

JOINT EVALUATION  
UNFPA-UNICEF JOINT  
PROGRAMME ON FEMALE  
GENITAL  
MUTILATION/CUTTING:  
ACCELERATING CHANGE  
2008 - 2012

**FINAL REPORT**

Volume II

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## Annex 1. Terms of Reference



### **Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change**

#### **TERMS OF REFERENCE**

May 2012

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## 1. Introduction

Female genital mutilation/cutting (FGM/C) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. It is estimated that approximately 100 to 140 million girls and women have undergone some form of FGM/C, and at least 3 million girls are at risk of undergoing the practice every year. The age at which FGM/C is performed varies. In some areas it is carried out during infancy, in others during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most typical age is 7 - 10 years or just before puberty, although reports suggest that the age is dropping in some areas.<sup>1</sup> FGM/C has both immediate and long-term consequences to the health and well-being of girls and women, negatively impacts maternal and neonatal outcomes, and also increases the risk of HIV/AIDS transmission. The practice is prevalent in 28 countries in Africa and in some countries in Asia and the Middle East. Girls' and women's health, their empowerment, and the realization of their rights are negatively affected by FGM/C as well as the achievement of the Millennium Development Goals related to reducing child mortality, improving maternal health and combating HIV/AIDS.<sup>2</sup>

In 2007, UNFPA and UNICEF launched a joint programme entitled "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" with the objective of contributing to a forty per cent reduction of the practice among girls aged 0-15 years, with at least one country declared free of FGM/C by 2012. As part of an innovative strategic approach, two UN agencies work in synergy with the leadership of national governments, supporting community-based and national activities that have been identified as leading to positive social change. The main orientation of the programme is to support and accelerate the efforts already being undertaken at country and regional level through on-going programmes and not to be a stand-alone initiative.<sup>3</sup>

In 2012, on its fifth year of implementation, an evaluation of the UNFPA-UNICEF joint programme on FGM/C will be undertaken in line with the increasing need and demand from donors to strengthen UN cohesion through jointly delivering results. Furthermore, the evaluation will complement the Report of the Secretary-General on ending female genital mutilation<sup>4</sup> (2012) and provide further evidence of progress towards ending this practice.

This evaluation will be undertaken jointly by the Evaluation Branch/DOS of UNFPA and the Evaluation Office of UNICEF to ensure that an independent and credible exercise is conducted that will inform global and national efforts to promote the abandonment of the practice.

## 2. Background

The UNFPA-UNICEF joint programme was established as the main UN instrument to promote acceleration in the abandonment of FGM/C. The joint programme aims to build on the successes of past experiences undertaken at country level, to generate additional understanding on the approach for the abandonment of the practice, and to provide additional coordination and support to country offices. Evaluations of past efforts supported by the UN<sup>5</sup> have provided the basis for a holistic, human rights-based model that applies an understanding of FGM/C as a social norm, while simultaneously providing support to interventions with multiple stakeholders on multiple levels (local, national, and global).

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<sup>1</sup> UNFPA and the Report of the Secretary-General on Ending female genital mutilation (E/CN.6/2012/8

<sup>2</sup> UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting, Annual Report 2009

<sup>3</sup> UNFPA/UNICEF Joint Programme on Female Genital Mutilation-Cutting, Annual Report 2010

<sup>4</sup> Report of the Secretary-General: ending female genital mutilation E/CN.6/2012/8

<sup>5</sup> As documented in the Coordinated Strategy to Abandon FGM/C and the Long-Term Evaluation of the Tostan Programme, available here: [http://www.childinfo.org/fgmc\\_resources.html](http://www.childinfo.org/fgmc_resources.html)

The programmatic approach is informed by the 2008 Interagency Statement: Eliminating Female Genital Mutilation, signed by 10 UN agencies. It embraces and supports a process for positive change in which a core group in a community enlists others as a way of changing social norms and improving marriage prospects of girls who have not been cut. When the group is large enough to protect the social status of its members, the abandonment of the practice becomes self-sustainable and once it reaches a 'tipping' point, change is expected to be rapid and universal.

The joint programme strategy for FGM/C abandonment is guided by the following principles<sup>6</sup>:

- FGM/C is a significant sexual and reproductive health concern;
- Empowered communities making collective choices;
- Public declarations are a powerful means to persuade others;
- Engaging traditional and religious leaders as agents of change;
- The importance of banning the medicalization of FGM/C;
- Effective media campaigns shape attitudes; and
- A human rights based legal framework accelerates abandonment.

In 2008, eight countries were involved in the joint programme, which increased to 12 countries in 2009. In 2011, three additional countries joined, bringing the total to 15 countries of the 17 originally envisioned in the funding proposal (2007):

Country entry date in the FGM/C joint programme		
2008	2009	2011
1 - Djibouti	9 - Burkina Faso	13 - Eritrea
2 - Egypt	10 - Gambia	14 - Mali
3 - Ethiopia	11 - Uganda	15 - Mauritania
4 - Guinea	12 - Somalia	
5 - Guinea Bissau		
6 - Kenya		
7 - Senegal		
8 - Sudan		

The original estimated budget for the joint programme on FGM/C as per the funding proposal (2007) was 44 million dollars, but funding received did not reach the original estimates. Therefore the **present estimated budget for the six-year period is 32 million dollars**. As of April 2012, approximately 20.6 million dollars have been implemented by both agencies.

<sup>6</sup> Logical Framework: Operational Guidance



Table 1: Joint Programme on FGM/C: Utilization Rates by country offices, INGOs and HQ 2008-2011

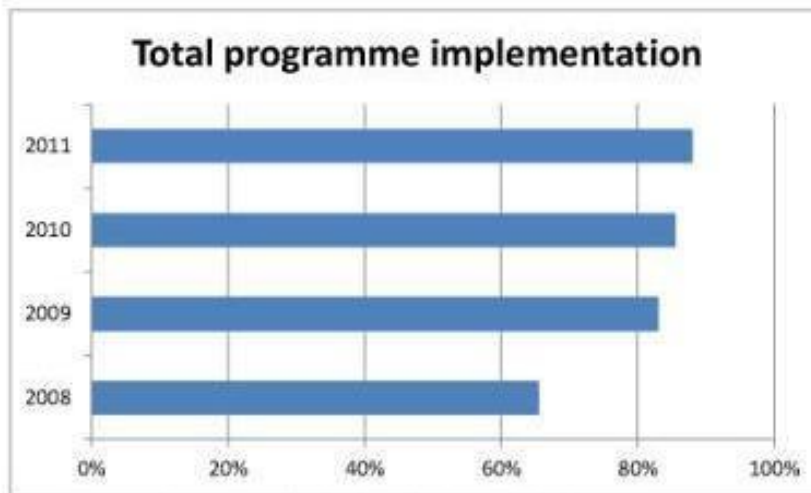
UNFPA & UNICEF Country Offices	2008 <sup>†</sup>	2009	2010	2011
Burkina Faso	n/a	82%	46%*	88%
Djibouti	100%	90%	76%*	85%
Egypt	100%	100%	90%*	98%
Eritrea	n/a	n/a	n/a	99%
Ethiopia	26%	89%	90%	87%
The Gambia	n/a	60%	94%*	90%
Guinea	13%	74%	91%	93%
Guinea-Bissau	81%	94%	84%	92%
Kenya	38%	99%	98%*	93%
Mali	n/a	n/a	n/a	89%
Mauritania	n/a	n/a	n/a	95%
Senegal	64%	78%	86%*	89%
Somalia	100%	73%	85%*	98%
Sudan	100%	98%	85%	87%
Uganda	n/a	71%	95%	45%
INGOs & HQ	33.6%	72%	92%	77%
<b>Total</b>	<b>65.5%</b>	<b>83%</b>	<b>85.5%</b>	<b>88%</b>

Source: UNFPA-UNICEF Joint Programme Financial Reports with ATLAS (UNFPA) and SAP (UNICEF) Financial Data Accessed at the time of the writing of the annual report for the referenced year

<sup>†</sup> Most countries received funds late in 2008 due to administrative delays

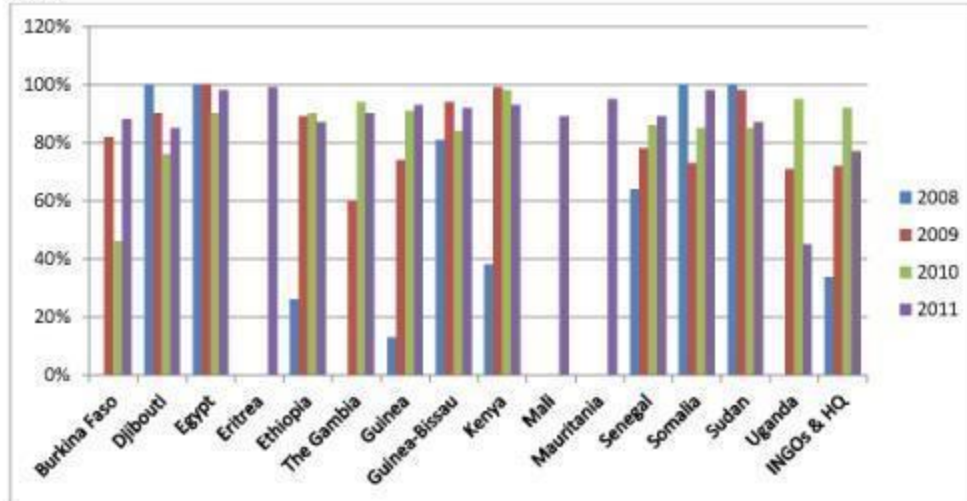
\*Received additional allocations on top of yearly amount, but in late November 2010. These funds were carried over to 2011.

Graph 1: Total joint programme implementation 2008-2011



\* Includes total implementation by country offices, INGOs and HQ

Graph 2: Joint Programme on FGM/C: Utilization Rates by Country Offices, INGOs and HQ 2008-2011



The original programme logical framework was revised in July 2011 to incorporate indicators and monitoring and evaluation tools that reflect a human rights and culturally sensitive approach. Under the new logical framework some outputs have been edited slightly for clarity, some outputs re-ordered, while other outputs have been added. As a supplementary document to support the activities of the joint programme and use of the logical framework an Operational Guidance was developed. The primary purpose of the Operational Guidance is to provide UNFPA and UNICEF country staff and key stakeholders, who are involved in FGM/C abandonment activities, with information on collecting, measuring, analyzing and reporting on the selected indicators to measure effectiveness of the programmatic response to the presence of FGM/C within the country. These indicators are intended to assist countries in assessing the current state of their national efforts, while also contributing to the global response to end FGM/C.

**Programme Structure and Key Stakeholders**

The joint programme has been structured with activities at multiple levels and has fostered partnerships with numerous stakeholders. At the global level, UNFPA has acted as the coordinating agency, with UNICEF providing support and guidance to the global level and country level work. Programme coordination and decisions have been made jointly at the global level, including review and approval of joint annual work plans, annual funding allocations, and reports. At the country level, UNFPA and UNICEF offices conduct joint annual work planning, joint and separate implementation of activities, and joint reporting. Several countries have strong national and local government involvement and implementing capacity within ministries. In many countries, the programme has also worked with national and international NGOs to implement, in particular, community-based empowerment programmes, media work, and lobbying for legal reforms. At the country level, the joint programme has worked closely with government authorities both at decentralized and national levels, with community-based organizations, religious authorities and local religious leaders, NGOs, networks, associations, academic institutions and the media.

Within the UN system, the programme has provided technical inputs to the Commission on the Status of Women and treaty bodies such as the CEDAW Committee and the Committee on the Rights of the Child, while collaborating with ongoing policy and programmatic development at agencies such as WHO and UN

Women (formerly UNIFEM). Finally, the joint programme has worked closely with the Donors' Working Group on FGM/C which has brought together, since 2001, major international development agencies of donor countries as well as private foundations that fund programmes on FGM/C.

### 3. Evaluation purpose, objectives and scope

#### 3.1 Purpose

The purpose of the evaluation is to assess the extent to which and under what circumstances (country context) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012). The evaluation comes as an opportunity to ensure accountability to donors and other stakeholders and is also conceived as a useful learning exercise. Furthermore, the evaluation will provide UNICEF and UNFPA with insights into the successes and challenges in conducting joint programming and delivering jointly.

#### 3.2 Objectives

The objectives of the evaluation are:

1. To assess the relevance, effectiveness, efficiency, and sustainability of the holistic approach adopted by the UNFPA- UNICEF joint programme for the acceleration of the abandonment of FGM/C.
2. To assess the adequacy and quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels to maximize the effectiveness of interventions.
3. To provide recommendations, identify lessons learned, capture good practices, and generate knowledge to inform the refinement of the joint programme model and approach at the global, regional and country level as well as to inform the shape of future programming on FGM/C and related programme initiatives.

#### 3.3 Scope

The evaluation will cover the implementation and the results of the UNFPA-UNICEF joint programme during the period 2008-2012

Apart from an assessment of the overall programme detailed country case studies will be conducted in four countries where the joint programme has been implemented.

It is intended that as much as possible the evaluation will provide a comprehensive assessment of the joint programme covering all four levels of the programme scope and their interconnections:

- **Community level** - assessing how the joint programme initiatives, particularly by implementing partners on the ground, have created favourable community-level conditions and led to abandonment of the practice. The central focus is on the effectiveness of the core strategy of changing social norms by empowering community leaders and groups.
- **National level** - analysing achievements over the last 4 years, specifically what have been the successes, missed opportunities, and constraints (covering all 15 programme countries).
- **Regional level** - assessing, the role of the regional component, and the role played by and contributions of regional partners, such as INTACT, AWEPA, IAC, AIDOS, NPW]; and
- **Global level** - analysing, how UNFPA and UNICEF collaborated in the joint initiative in terms of shared costs, technical support and guidance, communication and global advocacy strategies in order to achieve results set by the joint programme.

#### 4. Evaluation methodology and approach

The evaluation will examine the expected outcomes and outputs outlined in the original and revised logical frameworks, as follows, and review, *inter alia*, the overall coherence of the set of interventions implemented:

Original logical framework	
Outcomes	
A change in the social convention within the community towards the abandonment of FGM/C.	
Positive community and national efforts towards social transformation are expanded within and across countries.	
Outputs	
1.	Effective enactment and <b>enforcement of legislation against FGM/C.</b>
2.	Knowledge dissemination of <b>socio-cultural dynamics of FGM/C practice.</b>
3.	<b>Collaboration with key global development partners</b> on a common framework for the abandonment of FGM/C.
4.	Evidence-based data for programming and policies.
5.	Consolidation of existing partnerships and forging of <b>new partnerships.</b>
6.	Media campaigns emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt.
7.	Better integration of the implications of <b>FGM/C practice into reproductive health strategies.</b>
8.	Building donor support to pool resources for a <b>global movement</b> towards abandonment of FGM/C.

Revised logical framework	
Outcome 1	
Change in the social norm towards the abandonment of FGM/C at the national and community levels	
Outputs	
1.	Effective enactment, enforcement and use of national policy and <b>legal instruments</b> to promote the abandonment of FGM/C.
2.	Local level commitment to FGM/C abandonment.
3.	<b>Media campaigns</b> and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.
4.	Use of new and existing data for <b>implementation of evidence-based programming and policies</b> , and for evaluation.
5.	FGM/C abandonment integrated and expanded into <b>reproductive health policies</b> , planning and programming.
6.	<b>Partnerships</b> with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.
7.	Tracking of programme benchmarks and achievements to maximize accountability of programme partners.
8.	Strengthened <b>regional dynamics</b> for the abandonment of FGM/C.
Outcome 2	
Strengthened global movement towards abandonment of FGM/C in one generation.	
Outputs	
1.	Strengthened <b>collaboration with key development partners</b> on the abandonment of FGM/C.
2.	Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C.

## 4.1 Evaluation questions

The joint evaluation management group (EMG) in consultation with the joint evaluation reference group (ERG) developed indicative evaluation questions. The questions are based on five evaluation criteria and are focused on expected outputs from the original and revised logical frameworks (only outputs that have been formulated as such have been considered). The evaluation questions have taken into consideration key cross-cutting issues (including gender equality, and cultural sensitivity and human rights perspective).

***Relevance:** The extent to which the objectives of the joint programme are consistent with national needs (in particular vulnerable group needs) and are aligned with programme country government priorities as well as with UNFPA/UNICEF policies and strategies.*

1. How appropriate are the strategies promoted and used by the joint programme at each level (national, regional, country, community) in support of FGM/C abandonment?
2. To what extent have the strategies and interventions been contextualized at the national level through local-level consultation, national needs (including country government priorities) consideration and capacity assessments?

***Effectiveness:** The degree of achievement of the outputs and the extent to which outputs have contributed or are likely to contribute to the achievement of the outcomes of the joint programme.*

3. To what extent has the programme contributed to the creation of favourable conditions and changes in social norms leading to the abandonment of FGM/C?
4. To what extent have global advocacy interventions, national media campaigns and other forms of communication dissemination as well as partnerships contributed to the acceleration of the abandonment of FGM/C at the country, regional and global level?
5. To what extent has the programme contributed to the enactment and enforcement of national intersectoral plans of action and legislation against FGM/C at the national and decentralized levels in programme countries?
6. To what extent has the programme positioned FGM/C on the national political agendas? To what extent has the programme contributed to the use of evidence-based data on FGM/C for programming and policies in programme countries?

***Efficiency:** The extent to which the outputs of the joint programme have been achieved or are likely to be achieved with the appropriate amount of resources/inputs (funds, expertise, time, administrative costs, etc).*

7. To what extent were the resources available adequate to achieve the expected outputs?
8. To what extent has the mix of strategies and activities implemented in diverse country contexts, including high or low prevalence of FGM/C, differed in terms of efficiency?
9. To what extent has the programme been able to complement implementation at country level with related interventions, initiatives and resources at regional and global levels to maximize its contribution to the abandonment of FGM/C?

10. To what extent have programme benchmarks and achievements been monitored? To what extent has the programme supported and strengthened the M&E system of implementing partners?

*Sustainability: The extent to which the benefits from the joint programme are likely to continue, after it has been completed.*

11. To what extent has the programme strengthened national ownership, capacity and leadership (at the national and decentralized level) through the participation and inclusion of governments and civil society groups in the joint programming and implementation process in programme countries?
12. To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts? To what extent the joint programme has been integrated into other national initiatives aiming at addressing the issue of FGM-C?
13. To what extent have partnerships (governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?

*Coordination between UNFPA and UNICEF*

14. How efficient was programme coordination between UNFPA and UNICEF including clarity of roles and accountabilities; use of data/evidence for decision making; monitoring and reporting; reduction of transaction costs and potential added value?
15. How adequate and responsive was global/regional support in providing necessary guidance and tools, technical support, and capacity development to country offices and global partners?

The evaluation questions and rationale will be further consolidated and refined -- in the evaluation matrix (see annex 6 – evaluation matrix) or in other similar tool -- during the inception phase (when the evaluation team will have a clearer understanding of data availability and methodological feasibility).

#### 4.2 Data collection and analysis tools

The evaluation will follow a mixed methods approach utilizing both quantitative and qualitative data collection and analytical methods. Measures will be taken to ensure data quality, validity and credibility of both primary and secondary data gathered and used in the evaluation. Specific data collection methods will include:

**Review of documents and secondary data:** A list of relevant documents together with electronic copies of key documents will be shared with the evaluation team by the joint EMG/ERG during the inception phase. The set of documents will include global/regional-level resources that are already available in headquarters such as annual reports, mid-term review reports, strategy papers and related studies and evaluation reports. In addition, each programme country office will be responsible for responding to requests from the EMG/ERG for information (both qualitative and quantitative) on FGM/C programme evolution in the country based on secondary data and information that are readily available. The information shared will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

**Key informant interviews:** Interviews will be conducted at several levels and in phases by the evaluation team. A few key staff from programme countries and global/regional advisors/experts will be

interviewed during the inception phase. In the field phase, interviews will be conducted with additional experts and staff including local level personnel involved in managing and supporting the joint programme. Additional interviews will be conducted with policy makers and programme coordinators in the programme countries, including sub-national level staff, UNFPA and UNICEF Representatives and/or deputies, programme managers and technical advisors at various levels and with beneficiaries. Interviews will also be held with staff of other agencies that contribute to and partner in the programme at global and/or national levels.

**Interviews and focus group discussions:** with selected UNICEF and UNFPA staff, programme participants/beneficiaries, service providers, and decision/policy makers/NGOs. The specific plans for focus group discussions will be developed during the inception phase. When organising focus group discussions and interviews, attention will be given to ensure gender balance, geographic distribution, cultural sensitivity, representation of population groups and representation of the stakeholders/duty bearers at all levels (policy/service providers/parents/community).

**Surveys:** An internet based survey to assess programme achievements, adequacy of guidance and technical support, challenges and needs, etc. may be considered to generate additional information for the evaluation. The justification, scope and timing of such a survey will be provided in the inception report.

**Country case study approach:** the evaluation team will conduct four country case studies. A desk review will inform the selection of case studies. This will involve a consideration of specific country programme contexts including differences in programme commencement date, implementation maturity (programme implementation rate) and any other relevant aspects including geographical and cultural diversity.

The evaluation will utilize a **theory of change approach** for the overall programme as well as a country specific design. It will attempt to assess outcome level changes provided that data are available. Where outcome-level data are lacking, an attempt will be made to assess the extent to which the joint programme is yielding results as planned. The evaluation will consider the use of **outcome and output mapping** and an appropriate **contribution analysis approach** to draw conclusions for the role of the joint programme at various levels.

The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by the UNEG Ethical Guidelines and Code of Conduct and other relevant ethical codes. Ethical considerations (of respondents and data collectors) will be of utmost priority in determining the most appropriate methods and their implementation, and will be documented and included in all reports. To access the UNEG web page please visit: <http://www.uneval.org/index.jsp>

### 4.3 Evaluation process

The main elements of the evaluation are as follows: (i) a comprehensive inception and desk review phase which includes a pilot country visit to one programme country; (ii) country visits to 3 programme countries and (iii) report preparation resulting in 4 country case study reports and a final evaluation (synthesis) report presenting findings, conclusions and recommendations.

The evaluation will consist of a total of 5 phases in the course of which several methodological stages will be developed, namely:

#### **1 - Preparation phase**

During this phase the joint EMG with contributions from the joint ERG will prepare the terms of reference for the evaluation and select the evaluation team via a tender process.

### ***2 - Design and desk review phase***

The evaluation team will conduct a desk review (covering all 15 programme countries) collecting and analysing all relevant information and data obtained from headquarters, regional offices and country offices. The purpose of the review is to ensure the efficient use of completed and on-going studies and evaluations, to identify knowledge gaps, to identify key issues and finalize the evaluation questions for the evaluation. The desk review together with the pilot country visit will inform the inception report.

The team leader will present a **first draft inception report** to the joint ERG.

The report will:

- ✓ Present the final set of evaluation questions and rationale (with the respective explanatory comments).
- ✓ Specify the methodological tools that will be used in the field and reporting phases to respond to the evaluation questions;
- ✓ Detail the framework for synthesizing and analyzing data collected;
- ✓ Confirm the selection of countries (proposed in this ToR) for in-depth review and field visits and a precise specification of the scope and design (including data collection methods and analysis) for the country case studies;
- ✓ Present a detailed work plan, specifying the organization and time schedule for the evaluation process and country visits;
- ✓ Present the approach to ensure quality assurance throughout the evaluation including the country case study reports.

The joint ERG will provide substantive comments and feedback to the draft inception report.

The evaluation team and one member of the joint EMG will then conduct a 15 day pilot mission (scoping/case study) to one programme country – tentatively **Burkina Faso or Uganda** -- to test and validate core features such as the evaluation approach, evaluation questions, methodology tools, and identify necessary documentation needed to conduct the evaluation, including the country case studies. The pilot mission will increase the quality and usefulness of the evaluation design and raise the likelihood of formulating well-targeted and useful evaluation questions.

Following the pilot mission, the evaluation team will submit the **second draft inception report** to the joint ERG. The evaluation team will present this draft during a reference group meeting in New York.

The pilot will also constitute one of the four country case studies.

The joint EMG in consultation with the joint ERG will provide substantive comments and feedback to the second draft final inception report. The evaluation team will address these comments and submit a **final inception report** for approval by the joint EMG in consultation with the joint ERG.

Annex 1 provides guidance on the structure of the inception report.

### ***3 - Data collection and field phase***



Following the satisfactory completion of the design and desk review phase, the evaluation team will proceed to the country visits (two weeks per country).

Tentatively selected countries for the 3 country visits are: **Kenya, Senegal and Sudan.**

Prior to completion of each country visit the evaluation team will conduct a debriefing session with the country offices presenting the main findings of the field mission, seeking to validate the information gathered.

For each country visited (4 countries) and following completion of the field mission, the evaluation team will submit a country case study report presenting main country specific findings, conclusions, recommendations to the joint EMG. These country case study reports will be stand-alone documents, inform the final evaluation report and will be approved by the joint EMG in consultation with the ERG.

Annex 1 provides guidance on the structure of the country case study reports.

#### ***4 - Reporting Phase***

The synthesis report will present an overall synthesis of global and country level findings, conclusions, and forward looking recommendations.

The overall length of the final evaluation report should not be greater than 60 pages (including the executive summary but excluding annexes). Additional information on overall context, programme or aspects of methodology and analysis should be confined to the annexes. The Annexes should include the list of people met, documentation reviewed, terms of reference, and any other information which contains factual basis used in the evaluation.

The conclusions and recommendations must be ranked and prioritized according to their relevance to the evaluation and their importance; conclusions should be cross-referenced back to recommendations. In general, the recommendations will be: (i) linked to the conclusions; (ii) prioritized and targeted at specific addressees; (iii) useful and operational.

The draft and final versions of the evaluation report will be quality assessed by the management group (see Annex 5 – Evaluation Quality Assessment Grid). The aim is to ensure that the evaluation report complies with professional standards while meeting the information needs of their intended users. Once completed the EQA grid will be published together with the final evaluation report.

The final report will be formally approved by the joint EMG in consultation with the ERG.

Annex 1 provides guidance on the structure of the final report.

#### ***5 - Dissemination and Follow-up Phase***

The emphasis of this evaluation is on lesson learning. Hence, it is important that the evaluation is designed in a way that allows maximum feedback to the concerned actors throughout the evaluation process. The organization of a meeting during the reporting phase is a key element of the dissemination and feedback strategy. The evaluation should also be designed and organized to ensure that learning opportunities such as workshops in partner countries are exploited as far as possible. Suggestions for communication strategies and feedback to stakeholders should be included in the tender documents.

UNFPA and UNICEF will organize a dissemination event following the completion of the evaluation. The purpose is to disseminate the findings, conclusions of the evaluation and discuss the lessons and recommendations and the management response.

The evaluation team may be requested to assist in dissemination and follow-up activities, participating in, for instance, webinars and conference presentations on the findings and conclusions of the evaluation.

In the dissemination and follow-up phase, relevant units will jointly prepare a management response to the recommendations in the final report which will be received by the joint EMG.

## 5. Users

As the first comprehensive evaluation of its kind, the evaluation will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation include the two agencies managing the program (at the global, regional and country level), contributing and interested donors, implementing government departments and NGOs, other stakeholders and partners in each country where the programme is implemented including civil society, and other agencies in the UN system implementing joint programmes or managing programmes on female genital mutilation/cutting and related to addressing social norms that result in violations of human rights, including gender inequality.

## 6. Governance and management of the evaluation



The evaluation will be conducted jointly by UNFPA and UNICEF. A **joint evaluation management group (EMG)** will be the main decision-making body for the evaluation and have overall responsibility for management of the evaluation process including hiring and managing the team of external consultants. The joint EMG is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines.

Key roles and responsibilities of the joint EMG include:

- To prepare the terms of reference for the joint evaluation in coordination with the joint ERG

- To lead the hiring of the team of external consultants with inputs from the joint ERG, reviewing proposals and approving the selection of the evaluation team
- To supervise and guide the evaluation team in each step of the evaluation process
- To review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- To review and provide substantive feedback on the country reports and the draft and final evaluation reports, for quality assurance purposes
- To approve the final evaluation report in coordination with the joint ERG
- To contribute to learning, knowledge sharing, the dissemination of the evaluation findings and follow-up on the management response
- To liaise with the joint ERG and convene review meetings with the evaluation team
- To identify and ensure the participation of relevant stakeholders in coordination with the joint ERG throughout the evaluation process

The joint evaluation management group includes:

Alexandra Chambel	Chair of the joint EMG, Evaluation Adviser, Evaluation Branch, DOS, UNFPA
Krishna Belbase	Senior Evaluation Specialist, Evaluation Office, UNICEF
Valeria Carou Jones	Evaluation Specialist, Evaluation Branch, UNFPA

A **joint evaluation reference group (ERG)** will be established to support the evaluation at key moments and ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the evaluation products as well as learning and knowledge generation. The joint ERG will be consulted by the EMG on key aspects of the evaluation process. Technical staff from relevant divisions in the two agencies will be represented in the joint ERG and will provide substantive technical inputs during the evaluation process as well as feedback on the evaluation results. The joint ERG will consist of staff from headquarters, the regional offices and external organizations (names to be confirmed) and will have a balance of expertise in evaluation and FGM/C and other related areas as deemed relevant.

Key roles and responsibilities of joint ERG members include:

- To contribute to the conceptualization, preparation, and design of the evaluation including providing feedback on the terms of reference, participating in the selection of the evaluation team as required, participating in the selection of countries for case studies, and providing feedback and comments on the inception report and on the technical quality of the work of the consultants
- To provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports
- To act as a source of knowledge for the evaluation and coordinate feedback from other UNFPA and UNICEF services from headquarters, the regions and from the field, in particular to facilitate access to information and documentation
- To assist in identifying external stakeholders to be consulted during the process
- To participate in review meetings of the joint EMG and with the evaluation team as required
- To play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response

The members of the joint evaluation reference group include:

<b>Alexandra Chambel</b>	Co- chair of the RG, Evaluation Adviser, Evaluation Branch, DOS, UNFPA
<b>Krishna Belbase</b>	Co- chair of the RG, Senior Evaluation Specialist, Evaluation Office, UNICEF
<b>Valeria Carou Jones</b>	Evaluation Specialist, Evaluation Branch, DOS, UNFPA
<b>Nafissatou Diop</b>	Coordinator, UNFPA-UNICEF joint programme on FGM/C, UNFPA
<b>Idrissa Ouedraogo</b>	Gender Adviser, Sub regional Office for West And Central Africa, UNFPA
<b>Kaori Ishikawa (tbc)</b>	Programme Specialist, Gender and Partnerships, Arab States Regional Office, UNFPA
<b>Francesca Moneti</b>	Senior Child Protection Specialist, Child Protection, Programme Division, UNICEF
<b>Cody Donahue</b>	Consultant, Child Protection, Programme Division, UNICEF
<b>Judith Diers</b>	Chief Adolescent development and Participation Section, Gender Rights and Civil Engagement Section, Programme Division, UNICEF
<b>Ian Askew (tbc)</b>	Programme Associate, Population Council

**National reference groups** shall be established in countries where field visits will take place; the options for arranging these groups should be discussed and agreed with UNFPA and UNICEF staff in the country offices who will in turn consult with national partners (it is important that broad participation is sought, including civil society).

## 7. Time schedule

The following is an indicative schedule:

Evaluation Phases	Deliverables	Dates	Meetings
<b>Preparation</b>	Draft terms of reference	April 23, 2012	April 12, 2012: EMG meeting May 1, 2012: ERG meeting
	Final terms of reference	May 2, 2012	
	Posting of tender documents: request for proposals (web)	May 7, 2012	
	Closing of bidding process	June 7, 2012	
	Assessment of technical aspect of bids	June 11-June 15, 2012	EMG + 2 ERG members
	Submission of final selection of firm to Contract Review Committee	June 28, 2012	
	Contract signature	July 31, 2012	

<b>Design and desk review</b>	Submission of draft inception report (first draft)	August 31, 2012	September 4, 2012: Evaluation reference group meeting with the <b>team leader</b> to discuss the first draft inception report ERG
	Pilot mission to Burkina Faso or Uganda	September 10-September 28, 2012	
	Submission of draft inception report (second draft)	October 5, 2012	October 9, 2012: Evaluation reference group meeting with <b>evaluation team</b> to discuss the final draft inception report
	<b>Submission of final inception report</b>	<b>October 11, 2012</b>	
	Submission of draft pilot country case study report (first draft)	October 29, 2012	
	Comments from ERG to draft pilot country case study report (first draft)	November 19, 2012	
	<b>Submission of final pilot country case study report</b>	<b>December 3, 2012</b>	
<b>Data collection and field visits</b>	2 field missions to selected countries 1 field mission to selected country	November 5 – December 7, 2012 January 7 – 18, 2013	
	3 draft country case study reports (first draft)	February 22, 2013	
	Comments from ERG to 3 draft country case study reports (first draft)	March 13, 2013	
	3 draft country case study reports (second draft)	March 22, 2013	27 March, 2013: Evaluation reference group meeting with <b>evaluation team</b> - field phase debriefing
			28-29 March - Internal team validation workshop + EMG
	<b>Submission of 3 final country case study reports</b>	<b>9 April, 2013</b>	
<b>Reporting</b> Data analysis and report preparation	Submission of the draft final evaluation report (first draft)	29 April, 2013	
	Comments from ERG to draft final evaluation report (first draft)	10 May, 2013	
	Submission of the draft final evaluation report (second draft)	24 May, 2013	5 June, 2013: Evaluation reference group meeting with <b>evaluation team</b> - presentation of draft final evaluation report
	<b>Submission of the final evaluation report</b>	<b>19 June, 2013</b>	
<b>Dissemination and follow-up</b>	Management response	September, 2013	
	Dissemination activities and stakeholder workshop		9 July, 2013: Stakeholder workshop (including evaluation team)

### 8. The evaluation team

This evaluation will be carried out by a highly qualified evaluation team with advanced knowledge and experience in development cooperation.

Necessary competencies of the evaluation team include:

- Extensive previous experience in conducting evaluations and specifically programme and joint evaluations for international organizations or development agencies.
- Demonstrated experience in conducting programme evaluations in the field
- Expertise in thematic areas such as FGM/C, gender equality and women's empowerment, human rights, behaviour and social change and community empowerment.
- Previous experience of conducting evaluations for the UN will be considered an asset.
- Fluency in English is required as well as working knowledge of French, especially for the field phase.
- Fluency in French is required either for the team leader or for the gender expert\*.
- Excellent analytical, communication and writing skills (in English) and the ability to interact with a wide range of stakeholders.
- Balanced in terms of gender and geographical representation, wherein the inclusion of evaluators/experts from developing countries will be considered an asset.

The team leader must have a proven experience in evaluation methodology. Consultants should possess appropriate training and documented experience in conducting evaluations as well as applying evaluation methods in field situations. In addition, each country team should be led by the team leader or by an experienced member of the team (senior gender expert).

National consultant(s) will participate in each country case study (at least one national consultant per country case study). These consultants will be identified by the bidder and approved by the joint EMG in consultation with the joint ERG.

Preferred composition of the evaluation team:

#### 1. Team leader:

- Extensive previous experience in leading evaluations and specifically programme and joint evaluations for international organizations or development agencies. Previous experience of conducting evaluations for the UN, and specifically for UNFPA and UNICEF, will be considered an asset.
- Demonstrated experience in conducting evaluations in relevant fields, particularly on gender issues and partnerships.
- The team leader shall have considerable experience in conducting evaluations of a similar size and complexity, in particular joint exercises.
- Excellent analytical, communication and writing skills.
- Fluency in English is required as well as and working knowledge of French, especially for the field phase (see necessary competencies on languages of the evaluation team)\*.

#### 2. Senior expert in gender issues

- Extensive previous experience in issues of gender and human rights, including FGM/C.
- Fluency in English is required as well as working knowledge of French, especially for the field phase (see necessary competencies on languages of the evaluation team)\*.
- Previous experience of conducting evaluations for the UN will be considered an asset.

- Excellent analytical, communication and drafting skills
3. Mid-level expert in knowledge management
    - Extensive previous experience in knowledge management including the implementation of media campaigns, press conferences, activities to stimulate dialogue, and other forms of communication, web dissemination and knowledge management at national and community level.
    - Previous experience on issues of gender and human rights will be considered an asset.
    - Fluency in English is required as well as advanced level of French.
    - Previous experience of conducting evaluations for the UN will be considered an asset.
    - Excellent analytical, communication and drafting skills.
  4. Junior/ mid-level expert in research, data collection and analysis
    - Extensive previous experience in research, data collection and analysis
    - Previous experience of conducting evaluations for the UN will be considered an asset.
    - Excellent analytical and communication skills
    - Fluency in English and working knowledge of French.

The agreed team composition may be subsequently adjusted if necessary in the light of the final evaluation questions and countries selected for the field phase once they have been validated by the reference group.

All team members should be knowledgeable of issues pertaining to gender equality, cultural sensitivity and should also be versed on harmful traditional practices and gender based violence.

A declaration of absence of conflict of interest should be signed by each member of the team and annexed to the offer. No team member should have participated at the preparation, programming or implementation phases of the joint programme to be evaluated.

**9. Deliverables and cost of the evaluation**

The evaluation deliverables are the following:

1. Inception report (including drafts as outlined above)
2. PowerPoint presentation for the field phase debriefing
3. Four country case study reports
4. Final evaluation report
5. PowerPoint presentation for the stakeholder workshop
6. French version of the executive summaries of the final evaluation report and of the four country case study reports

**Scheduled meetings and missions**

Activity	Purpose
1 Meeting in New York (team leader)	Present the first draft inception report
1 Pilot mission	
2 Meetings in New York (core evaluation team)	Present the second draft inception report
3 Country visits	

1 Meeting in New York (core evaluation team)	Field debriefing
1 Meeting in New York (core evaluation team)	Present the draft final report
1 Workshop (core evaluation team)	Participation in stakeholder workshop in New York

The cost of the evaluation, including the contract of the external consultant team, will be covered by the UNFPA-UNICEF joint programme. The Evaluation Offices of both agencies shall contribute financially to the exercise. Staff time and resources will be provided by both agencies' Evaluation Offices and technical divisions.

No payment will be processed until the deliverables have been fully approved by the joint evaluation management group.

Payment schedule:

1. Payment of 10% of total budget upon approval of the draft inception report
2. Payment of 30% of total budget upon approval of the final inception report
3. Payment of 20% of total budget upon approval of the pilot country case study report
4. Payment of 20% of total budget upon approval of 3 country case study reports
5. Payment of 20% of total budget upon approval of the final evaluation report

The overall cost of the evaluation bid should not exceed **340,000 USD**.

The contract will be awarded to the firm who will provide UNFPA with the most competitive technical and financial proposals. The invoices shall be sent to the Evaluation Branch, Division for Oversight Services, only after the joint EMG confirms in writing the acceptance of the reports.

#### 10. Specification of tender

The bidder should submit a proposal that has two separate components: technical and financial. The proposal will be evaluated by UNFPA-UNICEF joint evaluation management group along with inputs from the joint ERG. The evaluation of the financial proposal will be performed by UNFPA/ PSB (procurement).

The Technical Bid should present:

- The bidder's understanding of the ToR (2 pages max)
- The approach and Methodology (7 pages max)
  - a. Present the approach and methods for the evaluation
  - b. Present how the country case study approach will be combined with desk studies, questionnaires and/or other methods.
  - c. Comment on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting any solutions if applicable.
  - d. Quality assurance to be applied in performing the assignment.
- The proposed composition of the evaluation team. Curriculum vitae of each team member should be annexed to the offer.
- A detailed time and work plan for fulfilment of the assignment including a) the roles, functions and responsibilities of the different team members, b) estimates of the time required for the



different tasks of the assignment, and c) a staffing schedule that specifies the tasks performed by and the time allocated to each of the team members (3 pages)

### **Award criteria**

The contract will be awarded to the economically most advantageous offer, taking into account the assessment of the content of the technical offer as follows:

CRITERIA	Maximum points
Understanding of the TOR	5
Methodology and approach	40
Type of experts and team structure in relation to the tasks	35
Sub-total	80
Financial Offer	20
Overall total score	100

## Annex 1: Structure of the inception, country case study and final reports

### a. Structure of the inception report

The report should follow the sequence and the names of the chapters as shown below; however, the evaluation team is free to add sections and/or sub sections as deemed relevant given the particular context of the evaluation. The report should be no longer than 30 pages excluding annexes.

*The layout of the report is as follows:*

Abbreviations

Table of contents (the table of contents should include a list of tables, graphs and diagrams) - 1 page

Key facts table (one-page table summarizing key programme factual data) - 1 page

CHAPTER 1: Introduction – 3 pages

1.1 Purpose and objectives of the joint programme evaluation

1.2 Scope of the evaluation

1.3 Purpose and structure of the inception report

CHAPTER 2: Global, regional and country context of FGM/C – 3 pages

2.1 The global response to FGM/C

2.3 UNFPA/UNICEF programmatic response to FGM/C as a component of the global response

CHAPTER 3: UNFPA/UNICEF programme – 5 pages

3.1 UNFPA/UNICEF programmatic response through the joint FGM/C programme

3.2 The programme financial structure

CHAPTER 4: Evaluation methodology and approach – 12 pages

4.1 Evaluation questions and overall approach and rationale for answering the evaluation questions

4.2 Methods for data collection and analysis (country case studies and main report)

4.3 Proposal (including criteria and justification for selection) of countries for 4 field visits

4.4 Data and methodological limitations and risks

CHAPTER 5: Evaluation process – 5 pages

5.1 Process overview

5.2 Team composition and distribution of tasks

5.3 Work Plan

#### List of Annexes

A numbered list of all the annexes to be included at the end of the report as in the example below:

*Annex 1 Terms of reference of the evaluation*

*Annex 2 Evaluation matrix or evaluation protocol*

*Annex 3 Portfolio of interventions in all countries*

*Annex 4 Template for survey*

*Annex 5 Interview guides*

*Annex 6 Guide for focus group discussion*

*Annex 7 Bibliography*

*Annex 8 List of people consulted*

*Annex 9 Minutes of the meetings with the ERG*

Tables, graphs and diagrams should be numbered and include a title.

**b. Structure of the country case study reports**

Each country case study should be of a maximum 30-page length (excluding annexes).

The country case studies allow the evaluation team to gather and analyse information on the joint programme interventions aiming at accelerating the abandonment of FGM/C at the country level, which together with the design and desk review phase findings should feed the global assessment reported in the Final Report.

The country case studies will be published as part of the overall evaluation exercise as stand-alone documents. These country case studies should be prepared after the field visits, they should respect the agreed structure and they should go further than the oral and powerpoint presentations (exit meeting debriefings) conducted at the end of the missions in the country office premises.

Indicative structure for country case studies:

1. Introduction (including: purpose of the evaluation; purpose of the country case study; reasons for selecting this country as a case study country).
2. Methodology of the country case study (including its limits and possible constraints)
3. Short description of FGM/C programme interventions in the country
4. Findings by evaluation question
5. Conclusions and recommendations at the country level and those that will be used for the synthesis/ final report
6. Annexes (including: list of people interviewed; list of documents consulted; list of the interventions, specifically considered; all questionnaires and instruments used; acronyms and abbreviations).

**c. Structure of the final report**

The report should follow the sequence and the names of the chapters as shown below; however, the evaluation team is free to add sections and/or sub sections as deemed relevant given the particular context of the evaluation. The report should be no longer than 60 pages (including the executive summary). Additional information on overall context, programme or aspects of methodology and analysis should be confined to the annexes (which however should be restricted to the important information).

Executive Summary ( 5 pages maximum)

This executive summary must present the following information:

- 1.1 – Purpose of the evaluation;
- 1.2 – Background to the evaluation;
- 1.3 – Methodology;
- 1.4 – Main conclusions;\*
- 1.5 – Main recommendations.\*

Introduction

- 1.1 Purpose of the evaluation
- 1.2 Scope
2. Methodology and process including limitations and constraints

3. FGM/C global, regional and country context  
4. Findings and analysis  
5. Conclusions  
6. Recommendations

Annex 1 Terms of reference of the evaluation

Annex 2 Evaluation matrix or evaluation protocol

Annex 3 Portfolio of interventions in all countries

Annex 4 List of people consulted

Annex 5 List of documents consulted

Annex 6 Methodological instruments used (survey, focus groups, interviews)

Annex 7 Minutes of the joint evaluation reference group meeting

d. Guidelines for the cover for all reports

Structure of the cover for all reports:

UNFPA/UNICEF logos top, one on each side  
Title of the evaluation: Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital  
Mutilation/Cutting (FGM/C): Accelerating Change (centered)

Title of the report (example Inception Report)

At the bottom of the page:

Evaluation Branch  
Division for Oversight Services, UNFPA  
Evaluation Office  
UNICEF  
New York  
Date

Information that should appear on the second page of every report:

- Title of the evaluation
- Title of the report
- Names of the evaluation managers
- Names of the members of the reference group
- Names of the evaluation team

A box with the following information at the bottom of the page:

Any enquiries about this Report should be addressed to:  
Evaluation Branch, Division for Oversight Services, United Nations Population Fund  
E-mail: [evb@unfpa.org](mailto:evb@unfpa.org) Phone number: +1 212 297 2620  
  
UNICEF Evaluation Office  
3 UN Plaza, New York, NY 10017  
Tel: 1 917 265 4620 Fax: 1 212 735 4427

Footer: Title of the evaluation and page number

Note: There should be no logos/ names of companies on any page of the reports except for the names of the evaluation team that should appear on the second page of every report.

### Annex 2: Bibliography and references

- Convention on the Elimination of All Forms of Discrimination against Women, 1981
- Economic and Social Council, 'Ending female genital mutilation: report of the secretary general', E/CN.6/2012/8, Commission on the Status of Women, United Nations, New York, 2011.
- Harvard University Program on International Human Rights, 'UNFPA-UNICEF Joint Programme on FGM/C: country context reports, 2010 (unpublished, available upon request)
- Population Council, 'Design considerations for the evaluation of FGM/C initiatives', presentation by Ian Askew, Nairobi, Kenya.
- Protocol to the African Charter on human and people's rights on the rights of women in Africa (Maputo Protocol), Mozambique, 2003
- UNEG, 'Standards for Evaluation in the UN System', <http://www.uneval.org/index.jsp>
- UNEG, 'Norms for Evaluation in the UN System', <http://www.uneval.org/index.jsp>
- UNFPA, 'Cameroon Country Programme Evaluation', Evaluation Branch, DOS, New York, 2012.
- UNFPA/ UNICEF, 'Evaluation of the UNFPA-UNICEF joint programme on female genital mutilation/cutting: accelerating change: concept note', UNFPA, UNICEF, New York, 2012.
- UNFPA Evaluation Branch, DOS, web page: <http://www.unfpa.org/public/home/about/Evaluation>
- UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: Funding proposal', UNFPA, UNICEF, New York, 2007.
- UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2008 annual report', UNFPA, UNICEF, New York, 2009.
- UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2009 annual report', UNFPA, UNICEF, New York, 2010.
- UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2010 annual report', UNFPA, UNICEF, New York, 2011.
- UNFPA/ UNICEF, 'Female genital mutilation/cutting: accelerating change: 2011 annual report', UNFPA, UNICEF, New York, 2012.
- UNFPA/ UNICEF, 'Joint programme on female genital mutilation/cutting: accelerating change: annual work plan 2012', UNFPA, UNICEF, New York, 2012.
- UNFPA/ UNICEF, 'Joint programme on female genital mutilation/cutting: accelerating change: revised logical framework and operational guidance', UNFPA, UNICEF, New York, 2011.
- UNFPA, 'Female genital mutilation/cutting (FGM/C)': web page  
<http://www.unfpa.org/gender/practices3.html>
- UNFPA, 'Handbook on how to conduct a country programme evaluation at UNFPA', Evaluation Branch, DOS, New York, 2012.
- UNFPA, 'Strategic Plan: 2008-2011', DP/FPA/2007/17, New York, 2007
- UNFPA, 'Thematic evaluation on the UNFPA support to maternal health including the contribution of the Maternal Health Thematic Fund: TOR, inception report, desk report, country case studies', Evaluation Branch, DOS, New York, 2010.
- United Nations, 'UN General Assembly Resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls', New York, 2002

UNICEF, 'Coordinated strategy to abandon female genital mutilation/cutting in one generation', Technical note, New York, 2007

UNICEF, 'Female genital mutilation/cutting: A statistical exploration', New York, 2005

UNICEF, 'Long-term evaluation of the TOSTAN programme in Senegal: Kolda, Thiès and Fatick regions', United Nations Children's Fund (UNICEF), Section of Statistics and Monitoring, Division of Policy and Practice, New York, 2008.

UNICEF, 'Statistics for FGM/C', web page located at [http://www.childinfo.org/fgmc\\_prevalence.php](http://www.childinfo.org/fgmc_prevalence.php)

UNICEF, 'Ethiopia: social dynamics of abandonment of harmful practices. Experiences in four locations', Innocenti Working Paper, New York, 2010.

UNICEF, 'The dynamics of social change: Towards the abandonment of female genital mutilation/cutting in five African countries', Innocenti Research Centre, New York, 2010.

WHO, 'An update on WHO's work on female genital mutilation (FGM): Progress report', WHO, 2011

WHO 'Eliminating Female Genital Mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO', 2008

## Annex 3: Editing rules for reports

### Parts of the report:

The foreword, executive summary, and main report should be treated as stand-alone documents.

### Acronyms

Spell out the word(s) in its entirety the first time and include the acronym in parentheses after the word. Acronyms should be spelled out for first-time usage in each section, as the sections are sometimes reviewed independently. Acronyms or abbreviations should be used only if they are used repeatedly throughout the text. Too many acronyms can be confusing to readers. In the case of tables and figures, acronyms may be spelled out in a 'note' section below the table or figure for layout reasons.

### Capitalization

- In general, capitalize proper nouns, such as official titles and names. For example, 'Conference for Gender Equity', 'Committee on HIV/AIDS', 'Commission on Regional Development', 'Government of South Africa'.
- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, don't capitalize when used as common nouns. For example, 'there were several regional conferences'.
- Words with acronyms are not necessarily capitalized. For example 'human development index (HDI)' or 'country office (CO)' are not capitalized.

#### General rules:

- Use lower case for 'headquarters' - 'country office' - country programme - country programme evaluation - headquarters - regional office - programme document - results framework - results-based monitoring framework - monitoring and evaluation system

### Numbers

- Number less than 10 should be written out.
- Use % symbol in table and spell it out in the text

### Terms

Use *UN organizations* not *sister agencies*

Do not use possessive for innate objects: do not use UNFPA's, UNDP's, UNICEF's, the Government's, the country's, etc. Such usage does not comply with United Nations editorial guidelines. Instead, use: the UNFPA programme, the government programme, the UNICEF programme, etc.

### Presenting references

Government of South Africa, 'Report on HIV/AIDS in Southern Africa', Department of Health, Capetown, South Africa, 2003.

UNDP, 'Evaluation of Gender Mainstreaming in UNDP', UNDP Evaluation Office, New York, NY, 2006.

### Presenting the list of people consulted

- This list should include the full name and titles of the people who have been interviewed and the organization to which they belong.
- The list should be ordered in alphabetical order by last name first. (English version)
- The list should be organized by type of organization.



### Annex 4 - Ethical code of conduct for UNEG/UNFPA evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business

Evaluation Team /Evaluators:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.  
Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and: respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover evidence of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. They are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

[http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc\\_id=21](http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21)

# Final Evaluation Report: Volume II

## Annex 5 - Evaluation quality assessment grid

**OVERALL QUALITY OF REPORT:** [Insert overall Assessment Level based on highest score above – see Explanatory Note for further guidance and example]

**Overall Assessment:** Note that the overall assessment must address, as a minimum, the following issues: *scope of the evaluation; methodological design; findings and analysis; credibility of data; recommendations; conclusion; executive summary.*

Quality Assessment criteria	Assessment Levels			
	Very Good	Good	Poor	Unsatisfactory
<p><b>1. Structure and Clarity of Reporting</b>  <i>To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.</i>                      Checklist: of minimum content and sequence required for structure:</p> <ul style="list-style-type: none"> <li>• i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable)</li> <li>• Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used.</li> </ul>	Please insert <u>assessment level</u> followed by your main <u>comments</u> :			
<p><b>2. Executive Summary</b>  <i>To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.</i>                      Structure (paragraph equates to half page max):</p> <ul style="list-style-type: none"> <li>• i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); iv) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 page</li> </ul>				
<p><b>3. Design and Methodology</b>  <i>To provide a clear explanation of the following elements/tools</i>                      Minimum content and sequence:</p> <ul style="list-style-type: none"> <li>• Explanation of methodological choice, including constraints and limitations;</li> <li>• Techniques and Tools for data collection provided in a detailed manner;</li> </ul>				

<ul style="list-style-type: none"> <li>• Triangulation systematically applied throughout the evaluation;</li> <li>• Details of participatory stakeholders' consultation process are provided.</li> <li>• Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation</li> </ul>	
<p><b>4. Reliability of Data</b>  <i>To clarify data collection processes and data quality</i></p> <ul style="list-style-type: none"> <li>• Sources of qualitative and quantitative data have been identified;</li> <li>• Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.</li> </ul>	
<p><b>5. Findings and Analysis</b>  <i>To ensure sound analysis and credible findings</i>  <b>Findings</b></p> <ul style="list-style-type: none"> <li>• Findings stem from rigorous data analysis;</li> <li>• Findings are substantiated by evidence;</li> <li>• Findings are presented in a clear manner</li> </ul> <p><b>Analysis</b></p> <ul style="list-style-type: none"> <li>• Interpretations are based on carefully described assumptions;</li> <li>• Contextual factors are identified,</li> <li>• Cause and effect links between an intervention and its end results (including unintended results) are explained.</li> </ul>	
<p><b>6. Conclusions</b>  <i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> <li>• Conclusions are based on credible findings;</li> <li>• Conclusions are organized in priority order;</li> <li>• Conclusions must convey evaluators' unbiased judgment of the intervention.</li> </ul>	
<p><b>7. Recommendations</b>  <i>To assess the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> <li>• Recommendations flow logically from conclusions;</li> <li>• Recommendations must be strategic, targeted and operationally-feasible;</li> <li>• Recommendations must take into account stakeholders' consultations whilst remaining impartial;</li> <li>• Recommendations should be presented in priority order</li> </ul>	
<p><b>B. Meeting Needs</b>  <i>To ensure that Evaluation Report responds to requirements (scope &amp; evaluation questions/issues/DAC criteria)</i></p>	

Quality assessment criteria (and Multiplying factor *)	Assessment Levels (*)			
	Unsatisfactory	Poor	Good	Very good
5. Findings and analysis (50)				
6. Conclusions (12)				
7. Recommendations (12)				
8. Meeting needs (12)				
3. Design and methodology (5)				
4. Reliability of data (5)				
1. Structure and clarity of reporting (2)				
2. Executive summary (2)				
<b>TOTAL</b>				

(\*) Insert the multiplying factor associated with the criteria in the corresponding column e.g. - if "Finding and Analysis" has been assessed as "good", please enter the number 50 into the "Good" column. The Assessment level scoring the higher number of points will determine the overall quality of the Report

**Annex 6 - Evaluation matrix template**

The evaluation matrix summarises the core aspects of the evaluation exercise by specifying what will be evaluated and how. The evaluation matrix is organised on the basis of the evaluation criteria.

Criteria	Evaluation question	What to check	Data sources	Data collection methods
Relevance				
Effectiveness				
Efficiency				
Sustainability				
Coordination				

<b>Evaluation questions</b>
This column will include the evaluation questions.
<b>What to check</b>
This column is an interface between the evaluation question and the data sources. It narrows the evaluation question further by specifying what evaluators should focus upon and what they should check precisely when attempting to answer the question.
<b>Data sources</b>
This column specifies the documents and informants that will provide the data and information that the evaluators will analyze in order to answer the questions.
<b>Data collection methods</b>
This column indicates the tools that will be used to collect data from the sources. The methods usually used are the study of documentation, surveys, individual interviews, group discussions and focus groups.

Annex 7 - Evaluation budget template

Evaluation of the Joint UNFPA-UNICEF FGM/C Programme					
Budget Template					
Description	Unit	Quantity	Unit cost	Total	Comments
<b>MAIN PHASES AND STAGES</b>					
<b>FEEES</b>					
<b>Design and Desk Review</b>					
Team leader	pers.day				
Senior Expert in Gender	pers.day				
Mid-level expert in knowledge management	pers.day				
Junior/ mid-level expert in research, data collection and analysis	pers.day				
Other consultants etc..	pers.day				
<b>Total Design and Desk Review</b>					
<b>Data Collection and Field Visits</b>					
Team leader	pers.day				
Senior expert in gender	pers.day				
Mid-level expert in knowledge management	pers.day				
Junior/ mid-level expert in research, data collection and analysis	pers.day				
Other consultants etc..	pers.day				
<b>Total Data Collection and Field Visits</b>					
<b>Reporting</b>					
Team leader	pers.day				
Senior Expert in Gender	pers.day				
Mid-level expert in knowledge management	pers.day				
Junior/ mid-level expert in research, data collection and analysis	pers.day				
Other consultants etc..	pers.day				
<b>Total Reporting</b>					
<b>Dissemination and Follow-Up</b>					
Team leader	pers.day				
Senior Expert in Gender	pers.day				
Mid-level expert in knowledge management	pers.day				
Junior/ mid-level expert in research, data collection and analysis	pers.day				
Other consultants, etc..	pers.day				
<b>Total Dissemination and Follow-Up</b>					
<b>Total Fees for all Phases</b>					

OTHER COSTS					
<b>Technical costs</b>					
Translation of the executive summary for the final evaluation report					
Translation of the executive summary for all country case study reports					
<b>Total Technical Costs</b>					
<b>Lump sum - Travel</b>					
Field visits to 4 countries					
5 Missions to New York including the stakeholder workshop					
<b>Total travel</b>					
<b>Lump sum - daily subsistence and allowance- DSA</b>					
DSA for all country visits and missions to New York					
<b>Total DSA</b>					
<b>Total Other Costs</b>					
<b>Grand Total</b>					





## Annex 2. Minutes of the ERG Meetings

### FGM/C UNICEF UNFPA Joint Evaluation

#### Reference Group meeting

12 September 2012

Present were:	Alexandra Chambel, UNFPA, Co- Chair of the reference group
	Krishna Belbase, UNICEF, Co- Chair of the reference group
	Valeria Carou-Jones, UNFPA
	Nafi Diop, UNFPA
	Francesca Moneti, UNICEF
	Anne Daher Aden, UNICEF (representing Judith Diers)
	Idrissa Ouedraogo, UNFPA
	Elsa Kuntziger, UNFPA
	Olivia Roberts, UNFPA
	Anette Wenderoth, Team leader (Universalialia)
	Joelle Palmieri, senior gender consultant (Universalialia)
Regrets:	Colin Kirk, UNICEF
	Judith Diers, UNICEF
	Cody Donahue, UNICEF
	Ian Askew, Population Council.

### Summary of discussion

The main points of discussion are detailed below. Participants' initials indicate attribution of comments.

#### 1. Joint Evaluation Management Group meeting with Evaluation Team (Universalialia)

**Alexandra Chambel (AC)**, chair of the management group, summarised the meeting between the Management Group and the Evaluation Team (Universalialia) that had taken place earlier that day. The calendar for the evaluation had been revised as a result of the delays with finalisation of the contract. The final deadlines will still be maintained, and country case studies may be conducted in parallel to help ensure this. The revised calendar will be circulated to the Reference Group for their information.

**AC** presented the following points for agreement by the Reference Group.

i. Selection of pilot and country case studies: Kenya was proposed as the pilot case study. The availability of information, the existence of different approaches and variety of interventions in Kenya made it the primary candidate for the pilot mission. The pilot country would be an opportunity to test the methodology for the case studies but would also be a full-fledged country case study. The other three country case studies proposed were Sudan, Senegal, and Burkina Faso or Uganda.

ii. The country case study reports for the Francophone countries would be in French.

iii. Members of the Joint Evaluation Management Group would be participating in the country case study visits in an active capacity, for gaining familiarity with the country/programme contexts and for facilitating data collection and quality assurance: Alexandra Chambel (Kenya and Senegal), Krishna Belbase (Sudan) and Valeria Carou-Jones (Uganda or Burkina Faso tbc).

iv. The importance of contacting the case study countries as soon as possible once selected was highlighted. Clarification was needed from the Reference Group on who from the two agencies in-country would assist with organizing the evaluation (whether it would be jointly done or led by one agency).

v. The creation of national Reference Groups in case study countries to involve national partners. The role of the national Reference Groups would be:

- a. to ensure government involvement and national ownership;
- b. to expedite data collection and
- c. to provide comments to the draft country case study reports (but they would not play a management role).

vi. The next Reference Group would be timed to share insights from the pilot case study.

vii. Evaluation plans for each of the country case studies would be developed (though were not a deliverable) to inform the evaluation team, Joint Evaluation Management Group and national stakeholders. Krishna will share an example.

## **2. Presentation by the Evaluation Team (Universalialia)**

**Anette Wenderoth (AW)**, Team leader, made a short presentation (power point presentation enclosed). She reiterated the purpose and objectives of the evaluation. The team was focusing on understanding the theory of change, that is, the key thinking and aims of the programme. Who is going to use this evaluation and for what purpose was raised as a question for the Reference Group. The phases of the evaluation were outlined, as per the ToR, and she raised the issue of further consultation with key stakeholders and that options included telephone interviews and a survey.

The evaluation team would consist of a Team Leader, Senior Gender Expert, 2 x Evaluation and Gender Equality Specialists, Research Assistants and 4 National/Regional Consultants.

Identified challenges included:

- Stakeholder availability – the role of the national consultants would mitigate the effect of this by providing follow-up after the field visit, and they would also play a key role in interviews/focus groups with national stakeholders, implementing agencies, beneficiaries.
- Type, amount and quality of data.

- Sensitivity of FGM/C and the potential impact on data collection at community level.
- Identification of the national consultants.

### **Discussion**

AC raised the issue that the Joint Programme on FGM/C covers 15 countries whereas there were only four country case studies. The role of those four country case studies is to illustrate the programme. The evaluation team would need to gather information and data from the other eleven countries, such as: through documentary review, using a survey, phone interviews and webinars at regional level. The stakeholder mapping would be included in the Inception Report. AC, also raised the need to understand more about the ‘jointness’ of the Joint Programme on FGM/C, particularly at the regional level, such as how it adds value, does it work well at all levels, what are the differences if any and why do they exist?

**Nafi Diop (ND)** felt that it was important to clarify what was being examined at each level, for example that the regional level is working with both the global level and country level but in different ways. **Francesca Moneti (FM)** clarified that regional level operations were with partners who were working in a number of countries so this would need a different approach. The issue of the sub-national level would also need to be considered. It was clarified by the evaluation team that the evaluation was looking at the mechanism of working as well as the specific content of FGM/C.

The title of the Joint Programme on FGM/C was discussed (‘Accelerating Change’). The title was chosen as the programme aimed to accelerate and scale-up the existing trend of decrease and also utilise the observed benefits of a certain mix of activities. The title also aimed to acknowledge that the agencies could only make a contribution to this area.

### **Selection of country case studies**

Kenya was confirmed as the pilot country, and Senegal and Sudan as country case studies. FM raised the challenge of accessibility in Uganda, as well as the similarity of some population groups with Kenya. Burkina Faso was therefore confirmed as the final country case study. The option of programme staff from Uganda visiting during the field missions was raised, and options for coordination with other existing meetings would be explored. It was agreed that the country case study reports for the Francophone country case studies would be in French.

#### **Coordination of field visits/Communication with country offices**

ND reported that the level and type of coordination between agencies varied in each programme country. ND recommended that initial contact was made with the programme focal points from both UNFPA and UNICEF about the evaluation, and that they be tasked with assisting in the coordination of the country case studies. ND would send an email on behalf of both agencies to

the relevant focal points informing them of their selection as a country case study, and stating that the Joint Evaluation Management Group would follow-up regarding the organisation process for the field visits. It was stressed that the provisional dates would need to be decided as soon as possible and communicated to the country offices. Provisional dates for pilot country case study were 22 October – 2 November 2012.

The national Reference Groups was discussed. National steering committees (or similar) were already in existence that could be used. Their exact role in the evaluation would need to be made clear, and the Management Group would write a note clarifying the role of the national Reference Groups. Idrissa Ouedraogo (IO) supported the use of these existing mechanisms.

### **Intended users of the evaluation**

FM stated that it was anticipated that the results of the evaluation would be used both within agencies and direct use by partners. Within UNICEF the evaluation would be used for wider child protection/harmful practices-related programming, country programmes (social norms) and lessons for wider areas such as the mid-term strategic plan, post-MDG. ND reported that UNFPA would also use the evaluation to help inform the Strategic Plan and would provide learning for other gender issues. Direct use would be by programme country partners and donor countries as there was a current lack of systematic evaluation on this issue.

The evaluation could also influence the possible continuation of the Joint Programme on FGM/C, which had not been known during the development of the ToR so it is not reflected. The preliminary thoughts about the next phase were that it would operationally be similar in terms of 'jointness' and small global support that also conducts global advocacy. It would cover a similar number of countries, possibly including some of the same countries. It is being considered whether the focus would be FGM/C only or include other harmful practices (e.g. child marriage). FM commented that the issue of whether it is realistic to attempt this kind of global movement could be addressed.

ND commented that understanding the national perspective on the global support would be a useful insight. FM raised the role of countries working together as another issue for exploration e.g. 'peer review' of each other's programmes.

ND raised the issue of staff turnover but suggested that it would be possible to make contact with some key staff who had moved to new positions. Members of the Programme Steering Committee were highlighted as key potential interviewees, particularly as users of the evaluation. Colleagues at UN Women who had written the Secretary-General report on FGM/C were also suggested.

### **Main agreements**

- Kenya was confirmed as the pilot case study country. The other country case studies are Senegal, Sudan and Burkina Faso.
- It was agreed that the country case study reports for the Francophone country case studies would be in French.
- Receipt of draft Inception report: 28 September 2012.
- Provisional dates for pilot country case study: 12 – 23 November 2012.

### **Next steps**

- Joint Evaluation Management Group to circulate revised evaluation calendar;
- Provisional dates for country case studies to be decided asap;

- ND/FM to send email to country case studies notifying them of their selection and introducing the Management Group who would then follow-up;
- Joint Evaluation Management Group (Krishna) to write a note clarifying the role of the national Reference Groups;
- Additional interviewees at the global and regional levels to be provided by ND/FM to the evaluation team;
- Next Joint Evaluation Reference Group meeting November 29, 2012 (tentative date).



**FGM/C UNICEF UNFPA Joint Evaluation  
Reference Group meeting  
10 December 2012**

Present:	Alexandra Chambel, UNFPA, Co- Chair of the reference group Krishna Belbase, UNICEF, Co- Chair of the reference group Anne Daher Aden, UNICEF (representing Judith Diers) Nafi Diop, UNFPA Cody Donahue, UNICEF Colin Kirk, UNICEF Elsa Kuntziger, UNFPA Francesca Moneti, UNICEF Luis Mora, UNFPA Olivia Roberts, UNFPA Anette Wenderoth, Team leader (Universalia)
Phone:	Ian Askew, Population Council Ellen Gruenbaum, Universalia
Regrets:	Judith Diers, UNICEF; Idrissa Ouedraogo, UNFPA

**Summary of discussion**

The main points of discussion are detailed below. Participants' initials indicate attribution of comments.

**1. Briefing on visit to Kenya (pilot case study) and issues arising from the field visit**

Anette Wenderoth (AW) made a short presentation on the pilot case study mission to Kenya that was based on the debriefing presentation made to the National Reference Group and key national stakeholders in Nairobi on 23 November 2012 [the Kenya debriefing presentation is available at <http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103>]. The

presentation included a set of preliminary observations, findings and conclusions deriving from the pilot mission in Kenya.

Francesca Moneti (FM) commented that 'assumptions' was not an appropriate term [slide 21] as the design of the joint programme was informed by theories based on social science research, and therefore an alternative term might be appropriate for use in the inception report.

Alexandra Chambel (AC) highlighted that the issue of 'clarifying and further strengthen linkages with other issues' [slide 23] referred to the question of whether FGM/C extended across programme areas within UN agencies (for example, for UNFPA does FGM/C link to reproductive health and rights and population data on GBV). This would need to be tested during the 3 remaining country case studies. FM commented that child protection is an inter-sectoral issue at UNICEF so it may be more useful to look at the social change/norms perspective of the joint programme.

In terms of experiences from the Kenya pilot case study mission, AC highlighted:

- i. Splitting the evaluation team into two sub-teams to conduct data collection at the community level enabled greater coverage of interviews and a larger portfolio of activities could therefore be assessed. The organisation of the teams had been done to ensure an optimum mix of UN, evaluation and national experience between the teams. Therefore the option of recruiting two national consultants, alongside one Evaluation Management Group (EMG) member and one international evaluation team member was being discussed with the evaluation team;
- ii. The National Reference Group that had been formed for the Kenya pilot case study had been very engaged, and had included representation from a range of key national stakeholders (government, religious leaders, national NGOs). The UNICEF and UNFPA Kenya country offices had played a key role in assisting with the formation and engagement of the National Reference Group;
- iii. Another key issue to be explored further in the three remaining country case studies is whether country offices are monitoring for results and the extent to which is integrated with monitoring for results for the country programme. Furthermore, are the results that they are monitoring for at the appropriate level and if it would be feasible to incorporate these results in to the country programme.

**Discussion:**

In response to the presentation, Nafy Diop (ND) requested information on the use of interview tools, specifically the focus groups and in-depth interviews with community members included in Volume 2 of the draft final inception report that had been circulated for comment to the Reference Group, and what the quality assurance process was for their use, for example ensuring that national experts had relevant research experience. She also commented that information on the practical experience of conducting focus groups discussions during the Kenya pilot case study mission would be useful.

AC clarified that the national expert will be recruited ensuring that he/she has research skills and/or interpreter assisted with translation during focus groups discussions or that some discussions were conducted in English. The use of two national consultants in the remaining three country case studies will help ensure that the required research and language expertise is available.

ND also highlighted the following points:

- i. Further information would be useful on the focus group discussions about public declarations, such as the added value of these declarations for the communities;
- ii. The design of the joint programme had intentionally respected the areas delineated between UNICEF and UNFPA in respective country programmes. Closer synergy between UNICEF and UNFPA in implementing activities may be evident in countries where both agencies work in the same geographical areas as is the case in some countries. Therefore the learning process between IPs should be better in these examples. ;
- iii. The joint programme does not support rescue centres [slide 17]. FM made the comment that the joint programme shared the evaluation team's concerns about the sustainability of rescue centres. AW clarified that this issue had been included in the briefing on Kenya pilot case study mission as interviewees had made the link between rescue centres and Alternative Rites of Passage but it was appreciated that these were not a joint programme activity;
- iv. The joint programme database was not intended to be integrated into the country programme monitoring and evaluation systems but was designed as a parallel system to aid the accountability processes of the joint programme. The evaluation team should focus their attention on assessing if some FGM/C indicators are integrated within the strategic plan and if country offices are reporting in the country office annual reports;
- v. The issue of medicalization/reproductive health and FGM/C was a key area for the joint programme in Kenya and the country case study report may wish to reflect this depending on the feedback from interviews. One recommendation may be to give more weight to reproductive health aspect of FGM/C, including the medicalization and de-



medicalization of the practice, health providers' skills for the prevention of FGM/C and their skills to manage the complications related to FGM/C including ensuring that women deliver safely.

- vi. The cultural complexity in Kenya should also be reflected and how this impacts on the success of activities. For example why there has been no public declaration so far in the Somali population whereas 3 public declarations were made with Pokot, Meru, Ilshamus communities.

AW clarified that the tools for community discussions were adapted in the field and will be revised for use for the remaining three country case studies. Interview protocols were also shared with interviewees beforehand. In terms of limitations to data collection, community-level focus groups discussions were held with community activists. Therefore, whilst the opposition to anti-FGM/C activities at the community level were reported by these groups they were not directly observed by the evaluation team.

Colin Kirk (CK) raised the issue of measuring results and that the inception report should make clear how areas or issues that have not shown results will be captured by the evaluation. Krishna Belbase (KB) commented that results in terms of identified needs against joint programme targets needs to be reflected more clearly. Issues of efficiency should also be expressed, such as allocation of funds, potential cost-savings.

AC commented that the issue of whether the country case study reports will include concrete and operational recommendations at country level will be decided after the remaining three country case studies, as it was possible to formulate preliminary recommendations for Kenya pilot case study but may vary for the other three.

## **2. Discussion of the revised inception report**

### **Theory of Change**

AW commented that the theory of change presented in the draft final inception report is aiming to clarify key assumptions underlying the joint programme about 'how change happens'. The theory of change is based on explicit and implicit thoughts on the dynamics of change outlined in existing joint programme documents. AW clarified that the suggested theory of change is not describing what the joint programme is doing but instead aims to describe what types of changes the joint programme is trying to achieve.

ND commented that the theory of change did not reflect that the joint programme aims to effect change at multiple levels. Furthermore the direct link between some outcomes (i.e.

outcome one leads to outcome two) is not appropriate as outcome 2 is influencing more. The evaluation should not focus on outcomes but instead focus on the efforts that go into changes at these multiple levels. She felt that it was not appropriate to group some activities together as although they are at similar levels they involve different types of effort, and that capturing the joint programme contribution at the different levels was key.

CK highlighted that the theory of change is intended to provide a much broader and richer approach for the evaluation than would be achieved by only reviewing the joint programme results framework, and is intended to be an analytical tool. The theory of change enables the evaluation team to be critical of the interventions, such as identifying gaps, but should also relate to the results framework.

Cody Donahue (CD) commented that it was helpful that the theory of change reflects the different timescales for different outputs but there are some outputs that have not been identified at the short and medium term. The Reference Group will send comments on the theory of change to help address these issues. While the theory of change is a useful tool for the evaluation it is important to make clear to joint programme country offices that it is not intended to replace the revised results framework. CD felt that it would be useful to know whether the theory of change could be tested as a result of the Kenya pilot case study. He also highlighted that contextual factors were missing and it would be useful to know how these could be captured.

AW clarified that the theory of change was developed based on the joint programme programming documents and aimed to make clear how the joint programme operated differently at different levels. It is an illustrative diagram of 'how change happens', and it was important to keep a certain level of complexity in order to demonstrate causality. While there is a strong theoretical basis for the joint programme there are also areas where it would be useful to examine further why change happens. AW commented that the integration of outputs into the theory of change was not meant to indicate that the joint programme did not carry out activities in certain areas, but to illustrate at what levels the explicit results noted in the joint programme logframe were 'located'. The theory of change had been shared with the National Reference Group for the Kenya pilot case study and positive comments were received about its clarity and logic. The theory of change did not require any adjustments as a consequence of the Kenya pilot case study.

Luis Mora (LM) added that the theory of change aimed to illustrate the added value of the joint programme but that this was not the design of the original proposal so it was difficult to therefore align the theory of change directly with the joint programme design. The theory of

change would be useful for the second phase of the joint programme, and FM agreed that it would be useful for identifying the research agenda for the second phase.

**Evaluation questions**

AC raised for comment that an additional evaluation question (EQ7) had been incorporated into the draft final inception report: 'to what extent and how has the joint programme integrated cross-cutting issues of gender equality, human rights, cultural sensitivity, equity focus and youth?'. ND commented that youth was a population group and was not appropriate to include in the evaluation question as a cross-cutting issue on the same level as gender equality or human rights. Issues of gender equality and human rights should be assessed for the youth group as it will be for women or other groups. Therefore a recommendation is to introduce the youth target in another evaluation question. CD commented that participation of various population groups may be more appropriate for inclusion in evaluation questions on design (EQ1) or effectiveness (EQ2). The evaluation team agreed to revise the EQ based on these comments. ND clarified that equity was a key issue for UNICEF but UNFPA use gender equality. LM commented that equality was more than a cross-cutting issue and was a core aspect of UNFPA programmes, and therefore needed to be at the centre of the evaluation analysis.

CK raised the issue of counter-factuals and questioned how the evaluation would capture and explain any shortcomings, as the evaluation seemed well-positioned to capture where results had been achieved but that a methodology to identify where results were not achieved, and linked to issues with design or implementation of the joint programme, was also needed. AW responded that it was not possible to visit countries where the joint programme was not operating so it was not possible to have a true counter-factual. However, the country case studies would involve visiting countries where the implementation of similar activities has generated different results. AC added that interviews with key national stakeholders would allow for exploration of what would not have been achieved without the joint programme. ND added the example of Somali communities in Kenya where awareness-raising and education programmes have been implemented for years and the joint programme is also supporting that effort. However there has not been a public declaration yet as in other communities in Kenya. It would therefore be useful for the evaluation to comment on this variation in results within countries, and whether the same theory of change was applicable in these different contexts. Ellen Gruenbaum commented that the different contexts will help understand the areas in the theory of change where it is not fully understood why change happens or does not happen. For example in Sudan, there may be different reasons for intra-country variance than in Kenya. FM added the example that community discussion varies with context, in terms of who leads the discussion, what point it takes place, and so does this still make community discussion a key aspect of theory of change? These are the types of questions about the joint programme that

the theory of change needs to help the evaluation to answer. CD commented that Tanzania and Ghana were examples of countries where anti-FGM/C activities were taking place but were not supported by the joint programme so it may be possible to use existing research from these countries.

ND raised the issue of how the evaluation would assess regional cross-border initiatives and south-south cooperation. Exchanges between countries on their experiences, organised under their own initiative, could be an example of the added value of the joint programme. She added that the joint programme global consultation and dialogue sessions helped this process. AC responded that these issues would be explored via the survey that would be sent to the country offices of the non-visited joint programme countries complemented by group discussions with these country offices and implementing partners, interviews with regional stakeholders, and the remaining three country case studies.

AC clarified that the interview protocols in Volume 2 were adjusted based on the experiences from the Kenya pilot case study.

ND commented that the UNFPA Representative in Senegal was leaving their post this week and that the evaluation team would need to conduct an interview as soon as possible.

CK commented that the inception report was the final point at which the Reference Group could highlight issues for the evaluation to consider or make comments on the methodological approach chosen by the evaluation team.

AC requested comments on the draft final inception report from the Reference Group by 13 December 2012.

#### **Next steps**

AC outlined the next stages in the evaluation process:

- Deadline for comments on draft final inception report from the Reference Group and joint Evaluation Management Group - 13 December 2012;
- Draft Kenya country case study report – 19 December 2012;
- The evaluation team to incorporate comments and submit the final inception report - 21 December 2012;
- Payment of 30% to evaluation team on receipt of final inception report;
- Survey to non-visited countries will be conducted in parallel with the three remaining country case studies:

- Senegal: 21 January – 1 February 2013
- Sudan: 21 January – 1 February 2013
- Burkina Faso: 4 – 15 February 2013
- All country case study reports will be finalised at the same time to ensure consistency of content and format.
- The delivery of the final report is expected in mid June 2013.
- The dissemination strategy is still being discussed among the joint Evaluation Management Group but will include a stakeholder workshop in Q3 2013.
- The final report will be presented to the Executive Board in January 2014; a joint presentation by UNICEF and UNFPA was agreed.



**FGM/C UNICEF UNFPA Joint Evaluation  
Reference Group meeting  
30 April 2013**

<b>Present:</b>	Alexandra Chambel, UNFPA, Chair of the reference group Krishna Belbase, UNICEF Anne Daher Aden, UNICEF Francesca Moneti, UNICEF Cody Donahue, UNICEF Louis Charpentier, UNFPA Nafy Diop, UNFPA Elsa Kuntziger, UNFPA Gretchen Kail, UNFPA Olivia Roberts, UNFPA Ida Thyregod, UNFPA Anette Wenderoth, Team leader (Universalia) Silvia Grandi, Universalia Alassane Diop, Universalia Ellen Gruenbaum, Universalia
<b>Regrets:</b>	Ian Askew, Population Council, Judith Diers, UNICEF, Idrissa Ouedraogo, UNFPA, Luis Mora, UNFPA, Colin Kirk, UNICEF

The main points of discussion are detailed below. Participants' initials indicate attribution of comments.

**Welcome**

Alexandra Chambel (AC) welcomed all participants. The objective of the meeting is to present preliminary findings from the field phase and identify common elements and lessons learned to inform the synthesis phase. The country case study report for Kenya is complete and the report



for Burkina Faso is almost finalized. Comments and questions regarding ongoing country case studies (Senegal and Sudan) from the Reference Group are welcome. This meeting will also present the next steps in the evaluation process and the planned calendar.

**Update from the evaluation team**

Anette Wenderoth (AW), team leader of the evaluation team, updated the Reference Group on the data process collection for the four country case studies and 11 non-visited countries, which had now been completed. All field missions for the country case studies had also been completed. Limitations related to field missions included security issues which prevented some community visits. In order to mitigate these limitations, information was collected via alternative means (interviews conducted by national consultants at a later date).

AW presented an overview of emerging findings, which were formulated based on all country case studies and initial data from 11 non-visited countries. Overall, there were positive findings in view of the joint programme's (JP) relevance and progress towards contributions to results., , Coordination, management, and reflection of cross cutting issues were mostly positive findings, albeit with nuances. Areas for improvement included the need for longer-term follow-up of interventions and monitoring focused on results rather than activities, and the need for adjustments to the annual planning/budgeting cycle. The country case studies highlighted successes and challenges of operationalizing the complex social norms theory and of coordination between the two agencies.

**Discussion**

In response to the presentation, Krishna Belbase (KB) commented that the four country case studies should highlight lessons learned that can inform future programming and that hopefully some of the ideas in the four studies could be used by the four countries themselves. Nafy Diop (ND) stated that conclusions from the overall synthesis report will influence future FGM/C programming. In response to the implementation rates for the joint programme at the country level, Francesca Moneti (FM) commented that 80% implementation rate is as high as possible without a break in programming. FM agreed with the emerging finding that monitoring and evaluation (M&E) can be improved but felt that the JP's role in establishing M&E structures should be recognized. Louis Charpentier (LC) stated that weaknesses in M&E was a recurrent finding in recent evaluations at UNFPA, which may be also be the case for UNICEF, and that monitoring and reporting frequently tended to focus on activities and not on results that have been achieved. It would be useful for the synthesis report to clarify the M&E issues for UNFPA and UNICEF separately. M&E is also a potential entry-point for better joint working between the two agencies (helping to address the issue of 'jointness'). Cody Donahue (CD) raised the issue of whether findings from the evaluation indicated the need for guidance to be provided to

countries on how to implement certain strategies used at the country level, such as public declarations. CD commented that, as a proposal is being developed for a next phase of the JP, it would be useful for the synthesis report to indicate whether the research and thinking behind the revision of the logframe were appropriate and for the synthesis report to include any suggested modifications for the next phase of the JP. Ida Thyregod (IT) commented that the final synthesis report was keenly awaited by the donor community and requested if any information could be shared in advance of the final report. KB suggested that the four country case study reports could also be shared once finalized. AC responded saying that the reporting phase is just starting which means that the evaluation report will not be available before August. As a standard approach evaluation results are not disclosed before final reports are completed; however, she proposed to discuss this request with UNICEF evaluation office.

**Use of social norms to inform the mix of strategies used at the country level**

FM clarified that the JP is based on social norm theory that places emphasis on a collective approach and seeks to motivate social dynamics that can lead to social change. The recognized objective of the strategy is to influence others. FM commented that the emerging findings that were presented by AW suggested that countries found this hard to operationalize. It would therefore be useful for the evaluation to address whether this approach was appropriate and then analyze how this thinking has influenced the mix of strategies at the country level and how increased understanding related to the theory behind the JP has helped finesse the choice of strategies over time.

ND commented that, with regard to the choice of behavior change indicators for the JP, FGM/C becoming an 'underground' practice is evidence of behavior change as it indicated that FGM/C is no longer socially acceptable. With regard to the mix of strategies, each strategy brings a different element which is meant to work in combination and therefore strategies should not be viewed as contradictory. For example, the influence of 'negative' advocacy (film of cutting) on parliamentarians in Kenya contributed to the development of the law. LC responded that the issue of people crossing borders to perform FGM/C due to change in social attitudes indicated that there was a need to work on the JP logframe and identify appropriate indicators. CD highlighted the issue that the outputs should not create an artificial separation between community and national level but should instead reflect that the aim is societal change at a range of levels and actors, using multiple channels and messaging, and suggested that the evaluation could comment on this.

AW responded that the evaluation team recognizes that the synthesis report should effectively communicate the findings regarding the appropriateness of the mix of strategies. The national level results of the JP are easier to communicate than the community level, and whilst the issue



of movement across borders does demonstrate behavior change it is difficult to measure this and other changes at the community level.

Silvia Grandi (SG) commented that the JP approach in Senegal is closely related to one type of approach (Tostan) so this created difficulties to link collective change with the JP approach of multiple strategies. AW added that the indicator for public declarations in the UNICEF Strategic Plan has contributed to driving this and may impact on what the JP coordinators feels that they should be achieving, and there were different ways to translate to programme into the national reality. SG clarified that the terms 'negative/positive' approaches used in the presentation were expressed by communities in Burkina Faso who held opposing views on what approaches should be taken (e.g. whether or not it is a 'fight' against FGM/C, whether or not to use graphic images). LC suggested that indirect/direct might be a better choice of words as it was important that the evaluation team consider how to communicate this effectively in the synthesis report.

AC commented that in Burkina Faso there is an appreciation that the use of shocking images of FGM/C (la boîte à image) communicate messages effectively and may thus contribute to the change of attitude of individuals vis-à-vis the movement of abandonment of the practice. FM added that the use of images is a collective activity as a group will view the images and discuss them together. Ellen Gruenbaum (EG) commented that while images can galvanize people into action it does not solidify a new social norm and needs to be paired with other ways to bring about wider social change, as this is recognized by the JP as use of images is part of a portfolio of approaches. AW added that it was important to note that this is not necessarily recognized by national partners at this stage. ND commented that it is important that these approaches are clearly analyzed by the evaluation so that the JP is aware of the effectiveness of these approaches and if they are value for money (especially for activities like the *Saleema* campaign in Sudan). KB commented that, in Sudan, an issue is the cost-efficiency of different approaches in terms of turning them into a national approach by the JP and government.

#### **Management**

ND commented that the case studies need to make clear who is responsible for coordination at decentralized level (government, local authorities, implementing partners), as the coordination role of UN agencies is important mostly at the upstream level (advocacy campaign, fundraising, etc). EG added that this should also reflect who is responsible for ensuring capacity at these levels (JP, government, local authorities).

#### **Regional coordination**

SG stated that interviews had been held with most programme donors and all international NGOs who were supported by the regional component of JP. JP supported existing efforts but in



most cases the INGOs supported projects that had a national focus so this did not promote a trans-border approach. There was little exchange, and little work with communities that lived across borders. UNFPA and UNICEF regional offices interviewed felt that they were not involved in the INGOs' work, and there was little integration between national country offices and the INGOs and that overall this was felt to be a missed opportunity.

ND commented that this is an important finding and it would be useful to learn more about this from the evaluation, and this was an issue in terms of cost-effectiveness. Regarding INGOs, working with them is in some cases a donor requirement so this can influence the activities that are conducted with them. A clear recommendation on this issue would also be useful.

FM clarified that, in the original proposal for the JP, there was an intent to look at regional clusters but once the JP began, the focus was on other priorities such as the need to build capacity at national level, ensure a common language, and need to develop alliances to bring about global realities like a UN Resolution.

LC highlighted that it would be useful for the evaluation report to comment on what, if any, has been the role of regional offices, particularly as UNFPA is developing a regional office (in Dakar) in the region where the JP is active.

ND requested if there was any learning from the evaluation on what is being done by other NGOs in terms of cross-border cooperation that could inform the JP?

#### **Emerging issues**

AW requested clarification whether there was there a shared understanding of the JP's objective of 'Accelerating Change' and if the respective national actors understood their role in achieving that objective. FM commented that the understanding at the country level was that the programme did not start from scratch but built on existing structures and realities, and that change could be accelerated by introducing a strengthened collective approach. National ownership could be developed by building on what was there but also expanding the national capacity. The coordinating agencies needed a clear goal (40% reduction) but this was a global target with selected focus and was not meant as a goal for each country. ND commented that the goal may not have been understood as a global target. The approach may also have been constrained by the objectives of the individual country programmes. FM added that it would be useful if the evaluation could make a recommendation about the need to clarify acceleration and how this could inform the design of the next phase of the JP. EG added that there is poor understanding of how the goal of 40% reduction translates at the national level, especially understanding of prevalence.

AW requested clarification on whether the JP coordinators felt that there was conflict between demonstrating clear results to donors whilst aiming to integrate the JP within country programmes. ND commented that it made sense to work with donors to help their understanding of the benefits of integrating the JP and also capture the results of mainstreaming. EG commented that it should be communicated to the national JP focal points that it is important that they provide reports in a way that also capture this.

ND commented that there is a need for the case studies to be more informative in terms of helping to understand innovation that has taken place and the potential for innovation within the JP. FM added that both agencies are in process of finalizing mid-term strategic plans so it would be useful to highlight programmatic innovation that could be useful for informing other programmes. CD highlighted that the Steering Committee is being consulted about a next phase for the JP so it would be useful to know what specific products and processes can be developed to analyse programme approaches, create an environment favorable to M&E for the next 5 years of the JP, and identify appropriate process/results indicators.

LC commented that analysis should address the degree to which JP has been institutionalized within both agencies, e.g. issue of personal relationships being related to success of partnerships is actually a limitation. Defining what is meant by 'accelerating' would be very useful for helping to define monitoring instruments, and clarifying what is meant by mainstreaming in terms of programming would also be useful.

#### **Next Steps and Calendar**

AC provided an update on the schedule of activities. The evaluation team has requested to extend the deadline for submission of the draft final report to the EMG to 14 June 2013 and for submission to the ERG on 21 June 2013. The final report is expected 30 July 2013.

Kenya case study report is now completed, and the Burkina Faso report is almost finalized. Sudan and Senegal reports are currently being reviewed, including comments from the National Reference Groups.

ND clarified that preparation of the concept note for the second phase of the JP will begin in one week and the deadline for the draft concept note is end May. ND requested any appropriate additional information from the evaluation team and EMG that can be provided to help inform this. AW offered to provide comments on a draft version of the concept note.

#### **Meeting closed**



**FGM/C UNICEF UNFPA Joint Evaluation**  
**Reference Group meeting**  
**2 July 2013**

<b>Present:</b>	Alexandra Chambel, UNFPA, Chair of the reference group Colin Kirk, UNICEF Francesca Moneti, UNICEF Cody Donahue, UNICEF Nafy Diop, UNFPA Elsa Kuntziger, UNFPA Olivia Roberts, UNFPA Ida Thyregod, UNFPA Gretchen Kail, UNFPA Ian Askew, Population Council Anette Wenderoth, Team leader (Universalialia) Silvia Grandi, Universalialia
<b>Regrets:</b>	Idrissa Ouedraogo, UNFPA Luis Mora, UNFPA Krishna Belbase, UNICEF Anne Daher Aden, UNICEF Judith Diers, UNICEF

The main points of discussion are detailed below. Participants’ initials indicate attribution of comments.

**Welcome**

Alexandra Chambel (AC) welcomed all participants. The objective of the meeting is to discuss the draft final evaluation report, and in particular comment on the findings and recommendations. The final report is aimed at a more strategic level than the country reports, and comments are

invited from the Reference Group on the appropriateness and relevance of the findings and recommendations. The discussion should focus in particular on the following issues: validity of the ex-post theory of change; the extent to which findings capture all relevant points and accurately present the joint programme; any possible gaps or disagreements regarding the findings, as well as whether recommendations are well substantiated, realistic and operational.

AC said that the EMG has reviewed the first and second versions of the evaluation report and believes that the current version represents a well-developed draft to be shared with the Reference Group.

She also shared with the Reference Group that the final drafts of the country reports for Senegal and Sudan have been sent to the National Reference Groups for any final remarks. These country reports have been finalized and will be available shortly, alongside the country reports for Kenya and Burkina Faso which are already available.

Anette Wenderoth (AW) and Silvia Grandi (SG) made a short presentation on key aspects of the findings and recommendations. Overall, findings of the evaluation were positive, including terms of contribution to results, and inter-agency coordination and programme management. A key issue in terms of analysis of the reconstructed theory of change is that while there is data available on changes in FGM/C prevalence, it is not currently possible to link this to the activities of the joint programme. Recommendations are premised on the possibility of a second phase of the joint programme to sustain positive momentum for change and to respond to continuing need. It is recommended that the second phase includes a stronger regional focus and strengthened and more systematic long-term data collection and analysis. Issues that should be addressed include the annual budgeting and planning cycle, which indicates a role for donors in terms of longer-term financial commitments and the need for greater predictability of funds.

### **Discussion**

Ian Askew (IA) commented on the complexity of the evaluation and the need for the final evaluation report to balance the details from the different country contexts with the generalized analysis that leads to overall conclusions and recommendations.

Regarding the issue of measurement/data collection to demonstrate the link between interventions and (individual and collective) behaviour change and prevalence rate, Nafy Diop (ND) felt that this needed to be a very clear and specific conclusion and recommendation as this issue involves other development actors beyond the joint programme. There is a need for investment in research on this issue (e.g. elaborate and testing models, ways to improve learning) and will be a continuous process, and that the lack of current investment justifies a

more specific and elaborate recommendation on the need for investment by UNICEF and UNFPA and other development partners.

Francesca Moneti (FM) commented that the recommendations should highlight that more research is needed to identify and test more precise measures of change that precede changes in individual behaviours (e.g. perceptions of the views of others) that are related to changes in social norms. This would help the joint programme to measure if change is taking place even if behaviour change is not yet evident. FM felt that the joint programme should aim to be catalytic on this issue of research, e.g. DFID is active in this area so it is timely for the joint programme to advocate to others. Cody Donahue (CD) raised the issue of the outcomes for the second phase and how they need to reflect what precedes change in prevalence but follows change in social norms.

Regarding flexibility, FM felt that it had been made clear to countries that they did not have to engage in every aspect of logframe and that the report should address this issue carefully. ND added that including specific examples in the report of countries where flexibility did not take place would be useful, and the report could examine whether it is linked to staff movements and lack of awareness by new staff of the potential within the joint programme for adaptability. The report could also address how strong partnerships are needed to achieve multiple outputs, which also requires coordination.

CD commented that an evolution can be observed in some countries in terms of how resources were directed to outputs. The future direction of the joint programme is to focus on certain aspects in collaboration with others. With regard to indicators, the guidance from HQ to countries made clear that there were core indicators that all countries needed to report on, although it was possible for them to capture additional information in the logframe. The sources used by countries (e.g. from various partners) is of interest to the joint programme, including how programme focal points were able to engage with IPs and their M&E systems to obtain this information.

FM stated that the section of the draft report on cost-effectiveness should make clear that it is referring to the mix of strategies, not individual approaches, and the mix is dependent on a number of aspects of country context, and that the resources invested by others can also influence the chosen approach. ND commented that the idea of 'one model fits all' for the joint programme is not accurate and the only 'model' that is recommended is to use a mix of strategies. In terms of the Tostan approach, it is active in only 6 of 14 countries so the final report needs to clarify that there are other NGOs implementing other interventions. AW commented that the evaluation observed that there was the perception that Tostan was dominant and this was what was reflected in the report. AC added that the design of the joint programme was very much inspired by the Tostan approach which has been working in this field for a long time. CD

felt that the draft report represented well the different categories of public abandonment of FGM/C and suggested a similar presentation of the different approaches alongside Tostan to help illuminate this. ND suggested that the issue of human resources needs to be more explicit as the draft report focuses mainly on financial resources, and does not highlight the issue that the joint programme is currently made up of small teams at HQ and country levels.

Colin Kirk (CK) congratulated the team on the draft final evaluation report. With regard to recommendation on research, he felt it was relevant considering the issues highlighted by the reconstructed theory of change in the draft report and the need to 'fill in the blanks'. This may be a better recommendation than the broad recommendation to apply the social norms approach to other sectors. CK felt that survey data was disproportionately weighted in the draft report and there is need to be more specific about the varying types of evaluation evidence that support the findings. AC commented that there were other sources of evidence that could be utilized and it was important to balance the evidence used. CK stated that there is a need for specific evidence from various country contexts, and to ensure that there is not generalization across contexts. CK felt that there were contradictions in the draft report in terms of government responsiveness versus the lack of government resources and that the sustainability implications need to be made clearer. He commented that the recommendation to work at the regional level did not seem to be based on evidence as the joint programme has not worked extensively at the regional level so this should be addressed. The section on the toolbox and the use of the holistic approach also needs more evidence on what combination of approaches works.

CK stated that it was important that the final report acknowledged the 'success' of delivering the outputs as well as the fact that it had not achieved the ambitious target, and that it is still early in terms of what has been achieved. What is meant by 'significant' in terms of results also needs to be defined more clearly. CK also suggested removing mention of contribution analysis as it is not discussed sufficiently in the draft report, and the attribution issue has not been adequately resolved.

Ida Thyregod (IT) commented that it was important to ensure a balanced presentation when presenting evaluation results to donors.

ND felt that the discussion of equity in the draft report did not reflect that the joint programme has been implemented in rural areas and has helped provide beneficiaries with information and education on rights. FM added that the report needed to look at equity in a broader sense and recognise that the joint programme is working with some of the most deprived communities in terms of general well-being, and there is an equity focus, albeit not explicit. FM commented that the lack of evidence of cost-saving in the draft report needed to make clearer whether there was an absence of evidence on cost-saving or whether there was no cost-saving as this is of interest to donors. CK commented that the draft report presented information about increased transaction costs alongside comments about added value and it was suggested that the report should make clearer that there is added value from the joint programme but that higher transaction costs are a consequence of this mechanism.

IT commented that with regard to donor funding, it is important to highlight the need for multi-year funding. The delays in disbursements were not linked to the pass-through funding

mechanism but due to donors contributing late. ND stated that there are other issues such as expenditure rate and dialogue with the countries to ensure efficiency that may inadvertently cause delays. IT stated that UNFPA administrative processes (such as quarterly advances and reporting from implementing partners) are not limited to the joint programme only. CK felt that this was an important point to make for donors as these mechanisms are linked to their demands for greater accountability.

AC commented that there are findings that lead to recommendations that go beyond a second phase of the joint programme and this should be reflected in the report. CD commented that the section in the report on support for regional partnerships should be expanded as it currently focuses only the link from the national level. SG commented that discussion with NGOs did not reveal many regional results but that this could be made clearer in the report. ND raised that how the joint programme is positioned within the international context should be made clearer.

AW responded that the comments were very useful and would be responded to within the next draft of the report.

### Next Steps and Calendar

- The deadline for **written comments from the Reference Group on the draft final evaluation report would be extended to July 15.** It was agreed to share the Reference Group presentation with the programme focal points at the country and regional level.
- The proposed timing for the final version of the final report is end of July/beginning of August, and printed versions of the report will be available in October.
- The management response process with the respective units at UNFPA and UNICEF will be launched early September.
- A stakeholder workshop will then be held, with a tentative date of the final quarter of 2013.
- The programme coordinators mentioned a number of relevant events that are being planned which could incorporate aspects of the evaluation: i) a high-level panel event for end of September and ii) FGM/C conference being developed for 21-25 October.
- Presentation of the results of the evaluation to Executive Boards of UNICEF and UNFPA in January 2014 will be considered.

### Meeting closed



## Annex 3. Joint Programme Expected Results and Indicators

Joint Programme Objective, Outcomes, and Outputs as per Revised Logframe

**OBJECTIVE:** Contribute to a forty per cent reduction of the practice among girls aged 0–15 years, with at least one country declared free of FGM/C by 2012.

**OUTCOME 1.** Change in the social norm towards the abandonment of FGM/C at the national and community levels

**OUTCOME 2.** Strengthened global movement towards abandonment of FGM/C in one generation.

**OUTPUT 1.** Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C

**OUTPUT 2.** Local level commitment to FGM/C abandonment

**OUTPUT 3.** Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment

**OUTPUT 4.** Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation

**OUTPUT 5.** FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming

**OUTPUT 6.** Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered

**OUTPUT 7.** Tracking of programme benchmarks and achievements to maximize accountability of programme partners

**OUTPUT 8.** Strengthened regional dynamics for the abandonment of FGM/C

**OUTPUT 9.** Strengthened collaboration with key development partners on the abandonment of FGM/C

**OUTPUT 10.** Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C

**Joint Programme Output Indicators as per Revised Logframe**

Outputs	Indicators
Effective enactment, enforcement, and use of national policy and legal instruments to promote abandonment of FGM/C.	1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C. 1.2. Existence and content of national policies and laws relevant to FGM/C. 1.3. Enforcement of legislation relevant to FGM/C. 1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms. 1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.
Local level commitment to FGM/C abandonment.	2.1. Proportion of people aware of harmful effects of FGM/C. 2.2. Number of community discussions organized related to FGM/C abandonment activities. 2.3. Number of communities that committed to abandon FGM/C. 2.4. Degree to which the programme engages all community members in the implementation of programme activities. 2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened. 2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C. 2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C. 2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.
Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.	3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C. 3.2. Content of media coverage on the FGM/C abandonment process. 3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.
Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.	4.1. Existence of comprehensive data collection and analysis plans. 4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts. 4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.
FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.	5.1. Existence of adequate health policies and laws that address FGM/C. 5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services. 5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula. 5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications. 5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations. 5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.

Outputs	Indicators
Partnerships with religious and traditional groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.	6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion. 6.2. Number and quality of religious edicts in support of abandonment of FGM/C. 6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level. 6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.
Tracking of programme benchmarks and achievements to maximize accountability of programme partners.	7.1. Completion and submission of annual reports to the joint programme by implementing partners. 7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices. 7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings. 7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings. 7.5. Number of joint monitoring visits.
Strengthened regional dynamics for the abandonment of FGM/C.	8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups. 8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups. 8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C 8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.
Strengthened collaboration with key development partners on the abandonment of FGM/C.	9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach. 9.2. Availability of consensus document by national governments and donors. 9.3. Level of financial resources for support to FGM/C abandonment. 9.4. Existence of a contractual agreement with INTACT.
Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C.	10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data. 10.2. Number of publications based on FGM/C abandonment studies. 10.3. Number of academic consultations to promote FGM/C abandonment. 10.4. Attendance at regional and international fora related to FGM/C.



## Annex 4. The Global and Regional Contexts of FGM/C Abandonment

The following section was originally written for the evaluation inception report (December 2012) in order to locate the joint programme within its broader global and regional contexts.

### The global response to FGM/C

Between 100 and 140 million girls and women have undergone some form of FGM/C and live with its consequences, while at least three million girls are at risk of undergoing this practice every year.<sup>1</sup> The World Health Organization (WHO) estimates that 92 million African girls aged 10 and above have undergone FGM/C, a practice that is mostly carried out on girls between infancy and age 15.<sup>2</sup> While prevalence rates vary across regions, countries and age groups and also depend on the education level of the mother, FGM/C remains extremely prevalent in several African countries. In particular, national FGM/C prevalence among women/girls aged 15–49 is 98 per cent in Djibouti, 96 per cent in Egypt, 92 per cent in Guinea, and 92 per cent in Mali.<sup>34</sup>

Demographic and Health Survey (DHS) Multiple Indicator Cluster Surveys (MICS) data on FGM/C

A module on FGM/C was first included in a Demographic and Health Survey (DHS) of northern Sudan in 1989-90, and by the end of 2003, a total of 17 countries (16 in Africa, plus Yemen) had included questions on FGM/C in their surveys. MICS with a module on FGM/C were carried out for the first time in three African countries in 2000. The respondents for these modules were women aged 15-49, and the surveys focused on two types of prevalence indicators: the first addresses FGM/C prevalence levels among women and represents the proportion of women aged 15-49 who have undergone FGM/C. The second type of indicator measures the FGM/C status of daughters (these estimates calculated the proportion of women aged 15-49 with at least one daughter who has undergone genital mutilation or cutting).

Recent studies and programme experiences have suggested that the age of cutting is decreasing in many countries. Since the survey population only covers women aged 15-49, in communities where girls are cut at a young age, DHS data does not necessarily reflect current prevalence. This led to the development of a new module implemented in DHS and MICS carried out since 2010 that also measures the prevalence of FGM/C among girls aged zero-14 years

Sources: [http://www.childinfo.org/fgmc\\_methodology.html](http://www.childinfo.org/fgmc_methodology.html) and Innocenti Digest, Changing a Harmful Social Convention: FGM/C.

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<sup>1</sup> Terms of Reference for the Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change.

<sup>2</sup> WHO Female Genital Mutilation Fact Sheet, <http://www.who.int/mediacentre/factsheets/fs241/en/>

<sup>3</sup> These percentages are based on household survey data from MEASURE DHS+, which assists developing countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programmes. Demographic and Health Surveys (DHS) data is complemented by UNICEF Multiple Indicator Cluster Surveys (MICS). MICS have a similar structure to the DHS and are designed to provide an affordable, fast, and reliable household survey system in situations where there are no other reliable sources of data. The first round of MICS was conducted in 1990. Source: UNICEF, 'Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation'. New York, NY, USA, 2008. Available at: [http://www.childinfo.org/files/fgmc\\_Coordinated\\_Strategy\\_to\\_Abandon\\_FGMC\\_in\\_One\\_Generation\\_eng.pdf](http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC_in_One_Generation_eng.pdf)

Though it is difficult to trace the origins of the practice of FGM/C, it has taken place in many parts of Africa, and to a lesser extent in other parts of the world, for hundreds of years. However, it is only in the last 30 years that it has attracted attention from actors at the national, regional, and global levels (governments, non-governmental organizations (NGOs), and international organizations).

In particular, the last decade has seen important developments in the number and types of stakeholders contributing to the elimination of FGM/C practices. While they were initially largely addressed by non-governmental organizations (NGOs)/civil society, actors at global and regional levels now include governmental technical and development agencies, UN organizations, intergovernmental organizations, private foundations, and other donors. The international feminist and women's rights movement has also proven to be a key stakeholder in the establishment of a global discourse on FGM/C. Feminist and women's rights organizations have been active (notably through major international conferences in the 1980s and 1990s) at all levels, and have contributed to framing FGM/C as a gender equality issue, the implications of which will be examined during this evaluation.

- At the **national level**, non-governmental organizations have often played the role of pioneers in advocating for social change. In recent years, they have been joined by national governments who have worked towards the development of legislation, policies and plans of action, as well as by community and religious leaders who have sought to distance their communities and/or institutions from FGM/C practices. Many countries have passed legislation<sup>5</sup> but face constant challenges in implementation and in ensuring compliance, especially since many have not put adequate mechanisms in place to enforce the new laws concerning FGM/C. This has led to a realization that addressing FGM/C requires a concrete commitment at the local and community levels. In addition, African countries have relied heavily on donor funding as they have yet to direct a portion of their own national budgets toward addressing FGM/C issues. Whether the emergence of larger partnerships such as the UNFPA-UNICEF joint programme has had a positive or negative impact on the ability of NGOs to secure funding will be considered as part of this evaluation.

At the **regional level**, a key actor in the African movement for the abandonment of FGM/C has been the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), an international non-governmental organization which emerged from a seminar in Dakar in 1984 and has played a large role in advocating for the abandonment of FGM/C in Africa. To date, the organization has national committees in 29 African countries and affiliates in eight European countries, USA, Canada, Japan and New Zealand.<sup>6</sup> Most notably, the IAC was instrumental in adopting an official international Zero Tolerance Day on FGM/C (February 6) to draw attention at all levels to the efforts required to end the harmful practice.<sup>7</sup> On this day, communication and media events, panels and conferences, and celebrations are organized around

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<sup>5</sup> The 2003 UNFPA Global Survey established that a large proportion of countries surveyed had adopted policies, laws or constitutional provisions aimed at protecting girls and women, notably through banning FGM/C practices.

<sup>6</sup> <http://www.iac-ciaf.net/>

<sup>7</sup> Ibid.

the world, and aim to act as a reminder to governments of their commitments towards accelerating actions to eliminate FGM/C.<sup>8</sup>

At the regional level, an important step in the campaign to end FGM/C is the Maputo Protocol, a regional instrument for the protection of women's human rights in Africa, which was appended to the African Charter on Human and Peoples' Rights by the 53 member countries of the African Union in 2003.<sup>9</sup> Relevant to FGM/C, the protocol is a protection from traditional practices that are harmful to health, and gives women the right to health and reproductive rights.<sup>10</sup> Another notable milestone has been the declaration made in 2011 by the African Union calling for the adoption at the 66<sup>th</sup> session of a UN General Assembly of a resolution banning FGM worldwide.

- Initiatives toward the abandonment of the practice are also present at the sub-regional level. In North-eastern Africa, participants in the Afro-Arab Expert Consultation (Cairo, 2003) on "Legal Tools for the Prevention of Female Genital Mutilation" launched the Cairo Declaration for the Elimination of FGM, which calls upon governments to promote, protect, and ensure the human rights of women and children. In West Africa, First Ladies from seven West African countries organized a conference in 2008 to discuss the eradication of the practice. In 2010, the Dakar Inter-parliamentary Conference was held "to harmonize the legal instruments prohibiting FGM: consolidating the achievements, sharing the successes, pursuing the advancements." It concluded with the adoption of a final declaration which stressed the need to work for a universal ban on FGM and joins other voices in calling for the adoption of a resolution explicitly banning FGM worldwide as a violation of human rights of women and girls. However, a challenge faced by these sub-regional initiatives is that key sub-regional organizations such as the Economic Community of West African States (ECOWAS) have been largely focused on economic development, leaving little space to address FGM/C practices in their mandates. Donor-funded initiatives have mostly focused on the national and local/community level and have had limited influence on regional and sub-regional dynamics.

At the **global level**, there have recently been a number of important developments in the global response to FGM/C. These include:

- The resolution to Ending Female Genital Mutilation passed by the UN Commission on the Status of Women (the principle global policy-making body dedicated exclusively to gender equality and advancement of women) in 2007.
- The spearheading of the new International Day of the Girl Child (October 11, 2012) by UN Secretary General Ban Ki-Moon and the involvement of celebrities in the campaign, which has increased the status of FGM/C issues.
- Increased attention being given to the issue by the USA, the EU, its constituent countries, and their immigrant communities, alongside increased funding to help eliminate it. The increased attention by the immigrant communities is particularly important given that many of their community still practice FGM/C while residing in European and North American countries. The

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<sup>8</sup> Ibid.

<sup>9</sup> German Federal Ministry for Economic Cooperation and Development. 'The Maputo Protocol of the African Union: An instrument for the rights of women in Africa,' Eschborn 2006.

<sup>10</sup> Ibid.

most important response to date has been a resolution adopted by the European Parliament in June 2012 calling for an end to FGM in Europe and globally through prevention, protection measures, and legislation.<sup>11</sup> This resolution was a result of campaigning by Amnesty International working in partnership with a number of organizations in European Union (EU) Member States to put elimination of FGM/C on the EU agenda.

- The adoption, in December 2012, by the U.N General Assembly of a resolution presented by the African Union on "Intensifying global efforts for the elimination of female genital mutilations." The resolution was adopted by consensus.
- Planning by the international development community for the post-MDG 2015 period, which includes efforts to ensure that FGM/C continues to be focused upon.

### **Frameworks and approaches to address FGM/C**

- Several frameworks have been used to raise the issue of FGMC, including health perspectives, women's rights and human-rights, and community empowerment and development. Efforts and initiatives working towards the abandonment of FGM/C have used many different methods, including those based on information, education, and communication campaigns (IEC), communities-based education programmes, legal mechanisms, human rights-based approaches, reduction of health risks, alternative rites of passage, conversion of excisers, positive deviants approaches, and comprehensive social development. In the last decade, two influential changes in how to approach FGM/C abandonment have been the diffusion of human-rights-based approaches and of social norm theory to explain the persistence of FGM/C and the possible dynamic of change. Systematic efforts have been made to document and evaluate the effectiveness of these approaches in several African countries, in particular by the Population Council<sup>12</sup> and by the Innocenti Research Center. Lessons learnt from this work have improved the understanding on what works and what does not work in view of the abandonment of FGM/C.

#### Human-rights-based approaches to FGM/C

Since the year 2000, the issue of FGM/C has increasingly been shaped within a human rights-based approach and perspective, providing a universal imperative to encourage the elimination of the practice. At the regional level, the Maputo Protocol has marked an important step in the diffusion of the human-rights-based approach.

In 2007, UNFPA organized the Global Consultation on Female Genital Mutilation/Cutting in Addis Ababa to bring together global experts and practitioners, NGOs, UN and international development agencies, academia and government representatives. The meeting was arranged to convey a global message of urgency on the abandonment of FGM/C, based on human-rights, health and development arguments. Participants took this occasion to review global progress towards the abandonment of FGM/C and emphasize the importance of commitment and action to accelerate abandonment within a generation.<sup>13</sup> The global consultation cleared the way forward in

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<sup>11</sup> <http://www.endfgm.eu/en/>

<sup>12</sup> Population Council, FRONTIERS 'Legacy Document, female genital Mutilation/Cutting,' 2007

<sup>13</sup> UNFPA, 'Global Consultation on Female Genital Mutilation/Cutting: Technical Report,' 2007.



terms of strategies, mechanisms to build capacities and consensus on how to accelerate the abandonment of FGM/C in one generation.

An important building block for the human-rights-based approach to FGM/C abandonment was the 2008 UN inter-agency statement “Eliminating Female Genital Mutilation,”<sup>14</sup> which was signed by 10 UN agencies. This statement built on the evidence from positive results of human-rights-based programmes for the abandonment of FGM/C (supported by USAID and the Population Council and other donors). The statement conceptualized the practice as a human rights violation, elucidated its harmful consequences, described how socially embedded these damaging practices were, and outlined a human-rights-based approach to promote the abandonment of FGM/C. This statement influenced greater commitment for the overall FGM/C abandonment cause and more specifically for human-rights-based approaches.

Another important contributor to the recent global discourse and commitment to promote the abandonment of FGM/C is the 2008 Platform for Action on FGM/C developed by the Donors Working Group on Female Mutilation/Cutting.<sup>15</sup> The document expanded the consensus on the approach indicated in the UN Interagency Statement to non-UN development partners.

Amnesty International has also been an important champion of the human-rights-based approach to FGM/C abandonment. It has promoted, in partnership with a number of organizations in European Union (EU) Member States, the “END FGM” campaign. This campaign, based on and advocating for the principles of the human-rights-based approach, aims to put FGM/C on the agenda of the European Union (EU).<sup>16</sup> It has attracted the attention of the European Union and is shaping and enforcing the agenda towards the global elimination of FGM/C in Europe. The most important result of this campaign to date has been the adoption in June 2012 of a resolution on FGM/C by the European Parliament as mentioned above.<sup>17</sup>

### Social convention/norm approach to FGM/C abandonment

Starting from approximately 2004, the discourse on FGM/C increasingly drew upon **social convention/norms theory**<sup>18</sup> to understand the social transformation needed to end FGM/C. Social convention/norms theory focuses on the interdependence of decision-making processes, i.e. that the decision of one individual is dependent on the actual or anticipated/expected decisions of

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<sup>14</sup> OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO, ‘Eliminating female genital mutilation: An interagency statement’. 2008. Available at: [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf)

UNFPA, ‘Global Consultation on Female Genital Mutilation/ Cutting. Technical Report,’ 2007

<http://www.unfpa.org/public/site/global/publications/pid/2188>

<sup>15</sup> The Donors Working Group on Female Genital Mutilation/Cutting, ‘Platform for Action. Towards the Abandonment of Female Genital Mutilation/Cutting.’. 2010. Available at: [http://www.fgm-donor.org/publications/dwg\\_platform\\_action.pdf](http://www.fgm-donor.org/publications/dwg_platform_action.pdf)

<sup>16</sup> Amnesty International, ‘Ending Female Genital Mutilation: A Strategy for the European Union Institutions,’ Brussels, Belgium, 2010.

<sup>17</sup> <http://www.endfgm.eu/en/>

<sup>18</sup> Based on Thomas Schelling’s social convention theory (*The Strategy of Conflict*, Cambridge, Harvard University Press, 1960) and Christina Bicchieri’s social norms theory (*The Grammar of Society: the Nature and Dynamics of Social Norms*, , Cambridge University Press, 2006.)

others. Applying this theory to the practice of FGM/C explains why it is very difficult for one individual or family to stop the practice on their own, even if they recognize its harmful consequences.<sup>19</sup> The theory highlights the collective nature of the practice of FGM/C and explains why it is essential to focus on collective, rather than individual change alone to successfully achieve abandonment that is sustainable.

The UNICEF Innocenti Research Center published an action-oriented document in 2005 titled “Changing a Harmful Social Convention: Female Genital Mutilation/Cutting,” which explained the practice of FGM/C as a social convention, and indicated corresponding programming elements needed for abandonment of the practice. UNICEF then developed a technical note in 2008 to outline the social dynamics of FGM/C, shed light on the social convention approach, and introduced the use of a game-theory lens to explain choices made by community members in countries where FGM/C occurs. Building on its previous work, the UNICEF Innocenti Centre published a report in 2010 (“The Dynamics of Social Change”) that explained how FGM/C is both a social convention and a social norm (see sidebar) and offered a methodological approach and examples from five countries on how to accelerate social change and contribute to the abandonment of FGM/C.

To complement this theoretical work, the Global Consultation on Female Genital Mutilation/Cutting organized by UNFPA in Addis Ababa in 2007 brought an important result: participants endorsed the idea that in order to be successful, initiatives for the abandonment of FGM/C must focus on changing social norms within the communities that practise FGM/C.<sup>20</sup> The conclusions and recommendations from this global consultation shaped the proposal for the UNFPA-UNICEF joint programme.

Together with the evolving academic theory that explained FGM/C as a social convention/norm, several organizations worked towards the abandonment of FGM/C, applying and testing this theory more or less explicitly and combining it with human-rights-based approaches.<sup>21</sup> Among them is the work of the non-governmental organization Tostan in Senegal,<sup>22</sup> which has been highly influential in shaping practical approaches to eliminating FGM/C at the community level and informing the understanding of FGM/C. Tostan’s Community Empowerment Programme (CEP) involved a comprehensive community education program, originally implemented in Senegal, then in a number of different FGM/C-practising communities in a variety of African

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<sup>19</sup> See Mackie, Gerry, ‘Ending Footbinding and Infibulation: A convention account,’ *American Sociological Review*, vol. 61, no. 6, December 1996, pp. 999-1017; and Mackie, Gerry, and John LeJeune, ‘Social Dynamics of Abandonment of Harmful Practices: A new look at the theory,’ and UNICEF, *Innocenti Working Paper*, Innocenti Research Centre, Florence, May 2009.

<sup>20</sup> Ibid.

<sup>21</sup> For in-depth examples and analysis see: UNICEF Innocenti Digest. ‘The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,’ and USAID, ‘Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices,’ December 2006 and USAID, ‘Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices,’ December 2006.

<sup>22</sup> In 2000, USAID invested in better understanding FGM/C, in particular on how to approach the issue, through operations research on several strategies. Tostan has benefitted from this investment in increased visibility and better evaluations.

countries.<sup>23</sup> The work of Tostan, based on the evolving academic theory that explains FGM/C as a social convention/norm, has also illustrated how practical interventions can help to make linkages between various types of harmful traditional practices, for example between FGM/C and child marriage. A long-term evaluation of Tostan's programme in Senegal published in 2008 contributed to the discourse on FGM/C (and the formulation of the UNFPA-UNICEF joint programme) by providing qualitative and quantitative measures and evidence of the longer-term social impacts of its programming.<sup>24</sup>

Other significant examples of initiatives that have used a combination of human-rights-based approaches and an understanding of FGM/C as a social convention/norm have been implemented in various other countries in North, East and West Africa by several NGOs.<sup>25</sup> The evaluation will further explore these initiatives, as they have influenced the design of the joint programme and also received support from the joint programme.

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<sup>23</sup> Tostan, 'Five-Year Strategic Plan 2006-2011,' December 2006.

<sup>24</sup> UNICEF, 'Long-Term Evaluation of the Tostan Programme in Senegal: Kolda, Thiès and Fatick Regions,' 2008. Available at: [http://www.unicef.org/evaldatabase/files/fgmc\\_tostan\\_eng\\_SENEGAL.pdf](http://www.unicef.org/evaldatabase/files/fgmc_tostan_eng_SENEGAL.pdf).

<sup>25</sup> UNICEF, Innocenti Digest, 'The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,' Florence, Italy, 2010.



## Annex 5. Evaluation Matrix

Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
EQ1: How relevant and responsive has the joint programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?			
Evaluation criteria: relevance (including programme design)			
<p>1.1. To what extent are the objectives of the joint programme consistent with the needs in the targeted communities?</p> <p>1.2. To what extent are the objectives of the joint programme aligned with programme country government priorities and commitments?</p> <p>1.3. To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the global, regional and country levels?</p> <p>1.4. To what extent are the objectives of the joint programme aligned with priorities and commitments of development partners at the global and regional levels?</p> <p>1.5. How appropriate are the overall joint programme design and the approach and strategies promoted and used by the joint programme at each level (global, regional, national and community) in view of achieving expected results? What are their strengths and weaknesses?</p> <p>1.6. To what extent and how have strategies and interventions been contextualized at the national and community level?</p>	<p>a) Evidence of alignment of the objectives of the joint programme with identified needs in the targeted communities.</p> <p>b) Evidence of alignment of the objectives of the joint programme with programme country government priorities and commitments.</p> <p>c) Evidence of alignment of the objectives of the joint programme with UNFPA/UNICEF policies and strategies at the global, regional and country levels.</p> <p>d) Evidence of alignment of the objectives of the joint programme with development partners' priorities and commitments at the global and regional levels.</p> <p>e) Evidence of the validity of the theory/theories of change.</p> <p>f) Key stakeholders' views on strengths and weaknesses of the overall programme design, approach and strategies (including on the validity of the theory/theories of change in various contexts)</p> <p>g) Evidence of contextualization of strategies and interventions (including through local-level consultation, national needs and national government priorities consideration and capacity assessments)</p>	<p>Documents:</p> <p>Joint programme documents: joint programme proposal and preparation and background documents; updated proposal; revised joint programme logframe; country and global annual reports and updates; annual workplans.</p> <p>Relevant studies at the community and country levels: KAP studies, baseline studies, community and country level situation analysis, capacity and needs assessments.</p> <p>National and global consultation reports.</p> <p>Programme countries government policies and strategy and planning documents.</p> <p>UNFPA/UNICEF policy and strategy documents (global, regional and country levels).</p> <p>Strategy and policy documents from select development partners.</p> <p>Relevant literature on FGM/C and approaches to its abandonment.</p> <p>Stakeholders:</p> <p>Programme staff at HQ, regional and country levels, other relevant UNFPA and UNICEF staff.</p> <p>Programme partners at global, regional and country levels.</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Community level focus groups</p>

Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
		<p>Government officials and civil society representatives in case study countries (including selected participants in local consultations).</p> <p>Community representatives and members in case study countries.</p> <p>Donor representatives (including Steering Committee members).</p> <p>Experts on FGM/C at global and country levels.</p>	
<p>EQ2: To what extent has the programme contributed to the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels (Outcome 1), and to strengthening the global movement towards abandonment of FGM/C in one generation (Outcome 2)?</p>			
<p>Evaluation criteria: effectiveness and sustainability</p>			
<p>2.1. To what extent have outputs been achieved and contributed to, or are likely to contribute to, the achievement of the planned outcomes of the joint programme? In particular:</p> <p>2.1.1 To what extent has the joint programme contributed to creating a more conducive national environment for the abandonment of FGM/C in programme countries? (Outputs 1, 2, 3,4,5,6)</p> <p>2.1.2 To what extent has the joint programme contributed to fostering local level commitment to abandon FGM/C in programme countries? (Output 2)</p> <p>2.1.3 To what extent has the joint programme contributed to strengthening regional dynamics and the global movement for the abandonment of FGM/C? (Outputs 8, 9 and 10).</p> <p>2.2 What factors (including both internal factors and environmental factors such as opportunities and challenges in the global, regional, country and community contexts) have supported or hindered the achievement of (or contributions to) results?</p>	<p>a) Evidence of progress towards output and outcome level indicators as per revised logframe.</p> <p>b) Evidence of joint programme contribution towards anticipated changes (using contribution analysis).</p> <p>c) Stakeholder views on key achievements, missed opportunities and factors supporting or hindering the joint programme's success.</p> <p>d) Evidence (type and nature) of contextual changes/trends and related opportunities or challenges for the joint programme at global, regional, national and community levels.</p>	<p>Documents:</p> <p>Joint programme documents: country and global annual reports, mid-year reports and updates, monitoring documents, annual consultation reports, Steering Committee meeting minutes, communication materials.</p> <p>Activity level/partners' reports (only for case studies).</p> <p>Joint programme country-specific databases.</p> <p>Relevant DHS and MICS data.</p> <p>KAP studies and other relevant studies at the community and country levels.</p> <p>Relevant publications on the FGM/C abandonment context at the global and regional level.</p> <p>Relevant evaluations.</p> <p>Stakeholders:</p> <p>Joint programme staff at HQ, regional and country level; other relevant UNICEF and UNFPA staff.</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Community level focus groups and observation Survey</p> <p>Virtual focus groups</p>

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Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
		<p>Donor representatives (including Steering Committee members).</p> <p>Partners and other stakeholders (at all four levels).</p> <p>Members of targeted communities.</p> <p><u>Observation</u>, in particular at the community level</p>	
EQ3: To what extent have the outputs of the joint programme been achieved or are likely to be achieved with the appropriate amount of resources/inputs (e.g., funds, expertise, time, administrative costs, etc.)?			
Evaluation criteria: efficiency			
<p>3.1. To what extent were the available resources adequate to achieve the expected outputs?</p> <p>3.2 To what extent has the mix of strategies and activities implemented in diverse country contexts differed in terms of their efficiency?</p> <p>3.3 To what extent has the joint programme been able to complement implementation at country level with related interventions, initiatives and resources at global and regional levels to maximize its contribution to the abandonment of FGM/C?</p>	<p>a) Extent to which programme outputs were achieved within planned budgets.</p> <p>b) Utilization rates per country per year.</p> <p>c) Expenditures per output per country.</p> <p>d) Extent to which joint programme budgets were supplemented with resources from other initiatives.</p> <p>e) Evidence of synergies between country and regional/global interventions, initiatives and resources.</p> <p>f) Joint programme staff and partner views on the adequacy of the available resources.</p> <p>g) Joint programme staff views and on the comparative efficiency of the mix of strategies and activities implemented in diverse countries.</p>	<p>Documents</p> <p>Joint programme documents: country annual reports (narrative and financial), annual workplans, allocation memos, other joint programme financial documents (at the global and country levels), Steering Committee meeting minutes.</p> <p>Stakeholders</p> <p>Programme staff (at HQ, regional and country levels), other relevant UNICEF and UNFPA staff, programme partners (at all levels).</p>	<p>Document review</p> <p>Key informant interviews</p>
EQ4: To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended due to factors such as national ownership, scalability and use of partnerships for sustainability?			
Evaluation criteria: Sustainability			
<p>4.1. To what extent and how has the joint programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in programme countries?</p>	<p>a) Evidence of strengthened national ownership, capacity and leadership for national counterparts and partners.</p>	<p>Documents</p> <p>Joint programme documents: country annual reports, country annual workplans, annual consultation reports.</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Virtual focus groups</p>

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Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
<p>4.2. To what extent do the strategies used by the joint programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?</p> <p>4.3. To what extent have the joint programme approach, strategies and initiatives been integrated into other national initiatives aiming at addressing the issue of FGM/C?</p> <p>4.4 To what extent have partnerships (with governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?</p>	<p>b) Stakeholders' views on the scalability of strategies used under the joint programme.</p> <p>c) Examples of scaling up or expansion.</p> <p>d) Evidence of the joint programme having been integrated into other national initiatives aiming at addressing the issue of FGM/C.</p> <p>e) Evidence of broadened or strengthened partnerships with relevant actors.</p>	<p>Joint programme partners' reports to UNFPA/UNICEF (on programme supported activities).</p> <p>National planning and policy documents (including budgets), and capacity building plans related to the abandonment of FGM/C in programme countries.</p> <p>Stakeholders</p> <p>Joint programme staff (at HQ and country levels), national counterparts, implementing partners.</p>	
EQ 5: How adequate was the coordination between UNFPA and UNICEF within the joint programme at the global, regional and country levels in view of achieving the results of the joint programme?			
Evaluation criteria: effectiveness, efficiency and coordination between UNFPA and UNICEF (including programme management)			
<p>5.1. How appropriate, clear and efficient was the coordination between UNFPA and UNICEF in relation to:</p> <ul style="list-style-type: none"> <li>- dividing roles and accountabilities?</li> <li>- planning?</li> <li>- decision-making?</li> <li>- implementation of activities?</li> <li>- production, circulation and use of data?</li> <li>- monitoring, reporting and evaluation?</li> <li>- cost sharing/reduction of transaction costs?</li> </ul> <p>5.2. What was the added value of the joint structure of the programme?</p>	<p>a) Evidence of clarity and quality of coordination between UNFPA and UNICEF in relation to: roles and accountabilities; planning; decision-making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost-sharing/reduction of transaction costs.</p> <p>b) Evidence of issues/problems/gaps and areas for improvement in coordination mechanisms.</p> <p>c) Evidence (examples) of added value of the joint structure (e.g. in terms of cost savings, enhanced capacity, synergies and reach)</p>	<p>Documents</p> <p>Joint programme documents: joint programme proposal and other programme "set up" documents; TORs for coordination roles and mechanisms; annual reports (including financial); Steering Committee meeting minutes; annual consultation reports.</p> <p>UN, and more specifically UNICEF and UNFPA, strategies and guidance documents on joint programmes and coordination among agencies.</p> <p>Stakeholders</p> <p>Programme staff and other relevant UNICEF/UNFPA staff at HQ, regional and country level; programme partners at global, regional and country level.</p> <p><u>Observation</u> during site visits (both at HQ and in the four countries)</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Survey</p> <p>Virtual focus groups</p> <p>Records of observations</p>



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Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
EQ 6: How appropriate was the management of the joint programme at global, regional and country levels in view of achieving the results of the joint programme?			
Evaluation criteria: effectiveness, efficiency and programme management			
<p>6.1. What have been key strengths and weaknesses of the management of the joint programme at the global, regional and country levels, and their interactions?</p> <p>6.2. How adequate were the implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) in view of achieving results?</p> <p>6.3. To what extent have joint programme benchmarks and achievements been monitored?</p> <p>6.5. How adequate and responsive was global/regional support in providing necessary guidance and tools, technical support, and capacity development to country offices and global partners?</p>	<p>a) Staff and key partners' perceptions of the efficiency and effectiveness of programme management at the global, regional and country levels.</p> <p>b) Staff and implementing partners' views on strengths and weakness of the implementation mechanisms.</p> <p>c) Evidence of issues/problems/gaps and areas for improvement in these mechanisms.</p> <p>d) Degree of appropriateness and utilization of monitoring tools and mechanisms.</p> <p>e) Country offices and global partners' views on the adequacy and responsiveness of the support and guidance received from the programme (from HQ and regional offices).</p>	<p>Documents</p> <p>Joint programme documents: joint programme proposal and other programme "set up" documents; workplans and other planning documents; annual reports, existing tools (M&amp;E, technical guidance, etc.), Steering Committee meeting minutes, annual consultation reports, M&amp;E workshop reports.</p> <p>Corporate (UNICEF and UNFPA) documents describing established processes and systems.</p> <p>Stakeholders:</p> <p>Joint programme staff and other relevant UNICEF/UNFPA staff at HQ, regional and country levels; programme partners at global, regional and country levels.</p> <p><u>Observation</u> during visits to HQ and four programming countries.</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Survey</p> <p>Virtual focus groups</p> <p>Records of observations</p>

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Evaluation Questions and Sub-questions	What to check (indicators)	Data sources	Methods of data collection
EQ 7: To what extent and how has the joint programme integrated gender equality, human rights, cultural sensitivity, and equity issues in design, implementation, monitoring, and evaluation? To what extent is youth targeted as key population group?			
Evaluation criteria: relevance, effectiveness and programme management			
<p>7.1 To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity, equity focus, and youth been integrated into the design of the joint programme?</p> <p>7.2 To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity, equity focus and youth been integrated into the implementation of the joint programme?</p> <p>7.3 To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity, equity focus and youth been integrated into the reporting, monitoring and evaluation tools and mechanisms of the joint programme?</p>	<p>a) Evidence of integration of cross-cutting issues of gender equality, human rights, cultural sensitivity and equity focus in programme design documents; workplans and other planning documents.</p> <p>b) Evidence of integration of cross-cutting issues in the implementation of programme activities (in particular at the country and community levels).</p> <p>c) Joint programme staff members' and other internal programme stakeholders' perceptions regarding the degree of integration of cross cutting issues in the programme.</p> <p>e) Evidence of integration of cross-cutting issues in the joint programme reporting, monitoring and evaluation tools and mechanisms.</p>	<p>Documents</p> <p>Joint programme documents: joint programme proposal and preparation and background documents; updated proposal; revised joint programme logframe; annual workplans and other planning documents; country and global annual reports and updates; existing tools (M&amp;E, technical guidance, etc.), Steering Committee meeting minutes, annual consultation reports, M&amp;E workshop reports.</p> <p>Stakeholders:</p> <p>Joint programme staff and other relevant UNICEF/UNFPA staff at HQ, regional and country levels.</p>	<p>Document review</p> <p>Key informant interviews</p>

## Annex 6. List of Documents Reviewed

### Joint Programme Documents

#### Annual Global Reports

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, 2008, 2009, 2010, 2011, 2012.

#### Annual Country Reports

UNFPA-UNICEF Joint Programme on FGM/C. Annual Report, Burkina Faso, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Djibouti, 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Egypt, 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Ethiopia, 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Eritrea, 2011

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Gambia 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Guinea 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Guinea Bissau 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C. Annual Report, Kenya 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C. Annual Report, Mali, 2011.

UNFPA-UNICEF Joint Programme on FGM/C. Annual Report, Mauritania, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Senegal, 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Somalia, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Sudan, 2008, 2009, 2010, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Uganda, 2009, 2010, 2011.

#### Annual Work Plans

UNFPA/UNICEF Joint Programme on FGM/C, Annual Workplans, 2009-2012

UNFPA-UNICEF Joint Programme on FGM/C. Annual Work Plan, Burkina Faso, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Djibouti, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Egypt, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Ethiopia, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Eritrea, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Gambia, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Guinea, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Guinea Bissau, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Kenya, 2008, 2009, 2010, 2010 Amendment, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Mali, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Mauritania, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Senegal, 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Somalia, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Sudan 2008, 2009, 2010, 2011, 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Annual Work Plan, Uganda 2009, 2010, 2011, 2012.

#### Mid Year Reports

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Burkina Faso, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Djibouti, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Egypt, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Eritrea, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Ethiopia, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Gambia, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Guinea, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Guinea Bissau, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Kenya, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Mali, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Mauritania, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Senegal, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Somalia, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Sudan, 2012

UNFPA-UNICEF Joint Programme on FGM/C, Mid Year Report, Uganda, 2012

### **Consultation/Meeting Notes**

UNFPA-UNICEF Joint Programme on FGM/C. “Rapport sur la Consultation Annuelle.” Dakar, Senegal; 6-8 May 2009.

UNFPA-UNICEF Joint Programme on FGM/C, “2010 Annual Consultation Final Report (Draft).” Djibouti, 11-13 May 2010.

UNFPA-UNICEF Joint Programme on FGM/C, “Consolidated Notes on the Proceedings of the Annual Meeting of the Joint Programme for the Acceleration of the Abandonment of FGM/C.” Nairobi, Kenya; 2-4 March 2011.

UNFPA-UNICEF Joint Programme on FGM/C, “5<sup>th</sup> Annual Consultation: Summary Report.” Saly, Senegal, 11-13 June 2012.

UNFPA-UNICEF Joint Programme on FGM/C, “Rapport de l’atelier sur le suivi et l’évaluation du programme.” Banjul, Gambia, 21-23 September, 2011.

UNFPA-UNICEF Joint Programme on FGM/C, “Workshop report: Capacity building Workshop on results-based reporting”, Entebbe, Uganda, August 2012.

UNFPA-UNICEF Joint Programme on FGM/C, Steering Committee Minutes. August 2008, January 2009, February 2009, March 2009, October 2009, March 2010, November 2010, February 2011, July 2011, February 2012.

UNFPA-UNICEF Joint Programme on FGM/C. “Informal Progress Review Meeting Minutes”. September 2012.

### **Other Joint Programme Documents**

Harvard School of Public Health Program on International Health and Human Rights. “UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Country Context Reports” December 2010.

Harvard School of Public Health Program on International Health and Human Rights. “UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Logical Framework.” 8 August, 2011.

UNFPA-UNICEF Joint Programme on FGM/C. “Call for Proposals by International and Regional NGOs.” April 2009.

UNFPA-UNICEF Joint Programme on FGM/C. “Female Genital Mutilation/Cutting: Accelerating Change: Funding Proposal.” New York, 2007.

UNFPA-UNICEF Joint Programme on FGM/C. “Legislative Report in Kenya to Speed Up Abandonment of FGM/C : Strong Government Policy to Support New Law.” [communication document].

UNFPA-UNICEF Joint Programme on FGM/C. “Plan de Suivi du Programme Conjoint Accélérer l’Abandon des Mutilations Génitales Féminines”, 2011. [communication document].

UNFPA-UNICEF Joint Programme on FGM/C. “Taking Female Genital Mutilation/Cutting out of the Cultural Mosaic of Kenya.” April 2010 [communication document].

UNFPA-UNICEF Joint Programme on FGM/C. « Burkina Faso: Une forte législation contre les MGF/E. » [communication document].

UNFPA-UNICEF Joint Programme on FGM/C. “More Communities in Senegal Abandon FGM/C“. January 2012 [communication document].

UNFPA-UNICEF Joint Programme on FGM/C. “Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change: Terms of Reference” May 2012.

### **Other Relevant Documents**

Innocenti Research Centre. “Consultation on UNFPA/UNICEF Joint Programme on FGM/C: Towards a Convention Change.” Florence, Italy; 10-11 March 2008.

Inter-African Committee on Traditional Practices (IAC). “Sub-regional Youth Mobilization and Working with Religious Leaders Proposal.” April 2009.

Inter-African Committee on Traditional Practices (IAC).. “Report Sub-Regional Youth Mobilization Workshop on Enabling Young People to Accelerate the End of Female Genital Mutilation.” Kampala, Uganda. 23-26 November 2010.

Mackie, Gerry and LeJeune, John. “Social Dynamics of Abandonment of Harmful Practice: A New Look at the Theory.” Innocenti Research Centre Special Series on Social Norms and Harmful Practices, May 2009.

Mackie, Gerry. “Ending Footbinding and Infibulation: A Convention Account.” *American Sociological Review*, 61 (1996): 999-1017.

The Donors Working Group on Female Genital Mutilation/Cutting. “Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C): A Matter of Gender Equality.” Innocenti Research Centre, Florence, Italy; April 2010.

UNFPA. “Fourth Meeting of UNFPA’s Inter-Divisional Resource Mobilization Committee (IDRMC).” 23 August 2012.

UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York, 2013. Available at: [http://www.unicef.org/media/files/FGCM\\_Lo\\_res.pdf](http://www.unicef.org/media/files/FGCM_Lo_res.pdf)

UNICEF, “Insight, Harmful Practices: Social Dynamics of Abandonment: A Special Focus on FGM/C in Five Countries (Egypt, Ethiopia, Kenya, Senegal and Sudan)”, Innocenti Research Centre, Third Annual Consultation, Djibouti, 2010.

UNICEF. “Academic Consultation on Harmful Practices” New York, September 8-9

UNICEF. “Changing a Harmful Social Convention: Female Genital Mutilation/Cutting.” Innocenti Digest, Florence, Italy; May 2008.

UNICEF. “Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation.” Technical Note; New York, NY; April 2008.

UNICEF. “How to Design and Manage Equity-focused Evaluations.” UNICEF Evaluation Office, New York, 2011. Available at: [http://www.pol.ulaval.ca/perfeval/upload/publication\\_319.pdf](http://www.pol.ulaval.ca/perfeval/upload/publication_319.pdf).

UNICEF. “The Innocenti Research Centre. Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries.” Innocenti Insight, Florence, Italy; June 2011.

UNICEF, Innocenti Centre. ‘The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,’ Innocenti Digest, Florence, Italy, 2010.

UNICEF. Long-Term Evaluation of the Tostan Programme in Senegal: Kolda, Thiès and Fatick Regions, 2008. Available at: [http://www.childinfo.org/files/fgmc\\_tostan\\_eng.pdf](http://www.childinfo.org/files/fgmc_tostan_eng.pdf)

United Nations Economic and Social Council, Commission on the Status of Women Fifty-sixth session. “Ending Female Genital Mutilation: Report of the Secretary-General.” 5 December 2011.

### **Additional documents reviewed for the Burkina Faso case study**

« Engagements de Kaya pour l’Élimination de la Pratique de l’Excision au Burkina Faso. » 2009.

Burkina Faso. Loi No. 049-2005/AN Portant Santé de la Reproduction, Décembre 2005.

Diop, Nafissatou J. et al, « Analyse de l’évolution de la pratique de l’excision au Burkina Faso: l’environnement institutionnel politique et programmatique de la lutte contre la pratique de l’excision. » USAID and Population Council, March 2006.

Institut National de la Statistique et de la Démographie (INSD), Ministère de l’Economie et des Finances, Burkina Faso. « Enquête Démographique et de Santé et à Indicateurs Multiples (EDSBF-MICS IV) 2010 » ICF International ; Calverton, Maryland ; April 2012.

Institut National de la Statistique et de la Démographie (INSD), Ministère de l’Economie et des Finances, Burkina Faso. « Enquête Démographique et de Santé et à Indicateurs Multiples (EDSBF-MICS IV) 2003 » ICF International ; Calverton, Maryland ; September 2004.

Lanier, Günther. « Handover Report et Bilan : Résultats atteint et défis pour l’avenir. » Novembre 2012.

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « 7ième Programme de Coopération Gouvernement du Burkina Faso-UNFPA 2011-2015. » Décembre 2011.

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « Outil de Suivi du Plan de Travail. Période considérée: trimestre 3 de 2011 et octobre au 15 novembre 2011 ».

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « Évaluation des Actions du Comité National de Lutte Contre la Pratique de l’Excision de 1990 à 2005 » Décembre 2006.

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « Plan d’Actions National (2009-2013) de Promotion de l’Elimination des Mutilations Génitales Féminines dans la Perspective de la Tolérance Zéro. » Mai 2009.

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « Plan de Suivi évaluation du Plan d’Action National 2009-2013 Tolérance Zéro aux Mutilations Génitales Féminines. » Janvier 2011.

Ministère de l’Action Sociale et de la Solidarité Nationale de Burkina Faso. « Programme Conjoint UNFPA-UNICEF pour l’Accélération de l’Abandon des Mutilations Génitales Féminines au Burkina Faso. » Octobre 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Rapport de l'Atelier Bilan 2010 et Adoption d'une Stratégie de Mise en Oeuvre du Programme Conjoint UNFPA/UNICEF dans la Région de la Boucle du Mouhoun. », Mars 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Rapport de l'Atelier de Plaidoyer avec les Agents de Santé sur la Prise en Compte du Volet MGF dans les Activités de la Santé de la Reproduction. » Février 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Rapport de la Rencontre Bilan 2011 et de Planification 2012 du Programme Conjoint UNFPA UNICEF pour l'Accélération de l'Abandon des MGF/E au Burkina Faso. » Décembre 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Rapport de la Rencontre de Coordination du Programme Conjoint de Promotion de l'Abandon de la Pratique de l'Excision du Sanmatenga. » Décembre 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Rapport de la Rencontre Trimestrielle d'Évaluation de la Mise en Oeuvre des Activités de GASCODE et de RELECORE dans la Région du Centre Est. » Novembre, 2011.

Ministère de l'Action Sociale et de la Solidarité Nationale de Burkina Faso. « Stratégie de Communication pour l'Élimination des Mutilations Génitales Féminines. » Novembre 2011.

Mwangaza Action. « Évaluation du Projet Renforcement des Capacités des Populations pour la Promotion de l'Abandon de la Pratique de l'Excision et des Droits des Enfants et des Femmes dans les Villages du Sanmatenga et du Ganzourgou. » Bureau d'Appui en Santé Publique, Octobre 2010.

Mwangaza Action. « Yamwekre pour l'abandon de l'excision. »

Ouoba, Djingri; Congo, Zakari et al. « Le Programme de Tostan: Expérience d'un Programme d'Éducation de Base au Burkina Faso. » Mwangaza Action, Population Council, TOSTAN, UERD, GTZ. Juillet 2004.

Population Council. « Analyse de l'évolution de la pratique de l'excision au Burkina Faso: l'environnement institutionnel politique et programmatique de la lutte contre la pratique de l'excision. » Mars 2006.

Réseau Burkinabé des Organisations Islamiques en Population et Développement (RBOIPD). « Guide de Communication à l'Intention des Imams et Prédicateurs Musulmans sur l'Excision. » Mars 2011.

Réseau Droits Humains. « Plan d'Action 2010-2012 du Réseau Droits Humains/Mutilations Génitales Féminines. »

Système des Nations Unies au Burkina Faso. « Plan Cadre des Nations Unies Pour l'Aide au Développement UNDAF 2011-2015. » 26 Mars 2010.

UNICEF -SP/CNLPE – IMC. « Évaluation du Plan Intégré de Communication (PIC), rapport final. » Septembre 2012.

UNICEF. « Burkina Faso: Projet de descriptif de programme de pays 2011-2015. »

UNICEF. « Plan d'Action du Programme Pays entre le Gouvernement du Burkina Faso et le Fonds des Nations Unies pour l'Enfance (UNICEF) 2011-2015. »



UNICEF. « Plan de Travail Pluriannuel 2011-2012 entre le Gouvernement du Burkina Faso et le Fonds des Nations Unies pour l'Enfance (UNICEF): Composant Promotion et Protection des droits de l'enfant et de la femme. »

### **Additional documents reviewed for the Kenya case study**

“Progress of Njuri Ncheke after 2009: Declaration Against Zero Tolerance to FGM”.

Ahmed, Zeinab and Gachanja, Florence, “The FGM/C Strategic Review Meeting”, Presentation to Fourth Annual Consultation, Nairobi, Kenya, 2011.

Asmani, Ibrahim Lethome and Abdi, Maryam Sheikh, “Frontiers in Population Health: Delinking Female Genital Mutilation/Cutting from Islam”, Population Council, 2008.

Chege, Jane Njeri, Askew, Ian and Liku, Jennifer, “Frontiers in Reproductive Health: An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya”, Population Council, September 2001.

Döcker, Martina, “Overcoming Female Genital Cutting, An Examination of Approaches to Overcome the Harmful Traditional Practice: A Children’s Rights Perspective”, A Master’s Thesis prepared for World Vision Germany, No. 8, July 2011.

Federation of Women Lawyers (FIDA), “Protection Against Female Genital Mutilation: A Review of the Implementation of the Children’s Act: Lessons from Samburu and Garissa Districts”, Nairobi, Kenya, 2009.

Government of the Republic of Kenya, “Mid-Year Report”, Nairobi, Kenya, 2012.

Government of the Republic of Kenya, Ministry of Gender, Children and Social Development, “The National Plan of Action on the Abandonment of Female Genital Mutilation in Kenya 2012-2016”.

Government of the Republic of Kenya, Ministry of Gender, Sports, Culture and Social Services, “Contributing Towards Efforts to Abandon Female Genital Mutilation/Cutting in Kenya: A Situation Analysis”, in collaboration with UNFPA and Population Council, October 2007.

Government of the Republic of Kenya, *Prohibition of Female Genital Mutilation Act*, Nairobi, Kenya, 2011.

Government of the Republic of Kenya: Ministry of Gender, Children and Social Development, “Impact Assessment of the Njirincheke Supreme Council of Elders Public Declaration on the Abandonment of Female Genital Mutilation”, Conducted from 18-23 June 2011 in collaboration with Child Protection Section, UNICEF Kenya, June 2011.

Government of the Republic of Kenya: Ministry of Gender, Children and Social Development, “Sessional Paper to the National Policy on the Abandonment of Female Genital Mutilation in Kenya Draft 3”, August 2012.

Government of the Republic of Kenya: Ministry of Gender, Children and Social Development, “The National Policy for the Abandonment of Female Genital Mutilation”, June 2010.

Mujwa Community, “Mujwa Community-led Initiative on Accelerating Abandonment of Female Genital Mutilation/Cutting (FGM/C): Progress Report from 2008 to date”, August 2009.

Oloo, Habil, Wanjiru, Monica and Newell-Jones, Katy, “Female Genital Mutilation Practices in Kenya: The Role of Alternative Rites of Passage: A Case Study of Kisii and Kuria Districts”, Feed the Minds (and Population Council), 2011.

UNFPA, “De-Linking Female Genital Mutilation/Cutting from Islam in North East Kenya”, Feature Story, 22 April 2010.

UNFPA/UNICEF Joint Programme on FGM/C, “Legislative Report in Kenya to Speed Up Abandonment of FGM/C : Strong Government Policy to Support New Law”.

UNFPA/UNICEF, “Engaging Youth in Accelerating Abandonment of FGM/C: Kenya Experience”, Presentation for Annual Review Meeting, Djibouti, 11-13 May 2010.

UNFPA-UNICEF Joint Programme on FGM/C, “Baseline Survey for Samburu and Baringo Districts”, 2008.

UNFPA-UNICEF Joint Programme on FGM/C, “Baselines Assessments/Surveys for FGM/C Interventions in Selected Districts: Marakwet, Kuria, Migori, Naivasha and Mt. Elgon Districts”, Nairobi, Kenya.

UNFPA-UNICEF Joint Programme on FGM/C, “Kenya Presentation”, Fifth Annual Consultation, Senegal, 11-13 June 2012.

WHO/UNFPA/UNICEF, “Technical Consultation on the Medicalization of Female Genital Mutilation (FGM), Agreement on a Global Strategy”, Nairobi, Kenya, 20-22 July 2009.

#### **Additional documents reviewed for the Senegal case study**

Agence de l’informatique de l’Etat, République du Sénégal, « Infrastructures sanitaires : norme OMS atteinte pour les postes de santé », () consulté le 11 mars 2013

Agence France Presse, « Sénégal : une exciseuse condamnée à six mois de prison ferme », (<http://www.jeuneafrique.com/actu/20090528T163953Z20090528T163937Z/>) consulté le 12 mars 2013

Agence nationale de la statistique et de la démographie (ANSD), MEASURE DHS, « Enquête Démographique et de Santé à Indicateurs Multiples Sénégal (EDS-MICS) 2010-2011 », ICF International Calverton, Maryland, USA, février 2012

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Projet sectoriel et suprarégional « Abandon des mutilations génitales féminines »

Gomis, Dominique et Wone, Mamadou Moustapha, « L’excision au Sénégal : sens, portée et enseignements tirés de la réponse nationale », Rapport final, UNICEF Dakar, août 2008

Ministère de la famille, de la solidarité national, de l’entrepreneuriat féminin, République du Sénégal, « Evaluation du Plan d’action national pour l’abandon de la pratique des mutilations génitales féminines (Résumé exécutif) », réalisée avec l’appui technique de Astou Diop-Diagne, septembre 2008

Ministère de la justice, République du Sénégal, Loi n° 65-60 du 21 juillet 1965 portant Code Pénal, (<http://www.demarches.gouv.sn/textes/code-penal.pdf>) consulté le 3 mars 2013

Plan d’action national pour l’accélération de l’abandon de l’excision (2010-2015)

Plan d'Action, Sixième Programme de Coopération, Gouvernement du Sénégal-Fonds des Nations Unies pour la Population (UNFPA) 2007-2011

Plan-cadre des Nations Unies pour l'assistance au développement (UNDAF) Sénégal 2007-2011

Plan-cadre des Nations Unies pour l'assistance au développement (UNDAF) Sénégal 2012-2016

Salif Ndiaye et Mohamed Ayad, Ministère de la santé et de la prévention médicale, Centre de recherche pour le développement humain (Dakar, Sénégal), « Enquête démographique et de santé au Sénégal 2005 », ORC Macro Calverton, Maryland, USA, avril 2006

Seneweb News ([www.seneweb.com](http://www.seneweb.com)) consulté le 3 mars 2013.

Shell-Duncan, Bettina et al. « Dynamics of change in the practice of female genital cutting in Senegambia: Testing predictions of social convention theory. » *Social Science & Medicine* 73(2011), 1275-1283

Stratégie nationale pour l'équité et l'égalité de genre au Sénégal (SEEG) 2009-2015

Tostan France, « Nos activités en Afrique », (<http://www.tostanfrance.com/activites-en-afrique/en-afrique/>) consulté le 28 février 2013

UNICEF, « La protection sociale des enfants au Sénégal », Note de Synthèse, février 2009

UNICEF, « Senegal: Ending Female Genital Mutilation/Cutting Through Grassroots Social Change ».

#### **Additional documents reviewed for the Sudan case study**

Ahmed, Dr. Amira. "Final Report: Evaluation of Norwegian Church Aid's (NCA) support to GBV Projects implemented by SNCTP in Mayo Farm (2004-2010)": December 2011.

Bedri, Nafisa M. "Ending FGM/C through Evidence-Based Advocacy in Sudan." *Ahfad University for Women*, March 2012.

CSW Report (Sudan) to the Secretary General's on FGM/C; December 2011

M Mazharul Islam and M Moslehuddin. Female Circumcision in Sudan: Future Prospects and Strategies for Eradication, June 2001

FGM/C. A Statistical Exploration; UNICEF; 2005

WHO. FGM and Obstetric Outcome: WHO collaborative Prospective Study in Six African Countries. 2006.

Gruenbaum, Ellen. Bumps on the Road to Freedom from Female Genital Cutting: A Report on the Effects of a Community Declaration in Bara Province, North Kordofan, Sudan. August 2005.

Gruenbaum, Ellen, 'Toward a theory of change for the era of intensified globalization processes.' Unpublished essay, 2013.

Gruenbaum, Ellen, in: Browner, Carole and Sargent, Carolyn (editors) 'Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives'. Duke University Press, 2011

The Republic of Sudan. The National Strategy to Abolish FGM/C 2008-2018; September 2001.

The Republic of Sudan. The National Strategy for Reproductive Health 2006-2010; August 2006

The Republic of Sudan Ministry of Justice. The National Plan for Combating Violence against Women and Children (2010-2011); 2010

The Republic of Sudan Ministry of Social Welfare, Women & Child Affairs. Women Empowerment National Policy; March 2007.

UNFPA. A Situational Assessment of Health Sector Role/Interventions in Female Genital Mutilation/Cutting in Khartoum State, Sudan; Final Report; 2011

UNICEF Country Office Khartoum, Child Protection, FGM in Sudan: Knowledge, Attitudes, and Practices. Qualitative Research on Female Genital Mutilation/Cutting (FGM/FGC) in West Kordofan and Kassala States. August 2004. Research report submitted by: Ellen Gruenbaum.

UNICEF Innocenti Research Centre: Towards the abandonment of Female Genital Mutilation/Cutting in Five African Countries. Innocenti Insight, October 2010.

UNICEF Innocenti Research Centre. Harmful Practices: Social Dynamics of Abandonment; a special focus on Female Genital Mutilation/Cutting in five countries (Egypt, Ethiopia, Kenya, Senegal and Sudan), (Power Point Presentation)

UNICEF Khartoum Child Friendly Community Initiative (CFCI). Baseline Survey on FGM Prevalence and Cohort Assembly in CFCI: Three Focus States; November 2003. Submitted by Professor Ahmed Bayoumi.

UN Volunteers, UNFPA and Ahfad University for Women. "UN Volunteers' Support to Combat Female Genital Mutilation/Cutting (FGM/C) in Sudan"; FGM/C Studies Report; (Baseline Survey); June 2009

Various information materials related to the Saleema initiative in Sudan.

## Annex 7. List of Consulted Stakeholders

### Global and regional stakeholders

Name	Position	Organisation	Type of Interview
Nahla Abdel-Tawab	Director, Egypt Office	INTACT Population Council	By Skype
Anne Daher Aden	Youth and Adolescent Development Specialist	UNICEF	In person
Ian Askew	Director, Reproductive Health Services and Research.	Population Council	By phone
Krishna Belbase	Senior Evaluation Specialist, HQ	UNICEF	In person
Yves Bergevin	Coordinator of Maternal Health Thematic Fund	UNFPA	By phone
Cristina Bicchieri, PhD	Professor, Director of Politics, Philosophy and Economics Program	University of Pennsylvania	By Skype
Susan Bissell	Associate Director, Child Protection section	UNICEF	In person
Liselot Bloemen	Programme Manager	Union of European Parliamentarians for Africa (AWEPA)	By phone
Alexandra Chambel	Evaluation Advisor, HQ	UNFPA	In person
Louis Charpentier	Chief, Evaluation Branch, HQ	UNFPA	In person
Filippo Cinti	First Secretary	Mission of Italy to the United Nations	By Skype
Daniela Colombo	President	Italian Association for Women in Development (AIDOS)	By Skype
Nafissatou J Diop	Coordinator, UNFPA-UNICEF joint programme on FGM/C, HQ	UNFPA	In person
Cody Donahue	Child Protection Specialist, Child Protection Section, Programme Division, HQ	UNICEF	In person
Patrick Duffy	First Secretary and development and economic affairs officer	Mission of Ireland to the United Nations	In person
Edel Dwyer		Mission of Ireland to the United Nations	In person
Philippe Grandet	Resource Mobilisation Branch, HQ	UNFPA	In person
Salma Hamid	Senior External Relations Adviser, External Relations, Executive Board	UNFPA	In person
Werner Haug	Former Head Technical Division	UNFPA	By phone
Karin Heissler	Child Protection Specialist, Child Protection section	UNICEF	In person
Kaori Ishikawa	Gender Technical Advisor, Arab States Regional Office	UNFPA	By phone
Alvilda Jablonko	Programme Coordinator	No Peace Without Justice (NPWJ)	By Skype
Guyo Jaldesa	Professor OB/GYN Department	University of Nairobi	In person

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Name	Position	Organisation	Type of Interview
Janet Jensen	Media and Communications Branch, HQ	UNFPA	In person
Elise Johansen, PhD	Technical Officer, Women's Reproductive Health Division	WHO	By Skype
Valeria Carou Jones	Evaluation Specialist, HQ	UNFPA	In person
Sandra Jordan	Senior Communication Advisor	USAID	By phone
Theresa Kilbane	Senior Advisor, Social Norms and Prevention of Violence against Children	UNICEF	By phone
Colin Kirk	Head, Evaluation Office, HQ	UNICEF	In person
Dr. Morissanda Kouyate	Director	Inter-African Committee on Traditional Practices affecting Women and Children Health	By phone
Gerry Mackie, PhD	Professor, Political Science; Co-director, Centre of Global Justice	University of California, San Diego	By phone
Loredana Magni	Development Cooperation Advisor	Multilateral Coordination Office, Italy (Donor)	By Skype
Anju Malhotra	Principal Advisor, Gender and Rights	UNICEF	By phone
Molly Melching	Executive Director	TOSTAN	By Skype
Jane Miller	MDG 2 Team Leader, Africa Team	DFID	By phone
Kalliope Mingeirou	Violence against Women Africa Section	UN Women	By Skype
Francesca Moneti	Senior Child Protection Specialist, Social Norms and Gender Equality Programmes, HQ	UNICEF	In person
Luis Mora	Chief, Gender Human Rights Branch, HQ	UNFPA	In person
Idrissa OUEDRAOGO	Gender Technical Advisor, UNFPA West Africa Sub-regional Office	UNFPA	By email
Lila Pieters	Senior Advisor, Child Protection focal point	UNICEF Brussels HQ	By Skype
Bettina Shell-Duncan, PhD	Professor, Anthropology	University of Washington	By phone
Nina Strom	Senior Advisor on SRHR	NORAD	By phone
Lakshmi Sundaram	Global Coordinator	Girls Not Brides	By Skype
Seynabou Tall	Gender Technical Advisor, UNFPA Eastern and Southern Africa sub regional office, and Africa regional office (Johannesburg)	UNFPA	By Skype
Joachim Thies	Child Protection Regional Advisor, West and Central Africa Office	UNICEF	By Skype
Giulia Vallese	Resource Mobilization Officer	UNFPA	In Person

**Stakeholders consulted during the Kenya field visit**

Name	Position and Organization
National Level	
Government	
Ambassador Franklin Esipila	Acting Permanent Secretary, Ministry of Gender, Children and Social Development (MoGCSD)
Pamela Godia	Head Division of Reproductive Health, Ministry of Public Health & Sanitation
Mary Kabaru	Chief Gender, MoGCSD
Ramla Sharif	Social Development officer, MoGCSD
Civil Society/Other Partners	
Karin Christoffersen	Gender officer, Norwegian Church Aid
Maureen Gitonga	Gender Advisor, KEWOPA
Melanie Hilton	Action Aid placement inspirator programme, WEL
Dr. Guyo Jaldesa	Lecturer/Consultant, University of Nairobi
Alba Jimenez	Programme officer, ADRA Kenya
Njoki Karuyoa	Coordinator, Kenya Media Network on Population and Development (KEMEP)
Alice Kirambi	National Executive Secretary, Maendeleo Ya Wanawake Organization (MYWO)
Irene Kizito	Ag. National General Secretary, YWCA
Hon. Linah Kolimo	Chairperson, Kenya Women Parliamentarians Association (KEWOPA)
Agnes Lenai	Programme Coordinator, Illmarak Community Concern
Grace Kimani-Maingi	Executive Director, Federation of Women Lawyers (FIDA KENYA)
Faith Makome	Board member, Women Empowerment Link (WEL)
Hellen Makone	Executive Director, MYWO
Elizabeth N. Mayieka	Assistant National Secretary, MYWO
Grace Mbugua	Organizational Director, Women Empowerment Link (WEL)
Marceline Nyambala	Programme Coordinator, AMWIK
Thomas Okoth	Programme Officer, YWCA
Jared Onsongo	Communications Adviser, KEWOPA
Jane Sarwanya	Deputy Executive Director, Federation of Women Lawyers (FIDA KENYA)
Musyomi Wasye	Norwegian Church Aid
Religious Organizations	
Ibrahim Lethome Asmani	Member, Council of Imams and Ulamaas of Kenya
Fatuma Molid Dakit	Scholar, Wigaya Women Charitable Organization

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Name	Position and Organization
Abdinasir Haji Hassan	Member, Council of Imams and Ulamaas of Kenya
Fatuma Ali Saman	Principal, Nairobi Muslim Academy
Abdullatif A. Sheikh	Programme Coordinator, Council of Imams and Ulamaas of Kenya
<b>UN Agencies</b>	
Rogaia Abuelgasim Abdelrahim	Deputy representative, UNFPA (Somalia CO)
Zeinab Ahmed	JP Focal Point, UNICEF Kenya
Lister Chepata	Program Analyst, UNFPA Kenya
Florence Gachanaja	JP Focal Point, UNFPA Kenya
Zipporah Gathiti	M&E Officer, UNFPA Kenya
Sheema Sen Gupta	Chief, Child Protection Programme, UNICEF Somalia Country Office
Alexander Ilyin	Officer in Charge, UNFPA Kenya
Cecilia Kimemia	Assistant Representative, UNFPA Kenya
Charity Koronya	Somalia JP Focal Point, UNICEF Somalia Country Office
Janneke Kukler	Coordinator, GE and WE Programme, UN Women Kenya
Robert Ndugwa	M&E Officer, UNICEF Kenya
Chrstine Ochieng	Former national coordinator for the GoK/UNICEF/UNFPA joint programme, UNFPA Kenya
Marcel Rudasingwa	Country Representative, UNICEF Kenya
<b>Donors</b>	
Skoldvor Fjerdvær	Immigration officer, Norwegian Embassy
Josephine Mwangi	Programme Coordinator, Swedish Embassy
Geir Arne Schei	First Secretary, Norwegian Embassy
<b>Community Level</b>	
<b>Civil Society/Other Partners</b>	
Lucy Kirimo	Meru District Gender Officer MoGCSD
Joyce Muriuki	Meru District Chair Person, Maendeleo Ya Wanawake Organization (MYWO);
Janepher Mbalient	Mt.Elgon District Chair Person, Maendeleo Ya Wanawake Organization (MYWO);
Martin Mutabari	Accountant (Nairobi, visiting Mt. Elgon), MYWO
Salome Muthengi	Gender officer, Women Empowerment Link
Eliud Njoroge	Field officer, Women Empowerment Link
<b>Religious Organizations</b>	
Father Mungai	Catholic Diocese of Nakuru (CDN)
<b>Beneficiaries</b>	
33 women, 66 men, 18 girls, 17 boys, 6 teaches, 39 other, 10 FGM/C network	



**Stakeholders consulted during the Burkina Faso field visit**

Name	Position and organization
National Level	
Government	
Francis G. Balema	SP/CNLPE
Gnoumou Bilampo	Institut Supérieur des Sciences de la Population (ISSP)/Université de Ouagadougou (UO)
Bernadette Bonkoungo/Kandolo	Secrétaire permanente, SP/CNLPE
Alice Bougma	Responsable en suivi évaluation du directeur, SP/CNLPE
Sanogo Boulaye	Direction Générale de la Coopération (DGCOOP)
Clarisse Darga	SP/CNLPE
Aïda Djiga	Juriste, point focal au Secrétariat Permanent du Comité National de Lutte contre la Pratique de l'Excision (SP/CNLPE), Ministère de la Promotion de la Femme et du Genre
Louis Marie Kabore	SP/CNLPE
Salam Kafando	Chef de service promotion des programmes de coopération avec le Système des Nations Unies (SNU), Direction Générale de la Coopération (DGCOOP)
Antoinette Kanzie	Membre des affaires pénales, point focal, Ministère de la justice/direction des affaires pénales et du sceau
Azarata Nignan	Directrice des affaires juridiques, Ministère de la Promotion de la Femme et du Genre
Korotoumou Ouedraogo	SP/CNLPE
Rasmata Ouedraogo	SP/CNLPE
Moara Ouba	SP/CNLPE
Noel Ouoba	Point Focal Programme conjoint, SP/CNLPE
Lydie Pare	SP/CNLPE
Salimata Romba/Conombo	Direction des Études et de la Planification (DEP)/Ministère des Affaires Sociales et de la Solidarité Nationale (MASSN)
Elise Tapsoba/Sawadogo	SP/CNLPE
Perpetue Toe	SP/CNLPE
Fanta Yaro	Directrice Générale de la Promotion de la Femme, Ministère de la Promotion de la Femme et du Genre
Boukare Zouanga	DDP/Direction Générale du Trésor et de la Comptabilité Publique (DGTCP) /Ministère de l'Économie et des Finances (MEF)
Civil Society/Other Partners	
Pr. Michel Akotionga	Président de la Société de Gynécologues et Obstétriciens du Burkina Faso (SOGOB) et vice-président d'honneur du CNLPE
Pascal Congo	RJLPE

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Name	Position and organization
Mariam Marie Gisèle Guigma	Députée à l'Assemblée Nationale, Présidente du réseau des femmes parlementaires
Son Excellence le Kamsonghin Naaba Sanem	Ministre de sa majesté le Mog Naaba Baongo, ONG Réseau des coutumiers et des religieux (RELECORE)
Idrissa Konditamde	Réseau national des ONGs et associations de promotion de l'élimination de l'excision de Burkina Faso (RAOPE/BF)
Yvonne MC Kabore	Groupe d'appui en santé, communication et développement (GASCODE)
Celestin Ouedraogo	Assistant de projet, Mwangaza Action
Deborah Ouedraogo	Mwangaza Action
Elie Ouedraogo	GASCODE
Haoua Ouedraogo	RBOIPD
Moussa Ouedraogo	RDH/MGF
Xxx Ouedraogo	Chargée de la formation et du développement des capacités. Chargée du volet mfg., Réseau burkinabé des organisations islamiques en population et développement (RBOIPD)
Issa Mermoz Sanfo	Réseau des journalistes de lutte contre la pratique de l'excision (RJLPE)
Brigitte Yameogo	Assistante de programme, ONG Mwangaza Action
<b>UN Agencies</b>	
Djamila Cabral	Représentante, Organisation Mondiale de la Santé
Guy Dejongh	Chargé de Suivi et Évaluation, UNICEF
Barbara Jamar	Chief Child Protection, UNICEF
André Kone	Chargé de programme Suivi/Évaluation, UNFPA
Gunther Lanier	Former Technical Advisor, Programme conjoint focal point, UNICEF
M. Kanté Mamadou	Représentant Pays, UNFPA
Edith Ouedraogo	Point Focal Genre, UNFPA
Léopold Ouedraogo	Chargé de programmes, Organisation Mondiale de la Santé
Marie Berthe Ouedraogo	Point Focal Genre, UNICEF
Nathalie Rose	Chargé de Santé Maternelle et infantile, Organisation Mondiale de la Santé
Olga Sankara	Spécialiste en Santé Reproductive et Représentant adjoint, UNFPA
Aboubakry Tall	Représentant, UNICEF
Désiré Yameogo	Administrateur de programme, chargé de la protection des enfants, point focal programme conjoint, UNICEF
Lacina Zerbo	Assistant de programme, point focal du programme conjoint, UNFPA

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Name	Position and organization
<b>Donors</b>	
Telse Badil	Conseillère Technique Principale, Programme Santé Sexuelle/Droits Humains de la GIZ (PROSAD/GIZ)
Zakari Congo	Conseiller Technique/Suivi-évaluation, Programme Santé Sexuelle/Droits Humains de la GIZ (PROSAD/GIZ)
Habibou Koanda	Chargée de programme (genre), Direction du développement et de la coopération DDC (Suisse)
Hedwige Sangli	Conseillère Technique/Promotion des droits des femmes et la prévention des violences basées sur le genre, Programme Santé Sexuelle/Droits Humains de la GIZ (PROSAD/GIZ)
Lyn Voegelé	1 <sup>er</sup> secrétaire, Ambassade du Grand Duché du Luxembourg
Laurence von Schulthess	Directrice résidente adjointe, Direction du développement et de la coopération DDC (Suisse)
<b>Community Level</b>	
<b>Government</b>	
Dr. Yacouba Tamboura	Médecin chef de district (MCD), District Sanitaire de Barsalogo/Sanmatenga
Mariam Diallo/Zorome	Gouverneur de la région du Centre Nord, Ministère de l'Administration Territoriale
Cheick Hamed Doussa	Commissaire adjoint de police, Ministère de la sécurité
Mahamoudou Sanfo	Procureur du Faso près du tribunal de grande instance de Kaya, Ministère de la Justice
Abdoulaye Sawadogo	Commandant de brigade territoriale de Kaya, Ministère de la défense
Ayouba Tao	Point focal programme conjoint, Direction Provinciale de l'Action Sociale et de la Solidarité Nationale (DPASSN), MASSN
Abdoul Karim Tiendrebeogo	Direction Régionale de l'Action Sociale et de la Solidarité Nationale (DRASSN), MASSN
Lucien Yanogo	Direction Provinciale de l'Action Sociale et de la Solidarité Nationale (DPASSN), MASSN
Fatimata Zongo	Médecin Chef Adjoint, Institution/organisation : Centre médical antenne chirurgicale (CMA) Kaya
xxx	Maïeuticien d'État, Institution/organisation : Centre médical antenne chirurgicale (CMA) Kaya
Alassane Bargo	Directeur provincial de la police du Ganzourgou-Commissaire central de Zorgho, Ministère de l'administration territoriale
Da Bertin	Attaché de santé anesthésie - Centre médicale avec antenne chirurgicale (CMA)
Zigani Haoua	Sagefemme - Centre médicale avec antenne chirurgicale (CMA)
Pierre N'Do	Commandant de brigade de la gendarmerie de Zorgho, Ministère de la défense
Sibiri Ouedraogo	HautCommissaire de la province de Ganzourgou, Ministère de l'Administration Territoriale

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Name	Position and organization
Oubda Seydou	Attaché de santé en chirurgie - Centre médicale avec antenne chirurgicale (CMA)
Joseph Tougma	Point Focal programme conjoint - DPASSN
Raymond Zongo	Directeur provincial de l'Action Sociale et de la Solidarité nationale (DPASSN)
<b>Civil Society/Other Partners</b>	
Kadiata Adama Barry - Membre du RELECORE	Membres des Réseaux du Sanmatenga
Idrissa Campaoré - Directeur Radio ORFM	
Mohamadi Kargougou - Membre du RBOIPD,	
T. Gaspard Kinda - Secrétaire Radio ORFM	
Mohamed Lamine Demé - Membre du RBOIPD	
Célestin Sawadogo - Membre du RELECORE	
Edwige Ouédraogo - Point Focal Réseau Droits Humains MGF	
Idrissa Ouédraogo - Membre du RELECORE	
Saldo Ouédraogo - Communauté Musulmane	
Amado Bikienga - RAOPE	Membres des Réseaux de Barsalogo (Hommes)
Moussa Ouedraogo – Réseau Droits Humains	
Youssouf Ouedraogo – RAOPE	
Dieudonné Sawadogo - RELECORE	
Hamidou Sawadogo –RBOIPD	
Béwemdé Bamogo	Membres du RAOPE, hommes
Mohamoudou Diandé	
Tinbo Saidou Ouédraogo	
Kogyandé Sawado (Tradi praticien)	
Nocé Sawado	
Mahamouda Sawado (Tradi praticien)	
Moré Elie Sawado	
Songuen Kassenga	Chefs de Boussouma (Mwangaza Action)
Baloumi Naaba	
Foulla Naaba	
Goulli Naaba	
Kamboiess Naaba	
Lebda Naaba	
Sapore Naaba	
Sassan Naaba	
Wambom Baloum Naaba	
Wedreng Naaba	

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Name	Position and organization	
Soulka Zacharia		
Maigi Abdul Kabri	Superviseurs, Mwangaza Action	
Maryam Cabore		
Kinda Delfi		
Aminata Ouedraogo		
Hamado Cissaogo		
Claudine Damiba/Ouedraogo	Membres des Réseaux et radio (6 hommes,6 femmes)	
Appollinaire Kabore		
Philippe Kabore		
Justin Kafando		
Viviane R. Karfo		
Dene M		
Celestine Ouedraogo		
Habibou Ouedraogo		
Adama Sawadogo		
Kadi Sawadogo		
Albert Tarpaga		
Kuanda Boukari - Représentant de la communauté musulmane		Membres du RELECORE et du Réseau Droits Humains de Zam
Idrissa Congo - Superviseur Réseau Droits Humains		
Jean-Paul Djira - Représentant des Chefs coutumiers		
Nana Romain - Catéchiste du village		
<b>Beneficiaries</b>		
126 women, 52 men, 15 boys, 7 girls		

**Stakeholders consulted during the Senegal field visit**

Name	Position and organization
National Level	
Government	
Barou Balde	Adjoint au Maire de Kolda, région de Kolda
Pape Diatta	Responsable départemental du Développement communautaire, Ministère de la femme, de l'enfant et de l'entrepreneuriat féminin
Cheikh Bamba Diop	Chef du bureau Santé des adolescents, Division de la santé de la reproduction (DSR), Ministère de la santé et de la prévention du Sénégal
Elhadji Malick Diop	Député maire de la ville de Tivaouane. président du Forum des parlementaires africains et arabes pour la population et le développement
Seynabou Fall	Directrice, Centre national d'assistance et de formation pour les femmes (CENAF), Ministère de la femme, de l'enfant et de l'entrepreneuriat féminin
Mamadou Ndoye	Assistant de la Directrice, Direction de la famille, Ministère de la femme, de l'enfant et de l'entrepreneuriat féminin
Fatou Bitou Niang Kamara	Chef du Bureau Conception, méthodes et analyses sociodémographiques, Agence nationale de la statistique et des études démographiques
Papa Ibrahima Sene	Chef de la Division du recensement et statistiques démographiques, Agence nationale de la statistique et des études démographiques
Ibrahima Sow	Adjoint au Préfet, région de Kolda
Civil Society/Other Partners	
Samsidine Badji	Coordinateur pour la région de Saint Louis, Groupe pour l'Étude et l'Enseignement de la Population (GEEP)
Marie Madeline Diallo Balfroaw	Actrice, journaliste radio et télévision, leader d'opinion, activiste contre les MGF/E
Mame Cisse Diop	Chargée de programme, Forum pour un développement durable endogène (FODDE)
Abou Amadou Diack	Coordinateur régional (St Louis et Matam), Tostan
Alioune Badara Diouf	Chargé d'IEC, Association sénégalaise pour le bien-être familial (ASBEF), The International Planned Parenthood Federation
Marième Diop	Membre du Conseil d'administration et Chargée de programme, Association des Juristes Sénégalaises (AJS)
NDéye Bineta Fall Naham	Sage-femme et Coordonnatrice santé de la reproduction de la région de Saint-Louis
Moussa Mane	Directeur des programmes, Association sénégalaise pour le bien-être familial (ASBEF), The International Planned Parenthood Federation
Dr. Balla Mbacké Mboup	Médecin chef de la région (MCR) de Saint Louis

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Name	Position and organization
Molly Melching	Directrice, Tostan
Seyni Nanco	Chef d'antenne, région de Kolda, ONG USU
Mariama Niabaly	Animatrice, Umbrella Support Unit, ONG USU
Kalidou Sy	Coordinateur national, Tostan
Ndeye Maguette Sy Gaye	Présidente, Comité sénégalais de lutte contre les pratiques traditionnelles ayant des effets néfastes sur la santé de la femme et de l'enfant (CO.SE.PRAT)
<b>Religious Organizations</b>	
Ousmane Sow	Chargé du volet Etudes et recherche, Réseau Islam et population
<b>UN Agencies</b>	
Giovanna Barberis	Représentante résidente, UNICEF
Francis Bogie Boogere	Coordinateur du Programme, Genre et VFF / ECOWAS, ONU Femmes
Christina Del Valle	Chargée de programme protection de l'enfant, UNICEF (Bureau régional)
Abdoulaye Gueye	Chargé Suivi et évaluation, UNICEF
Diatta Kamara	Chargé de programme Genre, UNFPA (S&E par intérim)
Dr. Selly Kane Wane	Chargé de programme Santé de la reproduction, UNFPA
Gallo Kebe	Coordinateur du Programme conjoint, UNFPA
Daniela Luciani	Spécialiste de la protection, UNICEF
Cheikh Mbengue	Assistant du Représentant résident UNFPA
Idrissa Ouedraogo	Chargé de programme, Genre et données pour le développement, UNFPA
Joachim Thies	Conseiller régional, UNICEF (Bureau régional)
<b>Community Level</b>	
<b>Beneficiaries</b>	
145 women, 80 men, 127 girls, 15 boys	

**Stakeholders consulted during the Sudan field visit**

Name	Position and organization
National Level	
Government	
Batoul Abdalrahman	Member, FGM Program, NCCW
Nafisa Ahmed	FGM/C Program Officer, NCCW
Dr. Nariman Ahmed Mohamed	Deputy Specialist, Community Medicine, Sudan Ministry of Health (SMoH)
Nagat Alassad	Communication and Advocacy, Family Tracing and Reunification (FTR) Coordinator, NCCW
Duha Alnazir Muhiddin	Health Officer, Sudan Ministry of Health (SMoH)
Iman Babikir Yousif	Focal person, FMoH/National Reproductive Health Program (NRHP)
Fath Elrahman Babiker	Chief of Child Section, NCCW
Alaa Eltahir	General Directorate of Women and Family Affairs (GDWFA), Ministry of Welfare and Social Security
Sawsan Eltahir	Director, FMoH
Iman Hago	Focal person, Gender, FMoH/National Reproductive Health Program (NRHP)
Umjmaa Ibrahim Faddal	Reproductive Health Coordinator, Jabal Awlia Locality (Khartoum, hospital)
Safaa Khalifa	NCCW
Hussein M. Farah	Technical Advisor, NCCW
Amal Mohamed	Secretary General, NCCW
Amel Mohamed	Reproductive Health Coordinator, Sudan Ministry of Health (SMoH)
Nawal Mustafa Osman	Physician, Community Medicine, Turkish Hospital
Lena S. EllHindi	MOWSS, NDC Gender Division
Civil Society/Other Partners	
Raga Abdalla	Legal counsellor, CVAW Unit
Rabiha Abdelrahim	Activist
Elham Ahmed Hamid	BBSAWS
Mahasin Alabbas	BBSAWS/ASA
Aalaa Albager gaper	Ahfad University for Women (AUW)
Amira	Babiker Badri Scientific Association for Women's Studies (BBSAWS)
Israa Ehamssan	Ahfad University for Women (AUW)
Hind Hagasan	Tuti
Sood Iragi	Ahfad University for Women (AUW)
Moaza Kamal Eldin	REED student/ASA



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Name	Position and organization
Nafisa M. Bedri	Director, Ahfad University for Women (AUW)
Nagwa M. Salih	Legal advisor, CVAW (Culturally-justified Violence against Women) Unit
Amna Mahoub Mohamed	BBSAWS/ASA
Sitalbanat Mohamed	REED student/ASA
Egbal Mohamed Abbas	Tuti Secretary General
Shima Mohamed Eid	BBSAWS/ASA
Hadwa Mohamed Elmodathir Hamid	H. Sc student/ASA
Rhab Mohamed Hassan	Ahfad University for Women (AUW)
Soaad Mohamed Ibrahim	Activist
Eman Mohamed Ismail	BBSAWS/ASA
Haleema Musa	Activist
Dr. Attiat Mustafa	Director, CVAW Unit
Ghada Rudwan	Ahfad University for Women (AUW)
Fatima Salah	Ahfad University for Women (AUW)
Fatima Salim	Researcher, CVAW Unit
Niemat Talha	Activist
<b>UN Agencies</b>	
Mai Abdalla	Program Assistant, UNFPA
Samira A. Ahmed	UNICEF Sudan, FGM/C Focal Point
Lamya Badri	Gender Officer, UNFPA
Stephen Blight	Chief, UNICEF
Maria Brair	UNFPA
Jennifer Chase	UNFPA Sudan, GBV Team leader
Pam Delargy	Representative, UNFPA
Sharareh Amir Khalili	Deputy Representative, UNFPA
<b>Community Level</b>	
Blue Nile State	
Government	
Bakri Abdall Abdelrahman	Inspector, Directorate of Social Welfare
Dr. Mohamed Abdalkrim	Training officer, SMOH/RH
Alrayeh Abdallah Alsheikh	Assistant to the director, Directorate of Social Welfare
Faiza Marghani Abdalrahim	SMOH/RH
Gasim Ahmed Mohamed	
Haleema Algeily Mustafa	Social counsellor, Directorate of Social Welfare
Rasheeda Altahir Abu Bakr	Secretary, Sudan Ministry of Health/ Reproductive Health (SMOH/RH)

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Name	Position and organization
<b>Civil Society/Other Partners</b>	
Amal Bading	OHC
Rashid Elamin	OHC
Ibrahim Hussein Ahmed	Project Manager, Global Organization for Children
Fatima Mohamed	OHC
Ussimi Mohamed	OHC
<b>UN Agencies</b>	
A. Hassan	Child Protection, UNICEF
<b>Gadaref State</b>	
<b>Government</b>	
Asia Abdalrahman Hussein	Representative, NCCW
Amal Adam Ismail	
Haidar Ishag	SCCW
Afaf Omer	Representative, Women's Association/ Health Unit
<b>Civil Society/Other Partners</b>	
Saniya Abdelrazig Mustafa	CBOs Representative
Amani Ahmed Bureir	CBOs Representative
Malak Alamin	CBOs Representative
Hanan Osman Mohamed Almahi	CBOs Representative
Haleema Alsafi	CBOs Representative
Majda Alsayed	CBOs Representative
Amira Eisa Abdelrahman	CBOs Representative
Awadeeya Hamid Omer	CBOs Representative
Maha Hussein Ghrashi	CBOs Representative
Aohood Ibrahim	CBOs Representative
Ibtisam Mohamed Ahmed Ajeeb	CBOs Representative
Fatima Mohamed Ali	CBOs Representative
Ahmed Mustafa	Director , Zenab for Women and Development
Igbal Osman	CBOs Representative
Hagir Ismail Saleh	CBOs Representative
Haram Sirelkhatim	Director, Friends of Peace and Development Organization
Suaad Suleiman Osman	CBOs Representative
<b>UN Agencies</b>	
Abdalrouf Alsaddig Ahmed	CP officer, UNICEF/Kassala
<b>Kassala State</b>	
<b>Government</b>	
Wafaa Abu Zeid Bilal	Women`s Counselor

Name	Position and organization
Alaweeya Ali Hamdan	Investment secretary, Women's General Foundation
Samira Gism Elseed	Ministry of Social Welfare
Entsar Mohamed Albloli	SNCTP
Amel Mubarak Hameed	Member of the Legislative Council
Tagreed Omer	Society College
Fatima Yassin	Administration of Women and Family
<b>Community Leaders</b>	
Mutasim Babikir Ahmed	Mayor of Kassala City
Al-Haj D. Al-Faki	Member of Popular Committee
Abu Fatima Mohamed Ahmed	Mayor of Arteiga and member of the State Legislative Council
Luai Mohamed Osman	Deputy Chieftain ( <i>Nazir</i> ) of Habab tribe
Onour Mohamed Osman	Deputy Chieftain ( <i>Nazir</i> ) of Hadandawa tribe
Mohamed Saleh Hamid	Mosque Imam
<b>Civil Society/Other Partners</b>	
Fatima Abdallatif	Administration of Reproduction Health
Haleema Abdelraziq Faraj	Reproduction Health
Awadia Abdelraziq Mohamed	Reproduction Health
Khalda Ahmed Abdallah	Reproduction Health
Butheina Akasha Mohamed	Secretary General, The Council of Child and Women Welfare and Population
Mahgoub Alhassan Mahgoub	FDG Teacher
Ammuna Elnour Musa	Reproduction Health
Hussein Ibrahim	Manager, Youth Organization for Peace Building and Development
Samira Hassan Adam	FDG Teacher
Mashaier Mohamed Gamal	FDG Teacher
Amna Mohamed Ibrahim Ali	FDG Teacher
Manal Khalafall Al amin	Acting director, Reidah Voluntary Organization
Khloud Khalil	Program officer, TOD
Samira Mohamed Abbasher	Manager, The Umbrella of Social Development and Savings Associations
Mamduh Mohamed Saleh	FDG Teacher
Nur Mohamed Saleh Idris	FDG Teacher
Fathiya Obeid Zayd	Administration of Reproduction Health
Nwal Omer Ahmed Ghaffar	FDG Teacher
Afaf Osman Mohamed	Secretary, The council of child and women welfare and population

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Name	Position and organization
Hussein Saleh	Manager, TOD
Amani Sayd Fideil	Employee, Activism leader
Waleed Suleiman Moh. Hassan	Trainer, Friends of Peace and Development Organization
Huda Sultan Alhaj	FDG Teacher
Manal Taha	FDG Teacher
Mahasin Taj-Elsir	Chairperson, Azza Women Charity Association
Hanadi Yahya Osman	FDG Teacher

**Non-visited countries focus groups**

Name	Position and organization
<b>Djibouti</b>	
Fathia Omar Hassan	Chargée du programme protection, UNICEF
Amina Mohamed	Coordonnatrice du programme genre, UNFPA
Deqa David	Chargée de projet, UNICEF
<b>Egypt</b>	
Dr. Magdy Ahmed	Advocacy and Communications Associate, NGOs Coalition against FGM/C
Dr. Rabda Fakhr El Di	Coordinator, NGOs Coalition against FGM/C
Manel Fawzy	Program Manager, Assiut Childhood and Development Association (ACDA)
Germaine Haddad	Joint programme (JP) Focal Point, UNFPA
Nadra Zaki	Child Protection Specialist, JP Focal Point, UNICEF
<b>Ethiopia</b>	
Addisu Chane	Project Officer in Afar, UNFPA
Tabeyin Gedlu	Gender and Development Specialist, UNICEF
Tsehay Gette	JP Focal Point, UNFPA
Ibrahim Sesay	Protection Specialist, UNICEF
<b>Eritrea</b>	
Gbemisola Akinboyo	Chief, Child Protection Section, UNICEF
Samuel Isaac	Child Protection Officer, UNICEF
Yordanos Mehari	Program Officer, UNFPA
<b>Gambia</b>	
Fatou Kinteh	Communications, FGM/C and JP Focal Point, UNFPA
Salifu Jarsey	Child Protection Specialist, JP Focal Point, UNICEF
<b>Guinea</b>	
Aicha Nanette Conté	Child Protection Specialist, UNICEF
Aidara Seynath	Gender Specialist, UNFPA
Souleymane XXX	TOSTAN Guinée
Julie XXX	TOSTAN Guinée
XXX Oularé	Ministère des Affaires Sociales
Fanta XXX?	
<b>Guinea-Bissau</b>	
Berbard Kameni	Chef, Protection de l'enfant, UNICEF
Candida Lopes	JP Point Focal, UNFPA

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Name	Position and organization
<b>Mali</b>	
Amino Dicko Sangare	Protection des enfants, point focal MGF et violence basé sur le genre, UNICEF
Lamine Traore	Chargé de programme genre et droits humains, Point focal MGF, UNFPA
<b>Mauritania</b>	
Mme. Lô Khadijetou Cheikh	Chargée de programme, UNFPA
Mohamed Lemine Ahmed Seyfer	Point focal, UNICEF
<b>Somalia</b>	
Charity Koronya	Child Protection Officer, JP Focal Point, UNICEF
Salada Robleh	JP Focal Point, UNFPA
<b>Uganda</b>	
Sarah Juliet Akera	TPO (Transcultural Psychosocial Organization) Uganda
Justus Atwijukire	Rep, MGLSD
Josephine Candiru	Rep, MGLSD
Rose Chebet	Representative, Kween District Local Government
Esther Cherop	National Program Officer- Gender, UNFPA
Martine Cherukut	REACH (Rescue African Children, Ugandan NGO) programme
Janet Jackson	Representative, UNFPA
Agnes Karani	JP Focal Point, UNICEF
Ida Kgonya	Representative Ministry of Gender, Labour and Social Development (MGLSD)
Yoko Kobayashi	Child Protection Specialist, JP Focal Point, UNICEF
Moses Sylvester Lokiru	Representative, Aumdat District Local Government
Caludia Nauta Lorika	Arbeiter Samariter Bund (ASB) Moroto (INGO)

## Annex 8. Document Review Matrices

### Global and regional assessment – document review matrix

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
<b>EQ1: How relevant and responsive has the programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?</b>				
<i>Evaluation criteria: relevance (including programme design)</i>				
1.1. To what extent are the objectives of the joint programme consistent with the needs in the targeted communities?	a) Evidence of alignment of the objectives of the joint programme with identified needs in the targeted communities			
1.2. To what extent are the objectives of the joint programme aligned with programme country government priorities and commitments?	b) Evidence of alignment of the objectives of the joint programme with programme country government priorities and commitments.			
1.3. To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country, regional and global levels?	c) Evidence of alignment of the objectives of the joint programme with UNFPA/UNICEF policies and strategies at the country, regional and global levels.			
1.4. To what extent are the objectives of the joint programme aligned with priorities and commitments of development partners at the global and regional levels?	d) Evidence of alignment the objectives of the joint programme with development partners' priorities and commitments at the global and regional levels.			
1.5. How appropriate are the overall joint programme design and the approach and strategies promoted and used by the joint programme at each level (national, regional, country, community) in view of achieving expected results? What are their strengths and weaknesses?	e) Evidence of the validity of the theory of change			

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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
1.6. To what extent and how have strategies and interventions been contextualized at the national and community level?	g) Evidence of contextualization of strategies and interventions (including through local-level consultation, national needs and country government priorities consideration and capacity assessments)			
1.7. To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the design of the joint programme?	h) Evidence of integration of cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus in programme design documents; workplans and other planning documents.			
<b>EQ2: To what extent has the programme contributed to: the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels (Outcome 1) and to strengthening the global movement towards abandonment of FGM/C in one generation (Outcome 2)?</b>				
<i>Evaluation criteria: effectiveness and sustainability</i>				
2.1. To what extent and how has the joint programme contributed to changes in social norms, attitudes and behaviours in relation to FGM/C at the community, country, regional and global levels?	a) Evidence of perceived changes in social norms/attitudes to FGM/C at the community, country, regional and global levels b) Evidence of increased mobilisation towards abandonment of FGM/C			
2.2. To what extent have outputs been achieved and have contributed, or are likely to contribute, to the achievement of the planned outcomes of the joint programme? In particular:	c) Evidence of progress towards output and outcome levels indicators as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.1. To what extent has the joint programme contributed to the enactment and enforcement of national inter-sectoral plans of action, policies and legislation against FGM/C at the national and decentralized levels in programme countries? Output 1	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			



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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
2.2.2. To what extent has the joint programme positioned FGM/C on the national and sub-national political agendas and fostered local level commitment to abandon FGM/C in programme countries? Output 2	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.3. To what extent have national media campaigns and other forms of communication dissemination supported by the joint programme contributed to the acceleration of the abandonment of FGM/C in programme countries? Output 3	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.4 To what extent have partnerships under the joint programme contributed to the acceleration of the abandonment of FGM/C in programme countries? Output 6	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.5. To what extent has the joint programme contributed to the use of evidence-based data on FGM/C for programming and policies in programme countries? Output 4	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.6. To what extent has the joint programme contributed to the integration of FGM/C abandonment into reproductive health policies, planning and programming? Output 5	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.2.7. To what extent has the joint programme strengthened regional dynamics for the abandonment of FGM/C? Output 8	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			

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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
2.2.8. To what extent has the joint programme strengthened the global movement towards the abandonment of FGM/C including through global advocacy, collaborations, and knowledge production/dissemination initiatives? Outputs 9 and 10	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)			
2.3. Have there been any unintended effects, positive or negative, direct or indirect? Has there been any missed opportunity?	e) Evidence of unintended effects			
2.4. What factors (including both internal factors and environmental factors such as opportunity and challenges in the global, regional, country and community contexts) have supported or hindered the achievement of (or contributions to) results?	g) Evidence (type and nature) of contextual changes/trends and related opportunities or challenges for the joint programme at global, regional, national, and community levels			
2.5. To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the implementation of the joint programme?	h) Evidence of integration of cross cutting issues in the implementation of programme activities (in particular at the country and community levels).			
<b>EQ3: To what extent have the outputs of the joint programme been achieved or are likely to be achieved with the appropriate amount of resources/inputs (funds, expertise, time, administrative costs, etc.)?</b>				
<i>Evaluation criteria: efficiency</i>				
3.1. To what extent were the available resources adequate to achieve the expected outputs?	a) Extent to which programme outputs were achieved within planned budgets. b) Utilization rates per country per year.			
3.2. To what extent has the mix of strategies and activities implemented in diverse country contexts differed in terms of their efficiency?	b) Utilization rates per country per year. c) Expenditures per output per country			

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
3.3 To what extent has the joint programme been able to complement implementation at country level with related interventions, initiatives and resources at regional and global levels to maximize its contribution to the abandonment of FGM/C?	d) Extent to which joint programme budgets were supplemented with resources from other initiatives e) Evidence of synergies between country and regional/global interventions, initiatives and resources.			
<b>EQ4: To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended?</b>				
<i>Evaluation criteria: Sustainability</i>				
4.1. To what extent and how has the joint programme strengthened national ownership, capacity, and leadership (at national and decentralized levels) in programme countries?	a) Evidence of strengthened national ownership, capacity and leadership for national counterparts and partners.			
4.2. To what extent do the strategies used by the joint programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?	b) Examples of scaling up or expansion.			
4.3. To what extent has the joint programme been integrated into other national initiatives aiming at addressing the issue of FGM-C?	d) Evidence of the joint programme having been integrated into other national initiatives aiming at addressing the issue of FGM-C			
4.4 To what extent have partnerships (governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?	e) Evidence of broadened or strengthened partnerships with relevant actors			

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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
<b>EQ 5: How efficient and effective was the coordination between UNFPA and UNICEF in the joint programme at the global, regional and country levels in view of achieving programme's results?</b>				
Evaluation criteria: effectiveness, efficiency and coordination between UNFPA and UNICEF (including programme management)				
5.1. How appropriate, clear and efficient was the coordination between UNFPA and UNICEF in relation to: - dividing roles and accountabilities? - planning? - decision making? - implementation of activities? - production, circulation and use of data? - monitoring, reporting and evaluation? - cost sharing/reduction of transaction costs?	a) Evidence of clarity and quality of coordination between UNFPA and UNICEF in relation to: roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost-sharing/reduction of transaction costs. b) Evidence of strengths/issues/problems/gaps and areas for improvement in coordination mechanisms.			
5.2. What was the added value of the joint structure of the programme?	c) Evidence (examples) of added value of the joint structure (e.g. in terms of cost savings, enhanced capacity, synergies, reach)			
<b>EQ 6: How efficient and effective was the management of the joint programme at global, regional and country levels?</b>				
Evaluation criteria: effectiveness, efficiency and programme management				
6.1. What have been key strengths and weaknesses of the management of the joint programme at the global, regional and country levels, and their interactions?	a) Evidence of the efficiency and effectiveness of programme management at the global, regional and country levels.			
6.2. How adequate were the implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) in view of achieving results?	b) Evidence of strengths and weaknesses of the implementation mechanisms c) Evidence of strengths/issues/problems/gaps and areas for improvement in these mechanisms.			
6.3. To what extent have joint programme benchmarks and achievements been monitored?	d) Degree of appropriateness and utilization of monitoring tools and mechanisms.			

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence	Source	Comments/analysis
6.4 To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the joint programme reporting, monitoring and evaluation tools and mechanisms?	e) Evidence of integration of cross cutting issues in the joint programme reporting, monitoring and evaluation tools and mechanisms.			
6.5. How adequate and responsive was global/regional support in providing necessary guidance and tools, technical support, and capacity development to country offices and global partners?	f) Evidence of adequacy and responsiveness of the support and guidance received by country offices and global partners from the programme (from HQ and regional offices)			

**Country case studies document review matrix**

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
<b>EQ1: How relevant and responsive has the programme been to national and community needs, priorities and commitments?</b>				<b>RELEVANCE: DESIGN:</b>
1.8. To what extent are the objectives of the joint programme consistent with the needs in the targeted communities?	a) Evidence of alignment of the objectives of the joint programme with identified needs in the targeted communities			
1.9. To what extent are the objectives of the joint programme aligned with programme country government priorities and commitments?	b) Evidence of alignment of the objectives of the joint programme with programme country government priorities and commitments.			
1.10. To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?	c) Evidence of alignment of the objectives of the joint programme with UNFPA/UNICEF policies and strategies at the country level.			
1.11. How appropriate are the overall joint programme design and the approach and strategies promoted and used by the joint programme in view of achieving expected results? What are their strengths and weaknesses?	e) Evidence of the validity of the theory of change			
1.12. To what extent and how have strategies and interventions been contextualized at the national and community level?	g) Evidence of contextualization of strategies and interventions (including through local-level consultation, national needs and country government priorities consideration and capacity assessments)			
1.13. To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the design of the joint programme?	h) Evidence of integration of cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus in programme design documents; workplans and other planning documents.			

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
<b>EQ2: To what extent has the programme contributed to: the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels?</b>				<b>EFFECTIVENESS:</b>
2.1. To what extent and how has the joint programme contributed to changes in social norms, attitudes and behaviours in relation to FGM/C at the community and country levels?	a) Evidence of perceived changes in social norms/attitudes to FGM/C at the community and country levels			
2.2. To what extent have outputs been achieved and have contributed, or are likely to contribute, to the achievement of the planned outcomes of the joint programme? In particular:	c) Evidence of progress towards output and outcome levels indicators as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes (using contribution analysis)*			
2.2.1. To what extent has the joint programme contributed to the enactment and enforcement of national inter-sectoral plans of action, policies and legislation against FGM/C at the national and decentralized levels in programme countries? Output 1	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.2.2. To what extent has the joint programme positioned FGM/C on the national and sub-national political agendas and fostered local level commitment to abandon FGM/C in programme countries? Output 2	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.2.3. To what extent have national media campaigns and other forms of communication dissemination supported by the joint programme contributed to the acceleration of the abandonment of FGM/C in programme countries? Output 3	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.2.4 To what extent have partnerships under the joint programme contributed to the acceleration of the abandonment of FGM/C in programme countries? Output 6	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			

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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
2.2.5. To what extent has the joint programme contributed to the use of evidence-based data on FGM/C for programming and policies in programme countries? Output 4	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.2.6. To what extent has the joint programme contributed to the integration of FGM/C abandonment into reproductive health policies, planning and programming? Output 5	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.2.7. To what extent has the joint programme strengthened regional dynamics for the abandonment of FGM/C? Output 8	c) Evidence of progress towards relevant output indicator as per revised logframe. d) Evidence of joint programme contribution towards anticipated changes			
2.3. Have there been any unintended effects, positive or negative, direct or indirect? Has there been any missed opportunity?	e) Evidence of unintended effects			
2.4 What factors (including both internal factors and environmental factors such as opportunity and challenges in country and community contexts) have supported or hindered the achievement of (or contributions to) results?	g) Evidence (type and nature) of contextual changes/trends and related opportunities or challenges for the joint programme at global, regional, national, and community levels			
2.5. To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the implementation of the joint programme?	h) Evidence of integration of cross cutting issues in the implementation of programme activities (in particular at the country and community levels).			
<b>EQ3: To what extent have the outputs of the joint programme been achieved or are likely to be achieved with the appropriate amount of resources/inputs (funds, expertise, time, administrative costs, etc.)?</b>				<b>EFFICIENCY:</b>
3.1. To what extent were the available resources adequate to achieve the expected outputs?	a) Extent to which programme outputs were achieved within planned budgets. b) Utilization rates per country per year.			
3.2 To what extent has the mix of strategies and activities implemented in diverse country contexts differed in terms of their efficiency?	b) Utilization rates per country per year. c) Expenditures per output per country			



Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
3.3 To what extent has the joint programme been able to complement implementation at country level with related interventions, initiatives and resources at regional and global levels to maximize its contribution to the abandonment of FGM/C?	d) Extent to which joint programme budgets were supplemented with resources from other initiatives e) Evidence of synergies between country and regional/global interventions, initiatives and resources.			
<b>EQ4: To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended?</b>				<b>SUSTAINABILITY:</b>
4.1. To what extent and how has the joint programme strengthened national ownership, capacity, and leadership (at national and decentralized levels) in programme countries?	a) Evidence of strengthened national ownership, capacity and leadership for national counterparts and partners.			
4.2. To what extent do the strategies used by the joint programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?	b) Examples of scaling up or expansion.			
4.3. To what extent has the joint programme been integrated into other national initiatives aiming at addressing the issue of FGM-C?	d) Evidence of the joint programme having been integrated into other national initiatives aiming at addressing the issue of FGM-C			
4.4 To what extent have partnerships (governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?	e) Evidence of broadened or strengthened partnerships with relevant actors			

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Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
<b>EQ 5: How efficient and effective was the coordination between UNFPA and UNICEF in the joint programme in view of achieving programme's results?</b>				<b>COORDINATION:</b>
5.1. How appropriate, clear and efficient was the coordination between UNFPA and UNICEF in relation to: - dividing roles and accountabilities? - planning? - decision making? - implementation of activities? - production, circulation and use of data? - monitoring, reporting and evaluation? - cost sharing/reduction of transaction costs?	a) Evidence of clarity and quality of coordination between UNFPA and UNICEF in relation to: roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost-sharing/reduction of transaction costs. b) Evidence of strengths/issues/problems/gaps and areas for improvement in coordination mechanisms.			
5.2. What was the added value of the joint structure of the programme?	c) Evidence (examples) of added value of the joint structure (e.g. in terms of cost savings, enhanced capacity, synergies, reach)			
<b>EQ 6: How efficient and effective was the management of the joint programme?</b>				<b>MANAGEMENT:</b>
6.1. What have been key strengths and weaknesses of the management of the joint programme at country levels?	a) Evidence of the efficiency and effectiveness of programme management at the country level.			
6.2. How adequate were the implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) in view of achieving results?	b) Evidence of strengths and weaknesses of the implementation mechanisms c) Evidence of strengths/issues/problems/gaps and areas for improvement in these mechanisms.			
6.3. To what extent have joint programme benchmarks and achievements been monitored?	d) Degree of appropriateness and utilization of monitoring tools and mechanisms.			
6.4. To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity focus been integrated in the joint programme reporting, monitoring and evaluation tools and mechanisms?	e) Evidence of integration of cross cutting issues in the joint programme reporting, monitoring and evaluation tools and mechanisms.			

Evaluation Questions and Sub-questions	What to check (indicators)	Evidence/examples	Source	Comments/analysis
6.5. How adequate and responsive was global/regional support in providing necessary guidance and tools, technical support, and capacity development to country offices?	f) Evidence of adequacy and responsiveness of the support and guidance received by country offices and global partners from the programme (from HQ and regional offices)			

**Non-visited countries overview -document review matrix**

Focus on identifying trends and or ‘outliers’ across countries, on the following issues:	Djibouti	Egypt	Eritrea	Ethiopia	Gambia	Guinea	Guinea-Bissau	Mali	Mauritania	Somalia	Uganda
<b>Relevance</b> of the joint programme’s objectives to the country’s needs and priorities.											
<b>Joint programme achievements</b> over the last four years - specifically, the successes, missed opportunities, constraints, and intended/unintended effects.											
<b>Sustainability:</b> likelihood of joint programme’s results being sustained after the end of the programme											
Efficiency											
<b>Programme design/approach:</b> distinctive/innovative characteristics, strengths and weakness.											
<b>Programme management and implementation:</b> distinctive/innovative characteristics, strengths and weakness											
<b>Coordination</b> among UNFPA and UNICEF: Strengths, weakness and added value											

## Annex 9. Interview Protocols

### Global and regional stakeholders

#### INTERVIEW PROTOCOL

##### International experts on FGM/C

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees. Prompts and other instructions in *italic* are for the interviewers' use only. They will not be shared with the interviewees.

#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role and your work in relation to FGM/C? Have you been involved with the UNFPA-UNICEF Joint Programme on FGM/C? If so how?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly.*

#### 2. RELEVANCE AND DESIGN

- 2.1 *If sufficiently informed about the JP:* To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?

*Prompts:*

- *To what extent does it reflect latest thinking and lessons learned on what works and what doesn't work in relation to accelerating the abandonment of FGM/C?*
- *What if anything is special/unique/innovative about the joint programme?*

- 2.2 *If sufficiently informed about the JP:* How does the joint programme compare and relate to other programming on FGM/C that you are aware of?

*Prompt: are there alternative approaches to the one used by the joint programme? What are their comparative strengths and weaknesses?*

- 2.3 *If sufficiently informed about the JP:* To your knowledge, how relevant and responsive has the joint programme been to needs and priorities in relation to the issue of FGM/C at the country, regional and global levels?

- 2.4 *If not sufficiently informed about the JP:* To your knowledge, what types of programming approaches/strategies have been the most and least successful in accelerating the abandonment of FGM/C?

### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in the countries where FGM/C is practiced? *If sufficiently informed about the JP:* To your knowledge, to what extent and how has the joint programme contributed to them?
- 3.2 Since 2008, what, if any, changes in the global movement towards the abandonment of FGM/C have occurred? *If sufficiently informed about the JP:* To your knowledge, to what extent and how has the joint programme contributed to them?
- 3.3 *If sufficiently informed about the JP:* To your knowledge, what have been the joint programme key achievements at the global level? At the country level?

*Prompts: Use the following table to map types of achievements and capture examples. With this group of respondents, focus on medium term results.*

Possible types of achievements			Examples
Level	Medium term	Short term	
At the community level	Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities	Strengthened community education, dialogue, decision making Increased number of public declarations Increased engagement of leaders	
Across-communities	Contributions to spreading changes to social norm across communities, within and across borders.	Accelerated organized diffusion Strengthened sub-regional dialogue and exchange	
At the national level	Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.	Legal and policy reform Strengthened capacities Effective media campaigns Accurate data Partnerships	
At the regional and global levels	Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)	Increased regional and global awareness and buy in. Strengthened knowledge production and circulation on the issue of FGM/C.	

- 3.4 *If sufficiently informed about the JP:* How would you explain the joint programme’s successes and missed opportunities? What has worked well? What hasn’t?

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*

*If not sufficiently informed about the JP:* To your knowledge, what are the key factors positively or negatively influencing the success of efforts towards the abandonment of FGM/C?

#### **4. SUSTAINABILITY**

4.1 *If sufficiently informed about the JP:* What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements? To what extent are the achievements and changes that the joint programme has contributed to likely to last?

*If not sufficiently informed about the JP:* What are the key factors affecting the sustainability of results in FGM/C programming?

#### **5. INTERAGENCY COORDINATION**

5.1 What is the added value of the jointness of the programme/of the cooperation between UNFPA and UNICEF? *If sufficiently informed about the JP:* What has worked well and what could be improved in this respect?

*Prompt: in terms of cost savings, synergies, enhanced capacities, reach and coverage.*

#### **6. GOOD PRACTICES AND FUTURE DIRECTIONS**

6.1 *If sufficiently informed about the JP:* What To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme?

6.2 *If sufficiently informed about the JP:* What What have been the key lessons learned?

6.3 *If not sufficiently informed about the JP:* What have been the main lessons learned of programming on FGM/C in recent years? How should these influence future programming?

#### **7. OTHER COMMENTS**

7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### Joint Programme Donors

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#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your government/agency's work in relation to FGM/C? Have you participated in the Joint Programme Steering Committee? Is so for how long?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly.*

#### 2. RELEVANCE AND DESIGN

- 2.1 To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?
- 2.2 To what extent are the objectives of the joint programme aligned with your government's priorities and commitments at the global, regional and country levels?

*Prompt: why did your government decided to fund the programme in the first place? Why did your government decided to continue/stop funding the programme?*

- 2.3 To what extent and how does the joint programme relate to other programming on FGM/C that you know of/support? Are there synergies and/or overlaps?

#### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in the countries where FGM/C is practiced? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.2 Since 2008, what, if any, changes in the global movement towards the abandonment of FGM/C have occurred? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.3 *If sufficiently knowledgeable about JP:* To your knowledge, what have been the joint programme key achievements at the global level? At the country level? At the regional level?



*Prompts: Use the following table to map types of achievements and capture examples. With this group of respondents, focus on medium term result.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making Increased number of public declarations Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform Strengthened capacities Effective media campaigns Accurate data Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in. Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

3.4 *If sufficiently knowledgeable about JP: How would you explain the joint programme’s successes and missed opportunities? What has worked well? What hasn’t? Which of your expectations for the joint programme have not been met?*

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context, etc.*

#### 4. SUSTAINABILITY

- 4.1 *If sufficiently knowledgeable about JP:* To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent has the joint programme been integrated into other initiatives aiming at addressing the issue of FGM-C?*
- *To what extent have partnerships (governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?*

#### 5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 5.1 What has been in your opinion the added value of the joint structure of the programme?

*Prompt: in terms of cost savings, synergies, enhanced capacities, reach and coverage, visibility.*

- 5.2 *If sufficiently knowledgeable about JP:* What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

- 5.3 *If sufficiently knowledgeable about JP:* To your knowledge, what have been key strengths and weaknesses of the joint programme management and implementation? What has worked well? What could be improved?

*Prompts:*

- *Donor involvement/ Managing donor relationships.*
- *Leadership/strategic direction*
- *Governance mechanisms*
- *Implementation mechanisms (financing instruments, administrative regulatory framework, timing and procedures, reporting requirements and tools);*
- *M&E and reporting*

## **6. CONTEXT**

*Ask this question if time allows*

- 6.1 Since 2008, what contextual and environmental factors have affected or influenced your work in relation to FGM/C?

*Prompt: What have been key opportunities and challenges at the global, regional, national levels for achieving progress on abandoning FGM/C?*

## **7. GOOD PRACTICES AND FUTURE DIRECTIONS**

- 7.1 To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme?
- 7.2 What have been key lessons learned?
- 7.3 What is your expected level of involvement (in the JP and in FGM/C) in the future? What factors will determine it?

## **8. OTHER COMMENTS**

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### UNFPA-UNICEF JOINT PROGRAMME STAFF (Coordination)

#### 1. RELEVANCE

- 1.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the global, regional and country levels?
- 1.2 How relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?

#### 2. DESIGN

- 2.1 What are the key characteristics of the joint programme approach? Have they changed over time?

*Prompt: What if anything is special/unique/innovative about the joint programme?*

- 2.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

*Prompts:*

- *To what extent and how does it reflect latest thinking and lessons learned on what works and what doesn't work in relation to accelerating the abandonment of FGM/C?*
- *To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity and the focus on equity been integrated in the design of the joint programme?*

- 2.3 How does the joint programme compare and relate to other UN programming on FGM/C?

*Prompt: are there alternative approaches to the one used by the Joint programme? What are their comparative strengths and weaknesses?*

#### 3. EFFECTIVENESS

- 3.1 Since the joint programme has started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in the joint programme countries (at national level; at community level)? To what extent and how has the joint programme contributed to them?
- 3.2 Since the joint programme has started, what, if any, changes in the global movement towards the abandonment of FGM/C have occurred? To what extent and how has the joint programme contributed to them?
- 3.3 From your point of view, what have been the key achievements of the joint programme at the global, regional country and community levels?

*Prompts: Use the following table to map types of achievements and capture examples.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making</i>  <i>Increased number of public declarations</i>  <i>Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion</i>  <i>Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform</i>  <i>Strengthened capacities (including coordination)</i>  <i>Effective media campaigns</i>  <i>Accurate data</i>  <i>Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in.</i>  <i>Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

3.4 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t? What factors have supported and/or hindered its performance?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*

3.5 To what extent has the joint programme been able to complement implementation at country level with related interventions, initiatives and resources at regional and global levels to maximize its contribution to the abandonment of FGM/C?

#### 4. EFFICIENCY

4.1 To what extent were the available resources adequate to achieve the expected results?

*Prompt: Resources can be financial, human and technical (e.g. existing tools and material).*

- *How have you dealt with the resource gap that the joint programme has experienced? How has it affected the programme evolution over time and its implementation?*

4.2 What have been key challenges and opportunities in relation to resource mobilization?

4.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

*Prompt (follow up question): What are examples (if any) of particularly efficient use of resources by the joint programme?*

4.4 To what extent has the mix of strategies and activities implemented in diverse country contexts differed in terms of their efficiency?

#### 5. SUSTAINABILITY

5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in programme countries?*
- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent have the initiatives supported by the joint programme been integrated into other national, regional and global initiatives aiming at addressing the issue of FGM/C?*
- *To what extent have partnerships (with governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?*

#### 6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

6.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

6.2 In your opinion, what has been the added value of the joint structure of the programme?

*Prompt: In terms of cost savings, synergies, enhanced capacities, reach and coverage.*

- 6.3 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?

*Prompts:*

- *Coordination and interaction among different levels (HQ, regional offices, country offices)*
  - *Governance mechanisms*
  - *Implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures, reporting requirements and tools);*
  - *Technical guidance and support to the country offices.*
  - *Data collection, knowledge management and circulation of information*
  - *M&E and reporting*
  - *Managing donor relations*
- 6.4 To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity, and youth been integrated in programme implementation, monitoring and evaluation? Can you please provide examples?

## **7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 7.1 What, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the Joint Programme?

- 7.2 What have been the key lessons learned?

*Prompt: In relation to the validity of the overall joint programme approach/TOC; its implementation; management and coordination.*

- 7.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

## **8. OTHER COMMENTS**

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF OTHER STAFF (Resource Mobilization HQ)**

#### **1. INTRODUCTION**

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA-UNICEF joint programme?

#### **2. DESIGN**

- 2.1 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies? How did these affect resource mobilization?
- 2.2 What role did donor expectations/priorities or requests play in the process of programme design? What were the initial key 'selling points'/reasons for donor interest?
- 2.3 What are the advantages and disadvantages of the selected funding mechanism (pass-through)?

#### **3. EFFECTIVENESS and EFFICIENCY**

- 3.1 To what extent has the effectiveness of the programme affected donors' interest in funding it? What do you see as the joint programme main achievements?
- 3.2 What other factors have influenced donors (continued) willingness and ability to fund the joint programme? What, if any, were challenges in view of ensuring continued donor commitment and/or ensuring that donors lived up to their envisaged contributions?
- 3.3 To what extent were the joint programme resources adequate to achieve the expected results? In terms of available resources, how does the joint programme on FGM/C compare to other UNFPA (or joint) programmes?
- 3.4 How/in what ways has the joint FGM/C programme been linked to other UNFPA programmes and areas of work, e.g. in population, HIV/AIDS etc.? Has this helped or hindered resource mobilization?

#### **4. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 4.1 In your opinion, what has been the added value of the joint structure of the programme in terms of resource mobilization?
- 4.2 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme, as regards resource mobilization? What has worked well? What could be improved?

#### **5. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 5.1 What, if any, types of innovative /good practices have been introduced or supported by the Joint Programme in terms of resource mobilization?
- 5.2 What have been the key lessons learned?



## **6. OTHER COMMENTS**

6.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### OTHER UN AGENCIES (HQ)

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#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your agency's role, in particular in relation to FGM/C? Have you been involved with the UNFPA-UNICEF joint programme on FGM/C? If so how?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly.*

#### 2. RELEVANCE AND DESIGN

- 2.1 To what extent are the objectives of the joint programme aligned with UN priorities and strategies in relation to FGM/C at the global and regional levels?
- 2.2 To what extent and how does the joint programme relate to other UN programming on FGM/C? Are there synergies and/or overlaps?
- 2.3 To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?

#### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in the countries where FGM/C is practiced? To what extent and how has the joint programme contributed to them?

*Prompt: Can joint programme results be clearly distinguished from other actors'?*

- 3.2 Since 2008, what, if any, changes in the global movement towards the abandonment of FGM/C have occurred? To what extent and how has the joint programme contributed to them?
- 3.3 To your knowledge, what have been the joint programme key achievements?

*Prompts: Use the following table to map types of achievements and capture examples. With this group of respondents, focus on medium term results, in particular at the global level.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making</i>  <i>Increased number of public declarations</i>  <i>Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion</i>  <i>Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform</i> <i>Strengthened capacities</i> <i>Effective media campaigns</i> <i>Accurate data</i> <i>Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in.</i>  <i>Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

3.4 How would you explain the joint programme’s successes and missed opportunities? What has worked well? What hasn’t? How does this relate to the experience of your own agency?

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, etc.*

#### 4. SUSTAINABILITY

4.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme’s achievements? How does this relate to the experience of your own agency?

*If not sufficiently knowledgeable about the JP: What are the key factors affecting the sustainability of results in relation to the abandonment of FGM/C?*

## **5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 5.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme? What has been its added value? What has worked well? What could be improved? Is this something that your own agency would consider?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

- 5.2 To your knowledge, how does the joint programme compare with other examples of joint UN programming?

- 5.3 *If not sufficiently knowledgeable about the JP:* What is in your opinion the added value of joint programming in relation to FGM/C? Can you share any good examples?

*Prompt: in terms of cost savings, synergies, enhanced capacities, reach and coverage.*

## **6. GOOD PRACTICES AND FUTURE DIRECTIONS**

- 6.1 To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme? By your agency?

- 6.2 In what ways can or should the joint programme inform future programming in relation to FGM/C? What have been the key lessons learned?

*If not sufficiently knowledgeable about the JP:* Based on your agency's experience, what are your recommendations to UNFPA and UNICEF for future programming on FGM/C?

## **7. OTHER COMMENTS**

- 7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### Joint programme regional partners

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#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your organization's role, in particular in relation to FGM/C? What has been your involvement with the UNFPA-UNICEF joint programme on FGM/C? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly*

- 1.2 Can you please briefly describe the initiatives for which your organization has received funding from the joint programme?

#### 2. RELEVANCE AND DESIGN

- 2.1 *If sufficiently knowledgeable about the JP:* In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

*Prompt: How does your initiative fits into this broader picture?*

*If not sufficiently informed about the JP:* To your knowledge, what types of programming approaches/strategies have been the most and least successful in accelerating the abandonment of FGM/C?

- 2.2 *If sufficiently knowledgeable about the JP:* Based on your knowledge of the JP, how relevant and responsive has the joint programme been to needs and priorities in relation to the issue of FGM/C in this region? In the countries you work in?

*If not sufficiently informed about the JP:* Based on your experience, what are the main needs and priorities in relation to FGM/C abandonment in the region/countries you work in?

#### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this region? *If sufficiently knowledgeable about the JP:* To what extent and how has the joint programme contributed to them? To what extent and how has your organization contributed to them?

- 3.2 Since 2008, what, if any, changes in the regional dynamics for the abandonment of FGM/C have occurred in the region(s) you work in? *If sufficiently knowledgeable about the JP:* To what extent and how has the joint programme contributed to them? To what extent and how has your organization contributed to them?

- 3.3 *If sufficiently knowledgeable about the JP:* From your point of view, what have been the joint programme key achievements in this region? What has been its added value of the joint programme?
- 3.4 What have been the key achievements of your initiative (joint-programme supported)? Have there been any missed opportunities? What has worked well? What hasn't?

*Prompts: Use the following table to map types of achievements and capture examples. With this group of stakeholders focus on results across-communities and at the regional level.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making Increased number of public declarations Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform Strengthened capacities Effective media campaigns Accurate data Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in. Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

- 3.5 *If sufficiently knowledgeable about the JP:* How would you explain the programme's successes and missed opportunities? What has worked well? What hasn't?

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context, etc.*

*Prompt: specifically ask about the regional dimension of the Joint programme.*

- 3.6 In your experience, what types of (programme supported) activities/initiatives have been the most and least useful/successful at the regional level? At the country level? Why?

*Prompt: Types of activities include: Support to community-led and cross-community initiatives; Capacity strengthening (training, technical support, system building); Advocacy, policy dialogue, resource mobilization; Creating, coordinating, maintaining networks and partnerships; Data and knowledge generation, and circulation (including M&E); Communication, sensitization and awareness raising*

#### **4. SUSTAINABILITY**

- 4.1 *If sufficiently knowledgeable about the JP:* To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national/regional ownership, capacity and leadership for the abandonment of FGM/C?*
- *To what extent have joint programme initiatives been integrated into other initiatives aiming at addressing the issue of FGM-C in this region?*

*If not sufficiently knowledgeable about the JP:* What factors are likely to support or hinder the sustainability of achievements towards the abandonment of FGM/C in this region?

#### **5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 5.1 In your opinion, what has been the added value of the joint UNFPA-UNICEF structure of the programme?

*Prompt: in terms of synergies, enhanced capacities, reach and coverage, savings achieved by inter-agency coordination.*

- 5.2 Have you been involved in any other UN joint programme that has a regional dimension? If so, how does this one compare to them? What are its strengths? What could be improved?

- 5.3 What have been key strengths and weaknesses of the joint programme management and implementation? What has worked well? What could be improved?

*Prompts:*

- *Quality and clarity of partnership*

- *Funding mechanisms*
  - *Implementation mechanisms (financing instruments, administrative regulatory framework, timing and procedures, reporting requirements and tools);*
  - *Technical guidance and support from UNFPA/UNICEF*
  - *M&E requirements, tools and guidance*
- 5.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

*Prompt: resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA.*

## **6. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 6.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this region?
- 6.2 What have been the key lessons learned?

## **7. OTHER COMMENTS**

- 7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.



## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF OTHER STAFF (HQ)**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees. This protocol will be tailored on the basis of the interviewee's area of work and expertise. Prompts and other instructions in *italic* are for the interviewers' use only. They will not be shared with the interviewees.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA-UNICEF joint programme?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly.*

#### **2. RELEVANCE and DESIGN**

- 2.1 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

*Prompts: To what extent and how does it reflect latest thinking and lessons learned on what works and what doesn't work in relation to accelerating the abandonment of FGM/C?*

- 2.2 To your knowledge, to what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the global, regional and country levels, in particular in relation to your area of work?
- 2.3 To what extent and how does the joint programme relate to other programming on FGM/C that you know of/support? Are there synergies and/or overlaps?

#### **3. EFFECTIVENESS**

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in the countries where FGM/C is practiced? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.2 Since 2008, what, if any, changes in the global movement towards the abandonment of FGM/C have occurred? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.3 *If sufficiently knowledgeable about JP:* From your point of view, what have been the joint programme key achievements at the global, regional country and community levels?

*Prompts: Use the following table to map types of achievements and capture examples.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making</i> <i>Increased number of public declarations</i> <i>Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion</i> <i>Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform</i> <i>Strengthened capacities</i> <i>Effective media campaigns</i> <i>Accurate data</i> <i>Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in.</i> <i>Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

3.4 *If sufficiently knowledgeable about JP: How would you explain the joint programme’s successes and missed opportunities? What has worked well? What hasn’t?*

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, etc.*

#### 4. SUSTAINABILITY

- 4.1 *If sufficiently knowledgeable about JP:* To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in programme countries?*
- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent has the joint programme been integrated into other national, regional and global initiatives aiming at addressing the issue of FGM/C?*
- *To what extent have partnerships (with governments, UN system, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of effects?*

*If not sufficiently knowledgeable about the JP:* What are the key factors affecting the sustainability of results in relation to the abandonment of FGM/C?

#### 5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 5.1 In your opinion, what has been the added value of the joint structure of the programme?

*Prompt: In terms of cost savings, synergies, enhanced capacities, reach and coverage.*

- 5.2 *If sufficiently knowledgeable about JP:* What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

- 5.3 *If sufficiently knowledgeable about JP:* To your knowledge, what have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?

*Prompts (NB focus on relevant aspects depending on interviewee's role):*

- *Strategic direction and leadership*
- *Coordination and interaction among different levels (HQ, regional offices, country offices)*
- *Governance mechanisms*
- *Implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures, reporting requirements and tools)*
- *Technical guidance and support to the country offices.*

- *Data collection, knowledge management and circulation of information*
- *M&E and reporting*
- *Managing donor relations*
- *Resource mobilization*

5.4 To what extent were the joint programme resources adequate to achieve the expected results?

*Prompt: resources can be financial, human and technical (e.g. existing tools and materials).*

## **6. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

6.1 What, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the Joint Programme?

6.2 What have been the key lessons learned?

6.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

## **7. OTHER COMMENTS**

7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF regional staff**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees. Prompts and other instructions in *italic* are for the interviewers' use only. They will not be shared with the interviewees.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA-UNICEF joint programme?

*Prompt: try to ascertain through these questions how knowledgeable the interviewee is about the joint programme. Tailor the following questions accordingly.*

#### **2. RELEVANCE AND DESIGN**

- 2.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the regional level?
- 2.2 How relevant and responsive has the joint programme been to needs and priorities in relation to the issue of FGM/C in this region?
- 2.3 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

*Prompt: how relevant and appropriate has the regional component been in view of achieving the joint programme objectives?*

#### **3. EFFECTIVENESS**

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this region? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.2 Since 2008, what, if any, changes in the regional dynamics for the abandonment of FGM/C have occurred in this region? *If sufficiently knowledgeable about JP:* To what extent and how has the joint programme contributed to them?
- 3.3 Since 2008, what contextual and environmental factors have affected or influenced the work of UNFPA/UNICEF on FGM/C in this region?
- 3.4 *If sufficiently knowledgeable about JP:* From your point of view, what have been the joint programme key achievements in this region?

*Prompt: Use the following table to map types of achievements and capture examples. With this group of stakeholders focus on results at the regional and national levels.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<i>Strengthened community education, dialogue, decision making</i> <i>Increased number of public declarations</i> <i>Increased engagement of leaders</i>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<i>Accelerated organized diffusion</i> <i>Strengthened sub-regional dialogue and exchange</i>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<i>Legal and policy reform</i> <i>Strengthened capacities</i> <i>Effective media campaigns</i> <i>Accurate data</i> <i>Partnerships</i>	
<i>At the regional and global levels</i>	<i>Contribution to the strengthening of regional and global movements for the abandonment of FGM/C (including adequate political commitment, resources, and knowledge)</i>	<i>Increased regional and global awareness and buy in.</i> <i>Strengthened knowledge production and circulation on the issue of FGM/C.</i>	

3.5 *If sufficiently knowledgeable about JP: How would you explain the joint programme’s successes and missed opportunities? What has worked well? What hasn’t?*

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, etc.*

#### 4. SUSTAINABILITY

- 4.1 *If sufficiently knowledgeable about JP:* To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened regional/national ownership, capacity and leadership for the abandonment of FGM/C?*
- *To what extent have joint programme initiatives been integrated into other initiatives aiming at addressing the issue of FGM-C in this region?*
- *To what extent do the strategies used by the joint programme lend themselves to wider scalability and programme expansion?*

*If not sufficiently knowledgeable about the JP:* What factors are likely to support or hinder the sustainability of achievements towards the abandonment of FGM/C in this region?

#### 5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 5.1 In your opinion, what has been the added value of joint structure of the programme?

*Prompt: in terms of synergies, enhanced capacities, reach and coverage, savings achieved by inter-agency coordination.*

- 5.2 *If sufficiently knowledgeable about the JP:* What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

- 5.3 To your knowledge, what have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?

*Prompts:*

- *Programme leadership and direction at global and country level;*
- *Coordination and interaction among different levels (HQ, regional offices, country offices)*
- *Level of involvement of the regional offices/staff*
- *Implementation mechanisms (financing instruments, administrative regulatory framework, timing and procedures, reporting requirements and tools);*
- *Technical guidance and support from UNFPA/UNICEF HQ*

- 5.4 To what extent were the joint programme resources adequate to achieve the expected results?

*Prompt: resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA.*

## **6. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 6.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this region?

- 6.2 What have been the key lessons learned?

*Prompt: In relation to the validity of the overall joint programme approach; its implementation; management and coordination*

- 6.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this region? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

## **7. OTHER COMMENTS**

- 7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.



## Country and community level stakeholders

### INTERVIEW PROTOCOL

#### GOVERNMENT REPRESENTATIVES

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, in particular in relation to FGM/C? What has been your involvement with the UNFPA/UNICEF joint programme on FGM/C? Do you work with other UN agencies, development partners on the issue of FGM/C?

#### 2. RELEVANCE AND DESIGN

- 2.1 How relevant and responsive has the joint programme been to existing government priorities and strategies in relation to FGM/C abandonment (including the national plan of action if it exists)? To country-level needs? To the needs of the targeted communities?

*Prompt: To what extent have the joint programme strategies been contextualized to meet national and community level needs and priorities? Can you please provide examples?*

- 2.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

#### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 3.2 From your point of view, what have been the joint programme's key achievements in this country?

*Prompts: Use the following table to map types of achievements and capture examples. For this stakeholder group, focus particularly on the national level.*

Possible types of achievements			Examples
Level	Medium term	Short term	
At the community level	Contributions to changes in the social norm towards the abandonment of FGM/C in the targeted communities	<ul style="list-style-type: none"> <li>Strengthened community education, dialogue, decision making</li> <li>Increased number of public declarations</li> <li>Increased engagement of leaders</li> </ul>	
Across-communities	Contributions to spreading changes in social norm across communities, within and across borders.	<ul style="list-style-type: none"> <li>Accelerated organized diffusion</li> <li>Strengthened sub-regional dialogue and exchange</li> </ul>	
At the national level	Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.	<ul style="list-style-type: none"> <li>Legal and policy reform</li> <li>Strengthened capacities (including coordination)</li> <li>Effective media campaigns</li> <li>Accurate data</li> <li>Partnerships</li> </ul>	

3.3 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t? What have been the key factors that have supported or hindered success?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*

3.4 Have you/your department been directly involved in any activities/initiatives supported by the joint programme as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

*Prompt: Types of activities include: Creating, coordinating, maintaining networks and partnerships; Advocacy, policy dialogue, resource mobilization; Capacity strengthening (training, technical support, system building ); Support to communication, sensitization and awareness raising; Support to community education, dialogue and community-led initiatives; Data and knowledge generation, and circulation (including M&E).*

#### 4. SUSTAINABILITY

4.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder (i.e. bottlenecks) the sustainability of joint programme achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) for addressing the issue of FGM/C to the abandonment of FGM/C?*
- *To what extent are the initiatives supported by the joint programme integrated into other national initiatives aiming at addressing the issue of FGM-C?*

## **5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 5.1 In your opinion, what has been the added value of UNFPA and UNICEF working jointly for the abandonment of FGM/C? (specifically in this programme)

*Prompt: In terms of synergies, enhanced capacities, reach and coverage, savings.*

- 5.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?

*NB Ask the following questions only to implementing partners*

- 5.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?

*Prompts:*

- *Quality and clarity of partnership*
  - *Implementation mechanisms (financing instruments, administrative regulatory framework, timing and procedures, reporting requirements and tools);*
  - *Technical guidance and support from UNFPA/UNICEF*
  - *M&E requirements, tools and guidance*
- 5.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

*Prompt: Resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA.*

## **6. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 6.1 What, if any, innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country?
- 6.2 What have been the key lessons learned?
- 6.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

## **7. OTHER COMMENTS**

7.1 Do you have any other comments or suggestions or concerns about the joint programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### IMPLEMENTING PARTNERS AT THE COMMUNITY LEVEL

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your organization's role, in particular in relation to FGM/C? Are you aware of the joint UNFPA/UNICEF programme on FGM/C? If yes, what has been your involvement with joint programme? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

*Note to interviewer: clarify in advance whether the Implementing Partner is likely to be aware of the Joint Programme, or whether the organization's main point of contact has been with another larger NGO or government partner. Adjust question accordingly if/as required.*

#### 2. EFFECTIVENESS

- 2.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? In your view, what are the main reasons that have caused or contributed to these changes?

*Prompt: Explore whether and to what extent the Joint Programme (e.g. through its implementing partners) has contributed to the noted changes.*

- 2.2 What do you consider key achievements towards the abandonment of FGM/C in the targeted communities? Across communities?

*Prompts: Use the following table to map types of achievements and capture examples. For this stakeholder group, focus particularly on community and cross-community levels.*

Possible types of achievements			Examples
Level	Medium term	Short term	
At the community level	Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities	<ul style="list-style-type: none"> <li>Strengthened community education, dialogue, decision making</li> <li>Increased number of public declarations</li> <li>Increased engagement of leaders</li> </ul>	
Across-communities	Contributions to spreading changes in social norm across communities, within and across borders.	<ul style="list-style-type: none"> <li>Accelerated organized diffusion</li> <li>Strengthened sub-regional dialogue and exchange</li> </ul>	
At the national level (if applicable)	Contributions to the creation of favourable national conditions for the abandonment of FGM/C including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.	<ul style="list-style-type: none"> <li>Legal and policy reform</li> <li>Strengthened capacities (including coordination)</li> <li>Effective media campaigns</li> <li>Accurate data</li> <li>Partnerships</li> </ul>	

2.3 How would you explain successes and missed opportunities of your organization’s work? What has worked well? What hasn’t? What have been key factors supporting or hindering successes?

*Prompt: this can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*

2.4 What types of activities/initiatives have you implemented/have you been involved with? Which ones have been the most and least useful/successful? Why? To what extent have activities been tailored to the specific needs of the targeted communities?

*Prompt: Types of activities include: Creating, coordinating, maintaining networks and partnerships; Advocacy, policy dialogue, resource mobilization; Capacity strengthening (training, technical support, system building); Support to communication, sensitization and awareness raising; Support to community education, dialogue and community-led initiatives; Data and knowledge generation, and circulation (including M&E).*

### 3. SUSTAINABILITY

3.1 To what extent are the achievements and changes that have occurred at the community level likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of these achievements?

*Prompts:*

- *To what extent and how have community level ownership, capacity and leadership for the abandonment of FGM/C been strengthened?*
- *To what extent do the strategies that have been used lend themselves to wider scalability and expansion, overall and in specific contexts?*
- *To what extent have your organization's initiatives been integrated into other initiatives aiming at addressing the issue of FGM-C in this community?*

**4. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 4.1 *If applicable:* In your opinion, what has been the added value of the joint structure of the programme? OR: What has been the value added of working with UNICEF/UNFPA

*Prompt: In terms of synergies, enhanced capacities, reach and coverage, savings achieved by inter-agency coordination.*

- 4.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?

**5. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 5.1 What, if any, types of innovative /good practices have been introduced or supported by your recent work on FGM/C?
- 5.2 What have been the key lessons learned?

**6. OTHER COMMENTS**

- 6.1 Do you have any other comments or suggestions or concerns that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **OTHER NATIONAL STAKEHOLDERS**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

This protocol will be used for the following groups: NGOs, media, academia, law professions, religious leaders and organizations, members of parliament. It is a generic protocol that will be tailored depending on the type of interviewee.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your organization's role, in particular in relation to FGM/C?
- 1.2 Are you aware of the UNFPA-UNICEF joint programme on FGM/C? If yes, what has been your involvement in the programme? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

#### **2. RELEVANCE AND DESIGN**

- 2.1 *Only if respondent is aware of the joint programme:*

In your opinion what have been key strengths and weaknesses of the joint programme design, approaches and strategies?

#### **3. EFFECTIVENESS**

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?

*Prompt: If respondent is not aware of the joint programme, replace latter question with: In your view, what are the main reasons that have caused or contributed to these changes?*

- 3.2 From your point of view, what have been the joint programme key achievements in this country? At the national level? At the community level (if relevant)?

*Prompts: Use the following table to map types of achievements and capture examples. Depending on the stakeholder, focus on the appropriate results.*



<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<ul style="list-style-type: none"> <li>• Strengthened community education, dialogue, decision making</li> <li>• Increased number of public declarations</li> <li>• Increased engagement of leaders</li> </ul>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<ul style="list-style-type: none"> <li>• Accelerated organized diffusion</li> <li>• Strengthened sub-regional dialogue and exchange</li> </ul>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<ul style="list-style-type: none"> <li>• Legal and policy reform</li> <li>• Strengthened capacities (including coordination)</li> <li>• Effective media campaigns</li> <li>• Accurate data</li> <li>• Partnerships</li> </ul>	

3.3 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc. Note: If respondent is not aware of the joint programme, ask generic question about successes and missed opportunities of overall efforts to abandon FGM/C in the respective country.*

3.4 *If applicable:* Have you/your organizations been directly involved in any joint programme activities/initiatives as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

*Prompt: Types of activities include: Creating, coordinating, maintaining networks and partnerships; Advocacy, policy dialogue, resource mobilization; Capacity strengthening (training, technical support, system building); Support to communication, sensitization and awareness raising; Support to community education, dialogue and community-led initiatives; Data and knowledge generation, and circulation (including M&E).*

#### 4. SUSTAINABILITY

4.1 To what extent are the achievements and changes (*if applicable:* that the joint programme has contributed to) likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of achievements?

*Prompts:*

- *To what extent and how has the programme/have different actors strengthened national ownership, capacity and leadership for the abandonment of FGM/C?*
- *To what extent have joint programme initiatives been integrated into other initiatives aiming at addressing the issue of FGM-C in this country and/or in relevant communities?*

## **5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

5.1 *If applicable:* In your opinion, what has been the added value of joint structure of the programme?

*Prompt: In terms of synergies, enhanced capacities, reach and coverage, savings achieved by inter-agency coordination.*

5.2 Have you been involved in or are you aware of any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?

*NB Ask the following questions only to implementing partners*

5.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?

*Prompts:*

- *Quality and clarity of partnership, e.g. roles and responsibilities vis-a-vis IPs*
- *Implementation mechanisms (financing instruments, administrative regulatory framework, timing and procedures, reporting requirements and tools);*
- *Technical guidance and support from UNFPA/UNICEF*
- *M&E requirements, tools and guidance*

5.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

*Prompt: Resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA, e.g. through core funding.*

## **6. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

6.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country/in targeted communities?

6.2 What have been the key lessons learned?

6.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

## **7. OTHER COMMENTS**

7.1 Do you have any other comments or suggestions or concerns (about the programme and/or the evaluation) that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## INTERVIEW PROTOCOL

### OTHER UN AGENCIES AND DEVELOPMENT PARTNERS

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### 1. INTRODUCTION

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Can you please briefly describe your role, and your agency's role, in particular in relation to FGM/C in this country? Have you been involved with the UNFPA/UNICEF joint programme on FGM/C? If so how?

#### 2. RELEVANCE AND DESIGN

- 2.1 To your knowledge, how relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?
- 2.2 To what extent are the objectives of the joint programme aligned with UN/development partners' priorities and strategies in this country?
- 2.3 To what extent and how does the joint programme relate to other UN/development partners programming on FGM/C in this country? Are there synergies and/or overlaps?
- 2.4 To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?

#### 3. EFFECTIVENESS

- 3.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 3.2 To your knowledge, what have been the joint programme key achievements in this country?

*Prompts: Use the following table to map types of achievements and capture examples. With this group of respondents, focus on medium term results.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes to the social norm towards the abandonment of FGM/C in the targeted communities</i>	<ul style="list-style-type: none"> <li>• <i>Strengthened community education, dialogue, decision making</i></li> <li>• <i>Increased number of public declarations</i></li> <li>• <i>Increased engagement of leaders</i></li> </ul>	
<i>Across-communities</i>	<i>Contributions to spreading changes in social norm across communities, within and across borders.</i>	<ul style="list-style-type: none"> <li>• <i>Accelerated organized diffusion</i></li> <li>• <i>Strengthened sub-regional dialogue and exchange</i></li> </ul>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<ul style="list-style-type: none"> <li>• <i>Legal and policy reform</i></li> <li>• <i>Strengthened capacities (including coordination)</i></li> <li>• <i>Effective media campaigns</i></li> <li>• <i>Accurate data</i></li> <li>• <i>Partnerships</i></li> </ul>	

3.3 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t? What have been key factors supporting or hindering the achievement of results?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*

#### 4. SUSTAINABILITY

4.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme’s achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in this country?*
- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent has the joint programme been integrated into other national initiatives aiming at addressing the issue of FGM-C?*

## **5. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

- 5.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

- 5.2 What has been in your opinion the added value of the joint structure of the programme?

*Prompt: In terms of cost savings, synergies, enhanced capacities, reach and coverage.*

- 5.3 How does the joint programme compare with other examples of joint UN programming in this country?

## **6. GOOD PRACTICES AND FUTURE DIRECTIONS**

- 6.1 To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme in this country?

What if any types of innovative/good practices have been introduced or supported by your agency that could inform future UNFPA/UNICEF programming on FGM/C in this country?

- 6.2 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

## **7. OTHER COMMENTS**

- 7.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF COUNTRY OFFICE STAFF**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA/UNICEF joint programme?

#### **2. RELEVANCE AND DESIGN**

- 2.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 2.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C? to the needs of the targeted communities?

*Prompt: To what extent and how have the joint programme approach and strategies been contextualized to meet national and community level needs and priorities? Can you please provide examples?*

- 2.3 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 2.4 To what extent does the attached theory of change accurately reflect the joint programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

*Prompt: Discuss, validate and/or critique TOC.*

*NB: the appropriateness of this question for this group of respondents will be tested during the pilot field visit*

#### **3. EFFECTIVENESS**

- 3.1 Since the Programme has started, have there been any changes in the social norms/attitudes towards FGM/C in this country? In the targeted communities? If so, to what extent and how has the joint programme contributed to them?
- 3.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed?

*Prompts: Use the following table to map types of achievements and capture examples.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes in the social norm towards the abandonment of FGM/C in the targeted communities.</i>	<ul style="list-style-type: none"> <li>• <i>Strengthened community education, dialogue, decision making</i></li> <li>• <i>Increased number of public declarations</i></li> <li>• <i>Increased engagement of leaders</i></li> </ul>	
<i>Across-communities</i>	<i>Contributions to spreading changes to social norm across communities, within and across borders.</i>	<ul style="list-style-type: none"> <li>• <i>Accelerated organized diffusion</i></li> <li>• <i>Strengthened sub-regional dialogue and exchange</i></li> </ul>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C) including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<ul style="list-style-type: none"> <li>• <i>Legal and policy reform</i></li> <li>• <i>Strengthened capacities (including coordination)</i></li> <li>• <i>Effective media campaigns</i></li> <li>• <i>Accurate data</i></li> <li>• <i>Partnerships</i></li> </ul>	
<i>At the regional level (and global if relevant)</i>	<i>Contributions to the creation of favourable regional (and global) conditions for the abandonment of FGM/, including adequate political commitment, resources and knowledge.</i>	<ul style="list-style-type: none"> <li>• <i>Increase dialogue and awareness</i></li> <li>• <i>Strengthened knowledge production and circulation</i></li> </ul>	

3.3 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t? What have been key factors supporting or hindering the achievement of results?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context etc.*



#### 4. EFFICIENCY

4.1 To what extent were the available resources adequate to achieve the expected results?

*Prompt: Resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA.*

4.2 To your knowledge, has the country office been able to leverage additional/complementary resources for its work on FGM/C beyond the joint programme ones?

4.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

*Prompt: What are examples (if any) of particularly efficient use of resources by the joint programme in this country?*

#### 5. SUSTAINABILITY

5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in this country?*
- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent has the joint programme been integrated into other national initiatives aiming at addressing the issue of FGM-C?*

#### 6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

6.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

6.2 In your country, what has been the added value of the joint structure of the programme?

*Prompt: In terms of cost savings, synergies, enhanced capacities, reach and coverage.*

6.3 In your opinion, what has been the added value of having a global programme supporting country programming on FGM/C?

6.4 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?

*Prompts (expand on relevant aspects depending on the interviewee's role) :*

- *Programme leadership and direction at global and country level;*
- *Implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures, reporting requirements and tools);*
- *Technical guidance and support from the global and regional level to the country office.*
- *M&E (For M&E staff only: To what extent and how have joint programme benchmarks and achievements been monitored?)*

6.5 How/to what extent have cross cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

*Prompt: Focus on relevant aspects depending on the role of the interviewee.*

## **7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

7.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?

7.2 What have been the key lessons learned?

*Prompt: In relation to the validity of the overall joint programme approach/TOC; its implementation; management and coordination*

7.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the Joint Programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

## **8. OTHER COMMENTS**

8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF COUNTRY REPRESENTATIVES**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the country representative for?
- 1.2 How familiar are you with the UNFPA/UNICEF joint programme on FGM/C?

#### **2. RELEVANCE AND DESIGN**

- 2.1 To what extent are the objectives of the joint programme aligned with the overall UNFPA/UNICEF (*select relevant agency*) country programme?

*Prompt: Is FGM/C explicitly mentioned in your current country programme results framework? If so, under which area? Are there synergies and/or overlaps with other work that you conduct in this country? Is FGM/C an issue addressed by the UNDAF?*

#### **3. EFFECTIVENESS**

- 3.1 From your point of view, what have been the joint programme's key achievements in this country?

*Prompts: Use the following table to map types of achievements and capture examples. With this group of respondents, focus on medium term achievements*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes in the social norm towards the abandonment of FGM/C in the targeted communities</i>	<ul style="list-style-type: none"> <li>• <i>Strengthened community education, dialogue, decision making</i></li> <li>• <i>Increased number of public declarations</i></li> <li>• <i>Increased engagement of leaders</i></li> </ul>	
<i>Across-communities</i>	<i>Contributions to spreading changes in social norm across communities, within and across borders.</i>	<ul style="list-style-type: none"> <li>• <i>Accelerated organized diffusion</i></li> <li>• <i>Strengthened sub-regional dialogue and exchange</i></li> </ul>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<ul style="list-style-type: none"> <li>• <i>Legal and policy reform</i></li> <li>• <i>Strengthened capacities (including coordination)</i></li> <li>• <i>Effective media campaigns</i></li> <li>• <i>Accurate data</i></li> <li>• <i>Partnerships</i></li> </ul>	

#### **4. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT**

*NB Expand on coordination questions*

- 4.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?

*Prompt: How does the joint programme compare with other examples of joint UN programming in this country?*

#### **5. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 5.1 What, if any, types of innovative /good practices have been introduced by the joint programme for the abandonment of FGM/C in this country?
- 5.2 In what ways can or should/could the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

#### **6. OTHER COMMENTS**

- 6.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

## **INTERVIEW PROTOCOL**

### **UNFPA/UNICEF JOINT PROGRAMME FOCAL POINTS**

Please note: this is an internal document for the interviewers' use. It is not to be distributed to the interviewees.

#### **1. INTRODUCTION**

*Evaluation team members to introduce themselves, evaluation background & interview purpose.*

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the Programme Focal Point for? What does this role entail?

#### **2. RELEVANCE AND DESIGN**

- 2.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 2.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C?
- 2.3 In your opinion how relevant and responsive has the programme been to the needs of the targeted communities?

*Prompt: To what extent and how have the joint programme approach and strategies been contextualized to meet national and community level needs and priorities? Can you please provide examples?*

- 2.4 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?

#### **3. EFFECTIVENESS**

- 3.1 Since the Programme has started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 3.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed to?

*Prompts: Use the following table to map types of achievements and capture examples.*

<i>Possible types of achievements</i>			<i>Examples</i>
<i>Level</i>	<i>Medium term</i>	<i>Short term</i>	
<i>At the community level</i>	<i>Contributions to changes in the social norm towards the abandonment of FGM/C in the targeted communities</i>	<ul style="list-style-type: none"> <li>• Strengthened community education, dialogue, decision making</li> <li>• Increased number of public declarations</li> <li>• Increased engagement of leaders</li> </ul>	
<i>Across-communities</i>	<i>Contributions to spreading changes in social norm across communities, within and across borders.</i>	<ul style="list-style-type: none"> <li>• Accelerated organized diffusion</li> <li>• Strengthened sub-regional dialogue and exchange</li> </ul>	
<i>At the national level</i>	<i>Contributions to the creation of favourable national conditions for the abandonment of FGM/C including a legal framework against FGM/C; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C and a supportive public opinion.</i>	<ul style="list-style-type: none"> <li>• Legal and policy reform</li> <li>• Strengthened capacities (including coordination)</li> <li>• Effective media campaigns</li> <li>• Accurate data</li> <li>• Partnerships</li> </ul>	
<i>At the regional level (and global if relevant)</i>	<i>Contributions to the creation of favourable regional (and global) conditions for the abandonment of FGM/, including adequate political commitment, resources and knowledge.</i>	<ul style="list-style-type: none"> <li>• Increase dialogue and awareness</li> <li>• Strengthened knowledge production and circulation</li> </ul>	

3.3 How would you explain the programme’s successes and missed opportunities? What has worked well? What hasn’t? What have been key factors supporting or hindering success?

*Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, context, etc.*

3.4 What types of programming strategies and activities has the joint programme used in this country? Which ones have been the most and least successful?

*Prompt: Types of activities include: Support to community-led initiatives; Capacity strengthening (training, technical support, system building); Advocacy, policy dialogue, resource mobilization; Creating, coordinating, maintaining networks and partnerships; Data and knowledge generation, and circulation (including M&E); Communication, sensitization and awareness raising*

#### 4. EFFICIENCY

4.1 To what extent were the available resources adequate to achieve the expected results?

*Prompt: Resources can be financial, human and technical (e.g. existing tools and materials); they can come from both UNICEF and UNFPA.*

4.2 To what extent have you been able to leverage additional/complementary resources for your work on FGM/C beyond the Joint Programme ones?

4.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

*Prompt (follow up question):*

*What are examples (if any) of particularly efficient use of resources by the joint programme in this country?*

*What kinds of data are you using to base your answer on? What kinds of data do you think you are missing to inform your responses to these questions?*

#### 5. SUSTAINABILITY

5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

*Prompts:*

- *To what extent and how has the programme strengthened national ownership, capacity and leadership (at national and decentralized levels) in this country?*
- *To what extent do the strategies used by the programme lend themselves to wider scalability and programme expansion, overall and in specific contexts?*
- *To what extent has the joint programme been integrated into other national initiatives aiming at addressing the issue of FGM-C?*

#### 6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

6.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved? In your opinion, what has been the added value of the joint structure of the programme?

*Prompt: Consider the following aspects: dividing roles and accountabilities; planning; decision making; implementation of activities; production, circulation and use of data; monitoring, reporting and evaluation; cost sharing/reduction of transaction costs.*

6.2 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?

*Prompts:*

- *Programme leadership and direction at global and country level;*

- *Implementation mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures, reporting requirements and tools);*
  - *Technical guidance and support from the global and regional level to the country office.*
  - *M&E – who has been responsible for monitoring progress against results? For reporting? What types of data have been used to monitor progress? To what extent has monitoring and reporting been based on specific indicators? How useful has the programme logframe been to guide planning, monitoring and reporting? What have been key challenges in view of M&E?*
- 6.3 To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity, and youth been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

## **7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS**

- 7.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?
- 7.2 What have been the key lessons learned?
- Prompt: In relation to the validity of the overall joint programme approach/TOC; its implementation; management and coordination.*
- 7.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

## **8. OTHER COMMENTS**

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.



## Annex 10. Guide for Individual and Group Discussions at the Community Level

NB: At the community level, information will be collected in very diverse contexts, from diverse types of stakeholders, through varying degrees of formal/informal conversations, and in various languages. Interview and focus group questions therefore need to be, on the one hand, sufficiently broad to allow for adapting them to the respective contexts, while, on the other hand, being sufficiently specific to ensure consistency and coherence of data collected in different communities and different countries. For this reason, rather than developing specific interview and group discussion guides for each group of respondents, we present here a list of broad topics and questions that will be adapted to the circumstances of each interview/ group conversation.

### **Background information to collect about each community**

The following list outlines a number of topics on which researchers should collect background information prior to visiting the communities in order to provide proper context to interviews/focus groups/conversations.

- Name of community, location, brief history, main features of the community, etc.
- Natural and social environment
- Estimates of population and demographic patterns (e.g. ethnicities, occupations, etc.)
- What services are available? (e.g. schools, health and social services, water sources, sanitation, electricity, market, roads, transport)
- Community organization: Leadership? Councils? Special programs or projects, etc. Media access—e.g. is there radio reception? Do some/most community members have access to televisions? Who watches and/or listens?
- Relevant DHS/MICS indicators
- What organizations have worked in this community on the issue of FGM/C?
- How has the joint programme operated in this community? Who were the key implementing partner/s? What were the main initiatives/activities carried out? Over what period of time?

### **Topics and questions for interviews and group discussions at the community level**

#### **Introductory remarks**

*Each interview/ conversation should begin with a brief and understandable explanation of the evaluation purpose, a request for the participants' collaboration; an assurance that their participation is voluntary and that they can decline to answer any question or discontinue at any time, and that we will not use their names in our report.*

#### **Background information on participants**

*As far as possible, the following information should be recorded for all participants.*

Sex: \_\_\_M \_\_\_F                      Ages: \_\_\_ (or approximate ages)

Religion: Christian \_\_\_ Muslim \_\_\_ Traditional \_\_\_ Other \_\_\_

Occupations or other significant role? \_\_\_\_\_

### Questions on the situation of girls

*These questions will be adapted for the following groups: community leaders, health providers, teachers, religious leaders, married and unmarried men, mothers, older women. Questions will be changed if used with girls and boys.*

- In general, how do you think girls today are doing in your community, in comparison with (a generation ago /their mother's generation/when you were a girl? What things are better for them? Is anything worse?

*Prompts: Allow the person to give his or her own ideas first, then ask about any of the issues below. Change the focus of the question depending on the type of interviewee. E.g. focus on health issues for health workers and on education for teacher.*

- *Have there been any changes in any of the following broad areas*
  - *Important events in a woman's life*
  - *Marriage (age; who makes the decision; how is it celebrated; what makes a girl "marriageable"; what makes a boy "marriageable", cost )*
  - *School/education (How many girls go to school? Perceived importance and purpose of girls' education. Do most of them finish basic education? Why or why not?)*
  - *Work responsibilities*
  - *Health*
  - *Perspectives and aspirations for the future*
  - *Role/Participation in family and community*
- *When did these changes occur (a long time ago, in the last few years)? What is causing the changes?*
- What are the key problems that girls are facing in your community today? And women?
- Overall, what do you think are the most pressing issues/needs in your community?

### Questions on FGM/C

*These questions can be adapted for the following groups: community leaders, health providers, teachers, religious leaders, married and unmarried men, mothers, older women. They need to be further adapted if used with girls and boys.*

- Have there been any changes concerning FGM/C in this community over the last 5 years?

*Prompt: Changes may refer to:*

- *Perceived prevalence in the community- (please indicate if you agree/don't know/do not agree: : Five years ago most families in the community cut their daughters. Today, most families in the community cut their daughters.)*
- *Age*
- *Type*

- *Who makes the decision*
- *Who performs it*
- *Where*
- *How (public, private, secret) and when*
- *Reasons why girls are cut/why parents want their daughters cut*
- *Reasons why girls are not cut (if any)/why parents would prefer not to have their daughters cut*
- *Consequences (both positive and negative) of cutting for the girls and her family (including health, status, marriageability etc)*
- *Consequences of not cutting for girls and their families and communities (Are there any girls who are not cut? Why not? What are some problems they might face?)*
- *Please indicate which of the following statements you agree with:  
Five years ago, all/most/some/few/no girls who were not cut and their families would experience negative sanctions from other community members.  
Today, all/most/some/few/no girls who are not cut and their families experience negative sanctions from other community members*

*To whom do you think the practice is the most important in your community? Has this changed over the years?*

- What is causing these changes?
- What do the government and key institutions (including schools, clinics, local government representatives) say/do in relation to FGM/C? Have you heard of any laws against FGM/C? How does this affect your community/family?

### **Questions about the joint programme/specific initiatives supported by the joint programme**

*NB These questions can be adapted for all groups*

We know that the organization xx/initiative xx (*insert here the name of the organization and or initiative supported by the joint programme*) has worked in this community.

- What do you know about their work? (*Prompts: what were they doing? why?*)
- What do you think about it? (*Prompts: Was it useful/appropriate in your community? what did you like, what you didn't like?*)
- Have you been involved in any of their activities? If so, Please tell us about your experience. (*Prompts: what did you do, what did you like, didn't like*)
- Has anything changed following these activities? What? Can you give us some examples? (*Prompts: changes can refer to knowledge, attitudes, behaviours/practices. Ask about individual, family and community levels*)
- Do you think that the changes their work has contributed to (if any) will last? Accelerate? Slow down? Disappear in the future? Why?

### **Concluding remarks**

- Would you like to add anything?
- Would you like to ask us any questions?

Thank you very much for your help.

### **Suggestions for opening conversations with, for example, girls or (former) circumcisers**

During the pilot country site visit to Kenya, the evaluation team had the opportunity to have small group discussions with girls who had undergone Alternative Rite of Passage (ARP) ceremonies, as well as individual interviews with former circumcisers. For both groups, the following introductory questions were perceived to be helpful to enter the conversation and establish a non-threatening environment. While the specific issue of ARPs may not apply in each context, the following questions can provide some ideas for how to enter and structure similar conversations.

**Girls:** How old are you? Are you still in school? If yes, which grade? Which subjects do you like best? What would you like to do when you have finished school. If not in school anymore, what are you doing now? Do you have brothers and sisters? How many? What do your parents do? We heard that you recently took part in the ARP ceremony – can you tell us a bit more about that? For example: how did you learn about the ARP? What made you take part in it? What did your parents/siblings/friends think about you attending the ARP? What did you like about the experience? Was there anything that you did not like?

**Former circumcisers:** How old are you? Have you lived in this community all your life? Do you have children? How many? Do they live in this community? We were told that you have played an important role in the community – can you tell us a bit about since when/for how long you have performed circumcisions? How did you learn to perform circumcisions? Has the way how you performed them changed over time? Have there been any changes in the role that circumcision of girls plays in the community? If so, which? etc.

## Annex 11. Survey Questionnaire

### Joint Evaluation of the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change Survey Questionnaire

#### Introduction

The joint evaluation of the UNFPA-UNICEF Joint Programme on FGM/C conducted by the Evaluation Branch (DOS) at UNFPA and the Evaluation Office at UNICEF is currently in progress and will be finalized in June 2013.

The purpose of the evaluation is to assess the extent to which and under what circumstances (country context) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012).

Universal Management Group, a Canadian consulting firm, has been engaged to undertake the evaluation of the UNFPA-UNICEF Joint Programme on FGM/C.

The evaluation includes country case studies in four countries (Kenya, Senegal, Sudan, Burkina Faso) and an overview of the work conducted in the other 11 joint programme countries. The purpose of the overview is to identify common trends and differences across programming countries in relation to the joint programme relevance, effectiveness, efficiency, sustainability and coordination/management. This survey is meant to provide key information for this overview, based on the country offices' self assessment. It will be followed by virtual focus groups (via telephone or Skype) with the joint programme teams and their key partners in each of the 11 countries to elicit more in-depth information on selected issues.

We would be grateful if you could complete and submit the questionnaire online by **February 28, 2013**. In each country we would like to obtain one response from UNICEF and a separate response from UNFPA. We would suggest that the joint programme focal point in each office complete the survey, either alone or with the help of other colleagues within the same agency who have been involved in the joint programme.

Your answers are confidential. Please be assured that the information that you provide in this questionnaire will only be used by the evaluation team and reported in aggregated form, and will not be identifiable to your country office. Please provide comments in French if preferred.

You can contact Carolyn Rumsey at [crumsey@universalia.com](mailto:crumsey@universalia.com) or Olivia Roberts at [Roberts@unfpa.org](mailto:Roberts@unfpa.org) should you need any clarification regarding this survey. Detailed information and terms of reference for the joint evaluation can be found at the evaluation web page: <http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103>

Thank you very much for your cooperation!

**General Information**

1. Agency:

- UNFPA
- UNICEF

2. Country office:

- Djibouti
- Egypt
- Eritrea
- Ethiopia
- Gambia
- Guinea
- Guinea-Bissau
- Mali
- Mauritania
- Somalia
- Uganda

3. How many staff of the country office work full-time on the joint programme? \_\_\_\_\_

Comments

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4. How many staff of the country office work part-time on the joint programme (implementing, managing and/or supporting it)? \_\_\_\_\_

Comments

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5. This questionnaire was completed by:

- Joint programme focal point
- Joint programme focal point and other staff
- Other staff

Comments



**The joint programme approach**

6. The design of the joint programme was based on a number of **programming principles**. Based on your experience, to what extent have these principles informed the joint programme in your country? In the table below please rate to what extent you agree with the provided statements, from 1= strongly disagree to 4= strongly agree.

The approach of the joint programme in this country has been:	1	2	3	4	Don't Know	Comments
<b>Strategic and catalytic:</b> the main aim of the joint programme is to support and accelerate the efforts already being undertaken at country and regional levels through existing programmes, and not to be a stand-alone initiative.						
<b>Holistic:</b> the joint programme supports interventions at different levels (community, national, regional and global) and focuses on the different interconnected aspects of the processes that are assumed to lead to the abandonment of FGM/C. In order to do so, the joint programme builds partnerships with multiple stakeholders.						
<b>Human-rights based and culturally-sensitive:</b> The joint programme is based on the understanding that FGM/C is a violation of the human rights of women and girls and therefore the joint programme pursues its abandonment. However, the joint programme also recognizes that since FGM/C has a strong cultural value in many contexts, it is important to frame the dialogue with communities with a view to preserve positive cultural values, while eliminating harmful practices.						
<b>Based on a theoretical understanding of FGM/C as a social convention/norm:</b> The joint programme approach is based on the recognition of the collective nature of the practice of FGM/C and explains why it is essential to focus on collective, rather than individual, social change to successfully achieve abandonment that is sustainable						
<b>Sub-regional (based on country-segmentation):</b> To accelerate the abandonment of FGM/C, the joint programme aims to extend across countries and address sub-regional groups with common characteristics.						



**Joint programme implementation and achievements**

**7. Contribution to medium term results:** to what extent has the work of the joint programme in your country contributed to the following changes? Please rate on a scale from 1= no contribution to 4 = significant contribution and provide relevant examples if possible.

To what extent has the work of the joint programme in your country contributed to:	1	2	3	4	N/A	Please provide examples of specific contributions if/as possible.
Changes in social norms towards the abandonment of FGM/C in the targeted communities						
Spreading changes in social norms across communities, within and across national borders						
Creating favourable <u>national</u> conditions for the abandonment of FGM/C e.g. legal frameworks; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C; or a supportive public opinion.						
Creating favourable <u>regional</u> conditions for the abandonment of FGM/, including political commitment, resources and knowledge-sharing.						
Creating favourable <u>global</u> conditions for the abandonment of FGM/, including political commitment, resources and knowledge.						

Comments

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**8. Achievement of short term results:** in your country, what progress has been made by the joint programme towards achieving its expected short term results (*outputs*)? Please rate on a scale from 1= no progress to 4= significant progress and provide relevant examples if possible.

Outputs (from revised logframe)	1	2	3	4	N/A	Please provide examples of specific achievements if/as possible
1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.						
2. Local level commitment to FGM/C abandonment.						
3. Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.						
4. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.						
5. FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.						
6. Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.						
7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners.						
8. Strengthened regional dynamics for the abandonment of FGM/C.						

Comments

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9. On a scale from 1= not at all to 4=extremely, please rate how successful (i.e. appropriate and effective) the following **programming strategies** have been for implementing the joint programme in your country. Please select N/A if the joint programme has not used the respective strategy in this country.

Programming strategies	1	2	3	4	N/A	Examples and comments
Creating, coordinating, maintaining networks and partnerships						
Advocacy, policy dialogue						
Resource mobilization						
Capacity strengthening (training, technical support, system building);						
Communication, public sensitization and awareness raising						
Support for community education, dialogue and community-led initiatives						
Data and knowledge generation and circulation						
Others (please specify)						

10. Has the joint programme introduced or supported any innovative **programming strategies/approaches** in this country (e.g. new ways of addressing/thinking about FGM/C; new ways of working with partners; new types of activities, partners, beneficiaries, tools and materials)? Yes  No

If yes, please provide detailed examples:

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11. What **factors** have supported or hindered the achievement of the joint programme results in this country? On a scale from 1 = very hindering to 4= very supportive please rate how each of the following factors has influenced the performance of the joint programme. Please select N/A if a certain factor has not influenced the joint programme in your country.

Factors	1	2	3	4	N/A	Comments / explanation
Legal and policy framework						
Political context (including political commitment)						
Economic context						
Socio-cultural context						
Resource availability and predictability						
Integration of the joint programme into UNICEF and UNFPA respective country programmes						
Staff capacities and availability						
Implementing partners capacities and resources						
Other development partners' work on FGM/C						
Others (please specify)						

**12. Sustainability:** to what extent has the joint programme created or contributed to create the conditions for its achievements to last after its end? Please rate the presence of the following conditions in your country on a scale from 1 = not at all to 4 = very strong.

Conditions	1	2	3	4	N/A	Comments
National ownership of activities and results supported by the joint programme.						
National leadership in activities and results supported by the joint programme.						
National capacity for managing and implementing initiatives supported by the joint programme.						
Scalability of the strategies used by the joint programme						
Integration of the approach, strategies and initiatives supported by the joint programme into other national initiatives addressing the issue of FGM/C						
Integration of the approach, strategies and initiatives supported by the joint programme into UNFPA/UNICEF country programs.						
Partnerships to foster sustainability of effects (with government, UN system, donors, NGOs, CSOs, religious leaders, media)						
Other (please specify)						

**Joint programme management and coordination**

13. What have been key strengths and weaknesses of **joint programme management** at the global, regional and country levels? Based on your experience, please rate the following dimensions of the joint programme management. 1= very weak 4=very strong.

Dimensions	1	2	3	4	Don't know/ N/A	Comments
Strategic leadership and direction for the joint programme's work in your country						
Technical guidance and support from the global level (UNICEF and UNFPA HQ) to the country office						
Technical guidance and support from the regional level (UNICEF and UNFPA regional and sub-regional offices) to the country office						
Planning process (AWP/budget process)						
Timeliness of funding						
Adequacy of funding						
Reporting requirements and tools						
Monitoring and Evaluation (requirements, systems, tools, support)						
Internal capacity development for staff working on the joint programme (training, feedback)						
Internal communication and information exchange (ad-hoc and systematic), including across countries						
Technical guidance and support to the joint programme implementing partners						
Communication and information exchange with programme stakeholders/partners (email, events)						
Other (please specify)						

14. What have been the strengths and weaknesses of the **UNFPA and UNICEF coordination** under the joint programme in your country? Based on your experience, please rate the following dimensions of the interagency coordination in relation to the joint programme in your country on a scale from 1= very weak to 4=very strong.

Dimensions	1	2	3	4	Don't know/ N/A	Comments
Clear division of roles and accountability lines between the two agencies						
Planning processes						
Decision making processes						
Implementation of activities (please indicate any specific issue about how activities are implemented i.e geographical distribution)						
Interagency communication						
Production, circulation and use of data						
Monitoring, reporting and evaluation;						
Cost sharing/reduction of transaction costs						
Other (please specify)						

15. In your opinion, what has been the **added value** of the joint nature of the programme, compared to single-agency programming? For each of the following dimensions, please provide your assessment on a scale from 1=none to 4=very significant.

What has been the added value of the joint nature of the programme in terms of:	1	2	3	4	Don't know	Comments
Cost savings						
Synergies						
Technical capacities and areas of expertise						
Geographical reach and coverage						
Status/visibility of the joint programme activities and results						
Other (specify)						

**Other comments**

15. Please share any further comments or information that you consider to be relevant for the evaluation.

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16. Please indicate any problems you have experienced answering the questionnaire in terms of the questions that have been asked (optional).

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Thank you!



## Annex 12. Protocol for Virtual Focus Groups with Programme Countries not visited during the evaluation

Our conversation will build on the information already provided by the UNFPA and UNICEF joint programme focal points in their responses to the evaluation survey. The purpose of this conversation is to explore certain questions in more depth, clarify any issues if/as required, and address topics of interest to the participants that have not yet been raised in the survey.

Outlined below are indicative follow-up questions for the different areas addressed in the survey (and the overall evaluation). Depending on the information provided in your responses to the survey, we may not address each single question, but focus on selected areas to explore these in more depth.

We expect our conversation to last between 60 and 90 minutes.

### 1. Introduction

Brief self-introductions of evaluation team members, and joint programme staff/partners partaking in the conversation.

Possible follow-up questions (depending on your responses to the survey) may relate to:

- Any changes in staffing during the period under review
- Percentage of time spent by participants on joint programme/other tasks respectively

### 2. The joint programme approach (survey question 6)

Possible follow-up questions (depending on your responses to the survey) may relate to:

- Noted differences in extent to which – in your view - different programming principles have been reflected and/or addressed by the joint programme in your country
- Your view on the relevance and appropriateness of these principles for your work (i.e. which were more relevant and useful than others? Are there other principles that guided your work that are not listed here?)

### 3. Joint programme implementation and achievements

Possible follow-up questions (depending on your responses to the survey) may relate to:

#### 3.1 Medium Term Results (survey question 7)

- If applicable, reasons for significant differences in your rating of different results
- More in depth information on the specific examples and comments that you provided in the survey
- Other types of medium term results that the joint programme has contributed to but that are not listed in the survey

#### 3.2 Short Term Results (survey question 8)

- If applicable, reasons for significant differences in your rating of different results
- More in depth information on the specific examples and comments that you provided in the survey
- Other types of short term results that the joint programme has contributed to but that are not listed in the survey

### **3.3 Programming Strategies (survey questions 9 & 10)**

- Key reasons for differences in rating of the suggested strategies
- More in depth information on the provided examples and comments provided in the survey , including on innovative strategies
- Examples of additional successful programming strategies used in your country

### **3.4 Factors affecting performance (survey question 11)**

- Further information on comments/explanations provided in the survey

### **3.5 Sustainability (survey question 12)**

- Elaboration on your rating of suggested factors
- Reasons for any significant differences in your ratings Further information on your comments to this question

### **3.6 Joint programme management and coordination (Survey questions 13&14)**

- Elaboration on your rating of different dimensions of management and coordination
- Reasons for any significant differences in your ratings
- Further information on your comments to this question

### **3.7 Joint programme added value (survey question 15)**

- Elaboration on your rating of different types of potential added value
- Reasons for any significant differences in your ratings
- Further information on your comments to this question

### **3.8 Other comments**

**Thank very much for your cooperation and support.**

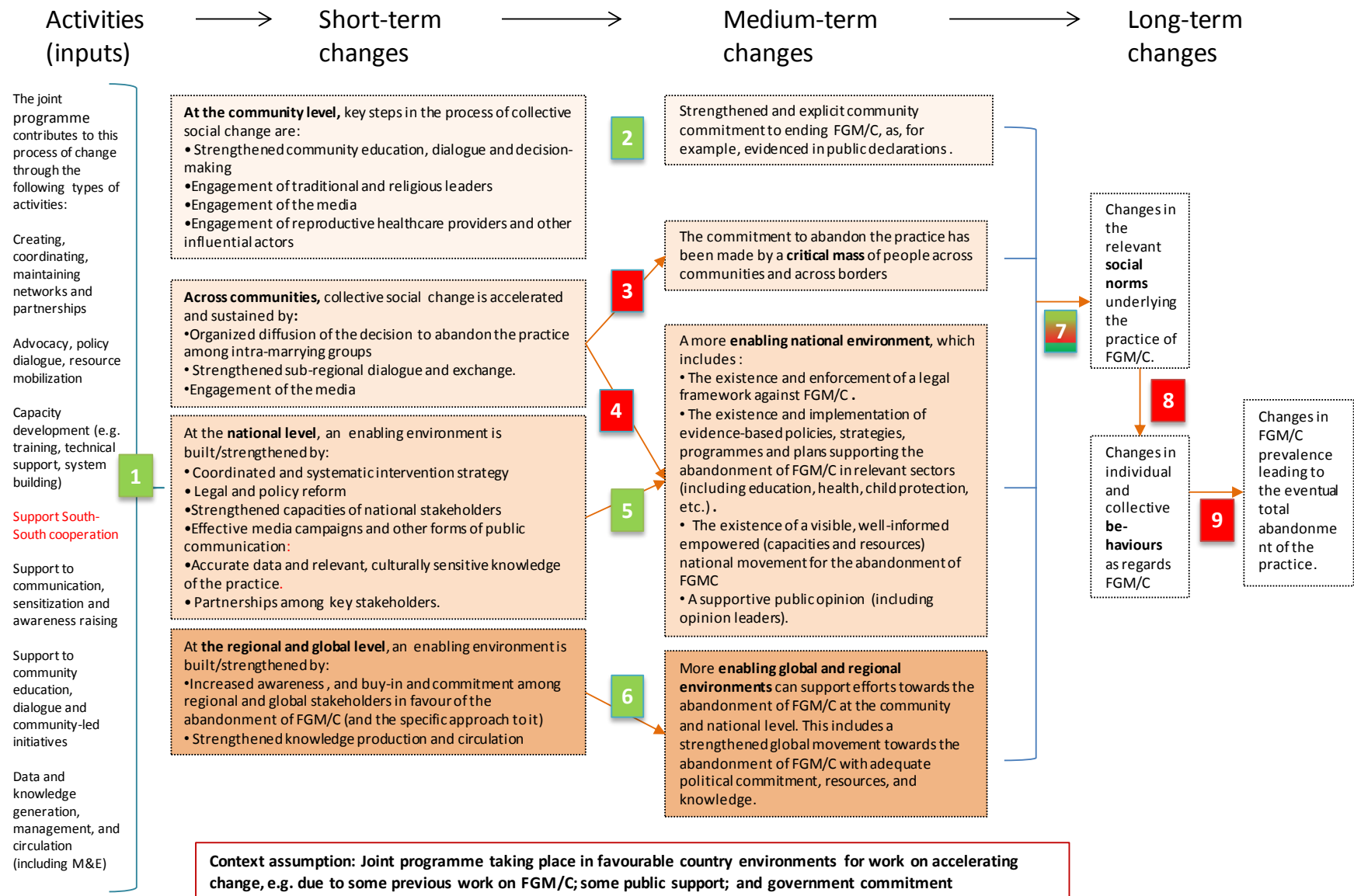
## Annex 13. Ex-post Theory of Change

The diagram on the following page shows a revised version of the theory of change that was developed during the evaluation inception phase. It includes modifications in order to better illustrate the key types of envisaged changes that the joint programme was aiming to contribute to. The diagram is subject to the same limitations as the ex-ante version, i.e. it has to present complex and often non-linear change processes in a linear and two-dimensional way. Nevertheless, it is intended to help clarify the main evaluation findings as regards the remaining knowledge and evidence gaps in relation to the anticipated change processes that the joint programme was aiming to contribute to.

Please note that the terms “short-term”, “medium-term” and “long-term” are relative, i.e. they do not necessarily relate to actual periods of time, but rather focus on the transition from less to more complex types of changes.

In the diagram, the assumed transitions from one level/type of change to the next are marked with **arrows numbered from one to nine**, running sequentially. A list of comments follows the diagram, which are related to these numbered arrows and briefly summarize key evaluation findings in relation to the respective transitions. The numbered boxes are **colour coded**: green boxes indicate transitions that are (albeit to varying degrees) supported by available evidence. The respective nuances of available data are described in the comments below. Red boxes indicate areas where evaluation data provide very little or no evidence, and where the respective transitions require further examination. Please note that the latter does not mean that it is presumed that there is evidence contradicting the change, only that while the assumed transition is logical, at this point, no data has been obtained to validate it. Box number seven, which contains both green and red, indicates that while some relevant data is available, the specific dynamics of this transition are still largely opaque.

## Theory of change (ex-post evaluation)



**Comments** (related to the numbered boxes in the diagram above)

1. Evaluation data strongly suggest that the chosen strategies and activities, and in particular the combination of different strategies, have been appropriate and effective in view of contributing to the envisaged short-term (first level) changes. The exception is the use of South–South cooperation (highlighted in red) given that the regional dimension of the joint programme was not fully operationalized.

2. There is clear evidence of the joint programme contributing to strengthening community commitment to ending the practice of FGM/C. Public declarations are a strong indication of this commitment, as are some of the preceding short-term changes such as evidence of the strengthened involvement of community leaders. Information gaps exist, however, in view of trying to determine what specific factors (including the combination of approaches used to influence change, but also external and/or random influences) have contributed to creating this commitment in different contexts.

3. There is little evidence of whether and how the envisaged organized diffusion across communities was pursued and with what effects. As noted, very little was done in view of strengthening sub-regional dialogue and exchange, and there are only isolated examples of different communities within the same country influencing each other. The available examples do, however, support the assumption that reaching out across communities has the potential to influence positive change. As regards the envisaged medium-term change, the notion of what constitutes a “critical mass” of people (and how to recognize what constitutes such a critical mass) needs to be further defined and explored. It is the view of the evaluation that a critical mass can be constituted based on the number/proportion of people in a community that support a certain view; but it may also be dependent on the fact that a small, but very influential group of people supports the abandonment of FGM/C. Evaluation data did not provide clear information on whether and how a critical mass is constituted in different contexts (i.e. is having a critical mass equivalent to generating a “tipping point” in terms of relevant social norms? Or do changes in social norms precede the forming of a critical mass?)

4. There is very limited evidence supporting (parts of) the assumed relationship between changes occurring across communities and changes in the respective national environment for FGM/C abandonment. In Kenya, for example, advocacy efforts related to changes in national policies on FGM/C were supported by the fact that a number of different communities in the respective country had expressed their commitment to ending the practice. However, the fact that several communities had declared abandonment of FGM/C was more likely the result of parallel processes, rather than of organized diffusion.

5. Evaluation data strongly support the contribution of short-term changes to the creation of a more conducive national environment and no significant gaps were found.

6. Evaluation data support the assumption that the noted efforts at the global level have contributed to strengthening the global environment for change. At the regional level, the absence of a strongly formulated and operationalized regional component resulted in the absence of data. The available anecdotal data (e.g. views of consulted national stakeholders) support the assumption, however, that strengthening regional dynamics holds the potential to positively influence national and local level change processes.



7. Evaluation data indicate that the combination of changes at different levels has contributed to influencing (ongoing) changes in social norms relevant in relation to the practice of FGM/C. Such changes are, for example, indicated by the noted changes in the status of FGM/C as a (former) taboo topic; the fact that more people reported that they felt more comfortable declaring that they or their daughters had not been cut; or the fact that people talk about cut and uncut girl in new ways (e.g. by using the new concepts made popular by the Saleema initiative in Sudan).

8. While it is logical to assume that changes in social norms will lead to changes in FGM/C-related behaviours, evaluation data do not provide strong evidence that this happens, how, and why. For example, it is not yet clear what triggers this transition in some contexts, and hinders it in others. Consulted joint programme staff and other consulted stakeholders confirmed that this assumed transition, while convincing and likely, is still largely opaque.












9. While data is available on changes in FGM/C prevalence over time, these data do not support a direct link between observed changes in prevalence and the efforts of the joint programme. This is largely due to the fact that the previous step in the ToC (changes in individual and collective behaviours) is not yet fully understood in terms of its dynamics, its linkages to preceding changes in social norms, and in view of the timeframe that is required for subsequent changes to become measurable in terms of FGM/C prevalence.

## Annex 14. Summary of Results of the Survey of Joint Programme Focal Points

### 1. Agency:

Response	Chart	Percentage	Number of responses
UNFPA		55%	12 <sup>26</sup>
UNICEF		45%	10
<b>Total Responses</b>			<b>22</b>

### 2. Country office:

Response	Chart	Percentage	Number of responses
Djibouti		9%	2
Egypt		9%	2
Eritrea		9%	2
Ethiopia		9%	2
Gambia		9%	2
Guinea		9%	2
Guinea-Bissau		9%	2
Mali		9%	2
Mauritania		9%	2
Somalia		9%	2
Uganda		9%	2
<b>Total Responses</b>			<b>22</b>

<sup>26</sup> In one country, two representatives from UNFPA (the joint programme focal point and another country programme staff member working on FGM/C) responded to the survey, but not the UNICEF focal point.

**3 & 4: How many staff of the country office work full-time on the joint programme? How many staff of the country office work part-time on the joint programme (implementing, managing and/or supporting it)?**

#	Full-time	Part-time
1.	3	1
2.	None	1
3.	None	3
4.	nil	1
5.	None	2
6.	3	1
7.	1	2
8.	2	2
9.	None	None
10.	1	1
11.	4	0
12.	None	6
13.	1	2
14.	0	7
15.	3	3
16.	3	2
17.	2 UNFPA-2UNICEF	2
18.	1	N/A
19.	1 in the past	2
20.	0	5
21.	No answer	1
22.	No answer	1

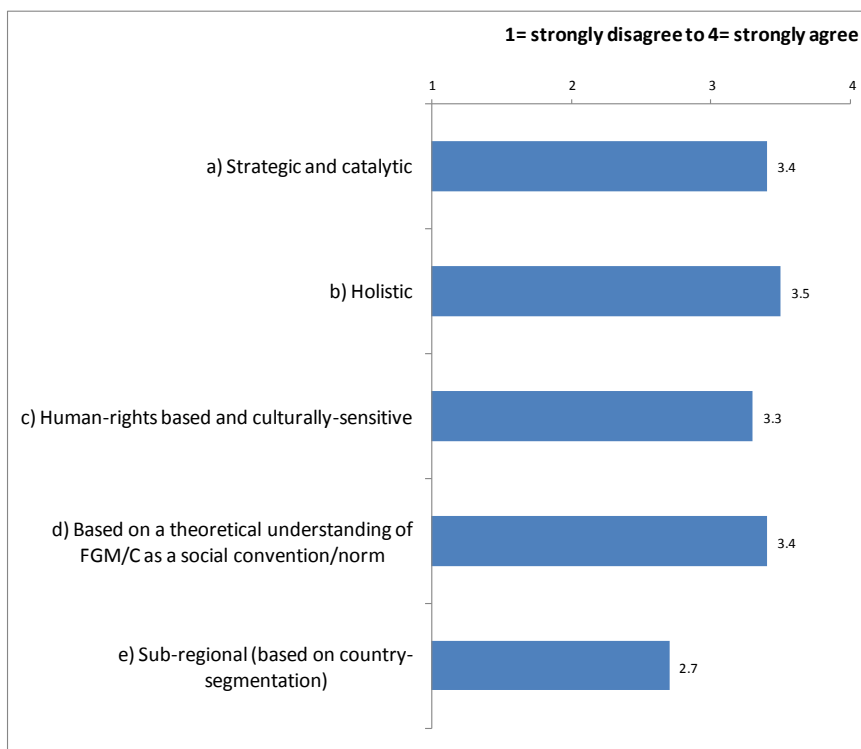


**5. This questionnaire was completed by:**

Response	Chart	Percentage	Number of responses
Joint programme focal point		95%	21
Joint programme focal point and other staff		5%	1
Other staff		0%	0
<b>Total Responses</b>			<b>22</b>

**6. The design of the joint programme was based on a number of programming principles. Based on your experience, to what extent have these principles informed the joint programme in your country? Please rate to what extent you agree with the provided statements, from 1= strongly disagree to 4= strongly agree.**

**Summary of average of the ratings of all sub-questions**

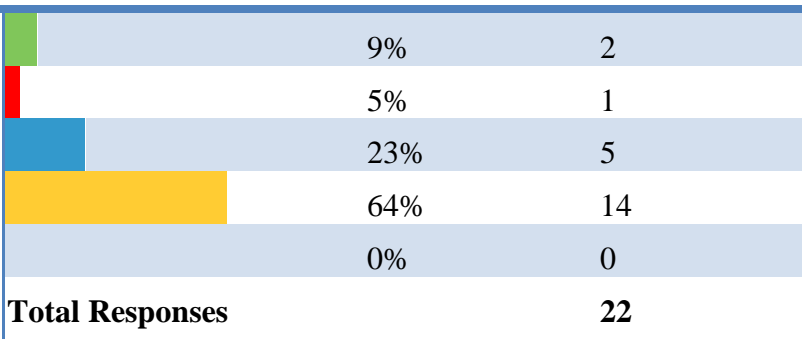


### Summary of key issues deriving from accompanying comments

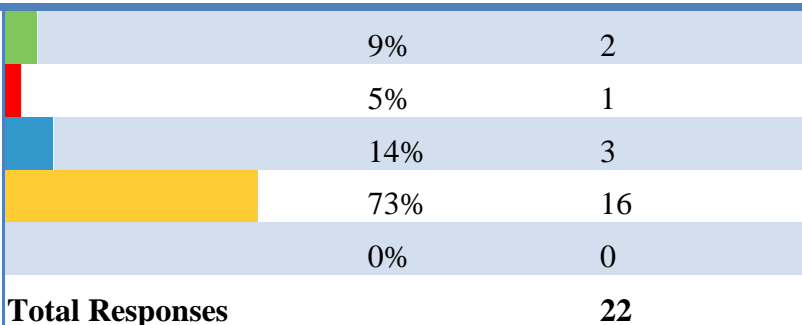
- Understanding and appreciation of FGM/C as a social norm/convention remains limited among partners on the ground.
- Collaboration among countries is crucial and it is not being given enough focus in the programme. Countries that share similarities with regards to FGM/C (e.g. Egypt and Sudan) can learn a lot from each other. However, attempts made towards this kind of cooperation have not been very successful due to the limited funds available to facilitate exchange programs. While there is a desire to collaborate with one another, very few concrete actions have been taken towards this goal.
- How and in which order programme countries have been chosen was not optimal. Some countries were given priority to the detriment of others with higher prevalence rates of FGM/C.

### Individual responses per sub-question

6 a) Strategic and catalytic: the main aim of the joint programme is to support and accelerate the efforts already being undertaken at country and regional levels through existing programmes, and not to be a stand-alone initiative.

Response	Chart	Percentage	Number of responses
1-Strongly Disagree		9%	2
2-		5%	1
3-		23%	5
4-Strongly Agree		64%	14
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>

6 b) Holistic: the joint programme supports interventions at different levels (community, national, regional and global) and focuses on the different interconnected aspects of the processes that are assumed to lead to the abandonment of FGM/C. In order to do so, the joint programme builds partnerships with multiple stakeholders.

Response	Chart	Percentage	Number of responses
1-Strongly Disagree		9%	2
2-		5%	1
3-		14%	3
4-Strongly Agree		73%	16
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>






6 c) Human-rights based and culturally-sensitive: The joint programme is based on the understanding that FGM/C is a violation of the human rights of women and girls and therefore the joint programme pursues its abandonment. The joint programme also recognizes that since FGM/C has a strong cultural value in many contexts, it is important to frame the dialogue with communities with a view to preserve positive cultural values, while eliminating harmful practices.

Response	Chart	Percentage	Number of responses
1-Strongly Disagree		9%	2
2-		14%	3
3-		18%	4
4-Strongly Agree		59%	13
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>

6 d) Based on a theoretical understanding of FGM/C as a social convention/norm: The joint programme approach is based on the recognition of the collective nature of the practice of FGM/C and explains why it is essential to focus on collective, rather than individual, social change to successfully achieve abandonment that is sustainable.

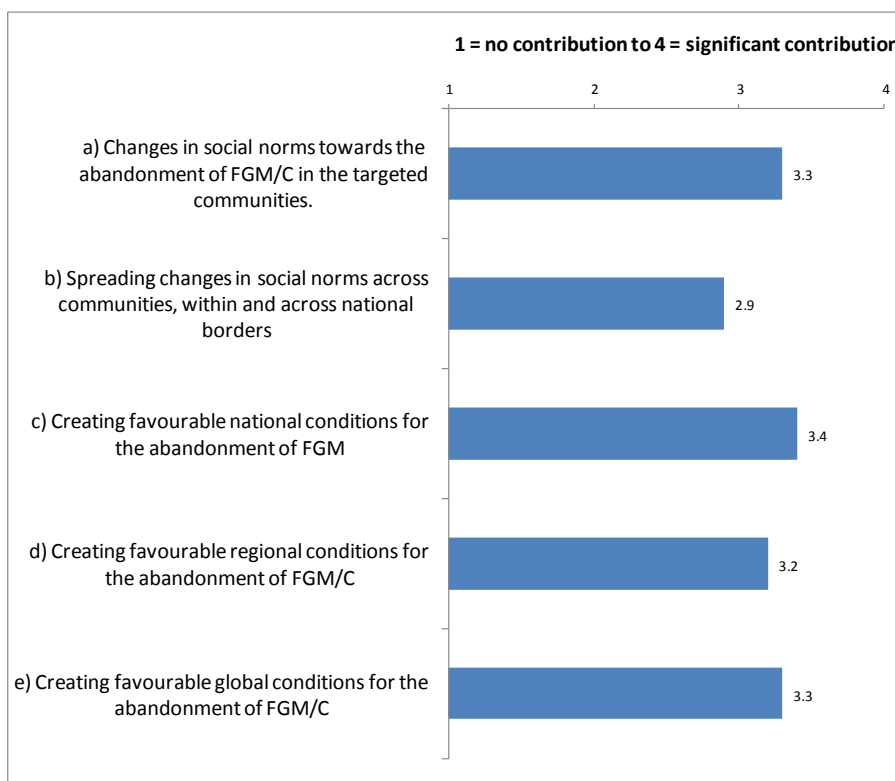
Response	Chart	Percentage	Number of responses
1-Strongly Disagree		9%	2
2-		5%	1
3-		23%	5
4-Strongly Agree		64%	14
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>

6 e) Sub-regional (based on Number of responsesry-segmentation): To accelerate the abandonment of FGM/C, the joint programme aims to extend across countries and address sub-regional groups with common characteristics.

Response	Chart	Percentage	Number of responses
1-Strongly Disagree		14%	3
2-		18%	4
3-		32%	7
4-Strongly Agree		32%	7
Don't Know		5%	1
<b>Total Responses</b>			<b>22</b>

**7. Contribution to medium-term results: To what extent has the work of the joint programme in your country contributed to the following changes? Please rate on a scale from 1= no contribution to 4 = significant contribution and provide relevant examples if possible.**

**Summary of average ratings of all sub-questions**







**Summary of key issues deriving from narrative comments**






- One respondent described a community in which parents have not only declared to not cut their daughters, but have instructed their girls that they were not permitted to attend the ceremonies. 72 girls between the ages of eight and fourteen who were supposed to be cut did not undergo the procedure.
- In Somalia, one of the greatest achievements has been not only having religious leaders talk about FGM/C and de-link the practice from Islam, but that these discussions have started to take place in mosques. Traditionally FGM/C was a taboo topic, now it is being spoken about much more freely.
- In Ethiopia, five out of six intervention districts have made public declarations to abandon the practice. Also, the number of uncircumcised girls who are getting married is increasing.
- The joint programme has worked closely with those who perform the practice, including an 80 year old woman in Uganda, a Pokot who, in 1940, first introduced FGM/C among the Tepeth, and has now apologized for the deaths she caused by championing the practice.
- One critique of the joint programme was that it was able to make changes among communities clustered together, but not make significant changes from one district to another.

**Individual counts per sub-question**

7 a) Changes in social norms towards the abandonment of FGM/C in the targeted communities.

Response	Chart	Percentage	Number of responses
1-No Contribution		0%	0
2-		18%	4
3-		32%	7
4-Significant Contribution		45%	10
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

7 b) Spreading changes in social norms across communities, within and across national borders.

Response	Chart	Percentage	Number of responses
1-No Contribution		5%	1
2-		23%	5
3-		36%	8
4-Significant Contribution		23%	5
N/A		14%	3
<b>Total Responses</b>			<b>22</b>

7 c) Creating favourable national conditions for the abandonment of FGM/C e.g. legal frameworks; evidence based policies, plans and programmes; a national movement for the abandonment of FGM/C; or a supportive public opinion.

Response	Chart	Percentage	Number of responses
1-No Contribution		5%	1
2-		9%	2
3-		23%	5
4-Significant Contribution		59%	13
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

7 d) Creating favourable regional conditions for the abandonment of FGM/C, including political commitment, resources and knowledge-sharing.

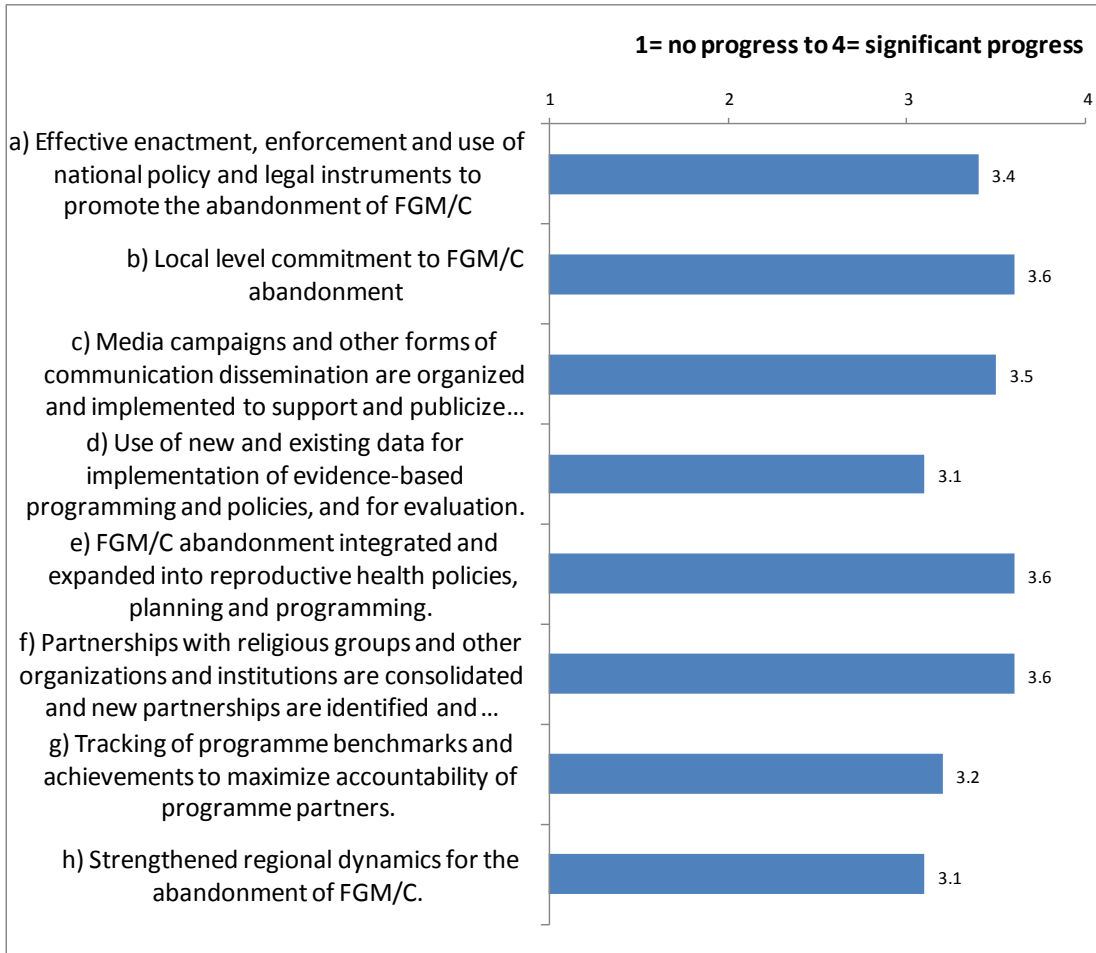
Response	Chart	Percentage	Number of responses
1-No Contribution		0%	0
2-		27%	6
3-		9%	2
4-Significant Contribution		41%	9
N/A		23%	5
<b>Total Responses</b>			<b>22</b>

7 e) Creating favourable global conditions for the abandonment of FGM/C, including political commitment, resources and knowledge.

Response	Chart	Percentage	Number of responses
1-No Contribution		0%	0
2-		14%	3
3-		33%	7
4-Significant Contribution		38%	8
N/A		14%	3
<b>Total Responses</b>			<b>21</b>

**8. Achievement of short-term results: in your country, what progress has been made by the joint programme towards achieving its expected short-term results (outputs)? Please rate on a scale from 1= no progress to 4= significant progress and provide relevant examples if possible.**

**Summary of average ratings of all sub-questions**



**Summary of key issues deriving from narrative comments**

- The joint programme has been working steadily towards implementing anti-FGM/C legislation in countries where there is none, and improving enforcement in countries where laws do already exist.
- Often, the enforcement of anti-FGM/C legislation is not yet strong. Formal complaints often do not make it to a judicial process.
- There are some negative consequences of enforcing anti-FGM/C legislation: the practice continues in secret; victims are arrested as “self-inflicted” cases while they are trying to protect the actual mutilators; and cross-border movement of circumcisers and girls to countries where FGM/C is not illegal.
- Increasing commitment to eradicate the practice at the local level has particularly been seen in the amount of communities holding public declarations of abandonment. Sensitivities

surrounding the practice, however, have still made it difficult for some political leaders to openly condemn it.

- There is a need for continuous follow-up with communities that have abandoned the practice to ensure the sustainability of this decision.
- FGM/C is now present in the media of the majority of participating countries, though some places still struggle with this element of programming due to a sensitive socio-political context. FGM/C is no longer a taboo subject.
- The joint programme has supported the creation of religious networks and given a voice to religious leaders who support the delinking of FGM/C and Islam. Assuring communities that FGM/C is not prescribed by Islam or other religions is one of the largest driving forces behind the successful abandonment of the practice.
- There is a need to strengthen monitoring and evaluation systems to generate more and better data on FGM/C.

**Individual counts per sub-question**

8 a) Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.

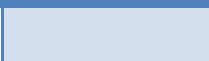
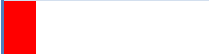


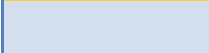
Response	Chart	Percentage	Number of responses
1-No Progress		0%	0
2-		14%	3
3-		27%	6
4-Significant Progress		50%	11
N/A		9%	2
<b>Total Responses</b>			<b>22</b>

8 b) Local-level commitment to FGM/C abandonment.


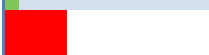



Response	Chart	Percentage	Number of responses
1-No Progress		0%	0
2-		0%	0
3-		43%	9
4-Significant Progress		57%	12
N/A		0%	0
<b>Total Responses</b>			<b>21</b>




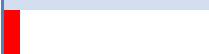



8 c) Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.

Response	Chart	Percentage	Number of responses
1-No Progress		0%	0
2-		9%	2
3-		32%	7
4-Significant Progress		59%	13
N/A		0%	0
<b>Total Responses</b>			<b>22</b>

8 d) Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.

Response	Chart	Percentage	Number of responses
1-No Progress		5%	1
2-		18%	4
3-		36%	8
4-Significant Progress		36%	8
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

8 e) FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.

Response	Chart	Percentage	Number of responses
1-No Progress		0%	0
2-		5%	1
3-		29%	6
4-Significant Progress		52%	11
N/A		14%	3
<b>Total Responses</b>			<b>21</b>

8 f) Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.

Response	Chart	Percentage	Number of responses
1-No Progress		5%	1
2-		5%	1
3-		18%	4
4-Significant Progress		73%	16
N/A		0%	0
<b>Total Responses</b>			<b>22</b>

8 g) Tracking of programme benchmarks and achievements to maximize accountability of programme partners.

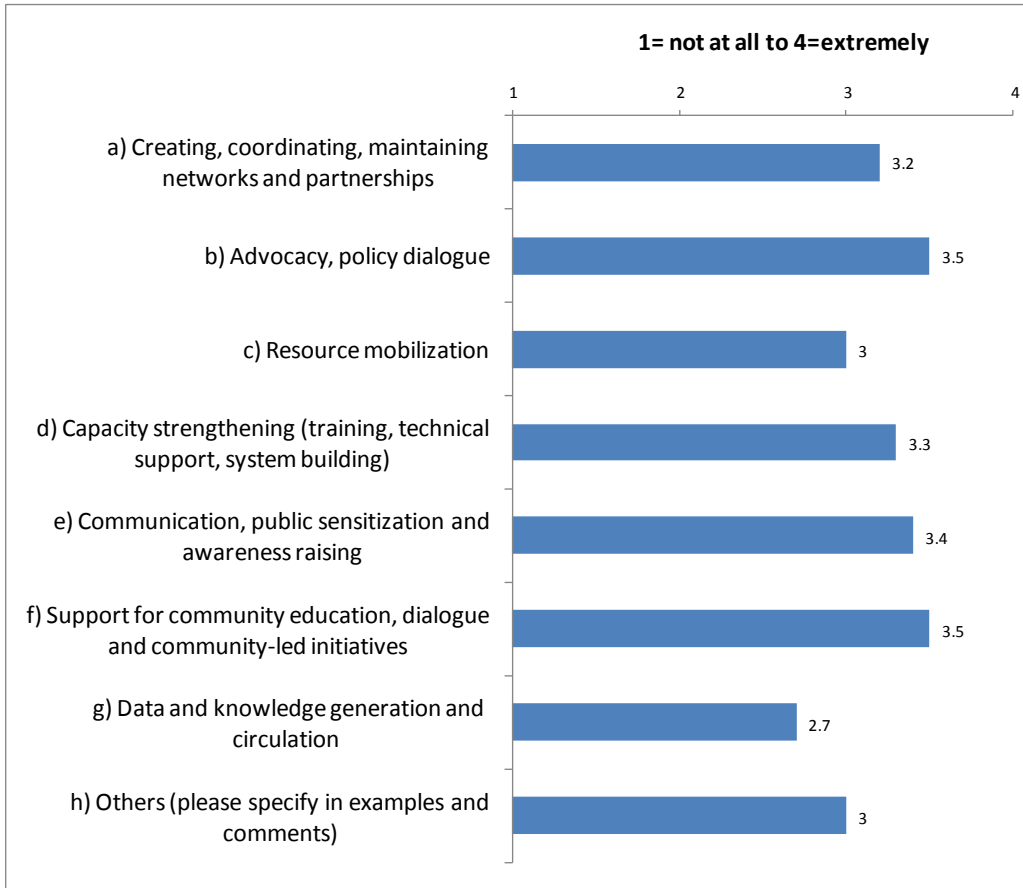
Response	Chart	Percentage	Number of responses
1-No Progress		0%	0
2-		19%	4
3-		38%	8
4-Significant Progress		33%	7
N/A		10%	2
<b>Total Responses</b>			<b>21</b>

8 h) Strengthened regional dynamics for the abandonment of FGM/C.

Response	Chart	Percentage	Number of responses
1-No Progress		5%	1
2-		11%	2
3-		26%	5
4-Significant Progress		32%	6
N/A		26%	5
<b>Total Responses</b>			<b>19</b>

**9. Programming strategies: on a scale from 1= not at all to 4=extremely, please rate how successful (i.e. appropriate and effective) the following programming strategies have been for implementing the joint programme in your country. Please select N/A if the joint programme has not used the respective strategy in this country.**

**Average ratings for all sub-questions**

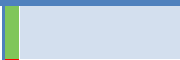






**Summary of key issues deriving from narrative comments**

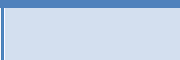



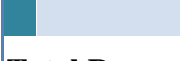
- The joint programme has had so much success with regards to advocacy on FGM/C that the strategies are now being replicated to suit similar thematic initiatives such as the abandonment of child marriage.
- Several respondents noted that they receive more funding for FGM/C work from bilateral donors than from the joint programme.
- There is a need for more technical support in particular in the area of data and knowledge management. Related challenges are transparency and release of data by national governments, as well as general uncertainty over what types of data to collect how and when.

**Individual counts for each sub-question**

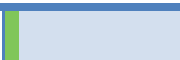



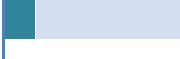
9 a) Creating, coordinating, maintaining networks and partnerships

Response	Chart	Percentage	Number of responses
1-Not at all successful		5%	1
2-		5%	1
3-		50%	11
4-Extremely successful		36%	8
N/A		5%	1
<b>Total Responses</b>			<b>22</b>





9 b) Advocacy, policy dialogue

Response	Chart	Percentage	Number of responses
1-Not at all successful		0%	0
2-		9%	2
3-		32%	7
4-Extremely successful		50%	11
N/A		9%	2
<b>Total Responses</b>			<b>22</b>





9 c) Resource mobilization

Response	Chart	Percentage	Number of responses
1-Not at all successful		5%	1
2-		18%	4
3-		45%	10
4-Extremely successful		23%	5
N/A		9%	2
<b>Total Responses</b>			<b>22</b>




9 d) Capacity strengthening (training, technical support, system building)

Response	Chart	Percentage	Number of responses
1-Not at all successful		0%	0
2-		10%	2
3-		48%	10
4-Extremely successful		38%	8
N/A		5%	1
<b>Total Responses</b>			<b>21</b>

9 e) Communication, public sensitization and awareness-raising

Response	Chart	Percentage	Number of responses
1-Not at all successful		0%	0
2-		9%	2
3-		36%	8
4-Extremely successful		50%	11
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

9 f) Support for community education, dialogue and community-led initiatives

Response	Chart	Percentage	Number of responses
1-Not at all successful		0%	0
2-		0%	0
3-		43%	9
4-Extremely successful		48%	10
N/A		10%	2
<b>Total Responses</b>			<b>21</b>

9 g) Data and knowledge generation and circulation

Response	Chart	Percentage	Number of responses
1-Not at all successful		5%	1
2-		30%	6
3-		50%	10
4-Extremely successful		10%	2
N/A		5%	1
<b>Total Responses</b>			<b>20</b>

9 h) Others (please specify in examples and comments)<sup>27</sup>

Response	Chart	Percentage	Number of responses
1-Not at all successful		0%	0
2-		0%	0
3-		45%	5
4-Extremely successful		0%	0
N/A		55%	6
<b>Total Responses</b>			<b>11</b>

**10. Has the joint programme introduced or supported any innovative programming strategies/approaches in this country (e.g. new ways of addressing/thinking about FGM/C; new ways of working with partners; new types of activities, partners, beneficiaries, tools and materials)?**

Response	Chart	Percentage	Number of responses
Yes (If yes, please provide detailed examples:)		74%	14
No		26%	5
<b>Total Responses</b>			<b>19</b>

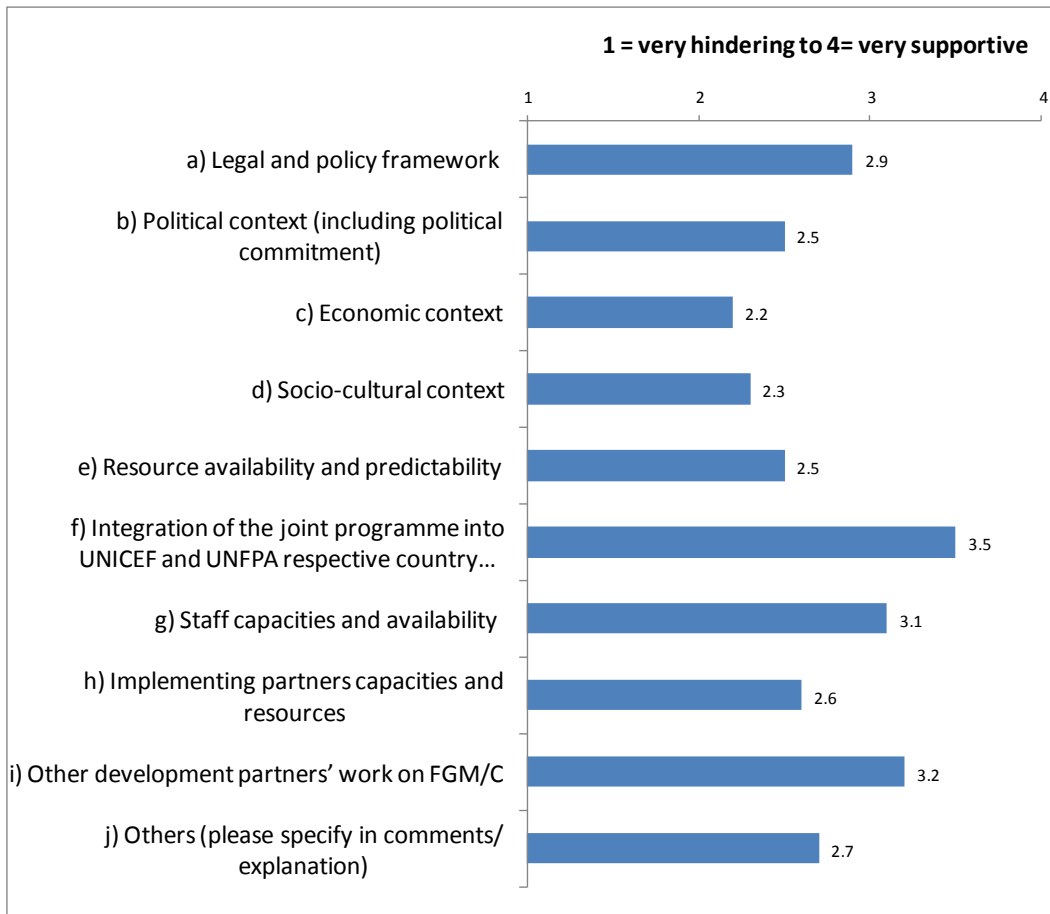
<sup>27</sup> Only one country (Ethiopia) provided specific examples (system to register uncut girls, as well as database set up by UNFPA and the Population Council).

**Summary of key issues deriving from narrative comments**

- Community education, dialogue and community-led initiative; strengthen partnerships with religious leaders, and enhancing coordination among national actors.
- Introduced new ways of addressing/thinking about FGM, through addressing FGM/C abandonment using a community based approach rather than individual approach.
- Promoting positive attitudes and messages focusing on the positives of not cutting girls and avoiding intimidation of traditional communities practicing FGM/C.
- Use of the tracking tools to track results and resources

**11. What factors have supported or hindered the achievement of the joint programme results in this country? On a scale from 1 = very hindering to 4= very supportive please rate how each of the following factors has influenced the performance of the joint programme. Please select N/A if a certain factor has not influenced the joint programme in your country.**

**Average ratings for all sub-questions**



**Summary of key issues deriving from narrative comments**

- Attempts to influence legislation have not always supported change at the community level. In some cases it has led to the practice going underground.

- In some countries, political and military instability has been an obstacle, and some political leaders remain non-committal.
- Economic benefits of continuing the practice (especially for circumcisers) are obstacles. Economic difficulties contribute to a lack of interest in ending the practice.
- FGM/C cannot be eradicated in a short time. Conservative movements are bolstering resistance to social change.
- Country offices are not receiving enough funds to cover the magnitude of the problem. Delays in the release of approved funds negatively affected the timeliness of programming. One focal point noted that they did not receive funding during the most crucial time of the year when the majority of mutilations take place.
- Most respondents spoke favourably of the integration of the joint programme into UNICEF and UNFPA country programmes. One focal point noted difficulties in “re-aligning and retrofitting the JP with already existing projects”.
- More full-time staff would be needed to give FGM/C the attention it deserves.

**Individual counts per sub-question**

11 a) Legal and policy framework

Response	Chart	Percentage	Number of responses
1-Very Hindering		9%	2
2-		18%	4
3-		41%	9
4-Very Supportive		27%	6
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

11 b) Political context (including political commitment)

Response	Chart	Percentage	Number of responses
1-Very Hindering		14%	3
2-		24%	5
3-		48%	10
4-Very Supportive		5%	1
N/A		10%	2
<b>Total Responses</b>			<b>21</b>



11 c) Economic context

Response	Chart	Percentage	Number of responses
1-Very Hindering		14%	3
2-		43%	9
3-		19%	4
4-Very Supportive		5%	1
N/A		19%	4
<b>Total Responses</b>			<b>21</b>

11 d) Socio-cultural context

Response	Chart	Percentage	Number of responses
1-Very Hindering		27%	6
2-		18%	4
3-		41%	9
4-Very Supportive		9%	2
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

11 e) Resource availability and predictability

Response	Chart	Percentage	Number of responses
1-Very Hindering		9%	2
2-		41%	9
3-		32%	7
4-Very Supportive		9%	2
N/A		9%	2
<b>Total Responses</b>			<b>22</b>

11 f) Integration of the joint programme into UNICEF and UNFPA respective country programmes

Response	Chart	Percentage	Number of responses
1-Very Hindering		5%	1
2-		5%	1
3-		27%	6
4-Very Supportive		59%	13
N/A		5%	1
<b>Total Responses</b>			<b>22</b>





11 g) Staff capacities and availability

Response	Chart	Percentage	Number of responses
1-Very Hindering		5%	1
2-		15%	3
3-		40%	8
4-Very Supportive		35%	7
N/A		5%	1
<b>Total Responses</b>			<b>20</b>




11 h) Implementing partners' capacities and resources

Response	Chart	Percentage	Number of responses
1-Very Hindering		5%	1
2-		33%	7
3-		43%	9
4-Very Supportive		10%	2
N/A		10%	2
<b>Total Responses</b>			<b>21</b>

11 i) Other development partners' work on FGM/C

Response	Chart	Percentage	Number of responses
1-Very Hindering		0%	0
2-		17%	3
3-		33%	6
4-Very Supportive		33%	6
N/A		17%	3
<b>Total Responses</b>			<b>18</b>

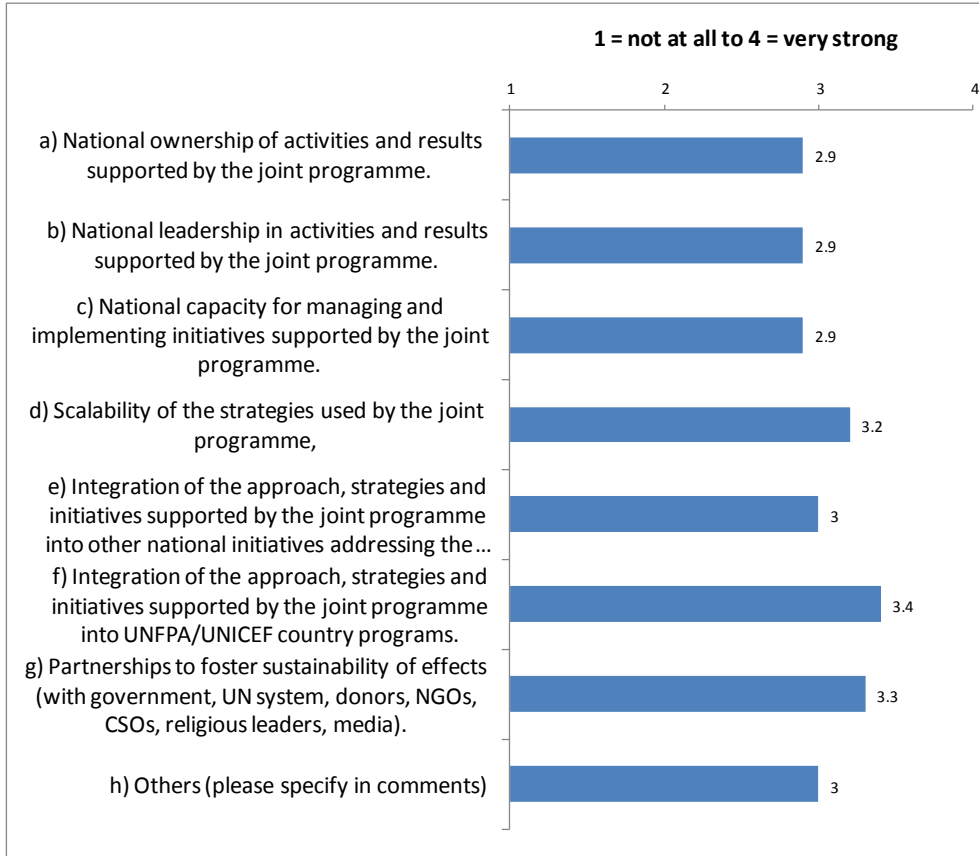
11 j) Others (please specify in comments/explanation)<sup>28</sup>

Response	Chart	Percentage	Number of responses
1-Very Hindering		0%	0
2-		8%	1
3-		17%	2
4-Very Supportive		0%	0
N/A		75%	9
<b>Total Responses</b>			<b>12</b>

<sup>28</sup> Only one comment was provided noting a number of additional challenges, including the fact that there are increasing numbers of FGM/C survivors who require medical support but limited available resources, including limited infrastructure, facilities and specialist health care personnel, especially in remote areas.

**12. Sustainability: to what extent has the joint programme created or contributed to create the conditions for its achievements to last after its end? Please rate the presence of the following conditions in your country on a scale from 1 = not at all to 4 = very strong.**

**Average ratings of all sub-questions**



**Summary of key issues deriving from narrative comments**

- The fact that the joint programme focuses so strongly on the sensitization of communities means that related achievements are likely to be sustainable: Once people are informed about the consequences they will not go back to their old ways.
- There is a need to follow up on public declarations in order to improve long-term results.
- To encourage sustainability, scaling up is important, especially in countries where the joint programme has focused on a small geographic area. Until now, doing this has been hampered by limited resources.
- The strong partnerships established with different stakeholders are in danger if funding does not continue.
- Integrating the joint programme into the country programmes of UNFPA and UNICEF contributes to sustainability. This was particularly highlighted in case of UNICEF given the agency’s mandate to work on the abandonment of harmful practices in general.

**Individual counts per sub-question**

12 a) National ownership of activities and results supported by the joint programme.

Response	Chart	Percentage	Number of responses
1-Not at all present		5%	1
2-		27%	6
3-		36%	8
4-Very strong presence		27%	6
N/A		5%	1
<b>Total Responses</b>			<b>22</b>

12 b) National leadership in activities and results supported by the joint programme.

Response	Chart	Percentage	Number of responses
1-Not at all present		5%	1
2-		29%	6
3-		38%	8
4-Very strong presence		24%	5
N/A		5%	1
<b>Total Responses</b>			<b>21</b>

12 c) National capacity for managing and implementing initiatives supported by the joint programme.

Response	Chart	Percentage	Number of responses
1-Not at all present		5%	1
2-		29%	6
3-		38%	8
4-Very strong presence		24%	5
N/A		5%	1
<b>Total Responses</b>			<b>21</b>

12 d) Scalability of the strategies used by the joint programme.

Response	Chart	Percentage	Number of responses
1-Not at all present		0%	0
2-		9%	2
3-		59%	13
4-Very strong presence		23%	5
N/A		9%	2
<b>Total Responses</b>			<b>22</b>

12 e) Integration of the approach, strategies and initiatives supported by the joint programme into other national initiatives addressing the issue of FGM/C.

Response	Chart	Percentage	Number of responses
1-Not at all present		10%	2
2-		14%	3
3-		29%	6
4-Very strong presence		38%	8
N/A		10%	2
<b>Total Responses</b>			<b>21</b>

12 f) Integration of the approach, strategies and initiatives supported by the joint programme into UNFPA/UNICEF country programmes.

Response	Chart	Percentage	Number of responses
1-Not at all present		0%	0
2-		5%	1
3-		47%	9
4-Very strong presence		42%	8
N/A		5%	1
<b>Total Responses</b>			<b>19</b>

12 g) Partnerships to foster sustainability of effects (with government, UN system, donors, NGOs, CSOs, religious leaders, media).

Response	Chart	Percentage	Number of responses
1-Not at all present		0%	0
2-		14%	3
3-		38%	8
4-Very strong presence		38%	8
N/A		10%	2
<b>Total Responses</b>			<b>21</b>

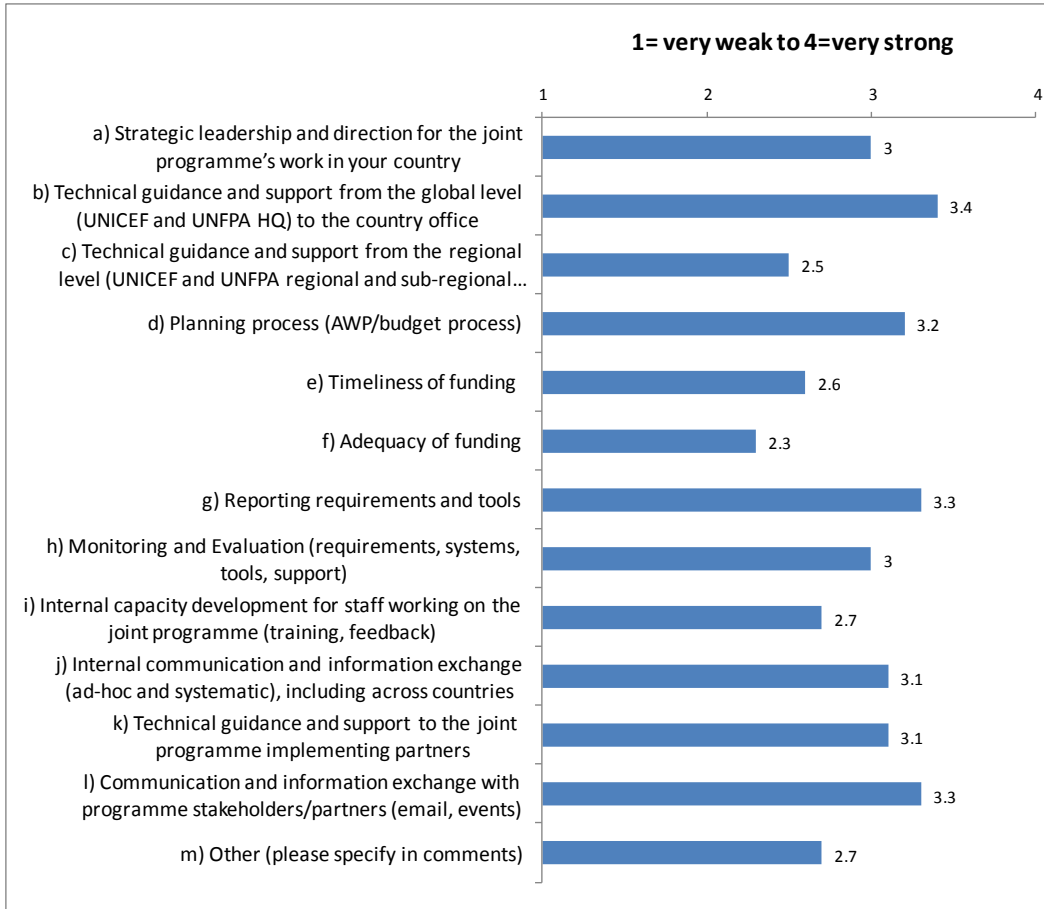
12 h) Others (please specify in comments)<sup>29</sup>

Response	Chart	Percentage	Number of responses
1-Not at all present		0%	0
2-		15%	2
3-		0%	0
4-Very strong presence		15%	2
N/A		69%	9
<b>Total Responses</b>			<b>13</b>

<sup>29</sup> Only two comments were provided, one noting positive national dynamics for promoting the abandonment of FGM/C; the other noting the partnership of the joint programme with communities, as well as with education, youth, health and Islamic affairs sectors.

**13. What have been key strengths and weaknesses of joint programme management at the global, regional and country levels? Based on your experience, please rate the following dimensions of the joint programme management. 1= very weak 4=very strong.**

**Average ratings of all sub-questions**



**Summary of key issues deriving from narrative comments**

- It takes a lot of work and is sometimes difficult to enlist national government support.
- Interactions with Headquarters in New York have been smooth, professional and efficient. HQ has been generous in providing technical support and guidance, and focal points are particularly satisfied with training and consultative meetings.
- One respondent pointed out that the programme had been more interested in certain countries (such as Senegal and Ethiopia) than in others, and expressed the desire that attention and focus become more equalized across countries.
- There is very little or no support coming from the regional level to the country offices.
- The timeliness and adequacy of funding are two of the biggest problems. Funding allocations often arrived late, to the point that they were sometimes unusable. Furthermore, funds often do not arrive at crucial times in the year.



- The amount of funding is inadequate compared to expectations and needs in the communities. Annual allocated funds are considerably lower than what was requested.
- In some countries, internal staff capacity is a weakness. More capacity building and training on social norms would be helpful, as would be additional regional meetings for focal points to learn from their colleagues in other country offices.

**Individual counts per sub-question**

13 a) Strategic leadership and direction for the joint programme work in your country

Response	Chart	Percentage	Number of responses
1-Very weak		9%	2
2-		5%	1
3-		59%	13
4-Very strong		27%	6
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>22</b>

13 b) Technical guidance and support from the global level (UNICEF and UNFPA HQ) to the country office

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		14%	3
3-		32%	7
4-Very strong		55%	12
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>22</b>

13 c) Technical guidance and support from the regional level (UNICEF and UNFPA regional and sub-regional offices) to the country office

Response	Chart	Percentage	Number of responses
1-Very weak		18%	4
2-		27%	6
3-		23%	5
4-Very strong		18%	4
Don't Know/ N/A		14%	3
<b>Total Responses</b>			<b>22</b>





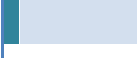
13 d) Planning process (AWP/budget process)

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		14%	3
3-		55%	12
4-Very strong		32%	7
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>22</b>





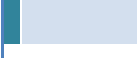
13 e) Timeliness of funding

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		50%	11
3-		36%	8
4-Very strong		14%	3
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>22</b>

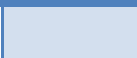



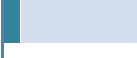
13 f) Adequacy of funding

Response	Chart	Percentage	Number of responses
1-Very weak		19%	4
2-		33%	7
3-		38%	8
4-Very strong		5%	1
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>21</b>

13 g) Reporting requirements and tools

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		10%	2
3-		48%	10
4-Very strong		38%	8
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>21</b>

13 h) Monitoring and evaluation (requirements, systems, tools, support)

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		14%	3
3-		68%	15
4-Very strong		14%	3
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>22</b>

13 i) Internal capacity development for staff working on the joint programme (training, feedback)

Response	Chart	Percentage	Number of responses
1-Very weak		10%	2
2-		29%	6
3-		33%	7
4-Very strong		19%	4
Don't Know/ N/A		10%	2
<b>Total Responses</b>			<b>21</b>

13 j) Internal communication and information exchange (ad-hoc and systematic), including across countries

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		15%	3
3-		60%	12
4-Very strong		25%	5
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>20</b>

13 k) Technical guidance and support to the joint programme implementing partners

Response	Chart	Percentage	Number of responses
1-Very weak		5%	1
2-		5%	1
3-		62%	13
4-Very strong		29%	6
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>21</b>

13 l) Communication and information exchange with programme stakeholders/partners (email, events)

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		14%	3
3-		41%	9
4-Very strong		45%	10
Don't Know/ N/A		0%	0
<b>Total Responses</b>			<b>22</b>

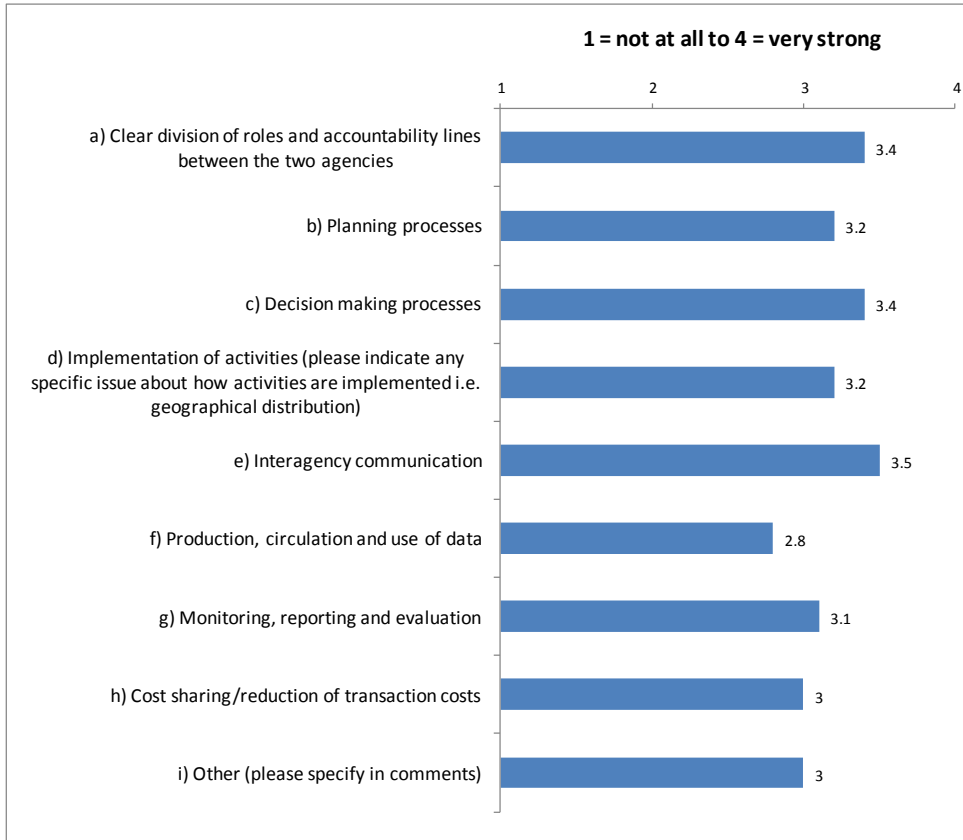
13 m) Other (please specify in comments)<sup>30</sup>

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		7%	1
3-		14%	2
4-Very strong		0%	0
Don't Know/ N/A		79%	11
<b>Total Responses</b>			<b>14</b>

<sup>30</sup> No comments or examples were provided.

**14. What have been the strengths and weaknesses of the UNFPA and UNICEF coordination under the joint programme in your country? Based on your experience, please rate the following dimensions of the interagency coordination in relation to the joint programme in your country on a scale from 1= very weak to 4=very strong.**

**Average ratings for all sub-questions**



**Summary of key issues deriving from narrative comments**

**Strengths:**





- Coordination is clear and roles are well defined. UNICEF has experience with changes in social norms, UNFPA is an expert in sexual and reproductive health, as well as in working with religious leaders and faith-based organizations.
- Planning is always done in coordination with partners.
- Inter-agency communication among UNICEF and UNFPA is frequent and effective. They work as a team, share information, and come to a consensus on solutions to problems.

**Weaknesses**






- Data collection and distribution is at times inadequate and must be strengthened
- Monitoring and reporting efforts are often carried out separately by UNICEF and UNFPA

**Individual counts per sub-question**





14 a) Clear division of roles and accountability lines between the two agencies

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		18%	4
3-		18%	4
4-Very strong		59%	13
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>22</b>

14 b) Planning processes

Response	Chart	Percentage	Number of responses
1-Very weak		5%	1
2-		9%	2
3-		36%	8
4-Very strong		45%	10
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>22</b>

14 c) Decision-making processes

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		10%	2
3-		33%	7
4-Very strong		48%	10
Don't Know/ N/A		10%	2
<b>Total Responses</b>			<b>21</b>

14 d) Implementation of activities (please indicate any specific issue about how activities are implemented i.e. geographical distribution)

Response	Chart	Percentage	Number of responses
1-Very weak		5%	1
2-		14%	3
3-		27%	6
4-Very strong		50%	11
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>22</b>

14 e) Inter-agency communication

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		5%	1
3-		43%	9
4-Very strong		48%	10
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>21</b>

14 f) Production, circulation and use of data

Response	Chart	Percentage	Number of responses
1-Very weak		10%	2
2-		24%	5
3-		38%	8
4-Very strong		24%	5
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>21</b>



14 g) Monitoring, reporting and evaluation

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		15%	3
3-		60%	12
4-Very strong		20%	4
Don't Know/ N/A		5%	1
<b>Total Responses</b>			<b>20</b>

14 h) Cost sharing/reduction of transaction costs

Response	Chart	Percentage	Number of responses
1-Very weak		5%	1
2-		10%	2
3-		35%	7
4-Very strong		20%	4
Don't Know/ N/A		30%	6
<b>Total Responses</b>			<b>20</b>

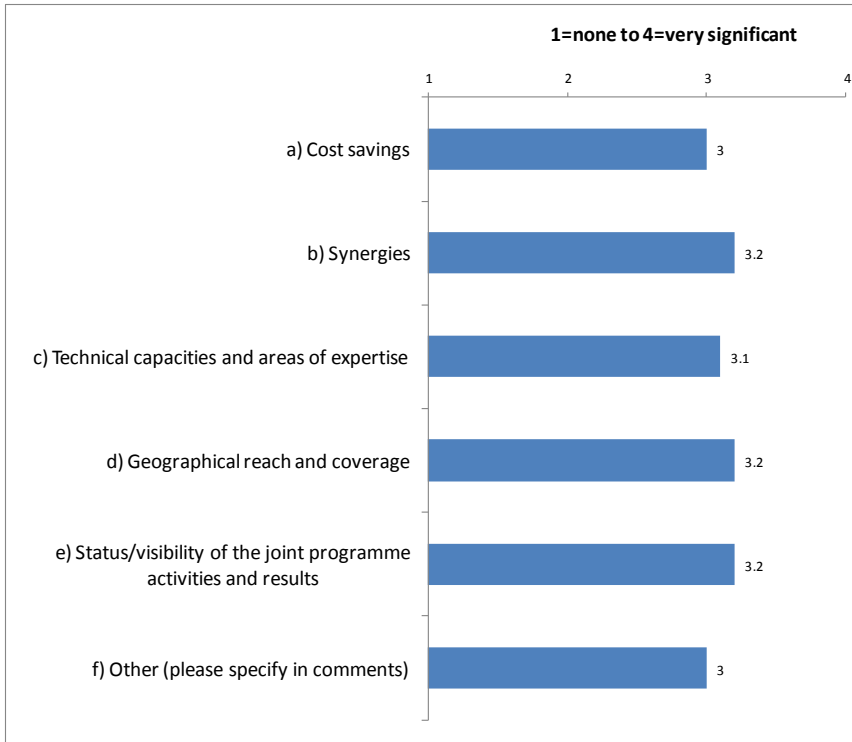
14 i) Other (please specify in comments)<sup>31</sup>

Response	Chart	Percentage	Number of responses
1-Very weak		0%	0
2-		8%	1
3-		8%	1
4-Very strong		8%	1
Don't Know/ N/A		77%	10
<b>Total Responses</b>			<b>13</b>

<sup>31</sup> No comments were provided.

**15. In your opinion, what has been the added value of the joint nature of the programme, compared to single-agency programming? For each of the following dimensions, please provide your assessment on a scale from 1=none to 4=very significant.**

**Average ratings for all sub-questions**







**Summary of key issues deriving from narrative comments**




- The joint nature of the programme has many advantages in terms of effectiveness. It saves time in design, implementation, monitoring and evaluation.
- Coordination helps to avoid duplication.
- Limited geographic reach is sometimes problematic.

**Individual counts per sub-question**





15 a) Cost savings

Response	Chart	Percentage	Number of responses
1-None		9%	2
2-		23%	5
3-		23%	5
4-Very significant		45%	10
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>




15 b) Synergies

Response	Chart	Percentage	Number of responses
1-None		0%	0
2-		32%	7
3-		18%	4
4-Very significant		50%	11
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>




15 c) Technical capacities and areas of expertise

Response	Chart	Percentage	Number of responses
1-None		0%	0
2-		24%	5
3-		38%	8
4-Very significant		33%	7
Don't Know		5%	1
<b>Total Responses</b>			<b>21</b>





15 d) Geographical reach and coverage

Response	Chart	Percentage	Number of responses
1-None		0%	0
2-		18%	4
3-		45%	10
4-Very significant		36%	8
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>

15 e) Status/visibility of the joint programme activities and results

Response	Chart	Percentage	Number of responses
1-None		0%	0
2-		14%	3
3-		50%	11
4-Very significant		36%	8
Don't Know		0%	0
<b>Total Responses</b>			<b>22</b>

15 f) Other (please specify in comments)<sup>32</sup>

Response	Chart	Percentage	Number of responses
1-None		8%	1
2-		0%	0
3-		8%	1
4-Very significant		15%	2
Don't Know		69%	9
<b>Total Responses</b>			<b>13</b>

<sup>32</sup> Two comments were provided; one confirming that coordination had added value in achieving results; the other confirming that combining the complementary mandates and areas of expertise of UNFPA and UNICEF has helped in working as “One UN”.



## Annex 15. Highlights from Virtual Focus Groups with Non-Visited Countries

Summarized below, in bullet point format, are key issues and themes emerging from the consultations with joint programme staff and partners from the eleven non-visited countries. Each row summarizes observations and views expressed by staff and stakeholders from one country. To ensure confidentiality of responses, each country has been randomly assigned a number by which it is identified.

### The joint programme approach

Country	Example
1	<ul style="list-style-type: none"> <li>- Holistic, inclusive programming is enriching in terms of varied experiences and best practices</li> <li>- Before the joint programme, Initiatives were more ad-hoc. Now we have targets and go in a clear direction</li> <li>- Joint programme has focused more on medicalization of FGM/C, which is particularly important in this country.</li> <li>- Local ownership is well implemented: community members have decided to abandon on their own, “they are truly convinced”</li> <li>- Provides a safe environment for abandonment</li> <li>- Stronger regional ties needed, especially with similar countries</li> </ul>
2	<ul style="list-style-type: none"> <li>- Emphasis on religious organizations very good, but needs even more focus</li> <li>- Focus on prevention over punishment, relevant to this country; girls are cut at less than one year old</li> <li>- Joint programme never strayed from our national priorities</li> </ul>
3	<ul style="list-style-type: none"> <li>- Joint programme started with mapping exercise to identify work being done, who the stakeholders were</li> <li>- Planning kept within national structures, systems, strategies</li> <li>- Increased reach: especially women with no alternate means of discussing the issue</li> </ul>
4	<ul style="list-style-type: none"> <li>- Goals are too ambitious. Eradication of FGM/C in one generation is not feasible.</li> <li>- Comparison to foot binding in China is problematic; two drastically different cultures and practices</li> </ul>

## Joint programme implementation and achievements

Country	Example
1	<ul style="list-style-type: none"> <li>- Better advocacy tools needed from HQ</li> <li>- Greater collaboration needed at regional level, but also with all other countries. Learn from success stories</li> <li>- It is difficult for us to calculate achieved successes.</li> <li>- Successes are overstated. We have been losing interest from joint programme/donors because of our past achievements, but a recent change in regime has affected progress: the new conservative parliament is trying to change the law on FGM/C</li> <li>- Reputation of the joint programme is an advantage: NGOs and other partners always know where to go</li> </ul>
2	<ul style="list-style-type: none"> <li>- Desperately need a monitoring tool to determine and achieve real progress. Not enough documentation</li> <li>- The goal of a zero prevalence rate in five to ten years is unrealistic</li> </ul>
3	<ul style="list-style-type: none"> <li>- More inter-cultural exchanges with other countries in joint programme (these have been useful thus far)</li> <li>- More important documents sent or available for upload to country offices</li> <li>- Monitoring is strong at community level</li> </ul>
4	<ul style="list-style-type: none"> <li>- NGO activities intensified with arrival of joint programme, increased number of communities that they work in</li> <li>- Joint programme supported development of M&amp;E framework, tracking tools for IPs and situation analysis</li> <li>- Abandonment often spreads to other communities, but there is nothing ensuring it will be sustained</li> </ul>
5	<ul style="list-style-type: none"> <li>- Ties strengthened with Tostan due to funds</li> <li>- No monitoring or assessments taking place, results not clear</li> <li>- If funding/programming does not continue, risk that we will lose our progress</li> <li>- Changing social norms like these will take an enormous amount of time</li> </ul>
6	<ul style="list-style-type: none"> <li>- Focus on medical aid to repair consequences of FGM/C, including production of kits for this purpose</li> <li>- Joint programme has increased visibility of issue of FGM/C, greater lobbying power</li> <li>- More funding for countries with highest prevalence. We have one of the highest rates, but countries with lower prevalence are receiving much more funding</li> <li>- Management of joint programme is too far from the field in NY, management should be more focused in</li> </ul>

Country	Example
	regional office
7	<ul style="list-style-type: none"> <li>- Financing gaps in national programming have been filled by joint programme</li> <li>- Holistic approach is appropriate and social mobilization is effective</li> <li>- Goals for eradication are too ambitious</li> </ul>
8	<ul style="list-style-type: none"> <li>- Every year we know we will get something, however little (funding)</li> <li>- Joint programme attracts funding/support from other donors</li> <li>- Standardized training (social norms) not appropriate, not context-specific</li> <li>- Monitoring needs to be strengthened (difficult in the current political environment)</li> </ul>
9	<ul style="list-style-type: none"> <li>- We now have direct contact with the community</li> <li>- Activity on FGM/C is now mainstream</li> <li>- Attracted attention from other donors</li> </ul>

### Efficiency and Management

Country	Example
1	<ul style="list-style-type: none"> <li>- We never know how much funding we will receive, which affects activities planned</li> <li>- Two-three months of negotiation with HQ as well as partners, is frustrating - too much back and forth</li> <li>- Must find a way of doing longer-term planning. We typically receive our funds mid-February, start work at end of March or beginning of April, report in December (not even a full year of programming to report on).</li> <li>- Annual meetings and relations with global level (HQ in NY) are very good.</li> <li>- HQ is very good at securing European Commission funding for UNICEF and FGM/C</li> </ul>
2	<ul style="list-style-type: none"> <li>- Only UNICEF able to get funding from joint programme, UNFPA only for 2012.</li> <li>- Funds were so delayed that they had to be returned to HQ, could not make use of them</li> </ul>
3	<ul style="list-style-type: none"> <li>- Grateful for staff at HQ: great interactions, encouraging and sustaining dialogue, very committed.</li> </ul>
4	<ul style="list-style-type: none"> <li>- By the time we receive our funds, activities should have been ongoing for a while. This affects quality of work</li> <li>- Release of funds should be timed with programme cycle</li> </ul>



Country	Example
	<ul style="list-style-type: none"> <li>- Synchronizing reporting cycles would reduce problems</li> <li>- We need funding to implement programming for at least 12 months</li> <li>- Reporting once a year is enough. We are working to change a behaviour that has been practiced for thousands of years, so twice annual reporting is not necessary or feasible</li> </ul>
5	<ul style="list-style-type: none"> <li>- At the beginning, the timing of receiving funding was a problem but now they are arriving earlier</li> <li>- Funds are not sufficient to achieve objectives</li> </ul>
7	<ul style="list-style-type: none"> <li>- Not enough financial resources, especially to cover the objectives</li> </ul>
8	<ul style="list-style-type: none"> <li>- Logical framework is a great tool that we use constantly. Indicators are clear, it is results-focused and we know what is expected/what we want to achieve</li> <li>- Never sure whether we are getting amount we asked for or not. Two to three year funding would be better than annual</li> </ul>

### Sustainability

Country	Example
4	<ul style="list-style-type: none"> <li>- UNFPA will continue its work even if the joint programme does not continue, but we are concerned about coverage.</li> <li>- Tostan has put Community Monitoring Committees in place. As long as these are still functioning, results will be sustainable, but there is no mechanism to verifiably say that cutting has stopped after declarations.</li> <li>- Circumcisers need alternate sources of income</li> <li>- Our partnerships with donors like the American Embassy will help sustainability</li> </ul>
5	<ul style="list-style-type: none"> <li>- The Tostan approach is anchored in community, by focusing on human rights first, before FGM/C itself</li> </ul>
8	<ul style="list-style-type: none"> <li>- There is no mechanism to follow up with communities to see if they have truly committed to abandonment</li> </ul>

### Inter-agency coordination

Country	Example
1	<ul style="list-style-type: none"> <li>- The agencies have different approaches/capacities but apply these in a complementary way.</li> <li>- Working with one another's partners gives greater access and reach</li> <li>- Coordination of two agencies with all partners takes time, leads to extended planning process, disadvantageous</li> </ul>
2	<ul style="list-style-type: none"> <li>- Collaboration/collective response of UNICEF, UNFPA and WHO was the greatest strength of joint programme</li> </ul>
3	<ul style="list-style-type: none"> <li>- Agencies with different mandates complement one another, no conflict.</li> <li>- Everything was done together (planning, joint site visits, discussions on how to improve)</li> </ul>
4	<ul style="list-style-type: none"> <li>- Steering Committee coordinated UN with IPs and NGOs; this was lacking before joint programme</li> <li>- Coordination sometimes difficult since the two agencies don't always work with the same partners</li> </ul>
5	<ul style="list-style-type: none"> <li>- Agencies did not work together before the joint programme.</li> <li>- Regular meetings between agencies and partners, but coordination is not sufficient</li> <li>- A committee was put into place but it is not operational</li> </ul>
6	<ul style="list-style-type: none"> <li>- Both agencies were working on FGM/C but there was no coordination in their efforts before the joint programme. Now, they plan together, do joint site visits, joint advocacy with government. Now they have the same objectives</li> <li>- Still a lot of work to be done on coordination of planning and reporting</li> </ul>
7	<ul style="list-style-type: none"> <li>- Collaboration between the two agencies is strong</li> <li>- We need staff working full time on FGM/C. Currently they are spread over many projects</li> </ul>
8	<ul style="list-style-type: none"> <li>- Before joint programme, each agency is doing its own work and sometimes there was overlap. There was no control or monitoring to avoid the duplication of efforts.</li> <li>- Coordination between agencies, with ministries and other partners has improved</li> </ul>
9	<ul style="list-style-type: none"> <li>- The joint programme brought different stakeholders together to share lessons, best practices, etc. Coordination has really improved. Effectiveness of efforts has increased.</li> </ul>



## Joint programme results

Answers regarding joint programme contributions to results were not anonymized, given that most of the related information is publicly available in joint programme country and global progress reports. The alphabetical order in which comments are listed does not correspond to the numbers used to identify countries in the previous tables.

1. Strengthened country capacities for abandonment of FGM/C		
Result	Country	Example
<b>The joint programme started/re-invigorated work on FGM/C at national level, and integrated FGM/C in national policies, planning, and programming</b>	<b>Djibouti</b>	<ul style="list-style-type: none"> <li>- FGM/C is integrated in all sectoral plans and development policies regarding gender-based violence, National Health Development Plan, UNDAF, National Gender Policy, National Plan of Action on Children</li> <li>- Working on integrating CEDAW and UNCRC recommendations</li> </ul>
	<b>Egypt</b>	<ul style="list-style-type: none"> <li>- Enactment of legislation criminalizing FGM/C was a major achievement</li> </ul>
	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- Registration card system implemented for pregnant women: record past history, antenatal checking, delivery, and postnatal checking. Card then serves as follow up mechanism on status of newborn child: Traditional Birth Attendants follow up with girls for four years to protect them from FGM/C. After the four years, follow up is continued by teachers.</li> </ul>
	<b>Gambia</b>	<ul style="list-style-type: none"> <li>- Work re-started at policy level</li> <li>- National Steering Committee formed to enhance coordination among stakeholders, National Plan of Action prepared, Situation Analysis conducted, draft Bill developed</li> <li>- FGM/C integrated into curriculum of all health professional training institutions in the country, as well as health education programmes in ante/post natal services</li> </ul>
	<b>Guinea-Bissau</b>	<ul style="list-style-type: none"> <li>- New FGM/C law, work on dissemination at national level</li> <li>- FGM/C integrated into nurse/midwife training curriculums of the École National de Santé.</li> </ul>
	<b>Mauritania</b>	<ul style="list-style-type: none"> <li>- FGM/C included in information packet for pregnant and breastfeeding women</li> </ul>

1. Strengthened country capacities for abandonment of FGM/C		
Result	Country	Example
	<b>Somalia</b>	<ul style="list-style-type: none"> <li>- FGM/C policy, FGM/C decree, FGM/C legislation</li> <li>- Draft anti-medicalization of FGM/C strategies in place</li> </ul>
	<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Enactment of Prohibition of FGM/C Act and Simplified Guidelines for Prevention and Response to FGM/C developed</li> </ul>
<b>The joint programme created new partnerships and networks</b>	<b>Djibouti</b>	<ul style="list-style-type: none"> <li>- Networks of journalists and community leaders</li> <li>- A network of 33 religious leaders was formed</li> </ul>
	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- Partnership established with five faith-based organizations representing leaders from Islam, Catholicism, Seventh Day Adventist, and Ethiopian Orthodox faiths</li> <li>- Joint programme established the first regional network of 30 government, NGO and CSO representatives working on abandonment of Harmful Traditional Practices</li> </ul>
	<b>Mauritania</b>	<ul style="list-style-type: none"> <li>- Two national Fatwas and one regional Fatwa pronounced against FGM/C</li> </ul>
	<b>Somalia</b>	<ul style="list-style-type: none"> <li>- Three networks of religious leaders in place</li> <li>- FGM/C task forces are in place and at zonal level</li> </ul>
<b>The joint programme has developed useful tools, research, and published studies on FGM/C</b>	<b>Gambia</b>	<ul style="list-style-type: none"> <li>- M&amp;E strategy and indicator tracking tools developed</li> <li>- MICS 2011 data used to determine impact of Tostan interventions in Upper River Region (URR)</li> </ul>
	<b>Somalia</b>	<ul style="list-style-type: none"> <li>- The programme outputs are very useful</li> <li>- The logical framework has become like our Bible. It is even used to prepare other proposals to support ongoing activities. The logical framework is the only point of reference for all of our FGM/C work.</li> <li>- Assessment of FGM/C medicalization in Puntland and Somaliland</li> </ul>

**1. Strengthened country capacities for abandonment of FGM/C**

<b>Result</b>	<b>Country</b>	<b>Example</b>
	<b>Uganda</b>	- Internal instruments capture/reflect FGM/C activities such as the Balance Score card, Business Plan, division of labour, Monitoring Plan

## 2. Impact of activities on practice of FGM/C in regions of joint programme intervention

Result	Country	Example
<b>Changing the status of FGM/C as a taboo</b>	<b>Egypt</b>	<ul style="list-style-type: none"> <li>- Social media campaigns, TV interviews, participation in talk shows, published articles were launched to publicize the abandonment of FGM/C</li> <li>- Zero Tolerance Day, International Day of the Girl Child</li> </ul>
	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- In the past, it was unthinkable to even mention FGM/C in public</li> </ul>
	<b>Guinea</b>	<ul style="list-style-type: none"> <li>- Islamic leaders are speaking about the practice with much more ease than before</li> <li>- Radio and TV programs are focusing on the subject</li> </ul>
	<b>Mauritania</b>	<ul style="list-style-type: none"> <li>- FGM/C is no longer a taboo topic</li> </ul>
	<b>Somalia</b>	<ul style="list-style-type: none"> <li>- We can now discuss FGM/C, and we've identified roles in its abandonment</li> <li>- Religious leaders are even talking about the practice in the mosques</li> <li>- Uncircumcised girls are starting to speak about their status (very gradually)</li> </ul>
<b>Changes in attitudes about the practice of FGM/C</b>	<b>Egypt</b>	<ul style="list-style-type: none"> <li>- Theory of social norms is having a greater impact on changing attitudes than other methods that have been used in the past</li> </ul>
	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- Change in demand for cut girls in marriage 'market': Before, circumcision was one of the criteria for marriage. Now, the number of uncircumcised girls who are getting married is increasing</li> </ul>
	<b>Guinea</b>	<ul style="list-style-type: none"> <li>- New practice emerging where girls are "pricked" ceremoniously and then dressed in robes traditionally used for circumcised girls to fool those who would have them cut, such as aunts or grandmothers.</li> </ul>
	<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Circumcisers finding other income-generating activities: six groups of cutters handed over their knives to the French Embassy and formed village savings and loans scheme groups (VSLA)</li> <li>- There is a noticeable change in communities' attitudes towards FGM/C</li> <li>- 1,365 survivors of FGM/C have received counseling, guidance, support</li> </ul>

2. Impact of activities on practice of FGM/C in regions of joint programme intervention

Result	Country	Example
		<ul style="list-style-type: none"> <li>- Attitudes on status of girls/women in communities changing: more girls going to school. Views of elders/men on women/girls have changed: education gives them higher prospects for the future.</li> </ul>
<b>Individuals, families and communities publicly abandoning FGM/C</b>	<b>Egypt</b>	<ul style="list-style-type: none"> <li>- Joint programme contributed to reaching 17,000 families that decided not to circumcise</li> </ul>
	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- Number of uncut girls has exceeded 7,000. Unprecedented in Afar region</li> <li>- Five out of six intervention districts have reached a consensus on abandonment</li> <li>- Circumcisers increasingly abandoning and becoming Traditional Birth Attendants and community dialogue facilitators instead</li> <li>- Increasing number of communities abandoning, exceeding 400</li> </ul>
	<b>Guinea</b>	<ul style="list-style-type: none"> <li>- At least 400 communities have declared abandonment</li> </ul>
	<b>Guinea-Bissau</b>	<ul style="list-style-type: none"> <li>- 157 communities (40,856 people) in Gabu, Oio, and Bafata regions publicly declared the abandonment of FGM/C</li> </ul>
	<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Parents issuing instructions to their daughters to not go to the ceremony.</li> <li>- 72 girls aged eight to fourteen years who were to be cut in 2012 were spared</li> <li>- There has been an increase in the number of mutilators who have come out to surrender their mutilation tools</li> </ul>
<b>There has been a measured decrease in the practice of FGM/C</b>	<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- DHS 2005 gave a 91 per cent prevalence rate in the Afar region Since then we have recorded between zero and ten per cent in the six intervention districts</li> </ul>
	<b>Mauritania</b>	<ul style="list-style-type: none"> <li>- A decrease in FGM/C was observed between MICS 2007 and MICS 2011</li> <li>- Regions that aren't seeing decrease are regions not been targeted by joint programme</li> </ul>
	<b>Uganda</b>	<ul style="list-style-type: none"> <li>- Before, especially in Pokot tribe, children were brutally mutilated, taken out of school, etc. This has changed a great deal.</li> </ul>



### Unintended Results

<b>Protection of Circumcisers/Cutters</b>	- A number of victims choose to protect the mutilators, and are now being arrested as cases of FGM/C that is “self-inflicted”
<b>Practice of FGM/C going “underground”</b>	<ul style="list-style-type: none"><li>- The practice of FGM/C continues to be practiced in secret.</li><li>- Public declarations do not necessarily mean that FGM/C has truly been abandoned. There have been cases where people have crossed borders in order to avoid penalties for carrying out FGM/C.</li></ul>

## Annex 16. Financial Overview

### UNFPA-UNICEF joint programme contributions by donors (in US \$)

Donor	2007	2008	2009	2010	2011	2012	2013	Total	% of Total
Austria	-	155,763	-	-	-	-	-	155,763	0.42%
Iceland	-	-	-	-	210,146	-	-	210,146	0.57%
Ireland	737,463	-	-	-	-	168,831	-	906,294	2.5%
Italy	-	2,590,674	-	1,360,544	1,373,626	422,802	1,963,351	7,710,997	20.9%
Luxembourg	-	-	-	-	937,712	2,139,053	1,021,711	4,098,476	11.1%
Norway	3,642,987	2,865,330	3,577,818	3,373,819	3,411,805	3,531,073	-	20,402,832	55.4%
Switzerland	-	-	101,850	103,306	108,578	-	-	313,733	0.85%
United Kingdom	-	-	-	-	-	-	3,021,148	3,021,148	8.2%
Private/individuals	-	-	1,635	162.97	416	444	-	2,658	0.01%
<b>Total</b>	<b>4,380,450</b>	<b>5,611,766</b>	<b>3,681,302</b>	<b>4,837,832</b>	<b>6,042,282</b>	<b>6,262,203</b>	<b>6,006,210</b>	<b>36,822,047</b>	<b>100%</b>

Source of data: UNFPA, Contribution received for the joint programme on FGM/C (ZZJ29), June 2013

**UNFPA-UNICEF joint programme approved budget per country per year (after indirect costs)<sup>33</sup> (in US \$)**

Country Offices	2008	2009	2010	2011	2012	Total
Burkina Faso	N/A	290,190	473,451	586,922	441,694	1,792,258
Djibouti	411,552	467,128	472,833	518,525	327,490	2,197,528
Egypt	306,100	415,830	387,173	N/A	280,857	1,389,959
Eritrea	N/A	N/A	N/A	93,460	188,275	281,735
Ethiopia	400,000	450,968	315,519	304,684	248,653	1,719,824
Gambia	N/A	290,190	344,611	300,086	295,094	1,229,981
Guinea	413,995	326,904	320,957	290,000	231,854	1,583,710
Guinea-Bissau	400,000	389,595	353,133	327,717	239,061	1,709,506
Kenya	400,000	398,834	382,202	500,587	344,989	2,026,612
Mali	N/A	N/A	N/A	193,460	206,395	399,855
Mauritania	N/A	N/A	N/A	198,460	201,288	399,748
Senegal	386,111	394,368	819,021	760,299	548,271	2,908,070
Somalia	N/A	296,730	229,625	522,067	363,736	1,412,157
Sudan	400,000	546,956	478,871	700,859	569,850	2,696,536
Uganda	N/A	290,190	285,391	345,314	399,648	1,320,543
Subregional	N/A	211,138	1,203,785	751,756	290,649	2,457,328
Other	N/A	N/A	N/A	N/A	99,999	99,999
HQ	574,738	796,954	1,256,108	1,236,859	1,073,328	4,937,987
<b>Total</b>	<b>3,692,497</b>	<b>5,565,974</b>	<b>7,322,679</b>	<b>7,631,055</b>	<b>6,351,131</b>	<b>30,563,336</b>

Source: uncertified revised financial information provided by joint programme – June 2013

<sup>33</sup> In line with ‘UNDG Guidance Notes on Joint Programming’ UNFPA, as administrative agent (AA), charges a one per cent fee on funds received into the Joint Programme Account. As participating agencies responsible for one component of the Joint Programme, UNFPA and UNICEF recover seven per cent each in indirect costs against expenditures incurred under their respective components.

**Utilization rates of country offices, sub-regional initiatives, and HQ in the UNFPA-UNICEF Joint Programme on FGM/C**

UNFPA & UNICEF Country Offices	2008	2009	2010	2011	2012
Burkina Faso	n/a	80%	38% <sup>34</sup>	92%	77%
Djibouti	95%	88%	71%	86%	98%
Egypt	83%	92%	94%	N/A	96%
Eritrea	n/a	n/a	n/a	99%	58%
Ethiopia	55%	69%	92%	93%	82%
The Gambia	n/a	30% <sup>35</sup>	94%	93%	79%
Guinea	35%	68%	91%	84%	84%
Guinea-Bissau	72%	92%	80%	94%	98%
Kenya	66%	102%	97%	81%	68%
Mali	n/a	n/a	n/a	89%	56%
Mauritania	n/a	n/a	n/a	94%	100%
Senegal	72%	72%	84%	85%	90%
Somalia	n/a	70%	65%	80%	95%
Sudan	94%	90%	84%	82%	85%
Uganda	n/a	69%	95%	53% <sup>36</sup>	84%
Sub-regional	n/a	n/a	81%	65%	50%
Other	n/a	n/a	n/a	n/a	44%
HQ	39%	76%	51%	78%	86%
Total	66%	76%	76%	82%	82%

Source: uncertified revised financial information sent to the evaluation team by the joint programme coordination team - June 2013

<sup>34</sup> Burkina Faso received a second allocation in November 2010 after the late arrival of funds from donors, which gave the appearance of a low implementation rate.

<sup>35</sup> The Gambia used core resources in 2009, lowering the implementation rate of the joint programme funding

<sup>36</sup> Funding from other expiring sources were used in lieu of joint programme funding which had a later expiration date

**UNFPA-UNICEF Joint Programme requested versus allocated budgets in US \$ per country per year (2010-2012)**

	2010 Requested	2010 Allocation	2010 Allocation / Requested	2011 Requested	2011 Allocation	2011 Allocation / Requested	2012 Requested	2012 Allocation	2012 Allocation / Requested
Burkina Faso	406,500	423,500	104.2%	705,650	350,000	49.6%	946,766	410,000	43.3%
Djibouti	622,700	443,500	71.2%	764,425	400,000	52.3%	546,800	280,000	51.2%
Egypt	400,000	356,000	89.0%	n/a	n/a	n/a	392,000	260,000	66.3%
Eritrea				452,500	100,000	22.1%	575,000	200,000	34.8%
Ethiopia	300,000	264,000	88.0%	433,293	310,000	71.5%	389,069	210,000	54.0%
Gambia	397,400	189,918	47.8%	497,000	290,000	58.4%	454,600	230,000	50.6%
Guinea	400,000	250,000	62.5%	423,500	240,000	56.7%	348,000	185,000	53.2%
Guinea Bissau	400,000	326,000	81.5%	400,000	270,000	67.5%	425,000	220,000	51.8%
Kenya	400,000	386,200	96.6%	737,500	500,000	67.8%	533,000	250,000	46.9%
Mali					200,000	n/a	359,000	200,000	55.7%
Mauritania					200,000	n/a	300,000	200,000	66.7%
Senegal	n/a	433,200	n/a	972,676	600,000	61.7%	757,000	450,000	59.4%
Somalia	505,000	172,620	34.2%	1,080,000	375,000	34.7%	1,686,000	270,000	16.0%
Sudan	1,307,290	450,000	34.4%	1,198,360	650,000	54.2%	1,456,000	450,000	30.9%
Uganda	n/a	200,000	n/a	440,000	380,000	86.4%	548,213	200,000	36.5%
<b>Total</b>	<b>5,138,890</b>	<b>3,894,938</b>	<b>75.8%</b>	<b>8,104,904</b>	<b>4,865,000</b>	<b>60.0%</b>	<b>9716448</b>	<b>4,015,000</b>	<b>41.3%</b>

Source: uncertified revised financial information sent to the evaluation team by the joint programme coordination team - June 2013.



## Annex 17. Factors Supporting/Hindering Sustainability of Achievements

Level	Supporting Factors	Hindering factors
<b>Global and Regional</b>	Existence of <b>international and regional agreements</b> committing to, advocating for , and providing guidance to national governments for the abandonment of FGM/C.	<b>Unpredictability of funding</b> for FGM/C related work (increased by economic crises)
<b>National</b>	<b>National and international commitments</b> to ending FGM/C in most participating countries. This also provides advocates working towards FGM/C abandonment to hold governments accountable in relation to these commitments.	<b>Elections and other political changes</b> may cause disruptions of programming in general, and may divert public attention and resources away from FGM/C.
	<b>Legal and policy frameworks:</b> in many programming countries national or sub-national laws and policies exists promoting the abandonment of FGM/C. These provide relevant actors with a stronger basis from which to address FGM/C in a coordinated and systematic manner, punish perpetrators, but also conduct advocacy and education in connection to educating communities about existing legal frameworks.	Some countries (e.g. Sudan) are still <b>lacking strong national legislation</b> banning all types of FGM/C.  National governments often have <b>competing priorities, and limited resources</b> . In most programming countries it is unclear whether the respective government can/will offer appropriate levels of funding and leadership for the operationalization and implementation of FGM laws and policies.  The <b>operationalization and implementation of existing laws</b> on FGM/C will take time and faces challenges. Reluctance at the community level often hinders attempts to bring perpetrators of FGM/C to justice.
	<b>Institutional frameworks:</b> In several participating countries the joint programme has contributed to strengthening existing institutional frameworks for addressing FGM/C e.g. by strengthening the capacities of the respective institutions/bodies in charge of leading and coordinating the national response to the practice. In addition in several participating countries national level line ministries are engaged in sector specific efforts aiming to promote the abandonment of FGM/C, especially in the education and health sectors.	In several countries national partners still have <b>limited technical and financial capacities</b> , in particular in relation to coordination, management, monitoring, reporting and evaluation of FGM/C abandonment efforts.
	<b>Networks of FGM/C actors:</b> with the support of the joint programme, in many participating countries anti FGM/C actors have come together, in networks or other types of partnerships, to learn from each other, and to ensure effectiveness and efficiency of FGM/C-related programming.	In several countries (e.g. in Sudan ) the existing national <b>coordination mechanisms are relatively new or still weak</b> , and their role in leading and coordinating systematic government efforts to address abandonment of FGM/C is yet to be firmly established and recognized.
	Information on the negative effects of FGM/C and the reasons for promoting its abandonment has been <b>institutionalized</b> , e.g. by integrating it into national education curricula (e.g. Kenya) , training curricula for healthcare workers and midwives (e.g. in Kenya, Sudan)	In many countries FGM/C-related issues are <b>not yet integrated</b> in the regular training programmes of potential change agents such as health care professionals, educators, police officers and judicial service providers.

Level	Supporting Factors	Hindering factors
	Increased <b>awareness and knowledge</b> of key actors of FGM/C related harms. Increased number of religious leaders and their organizations publicly <b>de-linking FGM/C from religious obligations</b> .	Conservative religious and other opinion leaders with a strong national influence <b>continue to advocate in favour of FGM/C</b> .
	<b>Integration of FGM/C in UNICEF and UNFPA country programme</b> enhances the likelihood of both agencies continuing to address the issue in the respective programming countries.	In many countries, the <b>lack of trustworthy data on FGM/C prevalence</b> limits the capacity of key actors to design appropriate interventions and adapt them to changing circumstances.
	The joint programme contributed to agreement among FGM/C activists in most programming countries to advocate for the abandonment of <b>all forms of FGM/C</b> .	Challenges identified at the start of the joint programme (e.g. the <b>medicalization</b> of the practice) continue to apply in many countries. Related to that, a trend to move from Type III circumcision to a “lesser cut” has been observed, and has even been supported by some anti-FGM/C activists.
<b>Community</b>	<b>Networks of change agents:</b> At the community level, networks of diverse local have formed to lead efforts for FGM/C abandonment among their communities in culturally appropriate and locally driven ways.	Many local actors <b>lack resources and technical capacities</b> to continue and/or expand their work.
	Initiatives supported by the joint programme have generated <b>examples of successful and/or promising approaches</b> (e.g. social marketing, community education and mobilization leading to public declarations) for promoting FGM/C abandonment that can be built upon and expanded.	Successes with public declarations at the community level require <b>longer term follow-up and monitoring</b> to determine their sustainability and effect on behavioural change, and to discern factors supporting or hindering change. Only then can replicable <b>models</b> for change be developed. <b>Replication</b> of successful approaches depends on the availability of resources.
	Targeted communities in many countries (e.g. in Sudan, Burkina Faso, Senegal, Kenya) have become aware of the <b>linkages between FGM/C and other harmful practices</b> such as early marriage, and are addressing these issues holistically.	The recent increase in the <b>influence of conservative religious of cultural groups</b> in several countries (e.g. in Sudan, Egypt, Senegal) that publicly speak out for the continuation of FGM/C based on religious reasons may negatively influence progress at the community level.
	Respected local leaders have publically shown their engagement towards ending the practice and many communities have made <b>public declarations</b> in favour of the abandonment of FGM/C.	With increasing social and legal pressures to abandon FGM/C, the <b>risk of the practice going underground</b> increases. This makes it more difficult to reach out to community members still practising FGM/C, and to track progress in abandonment.



## Annex 18. Logframe Analysis

### Overarching observations on the revised joint programme logframe

While some areas for improvement remain (see below), the revised joint programme logframe was a useful and appropriate guide for the work of joint programme focal points. It ensured coherence of programming efforts across the 15 countries, while allowing flexibility in how programming was carried out.

Observations of the evaluation team regarding the revised logframe:

- In both the original and the revised logframe, several outputs define programming strategies rather than envisaged results (e.g. outputs 3, 4 and 5 in the revised logframe). This may be a weakness from a results-based management point of view, but it may also explain why joint programme staff found the revised logframe relevant and easy to use (i.e. it offered guidance on how to programme). While certain consulted focal points criticized the logframe for inappropriately promoting certain approaches, formulating outputs in this way ensured that certain strategies were regarded as crucial for joint programme success regardless of context, and had to be included in the work of the joint programme. For instance, all countries had to pursue partnerships with religious leaders and had to engage with media.
- Output 7 (tracking of programme benchmarks and achievements to maximize programme partner accountability) and, to a lesser degree, outputs 3 and 6 are *management* and not *development* results. They focus on what the joint programme will do to achieve results, rather than defining the envisaged result. It might be more logical to classify one or more of these outputs as management results (or principles), rather than mixing them with development results. Within management results, it would be useful to define a result and related indicator(s), establishing clear expectations for collaboration and coordination between UNFPA and UNICEF.
- Almost all results indicators are quantitative. While this made sense given the intent to compare data from different countries “objectively”, it hindered the joint programme’s ability to gather the needed information systematically and to use these indicators for reporting. Furthermore, purely quantitative indicators do not permit describing individual performance by capturing various (and sometimes unexpected) expressions of social change.
- While most indicators are relevant in view of measuring the respective result that they relate to, there was room for improvement in view of the extent to which they are clear and specific. Also, in several cases - as confirmed in their actual use by joint programme staff – obtaining relevant data to report against the respective indicator was difficult if not impossible.

### Review of joint programme results

The table below provides a very brief analysis of the extent to which the results outlined in the revised logframe of the joint programme were **specific**, **measurable** or **observable**, **achievable**, **relevant**, and **time-bound** (SMART).

Revised Logframe (2011)	Comments
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Revised Logframe (2011)	Comments
<b>Outcome 1</b> <b>Change in the social norm towards the abandonment of FGM/C at the national and community levels</b>	Specific, observable, achievable, and relevant. The dimension of being time-bound is not made explicit in any of the results, but is included implicitly based on the duration of the joint programme.
1. Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C.	Specific, measurable and observable, achievable, and relevant
2. Local level commitment to FGM/C abandonment.	Observable, achievable, and relevant. In terms of specificity, the output does not include the intended direction of change (e.g. ' <i>strengthened</i> ' local level commitment). Given the considerable work done around strengthening the capacity of local actors, it might have been appropriate to include both <i>commitment and capacity</i> into the output statement.
3. Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.	Specific, measurable and observable, achievable, and relevant. However, strictly speaking the output defines a strategy for change, not a development result.
4. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.	Measurable and observable, achievable, and relevant. The result could have been more specific as it is not fully clear whether it is limited to the joint programme making use of new and existing data, or whether it aims to enhance the use of data by all relevant actors at national and global levels.
5. FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.	Specific, measurable and observable, and achievable. While the output is relevant, it is not clear whether and how it differs from output 1 above. While acknowledging the importance of reproductive health in relation to FGM/C it might also have been useful to broaden the output in order to allow for capturing successes in other sectors, e.g. the integration of FGM/C related concerns in education policies, plans, and programmes.
6. Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.	Specific, measurable and observable, and achievable. While relevant in the context of the joint programme and in view of outcome 1, this is a programming strategy (and therefore a management result) rather than a development result.
7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners.	Specific, measurable and observable, and achievable. Relevance: This is a management result and it is not clear how it contributes to the overarching outcome 1
8. Strengthened regional dynamics for the abandonment of FGM/C.	Specific, measurable and observable, achievable, and relevant.
<b>Outcome 2</b> <b>Strengthened global movement towards abandonment of FGM/C in one generation.</b>	Measurable and observable, achievable, and relevant, but less specific than outcome 1. <sup>37</sup>

<sup>37</sup> None of the outputs related to this outcome address changes in global normative frameworks for FGM/C, and/or changes in donor/ UN member country commitments to implement existing global commitments to ending FGM/C. Including an output like that would have made it possible to capture joint programme contributions to important developments such as the UN resolution on FGM/C.

Revised Logframe (2011)	Comments
9. Strengthened collaboration with key development partners on the abandonment of FGM/C.	Specific, measurable and observable, and achievable. In terms of relevance, this is a management strategy than a result as it focuses on the collaboration of UNICEF and UNFPA with other partners, not collaboration <i>among</i> global partners.
10. Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C.	Like the previous output, a strategy rather than a development result, but relevant in view of the envisaged outcome.

### Review of indicators

The following brief analysis of output level indicators outlined in the revised logframe of the joint programme is based on a simplified version of the UNFPA Indicator Quality Assessment Tool.

		QUALITY ASSESSMENT CRITERIA		
Indicator	Comments Target	Clear	Relevant	Specific Specific
Outcome 1: Change in the social norm towards the abandonment of FGM/C at the national and community levels				
Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C				
1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C.	It is unclear whether this indicator aims to only measure new ratifications, or all existing ones.	1	1	0
1.2. Existence and content of national policies and laws relevant to FGM/C.	It is unclear whether this indicator aims to only measure new/revised national policies and laws (i.e. Those developed with joint programme support), or all of them.	0	1	0
1.3. Enforcement of legislation relevant to FGM/C.	Enforcement is a broad field that cannot be measured directly but only through a number of indicators, such as indicator 1.5. Alternatively one could use a broad indicator merely asking for evidence of government efforts to enforce legislation.	0	0	0
1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms.	Difficult to measure. What is usually reported is the number of people who were reached by information events or materials.	0	1	1
1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.	The indicator combines a quantitative and a qualitative measure, making it difficult to report against it and to synthesize data from different countries.	1	1	0
Output 2: Local level commitment to FGM/C abandonment				
2.1. Proportion of people aware of harmful effects of FGM/C.	Similar to indicator 1.4 what is likely to be measured is the number of people reached by information/outreach activities.	0	1	0

		QUALITY ASSESSMENT CRITERIA		
Indicator	Comments Target	Clear	Relevant	Specific Specific
2.2. Number of community discussions organized related to FGM/C abandonment activities.	All community discussions or only those supported by the joint programme?	1	1	0
2.3. Number of communities that committed to abandon FGM/C.	Indicator needs to be supported with guidance on what constitutes a community, and that there is a need to specify the approximate number of people it entails.	1	1	1
2.4. Degree to which the programme engages all community members in the implementation of programme activities.	Focused on a management result (i.e. how of programming) rather than measuring the envisaged development result. Maybe reformulate as something like 'degree to which community efforts to abandon FGM/C engage diverse community members'.	1	1	1
2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened.	Results statement rather than an indicator, but nevertheless clear, relevant and specific. Could be improved by reformulating it as 'changes in the capacity of community members (...)'	1	1	1
2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C.	It is unclear what reference point 'other' refers to. Also, the indicator combines quantitative with a qualitative measure, making it difficult to report against and aggregate information from different countries.	0	1	0
2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C.	The indicator would be more specific if it focused on community leaders only, rather than also including the vague notion of 'stakeholders'. It could also specify that it measures the # of leaders who <i>publicly</i> commit to FGM/C abandonment.	1	1	0
2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.	Not clear whether and how traditional communicators differ from community leaders noted in 2.7. Notion of being engaged in process is vague and difficult to measure.	0	1	0
<b>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</b>				
3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C.		1	1	1
3.2. Content of media coverage on the FGM/C abandonment process.	Could be clearer and more specific, e.g. by focusing on degree to which media coverage conveys appropriate (i.e. true, culturally adequate) messages in favor of FGM/C abandonment.	0	1	0
3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.	Similar to note on indicator 2.5 above - maybe reformulate as 'changes in capacity of media' to emphasize that it is an indicator, not a result.	1	1	1

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		QUALITY ASSESSMENT CRITERIA		
Indicator	Comments Target	Clear	Relevant	Specific Specific
<b>Output 4: Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation</b>				
4.1. Existence of comprehensive data collection and analysis plans.	Not fully clear if this relates to internal joint programme plans, or to national plans.	0	1	1
4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts.	Confirms that Output 4 is a management rather than a development result - but clear, relevant, and specific.	1	1	1
4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.	Unclear how this can be measured. Also, the term 'stakeholders and communities' would need to be specified. Maybe the indicator should focus on the number and/or type of efforts undertaken to share/disseminate new and/or existing data at the community level.	0	0	0
<b>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</b>				
5.1. Existence of adequate health policies and laws that address FGM/C.	Unclear whether this indicator aims to only measure new/revised policies and laws or all existing ones. Also unclear how indicator differs from 1.2 above.	1	1	1
5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services.	Unclear if joint programme has capacity to elicit relevant data.	1	1	1
5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula.	Focus on programs that newly integrate FGM/C into their curricula?	1	1	0
5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications.		1	1	1
5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations.	Likely to be difficult to apply in practice in view of obtaining relevant data.	1	1	1
5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.	Does that refer to the women and girls receiving such information through the joint programme, or – more generally – through any kind of health care facility or health service provider? The link to (reproductive) health would need to be made explicit to illustrate how the indicator relates to output 5.	0	1	0
<b>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</b>				
6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion.		1	1	1
6.2. Number and quality of religious edicts in support of abandonment of FGM/C.	Combines quantitative and qualitative measures making it difficult to report against this indicator and aggregate resulting information.	1	1	0

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		QUALITY ASSESSMENT CRITERIA		
Indicator	Comments Target	Clear	Relevant	Specific Specific
6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level.		1	1	1
6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.	Almost impossible to measure as largely dependent on self-reporting. Also, rather than measuring the absolute number of religious leaders it may be more feasible and appropriate to focus on <i>changes</i> in that number.	1	1	0
<b>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</b>				
7.1. Completion and submission of annual reports to the joint programme by implementing partners.	Clear, relevant and specific - appropriate for measuring Output 7 (a management, rather than a development result)	1	1	1
7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices.	Ditto	1	1	1
7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings.	Ditto	1	1	1
7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings.	Ditto	1	1	1
7.5. Number of joint monitoring visits.	Ditto	1	1	1
<b>Output 8: Strengthened regional dynamics for the abandonment of FGM/C</b>				
8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups.		1	1	1
8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups.		1	1	1
8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C	Combines quantitative and qualitative measures making it difficult to report against this indicator and aggregate resulting information.	1	1	1
8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.	Measures management result rather than envisaged development result. Could be reformulated to focus on 'changes in contributions of INGOs to expanding regional dynamics for FGM/C abandonment.	1	0	0
<b>Outcome 2: Strengthened global movement towards abandonment of FGM/C in one generation.</b>				
<b>Output 9: Strengthened collaboration with key development partners on the abandonment of FGM/C.</b>				

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		QUALITY ASSESSMENT CRITERIA		
Indicator	Comments Target	Clear	Relevant	Specific Specific
9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach.	Indicator needs to be supported with guidance on what constitutes a community, and that there is a need to specify the approximate number of people it entails.	0	0	0
9.2. Availability of consensus document by national governments and donors.	Unclear what this refers to, i.e. One single consensus document between national governments from all programming countries and joint programme donors?	0	1	1
9.3. Level of financial resources for support to FGM/C abandonment.		1	1	1
9.4. Existence of a contractual agreement with INTACT.	Only relevant in absence of a more developed strategy to address regional dimension of the joint programme.	1	0	1
Output 10: Existing theories on functioning of harmful social norms are further developed & refined with view to making them applicable to specific realities of FGM/C.				
10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data.		1	1	1
10.2. Number of publications based on FGM/C abandonment studies.	Unclear what FGM/C abandonment studies refer to, i.e. Studies conducted as part of/with support from the joint programme? Studies in programming countries? Any studies?	0	1	0
10.3. Number of academic consultations to promote FGM/C abandonment.	Consultations conducted by the joint programme and its partners, or any consultation?	1	1	0
10.4. Attendance at regional and international fora related to FGM/C.	Changes in overall attendance? Changes in the composition of attending organizations and individuals? Not fully clear if/how indicator is relevant to the output.	0	1	0

	QUALITY ASSESSMENT CRITERIA		
	Clear	Relevant	Specific
# of yes (1)	32	41	26
# of no (0)	14	5	20
Total	46	46	46
% of yes (1)	70%	89%	57%
% of no (0)	30%	11%	43%
Total	100%	100%	100%

## Annex 19. Indicator Use Assessment

A brief analysis of the use of the joint programme output level indicators (as outlined in the revised logframe) for monitoring purposes in the four case study countries is presented below. This analysis uses a simplified version of the UNFPA Indicator Quality Assessment Tool.

The analysis could not be carried out cumulatively for the whole programming period (2008-2012) because the indicators have changed over time, as well as the workplans and reporting templates. In addition no one of the studied countries has developed an M&E framework for the whole implementing period. For this reason the evaluation team in consultation with the evaluation management group decided to focus on only one year. 2011 was chosen for this purpose because it is the most recent year for which annual reports are available.

### Burkina Faso

Burkina Faso 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
Outcome 1: Change in the social norm towards the abandonment of FGM/C at the national and community levels						
Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C						
1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C.	The values collected and reported are not the ones for the specific year. They are a baseline. (Although labelled as progress in 2011). Values reported in results summary and database.	0	1	0	0	1
1.2. Existence and content of national policies and laws relevant to FGM/C.	The values collected and reported are not the ones for the year. They are a baseline. (Although labelled as progress in 2011). Values reported in database, results summary, and narrative section of the annual report (but different info)	0	1	0	0	1
1.3. Enforcement of legislation relevant to FGM/C.	Corresponds to 1.2 in workplan, but different wording. Values reported in database, results summary, and narrative section of the annual report	1	1	1	0	1
1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms.	Indicator 1.3 in workplan. Values reported in results summary and database.	1	1	1	0	1
1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.	1.1 in workplan	1	0	1	0	0



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Burkina Faso 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Output 2: Local level commitment to FGM/C abandonment</b>						
2.1. Proportion of people aware of harmful effects of FGM/C.	Values reported in results summary and database. The value reported is about people reached by sensitization actions.	0	1	0	0	1
2.2. Number of community discussions organized related to FGM/C abandonment activities.	2.2 in workplan . Values reported in results summary and database.	1	1	1	0	1
2.3. Number of communities that committed to abandon FGM/C.	2.3 in workplan . Values reported in database, results summary, and narrative section of the annual report.	1	1	1	0	1
2.4. Degree to which the programme engages all community members in the implementation of programme activities.		0	0	0	0	0
2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened.	Values reported in narrative section of the annual report.	0	1	0	0	1
2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C.		0	0	0	0	0
2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C.	2.1 in worplan . Values reported in narrative section of the annual report.	1	1	1	0	1
2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.		0	0	0	0	0
<b>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</b>						
3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C.	3.1 in worplan . Values reported in results summary and database.	1	1	1	0	1
3.2. Content of media coverage on the FGM/C abandonment process.	Values reported in database, results summary, and narrative section of the annual report.	0	1	0	0	1
3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.		0	0	0	0	0
<b>Output 4: Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation</b>						
4.1. Existence of comprehensive data collection and analysis plans.	Values reported in results summary and database.	0	1	0	0	1
4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts.	Values reported in results summary and database.	0	1	0	0	1
4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.		0	0	0	0	0

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Burkina Faso 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</b>						
5.1. Existence of adequate health policies and laws that address FGM/C.	Values reported in results summary and database. The values collected and reported are not the ones for the year. They are a baseline. (although labelled as progress in 2011)	0	1	0	0	1
5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services.	5.1 in workplan. Values reported in results summary and database.	1	1	1	0	1
5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula.	Similar to 5.3 in workplan. Values reported in results summary and database. Only number reported, not quality.	1	1	1	0	1
5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications.	Values reported in narrative section of the annual report. But number, not proportion.	0	1	0	0	1
5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations.	5.2 in workplan	1	0	1	0	0
5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.	Values reported in narrative section of the annual report, although not fully relevant.	0	1	0	0	1
<b>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</b>						
6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion.	6.2 in workplan. Values reported in results summary and database.	1	1	1	0	1
6.2. Number and quality of religious edicts in support of abandonment of FGM/C.	6.1 in workplan. Values reported in results summary and database. Info reported not fully relevant	1	1	1	0	1
6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level.		0	0	0	0	0
6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.		0	0	0	0	0
<b>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</b>						
7.1. Completion and submission of annual reports to the joint programme by implementing partners.	7.1 in workplan. Values reported in results summary and database.	1	1	1	0	1
7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices.	Values reported in results summary and database.	0	1	0	0	1
7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings.		0	0	0	0	0
7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings.		0	0	0	0	0
7.5. Number of joint monitoring visits.	Values reported in narrative section of the annual report.	0	1	0	0	1

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Burkina Faso 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Output 8: Strengthened regional dynamics for the abandonment of FGM/C</b>						
8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups.	Values reported in results summary and database.	0	1	0	0	1
8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups.	Values reported in database, results summary, and narrative section of the annual report. Info reported is not fully relevant.	0	1	0	0	1
8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C		0	0	0	0	0
8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.		0	0	0	0	0
<b>Outcome 2: Strengthened global movement towards abandonment of FGM/C in one generation.</b>						
<b>Output 9: Strengthened collaboration with key development partners on the abandonment of FGM/C.</b>						
9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach.		n/a	n/a	n/a	n/a	n/a
9.2. Availability of consensus document by national governments and donors.		n/a	n/a	n/a	n/a	n/a
9.3. Level of financial resources for support to FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
9.4. Existence of a contractual agreement with INTACT.		n/a	n/a	n/a	n/a	n/a
<b>Output 10: Existing theories on functioning of harmful social norms are further developed &amp; refined with view to making them applicable to specific realities of FGM/C.</b>						
10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data.		n/a	n/a	n/a	n/a	n/a
10.2. Number of publications based on FGM/C abandonment studies.		n/a	n/a	n/a	n/a	n/a
10.3. Number of academic consultations to promote FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
10.4. Attendance at regional and international fora related to FGM/C.		n/a	n/a	n/a	n/a	n/a

		OPERATIONALIZATION ASSESSMENT CRITERIA				
		Baseline available	Endline available	Target available	Means of verification	Values collected and reported
				Specific		
#	# of yes (1)	13	25	13	0	25
	# of no (0)	25	13	25	38	13
	Total	38	38	38	38	38
%	% of yes (1)	34%	66%	34%	0%	66%
	% of no (0)	66%	34%	66%	100%	34%
	Total	100%	100%	100%	100%	100%

### Notes

Documents reviewed: 2011 workplan, annual report, database and M&E plan.

Information on the means of verification is not provided in any reviewed document.

The annual M&E plan for 2011 does not provide specific information by indicator.

There is only limited correspondence between the indicators used in the 2011 Workplan , and the indicators used in the 2011 Annual Report Summary Table of results and in the database (which correspond to the logframe ones)

**Kenya**

Kenya 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Outcome 1: Change in the social norm towards the abandonment of FGM/C at the national and community levels</b>						
<b>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</b>						
1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database	0	1	0	0	1
1.2. Existence and content of national policies and laws relevant to FGM/C.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database	0	1	0	0	1
1.3. Enforcement of legislation relevant to FGM/C.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database	0	1	0	0	1
1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database. But some discrepancies.	0	1	0	0	1
1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.		0	0	0	0	0
<b>Output 2: Local level commitment to FGM/C abandonment</b>						
2.1. Proportion of people aware of harmful effects of FGM/C.	Endline values reported in annual report (narrative and summary table) and database (endline and mid-year). Values reported, but not fully relevant (number instead of proportion).	0	1	0	0	1
2.2. Number of community discussions organized related to FGM/C abandonment activities.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database. But some discrepancies.	0	1	0	0	1
2.3. Number of communities that committed to abandon FGM/C.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database	0	1	0	0	1
2.4. Degree to which the programme engages all community members in the implementation of programme activities.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1

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Kenya 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1
2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1
2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1
2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1
<b>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment</b>						
3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C.	Endline values reported in annual report (summary table). Endline and mid-year values reported in database	0	1	0	0	1
3.2. Content of media coverage on the FGM/C abandonment process.	Endline values reported in annual report (narrative and summary table). Endline and mid-year values reported in database	0	1	0	0	1
3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.	Endline values reported in annual report (narrative). Endline and mid-year values reported in database	0	1	0	0	1
<b>Output 4: Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation</b>						
4.1. Existence of comprehensive data collection and analysis plans.	Endline value reported in annual report (narrative and summary table), and database	0	1	0	0	1
4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts.	Endline value reported in annual report (summary table), and database, but not fully relevant	0	1	0	0	1
4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.		0	0	0	0	0
<b>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</b>						
5.1. Existence of adequate health policies and laws that address FGM/C.	Endline values reported in annual report (summary table), and database. But some of the values pre-exist reporting period.	0	1	0	0	1
5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services.	Endline values reported in annual report (summary table), and database.	0	1	0	0	1

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Kenya 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula.	Endline values reported in annual report ( summary table), and database.	0	1	0	0	1
5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications.		0	0	0	0	0
5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations.	Endline value reported in database (number not proportion)	0	1	0	0	1
5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.		0	0	0	0	0
<b>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</b>						
6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion.	Endline value reported in annual report (narrative and summary table), and database	0	1	0	0	1
6.2. Number and quality of religious edicts in support of abandonment of FGM/C.	Endline value reported in annual report (narrative and summary table), and database	0	1	0	0	1
6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level.		0	0	0	0	0
6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.		0	0	0	0	0
<b>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</b>						
7.1. Completion and submission of annual reports to the joint programme by implementing partners.	Endline value reported in annual report (summary table)	0	1	0	0	1
7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices.	Endline value reported in annual report (summary table)	0	1	0	0	1
7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings.	Endline value reported in annual report (narrative)	0	1	0	0	1
7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings.	Endline value reported in annual report (narrative)	0	1	0	0	1
7.5. Number of joint monitoring visits.	Endline value reported in annual report (narrative)	0	1	0	0	1
<b>Output 8: Strengthened regional dynamics for the abandonment of FGM/C</b>						
8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups.	Endline value reported in annual report (narrative and summary table)	0	1	0	0	1

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Kenya 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups.	Endline value reported in annual report (narrative and summary table)	0	1	0	0	1
8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C		0	0	0	0	0
8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.		0	0	0	0	0
<b>Outcome 2: Strengthened global movement towards abandonment of FGM/C in one generation.</b>						
<b>Output 9: Strengthened collaboration with key development partners on the abandonment of FGM/C.</b>						
9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach.		n/a	n/a	n/a	n/a	n/a
9.2. Availability of consensus document by national governments and donors.		n/a	n/a	n/a	n/a	n/a
9.3. Level of financial resources for support to FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
9.4. Existence of a contractual agreement with INTACT.		n/a	n/a	n/a	n/a	n/a
<b>Output 10: Existing theories on functioning of harmful social norms are further developed &amp; refined with view to making them applicable to specific realities of FGM/C.</b>						
10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data.		n/a	n/a	n/a	n/a	n/a
10.2. Number of publications based on FGM/C abandonment studies.		n/a	n/a	n/a	n/a	n/a
10.3. Number of academic consultations to promote FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
10.4. Attendance at regional and international fora related to FGM/C.		n/a	n/a	n/a	n/a	n/a

		OPERATIONALIZATION ASSESSMENT CRITERIA				
		Baseline available	Endline available	Target available	Means of verification	Values collected and reported
#	# of yes (1)	0	30	0	0	30
	# of no (0)	38	8	38	38	8
	Total	38	38	38	38	38
%	% of yes (1)	0%	79%	0%	0%	79%
	% of no (0)	100%	21%	100%	100%	21%
	Total	100%	100%	100%	100%	100%



**Notes**

Documents reviewed: 2011 workplan, annual report, database, 2008 baseline studies reports. The mid-year report was not available at the time of writing.

Information on annual /mid-year baselines, targets, and means of verification is not provided in any consulted document.

Some relevant baseline information in baselines studies conducted in 2008 (not only on prevalence, but also on the environment for MGF/C abandonment).

For outputs 1, 2, and 3 the database provides values for the first semester and for end-of-year.

## Senegal

Senegal 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline Available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Outcome 1: Change in the social norm towards the abandonment of FGM/C at the national and community levels</b>						
<b>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</b>						
1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C.	Endline value reported in database, annual report (summary table of results,	0	1	0	0	1
1.2. Existence and content of national policies and laws relevant to FGM/C.	Endline value reported in database, annual report (summary table of results, and narrative). Mid-year info in progress report.	0	1	0	0	1
1.3. Enforcement of legislation relevant to FGM/C.	Endline value reported in database, annual report (summary table of results, and narrative) but not fully relevant. Mid-year info in progress report.	0	1	0	0	1
1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms.	Endline value reported in database, annual report (summary table of results)	0	1	0	0	1
1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.		0	0	0	0	0
<b>Output 2: Local level commitment to FGM/C abandonment</b>						
2.1. Proportion of people aware of harmful effects of FGM/C.		0	0	0	0	0
2.2. Number of community discussions organized related to FGM/C abandonment activities.	Endline value reported in database, annual report (summary table of results).	0	1	0	0	1
2.3. Number of communities that committed to abandon FGM/C.	Annual baseline available in annual report. Endline value reported in database, annual report (summary table of results, and narrative). For this indicator information is available cumulatively and by year since 1997. Mid-year values reported in progress report.	1	1	0	0	1
2.4. Degree to which the programme engages all community members in the implementation of programme activities.	Info in annual report (narrative) and progress report.	0	1	0	0	1
2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened.	Endline value reported in annual report (narrative). Mid-year values reported in progress report.	0	1	0	0	1
2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C.	Endline value reported in database (only number)	0	1	0	0	1

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Senegal 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline Available	Annual endline available	Annual target available	Means of verification	Values collected and reported
2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C.		0	0	0	0	0
2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.		0	0	0	0	0
<b>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</b>						
3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C.	Endline value reported in database, annual report (summary table of results, and narrative). Mid-year values reported in progress report.	0	1	0	0	1
3.2. Content of media coverage on the FGM/C abandonment process.	Endline value reported in database, annual report (summary table of results, and narrative). Mid-year values reported in progress report.	0	1	0	0	1
3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.		0	0	0	0	0
<b>Output 4: Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation</b>						
4.1. Existence of comprehensive data collection and analysis plans.	Endline value reported in database, and annual report (summary table of results and narrative), but not relevant. Relevant information reported in narrative section of the annual report, but under output 1.	0	1	0	0	1
4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts.		0	0	0	0	0
4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.		0	0	0	0	0
<b>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</b>						
5.1. Existence of adequate health policies and laws that address FGM/C.	Endline value reported in database, annual report (summary table of results, and narrative). Mid-year values reported in progress report.	0	1	0	0	1
5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services.		0	0	0	0	0
5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula.		0	0	0	0	0
5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications.		0	0	0	0	0
5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations.		0	0	0	0	0
5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.		0	0	0	0	0

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Senegal 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline Available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</b>						
6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion.	Endline value reported in database, annual report (summary table of results, and narrative).	0	1	0	0	1
6.2. Number and quality of religious edicts in support of abandonment of FGM/C.	Endline value reported in database, annual report (summary table of results, and narrative).	0	1	0	0	1
6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level.		0	0	0	0	0
6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.		0	0	0	0	0
<b>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</b>						
7.1. Completion and submission of annual reports to the joint programme by implementing partners.	Endline value reported in database, annual report (summary table of results, and narrative).	0	1	0	0	1
7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices.		0	0	0	0	0
7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings.		0	0	0	0	0
7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings.		0	0	0	0	0
7.5. Number of joint monitoring visits.	Info reported in annual report (narrative) . Mid-year values reported in progress report.	0	1	0	0	1
<b>Output 8: Strengthened regional dynamics for the abandonment of FGM/C</b>						
8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups.	Endline value reported in database, annual report (summary table of results, and narrative).	0	1	0	0	1
8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups.	Endline value reported in database, annual report (summary table of results, and narrative).	0	1	0	0	1
8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C		0	0	0	0	0
8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.		0	0	0	0	0
<b>Outcome 2: Strengthened global movement towards abandonment of FGM/C in one generation.</b>						
<b>Output 9: Strengthened collaboration with key development partners on the abandonment of FGM/C.</b>						
9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach.		n/a	n/a	n/a	n/a	n/a

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Senegal 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline Available	Annual endline available	Annual target available	Means of verification	Values collected and reported
9.2. Availability of consensus document by national governments and donors.		n/a	n/a	n/a	n/a	n/a
9.3. Level of financial resources for support to FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
9.4. Existence of a contractual agreement with INTACT.		n/a	n/a	n/a	n/a	n/a
Output 10: Existing theories on functioning of harmful social norms are further developed & refined with view to making them applicable to specific realities of FGM/C.						
10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data.		n/a	n/a	n/a	n/a	n/a
10.2. Number of publications based on FGM/C abandonment studies.		n/a	n/a	n/a	n/a	n/a
10.3. Number of academic consultations to promote FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
10.4. Attendance at regional and international fora related to FGM/C.		n/a	n/a	n/a	n/a	n/a

		OPERATIONALIZATION ASSESSMENT CRITERIA				
		Baseline available	Endline available	Target available	Means of verification	Values collected and reported
#	# of yes (1)	1	19	0	0	19
	# of no (0)	37	19	38	38	19
	Total	38	38	38	38	38

%	% of yes (1)	3%	50%	0%	0%	50%
	% of no (0)	97%	50%	100%	100%	50%
	Total	100%	100%	100%	100%	100%

### Notes

Documents reviewed: 2011 workplan, annual report, database, and mid-year progress report.

Information on annual baselines, targets, and means of verification is not provided in any consulted document.

The annual workplan provides baseline and target values for a limited number of indicators at the activity level.

### Sudan

Sudan 2011	OPERATIONALIZATION ASSESSMENT CRITERIA				
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Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
<b>Outcome 1: Change in the social norm towards the abandonment of FGM/C at the national and community levels</b>						
<b>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</b>						
1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C.	Endline values reported in database, summary table of results	0	1	0	0	1
1.2. Existence and content of national policies and laws relevant to FGM/C.	Endline values reported in database, summary table of results, and narrative section of the annual report	0	1	0	0	1
1.3. Enforcement of legislation relevant to FGM/C.	Endline values reported in database, summary table of results, and narrative section of the annual report. Some-mid-year info in progress report.	0	1	0	0	1
1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms.		0	1	0	0	1
1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.	Endline values reported in the narrative section of the annual report	0	1	0	0	1
<b>Output 2: Local level commitment to FGM/C abandonment</b>						
2.1. Proportion of people aware of harmful effects of FGM/C.	Endline values reported in database, summary table of results	0	1	0	0	1
2.2. Number of community discussions organized related to FGM/C abandonment activities.	Endline values reported in database, summary table of results. Mid-year values in Mid-year progress report.	0	1	0	0	1
2.3. Number of communities that committed to abandon FGM/C.	Endline values reported in database, summary table of results. Mid-year values in Mid-year progress report.	0	1	0	0	1
2.4. Degree to which the programme engages all community members in the implementation of programme activities.		0	0	0	0	0
2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened.	Endline values reported in the narrative section of the annual report. Mid-year values in mid-year progress report.	0	1	0	0	1
2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C.	Endline values reported in the narrative section of the annual report	0	1	0	0	1
2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C.		0	0	0	0	0
2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.		0	0	0	0	0
<b>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</b>						

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Sudan 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C.	Endline values reported in database, summary table of results. Some info also in narrative section of the annual report. Mid-year values in mid-year progress report.	0	1	0	0	1
3.2. Content of media coverage on the FGM/C abandonment process.	Endline values reported in database, summary table of results. Some info also in narrative section of the annual report.	0	1	0	0	1
3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.	Some info in the narrative section of the annual report.	0	0	0	0	0
<b>Output 4: Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation</b>						
4.1. Existence of comprehensive data collection and analysis plans.	Info reported in database, and summary table of results, and narrative section of the annual report, but not fully relevant.	0	1	0	0	1
4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts.	Info reported in database, and summary table of results, and narrative section of the annual report, but not fully relevant	0	1	0	0	1
4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.		0	0	0	0	0
<b>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</b>						
5.1. Existence of adequate health policies and laws that address FGM/C.	Endline values reported in database, summary table of results	0	1	0	0	1
5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services.	Endline values reported in database, summary table of results, and narrative section of the annual report. Mid-year values in mid-year progress report.	0	1	0	0	1
5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula.	Endline values reported in database, summary table of results	0	1	0	0	1
5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications.		0	0	0	0	0
5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations.	Mid-year values in mid-year progress report.	0	0	0	0	1
5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.		0	0	0	0	0
<b>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</b>						

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Sudan 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion.	Endline values reported in database, summary table of results. Mid-year values in mid-year progress report.	0	1	0	0	1
6.2. Number and quality of religious edicts in support of abandonment of FGM/C.	Endline values reported in database, summary table of results, but not relevant . Values reported in narrative section of the annual report, under output 2.	0	1	0	0	1
6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level.		0	0	0	0	0
6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.	Endline values reported in the narrative section of the annual report.	0	1	0	0	1
<b>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</b>						
7.1. Completion and submission of annual reports to the joint programme by implementing partners.	Endline values reported in summary table of results	0	1	0	0	1
7.2. Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices.	Endline values reported in summary table of results and in the narrative section of the annual report	0	1	0	0	1
7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings.		0	0	0	0	0
7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings.		0	0	0	0	0
7.5. Number of joint monitoring visits.	Mid-year values in mid-year progress report.	0	0	0	0	1
<b>Output 8: Strengthened regional dynamics for the abandonment of FGM/C</b>						
8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups.	Endline values reported in summary table of results, but not relevant	0	1	0	0	1
8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups.	Endline values reported in summary table of results, but not relevant	0	1	0	0	1
8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C		0	0	0	0	0
8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.		0	0	0	0	0



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Sudan 2011		OPERATIONALIZATION ASSESSMENT CRITERIA				
Indicator	Comments	Annual baseline available	Annual endline available	Annual target available	Means of verification	Values collected and reported
Outcome 2: Strengthened global movement towards abandonment of FGM/C in one generation.						
Output 9: Strengthened collaboration with key development partners on the abandonment of FGM/C.						
9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach.		n/a	n/a	n/a	n/a	n/a
9.2. Availability of consensus document by national governments and donors.		n/a	n/a	n/a	n/a	n/a
9.3. Level of financial resources for support to FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
9.4. Existence of a contractual agreement with INTACT.		n/a	n/a	n/a	n/a	n/a
Output 10: Existing theories on functioning of harmful social norms are further developed & refined with view to making them applicable to specific realities of FGM/C.						
10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data.		n/a	n/a	n/a	n/a	n/a
10.2. Number of publications based on FGM/C abandonment studies.		n/a	n/a	n/a	n/a	n/a
10.3. Number of academic consultations to promote FGM/C abandonment.		n/a	n/a	n/a	n/a	n/a
10.4. Attendance at regional and international fora related to FGM/C.		n/a	n/a	n/a	n/a	n/a

		OPERATIONALIZATION ASSESSMENT CRITERIA				
		Baseline available	Endline available	Target available	Means of verification	Values collected and reported
#	# of yes (1)	0	24	0	0	26
	# of no (0)	38	14	38	38	12
	Total	38	38	38	38	38

%	% of yes (1)	0%	63%	0%	0%	68%
	% of no (0)	100%	37%	100%	100%	32%
	Total	100%	100%	100%	100%	100%

### Notes

Documents reviewed: 2011 workplan, annual report, database and mid-year progress report.

Information on the baselines, targets, and means of verification is not provided in any consulted document (baseline information was collected but only on prevalence of FGM/C in target areas).

The progress report uses different indicators than the annual report in its summary table of results. The narrative sections however use a similar structure.