ministry of Health, LGAs	CSOs

Results (Outcome/Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
Output 3.1.1: Multi-sectoral service delivery points, including one-stop centers and mobile outreach units strengthened.	# of multi-sectoral service delivery points strengthened.	4	5	5	5	5	5	25	Facility assessment reports	Annually	Infrastructure upgrade reports, Equipment registers	Ministry of Health, LGAs	Government Ministries Local Government Authorities (LGAs) NGOs
	# of mobile outreach units established and operational.	0	12	12	12	12	12	60	Operational reports	Quarterly	Outreach schedules, Beneficiary registers	CSOs, Health facilities	Government Ministries Local Government Authorities (LGAs) Civil Society Organizations (CSOs) NGOs
	# of specialized and functional support centers/units providing mental health and psychosocial support to FGM survivors and at-risk girls established.	3	0	2	3	3	1	9	Project reports. Annually/ Bi-annually, Official registration documents	Site visit reports	Activity reports detailing establishment and functionality	CSOs, Health facilities	Government Ministries: Local Government Authorities (LGAs) Society Organizations (CSOs) NGOs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
	# of FGM survivors and at-risk girls accessing psychosocial, social, or economic support services	33	3,000	4,000	5,000	1,500	1,500	15,000	Client intake forms	Case management records	Beneficiary databases	CSOs, Health facilities	Government Ministries Local Government Authorities (LGAs); Civil Society Organizations (CSOs) NGOs
	# of service providers trained in FGM-sensitive (trauma-informed care, case management, and survivor-centered) support.	202	140	140	140	140	140	700	Training completion certificates	Pre/post-training assessments	Training reports Annually/As needed, Signed attendance sheets	Copies of training curricula and materials	Government Ministries Training Institutions
Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.													
	# of active and accountable members of technical working group	18	50	50	50	50	50	250	Meetings, minutes	Quarterly	Review of the reports	Ministries	CSOs LGAs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
multi-sectoral stakeholders	# of forums at National, regional, district, ward and village/ mtaa coordinated.	4	55	55	55	55	55	55	Activity reports		Review of the reports	Ministry of Community Development, Gender, Women and Special Groups, Ministry of Agriculture,	CSOs LGAs
	# of active women and children protection committees at national, regional, and district levels	TBD	54	54	54	54	54	54	Meeting minutes, Activity reports	Quarterly	Terms of Reference, Meeting schedules	Prime Minister's Office, Ministry of Community Development, Gender, Women and Special Groups, LGAs, Regional and District Secretariats	CSOs LGAs
	# of joint work plans to address FGM	0	55	55	55	55	55	275				Prime Minister's Office, Ministry of Community Development, Gender, Women and Special Groups, LGAs, Regional and District Secretariats	CSOs LGAs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
	# of meetings conducted.	60	60	60	60	60	60	60	Meeting minutes, Activity reports	Quarterly	Meeting reports, Attendance lists	Prime Minister's Office, Ministry of Community Development, Gender, Women and Special Groups, LGAs, Regional and District Secretariats	CSOs LGAs
	% increase of financial resources mobilized locally and internationally to end FGM	0.5%	2%	3%	4%	4%	4%	17%	Financial reports	Annually	Donor agreements, Budget reports	Ministry of Finance, CSOs	Development Partners
	% increase in government budgetary allocation across relevant sectors to end FGM	0.5%	2%	3%	4%	4%	4%	17%	Budget briefs	Annually	Review of the budget briefs	Ministry of Finance, All relevant ministries	Parliament
	# of innovative financing mechanisms designed to support FGM	0	1	1	1	1	1	5	Establishment reports	Annually	Fund agreements, Investment frameworks	Ministry of Finance	Private sector, Donors

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
government, donors, and private sector to end FGM.	programs												
	# of Institutions committed financial support to end FGM.	2	5	5	5	5	5	25	Financial reports	Annually	Donor agreements, Budget reports	Ministry of Finance, CSOs	Development Partners
	# of key stakeholders (MDAs, CSOs, LGAs) trained	0	140	140	140	140	140	700	Training reports	Annually	Training attendance, Fundraising plans	CSOs, Government agencies	Capacity building organizations
	# of FGM programs or projects funded	0	1	1	1	2	1	5	Proposal submission records	Annually	Submitted proposals, Grant awards	CSOs, Government agencies	Donors
	# of fund proposals for FGM interventions	0	2	2	2	2	2	10	Proposal submission records	Annually	Submitted proposals, Grant awards	CSOs, Government agencies	CSOs
Strategic Objective V (SO5): Strengthen Evidence Generation, Knowledge Management, and Learning.													
	# of FGM-specific research studies conducted.	2	0	1	1	1	1	5	Research reports, Publication databases	Annually	Research publications, Policy briefs	National Bureau of Statistics (NBS), Research institutions, Universities	Academia, CSOs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
g and policy development .	# of updated FGM prevalence data disseminated .	2	0	1	1	1	1	5	System reports	Annually	Data integration reports, System audits	Ministry of Health, NBS	Academia, CSOs
	# of best practices documented and shared.	9	9	9	9	9	9	45	Platform reports	Annually	Online portals, Community of Practice records	Ministry of Information, Research institutions, CSOs	Academia
	# of National research agenda on FGM adopted.	0	1	1	1	1	1	5	Official records	Once	Approved research agenda document	Tanzania Commission for AIDS (TACAIDS), Research institutions	NBS
	# of institutions engaged in FGM research under the national agenda	2	2	2	2	2	2	8	Research reports, Publication databases	Annually	Research publications, Policy briefs	National Bureau of Statistics (NBS), Research institutions, Universities	Academia, CSOs
	FGM Dashboard in place	0	0	1	0	0	0	1	System reports	Once	Database system review	Ministry of Health, NBS	
	# of Councils regularly submitting FGM-related data into	13	9	9	9	9	9	45	System reports	Annually	Data integration reports, System audits	Ministry of Health, NBS	LGAs

Results (Outcome/ Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
annual publications.	national systems												
	# of publications using FGM data	2	2	2	2	2	8	16	Publication records	Annually	Policy briefs, Annual reports, Fact sheets	NBS, Ministry of Community Development, Gender, Women and Special Groups, CSOs	Government Ministries, CSOs
	# of key stakeholders capacitated on FGM monitoring, evaluation and data utilization.	0	140	140	140	140	140	700	Program documents	Annually	M&E plans, Indicator tracking tables	All implementing agencies, CSOs	Government Ministries, CSOs
	# of key stakeholders with M&E system integrated into their FGM programs	2	5	5	5	5	5	25	Training reports	Annually	Training attendance, Competency assessments	NBS, Implementing agencies	Government Ministries, CSOs
	# of national and sub-national learning and knowledge-sharing platforms on	0	1	2	2	2	2	9	Platform reports	Annually	Online portals, Community of Practice records	Ministry of Information, Research institutions, CSOs	Academia

Results (Outcome/Output)	Indicator	Baseline Value	Milestone					Target	Data Source	Frequency	Means of Verification	Responsible	
			Y1	Y2	Y3	Y4	Y5					Key Implementers	Key Collaborators
feedback mechanisms strengthened.	FGM convened annually												
	# of FGM key stakeholders that integrate lessons learned into planning and budgeting processes	2	5	5	5	5	5	25	Platform reports	Annually	Online portals, Community of Practice records	Ministry of Information, Research institutions, CSOs	Academia

Annex II: Strategy Implementation Plan

Outcome	Key Strategic Interventions	Performance Indicator	Proposed Key Actors
	Facilitate the alignment of national laws and policies with international human rights instruments (e.g., Maputo Protocol, CRC, CEDAW) through policy reviews, technical support, and multi-stakeholder consultations.	Number of national laws and policies aligned with international human rights instruments	Ministry of Constitutional and Legal Affairs Ministry of Community Development, Gender, Women, and Special Groups (MCDGWSG) Law Reform Commission Attorney General's Office Civil Society Organizations (CSOs) CBOs
	Advocate for and support the comprehensive review and reform of national legal and policy frameworks to ensure they explicitly prohibit Female Genital Mutilation (FGM) and align with international human rights standards.	Number of national laws and policies reviewed/enacted to explicitly address FGM and related issues.	MCDGWSG Local Government Authorities (LGAs) Ministry of Information, Culture, Arts and Sports CSOs CBOs
	Enhance the operational capacity of law enforcement and legal professionals in FGM prevention, reporting, and response.	Percentage increase in the number of trained law enforcers on FGM prevention, reporting, and response.	Judiciary Office of the Director of Public Prosecutions (DPP) Police Force Immigration Department Social Welfare Department Ministry of Health CSOs (e.g., Legal Aid providers)
	Establish and strengthen Standard Operating Procedures (SOPs) for handling FGM cases among law enforcement agencies.	Number of law enforcers exercise Standard Operating Procedures in handling FGM cases.	District Councils Community Leaders Police Gender and Children's Desks Social Welfare Officers Health Facilities CSOs
	Implement targeted community awareness and education campaigns to highlight the health risks of FGM, promote behavior change, dispel myths, reinforce community-led efforts to abandon the practice, and raise awareness of its legal consequences	Number increase in community members with knowledge about the harms of FGM and its legal implications	MCDGWSG Ministry of Information, Culture, Arts and Sports Local Government Authorities (LGAs) CSOs and Community-Based Organizations (CBOs) Media Outlets
	Engage religious and traditional leaders as change agents to promote messages to end FGM through culturally appropriate dialogues,	Number of religious and traditional leaders actively advocate to end FGM in their communities.	Religious and Traditional Councils/Associations CSOs/CBOs Community Leaders

	sermons, and community forums		
	Design and implement male-focused sensitization programs that engage men and boys through peer education, community dialogues, and mentorship initiatives to promote positive masculinity and support for ending FGM.	Percentage increase of men and boys who express support for ending FGM and actively participate in prevention efforts.	CSOs/CBOs (specializing in cultural transformation) Community Leaders Parents and Guardians Cultural Institutions
	Establish and reinforce a comprehensive, multi-layered mentorship and leadership development program specifically for women and girl advocates.	Percentage increase of women and girl advocates reporting enhanced leadership skills, increased confidence in advocacy, and expanded professional networks, as evidenced by pre- and post-program assessments and qualitative feedback.	The Ministry of Community Development, Gender, Women and Special Groups
	Promote Community-Led Dialogues and Restorative Justice Circles for Social Reintegration.	Number of community-led dialogues and restorative justice circles conducted annually	Ministry of Community Development, Gender, Women and Special Groups
	Establish and strengthen comprehensive social support networks for FGM survivors.	Number of FGM survivors access community-based psychosocial counseling and support services.	Ministry of Health, Ministry of Social Welfare, CSOs, Community Health Workers.
	Implement livelihood and economic empowerment support interventions to identified FGM Mutilators to their transition into sustainable, alternative income-generating activities	Number of FGM Mutilators identified and transitioned to alternative income-generating activities	Ministry of Labour, Youth, Employment and Persons with Disability Ministry of Community Development, Gender, Women, and Special Groups Vocational Education and Training Authority (VETA) CSOs specializing in economic empowerment Private Sector (for job placement)
	Establish and strengthen comprehensive social support networks for FGM survivors.	Number of FGM survivors access community-based psychosocial counseling and support services.	Ministry of Health, Ministry of Social Welfare, CSOs, Community Health Workers.

Outcome 3.1: Enhanced access to Comprehensive FGM Prevention Reporting and Response Services.	Strengthen referral systems and service delivery by training healthcare providers, social workers, and legal personnel to offer integrated, survivor-centered medical, psychosocial, and legal support to FGM survivors.	Percentage of FGM survivors accessing comprehensive medical, psychosocial, and legal services	Ministry of Education, Science and Technology Tanzania Institute of Education (TIE) CSOs working in education and youth development
	Collaborate with the Ministry of Education Science and Technology and CSOs to integrate age-appropriate FGM prevention content into school curricula and informal education programs, while equipping educators with the necessary skills to deliver the content effectively and facilitate safe, informed discussions	Percentage of schools and informal education programs integrating FGM prevention modules.	Ministry of Health Medical and Nursing Councils Professional Associations Health Training Institutions
	Establish and operationalize the technical working group and conduct regular capacity-building sessions and progress reviews to enhance active participation and commitment to FGM prevention efforts.	Number of active and accountable members of technical working group	MCDGWSG (Lead) President’s Office – Regional Administration and Local Government (PO-RALG) Relevant sector Ministries (Health, Education, Home Affairs, Legal Affairs, etc.) CSOs Community Leaders Development Partners
	Establish and strengthen multi-level coordination mechanisms to organize and facilitate regular forums at national, regional, district, ward, and village/mtaa levels, ensuring inclusive participation of stakeholders for effective dialogue, monitoring, and collaborative decision-making	Number of forums at National, regional, district, ward and village/ mtaa coordinated	MCDGWSG All relevant government ministries and departments CSOs Development Partners
	Develop and implement a comprehensive FGM resource mobilization strategy.	Percentage increase of financial resources mobilized locally and internationally to end FGM	MCDGWSG Ministry of Finance and Planning Relevant sector Ministries CSOs Development Partners

	Advocate for the integration of FGM prevention, reporting, and response into sectoral planning and budgeting processes by engaging key MDAs to ensure increased and sustained government budgetary allocations across relevant sectors	Percentage increase in government budgetary allocation across relevant sectors to end FGM	Ministry of Finance and Planning Parliament Relevant Sector Ministries Local Government Authorities CSOs
	Promote and support the Ministry responsible for FGM to collaborate with academic institutions, research organizations, and relevant government bodies to generate evidence-based data that informs policies, programs, and advocacy efforts	Number of FGM-specific research studies conducted.	National Bureau of Statistics (NBS) Ministry of Health Ministry of Community Development, Gender, Women, and Special Groups Academic and Research Institutions Development Partners
	Strengthen national data collection systems for FGM cases and interventions.	Number of updated FGM prevalence data disseminated.	NBS Relevant sector Ministries (Health, Social Welfare, Justice, Education) Local Government Authorities & CSOs
	Establish a centralized knowledge management platform for FGM information.	Number of best practices documented and shared.	MCDGWSG Research Institutions CSOs Ministry of Information, Culture, Arts and Sports Development Partners
	Design and implement targeted capacity building programs for key stakeholders including government officials, civil society	Number of key stakeholders capacitated on FGM monitoring, evaluation and data utilization	MCDGWSG (Coordination) NBS Relevant sector Ministries Development Partners
			Development Partners Institutions (capacity building) Development Partners

Annex III: Costed Work Plan

Strategic Objective I (SO1): Strengthen policy and legal framework enforcement						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Outcome 1.1: Enhanced alignment of national laws and policies with regional and international human rights instruments to prohibit FGM	720,000,000	200,000,000	245,000,000	80,000,000	50,000,000	1,295,000,000
SI 1.1.1 Facilitate the alignment of national laws and policies with international human rights instruments (e.g., Maputo Protocol, CRC, CEDAW) through policy reviews, technical support, and multi-stakeholder consultations.	330,000,000	40,000,000	30,000,000	30,000,000	-	430,000,000
Activity 1.1.1.1 Conduct gap analysis mapping current laws against Maputo, CEDAW, and CRC.	70,000,000	-	-	-	-	70,000,000
Activity 1.1.1.2 Conduct a comprehensive review of existing national laws and policies related to FGM/C, identifying gaps and areas for reform to align with international human rights standards (e.g., Maputo Protocol, SDG 5).	110,000,000	-	-	-	-	110,000,000
Activity 1.1.1.3 Develop and implement training programs for law enforcement officials, legal professionals, and judicial officers on the FGM/C legal framework, investigation procedures, and victim support, emphasizing human rights principles.	50,000,000	40,000,000	30,000,000	30,000,000	-	150,000,000

Strategic Objective I (SO1): Strengthen policy and legal framework enforcement						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 1.1.1.4 Establish and operationalize a dedicated unit within the relevant government ministry or law enforcement agency to monitor, report on, and ensure accountability for FGM cases, including a robust referral mechanism for victims.	100,000,000	-	-	-	-	100,000,000
SI 1.1.2 Advocate for and support the comprehensive review and reform of national legal and policy frameworks to ensure they explicitly prohibit Female Genital Mutilation (FGM) and align with international human rights standards.	390,000,000	160,000,000	215,000,000	50,000,000	50,000,000	865,000,000
Activity 1.1.2.1 Develop and disseminate evidence-based advocacy briefs and policy papers	40,000,000	30,000,000	-	-	-	70,000,000
Activity 1.1.2.2 Organize high-level advocacy meetings and engagements with key policymakers and legislative bodies.	80,000,000	-	65,000,000	-	-	145,000,000
Activity 1.1.2.3 Support legal aid clinics and civil society organizations to document and present FGM/C cases as evidence for legal reform.	120,000,000	-	100,000,000	-	-	220,000,000
Activity 1.1.2.4 Provide technical and legal expertise to draft or amend laws and policies, ensuring they comprehensively address all forms of FGM.	100,000,000	80,000,000	-	-	-	180,000,000
Activity 1.1.2.5 Organize public awareness campaigns and media engagements to sensitize the public, policymakers, and legal professionals about proposed legal reforms and the importance of a comprehensive FGM prohibition.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000
Outcome 1.2: Improved capacity of law enforcers to effectively implement and enforce FGM related laws.	230,000,000	225,000,000	130,000,000	175,000,000	30,000,000	790,000,000

Strategic Objective I (SO1): Strengthen policy and legal framework enforcement						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
SI 1.2.1 Enhance the operational capacity of law enforcement and legal professionals in FGM prevention, reporting, and response.	135,000,000	190,000,000	105,000,000	155,000,000	30,000,000	615,000,000
Activity 1.2.1.1 Develop and implement a standardized training curriculum on FGM for police officers, prosecutors, judges, and paralegals	90,000,000	60,000,000	50,000,000	40,000,000	30,000,000	270,000,000
Activity 1.2.1.2 Conduct specialized workshops for law enforcement on gender-sensitive policing and survivor-centered approaches	45,000,000	-	55,000,000	-	-	100,000,000
Activity 1.2.1.3 Organize cross-border learning visits to jurisdictions with FGM prosecutions.		130,000,000		115,000,000		245,000,000
SI 1.2.2 Establish and strengthen Standard Operating Procedures (SOPs) for handling FGM cases among law enforcement agencies.	95,000,000	35,000,000	25,000,000	20,000,000	-	175,000,000
Activity 1.1.2.1 Develop and disseminate clear, step-by-step Standard Operating Procedures (SOPs) for police officers, prosecutors, and judiciary on how to receive, investigate, prosecute, and adjudicate FGM cases.	60,000,000	-	-	-	-	60,000,000
Activity 1.1.2.2 Conduct regular training workshops for law enforcement personnel on the newly developed SOPs, including practical exercises and case studies.	35,000,000	35,000,000	25,000,000	20,000,000	-	115,000,000
Total SO1	950,000,000	425,000,000	375,000,000	255,000,000	80,000,000	2,085,000,000

Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total

Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Outcome 2.1: Increased community awareness on FGM as a harmful practice.	1,789,000,000	2,943,000,000	1,300,000,000	767,000,000	412,000,000	7,211,000,000
SI 2.1.1 Implement targeted community awareness and education campaigns to highlight the health risks of FGM, promote behavior change, dispel myths, reinforce community-led efforts to abandon the practice, and raise awareness of its legal consequences	210,000,000	207,000,000	185,000,000	182,000,000	167,000,000	951,000,000
Activity 2.1.1.1 Organize community dialogues and sensitization workshops in high-prevalence FGM communities, involving traditional leaders, religious figures, and community elders, to discuss the health complications and legal repercussions of FGM.	80,000,000	80,000,000	65,000,000	65,000,000	55,000,000	345,000,000
Activity 2.1.1.2 Develop and disseminate culturally sensitive IEC (Information, Education, and Communication) materials (e.g., posters, radio jingles, short videos) that debunk myths about FGM and promote its abandonment, featuring testimonials from survivors.	20,000,000	20,000,000	15,000,000	15,000,000	12,000,000	82,000,000
Activity 2.1.1.3 Support and empower community-led initiatives, such as "alternative rites of passage" or "public declarations" by communities to abandon FGM, providing technical and logistical assistance.	30,000,000	27,000,000	25,000,000	22,000,000	20,000,000	124,000,000
Activity 2.1.1.4 Organize community dialogues and public forums led by local champions to facilitate open discussions, challenge harmful traditional norms, and highlight the legal repercussions of FGM	80,000,000	80,000,000	80,000,000	80,000,000	80,000,000	400,000,000
SI 2.1.2 Engage religious and traditional leaders as change agents to promote messages on ending FGM through culturally appropriate dialogues, sermons, and community forums	88,000,000	200,000,000	70,000,000	70,000,000	70,000,000	498,000,000
Activity 2.1.2.1 Develop a curriculum on the negative impacts of FGM.	18,000,000	-	-	-	-	18,000,000

Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 2.1.2.2 Conduct training-of-trainers (ToT) workshops for religious and traditional leaders on the negative impacts of FGM, aligning with religious texts and cultural values that promote human dignity.	-	130,000,000	-	-	-	130,000,000
Activity 2.1.2.3 Facilitate interfaith dialogues and community forums.	70,000,000	70,000,000	70,000,000	70,000,000	70,000,000	350,000,000
SI 2.1.3 Design and implement male-focused sensitization programs that engage men and boys through peer education, community dialogues, and mentorship initiatives to promote positive masculinity and support for ending FGM.	1,491,000,000	2,536,000,000	1,045,000,000	515,000,000	175,000,000	5,762,000,000
Activity 2.1.3.1 Develop a male-focused curriculum on positive masculinity, gender equality, and FGM prevention	35,000,000	-	-	-	-	35,000,000
Activity 2.1.3.2 Train male peer educators (TOTs) to deliver the curriculum through structured group sessions in communities and schools.	150,000,000	120,000,000		100,000,000		370,000,000
Activity 2.1.3.3 Organize community dialogues specifically for men and boys, facilitated by male role models.	130,000,000	130,000,000	130,000,000	130,000,000	130,000,000	650,000,000
Outcome 2.2: Strengthened social economic empowerment for FGM Mutilators and traditional leaders to abandon FGM practice.	392,000,000	762,000,000	305,000,000	95,000,000	15,000,000	1,569,000,000
SI 2.2.1 Promote Community-Led Dialogues and Restorative Justice Circles for Social Reintegration.	175,000,000	575,000,000	265,000,000	65,000,000	15,000,000	1,095,000,000
Activity 2.2.1.1 Train community facilitators and paralegals on restorative justice principles and culturally appropriate dialogue facilitation techniques.	35,000,000	-	-	-	-	35,000,000

Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 2.2.1.2 Organize regular community-led dialogue forums with survivors, traditional leaders, FGM practitioners, youth, parents, and elders to foster mutual understanding and promote abandonment of FGM.	140,000,000	160,000,000	-	-	-	300,000,000
Activity 2.2.1.3 Establish and support local Restorative Justice Circles to mediate conflicts, address stigma, and promote the reintegration of survivors and reformed practitioners.	-	50,000,000	50,000,000	50,000,000	-	150,000,000
Activity 2.2.1.4 Develop and disseminate community guidelines and protocols for conducting safe, respectful, and inclusive restorative justice sessions.		15,000,000	15,000,000	15,000,000	15,000,000	60,000,000
Activity 2.2.1.5. Monitor and document outcomes and success stories from community dialogues and justice circles to inform policy and replicate best practices in other regions.	-	350,000,000	200,000,000	-	-	550,000,000
SI 2.2.2 Establish and strengthen comprehensive social support networks for FGM survivors.	217,000,000	187,000,000	40,000,000	30,000,000	-	474,000,000
Activity 2.2.2.1 Develop a directory of available social support services for FGM survivors	10,000,000	-	-	-	-	10,000,000
Activity 2.2.2.2 Train community health workers, social workers, and local counselors in providing psychosocial support and first-line assistance to FGM survivors, including referral pathways	127,000,000	127,000,000	-	-	-	254,000,000
Activity 2.2.2.3 Establish and support survivor-led support groups where FGM survivors can share experiences, offer mutual support, and access resources in a safe and confidential environment.	80,000,000	60,000,000	40,000,000	30,000,000	-	210,000,000
Total SO2	2,181,000,000	3,705,000,000	1,605,000,000	862,000,000	427,000,000	8,780,000,000

Strategic Objective III (SO3): Enhance Access to Quality Services for Prevention, Reporting and Response.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Outcome 3.1: Enhanced access to Comprehensive FGM Prevention Reporting and Response Services.	17,000,000	287,000,000	347,000,000	152,000,000	17,000,000	820,000,000
SI 3.1.1 Strengthen referral systems and service delivery by training healthcare providers, social workers, and legal personnel to offer integrated, survivor-centered medical, psychosocial, and legal support to FGM survivors.	17,000,000	202,000,000	152,000,000	152,000,000	17,000,000	540,000,000
Activity 3.1.1.1 Develop and institutionalize a comprehensive training program for healthcare providers on the medical management of FGM complications, including reconstructive surgery options and sexual and reproductive health needs.	-	50,000,000	-	-	-	50,000,000
Activity 3.1.1.2 Train social workers and counselors on trauma-informed care, psychosocial support, and effective counseling techniques for FGM survivors, including children and adolescents.	-	135,000,000	135,000,000	135,000,000	-	405,000,000
Activity 3.1.1.3 Establish clear, accessible, and confidential referral pathways between health facilities, social welfare departments, legal aid services, and community-based organizations to ensure holistic support for survivors.	17,000,000	17,000,000	17,000,000	17,000,000	17,000,000	85,000,000
SI 3.1.2 Collaborate with the Ministry of Education Science and Technology and CSOs to integrate age-appropriate FGM prevention content into school curricula and informal education programs, while equipping educators with the necessary skills to deliver the content effectively and facilitate safe, informed discussions	-	85,000,000	195,000,000	-	-	280,000,000
Activity 3.1.2.1 Review and revise the national school curriculum to integrate age-appropriate messages to end FGM into subjects	-	60,000,000	-	-	-	60,000,000

Strategic Objective III (SO3): Enhance Access to Quality Services for Prevention, Reporting and Response.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 3.1.2.2 Develop and disseminate educational resources for teachers to facilitate discussions on FGM in a sensitive and engaging manner.	-	-	145,000,000	-	-	145,000,000
Activity 3.1.2.3 Develop and pilot teacher training modules on FGM prevention, focusing on accurate information, sensitive facilitation skills, and strategies for creating a safe classroom environment for discussions.	-	25,000,000	-	-	-	25,000,000
Activity 3.1.2.4 Support CSOs in developing and implementing complementary informal education programs and youth clubs that address FGM, sexual and reproductive health, and human rights, especially for out-of-school adolescents.	-	-	50,000,000	-	-	50,000,000
Total SO3	17,000,000	287,000,000	347,000,000	152,000,000	17,000,000	820,000,000

Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Outcome 4.1: Enhanced coordination and collaboration among multi-sectoral stakeholders.	544,000,000	340,000,000	260,000,000	260,000,000	260,000,000	1,664,000,000
SI 4.1.1 Establish and operationalize the technical working group and conduct regular capacity-building sessions and progress reviews to enhance active participation and commitment to FGM prevention efforts.	80,000,000	60,000,000	60,000,000	60,000,000	60,000,000	320,000,000
Activity 4.1.1.1 Formally establish a multi-sectoral national technical working group on FGM prevention, comprising representatives from government ministries, civil society organizations, UN agencies, and community leaders.	20,000,000	-	-	-	-	20,000,000

Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 4.1.1.2 Develop a clear term of reference and work plan for the technical working group, outlining its objectives, roles, and responsibilities, including regular meeting schedules.	-	-	-	-	-	-
Activity 4.1.1.3 Facilitate regular meetings of the technical working group to review progress, identify challenges, share best practices, and coordinate joint strategies for FGM prevention.	60,000,000	60,000,000	60,000,000	60,000,000	60,000,000	300,000,000
SI 4.1.2 Establish and strengthen multi-level coordination mechanisms to organize and facilitate regular forums at national, regional, district, ward, and village/mtaa levels, ensuring inclusive participation of stakeholders for effective dialogue, monitoring, and collaborative decision-making	464,000,000	280,000,000	200,000,000	200,000,000	200,000,000	1,344,000,000
Activity 4.1.2.1 Map existing coordination structures at regional, district, ward, and village levels, identifying gaps and opportunities for strengthening multi-level coordination on FGM.	40,000,000	-	-	-	-	40,000,000
Activity 4.1.2.2 Establish/strengthen multi-sectoral coordination committees at regional and district levels, including representatives from local government, health, education, social welfare, law enforcement, and civil society.	100,000,000	80,000,000	-	-	-	180,000,000
Activity 4.1.2.3 Develop and implement a standardized data collection and reporting system across all administrative levels to ensure timely and accurate information sharing on FGM prevalence, interventions, and outcomes.	124,000,000	-	-	-	-	124,000,000

Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 4.1.2.4 Convene regular quarterly national-level coordination meetings involving high-level government officials, development partners, and CSO leaders to review strategic progress and allocate resources.	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000
Outcome 4.2: Increased sustainable financial resources to end FGM.	256,000,000	179,000,000	150,000,000	148,000,000	103,000,000	836,000,000
SI 4.2.1 Develop and implement a comprehensive FGM resource mobilization strategy.	95,000,000	60,000,000	30,000,000	30,000,000	25,000,000	240,000,000
Activity 4.2.1.1 Develop a national FGM resource mobilization strategy	30,000,000	-	-	-	-	30,000,000
Activity 4.2.1.2 Organize donor roundtables and fundraising events to advocate for increased funding for FGM prevention and response programs, highlighting their impact and cost-effectiveness.	35,000,000	30,000,000	-	-	-	65,000,000
Activity 4.2.1.3 Develop compelling concept notes, project proposals, and advocacy materials to present to potential donors, clearly outlining funding needs and expected impact of FGM prevention interventions.	30,000,000	30,000,000	30,000,000	30,000,000	25,000,000	145,000,000
SI 4.2.2 Advocate for the integration of FGM prevention, reporting, and response into sectoral planning and budgeting processes by engaging key MDAs to ensure increased and sustained government budgetary allocations across relevant sectors	161,000,000	119,000,000	120,000,000	118,000,000	78,000,000	596,000,000
Activity 4.2.2.1 Conduct a budgetary analysis of relevant ministries to identify current allocations for FGM-related activities and advocate for increased funding.	45,000,000	-	-	-	-	45,000,000

Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Activity 4.2.2.2 Engage in high-level advocacy with line ministries to ensure that FGM is explicitly included in their annual work plans and budget allocations.	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000
Activity 4.2.2.3 Provide technical support to key Ministries, Departments, and Agencies (MDAs) in mainstreaming FGM prevention, reporting, and response indicators into their annual work plans and budget submissions.	26,000,000	29,000,000	30,000,000	28,000,000	28,000,000	141,000,000
Activity 4.2.2.4 Organize high-level advocacy meetings with parliamentary budget committees and ministerial decision-makers to underscore the importance of dedicated and sustained budgetary allocations for FGM eradication.	40,000,000	40,000,000	40,000,000	40,000,000	-	160,000,000
Total SO4	800,000,000	519,000,000	410,000,000	408,000,000	363,000,000	2,500,000,000

Strategic Objective V (SO5): Strengthen Evidence Generation, Knowledge Management, and Learning.						
Result/Activity	Y1	Y2	Y3	Y4	Y5	Total
Outcome 5.1: Improved evidence base for FGM programming and policy development.	246,000,000	20,000,000	161,000,000	18,000,000	16,000,000	461,000,000
SI 5.1.1 Promote and support the Ministry responsible for FGM to collaborate with academic institutions, research organizations, and relevant government bodies to generate evidence-based data that informs policies, programs, and advocacy efforts	55,000,000	-	55,000,000	-	-	110,000,000
Activity 5.1.1.1 Issue competitive research calls on FGM prevalence and socio-cultural drivers consequences, and effectiveness of interventions.	30,000,000	-	30,000,000	-	-	60,000,000

Activity 5.1.1.2 Organize annual research dissemination forums and policy dialogues to share new evidence with policymakers, program implementers, and advocates to inform decision-making.	25,000,000	-	25,000,000	-	-	50,000,000
SI 5.1.2 Strengthen national data collection systems for FGM cases and interventions.	143,000,000	10,000,000	96,000,000	8,000,000	6,000,000	263,000,000
Activity 5.1.2.1 Integrate FGM indicators within national HMIS/DHIS2 and survey tools.	20,000,000	10,000,000	10,000,000	8,000,000	6,000,000	54,000,000
Activity 5.1.2.2 Train health workers and statisticians in standardized data entry and analysis.	113,000,000	-	86,000,000	-	-	199,000,000
Activity 5.1.2.3 Set up routine monitoring dashboard tracking FGM cases and responses.	10,000,000	-	-	-	-	10,000,000
SI 5.1.3.1 Establish a centralized knowledge management platform for FGM information.	48,000,000	10,000,000	10,000,000	10,000,000	10,000,000	88,000,000
Activity 5.1.3.1 Design and build an online portal for FGM guidelines, tools, reports.	23,000,000	-	-	-	-	23,000,000
Activity 5.1.3.2 Digitize existing FGM-related reports, studies, and resource materials and upload them to the knowledge management platform.	15,000,000	-	-	-	-	15,000,000
Activity 5.1.3.3 Establish protocols for regular updates and maintenance of the platform, including designated focal points responsible for curating and uploading new information.	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
Outcome 5.2: Enhanced capacity for monitoring, evaluation, and learning in FGM programming.	366,000,000	260,000,000	272,000,000	241,000,000	185,000,000	1,324,000,000

SI 5.2.1 Design and implement targeted capacity building programs for key stakeholders including government officials, civil society actors, and community leaders on FGM monitoring, evaluation, and data utilization, ensuring they are equipped with the skills and tools to collect, analyze, and apply data for informed decision making and effective program implementation	202,000,000	155,000,000	160,000,000	145,000,000	115,000,000	777,000,000
Activity 5.2.1.1 Develop a comprehensive training curriculum on FGM-specific monitoring and evaluation (M&E) principles, methodologies, and tools for government officials and CSO staff involved in FGM programs.	22,000,000	-	-	-	-	22,000,000
Activity 5.2.1.2 Conduct hands-on workshops and practical exercises for stakeholders on data collection techniques, data quality assurance, basic data analysis (e.g., using spreadsheets), and visualization.	85,000,000	90,000,000	95,000,000	80,000,000	50,000,000	400,000,000
Activity 5.2.1.3 Support the development of simple, user-friendly M&E plans and reporting templates for community-level FGM interventions, empowering local leaders to track their progress and identify areas for improvement.	30,000,000	-	-	-	-	30,000,000
Activity 5.2.1.4 Organize annual data clinics where stakeholders present and interpret findings.	65,000,000	65,000,000	65,000,000	65,000,000	65,000,000	325,000,000
SI 5.2.2 Build the technical capacity of key stakeholders, including government officials, civil society organizations, and community-level implementers, in FGM-specific monitoring, evaluation, data analysis, and utilization for evidence-based decision-making.	164,000,000	105,000,000	112,000,000	96,000,000	70,000,000	547,000,000
Activity 5.2.2.1 Organize advanced training courses on statistical software and data analysis techniques for designated M&E focal points within government ministries and larger CSOs.	70,000,000	65,000,000	60,000,000	60,000,000	-	255,000,000

Activity 5.2.2.2 Support stakeholders in conducting regular data review meetings at various levels (national, regional, district) to collectively analyze FGM data, identify trends, draw conclusions, and inform adaptive programming decisions.	24,000,000	20,000,000	2,000,000	18,000,000	15,000,000	79,000,000
Activity 5.2.2.3 Conduct regular surveys and assessments to gather up-to-date data on FGM trends, attitudes, and practices, ensuring representative samples.	70,000,000	20,000,000	50,000,000	18,000,000	55,000,000	213,000,000
Total SO5	612,000,000	280,000,000	433,000,000	259,000,000	201,000,000	1,785,000,000

Summary Budget

Result Chain	Y1	Y2	Y3	Y4	Y5	Total
Strategic Objective I (SO1): Strengthen policy and legal framework enforcement						
Outcome 1.1: Enhanced alignment of national laws and policies with regional and international human rights instruments to prohibit FGM						
SI 1.1.1 Facilitate the alignment of national laws and policies with international human rights instruments (e.g., Maputo Protocol, CRC, CEDAW) through policy reviews, technical support, and multi-stakeholder consultations.	330,000,000	40,000,000	30,000,000	30,000,000	-	430,000,000
SI 1.1.2 Advocate for and support the comprehensive review and reform of national legal and policy frameworks to ensure they explicitly prohibit Female Genital Mutilation (FGM) and align with international human rights standards.	390,000,000	160,000,000	215,000,000	50,000,000	50,000,000	865,000,000
Total Outcome 1.1	720,000,000	200,000,000	245,000,000	80,000,000	50,000,000	1,295,000,000
Outcome 1.2: Improved capacity of law enforcers to effectively implement and enforce FGM related laws.						
SI 1.2.1 Enhance the operational capacity of law enforcement and legal professionals in FGM prevention, reporting, and response.	135,000,000	190,000,000	105,000,000	155,000,000	30,000,000	615,000,000
SI 1.2.2 Establish and strengthen Standard Operating Procedures (SOPs) for handling FGM cases among law enforcement agencies.	95,000,000	35,000,000	25,000,000	20,000,000	-	175,000,000
Total Outcome 1.2	230,000,000	225,000,000	130,000,000	175,000,000	30,000,000	790,000,000
Total SO1	950,000,000	425,000,000	375,000,000	255,000,000	80,000,000	2,085,000,000
Strategic Objective II (SO2): Empower Communities and Individuals to Abandon FGM.						
Outcome 2.1: Increased community awareness on FGM as a harmful practice.						
SI 2.1.1 Implement targeted community awareness and education campaigns to highlight the health risks of FGM, promote behavior change, dispel myths, reinforce community-led efforts to abandon the practice, and	210,000,000	207,000,000	185,000,000	182,000,000	167,000,000	951,000,000

SI 2.1.2 Engage religious and traditional leaders as change agents to promote anti-FGM messaging through culturally appropriate dialogues, sermons, and community forums	88,000,000	200,000,000	70,000,000	70,000,000	70,000,000	498,000,000
SI 2.1.3 Design and implement male-focused sensitization programs that engage men and boys through peer education, community dialogues, and mentorship initiatives to promote positive masculinity and support for ending FGM.	1,491,000,000	2,536,000,000	1,045,000,000	515,000,000	175,000,000	5,762,000,000
Total Outcome 2.1	1,789,000,000	2,943,000,000	1,300,000,000	767,000,000	412,000,000	7,211,000,000
Outcome 2.2: Strengthened social economic empowerment for FGM Mutilators and traditional leaders to abandon FGM practice.						
SI 2.2.1 Implement livelihood and economic empowerment support interventions to identified FGM Mutilators to their transition into sustainable, alternative income-generating activities	175,000,000	575,000,000	265,000,000	65,000,000	15,000,000	1,095,000,000
SI 2.2.2 Establish and strengthen comprehensive social support networks for FGM survivors.	217,000,000	187,000,000	40,000,000	30,000,000	-	474,000,000
Total Outcome 2.2	392,000,000	762,000,000	305,000,000	95,000,000	15,000,000	1,569,000,000
Total SO2	2,181,000,000	3,705,000,000	1,605,000,000	862,000,000	427,000,000	8,780,000,000
Strategic Objective III (SO3): Enhance Access to Quality Services for Prevention, Reporting and Response.						
Outcome 3.1: Enhanced access to Comprehensive FGM Prevention Reporting and Response Services.						
SI 3.1.1 Strengthen referral systems and service delivery by training healthcare providers, social workers, and legal personnel to offer integrated, survivor-centered medical, psychosocial, and legal support to FGM survivors.	17,000,000	202,000,000	152,000,000	152,000,000	17,000,000	540,000,000

SI 3.1.2 Collaborate with the Ministry of Education Science and Technology and CSOs to integrate age-appropriate FGM prevention content into school curricula and informal education programs, while equipping educators with the necessary skills to deliver the content effectively and facilitate safe, informed discussions	-	85,000,000	195,000,000	-	-	280,000,000
Total Outcome 3.1	17,000,000	287,000,000	347,000,000	152,000,000	17,000,000	820,000,000
Total SO3	17,000,000	287,000,000	347,000,000	152,000,000	17,000,000	820,000,000
Strategic Objective IV (SO4): Strengthen Coordination, Partnerships and Resource Mobilization.						
Outcome 4.1: Enhanced coordination and collaboration among multi-sectoral stakeholders.						
SI 4.1.1 Establish and operationalize the technical working group, and conduct regular capacity-building sessions and progress reviews to enhance active participation and commitment to FGM prevention efforts.	80,000,000	60,000,000	60,000,000	60,000,000	60,000,000	320,000,000
SI 4.1.2 Establish and strengthen multi-level coordination mechanisms to organize and facilitate regular forums at national, regional, district, ward, and village/mtaa levels, ensuring inclusive participation of stakeholders for effective dialogue, monitoring, and collaborative decision-making	464,000,000	280,000,000	200,000,000	200,000,000	200,000,000	1,344,000,000
Total Outcome 4.1	544,000,000	340,000,000	260,000,000	260,000,000	260,000,000	1,664,000,000
Outcome 4.2: Increased sustainable financial resources to end FGM.						
SI 4.2.1 Develop and implement a comprehensive FGM resource mobilization strategy.	95,000,000	60,000,000	30,000,000	30,000,000	25,000,000	240,000,000
SI 4.2.2 Advocate for the integration of FGM prevention, reporting, and response into sectoral planning and budgeting processes by engaging key MDAs to ensure increased and sustained government budgetary allocations across relevant sectors	161,000,000	119,000,000	120,000,000	118,000,000	78,000,000	596,000,000
Total Outcome 4.2	256,000,000	179,000,000	150,000,000	148,000,000	103,000,000	836,000,000

Total SO4	800,000,000	519,000,000	410,000,000	408,000,000	363,000,000	2,500,000,000
Strategic Objective V (SO5): Strengthen Evidence Generation, Knowledge Management, and Learning.						
Outcome 5.1: Improved evidence base for FGM programming and policy development.						
SI 5.1.1 Promote and support the Ministry responsible for FGM to collaborate with academic institutions, research organizations, and relevant government bodies to generate evidence-based data that informs policies, programs, and advocacy efforts	55,000,000	-	55,000,000	-	-	110,000,000
SI 5.1.2 Strengthen national data collection systems for FGM cases and interventions.	143,000,000	10,000,000	96,000,000	8,000,000	6,000,000	263,000,000
SI 5.1.3.1 Establish a centralized knowledge management platform for FGM information.	48,000,000	10,000,000	10,000,000	10,000,000	10,000,000	88,000,000
Total Outcome 5.1	246,000,000	20,000,000	161,000,000	18,000,000	16,000,000	461,000,000
Outcome 5.2: Enhanced capacity for monitoring, evaluation, and learning in FGM programming.						
SI 5.2.1 Design and implement targeted capacity building programs for key stakeholders including government officials, civil society actors, and community leaders on FGM monitoring, evaluation, and data utilization, ensuring they are equipped with the skills and tools to collect, analyze, and apply data for informed decision making and effective program implementation	202,000,000	155,000,000	160,000,000	145,000,000	115,000,000	777,000,000
SI 5.2.2 Build the technical capacity of key stakeholders, including government officials, civil society organizations, and community-level implementers, in FGM-specific monitoring, evaluation, data analysis, and utilization for evidence-based decision-making.	164,000,000	105,000,000	112,000,000	96,000,000	70,000,000	547,000,000
Total Outcome 5.2	366,000,000	260,000,000	272,000,000	241,000,000	185,000,000	1,324,000,000
Total SO5	612,000,000	280,000,000	433,000,000	259,000,000	201,000,000	1,785,000,000
Grand Total	4,560,000,000	5,216,000,000	3,170,000,000	1,936,000,000	1,088,000,000	15,970,000,000

