

# Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008-2017)



Volume 1

Evaluation Offices of UNFPA and UNICEF

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## EVALUATION MANAGEMENT GROUP - EVALUATION OFFICES OF UNFPA AND UNICEF

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<b>Alexandra Chambel</b>	Chair of the Evaluation Management Group, Lead evaluation manager, Evaluation Adviser, UNFPA
<b>Mathew Varghese</b>	Co-evaluation manager, Senior Evaluation Specialist, UNICEF
<b>Karen Cadondon</b>	Evaluation Analyst, UNFPA
<b>Laurence Reichel</b>	Evaluation Specialist, UNICEF

## CORE EVALUATION TEAM – IMPACTREADY CONSULTANTS

---

<b>Susanne Turrall</b>	Lead evaluator for the synthesis
<b>Rafael Eguiguren</b>	Co-lead evaluator for in-country case study approach
<b>Corinne Whitaker</b>	Senior gender and harmful practices expert
<b>Katherine Garven</b>	Evaluation expert
<b>Maria Borisova</b>	Evaluation process and quality support

## EVALUATION REFERENCE GROUP

---

<b>Nafissatou Diop</b>	Joint Programme Coordinator, Senior Advisor, UNFPA
<b>Nankali Maksud</b>	Senior Adviser, Harmful Practices, UNICEF
<b>Berhanu Legesse</b>	Technical Specialist, UNFPA
<b>Thierno Diouf</b>	Monitoring and Evaluation Programme Specialist, UNFPA
<b>Harriet Akullu</b>	Child Protection Specialist, UNICEF
<b>Mar Jubero</b>	Child Protection Specialist, UNICEF
<b>Cornelius Williams</b>	Associate Director, Child Protection Section, UNICEF
<b>Charles Katende</b>	Chief, Policy, Strategic Information and Planning Branch, UNFPA
<b>Mauricio Saavedra</b>	Programme Specialist, Policy, Strategic Information and Planning Branch, UNFPA
<b>Enshrah Ahmed</b>	Regional Adviser for Gender and Culture, UNFPA Arab States Regional Office
<b>Idrissa Ouedraogo</b>	Regional Gender Technical Adviser, West and Central Africa Regional Office, UNFPA
<b>Sumaira Chowdhury</b>	Senior Adviser Child Protection, Child Protection Section, UNICEF
<b>Claudia Cappa</b>	Statistics and Monitoring Specialist, Child Protection, UNICEF
<b>Eri Dwivedi</b>	Child Protection Specialist, Child Protection Section, UNICEF
<b>Jonna Karlsson</b>	Child Protection Specialist, Eastern and Southern Africa Regional Office, UNICEF
<b>Ramatou Toure</b>	Senior Child Protection Specialist, West and Central Africa Regional Office, UNICEF
<b>Anthony Macdonald</b>	Regional Senior Child Protection Specialist, Middle East and North Africa Regional Office, UNICEF
<b>Charlotte Lapsansky</b>	Communication for Development Specialist, UNICEF
<b>Ingrid Hordvei Dana</b>	Adviser, Norway, Ministry of Foreign Affairs
<b>Anja Sletten</b>	Senior Adviser, Norway, NORAD
<b>Maxence Daublain</b>	Policy Officer, European Commission, DEVCO, Human Rights Unit
<b>Loredana Magni</b>	Senior Development Cooperation Adviser, Italy, Ministry of Foreign Affairs
<b>Beth Scott</b>	Social Development and Health Adviser, UK, DFID
<b>Thea Willis</b>	Policy Adviser, UK, DFID

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Any enquiries about this evaluation should be addressed to [evaluation.office@unfpa.org](mailto:evaluation.office@unfpa.org)  
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UNFPA Evaluation Office

# Foreword

Female genital mutilation (FGM) is internationally recognized as a harmful practice, and a violation of the rights of women and girls to physical integrity and freedom from injury and coercion. Recent estimates suggest that at least 200 million girls and women have undergone FGM in more than 30 countries where the practice is concentrated. While there has been an overall decline in the prevalence of FGM over the last three decades, not all countries have made progress and the pace of decline has been uneven. An estimated 3.9 million girls are considered to be at risk of experiencing female genital mutilation each year, which is predicted to rise to 4.6 million girls per year by 2030, given high population growth rates in countries where there is high prevalence.

In response to various United Nations resolutions and regional and national commitments, in 2008 UNFPA and UNICEF established a Joint Programme that aimed at accelerating change towards FGM abandonment. At present, the Joint Programme is in its third phase. Supported by various donor countries and implemented with the commitment of national governments, the African Union and a multitude of civil society actors, the Joint Programme has gradually been expanded.

This joint evaluation conducted collaboratively by the Evaluation Offices of UNFPA and UNICEF marks the second joint evaluation of Phases I and II of the Joint Programme, covering 11 years of implementation.

It is with this context that I am pleased to present to you the highlights of this joint evaluation. The evaluation concludes that the Joint Programme has contributed to raising the profile of FGM within global discussion and ensuring its presence within Agenda 2030, as well as galvanizing the support of established and emerging actors around the issue. At the national level, the Joint Programme contributed to important successes around strengthened national legal frameworks, enhanced coordination among FGM actors, improved awareness around FGM-related health risks, generated changes in discourse and increased dialogue related to FGM, resulting in important taboo breaks.

On the other hand, the aspirational goals of the programme, while useful for FGM advocacy, set unrealistic expectations around what can be achieved within a relatively short timeframe. This leads to gaps in capturing important results and can risk undermining significant achievements. Continued engagement by UNFPA and UNICEF is essential to further sustain the existing positive momentum for change towards FGM abandonment within a long-term vision, given that actual behaviour change may take one or two generations.

I am confident that this evaluation offers a body of robust evaluative evidence to inform UNFPA and UNICEF work to contribute to accelerate the abandonment of FGM within the global development aspirations by 2030.

**Marco Segone**

Director, UNFPA Evaluation Office





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The evaluation was led by UNFPA Evaluation Office in close collaboration with UNICEF Evaluation Office, with the support of a multidisciplinary team of external evaluators and thematic and country experts from ImpactReady. An evaluation joint management group oversaw the exercise and was comprised of members from UNFPA and UNICEF Evaluation Offices, including: Alexandra Chambel (chair of the evaluation management group and lead evaluation manager), Mathew Varghese (co-evaluation manager), Karen Cadondon and Laurence Reichel. The external team was led by Susanne Turrall with the contributions of Rafael Eguiguren (case study lead for Ethiopia and Egypt), Corinne Whitaker (case study lead for Kenya), Katherine Garven (case study lead for Senegal) and Maria Borisova. Meron Genene (Ethiopia), Babacar Mane (Senegal), Mohamed Noor (Kenya) and Shahira Amin (Egypt) were the national experts supporting the country case studies.

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## **Alexandra Chambel**

On behalf the Joint Evaluation Management Group

# Contents

FOREWORD	I
ACKNOWLEDGEMENTS	III
ACRONYMS	VII
EXECUTIVE SUMMARY	VIII
<b>1</b> INTRODUCTION	2
1.1 Purpose, objectives and scope of the evaluation	2
1.2 Female genital mutilation and the global context	3
1.3 Global framework	3
1.4 UNFPA-UNICEF Joint Programme on FGM: Accelerating Change	4
<b>2</b> EVALUATION PROCESS AND METHODOLOGY	8
2.1 Overview of the evaluation design	8
2.2 Evaluation criteria, questions and assumptions	8
2.3 Evaluation components and methods	9
2.4 Limitations and constraints	13
<b>3</b> FINDINGS AND ANALYSIS	16
3.1 Relevance of the design of the Joint Programme (Evaluation Question 1)	16
3.2 Programme contributions towards the abandonment of FGM (Evaluation Question 2)	22
3.3 Synergies to accelerate efforts to end FGM (Evaluation Question 3)	38
3.4 Programme management systems and efficiency (Evaluation Question 4)	46
3.5 Long-term change for the eradication of FGM (Evaluation Question 5)	55
<b>4</b> CONCLUSIONS AND RECOMMENDATIONS	64
4.1 Conclusions	64
4.2 Recommendations	70



## FIGURES

---

Figure 1:	Evaluation levels of analysis	2
Figure 2:	Joint Programme Phase II geographic coverage	4
Figure 3:	Timeline for the evolution and key milestones of the Joint Programme	6
Figure 4:	Evaluation design features	8
Figure 5:	Data sources for the analyses	12
Figure 6:	Reconstructed theory of change model used in the Phase I evaluation	19
Figure 7:	Total donor contributions by country for Joint Programme 2008-2017 (USD millions)	47
Figure 8:	Joint Programme funds by country, 2017 (USD)	48
Figure 9:	Budgets and expenditures of the Joint Programme 2008-2017 (USD millions)	49
Figure 10:	Budget and expenditure for the Joint Programme by country, 2008-2017 (USD)	49
Figure 11:	Implementing partners survey response regarding the timelines of payment	51
Figure 12:	Joint Programme expenditure by outcome in 2017	52

## TABLES

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Table 1:	Countries supported under the Joint Programme	4
Table 2:	The Joint Programme in brief: background and activities	5
Table 3:	Evaluation criteria	9
Table 4:	Evaluation questions and criteria	9
Table 5:	People consulted through interviews or group discussions, by stakeholder type and by level of analysis	11
Table 6:	Evaluation data-collection methods	11
Table 7:	The integration of United Nations System Wide Action Plan criteria within the evaluation	12
Table 8:	Main limitations and mitigation strategies	13
Table 9:	Evolution of the Joint Programme goal over its three phases	18
Table 10:	Performance of key Joint Programme Phase II results indicators	23
Table 11:	Performance of key Joint Programme Phase II results indicators	26
Table 12:	Performance of key Joint Programme Phase II results indicators	28
Table 13:	Performance of key Joint Programme Phase II results indicators	31
Table 14:	Joint Programme levels of partnership	42

## ANNEXES (VOLUME 2)

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- Annex 1: Terms of reference (short version)
  - Annex 1.1: Evaluation matrix (revised and final version post-pilot mission)
  - Annex 1.2: Structure for the evaluation report
  - Annex 1.3: Editing guidelines
  - Annex 1.4: Code of conduct and norms for evaluation in the UN system
  - Annex 1.5: Country evidence table
  - Annex 1.6: Evolution of the results frameworks
  - Annex 1.7: Examples of Phase II Joint Programme interventions
- Annex 2: Minutes of the Evaluation Reference Group meetings
- Annex 3: List of documents reviewed
- Annex 4: List of consulted stakeholders
- Annex 5: Stakeholder map
- Annex 6: Detailed methodology
- Annex 7: Programme Logic Model
- Annex 8: Ethics and consent protocols
- Annex 9: Interview guides
- Annex 10: Interview logbook template
- Annex 11: Online survey – results and analysis
- Annex 12: The global and regional context of FGM abandonment
- Annex 13: Feminist Evaluation
- Annex 14: Recommendations from the Evaluation of Phase I and their uptake
- Annex 15: Degrees of co-ordination and the “jointness” spectrum
- Annex 16: Improved awareness at community level
- Annex 17: Performance matrix, contribution analysis, and qualitative comparative analysis
- Annex 18: Continuum of gender responsive approaches in programming to end FGM
- Annex 19: Public declarations and social norms
- Annex 20: Data limitations and implications



# Acronyms

<b>ASRO</b>	Arab States Regional Office (UNFPA)
<b>CSO</b>	Civil society organization
<b>C4D</b>	Communication for Development
<b>DFID</b>	Department for International Development (UK)
<b>DHS</b>	Demographic Health Survey
<b>ECA</b>	United Nations Economic Commission for Africa
<b>ECOWAS</b>	Economic Community of West African States
<b>ESARO</b>	East and Southern Africa Regional Offices (UNICEF and UNFPA)
<b>EU</b>	European Union
<b>FGM</b>	Female genital mutilation
<b>GBV</b>	Gender-based violence
<b>HRC</b>	Human Rights Council
<b>INGO</b>	International non-governmental organization
<b>M&amp;E</b>	Monitoring and evaluation
<b>MICS</b>	Multiple Indicator Cluster Surveys
<b>MENARO</b>	Middle East and North Africa Regional Office (UNICEF)
<b>OECD-DAC</b>	Organization for Economic Cooperation and Development, Development Assistance Committee
<b>NGO</b>	Non-governmental organization
<b>QCA</b>	Qualitative comparative analysis (methodology)
<b>SDG</b>	Sustainable Development Goal(s)
<b>SNNPR</b>	Southern Nations Nationalities and People (Ethiopia)
<b>SP</b>	Strategic plan
<b>UN</b>	United Nations
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNEG</b>	United Nations Evaluation Group
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UN Women</b>	The United Nations Entity for Gender Equality and the Empowerment of Women
<b>USD</b>	United States Dollars
<b>WCARO</b>	West and Central Africa Regional Offices (UNICEF and UNFPA)
<b>WHO</b>	World Health Organization

# Executive summary

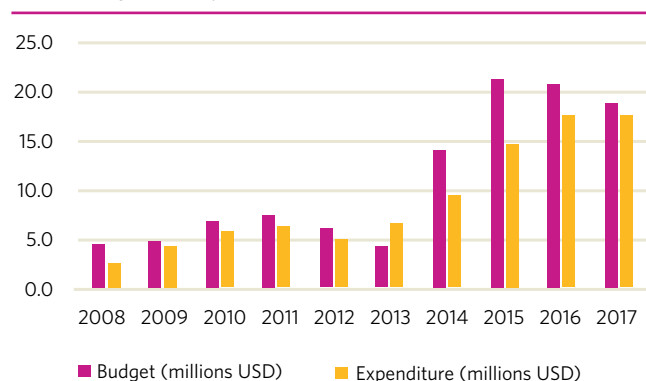
## Background and purpose of the evaluation

The purpose of the evaluation is to assess the extent to which, and under what circumstances, the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation (FGM) has contributed to accelerating the abandonment of FGM over the last ten years. The evaluation also provides recommendations on how to accelerate change to end FGM.

## About the Joint Programme

The Joint Programme was initiated in 2008 following a UNFPA-organized global consultation, which concluded that the abandonment of FGM was urgent and that commitment and action were needed. The Joint Programme has expanded to cover 17 countries: 16 of which are in Africa, and Yemen. It is based upon a pooled funding system, with a budget of United States dollars (USD) 109 million over ten years.

Annual budget and expenditure 2008-2017



Source: Atlas

## Evaluation approach

The evaluation is a theory-based evaluation, drawing on the Joint Programme intervention logic, as represented in the evolving Joint Programme results frameworks. The guiding framework used for the evaluation is an evaluation matrix, consisting of evaluation questions and assumptions. The evaluation used a mixed methods design, comprising case studies, virtual case studies, a desk review and an e-survey. A systems-based approach was used to map the key categories of stakeholders, disaggregated by human-rights roles and gender where possible. Analysis was carried out using a range of techniques, including content analysis, comparative analysis, qualitative analysis and quantitative techniques, such as financial and trend analyses. The contribution of the programme to observed results was explored using qualitative comparative analysis and contribution analysis.



## Summary of main findings

### Relevance of the design

The Joint Programme is well aligned with, and has supported the development of, global, regional, and national frameworks, targets and accountability mechanisms on FGM. The Joint Programme successfully advocated for the inclusion of FGM as a target within the gender goal of the 2030 Agenda for Sustainable Development (Target 5.3) and provided important support to national governments to develop legislative frameworks to outlaw FGM. The Joint Programme also strengthened its alignment with both human rights and gender equality principles, and increased stakeholder participation in programme planning by shifting planning to the country level in order to be more responsive to country contexts. However, stakeholders at the sub-national and grassroots level have not been consulted as equally as those at the national level.

One of the main strengths of the Joint Programme design is its change logic, which encourages a holistic approach to social norms: working across many levels, engaging diverse stakeholders, and linking activities across thematic sectors. This design has provided catalytic momentum to increase the profile of FGM and convene anti-FGM actors and influencers. While this change logic has been successful at

creating synergies, it has not adequately addressed changes in practice (for example, executing FGM in secret, changing the ceremonial element of the practice, etc.) and the Joint Programme does not have access to sufficient evidence to understand the extent of the changing practices and the effects they have on FGM abandonment.

Countries where the Joint Programme operates largely lack adequate nationwide data-collection systems to inform FGM abandonment programming. Research tends to be carried out at the country level and is not necessarily aggregated to inform regional level discussions. Additionally, systems are not yet in place to systematically support generation and aggregation of evidence from implementing partners to inform programme design at the national and regional levels.

While programming is inherently targeted at marginalized populations, there are practical challenges in reaching the most remote areas. These challenges include the ability to access practicing communities, programming logistical considerations and security concerns.

### **Programme contributions towards the abandonment of female genital mutilation**

The Joint Programme has made significant contributions to developing and strengthening legal frameworks; however, law enforcement remains a major challenge across all countries. While 13 out of 16 programming countries now have legal frameworks in place banning FGM, the number of cases of enforcement of the FGM law (that is, the number of arrests) remains low. The specific reasons for the dissonance between social norms and legal norms are still not sufficiently well understood.

The Joint Programme has provided valuable support to national governments in the development of national anti-FGM strategies, with all programming countries currently implementing a comprehensive policy framework to address FGM. While this progress is important, the effectiveness of these commitments is constrained by lack of dedicated national budgets for programming to foster FGM abandonment. The importance of supporting national, costed plans and budgets for FGM abandonment is recognized by the Joint Programme in Phase III.

While the Joint Programme has intensified regionally led cross-border work during Phase II, its effectiveness is constrained, given gaps in law-based solutions to cross-border issues, even when “regional laws” have been pursued or countries have signed international agreements.

The Joint Programme has achieved considerable success at supporting the provision of FGM prevention and response services. While engagement with health services has been a particularly effective entry point to raise awareness about the health consequences of FGM and to promote its prevention, the provision of medical services for FGM survivors provides a less direct contribution towards FGM abandonment.

The Joint Programme has also responded appropriately to emerging trends in the medicalization of FGM in several programme countries. However, further understanding of supply-side drivers is important to inform advocacy efforts.

Community level awareness and public discourse in favour of FGM abandonment have increased markedly in targeted areas, resulting in a taboo break, to which the Joint Programme has made important contributions. However, high expectations of the Joint Programme have often led to under-recognition of this key result, even in cases of enormous success. This is due largely to a misalignment between the resources allocated and the expectation of seeing results on national prevalence, as well as the absence of intermediate targets that can measure important progress towards FGM abandonment.

Growing investment in dedicated girls’ and youth programming over the course of Phase II contributed to stronger policy advocacy on girls’ and women’s rights. While the Joint Programme has moved towards a more explicit gender-responsive approach in Phase III, it has not yet clearly defined the boundaries of this approach, and this in turn may risk spreading the Joint Programme too thinly. The progressive incorporation of specific work with men in Phase II constitutes progress, but has yet to fully address the needs and realize the opportunities for work on masculinities.

Engagement of influential actors to bring about social-norm change, particularly faith-based organizations, has brought about positive results. Even so, the engagement of the Joint Programme with religious actors could be strengthened, particularly within lower religious hierarchies, where religious actors do not consistently apply the clarified doctrine.

The diversification of programming approaches in Phase II is giving greater visibility to individuals, communities and nation states choosing to abandon FGM – with the intent of accelerating wider social-norm change in intervention areas. The Joint Programme approach, of giving greater voice and visibility to “positive deviants”, is an important strategy in the process, recognizing that changes begin at individual and community levels.

The Joint Programme has intentionally used traditional and social media to increase the profile of FGM and encourage behaviour change. However, it is unclear whether, in reality, media messages are consistently based on evidence. Additionally, the Joint Programme is yet to fully capitalize upon the potential contributions of the Communication for Development (C4D) approach when designing behaviour change messaging.

### **Synergies to accelerate efforts to end female genital mutilation**

UNICEF and UNFPA have leveraged their comparative strengths to lay the foundation for a more complete response to FGM. At the global level, coordination between UNFPA and UNICEF is thematically strong, but the relatively small

team was disproportionate to the expanded scope of the Joint Programme in Phase II. The Joint Programme Steering Committee provides a strong governance structure and is efficiently managed. Despite the harmonized reporting of the Joint Programme, additional and unplanned requests for information by donors have absorbed important management effort and resources.

At the regional level, there is improvement since the evaluation of Phase I in terms of presence and coordination through increased funds and technical staffing. However, the sustained engagement of these staff members is contingent on the agencies. Roles and responsibilities across levels (global, regional, and national) and across agencies have not been formally defined. Cross-regional reciprocal technical support is not systematized and is dependent on the initiative of individual technical staff.

The positioning of the Joint Programme at country level within child protection programming (in UNICEF) and within gender-based violence programming (in UNFPA), managed within wider portfolios, has enabled thematic linkages to be made between FGM and other relevant programmes. At a practical implementation level, however, the Joint Programme has not sufficiently facilitated the development of broader partnerships for each agency: each one is still largely working with its own network of partners.

The Joint Programme has successfully drawn on its comparative strength as a convener at the national level and has been instrumental in supporting government-led national FGM coordination committees that facilitate a coordinated national response to FGM.

### **Joint Programme management systems and efficiency**

While initial budget levels were appropriate for a “catalytic programme”, the scale and intractability of the practice alongside the need for basic capacity building in key sectors, has created significant budgetary pressures and has limited the Joint Programme scope to Africa and Yemen. While the development of a tier system has formalized funding distribution across countries, the rationale for allocations has not always been clearly communicated.

The use of a one-year funding cycle focuses country programming on short-term activities, which are insufficient for influencing behaviour change. Unpredictable resource flows and an inability to roll-over annual funding also create funding distribution delays that result in inefficient programming gaps between years.

Significant progress was made in developing a results-monitoring system. However, limited programme-wide baseline data and targets were a shortfall in Phase II and this meant that it was not possible to assess performance against targets. In contrast, in Phase III there has been significant investment in, and effort put into, the development

of a comprehensive baseline document, which also enables baselines and targets to be developed by countries.

The Joint Programme lacks formal mechanisms to: (i) gather and assess important lessons from the grassroots level and share them across countries; (ii) provide thematic exchanges at the regional level (for example, regarding cross-border issues between West Africa and East Africa); and (iii) share knowledge across implementing partners.

### **Long-term approaches for the eradication of female genital mutilation**

The Joint Programme has raised the profile of, and generated interest in and funding towards, ending FGM at both the global and national levels, thus setting a solid foundation for future work.

The approach taken by the Joint Programme to support systems strengthening encourages greater sustainability, as it builds the capacity of national systems to address the problem of FGM both today and in the future. Even though the Joint Programme has taken a much more active role in strengthening government systems to address FGM during Phase II, systems strengthening around FGM abandonment remains largely in its infancy.

The emerging focus on youth engagement and education reflects a sustainable vision focused on preparing social-norms change among generations to come. For Phase III, the Joint Programme has included youth engagement within the results framework for the first time, which will likely further encourage sustainability.

Engagement by post-declaration community follow-up committees has been strong, but overall, the Joint Programme does not yet have proven strategies and tools to support continued behaviour change once communities pass public declarations.

The Joint Programme has committed itself in Phase III to expanding a gender-transformative approach to ending FGM. The focus on the shared root cause of the practice - no matter the diversity of the context-specific drivers or age and type of cutting - holds promise for a solution sustained over generations.

## **Conclusions**

### **Conclusion 1: Added value and contributions of the Joint Programme towards FGM abandonment**

The Joint Programme has contributed to notable achievements at the global level - including raising the profile of FGM within a global discussion and ensuring its presence within the international development agenda. The Joint Programme has also galvanized the support of established and emerging actors around the issue at national and sub-national levels. It has had important successes: strengthened national legal frameworks, improved coordination among national

and sub-national actors, increased awareness around FGM-related health risks, changes in discourse related to FGM resulting in important taboo breaks, and even the final abandonment of the practice by meaningful proportions of communities within intervention areas.

### **Conclusion 2: FGM abandonment within a context of social-norms change**

The sustained commitment of the Joint Programme to social-norms change around FGM abandonment is appropriate and highly valued by stakeholders, as social-norms change requires a long-term investment. However, the aspirational goals of the programme, while useful for FGM abandonment advocacy, set unrealistic expectations around what can be achieved within a relatively short timeframe. Current targets are largely designed to measure final changes in behaviour and do not adequately capture important progress towards full abandonment. This leads to gaps in capturing results and can risk undermining achievements.

### **Conclusion 3: Making strategic choices**

Due to the magnitude of the FGM issue and limited funding, the Joint Programme is required to make strategic and sometimes difficult decisions regarding where to place its resources and efforts. During Phases I and II, the Joint Programme made a concerted and overall successful effort to draw on its comparative strengths, particularly around its strategic role as a convener of key FGM abandonment actors at the grassroots, national, regional and global levels. This was appropriate given the magnitude and complexities of the problem and the need for collective action among FGM abandonment actors to address it. However, some elements of its current programming (such as care for FGM survivors) are less clearly aligned with the Joint Programme preventative change logic.

### **Conclusion 4: Gender transformation**

The Joint Programme is placing a stronger emphasis in Phase III on explicitly situating its FGM abandonment work within a gender equality perspective. However, the boundaries and scope of this work have not yet been defined and lack clarity. The comparative strengths of the Joint Programme in terms of gender equality appear to lie within its work on supporting the empowerment of women and girls and promoting positive interpersonal relationships between women and men at the community level. However, any expanded scope of work implies managing the risk of diluting the focus on FGM abandonment in the Joint Programme work.

### **Conclusion 5: Challenges around changing practices**

Changes in FGM practice have presented unexpected and evolving challenges for the Joint Programme. While these challenges have for the most part been recognized and appear to be important issues, evidence is lacking to fully understand their characteristics, the magnitude of the problem and potential consequences. As a result, the Joint Programme has attempted to adapt its programming but, without concrete evidence, it struggles to develop formalized,

proactive strategies to address these changing dynamics.

### **Conclusion 6: Evidence gaps and capitalizing on existing knowledge**

The Joint Programme has supported important research on FGM (Phases I and II). However, there are still numerous and important evidence gaps in the FGM field that hinder the ability of the Joint Programme to make informed strategic decisions. There is ample room for more effective partnerships with research institutions and the Joint Programme has not sufficiently harnessed existing evidence on drivers of change from its implementation experiences.

### **Conclusion 7: Communications and messaging**

The Joint Programme has made an overall concerted effort to use a diverse set of communication channels to raise awareness around the harmful effects of FGM. However, messaging has taken place outside of a formal communications strategy that is not always evidence-based, that requires amplification and scale-up and that has not harnessed the potential of a Communication for Development approach. When targeting behaviour change, a Communication for Development approach has the potential to provide more relevant messages that are palatable and actionable to target audiences. Framing future advocacy messaging within a gender transformative narrative may provide renewed energy to FGM advocacy messaging.

### **Conclusion 8: Synergies across the global, regional, and country levels**

The Joint Programme reach from the global headquarters level to the sub-national community level is a key strength. This holistic approach across levels provides the Joint Programme with additional credibility, linking grassroots interventions to global advocacy. In order to optimize potential linkages and synergies across levels, efficient coordination across all levels is crucial. In response to the Joint Programme Phase I evaluation, the regional level has been strengthened through expanded staffing and increased responsibilities. However, there remains scope for the regional level to be further strengthened in order to better facilitate synergies across levels.

### **Conclusion 9: Coordination and “jointness”**

The Joint Programme structure is fit for purpose and has brought important benefits to the FGM abandonment work of both UNFPA and UNICEF. Even so, there is room to further strengthen coordination and “jointness”. In the context of United Nations Reform, the working dynamics of the Joint Programme will likely be placed under greater scrutiny as more attention within the United Nations is placed on joint programming. In a small number of countries, coordination is sub-optimal, with limited joint planning, monitoring and reporting. Investments now to strengthen the joint elements of the programme could potentially produce significant benefits for the Joint Programme as well as contribute to important learning and improvements within the larger United Nations system.



**Conclusion 10: Moving forward: sustaining the positive momentum for accelerating change towards FGM abandonment**

The Joint Programme design includes some elements that encourage sustainability, such as systems strengthening, supporting national ownership, working with religious and traditional leaders and working with youth. These are promising practices to encourage the sustainability of results.

However, the Joint Programme currently does not have a formal multi-sectoral and cross-agency approach to support governments with the operationalization of programming to foster the abandonment of FGM. The Joint Programme also does not have a plan for what will take place upon completion of Phase III, which places the sustainability of results in jeopardy. Time and planning are needed to develop a sufficient plan for post Phase III.

## RECOMMENDATIONS

### Taking the Joint Programme approach further

#### RECOMMENDATION 1

Continue to engage to further sustain the existing positive momentum for change at global, regional and country levels towards FGM abandonment within a long-term vision, given that actual behaviour change may take one or two generations.

### Strategic positioning within a wider transformative agenda

#### RECOMMENDATION 2

Further invest in learning to contribute towards reducing evidence gaps in key areas pertaining to FGM. Given the scope and complexity of the work, the Joint Programme is encouraged to explore innovative research solutions through the establishment and/or institutionalization of existing strategic partnerships. As a recognized global leader with strong grassroots support, the Joint Programme is well placed to advance this agenda.

#### RECOMMENDATION 3

Further refine the strategic focus of the Joint Programme, drawing on its comparative strengths to maximize its contributions towards FGM abandonment.

#### RECOMMENDATION 4

Clearly define the strategic placement of the Joint Programme within a gender-responsive framework, drawing on its comparative advantages. This would entail establishing clearly marked boundaries and strategic entry points. It should use this clarity to further secure international resources dedicated towards gender equality and gender transformation.

#### RECOMMENDATION 5

Develop a formal communications strategy that intentionally places behaviour-change messaging targeted at practicing individuals and communities within a Communication for Development framework. Advocacy messaging should be more explicitly framed within a gender equality narrative.

### Fit for purpose to accelerate FGM abandonment

#### RECOMMENDATION 6

Strengthen horizontal synergies between the two partner organizations and virtual synergies across different levels. The Joint Programme should develop an internal policy to articulate where synergies are expected between both organizations and to clearly define roles and responsibilities and information flows.

### Long-term approaches to sustain efforts and results

#### RECOMMENDATION 7

Place a stronger focus on using targets and indicators that capture important intermediate progress towards full FGM abandonment.

#### RECOMMENDATION 8

Continue to use a systems-strengthening approach to encourage long-term change and national ownership, focusing on effective law enforcement, service provision, educational awareness and data collection. This should include the development of a multi-sectoral action plan to support governments with operationalization (and the implementation of legal frameworks) and should include a plan for how to best promote sustainability beyond Phase III.





# 1

## INTRODUCTION

### 1.1 PURPOSE AND OBJECTIVES OF THE EVALUATION

The purpose of the evaluation is to assess the extent to which, and under what circumstances, the Joint Programme has contributed to accelerating the abandonment of FGM over the last 10 years and to provide recommendations on how to accelerate change to end FGM. Information generated through this evaluation will be used to inform implementation of Phase III of the Joint Programme (2018-2021), and UNFPA and UNICEF work beyond 2021.

The primary objectives of the evaluation are:

- To assess the relevance (including of its programme design), effectiveness, efficiency, and sustainability of the Joint Programme
- To assess the adequacy of the governance structure of the Joint Programme
- To identify lessons learned, capture good practices and generate knowledge,<sup>1</sup> and provide corrective actions on the gaps and opportunities
- To assess the extent to which UNFPA and UNICEF, through the Joint Programme, have effectively positioned themselves as key players in contributing to the broader 2030 development agenda, in particular, Goal 5, Target 5.3, which relates to FGM.

The expected users of the report are the managers and the steering committee of the Joint Programme, as well as other staff members at UNFPA and UNICEF (at the global, regional and country level, partner countries, civil society (including non-governmental organizations, feminists and women's rights activists, and gender equality advocates). As per the terms of reference, the evaluation covered the period 2008-2017 with emphasis on Phase II of the Joint Programme, as Phase II had not been evaluated.<sup>2</sup> The evaluation also reflected upon the Phase I evaluation recommendations.

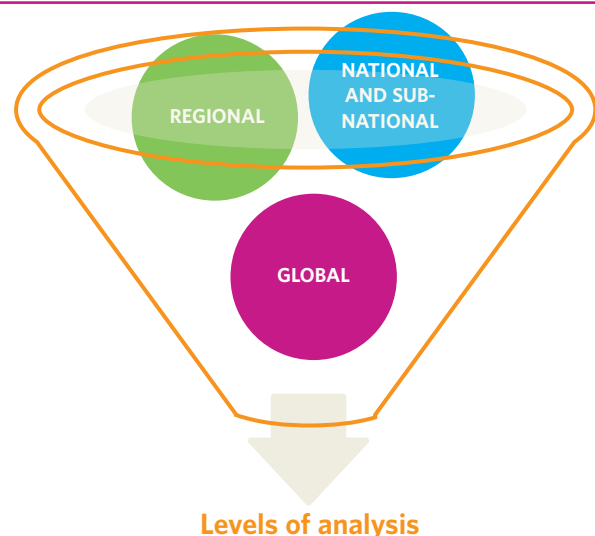
#### SCOPE OF EVIDENCE - EXPANDED SCOPE (2008 -JANUARY 2019)

The evaluation focused upon results during Phase I and Phase II of the Joint Programme (from 2008-2017), as per the terms of reference. Phase III began in January 2018 and will run for a period of four years. Given that the evaluation began in May 2018 (during Phase III), and data collection continued until January 2019, where findings from the evaluation of Phase I and II are already being addressed in Phase III, this progress is acknowledged and validated.

The evaluation covers all four programme levels and their interconnections – global, regional (including cross-border areas), national and sub-national (including district and community). It covers the progress towards achieving outputs and contribution to outcomes in the results frameworks. Measuring impact was beyond the scope of the terms of reference and is not covered.

The evaluation highlights the degree to which the Joint Programme embraces a gender responsive approach in planning, design, implementation, and monitoring/evaluation at all levels

FIGURE 1: Evaluation levels of analysis



1. The evaluation highlights innovative, promising and good practices, but does not provide a systematic comparison of how they work in different contexts.  
2. Specifically, Phase I ran from 2008-2013, and the evaluation was carried out 2012/2013 so the final year of Phase I has also not been evaluated.

## 1.2 FEMALE GENITAL MUTILATION AND THE GLOBAL CONTEXT

It is estimated that at least 200 million girls and women have undergone female genital mutilation;<sup>3</sup> and there are an estimated 3.9 million girls at risk of undergoing female genital mutilation every year. This number is predicted to rise to 4.6 million girls per year by 2030, given high population growth rates in countries where there is high prevalence.<sup>4</sup> The practice of FGM has been documented in at least 30 countries, highly concentrated in a swath of countries in Africa from the Atlantic coast to the Horn of Africa, in areas of the Middle East, such as Iraq and Yemen, and in some countries in Asia, particularly Indonesia. There is also evidence (from small-scale studies) that FGM exists in some places in South America such as Colombia and elsewhere, including in India, Malaysia, Oman, Saudi Arabia, and the United Arab Emirates. The practice is also found in pockets of Europe and in Australia and North America which, for the last several decades, have been destinations for migrants from countries where the practice still occurs.<sup>5</sup> More than half of the 200 million girls and women subjected to FGM live in just three countries: Egypt, Ethiopia and Indonesia.<sup>6</sup> FGM is highly heterogeneous, with large variations in terms of the form, circumstances surrounding the practice and size of the affected population groups,<sup>7</sup> with differences within communities belonging to the same ethnic group, or even within the same community.

Overall, rates vary widely within countries reflecting influences including ethnic identity, religious identity, and secular influences such as urbanization or changes in women's status. A UNICEF study in 2016, using specialized population-based data derived from nationally representative surveys, found that there has been an overall decline in the prevalence of FGM over the last three decades (in those countries with comparable data). However, not all countries have made progress and the pace of decline has been uneven. Displacements of large populations due to conflict and climate stress complicate estimates. Critically, current progress is insufficient to keep up with increasing population growth. If trends continue, the number of girls and women undergoing FGM will rise significantly over the next 15 years.<sup>8</sup>

A landmark resolution in 2012 by the United Nations General Assembly called for the need to intensify global efforts for the

elimination of FGM and referred to FGM as “a harmful practice, a form of violence against women and girls” and observed that it is inherently linked to “deep-rooted negative norms, stereotypes, perceptions and customs that negatively impact women and girls’ human rights, along with their physical, mental, sexual and reproductive health”.<sup>9</sup> The resolution, co-sponsored by two thirds of the General Assembly, including the entire African Group, and adopted by consensus by all United Nations members, helped set aside the debates regarding ethnically based practice, religious injunction, or standards of beauty to focus attention on the need to address the root cause behind the practice.

## 1.3 GLOBAL FRAMEWORK

Female genital mutilation is internationally recognized as a harmful practice, and a violation of the rights of women and girls to bodily integrity and freedom from injury and coercion.<sup>10</sup> Goal Number 5 of the 2030 Sustainable Development Goals (SDGs), addressing gender equality, includes targets on the elimination of harmful practices including FGM (Target 5.3) and the elimination of all forms of violence against women and girls (Target 5.2) - making elimination of the practice integral to achieving any one of the Sustainable Development Goals that are designed to be interdependent.

The issue of FGM became established in key broad-based conventions/agreements addressing gender equality and the rights of women, girls and children as well as population and development and global health, over the last four decades. This grounded the issue of FGM within international development policy. The chronology of the international agreements is further set out in Annex 12.

The Africa region has been at the forefront of the global normative efforts reflected in the signing in 2003 by most of the countries in the African Union to “The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa”, known as the Maputo Protocol. While the Maputo Protocol has not yet been ratified by all the countries concerned, the African Group within the United Nations General Assembly has nonetheless continued to show leadership.

3. UNICEF “Female Genital Mutilation/Cutting. A global concern. 2016. Accessible at [https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure\\_250.pdf](https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure_250.pdf).

4. UNFPA press release on last UNFPA research on FGM in 2018. Accessible at <https://www.unfpa.org/press/nearly-70-million-girls-face-genital-mutilation-2030-unfpa-warns>. For further background information, see [http://www.unicef.org/media/media\\_90033.html](http://www.unicef.org/media/media_90033.html), UNICEF, Female Genital Mutilation/Cutting: A global concern. New York: UNICEF, 2016

5. Ibid.

6. UNICEF “Female Genital Mutilation/Cutting. A global concern. 2016. Accessible at [https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure\\_250.pdf](https://data.unicef.org/wp-content/uploads/2016/04/FGMC-2016-brochure_250.pdf).

7. Ibid.

8. Ibid.

9. United Nations Report of the Secretary General: Intensifying Global Efforts for the Elimination of Female Genital Mutilation. New York: UN, 2018.

10. FGM initially appeared on the international agenda in 1979 at a World Health Organization (WHO) meeting on traditional practices held in Khartoum, Sudan. WHO was soon joined by other international agencies, the United Nations General Assembly, and African regional entities in focusing attention on harmful traditional practices, and FGM in particular.

## 1.4 UNFPA-UNICEF JOINT PROGRAMME ON FGM: ACCELERATING CHANGE

The UNFPA-UNICEF Joint Programme on FGM: Accelerating Change was launched in 2008, following a UNFPA-organized global consultation on FGM, which brought together global experts and practitioners and concluded that the abandonment of FGM was urgent and that commitment and action were needed to accelerate the abandonment of FGM.

### THE JOINT PROGRAMME ON FGM

The UNFPA-UNICEF Joint Programme on FGM: Accelerating Change is a global joint programme to reduce, respond to, and eliminate female genital mutilation, with a programme budget of USD 109 million. Starting in 2008, the programme has expanded to cover programming in 17 countries, 16 of which are in Africa, with 1 in Yemen. The Joint Programme has evolved from supporting multi-sector approaches to eliminating FGM in Phase I, to scaling-up and accelerating positive social norms, empowerment of women and girls, and provision of high-quality services in Phase III. A summary table of key elements and activities can be found in Table 2.

### Phase I (2008-2013)

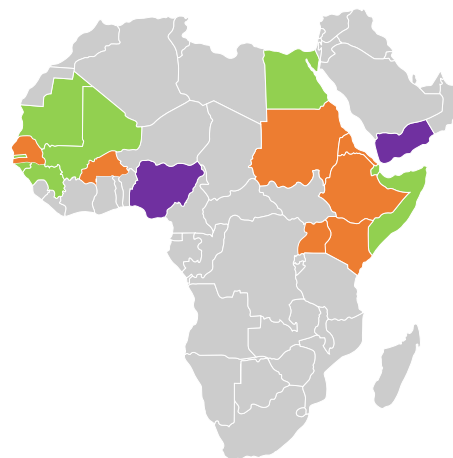
Phase I of the Joint Programme was implemented over six years (2008-2013) and financed by multi-donor funds.<sup>11</sup> By the conclusion of Phase I, the Joint Programme was operating in a total of 15 countries. The objective of the Phase I of the Joint Programme was “to contribute to a 40 per cent reduction of the practice among girls aged 0-15 years, with at least one country declared free of FGM by 2012”.<sup>12</sup> The proposal also indicated that the Joint Programme was intended to be strategic and catalytic, holistic, cross border and sub-regional, human-rights-based and culturally sensitive, and based on a theoretical understanding of FGM as a social convention/norm.<sup>13</sup>

**TABLE 1: Countries supported under the Joint Programme**

	<b>Cluster 1 – Acceleration</b>	Burkina Faso, Eritrea, Ethiopia, Kenya, Senegal, Sudan, Uganda
	<b>Cluster 2 – Emergent</b>	Djibouti, Egypt, The Gambia, Guinea, Guinea Bissau, Mauritania, Mali, Somalia
	<b>Cluster 3 – New countries</b>	Nigeria, Yemen (Yemen on hold as of 2015 due to conflict)

### Phase II (2014-2017)

**FIGURE 2: Joint Programme Phase II geographic coverage**



Phase II of the Joint Programme was implemented over four years (2014 -2017). The overarching objective, revised from Phase I<sup>14</sup> was to “contribute to the acceleration of the total abandonment of FGM in the next generation (i.e. next 20 years) through a 40 per cent decrease in prevalence among girls 0-14 years in at least five countries and at least one country declaring total abandonment by the end of 2017”.<sup>15</sup> The Phase II of the Joint Programme operated in 17 countries, which included the original set of 15 countries from the Phase I of implementation and the addition of Nigeria and Yemen<sup>16</sup> in 2014.

Following the recommendations of the Phase I evaluation, Phase II introduced a cluster approach, wherein the 17 countries were grouped into three clusters based on their readiness for change and pace (with regards to policy and legislation, civil society capacity and community ownership). They were categorized as “accelerated,” “emergent,” or “new countries”.<sup>17</sup>

11. Donors included governments of Austria, Iceland, Ireland, Italy, Luxembourg, Norway and Switzerland. UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, Summary Report of Phase I 2008-2013, 2014

12. UNFPA-UNICEF, Annual Report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, 2008

13. For detailed information on the proposal for the Joint Programme, please see: <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change-original-proposal-2009>.

14. For Phase I, reaching a given level of abandonment within one generation was articulated as an outcome. Based in part on the judgment of the evaluation of Phase I that this was an unrealistic outcome, a slight modification of that outcome was moved to a goal.

15. UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change Funding Proposal for a Phase II January 2014–December 2017, 2013.

16. The work in Yemen was halted in 2015 due to conflict.

17. For more information on the cluster approach see UNFPA-UNICEF, Proposal for the UNFPA-UNICEF Joint Programme on Elimination of Female Genital Mutilation: Accelerating Change, 2017.



### Phase III (2018-2021)

Phase III began in early 2018 (preceding the start of this evaluation). Phase III continues with a holistic and multi-sectoral approach to support the elimination of FGM at all levels (from household to global level). It also introduces new elements to the programme in an effort to scale up interventions and further accelerate change. It places a greater emphasis on supporting girls and women to change norms addressing gender dynamics in addition to the longstanding efforts to change social norms that sustain the practice or create new norms focused on keeping girls “intact”. To this end, the initial Phase II investments in the

empowerment of girls and women and the engagement of boys and men will be adapted and expanded upon.

Moreover, Phase III introduces a new outcome on evidence generation and data utilization for policy making and programme effectiveness, elevating an element of Phase II that was previously embedded in outputs of its outcome 1. In this new outcome, however, the focus will broaden to the piloting of a social norm measurement framework and the establishment of a global knowledge hub (a platform for sharing the Joint Programme FGM content across countries and with the diaspora). Table 2 provides a summary of background information and the Joint Programme activities.

**TABLE 2:** *The Joint Programme in brief: background and activities*

<b>Background</b>	<ul style="list-style-type: none"> <li>Joint Programme launched in 2008: Phase I - 2008-2013; Phase II - 2014-2017; Phase III - 2018 -2021</li> <li>Total programme budget: USD 109 million.<sup>18</sup> Donor contributions to the programme budget: USD 102.4 million<sup>19</sup></li> <li>Donors included Austria, EU, Finland, Iceland, Ireland, Italy, Luxembourg, Norway, Sweden, Switzerland, UK</li> <li>Covers 16 African countries: (Burkina Faso, Djibouti, Egypt, Ethiopia, Eritrea, The Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda) + Yemen (paused due to conflict)</li> <li>UNICEF and UNFPA joint initiative, UNFPA is administrative agent</li> </ul>
<b>Global level</b>	<ul style="list-style-type: none"> <li>Advocacy to raise awareness, gain political support and increase resources dedicated to ending FGM</li> <li>Provide technical assistance to the country offices in support to the regional offices particularly for scaling up sound interventions and to the strengthening of monitoring and evaluation (M&amp;E) systems</li> </ul>
<b>Regional level</b>	<ul style="list-style-type: none"> <li>Engage with regional institutions, particularly the African Union</li> <li>Technical support to country offices in programme management, data collection and reporting, knowledge sharing, annual work planning, M&amp;E</li> <li>Support civil society organizations (CSOs), regional media and countries reporting and investigation on human rights and other harmful practices, and application of the laws</li> <li>Increase leadership to build bridges between African communities and the diaspora</li> </ul>
<b>Country level</b>	<ul style="list-style-type: none"> <li>Policy and legislation: Policy dialogue, consultative fora and support of national and decentralized coordination mechanisms. Building capacity of parliamentarians, judges, medical and health staff and law enforcement</li> <li>Service delivery: Strengthen the capacity of service providers, service delivery points, and organization of services. Support anti-medicalization strategies</li> <li>Community (targeted) work: Support education and women and girls' empowerment, engage national and local media to spread information, involve religious leaders and networks to secure abandonment, establishment of local monitoring committees</li> </ul>

Source: Adapted from UNFPA, *background information on FGM Joint Programme (focus on Phase II)*

At the country level, the balance among, sequencing of, and geographical sub-national focus of, the core activities vary by country and within country. The activities are based on a variety of factors including: previous progress, relationships and established programmes; strategic opportunities or partnerships to accelerate change; and

regions of high prevalence and/or sustained resistance to change. In Phase II a more strategic and intentional approach entailed: identifying countries, sub-national units and communities showing greater propensity to change; focusing on influencers and targeted messaging at all levels; and emphasizing the “linkages, feedback loops, and synergies”

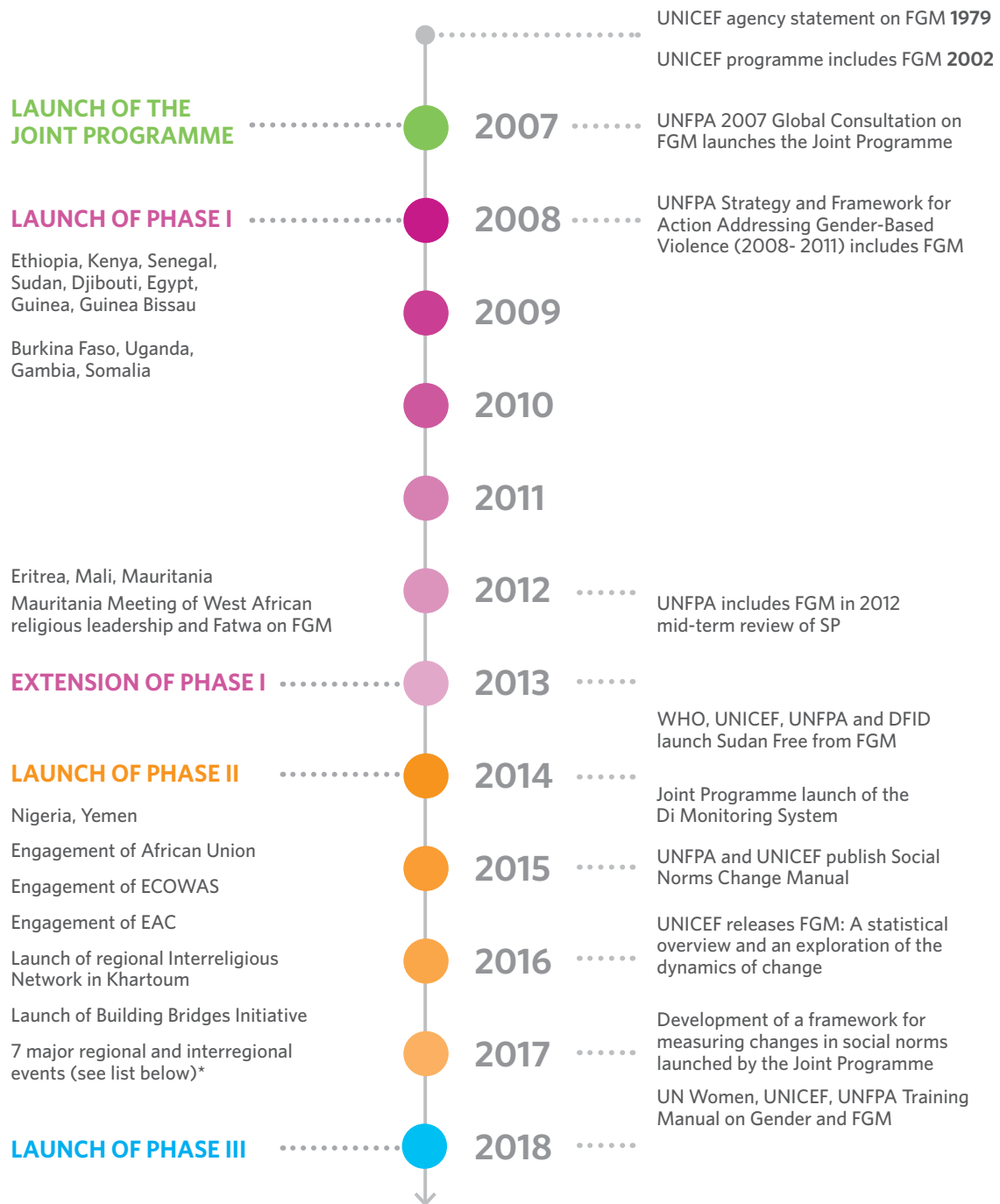
<sup>18</sup>. UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change Annual Reports 2008-2017.

<sup>19</sup>. UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change. Certified Financial Reports 2008-2017.

among interventions, and implementing partners as well as global level agencies, advocates and political allies.<sup>20</sup> The timeline in Figure 3 illustrates the history of the Joint

Programme including some of the key milestone events that the Joint Programme has supported.

**FIGURE 3:** Timeline for the evolution and key milestones of the Joint Programme



\*Includes: East African Community Gender Equality and Development bill; International Consultation on Islam, Family Wellbeing and Traditional Practices (in the Gambia); African Union High-Level Ministerial Meeting on FGM in Ghana; Pan-African Parliament Annual Women’s Conference in South Africa links FGM work to the African Union Agenda 2063; Economic Community of West African States (ECOWAS) Strategic Framework to Strengthen Child Protection Systems across West Africa endorsed by Council of Head of States and Governments; ECOWAS First Ladies Regional consensus on links between FGM, child marriage and obstetric fistula; International Members of Parliament consultation on “Ending FGM and Child Marriage”; organized in partnership with the European Union Parliamentary Forum on Population and Development

20. At the community and country level linkages are enabled by NGO partners many with capacity to work across sectors, and (where possible) strong, coordinated public sector services. At the global and regional level, linkage has focused on political processes, and, with more actors addressing FGM, contributing to international research/learning efforts; the development of measurement and planning tools and standards for practice; and laying the foundation for a more knowledge-management approach.





© UNFPA Evaluation Office, 2018, Kenya evaluation case study (consultation with final beneficiaries)



© UNFPA Evaluation Office, 2018, Ethiopia evaluation case study (consultation with final beneficiaries)



# 2

## EVALUATION PROCESS AND METHODOLOGY

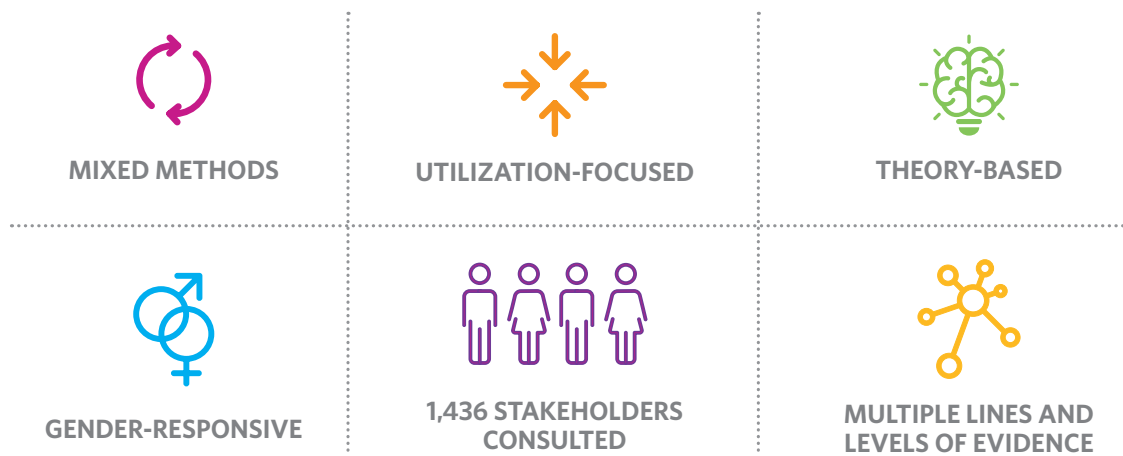
### 2.1 OVERVIEW OF THE EVALUATION DESIGN

The evaluation began in May 2018 and comprised four key phases.



The evaluation is a theory-based evaluation,<sup>21</sup> drawing on the Joint Programme intervention logic, as represented in the evolving results frameworks of the Joint Programme (see the terms of reference, Annex 1). The evaluation applies a utilization approach to maximize utility for users.

**FIGURE 4:** Evaluation design features



### 2.2 EVALUATION CRITERIA, QUESTIONS AND ASSUMPTIONS

An evaluation matrix was developed that sets out the key evaluation questions to guide data collection, analysis and reporting. This drew upon the matrix provided within the terms of reference (see Annex 1), and was adapted, following the pilot mission, to reflect stakeholder priorities, emergent issues, and to ensure logical coherence. The evaluation draws on the OECD-DAC<sup>22</sup> evaluation criteria and adds the criterion of “coordination” to reflect the joint nature of the programme. The evaluation expanded the standard definitions of the criteria to better reflect equity and gender equality.<sup>23</sup>

21. A theory-based evaluation attempts to understand an intervention’s contribution to observed results through a process of interpretation of causation.

22. OECD-DAC refers to the Organization for Economic Cooperation and Development - Development Assistance Committee.

23. OECD-DAC evaluation criteria, see: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>.

**TABLE 3:** Evaluation criteria

Criteria	Definition
<b>Relevance</b>	Coherence with national needs, the needs of affected populations (including women, men, and other socially ascribed groups), government priorities and UNFPA and UNICEF policies and strategies; how they address different and changing national contexts; and how well they reflect normative frameworks on equity, gender equality, and human rights
<b>Efficiency</b>	How funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results; how well inputs were combined for the achievement of results
<b>Effectiveness</b>	Extent to which intended results were achieved, keeping in mind gender differences and equity groups
<b>Sustainability</b>	Extent to which the benefits from the interventions supported by the Joint Programme are likely to continue, after the support has been completed, including for different gender groups
<b>Coordination</b>	Extent to which the cooperation between United Nations agencies, national partners and implementing partners has been optimized to support efficient and effective implementation and expanded reach and influence of the overall programme to reach those furthest behind

The evaluation matrix comprises five evaluation questions, shown in Table 4, as they relate to the evaluation criteria. Assumptions for each evaluation question were identified based on the programme theory. For each assumption, a series of indicators are set out that are important aspects to be analysed to inform a judgement on the assumptions and evaluation questions. The full evaluation matrix is available in Annex 1.

**TABLE 4:** Evaluation questions and criteria

Evaluation question	Evaluation criteria
1. To what extent is the Joint Programme (approach, design, strategies) relevant, responsive, and evidence based to contribute towards accelerating efforts to abandon FGM globally, nationally and sub-nationally.	Relevance
2. To what extent has the Joint Programme contributed to supporting governments, communities and the girls and women concerned towards the abandonment of FGM through the establishment of conducive legal and policy environments, support for the provision of FGM health services, and the shifting of social norms?	Effectiveness and sustainability
3. To what extent do the Joint Programme country, regional and global initiatives and its holistic approach create synergies that accelerate efforts to end FGM?	Coordination and effectiveness
4. To what extent does the Joint Programme draw on the relative strengths of each organization (UNFPA and UNICEF) and promote adequate programme implementation to amplify the Joint Programme contribution?	Efficiency and coordination
5. To what extent does the Joint Programme lead to actual and long-term change for the abandonment of FGM?	Sustainability

## 2.3 EVALUATION COMPONENTS AND METHODS

The evaluation comprised four main levels of evidence: a) 4 in-country case studies, b) 12 desk-based country case studies, c) a global and regional review, and d) a global online survey of implementing partners. The methodology used a mixed methods approach, which was primarily qualitative with a quantitative element. The main elements are described below, and a more detailed methodology is presented in Annex 6.

### Country case studies

Four country case studies were conducted in Ethiopia, Kenya, Senegal, and Egypt (the sampling strategy is detailed in Annex 6). The evaluation used a predetermined set of investigation criteria to gain in-depth insights on countries with different



operating contexts. They were used cumulatively and synthesized to draw patterns, themes and divergences across the different cases, and to provide deeper insights alongside other data sources.

The Ethiopia case study was conducted as a field pilot and enabled testing of the overall approach and data collection and analysis methods. As a result, modifications and improvements were introduced to the tools and approach, including a refined evaluation matrix, interview protocols and guidelines.

### GENDER RESPONSIVE PARTICIPATION

The evaluation ensured that the voices of women, men, teenagers, girls and boys<sup>24</sup> were included through disaggregated focus-group discussions, with specific attention to characteristics such as their age, married/non-married status, cut/not-cut, rural/urban, etc. Some groups that were more influential in social-norms change or with specific knowledge on the FGM phenomenon were given particular attention, such as ex-circumcisers, birth attendants, traditional leaders, religious leaders, and surveillance committees.

### Desk-based country case studies

The evaluation also conducted extended desk reviews of country documentation (including annual work plans and reports, technical reports and communication outputs) for the remaining 12 countries where the programme currently operates, complemented by a limited number of remote interviews with key respondents. The data was compiled and analysed using the same format as the country case studies to facilitate comparative analysis and synthesis for the final report.

### Global and regional interviews

Interviews were conducted with technical advisors, experts, and advocates working at the global level, as well as at the African and Middle Eastern regional and sub-regional levels.<sup>25</sup> This component examined the contributions, in the areas of: a) oversight and management mechanisms, b) technical assistance, c) strategic synergies within and across entities, and d) research, advocacy and communities of practice.

### Survey

An anonymous electronic global online survey in French and English was prepared for Joint Programme implementing partners<sup>26</sup> in all the countries where the Joint Programme has operated (with the exception of Yemen). The survey and results can be seen in Annex 11. Prior to the analysis, the response rate was reviewed to assess the representative nature of the survey. It emerged that there was an uneven spread of responses across countries, but 13 of the 16 countries responded.<sup>27</sup>

### Sampling strategy for in-country case studies

The evaluation examined programme performance in all the countries where programming has been implemented. The evaluation did not assess performance in Yemen due to the limited programming that took place as a result of political instability and security concerns.<sup>28</sup>

Within each case study visit, stakeholders were purposively sampled to provide a diversity of voices ranging from government officials to community members. Each sampling strategy selection of field visit sites was different in order to take into consideration differing national and sub-national contexts. The criteria for choosing field visit sites within the case study countries were largely based on the following considerations: a) prevalence of FGM in the area, b) presence of UNICEF-UNFPA Joint Programme, and c) where there were areas of the country with no Joint Programme presence, but a distinct set of social norms affecting FGM, they were considered for a field visit.

24. In accordance with UNICEF ethical standards on interviewing. See UNICEF-Adapted UNEG Evaluation Reports Standards, UNICEF, 2017.

25. This included: key informants within the United Nations agencies and Joint Programme structures; academics in dedicated evaluation, research and documentation initiatives; donors; regional entities (such as the African Union, The Economic Commission for Africa); global and regional medical and health associations and regulatory mechanisms; advocates and movements for women, girls, health and rights.

26. The purpose of the survey was to supplement the field data and secondary data collected. Implementing partners are at the forefront of implementation and are also able to provide perspectives about the management of the Joint Programme.

27. English Survey (number of survey respondents): Uganda (6); Egypt (6); Ethiopia (6); Kenya (12); Sudan (8); Somalia (8); The Gambia (4); Nigeria (41); ESARO (1); MENARO (0); Eritrea (0). French Survey: Burkina Faso (15); Senegal (1); Guinea Bissau (1); Mauritania (5); Mali (3); Djibouti (0); Guinea (0); West Africa regional actors (0). The results of the survey should be treated with caution. There is a significantly higher response rate from anglophone countries than francophone. Furthermore, one country - Nigeria - has an extremely high response rate because the survey was sent by focal points to all UNICEF implementing partners involved in FGM rather than those only contracted by the Joint Programme. It has not been possible (given the anonymity of responses) to remove those partners that were not directly involved in the Joint Programme (out of 41 responses from Nigeria, 31 were directly funded by the Joint Programme).

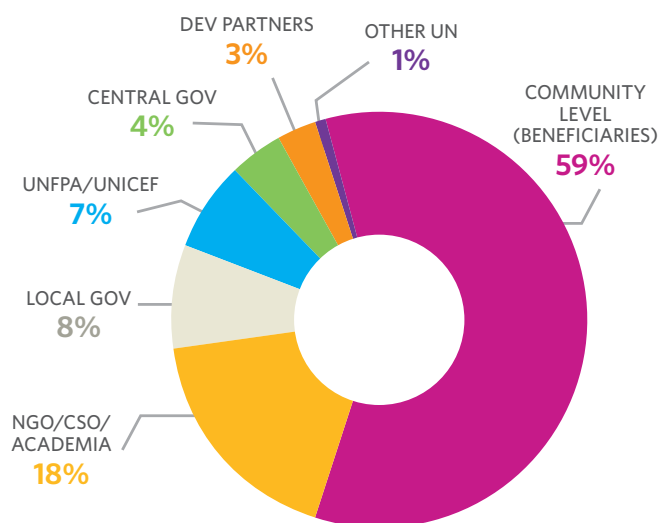
28. The sampling strategy for the selection of the countries is shared in Volume 2, Annex 1.9.

### Number and type of stakeholders consulted in the evaluation

In line with a human-rights-based approach to evaluation, a systems-based approach was used to map the key categories of stakeholders, disaggregated by human-rights roles and gender where possible and relevant (see Annex 5). The evaluation consulted with 1,436 people (see Annex 4).

**TABLE 5:** People consulted through interviews or group discussions, by stakeholder type and by level of analysis

Stakeholder	F	M	N/D <sup>29</sup>	Total
Community members	570	276	0	846
Joint Programme agencies	59	46	0	105
Civil society, NGO, academia	116	134	6	256
Central government	35	24	1	60
Local government	31	76	0	107
United Nations	13	1	0	14
Development partners	37	11	0	48
Total	861	568	7	1,436



### Methods for data collection

Based on the evaluation's purpose, scope, size and complexity, the following qualitative and quantitative data tools were selected (see also Annex 6).

**TABLE 6:** Evaluation data-collection methods

Method	Use	Tools
Literature review	Sixteen countries, regional, and global	Evernote Premium, Excel
Roundtable and group facilitated discussions	Global level and in four country case studies, including two regional offices	Evernote Premium
Key informant interviews <sup>30</sup>	Country, regional and global level	Evernote Premium, Skype
Observation	Four country case studies	Evernote Premium
Survey and remote interviews	Sixteen country and regional level, including countries outside of the Joint Programme	Skype, SurveyMonkey

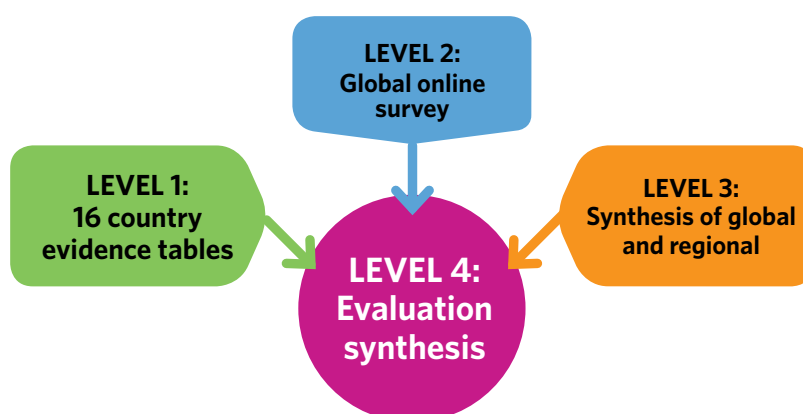
29. The "not declared" stakeholders come from field visits, where participants were given the option of recording themselves as either a binary gender, as other, or withholding their gender.

30. Outlines of interview protocols and the survey are included in Volume 2.

### Methods for data analysis

The evaluation matrix<sup>31</sup> was the guiding framework for the analysis. The data collected was carefully processed and synthesized to enable developing findings for each of the key evaluation questions. All data gathered was stored within Evernote Premium, a software tool for organizing, tagging and analysing data. A range of data-analysis techniques was used to triangulate qualitative and quantitative analysis in parallel (to verify/validate findings) and in series (to deepen/explore findings).

**FIGURE 5:** Data sources for the analyses



Levels 1, 2 and 3 were used to triangulate the assumptions. Level 4 was used to combine these sources to answer the evaluation questions. Qualitative analysis methods included descriptive, content and comparative analysis, timeline mapping, and qualitative synthesis. Quantitative analysis methods included financial analysis and frequency/trend analysis. There was a strong focus on gender and human rights throughout the analytical process at multiple levels.

**TABLE 7:** The integration of United Nations System Wide Action Plan criteria within the evaluation

UN-SWAP criterion	Implementation in the evaluation	Main limitations of the approach
<b>1. Integration into scope, indicators, criteria and questions</b>	Gender and human rights mainstreamed into evaluation framework with explicit questions, assumptions and indicators	Disaggregation limited to binary sexes, and main institutional identities. Greater coverage under “relevance” and “effectiveness” than under “efficiency” or “coordination”
<b>2. Integration into methods</b>	Mixed quantitative and qualitative data analysis, and participatory data-collection methods, suitable for exploring gender and “diverse voices”	Limited involvement of rights holders as agents in data collection, and only consulted in country cases
<b>3. Integration into analysis (findings, conclusions and recommendations)</b>	Contribution analysis responds directly to gender and human-rights assumptions in the evaluation matrix	Intersectional analysis restricted to gender, and geographic groups

To assess the degree to which the Joint Programme contributed to expected results, progress against planned results was assessed. Monitoring reports and the Joint Programme database were used, complemented by interviews, surveys, case studies and focus groups. The indicators were assessed through triangulation of data and presented in a table for each of the 16 country cases. These indicators were analysed to produce results at the assumption level, and then against each evaluation question.

31. The matrix comprised three layers of information: a) indicators to provide relevant specific evidence, b) assumptions that aggregated data from relevant indicators to test each assumption, and c) evaluation questions that aggregated information from the respective assumptions.

To complement this, a contribution analysis<sup>32</sup> was used to assess causal links and reduce uncertainty about the contribution the intervention was making to the observed results. The contribution analysis has been incorporated into the findings and captured in tables (Annex 17) – synthesising the main insights from different lines and levels of evidence, as well as the assessed plausible contribution story of the Joint Programme. Contributions include unintended as well as planned results.<sup>33</sup> Furthermore, a qualitative comparative analysis was conducted of the contribution of the Joint Programme outcomes and outputs to a substantive reduction in prevalence of FGM (among the 15-19-year-old cohort). The data available was derived from the Joint Programme performance analysis of Phase II as well as prevalence data (with inherent limitations as discussed in Section 2.4). The analysis was treated as indicative and exploratory, rather than confirmed explanations.

### Ethical considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the United Nations System (UNEG),<sup>34</sup> and the United Nations norms and standards for evaluation in the United Nations System.<sup>35</sup> UNICEF-adapted UNEG standards were adopted for the involvement of any minors.<sup>36</sup> The evaluation was conducted using the following approaches: a) data given to the evaluation remained the property of the person giving it, b) whilst in safekeeping, all data was held on password-protected secure computers, c) power of interpretation of individual stories remained with the person who provided the story, and d) explicit, oral, prior and informed consent was sought.

## 2.4 LIMITATIONS AND CONSTRAINTS

There were several methodological limitations inherent in this evaluation. The evaluation identified some of the key limitations and presents them in Table 8, along with mitigation strategies.

**TABLE 8:** *Main limitations and mitigation strategies*

Limitation	Description	Mitigation strategy
<b>Challenges to a comprehensive change model over three programming phases</b>	It was challenging for the evaluation team to combine three sets of change logic into one overarching theory	The evaluation developed a simple programme logic model
<b>Potential bias from stakeholder interviewees</b>	In qualitative data-collection interviews, there was an inherent risk that stakeholders might filter information or try to present information under a specific light	The evaluation organized, facilitated, and engaged in conducting interviews with strategies to put interviewees at ease
<b>Potential bias in selecting stakeholders to participate in interviews and group discussions</b>	As with most evaluations, a potential bias existed in working with country offices to select interview and group discussion participants	The local independent evaluation consultants impartially selected stakeholders to participate in interviews and group discussions
<b>Potential analytical bias from the evaluation team</b>	As with all qualitative interview exercises, humans have the tendency to be easily influenced by the factors surrounding information	Interviewers from the evaluation team took detailed notes that were validated with the rest of the evaluation team

32. [https://cgspace.cgiar.org/bitstream/handle/10568/70124/ILAC\\_Brief16\\_Contribution\\_Analysis.pdf?sequence=1&isAllowed=y](https://cgspace.cgiar.org/bitstream/handle/10568/70124/ILAC_Brief16_Contribution_Analysis.pdf?sequence=1&isAllowed=y), Mayne, J. Contribution Analysis: An approach to exploring cause and effect, ILAC methodological brief, 2008.

33. The synthesis of evidence from across the different data sources and components allowed the evaluation to validate evidence and test each evaluation assumption, before combining these to develop findings and conclusions for each of the evaluation questions.

34. United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=102](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102) and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=100](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100).

35. United Nations Evaluation Group, Norms and Standards for evaluation in the United Nations System, accessible at: <http://www.unevaluation.org/document/detail/1914> Rights and Gender Equality in Evaluation - Towards UNEG Guidance, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=1401](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401).

36. [https://www.unicef.org/evaluation/files/UNICEF-Adapted\\_UNEG\\_EvaluationReportsStandards\\_2010.pdf](https://www.unicef.org/evaluation/files/UNICEF-Adapted_UNEG_EvaluationReportsStandards_2010.pdf).



<p><b>Limitations in accessing reliable and informative quantitative data and measuring reductions in programme outcomes. No evaluability assessment was conducted prior to the evaluation<sup>37</sup></b></p>	<p>The evaluation team found that the programme was currently in the development and early implementation of a more robust monitoring and evaluation system, meaning that data was not as readily available, disaggregated, or reliable as necessary. This limited the data reliability, including for the analysis of results and qualitative comparative analysis</p>	<p>The evaluation used a primarily theory-based qualitative approach to assess the logical coherence of the Joint Programme change model, and likely contribution to a reduction of FGM</p>
<p><b>Insufficient resources to conduct in-person visits to all countries</b></p>	<p>It was not possible for the evaluation to conduct in-person case study visits to all the countries where programming was implemented</p>	<p>The evaluation included virtual case studies that involve a document review and interviews with key informants</p>
<p><b>Tight time pressures have constrained opportunities for collective reflection</b></p>	<p>The evaluation timeline has been such that the process has been highly intensive for a small team, and thus the report has been developed under tight time pressure with limited time for reflection</p>	<p>The team have tried to work together where possible and ensure knowledge exchange and opportunities for reflection</p>
<p><b>Lack of availability of some interviewees</b></p>	<p>Some key staff and stakeholders were unavailable for interview during country case studies, or for the global/regional interviews. This has been exacerbated by staff turnover</p>	<p>Of those staff who were unavailable for interview, their colleagues were approached and requested for interview</p>
<p><b>Survey results are not statistically representative</b></p>	<p>Focal points were asked to send out the requests for the survey to be completed, meaning that the evaluation was a step away from the management of the survey distribution</p>	<p>Clear communication of process was provided to the focal points, as well as a standard letter that was written for implementing partners</p>

37. For more information on data limitations related to this point, please see Annex 20 in Volume II of this report.





# 3

## FINDINGS AND ANALYSIS

This section is structured around the evaluation matrix, addressing each of the evaluation questions and assumptions in turn. Reflections on the extent to which the programme has responded to the recommendations of the Phase I evaluation are included in Annex 14.<sup>38</sup>

### 3.1 RELEVANCE OF THE DESIGN OF THE JOINT PROGRAMME (EVALUATION QUESTION 1)

#### Criteria: Relevance

First, we consider the findings around the relevance of the Joint Programme design (discussed in Section 1.4). Relevance is assessed by consideration of: the alignment of the Joint Programme with global, regional and national policies; the extent to which the Joint Programme is based upon a comprehensive analysis of all available evidence; and the degree to which the Joint Programme has adjusted to changing realities.

#### SUMMARY OF THE FINDINGS

The Joint Programme is well aligned with - and has supported the development of - global, regional and national frameworks, targets and accountability mechanisms on FGM and child protection. It has strengthened its alignment with human rights and, more recently, gender-responsive frameworks. While the Joint Programme has made progress in shifting from global level planning to country-driven national level planning in order to be responsive to country contexts, there is some inconsistency in the engagement of sub-national grassroots actors and rights holders in planning. Programming is inherently targeted at marginalized populations, although there are practical challenges in reaching the most marginalized.

While the Joint Programme has adapted to the changing realities of FGM in some cases (such as the practice being carried out in secret), there is insufficient evidence of the issues to place them within overarching sustainable strategies. Planning at the country and regional levels is constrained by data limitations and has not been consistently based on high quality data and evidence, although improvement can be seen in Phase III. Systematic collection of information from the Joint Programme grassroots work is lacking and could help to inform planning (for example on context-specific drivers of practice, social norms processes, gender dynamics, and drivers of change).

#### ALIGNMENT WITH GLOBAL, NATIONAL AND SUB-NATIONAL PRIORITIES (ASSUMPTION 1.1)

**FINDING 1. The Joint Programme is well aligned with - and has supported the development of - global, regional and national frameworks, targets and accountability mechanisms on FGM and child protection since Phase I. The alignment with human-rights frameworks was strengthened in Phase II. Only partial alignment with global gender frameworks was achieved in Phase II<sup>39</sup>, but the design of Phase III reflects Joint Programme efforts to address this shortcoming.**

The Joint Programme is closely aligned with selected elements of key global and regional frameworks addressing women's concerns, including the United Nations Convention on the Elimination of All

Forms of Discrimination against Women, and its design reflects the core principles of child protection frameworks.<sup>40</sup> See Annex 12 for a list of relevant global and regional frameworks.

38. The table sets out the key recommendations and provides a brief comment on the uptake of messages with comments. These comprise reflections by the evaluation team; the Phase I recommendations were not an explicit focus of the evaluation questions within the evaluation matrix.

39. Gilmore, K., Mora, L., Barragues, A., and Mikkelsen, I., The Universal Periodic Review: A Platform for Dialogue, Accountability, and Change on Sexual and Reproductive Health and Rights, December 2016, Vol. 17, No.2 Health and Human Rights Journal pp 167-179.

40. Such frameworks include the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child and the African Youth Charter. It is also aligned with selected key articles of the Maputo Protocol (to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) that call upon Member States to take measures to eliminate FGM and other traditional practices that are harmful to women.

In a significant advance beyond policy resolutions, the Joint Programme - together with allied agencies - worked successfully to ensure that FGM abandonment assumed a more prominent position within United Nations planning and priorities, and that national governments had the necessary legal frameworks in place to disincentivize the practice. For instance, the Joint Programme is recognized by stakeholders to have been a significant advocate for the inclusion of FGM abandonment as a target within the gender goal of the 2030 Agenda for Sustainable Development: Target 5.3 to “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations”. The specific identification of FGM within the Sustainable Development Goals greatly enhances visibility and accountability in light of standard requirement that all countries report to the United Nations Secretary General against that target.

The Joint Programme also supported the development of multiple United Nations resolutions on the elimination of FGM, including the landmark 2012 resolution (A/C.3/67/L.21/Rev.1), which directly addressed the centrality of gender and set aside the debates on religious injunctions or exceptions based on ethnicity, and the 2016 resolution (A/C.3/71/L15), which provided concrete examples of actions to address FGM.

At the national level, the Joint Programme supported national governments with the development of anti-FGM legal frameworks. Currently, 13 of the 17 countries supported by the Joint Programme have a law criminalizing FGM (discussed further in Section 3.2). The Joint Programme also supported national governments to better report on, and to be held accountable for, FGM practices. During the programming period, half of the Joint Programme countries have been held to account for addressing FGM issues under the Universal Period Review process,<sup>41</sup> a binding global accountability mechanism within the Human Rights Council in Geneva.

Entering Phase II, the Joint Programme prioritized a social norms approach, however in the latter half of Phase II, the Joint Programme revitalized its original focus on bodily integrity

through its support to Burkina Faso's launch of the Zero Tolerance campaign, which disavowed any form of cutting and was more aligned with a rights approach in its work with survivors.<sup>42</sup> This was juxtaposed with the human-rights challenges of enforcing the laws against FGM in countries with weak alternatives to the police and security sectors. In the last half of Phase II, the Joint Programme deepened its work on a human-rights-based approach through support to broader international campaigns working with the Universal Periodic Review of the Human Rights Council in Geneva.<sup>43</sup>

The Universal Periodic Review's July 2018 resolution was the culmination of a major global advocacy campaign involving multiple actors including African States and key development partners, however the critical contribution of the Joint Programme was a focus on the operational elements of the resolution. The 44th session of the Human Rights Council adopted, without a vote, resolution (A/HRC/38/L.9), which more clearly defined FGM as a human-rights violation, called on Member States to adopt national legislation in line with international human-rights law, and highlighted gender inequality as a root cause of FGM. Reflecting the operational focus of stakeholders like the Joint Programme, the resolution called on states to address recent changes in practice that undermine public declarations of intent to end the practice including cross-border dynamics, which sustain the practice, as well as medicalization of the procedure. The resolution also called for the promotion of educational programmes on sexual and reproductive health as a response to FGM.<sup>44</sup> During Phases I and II, the Joint Programme did not prioritize analysis, methods and approaches that focused on gender-based discrimination, the structural causes of gender inequalities and power imbalances between men and women (including as reflected in household decision-making around FGM).<sup>45</sup> The Joint Programme has recently acknowledged this shortfall and has taken steps to strengthen the programme elements of Phase III, which highlight the rights and empowerment of women and girls as agents in the fight to change gender norms impacting FGM. In concrete terms, the Phase III programme framework places a stronger emphasis on empowering women and girls as agents of change.<sup>46</sup>

41. The Universal Periodic Review is a mechanism established by the United Nations General Assembly, which in 2006 mandated the Human Rights Council to “undertake a universal periodic review of the fulfilment by each Member State of its human rights obligations and commitments in a manner which ensures universality of coverage and equal treatment with respect to all Member States”.

42. Programming for a zero-tolerance approach to FGM holds that any cut, abrasion, bleeding or other injury for non-medical reasons is not acceptable. This approach, championed by the leadership of Burkina Faso does not accept “harm reduction” arguments, which assert that a less physically injurious cut is acceptable with hopes that it will lead to ending cutting. The debates over a harm-reduction approach are discussed further under Finding 21.

43. <http://www.un.org/en/universal-declaration-human-rights/>, The Universal Declaration of Human Rights, 1948.

44. The Human Rights Council also requested that UNHCHR organize a 2019 meeting of a wide range of state and non-state stakeholders to discuss application of human-rights norms, standards and principles in efforts to eliminate FGM.

45. UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change, Funding Proposal for a Phase II and interviews with Joint Programme staff.

46. Proposal for Phase III UNFPA-UNICEF Joint Programme Elimination of Female Genital Mutilation: Accelerating Change. UNFPA, UNICEF, 2017. Interviews with Joint Programme staff.



**FINDING 2. Progress has been made in shifting Joint Programme planning from the global level to a more country-driven process that is relevant to different country contexts. So far, there have been mixed results in terms of stakeholder participation in planning processes.**

The evaluation found that, during the course of the Joint Programme, there has been a trend towards increased consultation and involvement of country offices in planning. In Phase I the global framework was created by headquarters; in Phase II there was increased consultation of country offices; and in Phase III the theory of change was developed in consultation with country offices. An in-depth contextualization process has also taken place at the start of Phase III for Tier I countries in order to adapt the global framework to the country context (through conducting a situation analysis and by developing a theory of change, baseline data and targets). However, the evaluation found divergent views at the country level regarding the degree of flexibility of adapting the global results framework to country contexts, which suggests that communication in this area needs strengthening.

The extent to which country programmes involve views and perspectives of national and sub-national stakeholders varies. There are positive examples, such as participatory stakeholder workshops held to design Phase III took place in Kenya, Burkina Faso, Ethiopia, and Senegal. In fact, most (91 per cent; or 105/115) of survey respondents feel that the Joint Programme has provided opportunities for them to provide input on the design and planning of the programming for the Joint Programme. However, interviews revealed that at least four countries are not actively including the views and perspectives of implementing partners working at the grassroots level. In addition, many planning processes occur within the national capital city, where not all implementing partners are able to attend. There remains inconsistent, and in places insufficient, sub-national consultation with implementing partners or direct consultation with rights holders within planning processes.

**FINDING 3. The Joint Programme was designed with a change logic that encourages a holistic approach to social-norms change: working across many levels, engaging diverse stakeholders, and linking activities across thematic sectors. While this change logic has been successful at creating synergies, it has not adequately addressed shifts in practice.**

The Joint Programme is based on an intentional holistic design that works across global, regional, national, and grassroots levels and that cuts across thematic areas (education, health, child protection, gender equality, justice, etc.). As a result, it has developed important synergies that have facilitated the engagement of a wide variety of stakeholders from religious leaders to youth peers. During Phase I, this approach was intended to provide catalytic momentum to increase the profile of FGM abandonment and convene anti-FGM actors and influencers, which the programme has been largely successful in doing (this is further discussed in Section 3.2). Stakeholders have attested to this design as being one of the major strengths of the Joint Programme, and the evaluation analysis agrees with this finding.

not have an overall theory of change model to guide its work. The evaluation of Phase I presented a reconstructed theory of change model that articulates the inherent design of the Joint Programme. This model was then used by the Joint Programme to develop its Phase II programming. The model clearly articulates how interventions are designed to lead to changes in social norms and ultimately the Joint Programme goal around the abandonment of FGM. While the overall goal of the Joint Programme has shifted somewhat throughout the three phases, it has consistently remained at the advocacy level and with a scope larger than could be realistically accomplished. The evolution of the Joint Programme goal over its three phases is outlined in Table 9, along with an assessment from the evaluation team as to the extent to which its degree of realism has shifted. While such an ambitious goal is useful for generating interest and momentum around the issue, it also may set unrealistic expectations.

While the Joint Programme has established results frameworks for all three of its programming phases, it does

**TABLE 9:** Evolution of the Joint Programme goal over its three phases

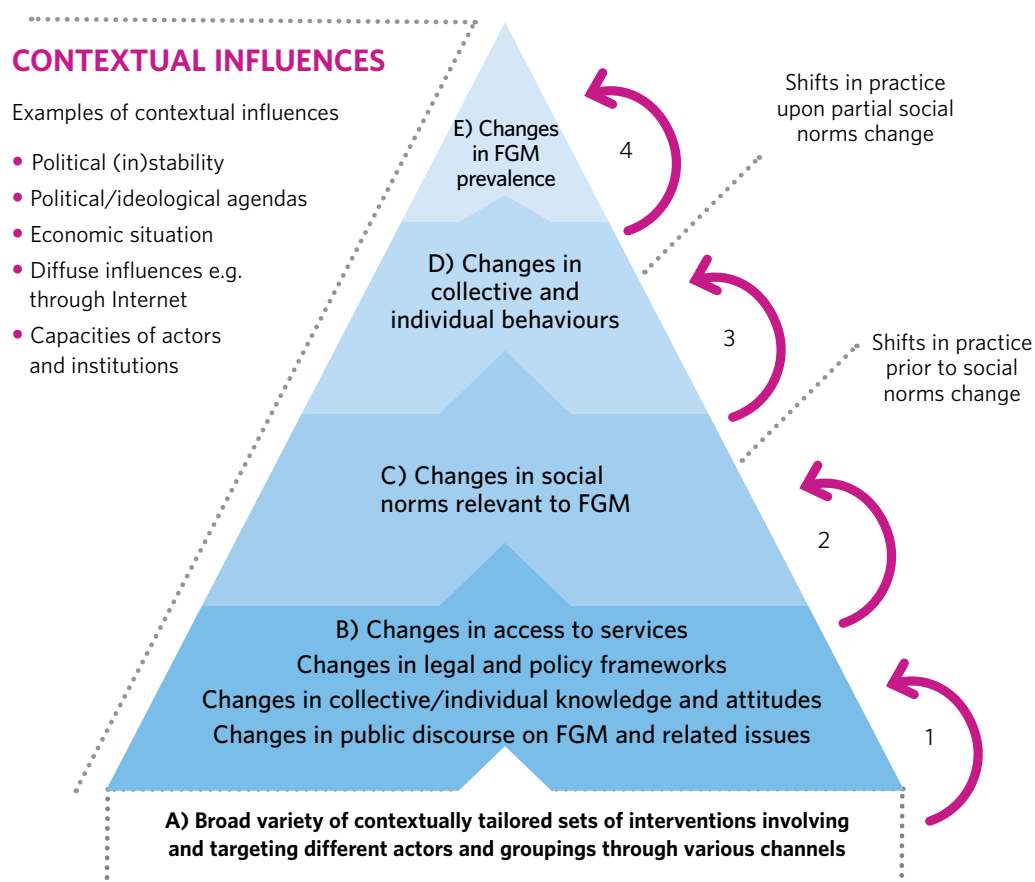
Programme phase	Goal	Degree of realism
Phase I	Abandonment of FGM in one generation with demonstrated success in 17 countries by 2012	Complete abandonment in one generation is an unrealistic goal in the realm of social-norms change. The Joint Programme and partners have acknowledged this
Phase II	Acceleration of the total abandonment of FGM in the next 20 years and decrease of the practice among girls 0–14 years in at least five countries by 40% and at least declare one country free of FGM by 2017	The Joint Programme made an effort to create a more realist goal. The wording has been modified to acknowledge “acceleration” over total abandonment. However, a decrease of 40% is still an unrealistic target within the context of social-norms change

Phase III	Acceleration of efforts towards the reduction of FGM, fulfilling the rights of girls and women by realizing social and gender norms transformation by 2021	The ambitious nature of the goal was further expanded in Phase III to call for the realization of social and gender norms transformation by 2021, which is beyond the sphere of influence of the Joint Programme
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The reconstructed theory of change model used in the Phase I evaluation is still relevant to understanding the Joint Programme work in Phase II. As outlined in Figure 6, the theory of change model articulates how Joint Programme interventions are designed to increase access to FGM-related services, support legal and policy frameworks prohibiting FGM, and promote changes in collective and individual knowledge and attitudes as well as public discourse. These changes are then assumed to lead to changes in social norms that would result in changes in collective and individual behaviour. The theory of change model makes three assumptions: 1) that public discourse and public statements of intent to abandon FGM represent social-norm change; 2) that changes in behaviour will occur after changes in social norms have taken place; and 3) that changes in group and individual behaviour will be positive and will ultimately lead to completely abandoning the practice of FGM.

Experience has demonstrated during Phases I and II that changes in group and individual behaviours are not always positive and that actors will sometimes modify their practice rather than abandon it in an attempt to evade consequences, either before changes in social norms have occurred (i.e. to avoid legal consequences) or once partial changes in social norms have taken place (i.e. to avoid social stigmas within a group that is shifting its social norms). Case studies have suggested that in some cases, individuals have shifted their practice (for example, by executing FGM in secret, changing the ceremonial element of the practice, etc.) in order to continue with the practice in either a legal or social atmosphere that is less accepting of FGM. Such shifts have not yet been adequately captured in the theory of change model and yet they affect the linear assumptions presented. Further research is required to understand how these shifts in practice impact the change logic. The nature of the shifts in practice are discussed further in Finding 4.

**FIGURE 6:** Reconstructed theory of change model used in the Phase I evaluation



Source: UNFPA and UNICEF, *Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*, New York, 2013

**FINDING 4. The overarching design and operational principles of the Joint Programme have emphasized the importance of adapting programming approaches and messages that are relevant to diverse contexts and stakeholder concerns. This has proven a valuable strategic approach but is increasingly being challenged by evolving FGM practices: FGM being carried out in secret, “the medicalization of FGM”, and a change in the form of FGM cutting being used.**

A significant majority (95 per cent) of implementing partner survey respondents believe that the Joint Programme understands and prioritizes work that addresses the context-specific causes, justifications, and practices of FGM in the country. Other lines of evidence (case study observation and interviews) also revealed an ability of the Joint Programme to shift its practices to changing contexts and realities in several cases. However, these assertions - that the Joint Programme effectively supports adaptation of programme context - are increasingly being challenged by evolving field level changes in FGM practice.

Such “micro-level” changes are occurring both in settings in which broader behaviour changes have not yet occurred and in settings where larger scale normative change has reportedly occurred: all these changes represent a type of resistance to efforts to eliminate FGM (see Finding 3). Some of these changes in practices and procedures were evident during Phase I and (in some cases) intensified in Phase II. These changes, and how the programme has responded to them in Phase II, are explained below.

**FGM CARRIED OUT SECRETLY.** Such behaviours include: carrying out FGM in secret without public celebration or notification, including at night; going to a nearby village that is more accepting of the practice for FGM to be carried out; travelling across a border into a neighbouring country (or refugee camp) in which laws prohibiting the practice do not exist or are not enforced; and cutting girls at a younger age (in some cases at birth). In all these situations, individuals outside of the family who may not support the family decision to cut (educators, health personnel, church elders, village monitors and anti-FGM committees) are less likely to hear about it or see the characteristic indicators of the cutting (for example, the recovery period). In the case of cutting at younger ages, girls themselves are less likely to report (or even recall) or resist.

**MEDICALIZATION OF FGM.** Another change is referred to as the “medicalization of the practice”, that is to say, FGM

being conducted by health and medical personnel. This is occurring frequently within the Joint Programme countries of Egypt and Sudan, and increasingly in Guinea, Kenya and Nigeria.<sup>47</sup> In Egypt, this presents as a large-scale shift to hospital-based cutting; in Kenya, the evaluation case study noted multiple anecdotes of community-based practitioners and medical assistants providing “safer cutting” with slightly improved tools. While medicalization varies and manifests itself in different forms in different contexts, the practice continues under the guise of cleaner, safer, clinical or medical settings. This shift is assumed to reduce the physical damage done, but it also tends to reduce the concerns and negative attention surrounding the practice, and risks legitimizing the practice. The medicalization of FGM requires a response that involves working with, and advocating for, change with different actors (health practitioners, medical universities, community-based health actors). This is discussed in more depth in Finding 13.

**CHANGE IN PROCEDURES OF FGM PRACTICED, (OR IN WHAT THEY ARE CALLED).** In at least two countries in the Joint Programme, the evaluation is aware of meaningful changes in the way in which FGM cutting is done, and in how it is defined/what it is called in the public eye - both of which risk undermining efforts at abandonment.

- In Somalia, the most severe form of FGM, which involves both cutting and either sewing or fusing to reduce the size of the orifice (often called “pharaonic” and formally categorized as Type III in the global typology of FGM outlined in the 1997 inter-agency statement<sup>48</sup>) is reported to be reducing in frequency following years of advocacy and intensive work with religious leaders. A less physically damaging procedure involving only cutting or scraping and often referred to as Sunna<sup>49</sup> may also be reducing to a lesser degree. Within a human-rights framework and zero tolerance approach any forced cutting - no matter what name it is given - is a human-rights violation and unacceptable. However influential religious and political leaders in Somalia have resisted passage of any law to

47. [www.28toomany.org](http://www.28toomany.org) and *How to Transform A Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation*, 2018, UNFPA and UNICEF, 2018.

48. The typology originally outlined in the 1997 joint agency statement (<https://www.who.int/reproductivehealth/topics/fgm/overview/en/>); identifies 4 types of FGM although Type 1 is divided into 2 subtypes based on level of cutting. The presentation and management of each type has been addressed in several technical guidance documents for healthcare providers and others including *Female Genital Mutilation: A Visual Reference and Learning Tool for Health Care Professionals*, Abdulkadir, Jasmine MD; Catania, Lucrezia MD; Hindin, Michelle Jane PhD; Say, Lale MD; Petignat, Patrick MD; Abdulkadir, Omar MD, *Obstetrics & Gynecology*: November 2016 - Volume 128 - Issue 5 - p 958–963, doi: 10.1097/AOG.0000000000001686.

49. These “forms” are referred to as Sunna but what procedures are actually undertaken under the guise of Sunna is very unclear. It is also notable that: 1) on its current website, WHO itself notes that. “experience with using this classification over the past decade has revealed the need to sub-divide these categories to capture more closely the variety of procedures” (<https://www.who.int/reproductivehealth/topics/fgm/overview/en/>); 2) Type 1 is not covering all of what is assumed to be how “type 1” is done; and 3) Sunna has never been equivalent to “type 1”. The latter is well documented in a recent baseline assessment produced by the Population Council initiative on building capacity to address FGM (Newell-Jones, K. 2017. ‘Female genital cutting in Somaliland: Baseline assessment’, January 2017). The assessment documented a rise in what is called Sunna, which involves more cutting.

condemn all FGM including the cutting procedure that they refer to as Sunna. On that basis, the religious and political leaders blocked passing of the national law against FGM as they work to have *Sunna* reclassified.<sup>50</sup>

- In Ethiopia, the evaluation case study found that three woredas supported by the Joint Programme, which historically had practiced infibulation (classified as Type 3 because it involves cutting and sewing (see footnote 47) and had reportedly eradicated that practice and been declared as FGM-free by the end of Phase I, were subsequently reported to have new cases of FGM that they called Sunna. The reason provided for this “relapse” in FGM abandonment and a minority of the community not completely abandoning FGM but adopting Sunna was based on the teaching of Muslim lay preachers from both Afar and across the border in Djibouti who supported Sunna. This approach reflects influence of the teaching of lay interpreters. Such teaching is inconsistent with Imams in Afar who condemn all forms of FGM (discussed further in Finding 20). Service providers were the main source of observational evidence on new cases of FGM. The service providers also noted that the cutting was being done by a new type of cutter and raised concern that infections were ensuing.<sup>51</sup> The recognition of the change of form of FGM and the need for further engagement by the Joint Programme with religious leaders at different levels is recognized within Joint Programme documentation.<sup>52</sup>

The resistance to complete abandonment and the resurgence of the procedures referred to as Sunna, which enables that resistance, highlights the importance of providing follow-up support after public declarations (see Finding 42), as well as the need for the Joint Programme to adapt its advocacy and awareness-raising messages to the specific procedures being practiced.<sup>53</sup>

Given that all these practice changes are so diverse, diffuse, and dynamic, a proactive stance, rather than the current reactive stance, is required to address these changes. This should include frequent re-assessment, adjustment, and even layering of approaches. Efforts have been made during Phase II to address these changes in practice. The Joint Programme has: 1) documented and reported these types of shifts at all levels of the Joint Programme, 2) informed selected adaptations in programme approach (for example, work with the medical community, work on border issues), and 3) begun to inform dedicated research primarily by actors outside of the Joint Programme. The ability of the Joint Programme to proactively develop strategies and messaging to thwart these “hidden or resisting ways” of practicing FGM varies significantly based in part on the scale and/or concentrated geography of the new way of practicing FGM, the political power and organization of those resisting, and the constancy of change. An assessment of the scale, and relative risk to continued progress of these different forms of resistance/pushback, is not yet systematic and has not informed the development of sustainable and coordinated strategies at local, national, regional and global levels.

## DESIGN OF JOINT PROGRAMME INTERVENTIONS BASED ON A COMPREHENSIVE ANALYSIS OF ALL AVAILABLE EVIDENCE (ASSUMPTION 1.3<sup>54</sup>)

**FINDING 5. Access to relevant evidence and analysis to inform programme design and planning is greater at the global level than at the regional or national levels.<sup>55</sup> Systems to systematically support generation and aggregation of evidence from implementing partners to inform programme design at the national and regional levels are not yet in place.**

The Joint Programme has been significantly shaped by different theories of change drawn from diverse traditions such as: social-norms theory in Phase I; adaptations of norms theory (focusing more on key influencers and strategic disaggregation within community groups) in Phase II; and gender-responsive strategies in Phase III.

The Joint Programme is lacking up-to-date relevant information regarding regional dynamics that can either support or undermine country level initiatives, for example: the magnitude of border crossing to avoid enforcement of anti-FGM laws - including crossing into large refugee encampments on the border and in the interior; the reach and

50. How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on FGM, UNICEF and UNFPA, 2018.

51. Source: service providers drawing upon FGM surveillance mechanisms.

52. This is recognized within the Ethiopia 2017 Annual Report as a challenge. “In some target communities, significant improvements in knowledge about the negative consequences of FGM have been achieved. However, the practice has continued in some communities with the cutting type shifted from infibulation to the less invasive sunna type (type I). Efforts are underway to further strengthen consensus building among Muslim religious leaders at different levels, and ongoing dialogues focusing on this aspect will be introduced as part of Phase III.”

53. How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on FGM, UNICEF and UNFPA, 2018.

54. Within the evaluation matrix, Assumption 1.2 focuses upon the comparative strengths of the Joint Programme. However, for the logical flow and accessibility of the report, it has been moved and integrated within Assumption 3.2.

55. This is apparent from Phase II and Phase III proposals.



sphere of influence of communication mechanisms/tools of religious entities, radio, and traditional information flows; and the ability of “adoption diffusion” approaches to cross multiple cultural-linguistic groups (further discussed in Finding 11).

At the country level, the majority of Joint Programme countries lack adequate nationwide data-collection systems to inform FGM programming. This gap in evidence relates in part to a continued reliance on the population-based data sources, that is to say, periodic population surveys, demographic and health surveys (DHS) and multi indicator cluster surveys (MICS) for planning and monitoring national and sub-national trends in prevalence. The Joint Programme has been instrumental in advocating for including FGM data in these national surveys, which have specific indicators/modules that allow countries to report on FGM. Even so the data on FGM is based on self-reports by mothers; the surveys occur approximately every five years and thus conclusions on “changes in practice” must rely on comparing age cohorts within the same survey and in five-year age groups. The data is unable to capture the important changes occurring year-to-year although the Joint Programme just recently worked with the demography units within UNFPA to apply demographic analysis techniques that did allow for projection of more micro changes.

These surveys do not sample some of the most important populations as the sample frame is based on the census. For example, Ethiopia’s census does not gather any data within refugee camps and yet anecdotal information from Joint Programme implementing partners indicated that girls were sent into these camps for cutting. The surveys do not provide the holistic data required to inform programming that must address the cross-sector nature and heterogeneous configurations of the practice of FGM. While some countries, such as Uganda, Kenya and Ethiopia, have undertaken additional national level surveys, and the Joint Programme funded research in some countries<sup>56</sup> during Phase II, there were limited examples of situational analyses, needs assessments, or gender analyses conducted at the country level until the contextualization process in Phase III.<sup>57</sup> There is also a lack of effort to identify data sources relating to cross-border refugee populations, internally displaced populations, rural-urban migrants, pastoralists, and border-area populations.<sup>58</sup>

Interestingly, in wider anti-FGM fora, the need to address these gaps was also highlighted within two major global pronouncements in July 2018: the Secretary General’s report on intensifying global efforts, which highlighted refugees and migrants; and the Human Rights Council’s resolution, which focused attention on cross-border populations.

In-depth knowledge of practice by implementing partners is useful to inform many elements of programming and to provide in-depth knowledge about the heterogeneous drivers of FGM, how change happens, and how to effect change. The Joint Programme does not provide regular and consistent support to implementing partners to generate and share community-based knowledge on factors that promote the practice and to identify drivers of social-norms change (further discussed in Section 3.4). As a result of this lack of strong information and evidence at the regional and country levels, there is some lack of clarity about the extent to which the programme is relevant to the particular situation in each country and region, especially as these situations have changed over time.

**FINDING 6. The Joint Programme systematically targets marginalized populations that practice FGM, but faces significant practical challenges in reaching the most marginalized.**

Many of those who undergo FGM are inherently marginalized (women and girls who are geographically isolated, have reduced access to government services, and/or face cultural discrimination). There is evidence within the Joint Programme that interventions are designed to reach marginalized populations given that the selection of geographical areas is based upon the existing field presence of UNICEF and UNFPA, both of which prioritize vulnerable and marginalized areas. However, within these areas, there can be practical challenges in reaching the most marginalized populations practicing FGM, due to access programming logistics<sup>59</sup> and security concerns. There are also procedural aspects of working with civil society organizations that make it challenging to reach the grassroots level. Within Phase III, a specific indicator has been included on focusing on the vulnerable where FGM is present, which will enable closer and more focused monitoring.

## 3.2 PROGRAMME CONTRIBUTIONS TOWARDS THE ABANDONMENT OF FGM (EVALUATION QUESTION 2)

### Criteria: Effectiveness

This section analyses the effectiveness of the Joint Programme in relation to its support to governments, communities, and girls and women in three key outcome areas that form the crux of the Joint Programme country-based work: support to legal and policy environments; the provision of FGM health services; and the shifting of social norms.

56. Research was funded in Burkina Faso, Djibouti, Eritrea, Guinea, Senegal, Somalia, Sudan, Senegal and Uganda.

57. The notable exceptions are the in-depth situation analysis in five ethnic groups and five districts of Kenya; a micro level study of changes in practice in Uganda and a much broader but still relevant mapping exercise of child protection needs and response by the UNICEF office in Kenya.

58. A positive example is UNICEF research on FGM in refugee settings in Kenya <http://uni.cf/2E7m5JN>.

59. Interviews with implementing partners in Ethiopia and Kenya.

This is assessed by analysis of progress made against planned outputs and outcomes and qualitative analysis. Indicators are listed where appropriate, including the baselines, targets (where available) and achievement. Where baselines and targets are not available and therefore assessment cannot be made against target (for various indicators), this is also specified.

## SUMMARY OF THE FINDINGS

The Joint Programme has made significant contributions to the development of national strategies and strengthening legal frameworks, yet law enforcement remains a major challenge. The Joint Programme engagement of influential actors to bring about social-norm change, particularly faith-based organizations, has brought about positive results and could be strengthened particularly within lower religious hierarchies. The Joint Programme contribution to health services is significant, and usage levels are high. Preventative and protective services are fully in line with the Joint Programme goal, but post-FGM services are less aligned. Community level awareness and public discourse in favour of FGM abandonment have increased markedly in targeted areas, and the Joint Programme has made an important contribution to these increases. An emerging focus on girls' empowerment and gender-responsive approaches builds on both agencies' priorities and links well with complementary interventions around child marriage. The progressive incorporation of specific work with men in Phase II constitutes a progress but has yet to fully address the needs and realize the opportunities for work on masculinities.

A binary qualitative comparative analysis was undertaken to provide analysis of the contribution of the Joint Programme outcomes and outputs to a substantive reduction in prevalence of FGM among girls aged 15-19 (selected due to the feasibility of seeing change in this age group over the period of the Joint Programme). The data used is derived from the Joint Programme performance analysis of Phase II, as well as prevalence data, and has limitations as discussed in the methodology Section 2.4. The analysis should be treated as indicative, rather than definitive explanations. Further background and the full analysis are included in Annex 17.<sup>60</sup>

## LEGAL AND POLICY FRAMEWORKS FOR ELIMINATING FGM IN PROGRAMME COUNTRIES (ASSUMPTION 2.1)

**FINDING 7. Important contributions have been made by the Joint Programme to the strengthening of laws and reinforcing of legal frameworks, although enforcement of FGM laws remains a major challenge across all countries.**

**TABLE 10:** Performance of key Joint Programme Phase II results indicators

Indicator	Baseline (2013)	Target	Actual	Achievement
Number of countries implementing a comprehensive legal (and policy) framework to address FGM	10	15	13 (+3 drafts)	Partially achieved
Number of cases of enforcement of FGM law - number of arrests	Not known (N/K)	N/K	841	-
Number of cases of enforcement of FGM law - number of cases brought to court	N/K	N/K	639	-
Number of cases of enforcement of FGM law - number of convictions and sanctions	N/K	N/K	301	-

60. Key findings from a qualitative comparative analysis: overall, the programme theories of change relating to programme oversight, management and design are associated to an intermediate degree with achieving outcomes; while wider contextual drivers – especially strong national ownership – are clearly associated with outcomes.

Joint Programme indicators demonstrate positive patterns regarding the development of legal frameworks. The number of programme countries implementing a comprehensive legal and policy framework to address FGM increased from 10 (2013) to 13 (2017) over the course of Phase II, mainly due to the inclusion of new laws banning FGM.<sup>61</sup> Although the target of 15 countries was not met, draft legislation introduced in 2017 in 3 countries is aimed at expanding laws against FGM to cover Somalia, Sudan and Mali.<sup>62</sup> The development of new or extended legal frameworks is a principle contribution of the Joint Programme. Exemplifying this is Kenya, where the Joint Programme was integrally involved in a successful advocacy campaign to pass the Prohibition of Female Genital Mutilation Act (2011),<sup>63</sup> cited as best practice by multiple interviewees.<sup>64</sup>

Joint Programme activities also supported the amendment of laws in Egypt, Mauritania and Uganda to strengthen or broaden penalties for carrying out FGM.<sup>65</sup> For example, in

2016 the law in Egypt was successfully amended to make FGM a crime – it was previously a misdemeanour. During the same period, penalties were also toughened in Uganda. The Joint Programme has also contributed to avoid regression in laws: for example, by supporting political defenders of women's rights, grassroots organizations and media to successfully defend against challenges in 2011 and 2012 to the 2008 law prohibiting FGM in Egypt.<sup>66</sup>

The case studies indicated that the implementation of laws remains a common challenge across programme countries. Senegal is illustrative of this: while a law prohibiting FGM has been in place since 1999, there remains disagreement around whether it should be implemented and if so, in what way.<sup>67</sup> Another example is Egypt, where the toughening of laws is accompanied by a situation where convictions are still extremely rare (see Finding 9).

### HIGH NUMBERS OF ARRESTS CORRELATE MOST STRONGLY WITH DROPS IN PREVALENCE ACROSS CASE STUDIES

A higher number of arrests was the strongest predictor of reductions in FGM prevalence in the qualitative comparative analysis. The ratio of arrests to convictions did not seem to affect the outcome. A qualitative explanation of this is that arrests may be representative of policing of FGM laws – indicating applied social rejection of the practice and the threat of consequences – whilst convictions may be affected by poor capacity of the legal system. However, it also may be that when law is in place and enforced, people are less likely to report in the demographic health survey that FGM has occurred. Policy frameworks were the second-best predictor of reductions in prevalence. Within the qualitative comparative analysis testing of the theory of change, the assumption of national ownership (which is associated with policy) was a strong predictor of success.

In terms of law enforcement, over the course of Phase II of the Joint Programme, 841 arrests<sup>68</sup> under FGM laws were recorded across all programme countries, and 301 convictions were secured (47 per cent of the cases brought to trial). However, 59 per cent of these convictions are accounted for by only three countries (Eritrea, Burkina Faso, and Kenya). The evaluation observed a correlation between low rates of law enforcement and countries with high prevalence rates; interpreting this, again, as indicating dissonance between legal and social norms across the persons who integrate the legal systems being reflective of similar mismatch among the general population. Limited

numbers of cases and convictions can also be an indication of weak capacity in judicial and security sectors (and lack of effective monitoring mechanisms or information sources).

Interviews with stakeholders confirmed that these effects are compounded by difficulties faced by survivors and others in reporting FGM in many communities where FGM is practiced with the consent of families (due to dependencies, community solidarity, or fear of retaliation); or where FGM is practiced underground (due to obtaining the standards of evidence required). Additional complications are faced in contexts such as in Garissa,<sup>69</sup> in Kenya, where traditional

61. UNFPA-UNICEF Joint Programme Data for All database.

62. Confirmed by key respondents in the five mentioned countries and triangulated with actual laws, some already enacted, others in preparation (e.g. Somalia) depending on the cases.

63. Although the campaign to get FGM included in the sexual crimes law was not successful, the law is extensive and the penalties it outlines were considered severe.

64. 17 Ways to End FGM: Lessons from the Field: Companion booklet to the 2016 Annual Report of the UNFPA-UNICEF Joint Programme to End Female Genital Mutilation/Cutting: Accelerating Change.

65. Performance Analysis for Phase II UNFPA-UNICEF Joint Programme on FGM, 2018.

66. In 2011, the 2008 law was put into question, mainly in reference to its compliance with religious law, a movement that was highly contested by political defenders of women's rights, grassroots organizations and media. In June 2012 there was a second challenge to the 2008 law. The government channelling Joint Programme support at government level worked intensively in the legal framework, in this case coordinating or supporting different actions. In 2013 the Constitutional Court stated that the 2008 law is constitutional.

67. Recommendations of a 2014 study by the Ministry of Justice and the Joint Programme have not been implemented in part because there is insufficient strong will to do so, and significant resistance from communities: interviews with Joint Programme partners.

68. Performance Analysis for Phase II UNFPA-UNICEF Joint Programme on FGM, August 2018.

69. The *Maslah* system.

systems of alternative dispute resolutions “compete” with formal national justice systems and introduce an additional (misaligned) set of incentives. Recent materials published

by the Joint Programme recognize the future importance of additional efforts to successfully localize the implementation of national laws.<sup>70</sup>

**FINDING 8. Human capacity development within the formal legal system has not demonstrated the intended level of effectiveness in driving results.**

The Joint Programme has made substantial investments in capacity building at national level. For example, in Kenya alone, between 2011-2012, nearly 2,000 police and probation officers, over 1,700 community leaders and more than 23,000 community members were trained by UNFPA to implement new FGM legislation.<sup>71</sup> Despite these significant efforts, the evaluation case studies found that, particularly with respect to work with the judicial and security sectors, both the value of the investment and the level at which capacity was built was insufficient to achieve effective enforcement of laws.<sup>72</sup> It should be clarified that, given the multidimensional nature of law enforcement, this limitation is not necessarily caused by the degree of effectiveness in capacity-development efforts. Notably, however, case studies revealed that in some instances, unintended, but positive results of capacity-building efforts were found.<sup>73</sup>

Over the three phases of the Joint Programme, it is evident that lessons around capacity development have led to necessary changes.<sup>74</sup> In response to limited evidence that building the capacity of the judicial sector was leading to the expected results, the Joint Programme has supported democratization of legal provisions.<sup>75</sup> The 2016 annual report from Burkina Faso indicated that mobile courts were particularly effective in terms of education and deterrence at community level, and contributed to better access to justice. Despite this progress, democratization of implementation capacity remains insufficient and incomplete. The Joint Programme lacks a clear conceptual framework to guide successful sequencing and synergies across a “package” of capacity-development interventions.<sup>76</sup> The substantial learning available in this area from work on gender-based violence at UNFPA, child protection at UNICEF, and essential services at UN Women and UNFPA does not yet seem to have been absorbed by the Joint Programme.

**FINDING 9. Due to limited available research evidence, the Joint Programme design is an opportunity to more rigorously test assumptions of a causal link between changes in FGM legal penalties or practices, and incentives leading towards FGM abandonment.**

Presently, very few research studies are available that are dedicated to the interaction between law and social change in the specific field of FGM. In this context, the approach adopted by the Joint Programme, emphasizing work on wider social norms and holistic approaches, is a relevant strategy (as opposed to previous isolated strategies, such as focusing on the law or the harmful health effects of FGM alone). However, many

global evidence gaps remain regarding the interaction between different configurations of legal provisions and the effects these have in practice (see also detailed analysis under Section 2.3, on community level interventions).<sup>77</sup>

Interviews with stakeholders highlighted that the specific causality patterns in a scenario of dissonance between social

70 For example: Joint Programme, 2018. Performance Analysis for Phase II. (Report).

71 Evidence in Action: Good Practices on Integration of Gender, Human Rights and Culture in UNFPA Programming: Kenya Supporting Legislation that Criminalizes the Practice of Female Genital Mutilation/Cutting, 2012, UNFPA Technical Division, Programme Division, the Africa Regional Office and the Kenya Country Office, NY.

72 Capacity development initially focused on national level entities with the expectation that training would be diffused. The design of Phase I of the Joint Programme was based on the reasonable assumption of the central role of the police and judiciary. In reality, it was found that security and justice institutions are integrally linked with the local populations they oversee, and are often dependent on their cooperation. In acting in a solo capacity, police are subject to influencing and/or failure to pursue a case. This situation was aggravated by early failure to sufficiently address high turnover rates in security forces at local level.

73 For example in Egypt, UNFPA led training of the state’s judiciary where an unanticipated, but exceptionally positive outcome of the training was that participating judges used their knowledge to initiate and pass amendments on the national FGM legislation, which contributed to changing FGM from a misdemeanour to a felony in August 2016; in Burkina Faso and Senegal, UNFPA efforts towards strengthening national capacities went beyond FGM issues, addressing human and health rights more broadly, resulting in strengthened legal measures for the overall protection (legal, psychological and judicial) of the rights of women and girls.

74 In Egypt, a 2014 training programme with the National Police Commissioner and the office of the General Prosecutor was leveraged to support collaboration between the Joint Programme and the Government of Egypt in drafting the national strategy for the abandonment of FGM. Furthermore, additional social accountability mechanisms – local “watchdogs” have increasingly been supported to complement the formal justice system, such as village crime committees in Ethiopia.

75 These mechanisms involve a broad mix of strategies, including mobile courts, specialized police desks, dedicated courts or dedicated court sessions to handle cases quickly and with sensitivity to children’s involvement, and leveraging existing community institutions.

76 The case studies revealed continued confusion at all levels over the exact provisions and requirement of laws, demonstrating that much more still needs to be done in terms of rigorous ‘domestication’ of knowledge about both provisions and processes (including through translation into local languages).

77 For example, convictions due to FGM are still extremely rare in Egypt – only two since 2008 in a framework of wide practice. This poses the question of whether strengthening laws in a context of a dissonant social norm has a positive or negative effect, something still not answered by evidence. Indeed, the evidence from evaluation case studies was inconclusive, revealing mixed explanations of causal relationships between laws and practices.



norms and legal norms are still not sufficiently well understood. In other words, in contexts where the presence of a general acceptance of FGM practice contrasts with the strengthening of law punishments for FGM,<sup>78</sup> it is not clear whether the strengthening of law punishments have positive, neutral or negative effects. On the one hand, the passing or strengthening of laws against FGM constitutes a social statement, which in the long term might have positive effects, such as questioning of the practice, deterrence (given the appropriate circumstances), or enforcement (if the social norm acquires sufficient critical mass and an enabling environment). However, on the other hand, the creation or strengthening of the law may have counterproductive effects, such as dissuading law enforcers (judges, prosecutors, lawyers) even more from enforcing a law they do not believe in, as a higher punishment for a socially accepted practice may then be perceived as even more unfair. In addition, it can cause FGM to be practiced underground, making its practical eradication harder to observe, to follow up

and to work upon (see Finding 4). One of the identified risks of reliance on enforcement of the law in contexts with insufficient normative change, is the potential for human-rights violations or undermining core child-protection principles (for example, when parents or even the girls themselves are arrested or prosecuted). This was a focus of the July 2018 Human Rights Council Resolution on ending FGM.

Drawing on wider literature, academic studies<sup>79</sup> about the interplay between legal and social norms show credible findings that this interaction is at best extremely delicate, with significant risks of it being counterproductive. The literature on this subject is presently exploring questions on the interaction between laws and social change, and is investigating the ways in which, and the mechanisms through which, law influences social change. However, presently there are very few studies dedicated to the interaction and mechanisms between law and social change in the specific field of FGM.

**FINDING 10. The Joint Programme has made substantive contributions to national strategies and other commitments against FGM. The effectiveness of these commitments is constrained by lack of dedicated national budgets - impeding progress towards results.**

**TABLE 11:** Performance of key Joint Programme Phase II results indicators

Indicator	Baseline (2013)	Target	Actual	Achievement
Number of countries implementing a comprehensive policy framework to address FGM	N/K	N/K	16	Achieved <sup>80</sup>
Number of countries with a government budget line for FGM	6	10	13	Surpassed

The Joint Programme, together with other actors, have capitalized on opportunities to contribute to national strategies and commitments against FGM, for example: facilitating technical assistance, in-depth analysis, and mobilizing resources. Sixteen programme countries have established policies integrating a response to FGM, a national plan of action and a nationwide coordination mechanism. The Joint Programme has also contributed to the integration of FGM abandonment into national development plans or specific strategies, such as providing technical and financial support to the Ethiopia National Strategy and Action Plan on Harmful Traditional Practices against Women and Children (2013).

In this sense, the Joint Programme has been strategic in its support to existing efforts and trends, complementing

or strengthening national mechanisms. This approach is seen by the majority of stakeholders to be not only more effective than parallel interventions, but also to increase the probability of sustainability beyond the programme duration. In Kenya, the Joint Programme was integrally involved in laying the groundwork and supporting multiple stakeholder structures to inform the development of a national anti-FGM policy and law – which was subsequently further revised to ensure coherence with the new constitution (2010). Overall, 93 per cent (107/115) of survey respondents agreed with the statement that “the Joint Programme has been effective in engaging government actors to participate in/support activities to accelerate the abandonment of FGM”.

78. An important example is Egypt, where convictions due to FGM are still extremely rare –only two since 2008 - in a framework of wide practice and a progressive strengthening of punishments in the law.

79. Posner, Eric A. *Law and Social Norms*. Harvard University Press. (March 8, 2002); Acemoglu, D. and M. Jackson. “Social norms and the enforcement of laws”, NBER Working Paper No. 20369. 2014; Albiston, C.R., Leachman, G.M. “Law as an Instrument of Social Change”. In: James D. Wright (editor-in-chief), *International Encyclopaedia of the Social & Behavioural Sciences*, 2nd edition, Vol 13. Oxford: Elsevier. pp. 542–549. 2015.

80. There is no baseline available, however, given that there were 16 countries of the Joint Programme (since work in Yemen was paused) it can be said that any target was achieved.

In terms of dedicated budgets to operationalize national strategies, according to the Phase II performance analysis the “number of countries with a government budget line for FGM interventions more than doubled, from six in 2013 to 13 in 2017, surpassing the target for Phase II (10 countries). In Kenya, Mauritania, Nigeria and Uganda regional governments also committed funds for FGM interventions.” Despite the availability of budget lines on paper, interviews with stakeholders highlighted that assuring both annual allocation of budgets to these lines, and accountability for real expenditure is challenging.<sup>81</sup> The importance of supporting costed plans and budgets for FGM abandonment is recognized by the Joint Programme in Phase III (Outcome One).<sup>82</sup>

**FINDING 11. The Joint Programme has intensified regionally-led, cross-border work during Phase II. There is a need for further evidence and analysis around programming for FGM abandonment across borders and border communities.**

Recognizing that girls are often taken from countries in which laws are in place to those that lack a national ban (for example, from Burkina Faso, Senegal and Mauritania to Mali, and from Ethiopia to Djibouti) the Joint Programme has intensified its efforts on cross-border issues<sup>84</sup> in line with the recommendation from the Phase I evaluation. The Joint Programme has provided support to both civil society and state actors to develop strategies for working in border areas to: raise awareness (regional cross-border marathon supported by ESARO);<sup>85</sup> develop regional laws (East African Legislative Assembly); review national level legal provisions and frameworks and facilitate cross-border dialogue (WCARO region); explore cross-border medicalization issues (ASRO); support accountability campaigns in border regions (Burkina Faso-Mali); and work with the traditional governance structures of the Councils of Elders (Kenya-Tanzania).<sup>86</sup> In addition, partnerships have been developed between governments, civil society and diaspora communities, including targeting emigration posts from Portugal to Guinea Bissau.

Case studies revealed that the effectiveness of these initiatives is constrained, given that gaps regarding law-based solutions to cross-border problems remain

Ethiopia is an example of this, where the Joint Programme is integrally involved in the development of the costed roadmap to put into practice significant advances in policy aided by government commitment to increase budget allocation. Decentralized budget allocation is generally perceived as highly complementary to the work on change of social norms, in particular thanks to the strengthening of monitoring mechanisms.<sup>83</sup> At the dawn of Phase III, the Joint Programme was part of an International Day of Zero Tolerance for FGM event involving multiple United Nations agencies and the Inter-African Committee on Traditional Practices, engaging diverse sector stakeholders in a conversation about translating policy into action and building political will.

even when “regional laws” have been pursued or countries have signed international agreements that supersede their own laws. For example, the regional laws for East Africa for crossing borders require acceptance by each country in the region to be applicable. In addition, international agreements that supersede national laws cannot bypass national, sub-national or federal state laws.<sup>87</sup>

The evaluation found that cross-border work is limited in some areas. For example, in the West and Central Africa Regional Office (WCARO), staff stated that it is minimal and primarily conducted by non-governmental organizations (NGOs) with intergovernmental connections missing, thus limiting a longer-term government-owned approach (which the Joint Programme can help to foster). Cross-border challenges also make clear that formal legal borders are not the most reliable tool and so regionally oriented grassroots advocacy is needed.

The evaluation also identified knowledge and evidence gaps, for example, around the magnitude of cross-border practice, and relations on the border between communities that practice FGM and communities that denounce FGM.

81. The evaluation case studies and interviews indicated that the Joint Programme does not, in general, have specific capabilities in place to advocate for increased government financial resources. For example, Kenya established a budget line and coordination structures for anti-FGM in 2014, but the government staff seconded to the anti-FGM board were subsequently returned to their original posts and it is now staffed with support from the Joint Programme and UNFPA. By comparison, in Senegal, the national coordination mechanisms lack appropriate government financing: only staff positions are covered by government budget lines, leaving the Joint Programme with the responsibility to finance anti-FGM activities.

82. Phase III tiers are defined by government commitment but also include law, national coordination and a dedicated budget line.

83. Interviews with Afar government stakeholders, local Joint Programme staff, traditional leaders in Afar.

84. Cross-border effects are created when a law is passed in one country. Following the declaration of the FGM law in The Gambia, communities crossed the porous border with Senegal to continue the practice. In response, cross-border meetings and social mobilization against FGM was initiated, including popularizing the law against FGM in both countries involving border villages.

85. A Ugandan parliamentarian who escaped FGM participated in a regional cross-border marathon in Kenya and Uganda, the marathon was widely covered by local, national and regional media. This initiative between the two countries was coordinated by the UNFPA Eastern and Southern Regional Office.

86. Although launched primarily for purposes of public awareness, the use of vernacular radio, which reaches across borders, also provides a means of democratizing the law (e.g. Ethiopia, Kenya). Globally, the Joint Programme has encouraged Member States, through regional bodies such as the African Union and the Arab League, to review, introduce and strengthen policies, programmes and laws in line with intergovernmental commitments.

87. A human-rights-based approach to cross border situations was directly addressed in the Human Rights Council resolution in mid-2018.

## TIMELY, APPROPRIATE AND QUALITY HEALTH SERVICE PROVISION TO GIRLS AND WOMEN (ASSUMPTION 2.1)

**FINDING 12.** The Joint Programme has achieved considerable success at supporting the provision of FGM prevention and response services. Engagement with health services has been a particularly effective entry point to raise awareness about the health consequences of FGM and to promote its prevention. Provision of medical services for FGM survivors also provides a less direct contribution.

**TABLE 12:** Performance of key Joint Programme Phase II results indicators

Indicator	Baseline (2013)	Target	Actual	Achievement
Number of girls and women receiving services related to FGM prevention or response	124,345	1,000,000	3,274,468	Surpassed target
Number of service delivery points applying FGM curricula, modules, manuals, guidelines and case management forms	N/K	N/K	7,572	-

During Phase II, the Joint Programme provided 3.3 million women and girls with access to prevention, protection and care services by working with providers of health, education, protection, and legal sectors. This was a significant contribution of the Joint Programme. Joint Programme data<sup>88</sup> indicates that the number of service delivery points applying FGM curricula, modules, manuals, guidelines and case management forms increased from 800 in 2014 to 7,572 in 2017: an annualized growth rate of 300 per cent per year.

### THE BIGGEST VALUE OF SERVICES IS LIKELY TO BE INDIRECT CONTRIBUTIONS TO ENHANCE THE EFFECTIVENESS OF OTHER PROGRAMMING MODALITIES

The qualitative assessment in case studies was that service provision is an important contribution to wider programming, giving credibility and voice to the Joint Programme to influence national policy and discourse. A challenge identified in the qualitative comparative analysis is that high numbers of women and girls accessing services also correlates with low quality of services. Improved access to services by the Joint Programme (3.3 million girls and women were accessing Joint Programme-supported FGM services) was not a strong predictor of reductions in prevalence. This may be explained by variations in context (for example, countries starting from a poor institutional capacity and low budget) or by the fact that there are different definitions of services in different countries.

In particular, the Joint Programme has effectively used health services as an entry point to raise awareness around the negative health effects of FGM. In fact, the Joint Programme trained over 8,800 health professionals in Phase II, supporting the integration of information on FGM risks into health services, including pre- and post-natal care. The *Saleema* campaign in Sudan is a strong example of the effective use of health service points to raise awareness and change perceptions among mothers concerning FGM. The campaign includes a counselling protocol for new mothers and has resulted in 26,000 mothers being reached by 21 health facilities across seven states. Of these mothers, 19,000 have vowed to leave their daughters intact.

While the rationale for using health services as an entry point to raise awareness and to promote the prevention of FGM is sound and aligned with the Joint Programme overall goal of FGM abandonment, the provision of medical services to FGM survivors is less directly aligned with prevention. It is recognized by the evaluation that the decision of the Joint Programme to support the provision of medical services to FGM survivors: is in line with its human-rights values;<sup>89</sup> has, in some cases, provided additional credibility to the Joint Programme work; and has provided strategic value when women receiving care services have gone back to their communities to advocate for the abandonment of FGM. For instance, in Ethiopia, the Joint Programme supported capacity building to health facilities that provide services for complications resulting from FGM. Since the Afar and Somali regions widely practice infibulation, the health care facilities have provided essential de-infibulation services<sup>90</sup> that have

88. Joint Programme performance analysis (2018), excludes Egypt due to programme coding of data not comparable with other countries.

89. Of note is that the July 2018 Human Rights Council resolution directly addressed the needs of survivors calling on Member States to provide appropriate support services for treatment of physical, physiological, and psychological consequences.

90. Please see definitions within <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

given additional credibility to the Joint Programme work from the perspective of rights holders.

This being said, within a context of limited funding, it is unclear whether the provision of medical care for FGM survivors is, overall, a good strategic use of (already limited) resources. The provision of medical services is not directly aligned with the Joint Programme prevention-oriented goal and carries the risk of requiring huge amounts of funding since the prevalence rates of FGM remain high. The Joint

Programme support to capacity building of ministries has not explored other mechanisms to engage providers in technical strengthening (including paediatrician and adult services) so that service provision is through national systems, as well as building the capacity of community health workers and field level actors to provide support and link them to relevant services. A positive example from Ethiopia was the training of over 500 health extension workers both to raise awareness on the need to end the practice, and also to connect those subjected to the practice to formal health facilities.

**FINDING 13. The Joint Programme has responded appropriately to emerging trends in the medicalization of FGM in several programme countries. Further understanding of supply-side drivers is important to inform advocacy efforts, particularly at the national level.**

An emerging issue with respect to building the capacity of the health community is medicalization of the practice:<sup>91</sup> that is, health providers either making the original cut, or re-infibulating (as distinguished from an episiotomy or re-sewing a tear). This is notably in programme countries of Egypt and Sudan, but is also increasing in Guinea, Kenya and Nigeria.<sup>92</sup> There is a demand-side factor driving this change in practice: as people become more aware of the risks of cutting (infection, HIV, infertility), having the procedure done in a medical facility or by a medical practitioner is seen as a safer option.<sup>93</sup> Medicalization not only violates medical ethics but it may also confer a sense of legitimacy or normalization, or give the impression that FGM is without health consequences.

At the national level, the Joint Programme has evolved its strategic approach particularly in Egypt from training medical professionals in Phase I, to building a critical mass of allies against FGM on both the supply-side (medical practitioners) and demand-side (social norms). Addressing medicalization also provides an opportunity to engage the complex relationship of midwives and nurses with the practice, increasingly part of a “new wave” of medicalization.<sup>94</sup> The Joint Programme is capitalizing on its multiple levels and working on medicalization from the global to national levels, for example: it supported the focus of the 2015 International Day of Zero Tolerance for FGM on medicalization; and the Arab States Regional Office (ASRO) has partnered with the League of Arab States and organized a conference

with professional health bodies culminating in statements condemning FGM medicalization and committing to integrate FGM as a harmful practice in training curricula.<sup>95</sup>

The complex interaction of drivers affecting doctors confers the medicalization problem a magnitude that can only be tackled through determined political will. However, the incentive system that leads doctors to continue to practice FGM procedures is not yet fully understood. This knowledge would provide further evidence to support policy work in this area. The supply-side drivers that were identified in the evaluation<sup>96</sup> include: lack of awareness due to inadequate training in sexual reproductive health; social incentives (a doctor may feel that he/she enhances trust within the local community by providing requested services); financial incentives to bolster income; cultural attitudes (given that doctors may find FGM acceptable within their cultural background); and awareness that if he/she does not perform the service it may be performed elsewhere in less hygienic conditions. There is a lack of evidence and analysis of the extent and proportional weight of each factor<sup>97</sup> to understand more precisely the incentive system that leads doctors to continue to practice FGM procedures and thus to provide more relevant advocacy messages. Furthermore, it is increasingly important that learning from those countries with significant experience is shared with the programme countries in which medicalization is a recent but growing phenomenon.

91. For further information, see <https://www.28toomany.org/thematic/medicalisation/>.

92. [www.28TooMany.com](http://www.28TooMany.com) and *How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation*, 2018, UNFPA and UNICEF, 2018.

93. The shift towards health professionals performing FGM is a particularly important issue in Egypt, where among girls aged 1-14 who have undergone FGM, 78.4 per cent were cut by health professional, despite successive decrees by the government and national laws forbidding FGM and the involvement of medical practitioners. UNICEF 2013. *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. New York.

94. Interviews with WHO global technical staff.

95. The health bodies involved were the National Medical Doctors Syndicates and the National Midwives Associations.

96. Interviews with United Nations staff, implementing partners and medical facilities in Egypt.

97. Phase III of the Joint Programme plans to address the trend of medicalization by galvanizing health professionals to champion the end of FGM as a human-rights violation and will focus on creating a cadre of service providers advocating to end the medicalization of FGM. In partnership with the Arab League, in 2017 the Joint Programme helped draft statements that were distributed to regional health worker associations, committing them to eliminate FGM medicalization.



## ACCEPTANCE OF THE NORM OF KEEPING GIRLS INTACT AMONG INDIVIDUALS, FAMILIES AND COMMUNITIES IN PROGRAMME AREAS (ASSUMPTION 2.3)

### **FINDING 14. Community level awareness and public discourse against FGM has increased significantly in areas targeted by the Joint Programme.**

Achieving a change in social norms is a major tenet of the Joint Programme, accounting for 56 per cent of financial allocations in 2017.<sup>98</sup> The evaluation case studies and extended desk reviews universally found evidence to indicate that awareness of FGM has increased significantly at community level as a result of this investment in areas covered by the Joint Programme. Key stakeholder interviews and focus group discussions indicated strong and widespread awareness at community level about the harmful effects of FGM (see examples in Annex 16). This is a significant achievement to be credited both to the long-standing effort of civil society actors and to the Joint Programme itself for strengthening and sustaining efforts for change.

To fully appreciate the positive contribution of the Joint Programme and its partners, it is necessary to understand the very low initial baseline. The evaluation encountered numerous examples of traditional birth attendants who, prior to the Joint Programme, did not make the causal connection between FGM and medical complications, as well as examples of men who formerly associated FGM as being necessary for womanhood. To shift from this baseline to 8,963 communities, involving 24,611,443 individuals, making public declarations of FGM abandonment in Phase II alone is a significant achievement.

The evaluation observed during global consultations that high expectations of the Joint Programme have often led to under-recognition of this key result, even in cases of enormous success.<sup>99</sup> At the country office level, this is experienced as a misalignment between the resources being allocated and the expectation of seeing results on national prevalence (for example, in Mali, which received funds to cover only 50 villages).

Case study observations as well as interviews with Joint Programme staff and implementing partners concurred that the vast majority of girls and boys speak openly about FGM practices and their consequences, even in public settings.<sup>100</sup>

This is a significant change from when it was a taboo subject, to the extent that staff involved in initial stages of the Joint Programme work often feared for their physical safety: “[community members] came with a stick” (Egypt) “I was afraid of being killed during the night when I came to talk about FGM” (Afar, Ethiopia). This taboo break is important both as a proxy of social-norm change in itself and as a factor to encourage further social change. As a proxy of change, it shows that members of the community no longer expect social punishment for talking about the issue or for talking against FGM, which is a solid indicator of social-norm change, in line with the results framework of the Joint Programme and its theory of change.<sup>101</sup> Another consequence of the taboo break is that stakeholders working against FGM at local level, mainly civil society organizations, are allowed to work and have the chance to further drive change.

Concrete changes of discourse indicating abandonment of FGM are in evidence across communities targeted by the Joint Programme. Overall, community level workers reported to the evaluation a positive change of discourse, which has shifted from “general public approval of FGM” to “general public condemnation of FGM”. This constitutes a significant achievement in Joint Programme areas in a task that is extremely difficult, technical and time-consuming. In the gradual scale from a change of social discourse at community level to a change of behaviour in each member of the community (the ultimate goal), general public condemnation constitutes a significant cornerstone of future abandonment.

Within evaluation case studies, full FGM abandonment was triangulated by numerous examples of credible statements by community members, leaders and religious leaders that explained not only their own experience, but also that of the rest of the community in general. In Egypt, testimonies of women who had their first daughter but not their second daughter cut, are particularly significant as an indicator of change.<sup>102</sup> Of the recommendations offered to the evaluation in the web survey, 33 per cent (109/331) related

98. Performance Analysis for Phase II: UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change, 2018, New York: UNFPA and UNICEF.

99. It is very difficult to estimate the ‘proportion’ of the population who participate regularly in educational dialogues, since there is no denominator to assess relative importance of a particular number. The unit of measurement for the denominator varies by country from family (Egypt) to village (Senegal) to lowest level administrative unit *kebele* (Ethiopia) to ethnic group potentially numbering 2.5 million (Kenya).

100. Observed through interviews in all case studies in all areas. Also confirmed by third actors working in intervention areas, such as local government, NGOs and academic institutions.

101. As a factor to encourage further social change, the discussions in public permit others to observe and learn from those who speak, something that was impossible previously.

102. Multiple testimonies both in Assiut and in Qena.

to engagement of the community,<sup>103</sup> indicating the centrality of this approach to anti-FGM practitioners. The most effective strategies were considered to be a positive focus

on community dialogue and empowering (and protecting) girls and women to “say no”, rather than focusing on negative health risks.<sup>104</sup>

**FINDING 15. Public declarations constitute an intermediate milestone in the social-norm change process towards FGM abandonment and a turning point for strategy refocus. Counts of public declarations reflect readiness to publicly name, discuss and condemn FGM on the part of at least key leadership, provide a basis for holding both leadership and perpetrators to account and are indicators of progress towards abandonment and statements of intent by leadership on behalf of the community. However, they are ineffective proxies for normative change or behavioural change.**

**TABLE 13:** Performance of key Joint Programme Phase II results indicators

Indicator	Baseline (2013)	Target	Actual	Achievement
Number of communities making public declarations of abandonment	N/K	5,946	8,963	Target surpassed

Since 2008, the Joint Programme has cumulatively secured declarations of abandonment from at least 21,716 communities. During Phase II (2014-2017) specifically, 8,963 communities, involving about 24.6 million people, publicly declared abandonment of FGM.<sup>105</sup> This has significantly surpassed targets (by 66 per cent in Phase II) and represents a major validation of the Joint Programme strategy to work with a wide range of community leaders who had the power to influence their communities and promote an end to FGM.

The Phase I evaluation of the Joint Programme found that, while community declarations were used as markers to indicate that a social-norm change to abandon FGM successfully took place at the community level, in many cases, community declarations were passed without extensive community consultation, thus reducing their usefulness. In response, the Joint Programme promoted a more participatory approach during Phase II where community members were more actively engaged in inclusive dialogue

processes prior to passing a community declaration. This provided women and men with an opportunity to more deeply reflect upon and discuss the advantages of keeping girls intact, thus encouraging more sustainable behaviour change. The way in which community declarations are passed also evolved between Phases I and II by making them more participatory and high profile. Stakeholders explain that during Phase I, community declarations were sometimes passed with the engagement of only key community leaders, while in Phase II community declarations typically included the entire community and were publicly celebrated with the presence of government officials and high-profile supporters.

As recognized by the Joint Programme, a public declaration is not a guarantee that all members of the community abandon the practice.<sup>106</sup> Various methods were successfully developed within Phase II to gauge the “readiness” of communities to abandon the practice, however there is no single tool or guidance being used throughout the Joint Programme.

### READINESS TO CHANGE METHODOLOGIES

In Eritrea, a pilot mapping exercise was carried out, which created an index of readiness for public declaration against FGM, to determine which communities were ready to undertake declarations and for tailoring additional interventions for others. In Mauritania, a rapid assessment methodology was tested that mapped social-norm change.

103. Of which, 12 per cent were related to engagement of youth, 7 per cent were related to engagement of men and boys, 17 per cent were related to engagement of religious leaders, 17 per cent related to engagement of traditional leaders, 20 per cent were related to community dialogue, 7 per cent were related to education, 4 per cent were related to public declarations, and 32 per cent were related to further community engagement/capacity building.

104. Survey respondents identified: a) the primary barriers to reducing FGM practices within communities as traditional beliefs and customs (85%), lack of information about health and life consequences (41%), gender-based discrimination (38%), religious beliefs (36%), poor implementation of laws (34%), fear of repercussions (26%); b) the most effective strategies to reduce FGM as fostering community dialogue (58%), empowering and protecting women and girls to say no (44%), community declarations (38%), engaging youth as advocates (30%), engaging traditional leaders (26%), engaging religious leaders (22%), engaging men and boys (17%), education on health risks (17%); and c) the most effective ways to change social norms as to foster community dialogue (66%), engage cultural and community leaders (43%), spread information through mainstream media (38%), empower women and girls (35%), engage religious leaders (30%), community declarations (17%), engage men and boys (16%).

105. Performance Analysis for Phase II: UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change, 2018, New York: UNFPA and UNICEF.

106. How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, 2018, UNFPA and UNICEF, 2018.

Monitoring of communities following a public declaration has been an important yet uneven strategy of the Joint Programme, as revealed in case studies. In Mauritania, the Joint Programme strengthened community level watch committees to monitor the actual abandonment of FGM. In Sudan, interventions established both community-based organizations and protection groups at the community level to monitor the abandonment of FGM. For instance, in several communities in Senegal where they have passed community declarations against FGM, the Joint Programme has supported the communities to set up committees to monitor and report on any suspicions of actual or intentional FGM practices. These committees also work to continue to raise awareness around the importance of abandoning FGM and actively persuade community members to leave their daughters intact rather than engaging in the practice. In some cases, the committees lead their own fundraising initiatives to continue advocating for the abandonment of FGM within their community as well as neighbouring communities who have not yet passed a declaration against the practice. Members of the committees will often use these resources to visit neighbouring communities to engage in dialogue and raise awareness around the negative consequences of FGM. These practices encourage sustainable behaviour change as well as community-driven advocacy.

#### COMMUNITY DECLARATIONS DEMONSTRATE POOR RELIABILITY AS A PREDICTOR OF OUTCOMES

Evaluation case studies indicate a clear increase in awareness of the harmful effects of FGM in intervention areas, and tangible changes in collective behaviour and social norms related to FGM in intervention areas. However, this success cannot reliably be measured in terms of community declarations, since the qualitative comparative analysis found these were unreliable predictors of outcomes (nearly 9000 community declarations were recorded in Phase II).<sup>107</sup> Their use as a proxy is discussed further below.

Given that public declarations cannot guarantee full abandonment, community public declarations against FGM are not the end of a process of abandonment, but can be considered a midpoint milestone towards this ultimate goal.<sup>108</sup> Indeed, the exact correlation between public declarations, social-norm changes and the eventual abandonment of the practice remains unclear. Country programme evaluations were also found to have questioned the correlation: for

example in Guinea, the country programme evaluation reported that the declaration of the abandonment of FGM by the communities did not seem to be associated with the decline of these harmful practices; whilst in Kenya it was found that while declarations have been made, it remained a long-term challenge to change deep-seated gender norms and traditions such as FGM and to reduce gender-based violence. In various country programme evaluations, the call for follow-up studies was suggested to deepen understanding.

In this context, the evaluation team highlights the limitations of the use of community public declarations as a proxy for social-norm change:

- The strength of public declarations as a proxy indicator towards abandonment depends on process quality. However, this quality dimension is not fully captured by current indicators measuring inclusiveness, depth of engagement in meetings, or power dynamics. The significance and meaning of the indicator “public declarations” needs to be interpreted in combination with indicators assessing the quality of the process behind said declarations. It is recognized that a framework for measuring social-norm change, which is currently being developed, will potentially contribute in this way (discussed further in Finding 17).
- Whereas public declarations are a close proxy of social-norm change (again, in combination with quality indicators), they constitute a more distant proxy of private behaviour change, which is the ultimate goal of a process. Understanding the place that public declarations hold in the arduous process of change towards FGM abandonment will also help in the appropriate interpretation of the proxy as an important step, but not a definitive one.

In sum, public declarations are one tool in strategies for accountability - helping to focus investments in groups and/or populations already making change. They are not valid proxies for normative change or behavioural change. Their value as indicators of intent is conditioned on: 1) the quality of the dialogue process preceding the declaration - evidence of participatory or, minimally, voluntary process; 2) inclusivity, particularly of possible perpetrators as well as survivors and those at risk; 3) an honest assessment of the baseline and potential for change; 4) the evidence of broad-based support and voices within the declaration; and 5) some comparability of units of analysis across countries.

<sup>107</sup> Although a limitation of this analysis is that the assessment does not take into account whether cases are at different stages in the process of elimination.

<sup>108</sup> UNFPA Synthesis Review: Recurrent Findings on Female Genital Mutilation from UNFPA Country Programme Evaluations (2008-2016), 2018.

**FINDING 16. The extreme heterogeneity of FGM practice and norms demand a more nuanced iteration of the current FGM causality model: it is necessary to focus on the specific mechanisms within each context in which the Joint Programme operates.**

The Joint Programme acknowledges key variables for FGM abandonment (for example, community dialogue, religious and traditional leaders, doctors, peer youth, law enforcement agents, among others). However, the extreme heterogeneity of FGM and relatedly, of the contexts of FGM, makes this knowledge insufficiently precise in many of its contexts. The significant differences affecting drivers of change even among communities belonging to the same ethnic group and even among households within the same community has important practical consequences.

The operational tendency to seek predefined strategies to be applied and rolled out in all countries is understandable, given the efficiency promised by this approach. However, to acquire the level of precision required to ensure effectiveness at community level, the Joint Programme would need to move from a model of linear causality, based on some predetermined strategies, to a more precise causality model focusing on the understanding of both change mechanisms and specific contexts at national, sub-national and community level.<sup>109</sup> In this context, it would be necessary to improve the understanding of the precise mechanisms of change in each specific FGM-change process (not just the generic drivers of change) and to be ready for a deeper identification process for each specific context in the areas of intervention to adjust

the strategies accordingly. In this way, the right mechanisms and approaches to be used in each specific situation can be identified. It is worth considering that there are some implementing partners that already have developed valuable examples with partial elements of this suggested approach.

*“We know that social norms are key to change the FGM practice, but the decision makers, reasons and ways of doing FGM vary not only community by community, but even street by street and household by household... It is extremely difficult to find the right strategy unless we adapt it to each specific family and community...”*

**A local NGO worker in Egypt. This quote echoes similar examples from Ethiopia, Senegal and Kenya.**

While 84 per cent of survey respondents agreed that the Joint Programme has provided support to encourage communities to sustain positive behavioural change to end the practice of FGM once the immediate activities have ended, other evaluation evidence, such as the focused case studies on Ethiopia or Egypt, contradicts this and indicate that the programme does not currently have adequate strategies in place to continue supporting social-norms change once declarations have been passed.

**FINDING 17. The Joint Programme has justifiably invested in research and capacity building on social-norm change. This is ongoing and will potentially strengthen the analysis of social-norms change in programme areas.**

Drawing on the learning from the programme, as well as findings and recommendations from the Phase I evaluation,<sup>110</sup> the Joint Programme introduced increased focus on understanding social norms, their role in sustaining harmful practices, and what drivers might foster changes in norms or behaviours subject to normative pressures. The Joint Programme is doing so by: 1) supporting capacity building at field level on understanding social norms and their linkages to changes in individual and collective behaviours including a dedicated chapter on gender developed with UN Women; and 2) actively participating in the development of, and serving as a testing ground for, a comprehensive set of indicators to define and measure norms and changes in norms.

The Social Norms Manual, produced during Phase II, has been well received and is a training module (for a five-day course) providing theoretical concepts and practical examples for understanding social norms. However, this did not initially include gender, and UN Women was instrumental in creating a chapter to add gender in coordination with UNICEF. The UNICEF Eastern and Southern African Office (ESARO) took that further in developing a three-day intensive training on social norms with gender at its core.

The Joint Programme (with engagement from both UNFPA and UNICEF) has worked with Drexel University since late 2016, provided multiple rounds of input in global and regional consultations on the conceptual and content development of a framework for measuring social-norm change on FGM

<sup>109</sup> “Generative causality model” is one of the main types of causality commonly identified in research literature, together with “Linear causality” and “configurational causality”. FGM abandonment corresponds mainly to a “generative causality” model, with its characteristics of heterogeneity, interaction of multiple variables and dependence not only on the precise mechanisms (there are several ones) in which FGM changes towards abandonment, but also on the different contexts (very numerous), which provide different outcomes for the same change mechanism. Two references among many others are “Pawson, R. (2006) Evidence Based Policy: A Realist Perspective, Sage” or “Impact Evaluation - A Guide for Commissioners and Managers. (2015) DFID”.

<sup>110</sup> The Phase I evaluation is available at <https://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital>.



referred to as the “ACT Framework”, and is now providing the programme context for the pilot test of the set of tools operationalizing the ACT Framework.<sup>111</sup> This ambitious effort is a direct response to the growing concern that public declarations are not appropriate measurements of, or proxies for, normative change. It considers contextual factors, including gender and power dynamics, and is adaptable to country context (providing a comprehensive basket of tools, indicators and guiding criteria for adapting them to programme and country contexts). It draws on many different types of field information using a variety of tested tools such as community mapping, body mapping, social network measurements, self-efficacy scales, and other tools that collect individual level data, which is then triangulated and aggregated into larger-scale measurements. The many indicators are categorized to help countries cope with the breadth and depth of inquiry into “ACT”. The acronym stands for: A - ascertain normative factors (a tool to collect data, which highlights differences and discontinuities in normative statements and behaviour); C - consider context (with focus on gender and power dynamics and patterns); and, T - triangulate all monitoring data.

The draft framework is available - including the listing of possible indicators (individual and aggregated) and tools for

data collection, and is being piloted in Guinea and Ethiopia.<sup>112</sup> Given that it is not yet complete, it is too early to assess its value. However, stakeholders recognize that it is potentially valuable because: (i) other norms-related measurements do not specifically consider how communications are informing or influencing social norms and how norms and behaviours relate; (ii) it situates social-norm change within broader gender norm change; (iii) it can be applied to different areas of harmful practices and protection concerns, for example, child marriage or violence against children;<sup>113</sup> and iv) it is a rigorous mixed method tool.

A further relevant initiative, commissioned by UNICEF WCARO, is a population-based survey tool for measuring child protection outcomes linked to social norms with FGM as one of multiple harmful practices (initially tested in two departments in Senegal).<sup>114</sup> The UNICEF Middle East and North Africa Regional Office (MENARO) has built on and further developed it by adapting it to their context, and further tested it at field level.<sup>115</sup> These two frameworks have different emphases but are considered by the Joint Programme to be complementary.<sup>116</sup> Clarity will be required when the ACT framework is rolled out as to the different purposes and functions of each tool and how they relate to each other.

### RECOMMENDATION OF THE PHASE I EVALUATION TO INVEST IN SOCIAL-NORMS RESEARCH

One of the nine recommendations of the Phase I evaluation was that “UNFPA and UNICEF, in collaboration with other development partners, should engage and invest in more in-depth research on social-norms change and its linkages to changes in individual and collective behaviours”. During Phase II this has been partially achieved. There has been significant investment in this area with the Social Norms Manual completed and providing training and guidance with a dedicated chapter on gender issues. A foundation has also been laid for the testing and refinement of a tool to measure changes in social norms (the ACT Framework, focused specifically on FGM, is currently being tested in Guinea and will be tested within Ethiopia in the next year).

111. The purpose of the ACT framework is a global M&E tool accompanied by conceptual definitions of key constructs that comprise social norms, operationalization of the key constructs and means of verification, including qualitative, quantitative and participatory tools to measure social-norms change due to programme implementation, specifically for FGM.

112. Interviews with UNICEF staff, review of documentation.

113. Interviews with United Nations staff.

114. The initial test of the tool was conducted by the Columbia Group for Children in Adversity in close collaboration with WCARO and Senegal CO child protection teams. The “Columbia tool” aims to develop a rigorous population-based methodological approach to monitor and evaluate the performance/effectiveness of UNICEF-supported child protection interventions at decentralized level. It asks multiple questions regarding what the respondent does, believes, believes others believe or do, and the respondent’s judgement of norms in their community. Of particular interest the tool is administered to both adult caregivers and adolescents in the sampled households and includes special modules for each group: two additional modules were administered to adolescents: interpersonal and community behaviours; and friendship. Two additional modules were administered to adults: parenting practices; and norms on violent discipline of children.

115. According to a survey undertaken by the MENA regional office covering 14 country offices working on violence against children, harmful traditional practices and child protection in emergencies, addressing social norms and values was listed as the top priority area of intervention and support across the MENA region.

116. Correspondence with Joint Programme staff.

**FINDING 18. Growing investment in dedicated girls' and youth programming over the course of Phase II contributed to stronger policy advocacy on girls' and women's rights. This highlighted the potential of the holistic approach made possible by combining the expertise of UNFPA and UNICEF<sup>117</sup> and laid a foundation for more intentional gender-related programming within Phase III (including stronger linkages with work on child marriage).**

Phase II programming supported discrete interventions strengthening girls' ability to challenge and refuse the practice of FGM; boys' ability to support girls' choices; survivors of FGM to become educators and to seek reparations; and the opportunity for female circumcisers to access alternative means of economic support to facilitate their leaving the paid practice of FGM. These were all important learning opportunities and may help to position the Joint Programme as an intentional actor on gender<sup>118</sup> with some understanding of the complex mix of elements in a gender transformative approach (agency, solidarity, men's engagement, bodily integrity, and economic power) and with select but important partnerships among gender transformative actors.

Although insufficiently highlighted due to organizational political constraints, the ability of the Joint Programme to move beyond policy and law to leverage the complementary expertise of the coordinating agencies in field level programming across the life cycle was a key "discovery" from this work and will remain critically important as the Joint Programme and FGM community grapple with growing resistance to ending the practice of FGM. For example, as the practice goes "into hiding" and is yet sustained, there is a need to shift from a focus solely on social norms (which are currently articulated as based on perception and expectations of others with regard to behaviour) to gender norms and control over the sexual maturity of adolescents and reproduction. As the age of FGM cutting drops in an effort to "hide" the practice, there is a need to engage not only obstetricians and gynaecologists, who see the sequelae of FGM in childbirth, but the paediatricians and community health workers who see the very early effects. It is also important to engage other social protection mechanisms that can help hold families accountable (for example, schooling, health services, etc.) and finally those that, for example, link social norms to gender norms and sexuality.

In Phase III, the Joint Programme has elevated to the level of a goal "fulfilling the rights of girls and women" by "realizing social and gender norm transformation by 2021". It has also elevated to an outcome level a focus on empowering girls and women to "express their rights" by working on changing gender norms that enable or promote the practice of FGM. This new language reflects an awareness or gender-sensitive approach (for example, FGM can only be addressed through changing both broader social norms and gender norms) and lays the

foundation for a gender-responsive approach in which girls' and women's rights are strengthened through supporting their own work on changing gender norms associated with FGM.

The Joint Programme gender-responsive approaches provide important common ground with work on child marriage, which has focused on the power, economic, and normative expectations that are drivers of that practice. Just as with FGM, the practice of child marriage is changing in response to legal challenges and normative shifts (that is to say, when, where and under what conditions it takes place). What cannot change, however, is the contested territory of control over sexuality and reproduction - which is a key driver of child marriage. The Joint Programme experience in grappling with these often "taboo" issues, which are so central to FGM, can serve as a resource for ongoing work on child marriage.

Similarly, several of the key interventions addressing child marriage through the "protection" lens have been adapted by the Joint Programme. For example, use of safe spaces and rescue efforts (during marriage and cutting seasons) and a heavy emphasis on schooling of girls. From the point of view of the protection of community, safe spaces and rescues keep girls from being hurt by harmful practices. The evaluation saw evidence of efforts to build on these approaches to build solidarity and support mechanisms among girls fleeing FGM, and the value of past programmes to provide scholarships to such girls have given them an alternative life choice. This element has not been consistent, however, and the programmatic and outcome distinction between rescue as protection and rescue as empowerment (as distinct from alternative rites of passage as empowerment) is important.

When moving more explicitly into this large area of work, it will be important for the Joint Programme to be clear on what specific contributions it plans to make towards gender equality (as it could never alone fully enable achievement of gender transformation), what strategic entry points it will use, and what will be the boundaries of its gender-related work (that is to say, what will and will not be included within its gender-related work). Without this precision, there is a risk that explicitly placing anti-FGM work across the breadth of complex interdependent issues of a true gender-responsive approach could dilute the focus on FGM by spreading the Joint Programme too thinly. Further explanation about gender approaches within the context of FGM is provided in Annex 18.

117. In particular coverage of birth to adolescence and maternity (UNICEF) and the complexities of adolescents, sexuality and childbirth (UNFPA).

118. While 88 per cent of survey respondents (101/115) agreed (46 per cent strongly) that Joint Programme results have contributed to the empowerment of women and girls, the evaluation analysis aligned with the internal diagnosis of the Joint Programme that more emphasis is required on the empowerment of girls and women both living with FGM and to say no to being cut.

**FINDING 19. The progressive incorporation of specific work with men in Phase II of the Joint Programme constitutes positive progress. This encouraging start has yet to fully address the needs and realize the opportunities for work on masculinities.**

The Joint Programme has increasingly engaged men and boys both to reject FGM and to promote positive masculinity more broadly (as a contributing factor to FGM abandonment). However, the evaluation case studies indicated that scope remains for more, and more consistent, work with men and masculinities across the portfolio of programme countries. In addition, most actors working on FGM encountered by the evaluation, including the Joint Programme staff and implementing partners, have limited expertise in masculinities or in methodologies targeting men.

The goal of FGM abandonment makes a holistic gender-transformative approach imperative. However, evaluation interviews found that many actors continue to see FGM as a “women’s issue”, requiring a response focusing on women because it is suffered by women. However, both men and women play a role in social change, and men often hold positions of power that are key to maintaining or changing social norms. Some good practices are starting to be shared across the Joint Programme countries, which is a positive trend.

**ENGAGING MEN AND BOYS WITHIN COMMUNITY DIALOGUE**

In Guinea Bissau, men’s clubs have been established with influential men in certain communities (teachers, students, traditional and religious leaders, doctors, lawyers). The programme provides them with tools and instruments to work against FGM and other harmful practices in the communities in which they are based. In Senegal, community members increased community dialogue (between sexes and generations) as the key factor in improving gender dynamics within the community. Men explain that they are now more engaged in “women’s issues” and are able to better understand issues from a woman’s perspective.<sup>119</sup>

**FINDING 20. The Joint Programme is strategically positioned with key religious institutions, showing good results at doctrine interpretation level but mixed results in the application of clarified doctrine by lower religious hierarchies.**

Evaluation case studies observed that the Joint Programme has provided vital support to enable religious leaders to articulate religious arguments against FGM. One of the most influential communities within which the Joint Programme has regularly consulted is the universe of religious leadership and scholars - both within countries and through regional efforts to bring scholars together. This has been critically important for gaining access and disseminating messages. Also, through this work with religious leaders, fatwas against FGM have been issued in ten countries during Phase II. For example, in Mauritania, UNFPA interventions were able to effectively harness their engagement with religious leaders, which led to the issuing of fatwas that prohibited the practice, as well as providing support to Mauritanian religious leaders to develop advocacy tools against FGM and disseminate them in all the *wilayas* in the country.<sup>120</sup>

Framing FGM as a global issue affecting many countries that is also fought globally, with the collaboration of different partners, has been an essential dimension of the Joint Programme strategy. This added value of the global dimension of the Joint Programme was emphasized in

interviews in Egypt, especially in a framework where it is important not to present eliminating FGM as a Western ideology to be imposed on Egypt or a shameful issue that it is better to keep silent about (with the concomitant disincentives to act upon it). At country level, the work with religious institutions has delivered mixed results. While partnership of the programme with key religious figures constitutes an achievement in itself, the work at lower levels of the religious hierarchy shows mixed results.<sup>121</sup>

Joint Programme intervention reach in areas of Ethiopia has been effective even at lower hierarchy levels. Here, resistance is often assumed to stem from religious leaders, but partners noted<sup>122</sup> that “the opposition was traditional (leaders) as opposed to legal and religious leaders”. High level religious leaders and law scholars condemned FGM as a harmful practice, which shifted both authority and accountability to clan-based power structures and civil authorities and provided impetus for a legal, juridical response from traditional and local leaders.<sup>123</sup>

By contrast, in Kenya the Joint Programme has struggled to engage fragmented religious groups. This is also the

119. Interviews with rights holders and the community level, Guinea Bissau and Senegal.

120. UNFPA Synthesis Review: Recurrent Findings on Female Genital Mutilation from UNFPA Country Programme Evaluations (2008-2016), 2018.

121. Interviews and focus group discussions with Imams in Assiut, Qena, key informants, Al Azhar professors and trainers and CSOs. Interviews and focus group discussions with Priests in Assiut, Cairo, key informants, Bishopric of Public Ecumenical & Social Services (BLESS) and CSOs.

122. Triangulated with communities, religious leaders and key informants.

123. Finding supported by religious leaders interviewed in Afar region, triangulated with community members in different districts and communities.

case in Senegal, where the Joint Programme provided support to religious leaders to articulate and document the absence of FGM as a requirement. However, even though this argument is now clearly established, there remains a divide between top leaders over the issue, with some openly calling for the continuation of the practice.<sup>124</sup>

The mixed uptake of anti-FGM messages between central and local religious practitioners, and between religious authorities either side of national borders emphasizes the importance of creating space for dialogue between religious peers to convince one another of evolving doctrine.<sup>125</sup> Regional offices in both East Africa and Arab States have supported some exchanges of religious leaders and visits to share best practices, with scope for these interventions both within and across countries.

**FINDING 21. The diversification of programming approaches in Phase II is giving greater visibility to individuals, key stakeholders, communities and nation states choosing to abandon FGM – with the intent of accelerating wider social-norm change in intervention areas. The Joint Programme has potential to further scale efforts through testing and learning from such approaches in non-intervention settings.**

In Phase I, the Joint Programme invested significantly in championing local change agents, such as former circumcisers and religious leaders, facilitating sharing among neighbouring discordant communities (bordering communities not all of whom have abandoned FGM) or across dispersed youth activist networks active in communities with and without programme support, and leveraging communications tools including word-of-mouth and traditional media to reinforce such efforts. In such examples, the first to adopt the change experience initial resistance but eventual appreciation for their efforts. In

various countries (including Ethiopia, Egypt, the Republic of the Gambia, Kenya and Somalia) the Joint Programme heard how girls and women are eventually respected for the stand that they are taking, but this follows a period of coping with disapproval and some strong negative reactions. In Egypt, for example, one mother described to the evaluation team how she was vilified by her mother-in-law and her friends for not having her daughter cut, but is now sought out for advice by others in the community, respected by her mother-in-law and works within the Joint Programme community engagement work to support others in making the same choice.

### THE SALEEMA CAMPAIGN

*Saleema* is a positive Communication for Development messaging campaign that values keeping girls intact and is reported to have been a valuable tool for working on FGM abandonment in Sudan. *Saleema* means complete, intact, healthy, perfect. It includes many of the core elements of other countries' programmes, however within messaging on intactness. The campaign began in 2008 (funded solely by the Joint Programme) and promotes thinking differently about the abandonment of FGM moving away from talking about the dangers or risks of FGM but to think about solutions. The *Saleema* approach promotes a positive view, accepting unutilated girls as equally pure, equally respectable and faithful as any other girl. Actors from other programme countries (such as Ethiopia, Nigeria) have come to Sudan to learn about it.<sup>126</sup>

In Phase II, the Joint Programme contributed to documentation and dissemination of some of the most successful efforts, including the multi-faceted positive deviance campaign, *Saleema* of Sudan, originally launched in 2008 with UNICEF support. *Saleema*, as discussed in Finding 12, is a national campaign leveraging "positive deviance" approaches across communities that share the same legal "normative frameworks", but not the same intensity of "intervention exposure". It thus illustrates the potential of this strategy for change at scale when there is a shared national "normative framework". Recent efforts to champion change stories using vernacular radio broadcasts, which leverage shared linguistic and cultural heritage to reach across nation-state

boundaries to sister communities lacking legal, normative or programmatic focus on ending FGM, are early steps in working on "positive deviance" approaches in non-intervention areas.

The Joint Programme approach of giving greater voice and visibility to these "positive deviants" is an important strategy in the process of changing social norms, recognizing that changes begin within individual and community levels. Community-to-community work is also being carried out by the Joint Programme between communities that have abandoned the practice of FGM, and those that have not yet abandoned it. This is also brought into the media work, through, for example, radio programmes sharing stories of community commitments against FGM.

124. Interviews with rights holders at the community level, religious stakeholders, and Joint Programme staff, Senegal.

125. For example, the Joint Programme has made some progress in supporting Islamic leaders in Senegal to develop a religious argument explaining how FGM is not an Islamic requirement. There are now some important influential Islamic leaders (known as "Grands Maribous") who advocate for the abandonment of FGM. However, there remain some highly influential Grands Maribous who actively call for the continuation of FGM. This active support of FGM from influential Islamic leaders creates an insurmountable barrier to changing behaviour among communities who are followers of these religious leaders.

126. In October 2018, the African Union adopted the *Saleema* campaign as the "model" for the region. See [http://saleema.net/news\\_details.php?news\\_id=227](http://saleema.net/news_details.php?news_id=227).



The evaluation team observed that most of the Joint Programme learning regarding the power of “positive deviants” comes from programme intervention areas with a shared national “normative legal” framework and most often similar community level interventions. These intervention areas, based in part on the Joint Programme policy of targeting those populations with greatest need and the core principles of a “positive deviant” approach, which focus on investments for greatest leverage, are typically characterized by high prevalence. The programme, then, may inadvertently

be limiting potential learning about fostering change derived from other areas in the country with low reported prevalence, but it may manifest other key characteristics, or changes in characteristics of FGM practice, or it may display other key indicators of change of value to the overall programmatic/intervention learning of the Joint Programme. From an advocacy point of view, there is high potential in showing the positive effect of local patterns and examples that show how change is actually possible, even in the context of a hard-to-eradicate phenomenon.

**FINDING 22. The Joint Programme has intentionally used traditional and (more recently) social media to increase the profile of FGM and encourage behaviour change. It is yet to fully capitalize on the potential contributions of Communication for Development and there is scope for further amplification and scale-up of these techniques.**

There are two types of messaging that the Joint Programme has used to support the abandonment of FGM: 1) behaviour change messaging that targets practicing individuals and communities and 2) advocacy messaging that targets stakeholders who can provide financial, strategic, or operational support to encourage the abandonment of FGM (i.e. donors, government officials, etc.). Over the course of Phase I and II, the Joint Programme has raised awareness on the negative effects of FGM through both types of messaging through a variety of communications challenges and media initiatives.<sup>127</sup> For instance, the Joint Programme reached more than 600 journalists at country level during Phase II, and trained them in covering the benefits of FGM abandonment for families, communities and girls.

Joint Programme documentation and interviews with stakeholders attested that every year the Joint Programme organizes journalist field visits to communities practicing FGM, which result in generating articles in international newspapers and broadcasts as well as pictures and video clips on social media. Over 250 media outlets have been targeted in over 40 countries, including in the United Kingdom, the United States, Germany, France, Italy and Spain. In addition, a successful partnership between the Joint Programme and The Guardian (a UK-based newspaper) has helped to build a global media network to campaign for ending FGM and reaches global

audiences through journalism, popular melodrama, radio, social media and animation. It has also amplified grassroots work of campaigners in The Gambia, Kenya, Nigeria, Somalia as well as the United Kingdom and the United States. Many of these initiatives are targeted to donors and their taxpayers. While these are important activities and initiatives, they have been done outside of a formal communication strategy that could provide a framework to help channel activities and outputs into outcome level results.

The evaluation case studies found that it is unclear whether, in reality, media messages around behaviour change are consistently based on evidence of effectiveness and proper audience segmentation.<sup>128</sup> This may be a result of the fact that most of the Joint Programme messaging around behaviour change does not draw on Communication for Development principles<sup>129</sup>. The *Saleema* campaign in Sudan (discussed above in Finding 12) attempted to draw on Communication for Development principles but still lacked several elements of the five-step Communication for Development process: (i) analysis (observing behaviour and understanding the priorities of the target group); (ii) strategic design (selecting positive and actionable messages); (iii) development and testing; (iv) implementation; and (v) monitoring and evaluation. The Joint Programme behaviour-change messaging process has so far largely omitted steps (i)–(iii) and (v)

### 3.3 SYNERGIES TO ACCELERATE EFFORTS TO END FGM (EVALUATION QUESTION 3)

#### Criteria: Effectiveness, coordination and sustainability

This section presents findings about the coordination of the Joint Programme at the global level (steering committee and management), regional and national levels; the extent to which both agencies have leveraged their relative strengths and

127. Activities include involvement in media campaigns, capacity development for journalists (for example, in Kenya), inclusion of journalists in field visits (the most motivating strategy), press briefs to facilitate journalists work, and ensuring breakthroughs (or violations of space) are systematically shared with media.

128. For example, in Kenya, radio usage includes vernacular stations, which are proving promising in reaching across national borders to engage parts of ethnic groups or those groups sharing a language that cannot be effectively reached by other means. Radio has also been used to share the efforts of diverse communities to address FGM and promote abandonment. These stories support both learning and accountability. However, generic messages can be counterproductive. For example, in Type I FGM contexts, it is particularly dangerous to launch generic messages focusing on terrible medical effects or marriage dissatisfaction in an environment in which many women do not experience such limitations. Such kind of messages produce a counterproductive effect of credibility loss.

129. For further information, see Communication for Development materials produced by other international organizations such as the IOM X campaign <https://iomx.iom.int/>

capacities for more effective programme implementation;<sup>130</sup> and how effectively the Joint Programme has developed and leveraged partnerships with other development actors to amplify efforts.

### SUMMARY OF THE FINDINGS

UNICEF and UNFPA have leveraged their comparative strengths to lay the foundation for a more complete response to FGM. At the global level, coordination between UNFPA and UNICEF is thematically strong, but the relatively small team is disproportionate to the expanded scope of the Joint Programme in Phase II. At the regional level, there is improvement since the evaluation of Phase I in terms of presence and coordination, which can be drawn upon further in Phase III. At the national level, coordination varies considerably in different country programmes and there is some ambiguity between roles and responsibilities between each agency. Synergies in programming are occurring sub-nationally in some programmes where coordination is strong. Strong collaboration with other stakeholders has led to positive programme results, but there is further scope to engage with research institutions and other relevant United Nations organizations. Strategic consideration of the convening and catalytic role is not consistently carried out, with programmes lacking comprehensive partnership strategies and advocacy plans.

### MANAGEMENT ARRANGEMENTS AND COORDINATION (ASSUMPTION 3.1)

The consideration of management arrangements and coordination begins by assessing the value and efficiency of the Joint Programme Steering Committee before discussion of the coordination at the global, regional and national levels.

**FINDING 23. The Joint Programme Steering Committee provides an appropriate and efficient governance mechanism and offers valuable technical support and guidance that informs the Joint Programme. Requests for programme information beyond agreed harmonized reporting systems, have required additional Joint Programme management and time.**

The Joint Programme Steering Committee has broad oversight responsibility for the overall management and functioning of the Joint Programme. The role of the Joint Programme Steering Committee

is set out below. Meetings are well prepared and documented, and preparatory reports have been adapted in response to comments by the Joint Programme Steering Committee.

#### KEY TASKS OF THE JOINT PROGRAMME STEERING COMMITTEE

- Facilitate the effective and efficient collaboration between participating United Nations agencies and donors for the implementation of the Joint Programme
- Review and approve the Joint Programme document, including the monitoring and evaluation framework, and any subsequent revisions
- Review the overall implementation of the Joint Programme on a semi-annual basis
- Review and approve annual consolidated narrative and financial reports
- Follow up on the implementation status of accepted recommendations from evaluations
- Support advocacy with regional political structures, national governments, and civil society actors for enhanced commitment and accountability in the effort to eliminate the practice of FGM
- Support advocacy and resource mobilization efforts for the Joint Programme

Source: UNFPA-UNICEF, *Proposal for the UNFPA-UNICEF Joint Programme Elimination of Female Genital Mutilation: Accelerating Change, 2017*

Valuable contributions of the Joint Programme Steering Committee identified by United Nations staff are the knowledge that donors bring to the Joint Programme (for example, insights from other relevant programmes), as well as linkages to academic institutions and knowledge products with which those donors are familiar. Suggestions taken on board from discussions with the donors include the addition of a dedicated monitoring

and evaluation officer to the team to help demonstrate results in more systematic way. A finding from the evaluation of Phase I was that the Joint Programme Steering Committee did not include representation from the regional or country offices, or representatives from governments in the countries in which the Joint Programme operates. In Phase II regional offices were invited to attend occasional Joint Programme Steering

<sup>130</sup> In the initial ToR and development of the evaluation framework, “jointness” (of the two agencies working together) was presumed to contribute to effectiveness and efficiency in part through enabling a holistic approach and creating synergies. However, through the discussions of preliminary findings, the importance of a critical and comparative perspective became evident to look more closely at whether “‘jointness’ makes a difference”.

Committee meetings, but it was not standard procedure for staff to routinely attend. The introduction of Joint Programme Steering Committee visits to the field in Phase III has enabled familiarization of the Joint Programme, and observation of the Joint Programme in practice.

Despite the principle of harmonized reporting of the Joint Programme (in line with the pooled funding system), donors

have their own policy priorities and internal indicators, which presents a challenge in terms of placing additional uncoordinated requests on Joint Programme management and resources. Every now and then, the Joint Programme management at headquarters responds to individual donor requests for updates and documentation, requiring time and effort that could otherwise be spent on providing strategic programme guidance and support to the regional and country offices.

**FINDING 24. At the global level, coordination between UNFPA and UNICEF is thematically strong, but the small size of the Joint Programme team and the combination of current performance management systems are not optimal for programme efficiency.**

The Joint Programme coordinating team provides valued direct input and support to regional and country offices enhanced by their broader overview of the field, policy experience, and access to key technical dialogues and products.<sup>131</sup> Interviews with Joint Programme staff in-country were unanimously positive about their interaction with the Joint Programme staff and noted the approachable and professional responses to both management and technical responses. The need for further capacity support was identified in the Phase I evaluation, and emerged within this evaluation.<sup>132</sup>

The Phase I evaluation concluded that the management of the Joint Programme at headquarters was largely appropriate and contributed to the effective and efficient use of resources. This evaluation has found that (although the team expanded from four to five team members in Phase II) the team was relatively small in relation to the expanded scope of the Joint Programme in Phase II, the agencies within

which it is housed, the complexity of the responsive/adaptive programming, the demands of negotiating political space within each agency and the United Nations agencies, and the intractable nature of FGM.<sup>133</sup> This took its toll, which is evident in the limitations identified by this evaluation (for example, tools for assessment and standardized approaches). The addition of further staff<sup>134</sup> in Phase III is a positive and overdue development.

The Joint Programme is highly visible and known within both UNICEF and UNFPA headquarters. Within UNICEF, having the Joint Programme manager as the same person who also manages the joint programme on child marriage enables linkages between these areas of harmful practices and adds value to the Joint Programme. Within UNFPA, stronger links with essential services would facilitate support of the gender component of the Joint Programme.

**FINDING 25. Regional coordination improved significantly during Phase II, although the intermediary role of regional offices remains underutilized due to a lack of clarity on information flows between headquarters, regional and country levels.**

The regional offices have significantly enhanced their coordinating roles and mandate of supporting the focal points in-country, since the Phase I evaluation.<sup>135</sup> The Joint Programme increased its financial investment in regional offices during Phase II, with increased funds to WCARO initially, and then to ESARO, ASRO and MENARO with increased technical staffing (gender and child protection). However, these staff work on multiple portfolios and their sustained engagement is contingent on the agencies. This additional resourcing has enabled them to enhance coordination contributions with respect to technical support to country offices (programme management, data collection, annual work planning), and coordination of focal points at the country level.

The evaluation heard from some Joint Programme staff that there has been too much of a siloed approach at the regional level, with UNFPA focusing on gender-based violence and with UNICEF focusing on child protection, and that there was a need to find ways to better integrate thinking.<sup>136</sup> The greater focus on gender-responsive approaches within Phase III should provide a wider conceptual lens to facilitate this.

<sup>131</sup>. Joint Programme staff.

<sup>132</sup>. Areas of further capacity staff highlighted by Joint Programme staff included resource mobilisation capacity support.

<sup>133</sup>. Joint Programme staff, other United Nations staff.

<sup>134</sup>. During Phase III, four additional roles have been added, specifically: monitoring and evaluation, communication and knowledge management, child protection, administrative and financial assistant staff members.

<sup>135</sup>. The evaluation of Phase I found that “UNFPA and UNICEF regional offices, although continuously informed on joint programme activities and progress, did not play an active role in Joint Programme management”.

<sup>136</sup>. Regional Joint Programme staff.

## THE IMPORTANCE OF OVERSIGHT TO DRIVING RESULTS

At a medium-level threshold for counting the presence of attributes, a qualitative comparison analysis finds that the best predictor of outcomes was effective programme oversight (discussed in Section 3.3) – which was present in 83 per cent of cases with 94 per cent accuracy. At this threshold, the second-best predictor is the improved profile of FGM as an issue at country level (Assumption 3.4). Joint Programme partners and wider stakeholders indicate changes in public discourse, and improvement in the profile of FGM locally and globally.

The regional offices' role as "intermediary" of the global and country offices is under-utilized and fluid information flow is essential. Headquarters information sometimes bypasses regional offices and goes directly to the country offices; and the country offices also contact headquarters for guidance/technical support when regional offices could fulfil that role.<sup>137</sup> Although defined responsibilities are understood, the potential role of regional offices to leverage national

level learning is not addressed by the work with regional political entities and requires more support from regional offices.<sup>138</sup> Cross-regional reciprocal technical support is not systematized and is dependent on the initiative of individual technical staff. Two primary areas of weakness in terms of effectively leveraging regional linkages are a) cross-regional programme learning, and b) support to cross-border strategies by regional offices.<sup>139</sup>

### **FINDING 26. There is high variability in the degrees of coordination between UNFPA and UNICEF country offices regarding the Joint Programme design across countries and over time.**

Different degrees of coordination were found within the Joint Programme, ranging from "cooperative", to "collaborative" and to "convergence", with "cooperative" being a lower level of cooperation and "convergence" a higher degree of cooperation (expanded upon in Table 14). Based on interviews at global and national level, the principle of "jointness" does not imply that both agencies do all the same things. Importantly, it implies that each agency builds on its strengths in a manner that enables synergies among the programming elements.

Effective coordination would appear more likely when both agencies are able to programme in the same geographic area, but the Joint Programme does not have a systematic process for placement of activities and is subject to the national priorities articulated through the United Nations Development Assistance Framework (UNDAF) process, which must concern itself with scale and coverage. Where coordination is strong, a cohesive plan is developed drawing on each agency's strengths from the outset. Notable examples are Kenya, Uganda, Burkina Faso and Eritrea.

## SUB-NATIONAL COORDINATION OF THE JOINT PROGRAMME WITHIN BURKINA FASO

The Joint Programme is very attuned to the technical comparative advantages of both agencies, while also focusing on assuring that the "package of services", which is assumed to create the synergies leading to sustainable change, is functional. The main areas of joint work (UNICEF and UNFPA) are results monitoring and reporting, funding, technical assistance, advocacy, communications, research, studies, workshops, work planning and strategy development. UNICEF focuses on community mobilization (Outcome 3) and Communication for Development. UNFPA focuses on service delivery (especially FGM repair services) linked to Outcome 2. Policy and legislation (Outcome 1) work is jointly delivered by both agencies through support to relevant national ministries and the FGM coordinating committee.

However, in at least four countries there is persistent weak coordination, the relationship is cooperative rather than collaborative, and is suboptimal in terms of efficiency. There is limited coordinated planning of activities other than to combine within a shared work-plan and unclear responsibilities for thematic areas. In these situations, the agencies are not drawing on their comparative strengths and

are not working together in a complementary way. In such instances, there are typically no shared partners between UNICEF and UNFPA and no Joint Programme meetings that bring together the partners from both agencies.

Closely linked to the degree of coordination, is the clarity around roles and responsibilities within country offices. Despite positive examples in which the roles and responsibilities are

<sup>137</sup>. Regional Joint Programme staff.

<sup>138</sup>. Regional Joint Programme staff.

<sup>139</sup>. Joint Programme staff in-country.



clearly understood,<sup>140</sup> most countries do not have anything in place to formalize the relationships. It is risky practice to place institutional cooperation at the subjectivity of individual personalities rather than institutionalizing effective cooperation, and formalizing roles and responsibilities. It is

evident that the Joint Programme has a wealth of knowledge and a very grounded sense of what it is possible to do jointly and what it is not. Absence of a systematic inventory of lessons, insights, suggestions, and “red flags” to inform the programme on joint working is an important gap.

**TABLE 14:** Joint Programme levels of partnership

	Cooperative	Collaborative	Convergence
<b>Planning</b>	Based on independent review of the progress of the implementing partners for each agency and overarching strategic priorities, each agency focal point develops plans that fit within agency priorities; these are shared and reviewed to assure there is no overlap or even contradictions in allocation of resources by geography and by implementing partner	Based on agencies assessment of progress towards the Joint Programme objectives among their implementing partners and within their sectors of strength, a joint planning process identifies gaps and potential for added impact in their work with respective ministries and in assigned geographical areas, which inform development of a shared plan that is then aligned with the resources and priorities of the two agencies	Based on an iterative joint review and assessment process, which considers the contributions of entities not directly funded by the Joint Programme, representatives of the key implementing partners, agency focal points for FGM and potential other relevant portfolios jointly identify gaps, existing and potential synergies, and existing strengths and investments of each agency to develop a cohesive plan including clear mechanisms to continue joint review and assessment
<b>Implementation</b>	<p>At the field level, parallel efforts with as-needed or midterm consultations on issues and gaps in implementation and guidance on outreach to national level entities. When sharing the same geographic area, consultations may be more frequent and may include topic-specific inquires with implementing partners</p> <p>At the policy level, support for advocacy and capacity building with their respective mainline ministries that reference to Joint Programme activities of relevance to that ministry. Reliance on ministries to communicate needs and plans</p>	<p>At the field level, established guidelines and processes to allow for regular consultation on shared partnerships and thematic areas as well as joint capacity building and monitoring efforts that emphasize the linkages among different intervention components and reinforce roadmaps for response and standards of practice whether working in the same geographic area or not</p> <p>At the policy level, shared advocacy with all relevant ministries and support for integrated capacity-building efforts to foster the operational elements of an intersectoral approach</p>	<p>At the field level working in same geographical area, in a structured approach linking neighbouring areas; or in a planned campaign engaging sub-national and national levels to coordinate service delivery with dedicated attention to linkages which foster synergies and supporting formal referral mechanisms and cross-learning among implementing partners of both agencies. This can also involve joint capacity-building efforts by the regional offices of both agencies</p> <p>At the policy level, leveraging capacity-building efforts and support for development of policy documents and guidelines for practice to build relationships and operational linkages among both agencies, the Joint Programme focal points, all relevant implementing partners (national and sub-national levels where possible), and regional technical supports</p>

140. In a few cases, efforts are coordinated among implementing partners with the support of the Joint Programme and between the two agencies themselves. Discrete coordination efforts exist, such as linking security forces to health facilities to provide services (as well as forensic evidence); leveraging community mobilization and health education outreach to refer survivors to health facilities; and engaging schools and churches in tracking attendance and performance of girls to detect possible cutting. Joint Programme on the Abandonment of FGM: Accelerating Change, Annual Report 2015, 2015.

<b>Monitoring</b>	Each agency is responsible for monitoring and evaluating the performance of its respective implementing partners based on the criteria and evaluation tools of its agency. A joint review process identifies the importance of the individual implementing partners' work to the overall Joint Programme objectives and this is combined into a joint report which can inform future planning process	Separate monitoring by each agency of progress of individual implementing partners and towards the common framework using a shared evaluation tool and measurements. This can then inform the subsequent planning process	Joint monitoring, including joint visits or joint planning and follow up for agency-specific visits (given logistics) based on shared tool developed with implementing partners, with clear guidance on how to integrate the results within the systems of each of the two agencies
<b>Roles and responsibilities</b>	The roles, responsibility and reporting of key focal points, country representatives, management and technical staff within implementing partners, and other stakeholders reflect the needs of their agency. Coordination is carried out through reporting systems	The responsibility of focal points, country representatives, implementing partner staff and other agency staff responsible for, e.g. disbursement or procurement including indication of their role and per cent time dedicated to the Joint Programme and related work and capacity to manage shared monitoring systems is spread across all actors	The roles, responsibilities, expected capacities, and criteria for performance as linked to the Joint Programme are clear in institutional plans and monitoring systems as well as job descriptions. The added value and overall performance of individuals as it relates to the Joint Programme outcomes is publicly accessible

**FINDING 27. UNFPA and UNICEF have benefited from the partnership in different ways: opportunities exist to further increase “jointness” and share the benefits of partnership.**

As one of the pioneers of collaborative<sup>141</sup> programming across United Nations agencies, the Joint Programme has made important progress in operationalizing “jointness” and has acquired valuable insight on the opportunities and challenges of various aspects of working together within the United Nations system and in the field. Both agencies have learned how to work collaboratively. This learning requires time and process, and this is one of the top lessons that UNICEF staff presented for consideration.<sup>142</sup>

The Joint Programme has benefited from the synergistic and multiplier effects of combining the comparative/relative strengths of UNICEF and UNFPA. In advocacy, the Joint Programme provides a forum for bringing together the politically sophisticated women’s movement and the UNFPA wealth of experience in negotiating the complex language of agreements on contested issues surrounding women’s rights, with the scale and loyalty of the UNICEF “children’s constituency”. The positioning of the Joint Programme at country level within child protection (in UNICEF) and within gender-based violence (in UNFPA) managed within wider portfolios has enabled linkages to be made between FGM and other relevant programmes in child protection and gender-based violence. Linkages have also been made to other portfolios such as in Egypt, where the Joint Programme

has supported anti-FGM inputs within family planning work and adolescent health. The broader focus on gender-related elements of the programme in Phase III will further build on these wider linkages for the two agencies.

Within programming work, the balance among the three critical pathways for change – policy, services and community awareness and education – bring together the priority pathways for both agencies. The Joint Programme makes it possible to operationalize and foster cross-sectional approaches, addressing a rights violation performed on children by their families that has lifetime consequences with particularly risky outcomes in pregnancy and child bearing. The shared frameworks and outcomes promise an approach to assessment and monitoring, which capitalizes on both UNICEF in-depth analysis and UNFPA ability to leverage numbers at scale and track outcomes by budget line item.

Being part of the Joint Programme has enabled each agency to strengthen broader areas of work within their overall agency in unexpected ways. For UNICEF, the gender and sexuality focus of FGM has deepened its work on gender issues to include a strengthened psycho-social element, including for younger populations. From a practical perspective, the UNFPA focus on measurement of outcomes has been instructive for UNICEF.

141. “Collaborative” is used to describe operational jointness including pooled funding, coordinated planning, shared implementing partners and other linkages that go beyond a discrete, time-limited joint campaign or programme.

142. Interviews with UNICEF staff.

For UNFPA, the work of the Joint Programme has strengthened its understanding of the qualitative, nuanced approach to evaluation, as well as how to negotiate some of the difficult vocabulary at application level in the field.

At a practical implementation level, the Joint Programme has not sufficiently facilitated the development of broader partnerships for each agency at the field and regional levels. Each United Nations agency is still largely working with its own partners with limited interaction or knowledge exchange between the agencies' different implementing

partners. Lessons can be learned from some programmes, such as in Ethiopia, which has carried out review meetings involving both agencies' implementing partners, and in Sudan in which the Joint Programme draws on the benefits of long-standing relationships between UNFPA with both the Ministry of Health and the Ministry of Social Security, as well as between UNICEF and the National Council for Childhood and Welfare. Expanding partnerships and bringing different partners together would help to sensitize the partners of the other agency.<sup>143</sup>

## PARTNERSHIPS AND COLLABORATIONS: DRAWING ON THE COMPARATIVE STRENGTHS OF THE JOINT PROGRAMME (ASSUMPTION 1.2)

In this section, we consider the extent to which the Joint Programme draws upon its comparative strengths. As a United Nations agencies initiative, the primary comparative strengths of the Joint Programme, as defined by the evaluation, are: the convening of FGM actors; raising the global profile of FGM; and the support of government capacity (discussed in Section 1.4).

**FINDING 28. In general terms, the Joint Programme has successfully drawn on its comparative strength as a convenor at the national level, although there is scope to more systematically include research actors and other United Nations agencies. Regions and countries do not have formalized joint partnership strategies to optimize catalytic effects.**

The involvement of government actors in working with the Joint Programme has evolved over time and has become more meaningful. Government engagement during Phase I was primarily focused around designing and passing national legislation banning the practice. During Phase II, this engagement shifted towards establishing national FGM coordination mechanisms to coordinate activities to abandon FGM among various actors.

While the establishment of these committees has been a major advancement in all countries, there remains work to be done to ensure that all key FGM actors and government agencies are present within the national and sub-national committees and that there is effective collaboration between both levels.

The Joint Programme has also convened specific stakeholder groups at the national and regional levels. In particular, the Joint Programme has convened faith-based organizations (for example, in Djibouti, Ethiopia and regionally by ASRO) as discussed in Finding 46. The Joint Programme has been successful in work with political regional entities leveraging the strength of country Member States: this includes the Arab League (supporting Egypt), and the East African Legislative Assembly (supporting Kenya and Uganda).<sup>144</sup> A notable partnership is the UNFPA ESARO office with the Pan-African Parliament (PAP).<sup>145</sup> The Joint Programme has pursued opportunities for collaboration with sub-regional economic partnerships such as the Economic Community of West African States (ECOWAS), the South African Development Community and the Economic Commission for Africa with less success.

### THE JOINT PROGRAMME ENGAGEMENT WITH FAITH-BASED ORGANIZATIONS IN EGYPT

In Egypt during Phase II a pioneering partnership between UNICEF, Al Azhar and the Coptic Orthodox Church led to a publication called "Peace. Love. Tolerance",<sup>146</sup> which discusses 11 types of violence - FGM being one of them - and refers to the teachings in the Koran and the Bible. This was followed by a joint public declaration by the Grand Sheikh, the Pope, the Minister of Religious Endowment, the Minister of Social Solidarity and key religious and opinion leaders of Egypt. The Joint Programme also provided financial and technical support to develop and implement a dissemination plan, which included a capacity-building programme for 1,000 religious leaders, the production of a docudrama video series; production of a documentary film on the joint role of religious leaders and development of a tool and training package.<sup>147</sup>

<sup>143</sup>. Country tables for Ethiopia, Kenya and Sudan.

<sup>144</sup>. See the Egypt, Kenya and Uganda country tables.

<sup>145</sup>. The 2016 regional meeting in Johannesburg, organized with support from the global offices of UNFPA was intended to "strengthen the engagement of Members of Parliament in the acceleration of efforts to eliminate FGM and child marriage". It was notable in the focus on gender inequality and root causes in its formal statements. Source: The Pan African Parliament and UNFPA ESARO, Ending FGM and Child Marriage: The Role of Parliamentarians. July 2016. Johannesburg.

<sup>146</sup>. Peace. Love. Tolerance - Key Messages from Islam and Christianity on Protecting Children from Violence and Harmful Practices. (FGM abandonment is included within). <https://www.unicef.org/mena/media/2291/file/EGY-PeaceLoveToleranceReport-September2016.pdf>

<sup>147</sup>. Joint Programme FGM Egypt, 2017, Annual Report on FGM: Accelerating Change 7.

At the regional and global level, the Joint Programme has convened representatives of country programmes, partners, and allied agencies as part of its annual meeting. It has also convened strategic meetings on issues in the African diaspora, the Commission on the Status of Women, and events tied to observance days such as Zero Tolerance Day.

The programme design has been less successful at creating linkages between FGM programmers and researchers working in the field. There is limited collaboration between the Population Council and the Joint Programme, despite the Department for International Development (DFID) Evidence to End FGM programme, intended to be a partnership between the Joint Programme, the Population Council and Girl Generation.<sup>148</sup> The evaluation found different perspectives as to why there is limited collaboration including: the cost of the research; the timelines and rigour of the research analysis, which is out of sync with the pace of implementation; limited engagement by the Population Council on the topics of research; and the need for more intervention-orientated research.<sup>149</sup>

While the Joint Programme works in collaboration with local universities in some countries (such as in Guinea), there are few formal partnership agreements between other relevant research actors, including international development research institutions, donors funding research initiatives, or others working on FGM research. In The Gambia, the Joint Programme is not involved in any collaboration with research institutions. Joint Programme staff in Guinea Bissau mentioned during virtual interviews that access to relevant data and research remains one of the country office's greatest challenges. Despite limited partnerships with researchers, 82 per cent (94/115) of implementing partner survey respondents think that the Joint Programme has provided them or their organization with new research on FGM produced in-country or in other countries.

Even though the Joint Programme has been successful at bringing together two key United Nations agencies (UNFPA and UNICEF) around the issue of FGM, there is limited collaboration between the Joint Programme and other United Nations agencies that are well positioned to support the abandonment of FGM. There are some examples of collaboration, for example, in Phases I and II, wherein the Joint Programme had agreements with WHO<sup>150</sup> and UN Women.<sup>151</sup> Furthermore, some joint statements were released (as discussed in Section 1.4). Currently, the Joint Programme has no formal partnership agreements with other United Nations relevant entities such as UNDP, WHO, UN Women, UNAIDS<sup>152</sup> and UNHCR (all of which would bring technical sectoral knowledge, in-country networks, and relationships with relevant ministries).

In-country there are notable gaps in communication and coordination. For example, in Egypt the limited engagement with UNDP Programme on FGM is a source of frustration for the Joint Programme, given the difference in approach and mixed messages from the United Nations. Government stakeholders have articulated the need for the whole United Nations to work better together and provide a coordinated mechanism, to reduce the high transaction costs on governments.<sup>153</sup> Whilst it is recognized that a partnership of two agencies is sufficient to lead and manage the programme (and that more would potentially reduce efficiency) as a global Joint Programme on FGM, UNICEF and UNFPA are well positioned to bring together all United Nations agencies working on FGM and to lead the global efforts towards its abandonment. These achievements have required leveraging the limited funding of the Joint Programme with its comparative strength in the convening and catalytic roles. Whilst this strategy is a defining characteristic of the Joint Programme at the global level and in selected countries, the evaluation found that the catalytic purpose of the Joint Programme is not consistently emphasized or maximized. There is a lack of partnership strategies that map and prioritize influential actors and set out advocacy paths.

## CATALYSING AND STRENGTHENING THE RESPONSE TO END FGM (ASSUMPTION 3.3)

**FINDING 29. The Joint Programme approach to expanding and strengthening the community of actors addressing FGM has been both pragmatic and context-responsive.**

The Phase I emphasis on global and national level policy change and inclusive, community-driven dialogues evolved into a more selective and strategic approach in Phase II. At

programming level, this entailed working through established governance structures, and leveraging and linking established leaders on FGM and larger implementing agencies to

<sup>148</sup> For instance, even though the Population Council funds FGM research through a partner organization, the Global Research and Advocacy Group (GRAG) in Senegal, (part of the broader DFID-funded Evidence to End FGM project), which ostensibly involves the Joint Programme, there is little to no collaboration between the Joint Programme and GRAG. The research done by GRAG is not designed to inform programming decisions and the research executed by GRAG is not shared with the Joint Programme on a regular or consistent basis.

<sup>149</sup> Interviews with Joint Programme staff

<sup>150</sup> For example, collaboration with the WHO resulted in the development of clinical guidelines on FGM.

<sup>151</sup> A policy note on FGM and Violence Against Women, and a training module on gender and FGM.

<sup>152</sup> In light of discussions around male and female circumcision.

<sup>153</sup> Interviews with government stakeholders in Egypt.



manage field level work. For example, in Burkina Faso, the Joint Programme supported the revitalization of multiple coordination mechanisms (networks of NGOs, religious leaders and others) to engage established and emerging actors. In Ethiopia, monitoring at community level was

greatly enhanced by leveraging the vertically integrated and very powerful local committees, which provided a platform for greater coordination, although may have had limited safeguards on enforcing the law.

### THE JOINT PROGRAMME CONVENING ROLE - ENGAGING WITH CIVIL SOCIETY ORGANIZATIONS

The Joint Programme has an audience and access to spaces and places of influence and is considered a credible actor. Given the different levels at which the Joint Programme operates, an important role is to open doors for civil society organizations at national and grassroots level to give access to national processes and give greater clout. This is mostly through support to INGOs such as Plan and Oxfam to help smaller NGOs with no visibility to consolidate their voices, create a sense of a movement and provide a platform for those voices. As a global programme and in touch with civil society at different levels and faith-based actors the Joint Programme has the potential to consolidate those voices, but it is important to bring their partners into that conversation and to work across boundaries.

At the policy level, this is reflected in regional work with the global governance actors such as the African Union, the Parliamentarians and other political entities such as the Arab League. Work with Parliamentarians engaged both regional and national decision-making actors and a different “power source” than the regional agencies. For example, the 2016 Pan-African Parliament (PAP) Women’s Caucus regional meeting in Johannesburg, was notable for engaging

multiple country offices from across Africa (Ethiopia, Kenya, Uganda, Guinea, Mali, Mauritania and The Gambia). These approaches and the Joint Programmes engagement with the African Union and the leadership of Burkina Faso allowed the Joint Programme access to, and influence over, decision-making actors and decision processes - evidenced by their contributions to global agreement and global focus on the issue for the last decade.<sup>154</sup>

## 3.4 PROGRAMME MANAGEMENT SYSTEMS AND EFFICIENCY (EVALUATION QUESTION 4)

### Criteria: Efficiency/coordination

The efficiency of the Joint Programme focuses in this section on resource mobilization and management, and the monitoring and reporting system.

#### SUMMARY OF THE FINDINGS

The Joint Programme has effectively mobilized resources, however, the scale of FGM has created significant budgetary pressures on country programmes. The one-year funding cycle focuses country programmes upon short-term activities, which are inappropriate considering the long-term, intractable nature of FGM and the time required to influence behaviour change. There are delays in the transfer of funds from the global level to the country offices due primarily to unpredictable financial flows from donors. These delays have a consistently negative effect on the ability of implementing partners to engage in programming. Although there has been significant progress in developing comparable monitoring and aggregating results across programme countries, contribution to outcomes is not adequately measured given limitations of the indicators. The current approach to monitoring and reporting is compromised in places by the weak capacity of implementing partners.

## FINANCIAL SYSTEMS AND STRUCTURES (ASSUMPTION 4.1)

**FINDING 30. The Joint Programme has been effective in mobilizing resources, and has progressively expanded the number and diversity of contributing development partners while benefitting from the consistency of core supporters.**

In its capacity as funding administrative agent, UNFPA negotiates and receives contributions from donors and

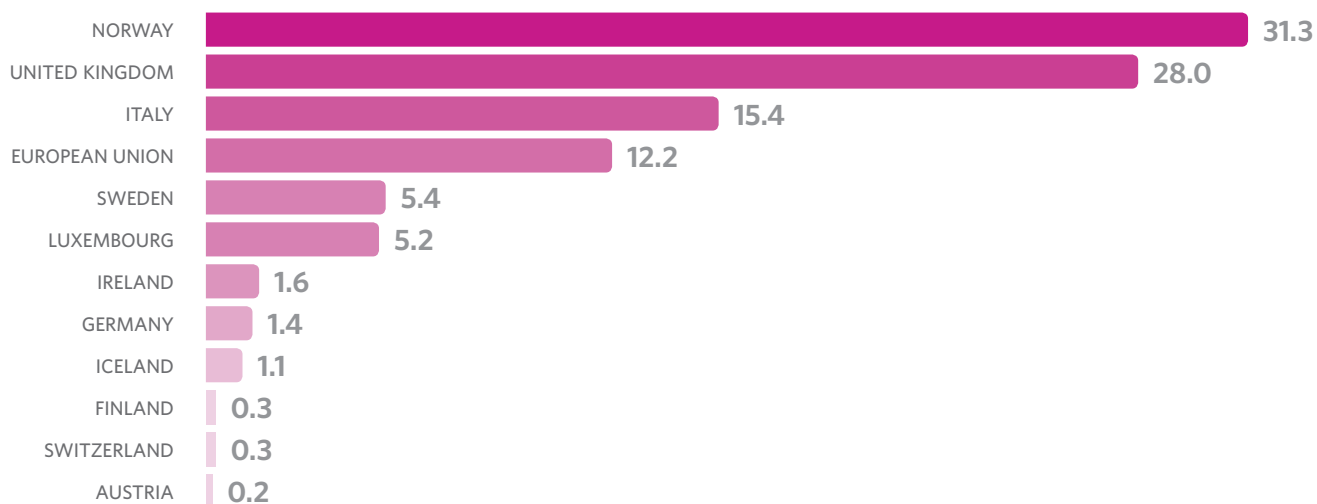
disburses funds to UNICEF and UNFPA country and regional offices after approval by the steering committee. Towards the

<sup>154</sup>. Evaluation Question 3 also contains Assumption Area 3.4 (the extent to which the Joint Programme has raised the global profile of FGM). Within the report, it is considered to fit more logically elsewhere, and discussed within findings 45 and 47.

end of Phase I there was greater diversification of donors, including the UK, the European Union and Germany, as well as Norway and Italy, that supported the Joint Programme from the start of Phase I (despite the range of donors being restricted as some donors could not commit to pooled resources). As a total contribution across ten years, as can be seen in Figure 7, the highest contributors are Norway

(over USD 31 million), the UK (over USD 28 million) and Italy (over USD 15 million).<sup>155</sup> The consistency of support from donors (particularly by Norway and Italy from the outset) is notable and indicates the sense of importance attached to the issue by the donor countries, recognition of the need for predictable and longer-term financial flows, as well as a confidence in the Joint Programme.

**FIGURE 7:** Total donor contributions by country for Joint Programme 2008-2017 (USD millions)



Source: Portfolio of FGM Budget and Expenditures, 2018, UNFPA, UNICEF

There is also additional funding in country programmes that is external to the Joint Programme. For example, in Sudan, funded by the United Kingdom (GBP 12 million) Sudan Free of Female Genital Cutting (2013-2018) was built on the work of the Joint Programme and was implemented by UNICEF, UNFPA and notably WHO. There is no tracking system for additional funds from donors within the Joint Programme, and some decisions are taken at the country level rather than headquarters, thus making it harder to

track. Resource-mobilization staff that provide support to the Joint Programme are institutional resource-mobilization advisors<sup>156</sup> (with a focus on core resources) and there is no dedicated Joint Programme resource-mobilization advisor focused upon raising programmatic funds (from donors or exploring private sector funding), supporting country offices in resource mobilization or tracking funding for FGM (across countries from different sources).

**FINDING 31.** While initial budget levels were appropriate, the scale and intractability of the practice, alongside the need for basic capacity building in key sectors, has created significant budgetary pressures and limited the programme scope largely to Africa.

Initial budget levels<sup>157</sup> for the Joint Programme were compatible with its “catalytic” approach to meet an aspirational goal, however the scale and intractability of the practice, the unanticipated level of investment needed for basic capacity building in key sectors, and a shift in stakeholder expectations towards more traditional theories of change have created significant budgetary pressures

and limited the scope of the Joint Programme to its early investments on the African continent.

Although the Joint Programme multi-year budget increased by a factor of 50 per cent between Phase I and Phase II, the Joint Programme also doubled the number of countries within the programme. Reflecting the core principal of “diffusion”

155. Portfolio of FGM Budget and Expenditures, 2018, UNFPA, UNICEF.

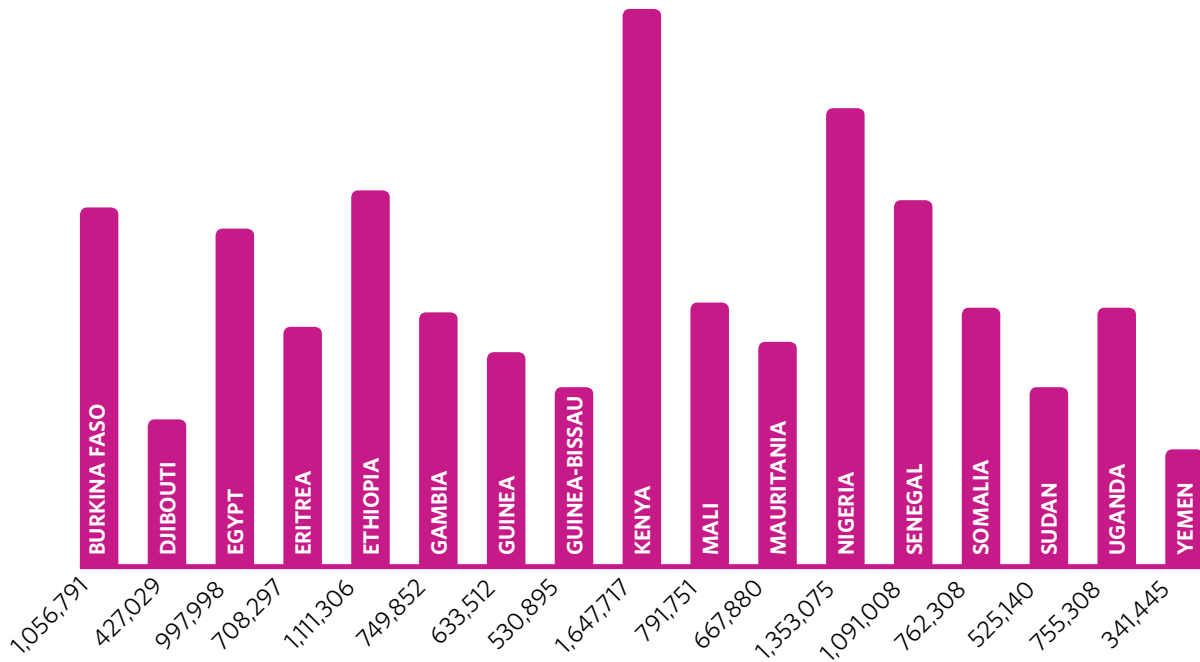
156. Interviews with United Nations staff.

157. The total budget for Phase I (2008-2013) was approximately USD 40 million dollars, and for Phase II (2014-2017) was over USD 70 million dollars, so over USD 110 million dollars across the decade-long programme. The year-by-year budget varied considerably, between USD 4 and USD 7 million in the first phase; and USD 14 and USD 21 million in the second phase, as resource mobilization increased. In terms of actual spend, allocation between the two agencies was USD 54,478,661.64 (UNFPA) and USD 46,619,730.99 (UNICEF) during Phase I and Phase II.

within social-norm change and known prevalence of the practice at the start of the Joint Programme, most of this investment has been on the African continent (with recent additional investments in work with agencies addressing the African diaspora on the European continent - a symbiotic arrangement for all parties). Of note, the Phase II expansion added the most populous country on the continent (Nigeria) and one of the countries with the most egregious violations but the most challenging national context (Somalia). The

limited funds available per country is illustrated in Figure 8. It shows that, for example in 2017, the majority of countries had funding between USD 400,000 and USD 800,000, with exceptions, as Kenya's funding was USD 1.6 m and four other countries had allocation of over USD 1 million (all of these amounts are allocated between the two agencies). Of the Phase II budget, 13 per cent was also allocated to regional work, which leverages and enhances country level work.

**FIGURE 8:** Joint Programme funds by country, 2017 (USD)



Source: Portfolio of FGM Budget and Expenditures, 2018, UNFPA, UNICEF

The Joint Programme has actively managed its limited budget throughout: for example, it made changes in relative investments in Sudan in response to dedicated funding from larger donors (including the support to the Joint Programme). In keeping with the catalytic model, in order to increase the resources available, the country offices have made

significant and often successful efforts to mobilize funding from in-country sources including affiliation groups of the global donors. This is further discussed in Section 3.5. The data regarding resource mobilization for FGM abandonment (beyond the Joint Programme) is not systematically tracked by the Joint Programme.

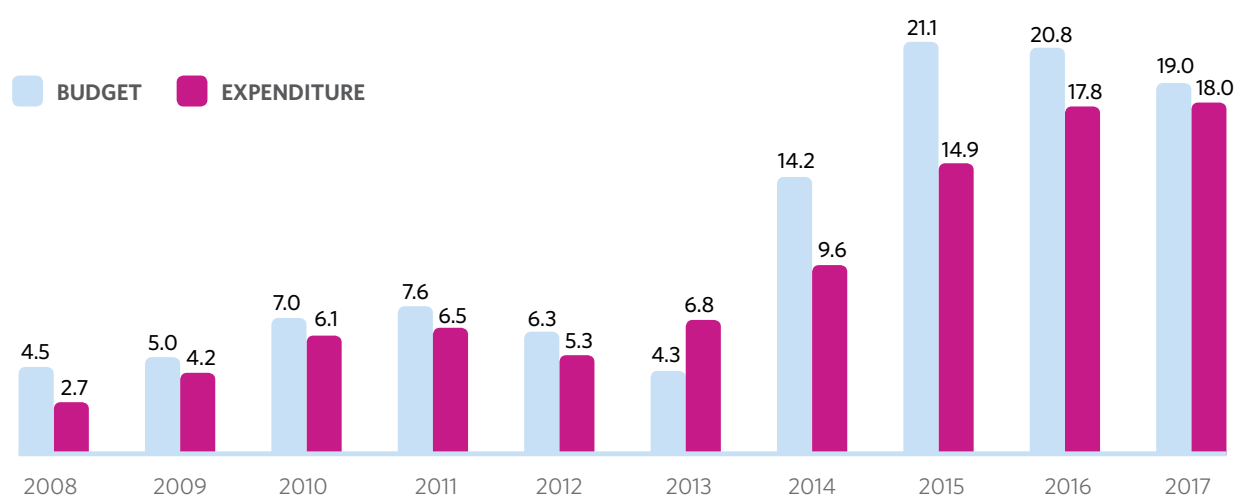
**THE IMPORTANCE OF TUNING BUDGET ALLOCATION TO SPECIFIC CONTEXTS AND PROGRAMME MODALITIES**

The size of the Joint Programme budget per girl at risk was found to be a less accurate predictor of outcomes than simple chance. This suggests that the level of investment of the programme per girl at risk is not a factor in achieving outcomes (that is to say, the strategy of creating an enabling environment is the main contributing factor). This may be because higher levels of budget are associated with services. Programme design and strategy were found to be more influential than budget invested per girl at risk in predicting outcomes, but only up to a certain level.

Although the overall utilization rate is just one of several possible measures of use of programme funds, it has remained at over 80 per cent for the last two years of Phase II (over 85 per cent) and Phase I (82 per cent).<sup>158</sup> The

relatively high utilization rate could possibly indicate that absorptive capacity is underutilized, also reflected in the fact that country programmes frequently apply for more than is received.

<sup>158</sup> The low rate at the start of the phases reflects both issues with donor delays and the need to hold back some funding at first disbursement should the promised donor resources not be forthcoming. Given that funds for the following year typically arrive in March/April a utilization rate of approximately 80 per cent is considered reasonable. Portfolio of FGM Budget and Expenditures, 2018, UNFPA, UNICEF.

**FIGURE 9:** Budgets and expenditures of the Joint Programme 2008-2017 (USD millions)

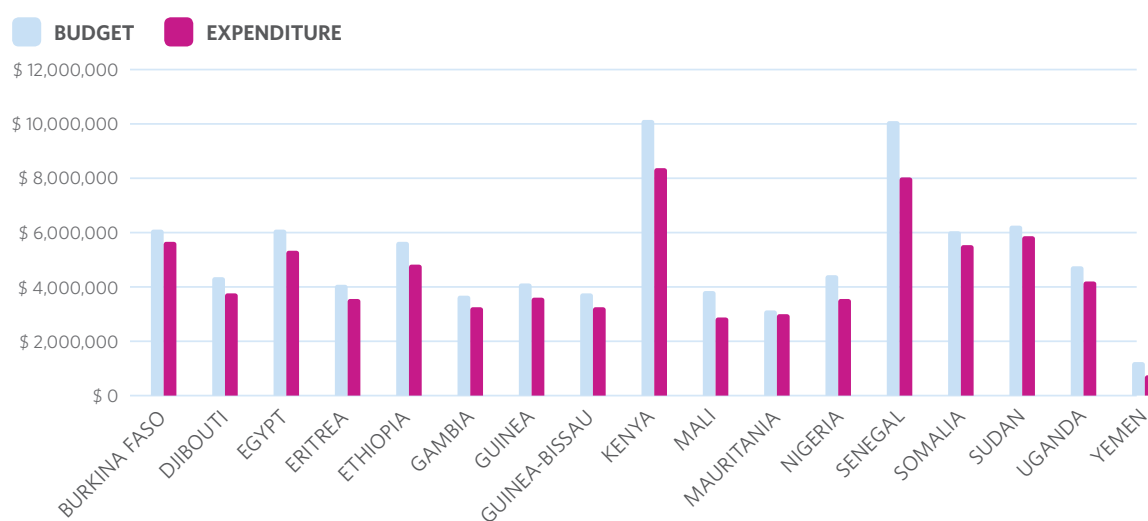
Source: Annual report of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change (2008-2017) and provisional financial report 2017

**FINDING 32.** The development of a tier system has formalized funding distribution across countries, but the rationale for allocations has not always been as clearly communicated as it could have been.

In Phase II the decisions around allocation of funding were based upon a number of factors including: population levels, prevalence of FGM, government commitment, capacity of country offices, level of ambition of initiatives, and implementation rate (utilization rate).<sup>159</sup> A classification of “emerging” and “accelerated” countries was used, which was intended to reference rates of progress, but in reality linked more to duration in programme (with some exceptions) but this was not specifically tied to funding levels. It can be seen in

Figure 9 that Kenya and Senegal were the significantly highest recipients, followed by Burkina Faso, Egypt, Somalia and Sudan (with similar cumulative budgets and expenditures).

The criteria for funding allocation have become more formalized in Phase III. The criteria that is used to classify countries into different tiers include: FGM prevalence, population at risk and enabling environment/ government commitment.<sup>160</sup> The criteria are clearly laid out in the Phase III proposal.

**FIGURE 10:** Budget and expenditure for the Joint Programme by country, 2008-2017 (USD)

Source: UNFPA-UNICEF Joint Programme Financial Report (2008-2017), 2018 (using different Y axis scale to the table above)

159. As identified by members of the Global Programme Coordinating Team..

160. See UNFPA-UNICEF, 2017, Phase III Proposal of the UNICEF-UNFPA Joint Programme: Elimination of FGM.



However, the division of countries into three tiers has created some challenges. For the eight Tier 1 countries (Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Nigeria, Senegal, and Sudan) the tier system has been positive, as they have the higher level of funds. However, Tier 2 and Tier 3 – in particular partner governments – who have received lower levels of funding are demotivated by diminished status, as one stakeholder stated “this office can’t be unfunded and then expected to participate”.<sup>161</sup> There is also lack of clarity amongst donors

for the rationale in some cases<sup>162</sup>. It is unclear whether the tier system is also taking account of whether there are other reliable sources of funding. In some cases, being a Tier 3 country has meant that there is also a delay in funding, as Tier 3 countries are the lowest priority for receiving funds when donor funds are received. This was particularly the case for 2018 and in 2019 the Joint Programme plans to allocate resources simultaneously to Tiers 1, 2 and 3.<sup>163</sup>

**FINDING 33. The use of a one-year funding cycle focuses country programming onto short-term activities, which are insufficient for influencing behaviour change.**

As reported in the Phase I evaluation,<sup>164</sup> the Joint Programme one-year funding cycle creates a tendency for short-term planning and supports shorter term activities that make longer term planning more difficult.<sup>165</sup> This is problematic in a field such as FGM, where longer term approaches are required to influence deeply entrenched social norms. The Joint Programme has tried to work on this by having multi-year commitments from donors, in order to be able to plan for a two-year cycle.<sup>166</sup> This enabled biannual planning for two cycles in Phase II. While having a work-plan for two years is

an improvement for longer term thinking, funds are still only available for the first year, thus the funding cycle remains an issue for country offices and implementing partners. The one-year funding cycle places additional pressure upon the country offices’ focal points to disburse funds and ensure that they are spending their budgets within a relatively limited time period,<sup>167</sup> and affects the ability to undertake impact level research. The inability to roll over unspent funds to the following financial year exacerbates this situation.

**FINDING 34. Frequent delays in resource allocations from the global level of the Joint Programme to the country offices, and on to partners, have had a negative effect on programme implementation.**

Funds from the global level to the country offices are reported to be consistently delayed and have been delayed by as much as a trimester. Annual funds transfer by the Joint Programme headquarters is usually carried out twice per year to regional offices and country offices. The reasons for this are predominantly the unpredictable funding flows from donors (that are not able to make multi-year commitments); as well as protracted processes in the approval of annual

work plans (particularly at the start of Phase III), as well as agency procedures, in particular for UNFPA. Numerous implementing partners across programme countries reported delays in payments. A total of 52 per cent (60/115) of the survey respondents indicated that they felt that payments from the Joint Programme were made on time, but 37 per cent (42/115) indicated that the payments were untimely.

<sup>161</sup>. Focal point of a Tier 3 country.

<sup>162</sup>. As raised by two different donors, as well as other stakeholders (also in relation to whether other sources of funding are being taken into account). For instance, in Somalia, the Joint Programme funding is considered so minimal that all FGM activities have been mainstreamed into established GBV programming due to limited capacity to implement stand-alone FGM programming. In Sudan, the Joint Programme funding is unable to keep up with the high rates of inflation within the country, which makes it difficult to execute meaningful programming. In Uganda (which has been “un-funded”) although it has low prevalence in a limited area, it has been important in terms of cross-border work and its involvement in East African legislature.

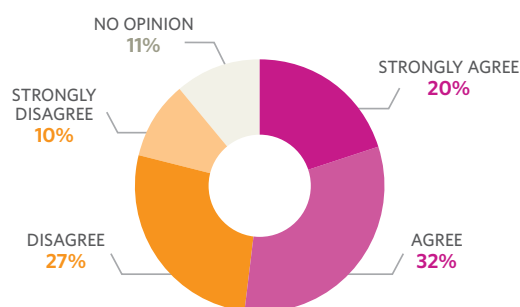
<sup>163</sup>. Correspondence with Joint Programme staff.

<sup>164</sup>. UNFPA, UNICEF, 2013, Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

<sup>165</sup>. Interviews with focal points in Ethiopia, Egypt, Kenya, Senegal, Sudan, Uganda.

<sup>166</sup> It is positive that at this stage in Phase III there are three donors (EU, DFID and Norway) who have pledged for a multi-year commitment. This is also the case for Italy - whilst they do not provide a formal multi-year commitment, they have been consistent since 2008 in the availability of funds. The Joint Programme is therefore able to anticipate the allocation based on previous years and plan accordingly.

<sup>167</sup>. Interviews with United Nations staff in programme countries.

**FIGURE 11:** Implementing partners survey response regarding the timelines of payment

Source: Evaluation survey

For those who reported that funds often come late in the year, the delay was a significant one of three to four months. This in turn shortened the time available for implementation and for reports on activities and achievements. Because funding is disbursed to implementing partners every quarter by UNFPA only if their implementation rate during the previous quarter is higher than 80 per cent, the delay in releasing funds significantly affects the ability of implementing partners to achieve results due to the shortened implementation period.<sup>168</sup>

*“Joint Programme funding needs to be consistent- it is not now. It comes every quarter and is often delayed, which means you have to implement in 3 months. We use our own resources to undertake activities even when we do not have funding - we have to do so, or we will lose the investment made and the goodwill of the volunteers who continue to sustain the programme. The work of the*

*volunteers undertaking education in the community needs to be consistent in order to change perception and it cannot be consistent with unreliable and short-term funding.”*

#### | Staff member of an implementing partner in Kenya

In some cases, implementing partners make up a financial shortfall caused by delayed payments themselves. For others that are unable to make up any shortfall themselves, it was found that implementing partners were unable to retain their staff during a gap in funding, and there was a loss in trained staff. One strategy used by the Joint Programme to mitigate this challenge is focusing on partnerships with larger national organizations, capable of bridging gaps in funding and ensuring continuity of efforts.<sup>169</sup> However, this then “skews” selection of implementing partners to those that are larger and financially robust, whilst smaller organizations, which may potentially be otherwise relevant and useful partners, are considered less viable.

### **FINDING 35. Financial administration by a national counterpart supports national ownership but comes with risks and challenges for programme implementation.**

Within efforts to support institutional strengthening and inculcate national ownership, in some countries (such as The Gambia and Egypt<sup>170</sup>) funds are channelled through a national counterpart, which then disburses them. The benefits of this is supporting national ownership and using a single coordination mechanism that coordinates all related programmes and therefore reduces the risks of overlaps and duplication. However, it can also slow down the disbursement process, given that there is an additional “step” in the process<sup>171</sup> and it depends on the efficiency of the government systems.

The case studies highlighted that this has been problematic in some countries. For example, in The Gambia, the

Government Integrated Financial Management System caused considerable delays in the release of funds for timely implementation. A number of projects planned for 2016 were unable to proceed due to funding issues like the example in The Gambia. This issue has been partially, although not completely, resolved, by diversifying the Joint Programme partnership base and decreasing reliance on traditional partners.<sup>172</sup> In Egypt, the Joint Programme has found umbrella NGOs that have disbursed funding through other NGO/CSOs. While the value of working through national mechanisms and supporting national “ownership” outweigh the risks, the Joint Programme has had to be resourceful in the face of any such issues.

<sup>168.</sup> Interviews with implementing partners in Senegal, Sudan, Mali and Kenya. Staff member of an implementing partner in Kenya.

<sup>169.</sup> This was found amongst implementing partners in Sudan, Ethiopia.

<sup>170.</sup> Until February 2018 given a breakdown in the national coordinating body.

<sup>171.</sup> As reported by stakeholders in Mauritania.

<sup>172.</sup> UNFPA and UNICEF, 2016, The Gambia Joint Programme FGM Annual Report 2016.

### THE POOLED FUNDING SYSTEM OF THE JOINT PROGRAMME

Pooled funding is a financing mechanism that provides the United Nations system with more flexible and predictable earmarked funding for jointly agreed United Nations priority programmes. Contributions received are co-mingled, not allocated to a specific United Nations agency and held in trust by UNFPA as the dedicated fund administrator. A pass-through mechanism is used (that means that not all participating organizations have to comply with the operating procedures of a lead agency). By avoiding any duplication of operating procedures, the pass-through mechanisms minimize implementation delays and transaction costs. There is a lower fee of 7 per cent on the premise that it is a lower transaction cost. Pooled funding entails Joint Programme harmonized reporting (rather than reporting to different donor requirements).

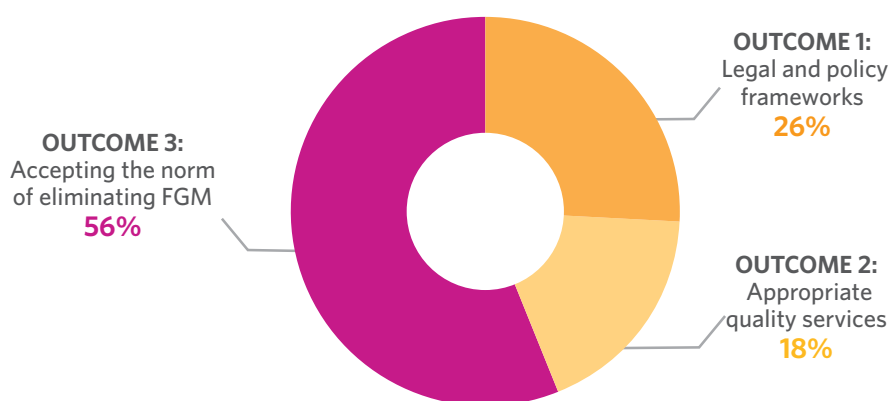
### FINDING 36. The different financial tracking systems of the two agencies make analysing efficiency problematic, but significant efforts have been made to adapt to Joint Programme reporting requirements.

The lack of tracking of financial data linked to the outputs and outcomes of the Joint Programme prior to 2016 (by UNICEF particularly) means that it has not been possible to conduct analysis on the financial prioritization of spend until 2016, or measure change across the duration of the Joint Programme.

UNFPA and UNICEF use different financial systems and have had to adjust to Joint Programme reporting requirements:

for example, in 2017 using a financial reporting template that included financial data by output and outcome. The UNICEF current financial system does not enable automatic financial reporting by outputs, therefore UNICEF has adapted by establishing a manual financial reporting system incurring considerable transaction costs.

FIGURE 12: Joint Programme expenditure by outcome in 2017



Source: UNFPA-UNICEF Joint Programme Financial Report (2008-2017), 2018

### MONITORING, REPORTING AND EVIDENCE-GATHERING SYSTEMS (ASSUMPTION 4.3<sup>173</sup>)

### FINDING 37. Significant progress was made in developing a monitoring system in Phase II, and the development of baseline data and targets in Phase III marks an important upshift in the ability to assess progress. Remaining limitations in the selected programme indicators make global comparability and aggregation challenging.

The evaluation of Phase I of the Joint Programme highlighted areas for improvement in monitoring and reporting, including the development and consistent use of a limited set of clear, relevant, and specific indicators to measure and report on progress towards results.<sup>174</sup> In response, the Joint Programme invested considerably in strengthening results measurement, including the development of a results-based management

framework and plan,<sup>175</sup> which sets out the Joint Programme theory of change, monitoring framework and approach to results-based management. During Phase II, "DI Monitoring" a web-based data management application (within the DevInfo platform, which is used widely by the United Nations) was rolled out across all programme countries. This marked a move towards more systematized monitoring,

173. Assumption 4.2 The oversight by the Joint Programme Steering Committee has been mainstreamed into the analysis.

174. Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change 2008-2012, Vol. 1, September 2013.

175. Results-Based Management Framework and Plan, August 2016.

using a standard framework to keep track of core indicators. The Data for All system was developed at the end of Phase II to add tools to improve monitoring, including the ability for financial reporting (including per output and outcome), global aggregation of output and outcome indicators, and an interactive dashboard. All countries in the Joint Programme were assisted in migrating their frameworks from Di Monitoring to Data for All Monitoring through an aggregated global framework, but this was delayed in some instances as baseline assessments still needed to be carried out. In some cases, the DI Monitoring was not fully functional due to lack of staff capacity (such as in Senegal and Nigeria).<sup>176</sup> The inputting of the Data for All Monitoring system for the first time (December 2018) was after the data-collection period of this evaluation and therefore it has not been assessed.

### Phase II Results Framework and Indicators

The limited programme-wide baseline data and targets was a shortfall in Phase II and has meant that it has not been possible to assess performance against targets (as highlighted in Section 3.2). In Phase III there has been significant investment and effort in the development of a comprehensive baseline document, which also enabled baselines and targets to be developed by countries.

The evaluation found limitations in the indicators used by the Joint Programme that impede comparability and aggregations. These are:

- There is a lack of progress markers to measure and indicate intermediate and partial change. Subsequently, the monitoring system is failing to capture important results, such as the process leading up to, and following, a public declaration;<sup>177</sup> political advocacy and the change processes (the steps that are necessary to build political consensus);<sup>178</sup> and the preparatory process for effective law enforcement (see box “A tool to track law enforcement” for relevant work in this area)
- The comparability of some of the Joint Programme indicators across countries is challenging, for example, it is not possible to compare “the number of community

declarations”. As is recognized by the Joint Programme, the definition of “community” is often country-specific ranging from a large geographical area to an ethnic or religious group. Furthermore, the definition of what is being declared may vary (actual abandonment or a commitment to working towards abandonment). Similarly, “services” may be defined in different ways across country programmes and therefore makes comparability difficult.<sup>179</sup> Such challenges limit the ability to compare results and aggregate data.

The Joint Programme is investing efforts into tackling some challenging areas of monitoring, in particular the significant investment in the measurement of social norms. The ACT framework, which at the time of writing is being field tested (as discussed in Section 3.2), is intended to provide a “menu of options indicators, methods, and tools deemed to be critical for the measurement of social-norms change”. In addition, a study has been commissioned by the Joint Programme to provide a compendium of social-norms indicators.<sup>180</sup> Overall, the purpose of monitoring is perceived by country offices as being for reporting purposes, rather than being utilized to inform strategic programme decisions and steer programme implementation.

#### A TOOL TO TRACK LAW ENFORCEMENT

Various Joint Programme countries have been involved in a regional level initiative to develop a tracking tool focused particularly on progress in implementing the law using a multisectoral approach. The tool promotes accountability in the reporting, investigation and prosecutorial stages. It also allows authorities to track success stories where girls were spared the practice of FGM as a result of proactive judicial mechanisms and alternatives to criminal prosecution, including injunctions, parental agreements and other effective methodologies. The tracking tool was piloted in Kenya and is currently under internal review as to how to make it more user-friendly. The tool will inform various stakeholders about where interventions are most needed, to successfully implement FGM legislation and eliminate the practice. This is part of a joint initiative of UNFPA ESARO and Equality Now Africa Office.<sup>181</sup>

<sup>176</sup> Interviews with Joint Programme staff.

<sup>177</sup> Findings from interviews with stakeholders in Sudan and Egypt.

<sup>178</sup> The realization that further work is needed in indicators is shown by the commissioning of a consultancy (at the end of 2018) to develop a compendium of indicators for the monitoring and evaluation of the Joint Programme, which will also review the results framework and the theory of change.

<sup>179</sup> For example, the definition of services differs markedly in Egypt and Kenya.

<sup>180</sup> This report is due to be completed in Spring 2019.

<sup>181</sup> Eritrea Annual Report and interview with Equality Now Africa Office.



**FINDING 38. The Joint Programme approach to monitoring is compromised in places by the limited capacity of implementing partners.**

The evaluation found limited capacity in monitoring by implementing partners. Notably, there is a lack of rigorous follow up and monitoring of activities by the implementing partners, incomplete baseline data and lack of administrative data from government services that support the interventions, and reliance on implementation by implementing partners without dedicated monitoring and evaluation specialists or sufficient technical capacity. For example, the Saleema initiative has generated considerable interest from actors in other countries intending to replicate it. However, results beyond baseline are pending publication and thus there is limited data on the specific mid-longer-term results. There is also limited data on other promising approaches.

There is recognition by some country offices that they ask implementing partners to measure change, but do not give them sufficient tools to be able to do so. This is in contrast to responses from the survey, where 88 per cent (101/115) of implementing partner survey respondents believe that their organization has the capacity to effectively monitor and report on results, and where 83 per cent (95/115) either agree or strongly agree that the Joint Programme has provided them or their organization with technical support around data collection and results monitoring and reporting. This may reflect different understandings of monitoring and evaluation standards between Joint Programme staff and implementing partners.

Joint monitoring is considered highly valuable in countries that are conducting it, but many countries are not doing so.

**FINDING 39. Significant efforts are being made by the Joint Programme to support knowledge exchange and learning, with scope to strengthen this further.**

The Joint Programme has invested substantially in regular meetings and sharing among Joint Programme staff, focal points, and selected allied agencies and experts. These meetings represent intensive but time limited opportunities for which applied learning would require ongoing dialogue.

A positive example identified by many by focal points is the annual Joint Programme global meetings, which involves cross-country knowledge sharing with presentations of country experience and learning on specific themes. As a result of knowledge exchange at these events (for example, sharing experience about mobile courts from Burkina Faso and the Saleema campaign) other programme countries have also tested such initiatives. At the national level, initiatives that were highlighted by focal points included: Mali's annual meeting involving all implementing partners, which focused on areas such as what they learned around what works best in ending FGM; and Ethiopia's sub-national review meetings in Afar (various years within Phases I and II), which brought together

The extent to which monitoring is carried out in a joint way varies across country offices. Lessons can be learned from countries where joint monitoring is taking place, for example, in Ethiopia and Kenya. In Ethiopia, joint monitoring is valued as an important exercise to track implementation jointly, identify any weaknesses and take corrective measures – as one stakeholder stated:

*“Had it not been for joint monitoring, we wouldn't have identified the problem which could have brought a bigger damage”.*

**| Joint Programme implementing partner**

In terms of the “jointness” of reporting, the Joint Programme requests one combined report per year from country programmes. The Data for All platform is also designed so that agencies can only report on combined achievement. However, given that agencies tend to work in different geographical areas, or in the same geographical areas but with a different focus, both agencies report from different sources and present it in the combined annual report. Amongst implementing partners, the survey found that although most implementing partner respondents (69 per cent; 79/115) stated that they are required to submit only one set of reports to the Joint Programme focal point, in some countries, implementing partners report separately to each agency (as opposed to the Joint Programme as a whole). The implementing partners that work with both agencies are required to report twice.

both the agencies, implementing partners and stakeholders for programme assessment, reflection and learning. Interestingly, a significant portion (80 per cent; 92/115) of implementing partner survey respondents believe that the Joint Programme organizes regular and inclusive meetings at the national level that bring together its partners to share information and learn from each other, and 72 per cent (83/115) believes that this occurs at the sub-national level. In contrast, only 40 per cent (46/115) believe that this takes places at the African regional level.

Towards the end of Phase II, the Joint Programme began to organize webinars for staff, such as the one in October 2017 regarding gender empowerment. In addition, the Joint Programme has set up a community of practice that reaches beyond the Joint Programme to academics, policy-makers and donors. It has both French and English moderators. “Building Bridges Between Africa and Europe to Tackle FGM” promotes knowledge exchanges among groups working on ending FGM in Africa and Europe, through web and audio documentaries. A

key strength is bringing together different types of stakeholders, thus broadening the knowledge exchange and networks of the Joint Programme.

There is an appetite amongst staff for a knowledge-sharing portal/repository, and the evaluation team is aware that the coordinating team are planning to include a section on the Data for All website that will provide a repository of relevant resources organized by theme and country. Furthermore, there are plans for “data stories” that provide more insight and analysis on data from country offices.

The evaluation also identified the need for: thematic exchanges at the regional and country levels (for example, regarding cross-border issues between West Africa and East Africa); and knowledge sharing across implementing partners at national and sub-national levels. It is recognized by the evaluation that regional offices can play an instrumental role in facilitating such exchanges. There is a lack of a coherent knowledge-sharing plan that ensures horizontal and vertical information flows, or that ensures the inclusion of the appropriate actors.

### 3.5 LONG-TERM CHANGE FOR THE ERADICATION OF FGM (EVALUATION QUESTION 5)

#### Criteria: Sustainability

This section looks at Joint Programme support of national systems and institutional capacity; its sustained changes in social norms over time at the community level; and whether interest around FGM generated by the Joint Programme at the global level leads to more sustainable donor funding and long-term efforts to eradicate FGM.

#### SUMMARY OF THE FINDINGS

Within its global advocacy work and engagement with key actors, the Joint Programme has helped to raise the global profile and visibility of FGM and has been a leading contributor to focusing attention and shaping the response to FGM within intergovernmental and inter-agency spaces. The work in-country has generated interest and additional funding. The Joint Programme is increasingly engaging government actors in FGM work, but there remains considerable work to be done before governments can effectively lead FGM efforts around coordination and programming. During Phase II, the Joint Programme expanded and deepened the regional work to improve programming, mobilize political support and raise visibility for longer-term change, and there is scope for further work on convening and advocacy, particularly on cross-border issues. Community level efforts include a promising long-term strategy of working with youth and, within communities, sustained behaviour change requires further tools and strategies. The Joint Programme has committed itself in Phase III to expanding a more gender-responsive approach to ending FGM. The focus on the shared root cause of the practice - no matter the diversity of the context specific drivers or age and type of FGM cutting - holds promise for a solution sustained over generations.

#### NATIONAL OWNERSHIP OF EFFORTS TO ERADICATE FGM (ASSUMPTION 5.1)

**FINDING 40. The Joint Programme has increasingly engaged government actors in design and implementation of FGM work. Despite these efforts, a long road remains ahead before most governments are able to effectively lead FGM-related coordination and programming.**

Whilst the work with national governments has progressed in Phase II and the establishment of national committees has been a major advancement in all countries, there remains work to be done to ensure that all relevant FGM actors and government agencies are present within the national and sub-national committees and that there is effective collaboration between both levels (this was further discussed in Section 3.3). A total of 93 per cent (107/115) of implementing partner survey respondents agree or strongly agree that the Joint Programme has been effective in engaging government actors to participate in/support activities to accelerate the abandonment of FGM.

Government engagement during Phase I was primarily focused around designing and passing national legislation banning the practice. During Phase II, this engagement

shifted towards establishing national FGM coordination mechanisms to coordinate activities to abandon FGM among various actors. While national coordination mechanisms have been set up and are supported by the Joint Programme in all programming countries, the degree of their effectiveness varies from country to country. In Sudan, the national coordination mechanisms appear to be working well in that all the key actors are present and meet on a regular basis.<sup>182</sup> However, in most other countries, the coordinating bodies struggle to meet on a regular basis and do not necessarily bring together all the relevant FGM actors. For instance, in Senegal some key FGM government ministries are not regularly present at the coordination meetings, making it difficult to execute a whole-of-government approach. The coordination meetings in Senegal are also held at irregular intervals, making it difficult to plan and implement activities.

<sup>182</sup> Interviews with Joint Programme staff and partners.

In Somalia, the FGM national coordination mechanism is functional but UNICEF is not a regular participant.

Countries where the Joint Programme operates also tend to lack mechanisms to coordinate FGM planning and execution between the national and the sub-national levels. While most countries have sub-national FGM coordination mechanisms

in place, they lack the arrangements to promote fluid dialogue between the national and sub-national mechanisms. For instance, in Senegal, UNICEF (through the Joint Programme) supports sub-national child protection committees that coordinate FGM work, but these committees do not meet regularly nor do they consistently share information with the national FGM coordination committee.

**FINDING 41. Focusing national capacity-development support on strengthening broader institutional processes, mechanisms, and institutions has been more sustainable than focusing on the capacity of individuals.**

During Phase II, the Joint Programme increased its support around building the capacities of government ministries to implement FGM abandonment programming and to strengthen established government systems and processes to better address FGM. In all countries where the Joint Programme operates, the Joint Programme has supported the training of: key government personnel to strengthen the capacities of the judiciary and police force to better implement anti-FGM legislation; health workers to better prevent and treat FGM cases; and educators to raise awareness among students around the negative effects of FGM. However, this approach, which focuses on training as a form of capacity building, is heavily reliant on building the capacities of key staff personnel. This presents a risk that the benefits of the training may be lost if staff rotate to different positions or if there is a change in government.

Strengthening government capacity typically leads to more sustainability when efforts are focused more on strengthening national systems and processes over the capacities of individual staff members. In several countries during Phase II, the Joint Programme began investing in supporting the strengthening of these systems and processes by supporting further integration of FGM prevention and treatment services within the national healthcare systems.<sup>183</sup>

Other examples of sustainable systems strengthening include in Guinea, where the Joint Programme has supported the integration of FGM data into the national government database, thus promoting sustainable data collection and dissemination. Additionally, in The Gambia, the Joint Programme has made advances in integrating FGM abandonment into the health system by embedding the issue of FGM into the curriculum of professional medical schools and by supporting the collection of FGM data in the health information management system.

The degree to which these areas have been strengthened with the support of the Joint Programme varies from country to country. This is reflected in the fact that a relatively high percentage (26 per cent; 30/115) of implementing partner survey respondents either disagree or are unsure whether Joint Programme activities have been effectively integrated into national systems and processes (for example, the national health system).

Even though the Joint Programme has taken a much more active role in strengthening government systems to address FGM during Phase II, systems strengthening around FGM remains largely in its infancy and requires significant more investment during Phase III before governments will be able to independently promote FGM abandonment.

**CHANGES IN SOCIAL NORMS AT THE COMMUNITY LEVEL (ASSUMPTION 5.2)**

**FINDING 42. Engagement by post-declaration community follow-up committees has been strong, but in overall terms the Joint Programme does not yet have proven strategies and tools to support continued behaviour change once communities pass public declarations.**

Joint Programme efforts to change social behaviours in target communities are largely focused on raising awareness and building community consensus around abandoning the practice, with a public declaration to end FGM as the final milestone of the process. However, as discussed in Finding 15, a community declaration to abandon FGM is in reality a progress marker rather than a final result, as communities can easily reverse

their normative behaviours once declarations have been passed. Communities therefore require sustained support even after a declaration has been passed. There is evidence within some communities that a type of resistance may occur after the declaration and FGM, or a different form of FGM, may be practiced by some households (see Finding 4). The Joint Programme to date is largely missing strategies and tools to

<sup>183</sup> For instance, in The Gambia, FGM complications are systematically registered in health facilities. Additionally, the Joint Programme has supported the integration of FGM materials into public school curriculums and medical/midwife training curriculum. In Senegal, the Joint Programme supports the local NGO, CEFOPRE, through a train-the-trainer approach to diffuse training on FGM among health workers. The Joint Programme has also supported the ability of the government to collect and report on FGM data. For instance, in Sudan, the Joint Programme supported national ownership of FGM data through the establishment of the National Child Protection Information Management System.

support continued behaviour change once communities pass public declarations. Joint Programme personnel based in-country have expressed a need to receive more technical support and guidance from the regional and headquarters offices around the kinds of programming that should be provided to support a community once it has passed an anti-FGM resolution.

Even though the Joint Programme does not at this point provide consistent support to communities to sustain positive behaviour change once they have passed a resolution to abandon FGM, implementing partner survey respondents largely (84 per cent or 97/115 of respondents) perceive the Joint Programme as effective at encouraging communities to sustain positive behaviour change to end the practice of FGM once the immediate project activities have ended. This may

be due in part to the fact that in some cases, communities have taken the initiative, supported by the Joint Programme, to set up community surveillance and follow-up committees to support community members in following through on their declared intentions to abandon the practice.<sup>184</sup> For instance, in several communities in Senegal, where they have passed community declarations against FGM, they have also set up committees to monitor and report on any suspicions of actual or intentional FGM practices. Members of the committees will often use these resources to visit neighbouring communities to engage in dialogue and raise awareness around the negative consequences of FGM. These practices encourage sustainable behaviour change as well as community-driven advocacy.

**FINDING 43. Behaviour change has been more sustainable when community declarations were passed after consensus was reached among community members through inclusive dialogue processes.**

The Phase I evaluation of the Joint Programme found that while community declarations were used as markers to indicate that a social-norm change to abandon FGM successfully took place at the community level, in many cases, community declarations were passed without extensive community consultation, thus reducing their usefulness.<sup>185</sup> In response, the Joint Programme promoted a more participatory approach during Phase II, where community members were more actively engaged in inclusive dialogue processes prior to passing a community declaration, so as to provide women and men with an opportunity to more deeply reflect upon and discuss the advantages of keeping girls intact, thus encouraging more sustainable behaviour change.<sup>186</sup> The way in which community declarations are passed also evolved between Phases I and II, by making them more participatory and high profile. Stakeholders explain that during Phase I, community declarations were sometimes passed with the engagement of only key community leaders while in Phase II community declarations typically included the entire community and were publicly celebrated with the

presence of government officials and high-profile supporters.

In some countries, the Joint Programme engaged community participation in monitoring the abandonment of FGM in order to increase ownership and sustain efforts. For example, in Mauritania, the Joint Programme strengthened community level watch committees to monitor the actual abandonment of FGM. In Sudan, Joint Programme interventions established both community-based organizations and protection groups at the community level to monitor the abandonment of FGM.<sup>187</sup>

Community declarations appear to be most effective and encouraging of sustainable behaviour change when they represent a genuine consensus that has been reached by a community through extensive dialogue between sexes and generations around the theme of keeping girls intact. It is essential for community dialogue to be inclusive of all community members and to facilitate communication between women, men, girls and boys, and between older and younger generations.

#### INTERGENERATIONAL COMMUNITY DIALOGUE IN SENEGAL

In Senegal, the “Grandmother Project” uses a community approach based on intergenerational dialogue that promotes discussion and understanding between community members. This process of intergenerational dialogue provides community members with opportunities to explore deeply held convictions, beliefs, and attitudes and the time necessary to address these social norms at a pace set by the community. Intergenerational dialogue is essential due to the fact that in many communities, it is the grandmothers or mothers who make decisions relating to whether or not a young girl will be cut. Intergenerational dialogue provides an opportunity for the voices of young girls, who are most often opposed to FGM, to be heard by their mothers and grandmothers.

<sup>184</sup> For example, this was documented in country programme evaluations in Mauritania and Sudan. See UNFPA Synthesis Review: Recurrent Findings on Female Genital Mutilation from UNFPA Country Programme Evaluations (2008-2016), 2018.

<sup>185</sup> Within the Phase I evaluation, the lack of community consultation before a declaration was passed was identified as a problem. Tostan revised its programming during Phase II to encourage further community engagement before passing a resolution. Source: multiple Tostan staff in Senegal during the Senegal case study visit.

<sup>186</sup> Supported by a UNICEF Synthesis of Evaluation Findings, which found that more positive results were found when the communities were involved. Synthesis of Evaluation Findings to Inform the Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change, 2018, New York: UNICEF.

<sup>187</sup> UNFPA Synthesis Review: Recurrent Findings on Female Genital Mutilation from UNFPA Country Programme Evaluations (2008-2016), 2018.



Community members interviewed as part of this evaluation have expressed the belief that community dialogue processes have helped to increase communication and understanding between women and men, particularly by raising the awareness and sensitivity of men towards the experiences and priorities of women. Dialogue sessions were not limited to FGM, but included other related issues such as women's rights, children's rights, traditional harmful practices (including child marriage), and gender-based violence.

Men and women interviewed at the community level self-reported that the community dialogue sessions that were funded by the Joint Programme helped them to learn how to communicate more effectively with each other, and that this increased understanding resulted in a reduction of child marriages, gender-based violence, and an increase in educational enrolment among girls. For instance, in community focus group discussions in Senegal, men indicated that increased communication helped them to become better listeners and more patient when communicating with their wives. As one man respondent in Senegal stated "now it's easier to talk with my wife and I understand her better, so there is no need to strike her". A man from a different community in Senegal who was part of the Joint Programme-supported "school for husbands" explained that "now we understand why it's important for our daughters to be at least 18 years old before they get married. We now make sure that no girls in the community are married before that age." This suggests

that community dialogue sessions focused on increasing understanding between women and men but that also address related themes can be powerful tools to promote sustainable gender equality behaviour change.

Furthermore, when community members can witness for themselves the benefits of abandoning FGM, they more deeply accept the norm of abandonment. Community focus group discussions suggest that the adoption of new norms regarding the abandonment of FGM are more deeply internalized by community members when they have the opportunity to see for themselves the benefits of keeping girls intact. For instance, focus group discussions in Senegal revealed that those communities that were particularly enthusiastic about sustaining the abandonment of FGM could see an improvement in the health of young girls and a decrease in birth complications once they began keeping girls intact. Community members in Senegal also explained how community dialogue sessions and increased communication about FGM between women and men have in many cases led to more understanding between husbands and wives and more emotional and physical intimacy. As one woman in Senegal explained "I can see that more husbands and wives are spending the nights together. They look happier. We all feel happier." These statements around increased emotional and physical intimacy were also present in other case study countries such as Egypt. These improvements in quality of life are powerful drivers to sustain behaviour change.

**FINDING 44. The emerging focus on youth engagement and education reflects a sustainable vision focused on preparing social-norms change among generations to come.**

During Phase II, the Joint Programme increased its focus on engaging and empowering youth to become active advocates for the abandonment of FGM. The Joint Programme supported youth groups and peer-to-peer support networks, which help youth to be active advocates and champions for keeping girls intact. For instance, in Egypt the programme supported the National Population Council to launch the University Pioneer Initiative in 12 national universities in 15 governorates (a peer-to-peer participatory initiative involving more than 1,200 youth leaders) and to strengthen university students' media platforms. The initiative made wide use of digital media tools such as websites, Facebook, YouTube channels, and smartphone applications for the dissemination of "Facts for Life" messages promoting healthy lifestyles, including the abandonment of FGM.<sup>188</sup>

In Djibouti, the Joint Programme supported the establishment of a youth network of over 50 organizations that provided youth with an opportunity to discuss and advocate for the abandonment of FGM. In Senegal, through the UNFPA Youth

Caravan, youth have met with political leaders and have demanded more government support to eradicate the practice of FGM. During Phase II, the Joint Programme also tried to further engage youth through social media platforms. For example, young people produced a film series on FGM titled "Sandra's Cross" in Nigeria that reached 3,370,672 people through Facebook, Twitter and YouTube. Additionally, the social media campaign #*TouchePasAmaSoeur* (Do not touch my sister) in Senegal reached more than five million people.<sup>189</sup>

The Joint Programme also targeted youth by becoming more engaged in raising awareness about FGM within primary and secondary schools, and promoted linkages between schools and communities to empower youth to share the information they have learned and advocate for change within their communities.<sup>190</sup>

While these efforts are commendable, there remain opportunities to further solidify the Joint Programme engagement of youth around FGM. For example, the Joint

<sup>188</sup>. Performance Analysis for Phase II UNFPA-UNICEF Joint Programme on FGM, page 48.

<sup>189</sup>. Performance Analysis for Phase II UNFPA-UNICEF Joint Programme on FGM, page 5.

<sup>190</sup>. The Joint Programme has supported the training of teachers, the integration of FGM materials into classrooms, the development of extra-curricular activities and clubs that address FGM such as girls' clubs and out-of-school clubs, and the integration of child protection services (that include FGM) into schools.

Programme has made efforts to support the integration of FGM materials into formal national school curriculum, but this has not yet been widely achieved across programming countries.

For Phase III, the Joint Programme has included youth engagement within the results framework for the first

time, as a cross-cutting strategic intervention to enhance the Joint Programme effectiveness by “expanding youth engagement to harness the strengths and advantages of demographic growth and empower them to drive the end of FGM in their communities and countries”.<sup>191</sup>

## VISIBILITY, SUSTAINABLE FUNDING AND LONG-TERM EFFORTS (ASSUMPTION 5.3)

**FINDING 45. The Joint Programme has been a leading contributor to focusing attention on, and shaping the response to, FGM within intergovernmental and inter-agency spaces.**<sup>192</sup>

The Joint Programme, supported by its coordinating agencies, played a unique role in mobilizing European Union countries and leveraging funds, helping to connect the global advocacy movement on FGM with substantial and sustained funding sources and programming expertise, and championing the political influence and leadership of the African Group within the General Assembly. These contributions helped focus and intensify advocacy efforts to create and/or renew global commitments and affirm a focus on social norms within this work, provide relevant data to monitoring processes and raise the global profile and visibility of the issue and the Joint Programme through its communication and media work. This concurs with findings from the evaluation of Phase I.

The impact of these efforts is illustrated in the biennial General Assembly resolutions on FGM adopted by the Third Committee of the General Assembly (Social, Humanitarian and Cultural in 2012, 2014 and 2016). As discussed in Finding 1, the Joint Programme is recognized to have been a key advocate in the inclusion of FGM elimination in Sustainable Development Goal Target 5.3, which calls for the elimination of harmful practices “such as child, early and forced marriage and female genital mutilation” under Sustainable Development Goal 5, which seeks to achieve equality and empowerment for women and girls. United Nations staff involved in the development of these global reports noted particularly the contributions of Joint Programme colleagues, and credibility derived from the Joint Programme operations in numerous countries, its outreach through implementing partners to more grassroots perspectives and the added accountability of being “owned” by more than one agency. Another stakeholder stated:

*“The Joint Programme has an audience and access to spaces and places of influence and they are considered credible actors (in those spaces).”*

| NGO staff

The Joint Programme has also championed multiple initiatives to raise the global visibility outside these intergovernmental “spaces and places” – in part by bringing together partners, advocates and decision-makers within the Africa region and supporting their representation in European fora and by supporting the advocacy on the issue within the “operational” fora of the Commission on the Status of Women and the International Conference on Population and Development reviews.

The global arena in which the Joint Programme has not engaged as effectively is within the human-rights mechanisms and global-accountability processes. As the constituencies leading work on sexual and reproductive health and on the rights of girls and women have embraced those tools, the Joint Programme and anti-FGM community have been supportive but not pro-active. Key stakeholders report that the FGM leadership is not present in these global dialogues and the sexual and reproductive health and gender rights advocates do not necessarily prioritize FGM in their own initiatives. That said, FGM has been addressed multiple times in the global-rights review process, but the opportunities provided to follow through at national level have been missed.<sup>193</sup>

In keeping with its normative approach, the Joint Programme has been very effective in increasing the visibility of the issue through global campaigns, which leverage all possible tools, including: high level panels with Member States and the European Union on The International Day of Zero Tolerance for Female Genital Mutilation (6th February); support for the UNFPA “I Said No To FGM” campaign highlighting the ability of girls to refuse to undergo FGM; and leveraging the powerful social media tools of Twitter and Facebook, using the hashtags #GirlPower and #HumanRights under the slogan “I Am Powerful”. Campaign videos featured adolescent girls describing how they took a stand to end FGM in their communities. Building on the potential of social media to engage young people globally, the Joint Programme supported the “Cutting Season” campaign, engaging mass and social media and focused on girls in Europe and North America at risk of being cut while on family holiday

<sup>191</sup>. Performance Analysis for Phase II UNFPA-UNICEF Joint Programme on FGM, page 5.

<sup>192</sup>. This finding relates to assumption 3.4.

<sup>193</sup>. Interviews with global stakeholders and United Nations staff.

(given the trend in diaspora parents taking their daughters back to their home countries to perform FGM). The ongoing engagement of the Joint Programme with traditional media and

educational fora helps provide additional context and engage other decision-makers from parents to policymakers who may not respond to social media.

**FINDING 46. Phase II expanded and deepened regional work to improve programming, mobilize political support, and raise visibility; but there is further scope to engage with regional actors, and the absence of explicit regional strategies for sustained action on FGM is a gap.**

The strengthening of the regional offices (by UNICEF and UNFPA generally) and additional investment in staffing in gender and child protection has facilitated the deepening of the regional FGM work in Phase II. On the basis of recommendations from Phase I, during Phase II the Joint Programme continued to strengthen regional level work by prioritizing investments that helped mobilize political support and raise visibility. The political strategy was operationalized through dedicated work with Burkina Faso and the Africa Group on advancing global declarations with the General Assembly and through continued relationship-building with the African Union, which served to both reinforce the global level work and lay the foundation for a proposed Phase III “Africa-specific accountability mechanism” (that is to say, using the African Union as a policing mechanism for African Union members on adherence and progress). Discussions around African level accountability arose in Pan African Parliament Women’s network meetings with the potential for more one-on-one neighbouring country work.

There is less engagement with a broader range of sub-regional entities such as the East African Community, Southern African Development Community, and ECOWAS. Although these entities can be more difficult to engage, they may also provide greater common ground for shared action that adheres to the global standards. Work with these groups would also help to balance the global and regional engagement with the African Union - although the leadership of Burkina Faso within the African Union initiatives presents an opportunity for cross-regional dialogue, the partnership with Burkina Faso’s leadership is sometimes viewed as more aligned with the global agenda.

An area that requires further strengthening is the leveraging of technical and political resources to foster cross-border collaboration on ending FGM, drawing upon knowledge development and best practice sharing among countries. The strengthening of UNFPA regional staff in gender should have supported this, but it seems that inter-agency coordination and staff turnover and lack of clarity around roles and responsibilities prevented meaningful engagement. Significant efforts were made by ESARO to build technical capacity on gender and social-norm change with in-regional strategy and

by WCARO to embed work on FGM within broader adolescent girls’ work including other harmful practices. But these efforts were limited in duration and a lack of supporting structures meant that they were not put into practice.

One of the comparative strengths of the Joint Programme is its ability to engage actors and its convening power. This should be true at the regional level, and there are some positive examples, for example: ASRO convened a collaboration with the African Union, Arab League, and medical associations (including midwives association) on medicalization; ESARO brought together religious leaders in 2015, which resulted in what is now an interreligious network (including Somalia, Djibouti, Egypt, and Sudan) that meets once a year.

*“One of our key roles is to ‘gather people together and let them learn from each other’... Gathering different stakeholders together and sharing information is helping people to think”*

**Senior member of a regional office**

The support to civil society networks is an area that requires strengthening. The work with regional religious networks, which has been the most successful area of convening, has tended to be provincial and relate only to part of the sub-region. Although the Joint Programme explored the revitalization of the child impact assessment framework as a means to foster shared civil society work (of Africans, not broken up by differences among INGOs from different countries or religious traditions) it has not been possible, and no alternative has been sufficiently developed.

There is currently no comprehensive regional FGM medium-long term strategy that provides the identification and prioritization of issues, identification of knowledge/evidence gaps and advocacy plans (that are costed). These are steps that will become more critical with the efforts to align all country programmes to the global framework (thereby creating demand for similar technical assistance across the region), and with the Joint Programme engagement with the Spotlight Initiative<sup>194</sup> through conditional European Union funding, given the broader mix of countries and potential regional entities supported by that effort. There is further scope to convene on key regional issues (including cross-border and medicalization).

<sup>194</sup>. The Spotlight Initiative is multi-year partnership between the European Union and the United Nations focused upon eliminating all forms of violence against women and girls (VAWG). See <http://www.un.org/en/spotlight-initiative/index.shtml>.

**FINDING 47. Joint Programme work at country level has generated interest and additional funding from other donors, which has helped accelerate work on the abandonment of FGM.**

In numerous countries where the Joint Programme operates, the visibility that the Joint Programme has brought to FGM has led to increased interest and additional funding from other donors to support the eradication of the practice. For instance, the awareness raised by the Joint Programme in Djibouti led to the mobilization of resources from the European Union to abandon FGM.<sup>195</sup> Resources from the African Development Bank were also mobilized to eliminate gender-based violence in the country, which included FGM work.<sup>196</sup> In Guinea Bissau, the Joint Programme was successful at engaging international actors, including the Government of Portugal and the United Kingdom Embassy, in supporting its work. Stakeholders interviewed in Guinea Bissau expressed a belief that the high-profile nature of working as joint United Nations agencies helped to increase the profile of the Joint Programme and that of FGM, therefore creating a stronger interest in the issue from other donors.

The Joint Programme support for the expansion of nascent innovative work, such as the broad-based alliance of faith-based organizations in Ethiopia originally established with UNFPA funding of the Saleema campaign in Sudan, also helped to attract additional funding.<sup>197</sup>

In some cases, framing FGM within the context of larger issues of interest to donors has proven to be a useful approach to mobilize resources for FGM work. Recently, Joint Programme staff from Senegal approached European Union donors to mobilize resources for efforts to foster greater engagement from senior Senegalese political actors around FGM by framing the issue as a part of efforts to reduce gender-based violence, which is a priority for the European Union. The 2014 Girl Summit in London provided a global endorsement for national strategies that link work on FGM with work on child marriage and other harmful practices. The vision was informed by and now informs Ethiopia's national level alliance to end harmful practices, which is actively helping to broker collaborative efforts to explore the linkages between FGM and child marriage, FGM and fistula, and FGM and gender-based violence based on demographic health survey data.<sup>198</sup>

The approach to mobilize resources by embedding FGM into other related themes that are priorities to donors can be effective at opening up new funding opportunities as long

as FGM programming does not become diluted as a result. There may be opportunities to pair or embed FGM into other priority areas depending on the country context. For instance, FGM could be paired even further with child marriage in Ethiopia, since ending child marriage is also a national priority. In Egypt, there may be more opportunities to pair FGM efforts with family planning initiatives, since controlling population growth is a significant concern in Egypt. There may also be untapped opportunities to mobilize resources dedicated to gender equality and gender transformative work by drawing on some of the evidence seen at the community level of increased dialogue between women and men as a result of the Joint Programme efforts and dialogue-based approaches to raise awareness around FGM.

In a very significant recent "reframing" of the issue, the Joint Programme is actively engaging with groups addressing the practice of FGM among migrants and refugees in southern Europe. Partnering with a well-established European network and its Italian secretariat, the Joint Programme in-country partners benefit from the progressive influence of migrants who have abandoned FGM and maintain close working relationships with key allies able to advocate directly with key donors, while the network benefits from the expertise and good practice examples of the Joint Programme implementing partners and a resource to help address instances in which newly arrived migrants negatively influence long established migrant communities.

Most recently, the acknowledged expertise and breadth of experience of the Joint Programme on the African continent resulted in the European Union decision to provide additional funding to the Joint Programme work in selected countries in coordination with its support for the Spotlight Initiative working in a different, complementary set of countries. In this arrangement, the Joint Programme benefits from additional resources, the opportunity to share the experience of both the Joint Programme and its coordinating agencies and to be part of a broader, global discussion of an approach to FGM focused on root causes and gender inequality. Although the agreement was reached in the last quarter of the first year of Phase III, it built on at least two years of engagement with the partners in this effort to integrate a normative approach into a gender equality focused programme.

195. Analyse situation MGF 2018-2021.

196. Analyse situation MGF 2018-2021.

197. In the case of Sudan, DFID committed USD 3 million annually for each of three years to the Sudan Free of Female Genital Cutting programme funded by DFID. This bilateral programme aimed to invest about USD 3 million yearly until 2018 to support the efforts of UNFPA, UNICEF and WHO to eradicate FGM.

198. Interviews with Alliance staff.



**FINDING 48. Engagement by key national political actors, with the support of the Joint Programme, has helped to place FGM within a global discussion.**

During Phases I and II, the Joint Programme provided support to key national political actors to strengthen their advocacy for the abandonment of FGM. The level of engagement of political actors varies across countries, with some demonstrating very strong political leadership to end FGM, such as Burkina Faso, while other countries, such as Senegal, require significantly more high-level political support. As the first country on the African continent to ban FGM (in 1996), Burkina Faso and its highest political leaders have been at the forefront of the global and regional movement and a central actor in mobilizing the African and international communities to ban the practice. The degree of alignment between the Joint Programme in Burkina Faso and the global agenda of

the Joint Programme and the United Nations community is dramatized by the highly visible political leadership role played by Burkina Faso's First Lady, President and Minister of Women's Affairs, in numerous international and global meetings over the course of the past decade.

Ethiopia, one of the very first countries on the African continent to work on the issue and home to some of the initial statistical work to document prevalence, has not been as visible a leader on this issue, apart from hosting one of the key regional meetings. The significant political changes in Ethiopia presently offer promise for greater engagement and potential support for the regional entities that make their base in Addis Ababa.



Drawing by YPEER role model in Egypt, expressing the anguish of FGM, to support advocacy towards abandonment of the practice © Diana Magdy, 2018

# 4

## CONCLUSIONS AND RECOMMENDATIONS

### 4.1 CONCLUSIONS

This section presents ten conclusions and eight recommendations. The conclusions are derived from contribution analysis and draw on findings under several evaluation questions and assumptions. The conclusions highlight the most important elements for consideration emerging from the analysis and present a forward-looking discussion around their implications on the future of the Joint Programme as well as future FGM work within UNFPA and UNICEF.

#### **CONCLUSION 1: Added value and contributions of the Joint Programme (Phases I and II) towards FGM abandonment**

The Joint Programme has contributed to notable achievements towards FGM abandonment at the global level – including raising the profile of FGM within a global discussion and ensuring its presence within the international development agenda. The Joint Programme has also galvanized the support of established and emerging actors around the issue at national and sub-national levels. It has had important successes: strengthened national legal frameworks, improved coordination among national and sub-national FGM actors, increased awareness around FGM-related health risks, changes in discourse and increased dialogue related to FGM resulting in important taboo breaks, and even the final abandonment of the practice by meaningful proportions of communities within intervention areas.

*Based on EQ 1, EQ 2, EQ 3, EQ 4*

*Tags: strategic positioning, holistic approach, contribution to results, added value of working jointly*

The overall programme goal and related indicators for Phase II of a 40 per cent decrease in prevalence among girls, and at least one country declaring total abandonment was both unrealistic and impossible to measure (see Conclusion 2 regarding the aspirational yet unrealistic nature of the programme goal). The Joint Programme faces a significant challenge in measuring and reporting on abandonment rates due to the fact that FGM prevalence can only be self-reported. This challenge is compounded by an absence of effective data collection and measurement tools, with an

over-reliance on national demographic health survey data. Even within this challenging context, however, the evaluation has found that the Joint Programme has made important contributions towards FGM abandonment.

At the global level, the Joint Programme advocacy work successfully raised the profile of FGM, placed it within the international development agenda, raised funds for FGM abandonment programming, and brought together both established and emerging actors to work through a more coordinated effort to promote zero tolerance and complete FGM abandonment. This work is most clearly recognized through the integration of FGM into the Sustainable Development Goals, thus ensuring that FGM receives a prominent position within the global international development agenda for years to come.

At the national and sub-national levels, the Joint Programme has played a prominent role in advocating for change, supporting government capacity to drive FGM abandonment and developing appropriate legal frameworks, facilitating coordination between key FGM actors, and providing necessary financial resources to raise awareness around the negative health effects of FGM, increase social dialogue around FGM, and support behaviour change among practicing communities and individuals.

The holistic approach used by the Joint Programme – across different operational levels (global, regional, national, sub-national, and community) combined with an intentional multi-sector approach across programming areas (education, health, justice, etc.) – has permitted it to achieve greater results than it would have had if programming had been limited to the national level, or remained within the scope of only one United Nations agency. The joint nature of the Joint Programme allowed it to draw on a larger network of implementing partners (from across the networks of both organizations), which gave it a larger national presence and credibility as a natural convenor. Additionally, the Joint Programme engagement with practicing communities at the grassroots level has grounded its national and global efforts to make them more realistic and effective – quality programme design and oversight was a stronger predictor of outcomes than simple financial investment. In the context of complex social-norms change, the ability to engage with diverse actors across different operational levels and programming themes through mutually reinforcing

messages has increased the ability of the Joint Programme to effectively contribute to the abandonment of FGM.

### **CONCLUSION 2: FGM abandonment within a social-norms change context**

The Joint Programme sustained commitment to social-norms change around FGM abandonment is appropriate and highly valued by stakeholders, as social-norms change requires a long-term investment. However, the aspirational goals of the programme, while useful for FGM advocacy, set unrealistic expectations around what can be achieved within a relatively short timeframe. Current targets are largely designed to measure final changes in behaviour and do not adequately capture important progress towards full abandonment. This leads to gaps in capturing results and can risk undermining significant achievements made by the Joint Programme.

*Based on EQ 1, EQ 2, EQ 4, EQ 5*

*Tags: programme design, contribution to results, results framework and targets, funding, expectations*

As the Joint Programme is already aware, changing social norms is a lengthy process that requires sustained interventions and a long-term change strategy. Often, changes in social norms only become visible decades after initial investments have been made, and after significant efforts to address the (often counterproductive) reactionary responses by practicing individuals and communities to social-norms change advocacy. Therefore, it is essential for programming around social-norms change to reflect a long-term vision and be designed to capture short- and medium-term progress towards ultimate changes in behaviour. It is also essential for social-norms programming to have access to sufficient and predictable funding (without gaps between funding years that lead to the inefficient use of resources) and for the funding cycle to be long enough to implement initiatives that can lead to long-term change. Without these necessary factors in place, interventions risk not achieving their full potential.

Within this social-norms change context, and because of the magnitude of the FGM challenge, the Joint Programme commitment to working on FGM abandonment over multiple programming phases is appropriate and is highly appreciated by stakeholders. It has facilitated cumulative learning within a highly complex environment, which has led to progressively improved strategies. Although attempts were made in Phase II to have a two-year planning cycle, the Joint Programme continues to use a one-year budget cycle that inhibits its ability to plan long-term and invest in sustainable initiatives that build on results from year to year. This is exacerbated by the inability of the Joint Programme to roll over funds from one year to the next. Additionally, while the ambitious goals of the Joint Programme in Phases I and II

were useful for raising the profile of, and advocating for, FGM abandonment, they may have set unrealistic expectations among stakeholders (particularly donors) around what is possible to achieve within a relatively short timeframe.

The results frameworks of Phases I and II still overly concentrate on a few progress markers that are insufficient to capture multidimensional processes such as collective social-norms change, despite the development of theoretical frameworks for social-norms measurement. Consequently, important results are not sufficiently visible, and the few existing intermediate markers are often interpreted beyond their scope. For instance, the Joint Programme has relied heavily on public declarations as progress markers for social-norms change. However, the interpretation of these proxies is problematic when done in isolation and when not properly associated with proxies regarding the quality of the said processes. On the other hand, there is an abundance of additional progress markers that are not being used to capture contributions by the Joint Programme towards total abandonment. These include, markers around taboo breaks, including levels of openness and willingness among communities and individuals to discuss FGM, awareness among communities of the harmful effects of FGM, awareness among religious leaders and shifts in religious discourse around FGM, etc. The ACT framework will potentially make a significant contribution in this area.

### **CONCLUSION 3: Making strategic choices**

Due to the magnitude of the FGM issue and limited funding, the Joint Programme is required to make strategic and sometimes difficult decisions regarding where to place its resources and efforts. During Phases I and II, the Joint Programme made a concerted and overall successful effort to draw on its comparative strengths, particularly around its strategic role as a convenor of key FGM actors at the grassroots, national, regional, and global levels. This was appropriate given the magnitude and complexities of the problem and the need for collective action among FGM actors to address it. However, some elements of its current programming are less clearly aligned with the Joint Programme preventative change logic

*Based on EQ 1, EQ 2, EQ 3, EQ 4*

*Tags: strategic positioning, comparative strengths, partnership, connecting and convening*

The Joint Programme has successfully drawn on its comparative strength in engaging and convening actors across different sectors and levels from work at the grassroots level to global policy advocacy. However, there remains room for the strategic focus of the Joint Programme on its convening role to be strengthened. While some mapping has taken place at the country level, the Joint

Programme requires a formal mapping of key FGM actors at the global, regional and country levels to understand how its role and contributions towards FGM abandonment has changed over time and can effectively complement the current work of other actors. The evaluation found that there have been some missed opportunities around convening actors and participating in networks convened by other actors to share information. These actors largely include research institutions at the country and regional levels and civil society at the regional level, as well as implementing partners (which may include both government and civil society organizations) at the sub-national level.

The Joint Programme has made efforts through its funding tier system to select programming countries that are most likely to produce the greatest FGM abandonment results. To further support the Joint Programme in making strategic decisions around country selection, a mapping exercise could be useful in helping the Joint Programme assess whether or not it would be strategic to expand its country-based operational work outside of Africa. The Joint Programme made the deliberate decision to position itself as a “global” rather than an “Africa-only” programme, which helped it to achieve success at the global advocacy level. The strategic benefits and trade-offs of potentially expanding its operational programming outside of Africa are important considerations when defining the strategic focus of the Joint Programme looking ahead.

This exercise would also be useful for informing formal partnership strategies at the regional and country levels, which the Joint Programme currently does not have. An informed strategic approach around developing partnerships can provide guidance as to which key partnerships to invest in and which ones to disengage from, so as not to overstretch the Joint Programme. Due to differing country contexts, strategies are needed on a country basis that can provide partnership guidance that is flexible to changes over time and that can provide guidance to the Joint Programme as to when it should support an initiative and how to disengage once local capacity has been established (that is to say, how to disengage from its role as convenor once enough national capacity is present).

In a context of limited funding, the Joint Programme is required to place its resources strategically to maximize its contributions towards FGM abandonment. While the Joint Programme has supported valuable FGM awareness raising through pre- and post-natal health services, it is questionable whether the provision of medical services to FGM survivors is a strategic use of limited resources. Even though all areas related to FGM abandonment are important, this one may not be strongly aligned within the Joint Programme preventative change logic and may be more suited to other partners, including other United Nations agencies.

#### CONCLUSION 4: Gender transformation

The Joint Programme is placing a stronger emphasis in Phase III on explicitly situating its FGM work within a gender equality perspective. However, the boundaries and scope of this work have not yet been defined and lack clarity. The Joint Programme current experience in supporting the empowerment of women and girls is informing its overall FGM work and its comparative strengths on gender equality appear to lie in promoting equitable, effective and positive interpersonal communications between women and men at the community level. There is significant potential for the Joint Programme to better define its gender equality approach and to use this clarity to further secure international resources dedicated towards gender equality and gender transformation.

*Based on EQ 1, EQ 2, EQ 5*

*Tags: strategic positioning Phase III, gender equality, community dialogues, girls' and women's empowerment, interpersonal communications between women and men, comparative strengths, mobilizing resources*

During the design of Phase III, the Joint Programme more explicitly framed its FGM work within a gender equality narrative. While this shift is useful to clearly acknowledge the underlying patriarchy and gender inequality that drive and sustain FGM practices, where the work on FGM will be placed within the global gender equality framework is unclear. The aspects of gender equality that will be intentionally addressed by the Joint Programme is also unclear, as such work covers a wide range of complex causes and effects that require a large array of strategies and interventions including women's economic empowerment, women's access to health, women's education, and influencing concepts of masculinities, etc.

The results from this evaluation suggest that the Joint Programme will continue to benefit from supporting the empowerment of women and girls, and has a comparative strength promoting positive interpersonal communications between women and men at the community level. In most programming countries, the Joint Programme is directly supporting community dialogues across generations and between women and men overall and as couples as an entry point to discuss both the needs of women and men and household decisions on FGM. In select cases observed by the evaluation, these dialogues have helped improve the relationships between women and men by increasing communication, building awareness of each other's needs and realities and by encouraging the exchange of viewpoints. These processes can be used to support women's empowerment by providing women and girls with platforms to articulate their needs and priorities and working with men and boys to listen and account for what they hear.



Improvements in communication and understanding between women and men stemming from community dialogues have, in some cases, had a positive indirect effect on other gender equality elements, when combined with broader gender equality interventions with outcomes such as a reduction in gender-based violence, increased women's economic empowerment, a reduction in other harmful practices such as child marriage, etc. These indirect results are currently not being systematically captured by the Joint Programme. In addition, the dedicated focus on improved communications between women and men is not consistent across countries and there is room for sharing good practice and learning, and further scale-up.

### CONCLUSION 5: Challenges around changing practices

Shifts in FGM practice present unexpected and evolving challenges for the Joint Programme. While these challenges have for the most part been recognized and appear to be important issues, evidence is lacking to fully understand their characteristics, the magnitude of the problem and potential consequences. As a result, the Joint Programme has attempted to adapt its programming but, without concrete evidence, it struggles to develop formalized proactive strategies to address these changing dynamics.

*Based on EQ 1, EQ 2, EQ 3, EQ 5*

*Tags: knowledge and evidence, shifting practices, results indicators, public declarations, strategies*

Individuals practicing FGM have, in some cases, found alternative ways to continue practicing either to evade legal punishment prior to a social-norms change or to avoid social stigma once social norms have started shifting. These shifts in practices include performing FGM underground, reducing the age of when it is practiced, increases in medicalization, changes in forms of practice, cross-border evasion of the law, etc.

When shifts (even partial shifts) in paradigms and social norms are observed, a change of strategy needs to be considered to adapt to such changes and to support individuals in pursuing an end to the practice. For instance, while a public declaration might potentially indicate a shift in social norms, this shift requires new programming, new results indicators, and a new strategy that might rely comparatively less on awareness raising. While these shifting practices are well acknowledged, there is not enough evidence and research available to understand the extent of the problem or how these shifts influence FGM abandonment. Since social norms are not static and changing practices can have both a positive, negative, or mixed effect on the abandonment of FGM, the results already obtained by the Joint Programme can potentially be jeopardized if changing practices are not well understood and proactively addressed.

### CONCLUSION 6: Evidence gaps/capitalizing on existing knowledge

The Joint Programme has supported important research on FGM (Phases I and II). However, there are still numerous and important evidence gaps in the FGM field that hinder the Joint Programme ability to make informed strategic decisions. There is ample room for more effective partnerships with research institutions and the Joint Programme has not sufficiently harnessed existing evidence on drivers of change from its implementation experiences.

*Based on EQ 1, EQ 3*

*Tags: knowledge and evidence, knowledge management, strategic decisions, partnership*

It was initially intended that the Joint Programme would work in partnership with the Population Council and other large research bodies to better understand the causes of FGM practices and the drivers of change so as to inform programming. However, these partnerships and the roles within them have not been sufficiently institutionalized, made clear or capitalized upon. As a result, research has been commissioned primarily at the country level to investigate issues on an ad-hoc basis and without effective communication between the operational and research functions, leading to a largely missing link between research and programming. In addition, research findings have not been systematically collated and shared across countries to inform programming, although the Joint Programme is making efforts to improve this through its Data for All platform and through the establishment of a knowledge portal within Phase III.

The Joint Programme itself contains a wealth of information produced through its operational work. For instance, implementing partners hold significant knowledge around the causes of FGM, shifting FGM practices, and drivers of change. However, this information is not systematically captured, analysed or shared through a formal mechanism or process. Implementing partners share experiences through written progress reports but are not invited to participate in regular knowledge-sharing sessions or working groups where their expertise could be shared with others. Additionally, information presented through written reports is not gathered at a central hub and shared systematically across programming countries. In particular, lessons learned are not effectively captured and shared.

The lack of strategic partnerships with important research organizations and weak mechanisms to gather and share information from the Joint Programme operational experiences contribute towards a lack of evidence on which to base the Joint Programme strategic planning and programming. There remain significant evidence gaps about

FGM and drivers of change within heterogeneous contexts. Equally important, there remain significant gaps in accurately tracking impact level results around FGM abandonment, as national systems overly rely on demographic health survey data, and final numbers are built around self-reporting.

### **CONCLUSION 7: Communications and messaging**

The Joint Programme has made an overall concerted effort to use a diverse set of communication channels to raise awareness around the harmful effects of FGM. However, messaging has taken place outside of a formal communications strategy that is not always evidence-based, that requires amplification and scale-up and that has not harnessed the potential of a Communication for Development approach. When targeting behaviour change, a Communication for Development approach has the potential to provide more relevant messages that are palatable and actionable to target audiences. Framing future advocacy messaging within a gender transformative narrative may provide renewed energy to FGM advocacy messaging.

*Based on EQ 1, EQ 2, EQ 5*

*Tags: communications, messaging, behaviour change, Communication for Development, strategies, scale-up, advocacy, resource mobilization*

While the Joint Programme has used a variety of communications channels to advance both types of messaging (for example, radio, television, print, social media, in-person meetings and conferences, etc.), the messages have been delivered outside of a formal communications strategy, which has reduced the ability of the Joint Programme to intentionally and thoughtfully target the intended audiences and ensure that activities and outputs are effectively channelled into meaningful outcomes. There is currently a need to amplify messages and achieve greater messaging scale. A formal communications strategy may be useful to identify entry strategies to do this.

Behaviour-change messaging has been largely focused on sharing information and raising awareness, but lacks actionable elements to support behaviour change. This messaging has also not consistently been adapted to the different realities of the target audience, leading to sometimes counterproductive messaging when the target audience cannot identify with the messages. Although some efforts have been made to strengthen the Joint Programme, behaviour-change messaging largely lies outside of a Communication for Development framework and has therefore not yet harnessed the potential of Communication for Development.

The Joint Programme advocacy messaging has been particularly successful at the global level, leading to an augmentation of the FGM profile and increased interest among donors and global actors. To avoid potential messaging fatigue, there may be an opportunity for the Joint Programme to use its explicit focus on gender equality and gender transformation to continue generating interest around FGM as an entry point to gender transformation.

### **CONCLUSION 8: Synergies across the global, regional, and country levels**

The Joint Programme reach from the global headquarters level to the sub-national community level is a key strength. This holistic approach across levels provides the Joint Programme with additional credibility, linking grassroots interventions to global advocacy. In order to optimize potential linkages and synergies across levels, efficient coordination across all levels is crucial. In response to the Joint Programme Phase I evaluation, the regional level has been strengthened through expanded staffing and increased responsibilities. However, there remains scope for the regional level to be further strengthened in order to better facilitate synergies across levels.

*Based on EQ 3, EQ 4*

*Tags: Holistic programming, synergies across levels, roles and responsibilities, strengthening the regional level*

In response to recommendations from the Joint Programme Phase I evaluation, the regional level of the Joint Programme has been strengthened through the provision of full-time staff. Even so, there remains considerable room to further strengthen the role of the Joint Programme at the regional level around supporting horizontal cooperation across countries within and between regions and by serving as a vertical intermediary between the country and headquarters levels. At times, ineffective information flow between the global and national levels is exacerbated by the lack of permanent regional representation at Joint Programme Steering Committee meetings. Regional staff are well placed to convene civil society (including INGOs) at the regional level, commission research that can benefit several countries within a region, share information and lessons learned across regions, develop regional strategies, and provide technical support to actors at the country level. The roles and responsibilities of the Joint Programme staff at the regional level have not yet been formally determined, resulting in some confusion around lines of communication and areas of work. This will be important to do in the near future in order to empower regional staff to take more active horizontal and vertical roles.

**CONCLUSION 9: Coordination and “jointness”**

The Joint Programme structure is fit for purpose and has brought important benefits to the FGM abandonment work of both UNFPA and UNICEF. Even so, there is room to further strengthen coordination and “jointness”. In the context of United Nations Reform, the working dynamics of the Joint Programme will likely be placed under greater scrutiny as more attention within the United Nations is placed on joint programming. Investments now to strengthen the “joint” elements of the Joint Programme could potentially produce significant benefits for the Joint Programme, as well as contribute to important learning and improvements within the larger United Nations system.

*Based on EQ 3, EQ 4*

*Tags: fit for purpose, coordination, programme structure, “jointness”, steering committee, United Nations Reform*

Working on FGM abandonment through a Joint Programme as opposed to through two separate entities has brought important added value. The intentional cooperation, uniformed stance, and shared message between both agencies has increased the Joint Programme credibility to accomplish important results and has raised the visibility and profile of FGM as an important issue. The partnership has also provided opportunities for the comparative strengths of each organization to complement those of the other, with UNFPA strengths around policy and advocacy nicely complementing UNICEF strengths around social-norms change and community level engagement. It is apparent that the decision to join forces has been beneficial. However, the decision to limit the Joint Programme to two entities, as opposed to more, was also wise as the functional working dynamics and coordination between entities is inherently challenging. Bringing in additional partners would likely be overly challenging for efficient coordination of a programme of this size (unless the programme budget and overall investment were expanded).

At the global level, the Joint Programme Steering Committee has provided a strong governance mechanism, and the broader programming and organizational linkages benefits the Joint Programme. However, despite the harmonized reporting of the Joint Programme, Steering Committee members’ additional requests for information require management by the Joint Programme and have been at irregular intervals outside of a formal communications protocol.

During Phase II, the Joint Programme made some significant improvements to its joint planning, implementation, and reporting at the country and regional levels. However, this progress remains uneven between countries. In those countries where coordination and “jointness” is strongest: planning is done collaboratively with inputs from both

agencies as well as their implementing partners; the strategic approach in country is designed to maximize the comparative strengths and synergies between organizations; and the Joint Programme is presented as a united entity with a strong unified message.

In countries where coordination and “jointness” is weaker, the reasons for this are often cited as: competition between organizations for funds and visibility; a lack of formal working mechanisms to ensure that time is allocated to coordination; and interpersonal tensions among staff. The Joint Programme has not yet formally identified the roles and responsibilities of each organization at the country, regional, and global levels. Clearer definitions and expectations would likely help those countries that require coordination strengthening. Those countries that are working effectively together could potentially provide a guide to the Joint Programme headquarters on how to define the roles and responsibilities between each organization to maximize cooperation and joint synergies.

Working together in partnership through the experience of this Joint Programme has provided UNFPA and UNICEF with a considerable amount of information and lessons learned that could help both organizations as well as the larger United Nations system improve joint programming as well as larger United Nations cooperation and harmonization as part of the United Nations Reform. The Joint Programme could potentially add significant value to the larger United Nations Reform process by making concerted efforts to improve its coordination and “jointness” and by sharing information about what works with the larger United Nations system.

**CONCLUSION 10: Moving forward: sustaining the positive momentum for accelerating change towards FGM abandonment**

The Joint Programme design includes some elements that encourage sustainability, such as systems strengthening, supporting national ownership, working with religious and traditional leaders and working with youth. These are promising practices to encourage the sustainability of results. However, the Joint Programme currently does not have a formal multi-sectoral and cross-agency approach to support governments with the operationalization of FGM programming. The Joint Programme also does not have a plan for what will take place upon completion of Phase III, which places the sustainability of results in jeopardy. Time and planning are needed to develop a sufficient plan for post Phase III.

*Based on EQ 5*

*Tags: sustainability, systems strengthening, accelerating change, operationalization, multi-sectoral and cross-agency approach, planning*

The Joint Programme has taken an intentional systems-strengthening approach to support national governments and civil society in its response to FGM. This approach was further strengthened during Phase II. This is a wise decision, since systems strengthening promotes greater stakeholder ownership and puts the pieces in place so that national stakeholders can eventually continue with FGM programming without the Joint Programme. Those areas where the Joint Programme has made the most progress in terms of systems strengthening are around: supporting national governments in the design of legal frameworks to prohibit FGM and capacity development among judiciary personnel; supporting national governments in their efforts to coordinate FGM actors; and building the technical capacity of civil society and religious leaders. Areas where the Joint Programme has started providing support but that generally require increased efforts include: supporting national governments (particularly health ministries) in collecting standardized data on FGM; supporting health ministries and health personnel in raising FGM awareness among patients; effectively implementing laws prohibiting FGM; continuing engagement with religious and traditional leaders; and integrating FGM educational materials into national school curriculums and activities.

While its systems-strengthening approach is very promising, the Joint Programme does not yet have a formal multi-sectoral and cross-agency approach to support governments with the operationalization of FGM programming. Additionally, while most countries where the Joint Programme operates have declared their intention to support the abandonment of FGM, national governments have not accompanied these declarations with sufficient funding to effectively lead FGM abandonment efforts and to continue results forward. In order for the Joint Programme systems-strengthening efforts to become fruitful and to lead to sustainable change, national governments will need to allocate more significant financial investments towards FGM abandonment.

Looking ahead, while the Joint Programme has successfully continued into a third phase, it currently does not have a plan for what will take place upon completion of Phase III. This may place the sustainability of results in jeopardy.

## 4.2 RECOMMENDATIONS

Based on the conclusions, the following recommendations have been developed in a consultative process, as a result of a participatory workshop held with the Joint Programme, and follow-up rounds of validation. They are framed within the context of Phase III but also contain insights that reach beyond. Recommendations are organized into four clusters: a) taking the Joint Programme approach further, b) strategic positioning within a wider transformative agenda, c) fit-for-purpose to accelerate FGM abandonment, and d) long-term approaches to sustain efforts and results. In addition, the evaluation offers optional operational suggestions for each recommendation.

### Taking the Joint Programme approach further

**RECOMMENDATION 1: Continued engagement by UNFPA and UNICEF is essential to further sustain the existing positive momentum for change at global, regional and country levels towards FGM abandonment within a long-term vision, given that actual behaviour change may take one or two generations.**

**Urgency:** High (immediate attention)

**Impact:** High

**Difficulty:** Moderate

**Directed to:** UNFPA and UNICEF

**Based on Conclusions 1, 2, 10**

Over the past decade, the Joint Programme has made significant contributions towards FGM abandonment. The Programme has gained significant credibility to operate both at the grassroots and the global advocacy levels, and has developed a functional structure across levels (global, regional, national, and grassroots) that promotes synergetic and holistic programming. Investments made in the Joint Programme to date have positioned it to be a global leader in further promoting FGM abandonment. However, as social-norms change is a long-term process, further support will be needed beyond Phase III, to sustain the existing positive momentum and achieve impact-level results.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Maintain the thematic focus on FGM to ensure that the complex, multi-country initiative is able to maintain sufficient levels of financial resources and technical support
- Ensure that expectations from the Joint Programme are realistic and are understood by donors within a long-term social-norms change context (further discussed in Recommendation 6)
- Partner with relevant actors including donors as to how to proceed further investing on the FGM abandonment beyond Phase III (further discussed in Recommendations 5 and 6)
- Continue to explore ways to roll over annual funding to support seamless year-to-year transitions and to facilitate longer-term planning (further discussed in Recommendation 5)
- Continue to support systems strengthening as a sustainable approach to promote national ownership around FGM abandonment (further discussed in Recommendation 7).



## Strategic positioning within a wider transformative agenda

**RECOMMENDATION 2: The Joint Programme should enhance learning to contribute towards reducing evidence gaps in key areas pertaining to FGM. Given the scope and complexity of the work, the Joint Programme is encouraged to explore innovative research solutions through the establishment and/or institutionalization of existing strategic partnerships. As a recognized global leader with strong grassroots support, the Joint Programme is well placed to take a leadership role in advancing this agenda.**

**Urgency:** Medium (before end of Phase III)

**Impact:** High

**Difficulty:** High

**Directed to:** Joint Programme at all levels

**Based on Conclusions 5, 6**

While the Joint Programme has commissioned some important studies on FGM that have helped it to better understand the causes of FGM, there is currently insufficient data and evidence available to inform programming around key FGM areas. Gaps are particularly visible concerning: drivers of change; shifts in FGM practices; challenges around medicalization; the effects of population movements (displaced persons, refugees, cross-border movements); and the interaction between social and legal norms. As a recognized global leader with strong grassroots support, the Joint Programme is well placed to take a leadership role by researching these trends, testing responses, and sharing information with the global community. Within the Joint Programme, the staff at the regional level are likely best suited to lead the commissioning of research and the drafting of strategic plans to address shifting practices, since they can make cross-country comparisons and are well placed to address the intercountry and cross-border realities surrounding shifting practices.

### To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Lead a mapping exercise at the global and regional levels of the Joint Programme current research inventory to identify what information it currently has access to across the global, regional and country levels
- Establish formal partnerships, across all levels, with research organizations focusing on action research (where research is done in tandem with operational learning and is geared towards informing programming) in support of the Joint Programme advocacy and operational work. In particular, the existing collaboration with the Population Council should be better framed institutionally and capitalized on operationally
- Continue to further commission three types of research at the regional and country levels including: 1) primary exploratory research around the causes of FGM and the drivers of change; 2) intervention-based research to explore different programming strategies; and 3) operations research to monitor the effectiveness of chosen strategies and to track changes in practice or behaviour resulting from interventions. Particular thematic issues that require action research include:
  - How shifts in practice (including the age of the girls receiving FGM, the underground nature of the practice, changes in the form of FGM practiced, etc.) affect the goal of FGM abandonment and how to address shifts in practice
  - The effects of the medicalization of FGM on full abandonment
  - The interaction between legal norms and social norms in a context of dissonance between both
  - How population movements affect social norms (including displaced persons, refugees and cross-border movements), among others
- Explore creative solutions, across all levels, such as further involvement of sub-national research or academic institutions. The engagement of these actors could help to widen the scope of research in areas that are less demanding from a technical point of view but that require extensive research efforts in quantitative terms. This strategy could allow the coverage of aspects that are too expensive or inefficient to target with better-established research institutions
- Develop formalized mechanisms to capture knowledge and lessons learned around drivers of change from its community-based implementing partners. For this purpose, the Joint Programme would need to develop clearer protocols to guide implementing partners on what results-oriented information it requires
- Build on existing platforms, such as “Data for All”, and develop formal knowledge-sharing mechanisms to collate information gathered at the country level and share important information (including research and lessons learned) among countries and across regions. Investigate and use lessons about collective positive deviance within programming countries, while avoiding the natural tendency to exclusively focus learning on intervention areas
- Continue supporting the capacity development of national governments to gather data and evidence around FGM. This could include the strengthening of the national demographic health survey to gather relevant information on FGM.
- Continue to be aware of, and highlight the limitations around, FGM prevalence-rate data, as impact-level results are inherently self-reported and constitute a major barrier to measuring progress in abandonment.



**RECOMMENDATION 3: The Joint Programme should further refine its strategic focus, drawing on its comparative strengths. The development of specific programming strategies will be needed to maximize the Joint Programme contributions towards FGM abandonment.**

**Urgency:** High (by the end of year 2, Phase III)

**Impact:** High

**Difficulty:** Moderate

**Directed to:** Joint Programme at headquarters (with support from the regional and country levels)

**Based on Conclusion 3**

Within a context of limited funding, it is imperative that the Joint Programme further define and work within its strategic niche, drawing on formal programming strategies. As the Joint Programme moves forward and resources remain limited, it will have to make difficult decisions and, in some cases, rebalance its portfolio towards more work on prevention in order to maximize its strategic contributions towards FGM abandonment. The Joint Programme currently lacks a number of formal strategies including: partnership strategies; programming strategies to address shifting practices and to support social-norms change once partial changes have started to occur (i.e. after public declarations have been passed); and a formal advocacy strategy, among others.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Conduct a strategic review to identify any areas where the Joint Programme is currently operating that are not directly aligned with its strategic focus
- Conduct a mapping exercise to identify what actors are currently working on FGM across Africa and within other regions where FGM is practiced. Since one of the major comparative strengths of the Joint Programme is its role as a strategic convener and global advocate, this would be a useful exercise to assess where the Joint Programme could further strategically convene actors, how it could engage in efforts convened by other actors, and understand when its role as a convener is no longer required
- Use the mapping exercise at the regional and country levels to inform the development of formal regional and country level partnership strategies and advocacy plans
- Use the mapping exercise at the headquarters level as an opportunity to examine and further refine the Joint Programme strategic niche. Some key questions to examine could include:

- Is there strategic value in expanding the operational work of the Joint Programme beyond the African continent to reflect a more global operational approach?
- Is the Joint Programme work on providing medical care services within its strategic niche, or would these services be better provided through a partner organization?
- Under what conditions could the Joint Programme consider withdrawing from certain activities (when is there enough local or national capacity to withdraw)?

**RECOMMENDATION 4: The Joint Programme should clearly define its strategic placement within the broader universe of gender equality stakeholders and define its particular gender-responsive approach, drawing on its comparative advantages. This would entail establishing clearly marked boundaries and strategic entry points.**

**Urgency:** High (by the end of year 2, Phase III).

**Impact:** High

**Difficulty:** Moderate

**Directed to:** Joint Programme at headquarters, regional, and country levels

**Based on Conclusion 4**

As the Joint Programme more explicitly situates its Phase III work within a gender equality perspective, it will be imperative to clearly demarcate what gender equality work will be within the scope of the Joint Programme and what will be outside it. Such demarcation will keep its programming strategic, while avoiding dilution of the core objective of FGM abandonment. It will also need to establish in a more explicit manner the interconnected causes and effects between FGM and gender equality and define the Joint Programme strategic placement within this work.

The Joint Programme has a comparative strength in promoting gender equality and addressing FGM by supporting the empowerment of girls and women to stand up for themselves and by improving communications and understanding between women and men at the community level. This can also contribute to improved relationships. There are opportunities for the Joint Programme to scale up its use of community dialogues across programming countries as a strategy to support women in articulating their needs and perspectives and to encourage understanding and improved personal relationships between women and men. While there appears to be a correlation between community dialogues and increased gender equality and reductions in FGM, the Joint Programme currently does not systematically collect data and evidence to demonstrate the effectiveness

of this approach. By strategically placing FGM within a gender equality framework, by clearly articulating the Joint Programme strategic entry points to address gender equality, and by providing evidence around how its programming supports gender equality, the Joint Programme will be better placed to mobilize additional financial resources from the international community.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Define what gender equality elements will lay outside of the Joint Programme work (this should include everything that is not directly related to the Joint Programme strategic gender equality focus). Establishing clear boundaries on the wider gender focus is as important as the broadening of the approach - to avoid dilution of the core programme objective of FGM abandonment
- Gather evidence at the community level around how women's and girls' empowerment, community dialogues, and a dedicated focus on how improving male-female communications improve the relationships between women and men
- Analytically establish how these improvements affect gender equality issues, including FGM, other harmful practices (for example, child marriage, gender-based violence etc.), women's economic empowerment and women's political participation
- Use the evidence gathered at the country and regional levels to strategically position the Joint Programme and FGM within a gender equality narrative at the global level to mobilize additional financial resources demarcated for gender equality
- Place a strategic focus, at all levels, on 1) supporting the empowerment of women and girls to stand up for themselves and to learn how to articulate their needs and priorities within their personal relationships; and 2) further supporting and scaling-up community level dialogues between women and men that discuss issues pertaining to gender equality, including FGM, building on work of key Joint Programme partners in this regard
- Frame Joint Programme advocacy messaging within a gender transformative narrative to ensure continued energy from donors and the international community around FGM funding.

**RECOMMENDATION 5: The Joint Programme should develop a formal communications strategy that intentionally places behaviour-change messaging targeted at practicing individuals and communities within a Communication for Development framework. Advocacy messaging should be more explicitly framed within a gender equality narrative.**

**Urgency:** Medium (before the end of Phase III)

**Impact:** High

**Difficulty:** Moderate

**Directed to:** Joint Programme headquarters (in consultation with the regional and country levels)

**Based on Conclusions 4, 7**

The effectiveness of the Joint Programme behaviour-change messaging targeted at practicing individuals and communities is an important contributing factor towards overall FGM abandonment. So far, messaging has been done outside of a formal communications strategy and has not effectively channelled activities and outputs into effective outcome level results. FGM messaging overall has lacked focus, is not always evidence-based, requires amplification and scale-up, and its behaviour-change messaging has not yet harnessed the potential of Communication for Development.

The current international donor climate is one that is interested in supporting gender equality and gender transformation. However, it is also a climate that often experiences thematic fatigue (where donors can lose interest in funding a thematic issue over a long period of time). As the Joint Programme enters its third phase, it will be essential for it to explicitly identify and communicate to the international community how support for FGM contributes to improved gender equality and to clearly articulate the entry points it plans to use to contribute towards gender transformation. Placing FGM more explicitly and intentionally within a gender equality thematic framework will likely provide the Joint Programme with increased resource-mobilization opportunities.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Develop a comprehensive overarching communications strategy with a results framework that links activities and outputs to outcome-level results. The strategy should also include a monitoring and evaluation plan to measure how messaging affects behaviour change among target audiences. The establishment of a control group will likely be necessary
- Develop country-specific communications strategies with results that feed into the overarching communications strategy
- Harness the Communication for Development capacities within UNICEF to ensure that behaviour-change messaging within its communications strategy is grounded within a Communication for Development framework, following the standard five-step Communication for Development messaging approach
- Draw on Communication for Development materials produced by other international organizations

- Engage youth (while exploring the different perspectives of girls and boys) in designing and promoting both behaviour change and advocacy messaging
- Exploit the potential of social media
- Frame advocacy messaging within a more explicit gender equality narrative
- Explicitly articulate the entry points used by the Joint Programme to advance gender equality within advocacy messaging.

**Fit-for-purpose to accelerate FGM abandonment**

**RECOMMENDATION 6: To further strengthen horizontal synergies between the two partner organizations and virtual synergies across different levels (global, regional, and national), the Joint Programme should develop an internal policy to articulate where synergies are expected between both organizations and to clearly define roles and responsibilities and information flows between the different levels of the Joint Programme.**

**Urgency:** Medium (before the end of Phase III)

**Impact:** Medium

**Difficulty:** Moderate

**Directed to:** Joint Programme headquarters (with the support of the regional and country levels)

**Based on Conclusions 8, 9**

The evaluation has found that both the joint nature (bringing together UNFPA and UNICEF,) and the programme reach (from the global headquarters level to the sub-national community level) are key strengths of the Joint Programme. However, the expected synergies between organizations, as well as the roles and responsibilities of both organizations and across organizational levels, have not yet been clearly defined. This lack of clarity has contributed towards some organizational inefficiencies, including those caused by inefficient communications procedures cross the different levels of the Joint Programme. In the context of United Nations Reform, where more attention will be placed on joint programming, efforts to strengthen coordination and “jointness” will be not only be worthwhile to the Joint Programme but will also inform learning within the United Nations system.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Develop an internal policy that clearly defines the roles and responsibilities and information flows between the different levels (global, regional, and national) and

between the two partner organizations of the Joint Programme. This policy should be informed by a mapping of other actors working on FGM and the regional standard operational procedures

- Develop an agreed collective communications procedure for how requests for information from Joint Programme Steering Committee members will be coordinated and responded to by the Joint Programme to regulate the flow of information and mitigate the associated workload
- Expand the role of the Joint Programme at the regional level to 1) commission research on current evidence gaps (as outlined in Recommendation one); 2) collate and facilitate knowledge exchange between the Joint Programme at the country level and across regions; 3) further convene actors (especially civil society) at the regional level; 4) support headquarters with the development of strategic plans to address current complex challenges facing the Joint Programme (as discussed in Recommendation 1); and 5) serve as an intermediary between the Joint Programme at the global and country levels by:
  - Providing increased technical support to country level staff
  - Participating, as permanent members, in Joint Programme Steering Committee meetings to facilitate information flows between the global and country levels
- Conduct a strategic planning session with participation across all levels (global, regional and country) to exchange information, lessons learned, and perspectives around best practices regarding synergies between both agencies
- Formally document and articulate how the Joint Programme is drawing on the comparative strengths of each organization to best harness potential inter-organizational synergies
- Capture and document lessons about working together (at the global, regional, and national levels) and share them within the United Nations system to further inform the United Nations Reform process.

**Long-term approaches to sustain efforts and results**

**RECOMMENDATION 7: The Joint Programme should place, in the current cycle, a stronger focus on using results targets and indicators that capture important intermediate progress towards full FGM abandonment.**

**Urgency:** High (immediate attention)

**Impact:** High

**Difficulty:** Moderate

**Directed to:** Joint Programme headquarters (in consultation with the regional and country levels)

**Based on Conclusions 1, 2**

The context of social-norms change is characterized by challenging and gradual achievements, a scenario that contrasts with expectations around FGM abandonment and the limitations of short-term funding cycles. These high expectations are both the cause and result of an advocacy-oriented programme with overly ambitious results targets that focus primarily on ultimate goals, as opposed to significant intermediate achievements commensurate to the interventions. Expectations beyond the reasonable scope of the Joint Programme risk the incomplete capturing of important results along the path towards full FGM abandonment. If funding cycles and results markers are not adapted to adequately reflect the long-term nature of social-norms programming, the Joint Programme may miss out on important opportunities to contribute towards long-term behaviour change and advancements towards total FGM abandonment. Effectively capturing important achievements within a long-term social-norms change process can be highly instrumental in raising momentum around FGM abandonment.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Revise the Phase III results framework to include more results targets and indicators that can effectively measure intermediate progress towards abandonment, drawing on insights from the development and testing of the ACT Framework
- Continue to inform donors about the long-term complexities of social-norms change and the need to use results targets and indicators that capture progress towards full abandonment
- Continue to advocate for the need for longer-term financial commitments and funding stability from donors to support social-norms change
- Work within UNFPA, UNICEF and also with donors to continue exploring ways to achieve multi-year financial planning and to roll over funds from year to year.

**RECOMMENDATION 8: The Joint Programme should continue to use a systems-strengthening approach to encourage long-term change and national ownership, focusing on effective law enforcement, service provision, educational awareness and data collection. In the current cycle, this should include the development of a multi-sectoral action plan to support governments with operationalization (and the implementation of legal frameworks) and should include a plan for how to best promote sustainability beyond Phase III.**

**Urgency:** Medium (before the end of Phase III)

**Impact:** High

**Difficulty:** Moderate

**Directed to:** Joint Programme headquarters, regional offices and country offices

**Based on Conclusions 1, 10**

The Joint Programme intentional systems-strengthening approach to support national governments and civil society in their response to FGM promotes long-term change and sustainable results and should be further invested in moving forward. However, the Joint Programme does not have a formal multi-sectoral approach to support governments with operationalization. This is particularly apparent for the implementation of anti-FGM legislation. Additionally, the Joint Programme currently does not have a plan for what will take place upon completion of Phase III, which places the sustainability of results at risk. After such significant investment in FGM programming, the Joint Programme has a responsibility to ensure that results achieved will be carried forward at the end of Phase III and that systems and processes are in place to promote sustainability. This planning requires time and resources and should begin right away.

**To achieve this, the following operational suggestions are made to UNFPA and UNICEF:**

- Develop a sustainability plan that clearly articulates its systems-strengthening approach and that identifies the activities in Phase III that will promote the sustainability of benefits upon completion of that phase
- Focus the Joint Programme systems-strengthening approach on supporting:
  - Capacity development of health ministries to collect FGM data and promote awareness of FGM health risks among patients
  - The mainstreaming of anti-FGM materials into primary and secondary school curriculums and activities
  - The development of operational tools to effectively implement laws prohibiting FGM
- Advocate national governments to increase budget lines towards activities that promote FGM abandonment so that national governments can take a more active leadership role around FGM abandonment efforts
- Continue to advocate among religious and traditional leaders to promote FGM abandonment
- Develop a roadmap to clearly outline how a multi-sectoral cross-agency approach should be operationalized within a strong human-rights context.



Ensuring rights and choices for all

**United Nations Population Fund  
Evaluation Office**

605 Third Avenue  
New York, NY 10158 USA

✉ [evaluation.office@unfpa.org](mailto:evaluation.office@unfpa.org)

🌐 [www.unfpa.org/evaluation](http://www.unfpa.org/evaluation)

🐦 [@unfpa\\_eval](https://twitter.com/unfpa_eval)

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