

# **JOINT EVALUATION OF THE UNFPA- UNICEF JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION: ACCELERATING CHANGE**

**Phase I and II (2008–2017)**

Evaluation Offices

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

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Information on the evaluation deliverables can be accessed at:  
<https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation>

Submitted by ImpactReady LLP in association with Indeva Consulting.



## List of Acronyms

CEDAW	Convention for the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
DFID	Department for International Development
DHS	Demographic and Health Survey
ECOWAS	Economic Community of West African States
EU	European Union
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
INGO	International Non-Governmental Organisation
NGO	Non-Governmental Organisation
UNEG	United National Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNWOMEN	United Nations Development Fund for Women

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## 1.0 Introduction

The Independent Evaluation Office of UNFPA in collaboration with UNICEF Evaluation Office are jointly conducting an independent evaluation of the UNFPA/UNICEF Joint Programme on the Abandonment of Female Genital Mutilation (FGM): Accelerating Change Phase I and II (2008 – 2017). An external multidisciplinary team from ImpactReady (UK based company) was selected to carry out this joint evaluation under the supervision and guidance of the evaluation management group led by UNFPA Evaluation office.

The Methodological Note is intended to further elaborate and operationalize the evaluation terms of reference. Its purpose is to outline the evaluation approach, methodology, including tools for data collection, analysis and synthesis, as well as, the process and the revised calendar.

This is a second version of the Note; the first was submitted in June 2018, prior to a pilot field trip (Ethiopia). This second and final Note includes the data collection tools that have been tested and modified within the pilot field trip; providing further detail on the evaluation methodology including data analysis and deliverables.

### 1.1 Purpose, objectives, scope and target audience for the evaluation

#### Purpose

As outlined in the terms of reference (see Annex 1), the **purpose** of the evaluation is to assess the extent to which, and under what circumstances, the Joint Programme has contributed to accelerating the abandonment of FGM over the last 10 years; and provide recommendations on strategies for strengthening or adapting the program which will contribute to ongoing implementation of Phase III to accelerate change to end FGM.<sup>1</sup> Information generated through this evaluation will be used to inform upcoming programming adjustment and support learning.<sup>2</sup>

#### Objectives

As outlined in the terms of reference, the **primary objectives** of the evaluation are:

1. To assess the **relevance** (including programme design), **effectiveness, efficiency, and sustainability** of the Joint Programme
2. To assess the **adequacy of the governance structure** of the Joint Programme
3. To identify **lessons learned**, capture good practices and generate knowledge<sup>3</sup>, and providing corrective actions on the gaps and opportunities.
4. To assess the extent to which UNFPA and UNICEF, through the Joint Programme, have **effectively positioned** themselves as key players.

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<sup>1</sup> It should be noted that Phase III is in a very early stage and includes a strong focus on gender transformative change.

<sup>2</sup> Lessons learned around joint programming are particularly relevant in the current international climate that is encouraging UN entities to work together under the UN harmonization and “Delivering as One” agenda.

<sup>3</sup> The evaluation will attempt to understand how strategies and approaches work in different contexts, including both national as well as sub-national (including community and cross-border) contexts.

## Scope

As per the terms of reference, the evaluation covers the period 2008-2017 with a strong focus on providing recommendations and lessons learned to inform future programming, particularly Phase III of the programme (2018 – 2021).

The evaluation scope addresses contribution to outcomes identified in the programme's results frameworks at all four programme levels – global, regional, national and sub-national (including district, community and cross-border areas) – and their interconnections. It covers all activities planned and implemented during the period in all programme countries.

The evaluation follows feminist evaluation principles that ensure the complete integration of gender equality and women's empowerment in the evaluation scope. Please see Annex 14 for a description of the feminist evaluation approach that will be used in this evaluation.

## 1.2 Overall Limitations

It is possible to evaluate a complex programme such as this one using a theory-based evaluation approach, based upon a programme's theory of change. However, the evaluation covers a period when there was not yet a full overarching programme Theory of Change (that elaborates all of the underlying mechanisms by which change was expected to be realised or unpacked non-linear assumptions). Rather, there were three consecutive results frameworks developed during Phase I and Phase II, which forms the basis of the current theory of change that has been developed in Phase 3. Since the programme design has evolved between phases, it is not valid to apply the current theory of change retroactively.

To mitigate this challenge, the evaluation team have developed a change model or 'programme logic model' covering phase I and II for this specific evaluative purpose; and will use this model to guide the evaluation assessment (provided in Annex 3).

Thus, the approach is largely theory-based in that it is using a logic of enquiry to examine whether and how the programme has contributed to observed results guided by the Programme Logic Model. Cognisant that the model is subject to potential change (thus lowering the internal validity of the exercise) the evaluation will use mixed methods, including Qualitative Comparative Analysis, to mitigate the risk.

The approach will primarily use qualitative data collection: there is a limited set of quantitative evidence generated by the programme, which is usual within the sensitive field of FGM (challenges around self-reporting, using population surveys etc.). The programme is currently in the development and early implementation of a more robust monitoring and evaluation system, meaning that monitoring data may not be as readily available, disaggregated, or reliable as necessary.

To mitigate this challenge, as stated, the evaluation team will collect qualitative data and use qualitative and quantitative analytical approaches to assess: 1) the logical coherence of the programme's change model, 2) the extent to which strategies are aligned and contribute to the change model, and 3) whether the programme is likely contributing to outcome level changes.

## 2.0 Evaluation framework

The evaluation draws on the OECD-DAC evaluation criteria, except for the criterion of “impact” which is beyond the scope of the evaluation; and an additional criterion of ‘coordination’ to reflect the important joint nature of the programme and assess the level and quality of cooperation among UNFPA, UNICEF, national government partners and implementing partners.

Below is an explanation of the evaluation criteria that will be used for this evaluation, as defined in the terms of reference and appropriate for the evaluation. The evaluation team has expanded these definitions to better reflect human rights, equity, and gender equality principles.

*Table 1: Evaluation criteria*

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

The evaluation also integrates cross-cutting criteria drawn from the proposal for Phase II i.e., the extent to which human rights principles, gender equality and equity and a culturally sensitive approach have informed implementation. It also considers criteria related to gender transformative work which build on Phase II but are embedded in the plan for Phase III to be informed by this evaluation.

### 2.1 Stakeholder map

The stakeholder map was developed by the team, and includes stakeholders at the global, national, subnational and community levels; and considers their role in relation to human rights approaches.

Table 2: Stakeholder analysis based on human rights based approaches

Type of Stakeholder	Stakeholders	Human rights roles <sup>4</sup>
<b>Global Level</b>		
<b>UN Joint programme programme staff, coordinators and Steering Committee members</b>	Joint programme FGM Leadership; agency liaisons; steering committee UNFPA Headquarters (executive board, leadership, management, technical advisers) UNICEF Headquarters (executive board, leadership, management, technical advisers)	Tertiary duty bearer
<b>UN Other (Global)</b>	UN System Agencies: UN Women, WHO, UNAIDS, UNDP, ILO, IOM, WFP, UNHCR Coordination: RC / HC, OHCHR, UNCTs, GTGs Supervisory Bodies CEDAW, CRC, ICPD, GREVIO/COP, CSW Global Joint Programming mechanisms: Global Programme on Child Marriage; Spotlight; Secretariat/SG International Initiatives (PMNCH)	Tertiary duty bearer
<b>Donors (Global)</b>	Donors Bilateral: United Kingdom, Austria, Iceland, Ireland, Italy, Luxembourg, Switzerland, Norway, Sweden, European Union, Finland, Germany Multilateral: EC, OECD	Tertiary duty bearer
<b>Civil Society (Global)</b>	Civil society organisations e.g. Women's Refugee Commission, Population Council, International Center for Research on Women, EndFGM, AIDOS Building Bridges, Orchid Project, 28 is too many, Girl Generation, youthSave, Equality Now, CRR, Human Rights Watch, Amnesty International, Centre for Reproductive Rights, Plan International (and affiliated groups e.g. Girls Count), World Vision, Save the Children, International Planned Parenthood Federation, IPAS, EngenderHealth, Safe Cities initiatives (UN Habitat, UN Women, UNICEF, Microsoft), BRAC (selected countries), Promundo, MenEngage HERA, DAWN, Women's Global Network for Reproductive Rights	Tertiary duty bearer
<b>Regional Level</b>		

<sup>4</sup> Ljungman, Cecilia M., COWI. [Applying a Rights-Based Approach to Development: Concepts and Principles](#), Conference Paper: The Winners and Losers from Rights-Based Approaches to Development. P. 6. November 2004.

<b>UN Other (Regional)</b>	UNFPA and UNICEF Regional Offices (leadership, management, technical advisers, coordinating mechanisms)	Tertiary duty bearer
<b>Regional Organisations</b>	African Union, Pan African Parliament Economic Commission for Africa, InterAfrican Committee	Tertiary duty bearer
<b>Country Level</b>		
<b>National Authorities</b>	Central government – Ministries/ Departments (and/ or Regulatory Oversight for) Health, Gender, Youth, Education, Public Works , Water, Sanitation and Hygiene Community development, Labour, Justice, Disaster Management, emergency response, Statistics. Parliamentarians Security forces-local	Tertiary Duty Bearer
<b>Civil Society (National Level)</b>	Civil Society Advisory Groups-Country Level (communities of practice; technical committees) National CSOs: National Human Rights Commission, Women’s groups	Tertiary Duty Bearer
<b>Sub-national level</b>		
<b>Sub-national level</b>	Representatives of Ministries e.g. Local Representative of Women’s Affairs and Ministry of Health. Elected representatives including mayors and councils, Appointed leaders, Administrators Service providers Medical and Health Providers -Media (all types) -Security (Police, military, local “militia” “watch committees”) -Judiciary (lawyers, judges, court structures)	Secondary Duty Bearer
<b>Implementing Partners</b>	As advised by Country Office for each Country Case Study	Secondary Duty Bearer
<b>Community Level</b>		
<b>Community Structures</b>	Community structures (other than governmental structures including community level militia) - Religious and Traditional leaders --Traditional institutions (traditional court systems, Sharia courts, Rotating Savings and Credit Associations , cultural leaders, local councils) -Traditional birth attendants and healers	Primary Duty Bearer (as agents of change, as heads of households and assumed/traditional decision-makers)

	<ul style="list-style-type: none"> <li>-Cutters and ceremonial participants</li> <li>-Village level “enforcement” committees for follow up post declaration to abandon</li> <li>-CBOs (associations, chapter organizations, clubs)</li> <li>-youth groups and leadership/theatre or arts groups/role models</li> </ul>	
<b>Community Members</b>	<p>Women – across the life cycle e.g. young women (20-30), adolescent girls (15-20), young adolescent girls (10-15), older women, married, unmarried</p> <p>Men-across the life cycle - young men, adolescent boys, young adolescent boys, older men, married, unmarried</p>	Rights Holders

For each country case study, a context-specific stakeholder mapping exercise will be conducted that also includes information on the relationship between stakeholders, how they are involved in FGM, and how they are involved in the JP (see the template in Annex 6).

## 3.0 Evaluation design

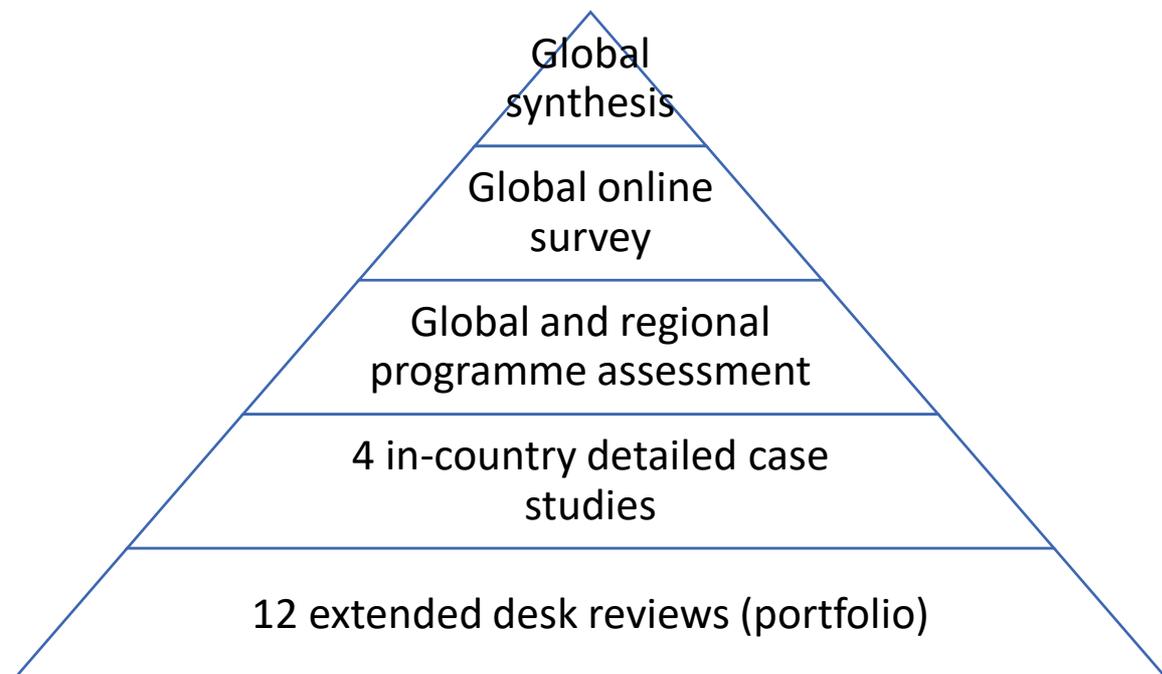
The evaluation is a theory-based evaluation, drawing on the intervention logic behind Phases I and II of the Joint Programme, as represented in the programme’s evolving results frameworks (see the terms of reference within Annex 1). A theory-based evaluation attempts to understand an intervention’s contribution to observed results through a process interpretation of causation. This is appropriate to the evaluation given that it makes sense to examine the programme and especially its contribution to results at a theoretical level, guided by the Programme Logic Model.

The evaluation takes a utilisation approach so that it maximises utility to the end users; and a learning approach to identify lessons to inform the implementation and evolution of the joint programme. The intention is to enhance use of evaluation findings and lessons learned to facilitate decision-making by intended users.

As per the terms of reference, the evaluation comprises of four components:

1. Four in-country case studies, based on key informant interviews and group discussions with a broad range of stakeholders in the capital city and at sub-national level, using interviews, focus group discussions, and observations—all this informed by document reviews;
2. 12 extended desk reviews of country documentation, supplemented by remote interviews with a limited number of in country key stakeholders;
3. Global and regional programme assessment, through on-site (HQ) and remote interviews; and a
4. Global online survey of Implementing Partners <sup>5</sup>

Figure 1: Evaluation lines and levels of evidence



<sup>5</sup> Stakeholders will be identified upon completion of the Ethiopia pilot visit.

### 3.1 Evaluation components

This section describes each of the four evaluation components in more detail.

#### Country case studies

Four country case studies are to be conducted in Ethiopia, Kenya, Senegal, and Egypt. (The sampling strategy and reason for selection of the countries is shared in section 3.1). Case studies add in-depth insights and realism to an evaluation. They will be used cumulatively and synthesized to draw patterns, themes and divergences across the different cases.

Each case study will involve preparatory desk review and a three-week country visit<sup>6</sup> by a team of evaluators to capital and subnational levels to conduct in-person key informant interviews, focus group discussions, group discussions, observations, and review of primary documentation. This will enable a strong focus on understanding the country and sub-national context to support understanding of institutional, political, social and normative contexts, and how the JP has responded.

A visit to Ethiopia as a field pilot was carried out (June 20<sup>th</sup> – July 11<sup>th</sup>) and enabled testing of the overall approach and data collection and analysis methods. Overall it was found that the approach was sound. Nonetheless, some modifications and improvements were introduced in the tools and approach, such as a refined evaluation matrix and country table; the inclusion of guidelines to work with interpreters, with local consultants and with country offices; interview protocols and guidelines for interview protocols at community level. In terms of the approach, a better understanding of team organization (in particular splitting teams) was incorporated for subsequent field missions. In addition, a more holistic conception of the connection between the Country case studies and the remote interviews was developed to ensure consistency and complementarity.

Each country visit will commence with a briefing to and from the national Evaluation Reference Group. Interviews with key informants (relevant UN agencies, government stakeholders, implementing partners) will be held prior remotely to field visits.

Some stakeholders prioritized in these first days in the capital are:

1. Country Office managers and staff for the Joint Programme, both in UNICEF and UNFPA.
2. Key UNICEF and UNFPA staff from other portfolios of relevance (women's, girls, adolescents, education, sexuality education, SRH services).
3. Main Civil Society Organisations (CSOs) involved in FGM.
4. Main donors involved in FGM.
5. Research groups, academic groups, donor groups which are focused on in-depth research and analysis of FGM drivers anywhere in country
6. Statistical office and medical association/regulatory bodies
7. Any capital offices of the Implementing Partners that will be visited in the field to get an overview of their programs before field visit

Two different field sites – defined in very broad terms - are visited in the country for approximately a week, each by a different team (for criteria see Section 3.3). The field visits include both local government and community visits in which focus group discussions and

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<sup>6</sup> Approximately 3 weeks, to be slightly adjusted depending on the specific circumstances and needs.

individual interviews are held. The teams ensure that the voices of both women and men are included through disaggregated FGDs, with specific attention to characteristics such as their age, married/non-married status, cut/not-cut, rural/urban, etc. Some groups more influential in social norm change or with specific knowledge on the FGM phenomenon are given particular attention such as ex-circumcisers, birth attendants, traditional leaders, religious leaders, surveillance committees, etc. Also, service providers of different extractions, such as medical, educational or juridical. The same level of disaggregation is pursued with local government and local civil society.

The field visits are followed by a period in the capital to carry out further key informant interviews to verify emergent findings, and for analysis. The visits are concluded with a debriefing to the ERG on emerging findings and lessons, as well as in-depth discussions with the country office team addressing FGM to validate findings and lessons and draw out new insights.

The broad outline of the visits is shared below, with further detail within section 6.

*Table 4. Field Visit Preparation, Data Gathering and Analysis*

Stage	Focus	Activity
<b>Prior to Visit</b>	Preparation	Desk review (country information, project documentation) Prepare stakeholder map Identify potential sub-national sites (selection criteria provided by local consultant and case study team) Skype meeting between Country Office and team to agree sub-national sites, agenda, logistical assistance
<b>Visit</b>	Data gathering	Internal evaluation team meeting Briefing meeting with ERG Interviews with key stakeholders in capital (UNFP/ UNICEF staff, UN System entities, national government entities, academia/ research entities, civil society/ advocates, development partners/ donors) Interviews where appropriate with regional stakeholders and cross-border stakeholders Community level focus group discussions Community level interviews Community level key informant interviews (traditional leaders, religious leaders, health and service providers)
	Data analysis and reporting	Record and store data (Evernote) using tagging system Analyze and generate findings and develop Country Table Analyze evidence against the evaluation matrix Submission of evidence table

The country visits will be led by a team of 1 or 2 Impact Ready evaluators, 1 local consultant and 1 staff member from UNFPA and/or UNICEF Evaluation Offices (details are provided in Annex 4). The Country Office will also nominate a focal point to coordinate the field visits. The CO focal point will assist the local consultant( and the evaluation team in identifying and

accessing relevant stakeholders based upon the criteria prioritized by the evaluation and in light of their local expertise and on-the-ground knowledge and providing inputs to the mission agenda in consultation with the local evaluation team consultant.

The local consultant will work with the Country Office to expedite data collection and access to information and key informants; participate in interviews and group discussions; review and provide comments to the evaluation deliverables; and facilitate the dissemination of the results of the evaluation at country level (see Annex 5). The consultant will also lead on the production of a country brief and complete the document portion of the country table.

A country field mission planning tool has been devised to assist in the organization of the missions and is available in Annex 6, as well as ethical and consent protocols (Annex7) and interview guides for all types of stakeholders (Annex 8);

Observation will be used as a tool to facilitate the gathering of observational data, efforts will be made to interact with key informants in situ during field visits, so that it is possible to see such things as sites where services are delivered, potential challenges for beneficiaries in attending service delivery sites, and other types of contextual factors that might be impacting upon service delivery and thus programme results whether negatively or positively.

All data that is gathered will be stored within Evernote which is a software tool for note-taking and organizing data. Template logbooks for recording interviews have been developed (see Annex 9) which are structured around Evaluation Questions and assumptions. A tagging system has been devised to tag the interviews according to the Evaluation Matrix, mainly by Evaluation Question and Assumption, so that data can be categorised and searched for accordingly. Other categories, such as level (global, regional, country, community), stakeholder type, sex and case study are addressed in a combination of tagging and folder distribution (see Annex 10).

The data is then synthesized and added to a Country Table, which is structured around the evaluation questions and assumptions, and is discussed further within Section 3.4.

### Extended desk review of country documents

The evaluation team will also conduct extended desk reviews of country documentation for the remaining 12 countries where the programme operates, complemented by a limited number of remote interviews with key respondents. The data will be compiled and analyzed using the same country evidence tables as the country case studies to facilitate the synthesis for the final report.

### Global and regional interviews

A number of interviews will be conducted with technical advisors, experts, and advocates working at the global level, as well as at the Africa and Middle Eastern regional and sub regional levels. This will include key informants within the UN agency and Joint Programme structures; principal investigators and academics in dedicated evaluation, research and documentation initiatives; major donors; leadership of collaborating regional entities such as the African Union, ECOWAS, The Economic Commission for Africa; global and regional

chapters of medical and health associations and regulatory mechanisms; and global and regional advocates and relevant movements for women, girls, health and rights.

This component will examine the contributions, effectiveness, and efficiency at each level in the areas of :

- 1. Oversight and management mechanisms.** At the global level, this would include the Steering Committee, the Headquarters staff and systems of UNFPA, UNICEF and the Joint Programme itself. It will explore the effectiveness of management and co-ordination; as well as interventions at the global level including global advocacy efforts and the roll out of tools (e.g. manual on social norms, medical guidelines for management of health complications).  
At the regional level, it will include the coordination and facilitation roles of the regional level offices including capacity building and administrative support in areas such as evaluation methodologies and gender analysis, south-south collaboration, cross border work, regional consultations, knowledge management on FGM, regional advocacy efforts and engagement with regional institutions and networks.
- 2. Technical assistance.** For the global program, this includes both support to best practices and intervention, research documentation and knowledge management production and dissemination, as well as direct engagement in the negotiation and monitoring of international agreements and conventions of relevance and reporting on progress in eliminating the practice for the Sustainable Development Goals and other oversight mechanisms.
- 3. Strategic synergies.** As appropriate, it may also explore how the Joint Programme informs and is informed by separate global level technical initiatives such as the Communications for Development work on social norm change or the UNFPA's work with WHO on guidance for medical practitioners.
- 4. Research, advocacy and communities of practice.** This will consider how the programme helped to define the agenda and key strategies, how it has responded to changes in the practice (prevalence, age and method of cutting, medicalization, "hidden" practice), and how it has tested and helped evolve the core strategies used to end FGM (e.g. legal, normative, alternative practices). The significant donor and research focus on FGM at the current time is partly a reflection of the work of the Joint Programme, however it is also a reflection of the frustration with limited progress and concern regarding some resurgence. This element of the review will also consider the evolution of, response to, and implications of the dialogue and strategies for linking harmful practices (e.g. FGM and child marriage), integrating work on harmful practices with broader gender-based violence, and expanding the participation to other regions such as Asia.

These will all be reviewed in terms of the interactions between levels, for example how technical assistance, communications and advocacy work shapes the work at the national level.

The interview guides are included in Annex 8.

## Survey

The purpose of the survey is to gather data to respond to Evaluation Questions (from the Evaluation Matrix), to supplement the field data and secondary data collected. The target audience are the Implementing Partners who the JP are currently working with (and have worked with during Phase I and II). They are at the forefront of implementation and are also able to provide perspectives about the management of the JP (as discussed further below).

In particular we have focused upon Evaluation Questions for which : (i) data can be collected more efficiently within a survey; (ii) it is useful to have a significant number of respondents answering the same questions provides data to make comparisons and meaningful findings; (iii) we can fill gaps in data collection that were found to be more difficult (or less useful) to collect in face-face interviews during field work , as discovered within the Ethiopian pilot.

The questions focus on all of the evaluation questions, but with more emphasis upon effectiveness, efficiency and co-ordination and sustainability. The table below shows the particular parts of the Evaluation Matrix that the survey responds to.

*Table 5. The Evaluation Questions and Assumptions that the Survey Responds to*

<b>Evaluation Question and Criteria</b>	<b>Assumption Number</b>	<b>Assumption Topic</b>
EQ 1. (Relevance)	1.3	Evidence base
EQ2. (Effectiveness)	2.1	Implementation of legal frameworks
	2.2	Health services
	2.3	Changing Social Norms
EQ3. (Efficiency)	3.1	Leveraging agency strengths
	3.2	Partnerships
EQ4. (Co-ordination)	4.1	Flow of resources
	4.3	Monitoring
EQ5. (Sustainability)	5.1	National ownership
	5.2	Sustained social norm change

The Survey can be seen in Annex 12. It comprises: a series of statements to be ranked (from 1-5); prioritization of responses to specific questions; and, one open-ended question.

As mentioned, there are several clear advantages of focusing upon implementing partners: To start, the Implementing Partners are at the “front line” working on the ground directly with beneficiaries, and thus are well placed to provide insight about the effects of the programme on the beneficiaries and communities with whom they interact, for example on social norm change. This is particularly important given that the evaluation fieldwork to date reveals that there is a gap in the systematic monitoring data of the JP at the country level in this area; therefore, the survey data would help to address that gap.

Secondly, the Implementing Partners are in a position to provide viewpoints about the management of the Joint Programme at the country level. In particular, they are able to respond to questions about efficiency and coordination, which were issues that were particularly difficult to investigate during the pilot visit in Ethiopia. In this view, a follow-up survey is a useful additional data set to supplement the information collected, as well as the ones to follow. Moreover, there are also a sufficient number of Implementing Partners (16 countries with for example 3-4 current implementing partners each) to ensure that numerical generalisations can be made. There are fewer Implementing Partners at the Regional Level, but it was felt useful to include them as another data set to draw upon.

The survey also includes questions regarding the survey participant including (i) country/region, (ii) gender ; (iii) type of implementing partners ; (iv) level of work (regional, national, sub-national, village); and, (v) focus of FGM work , so that any patterns / themes can be drawn from the data set.

The evaluation questions have been developed internally by the team, and shared with the evaluation management team. The survey will be prepared in French and English.

Implementing partners can access the survey through a link which will be sent out by the Country Offices and Regional Offices in each country. This ensures that the coordination is being carried out at the country level, who are better placed to liaise and coordinate with the implementing partners than the evaluation team.

### Data Recording

All interview notes (key informant interviews and group discussions from the field to global levels) will be recorded by the team using interview templates on Evernote Premium as stated. This enables tagging, for example by assumption and stakeholder type, so that data can be categorised and searched for accordingly (the tagging system used is shared in Annex 10).

A Google Drive has been established during the scoping and preparatory phase by the UNFPA Evaluation Office in order to provide a shared portal for all relevant documentation. ImpactReady is now responsible for managing the Google drive and the Evernote platforms. Photos and videos will be uploaded to Google drive under deliverables/country name.

All of these tools are only accessible on password-protected devices.

## 3.2 Methods for data collection

Considering the scope, size, complexity and sensitive nature of the information to be collected for this evaluation, the following data tools have been selected. They have been chosen because they fit with the evaluation approach and are: primarily qualitative with a quantitative element; theory based and use case studies to provide in-depth insight.

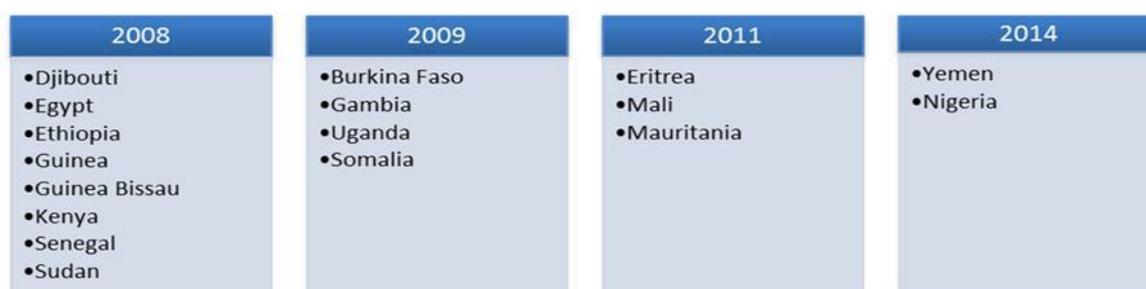
Table 6: Evaluation data collection methods

Method	Use	Tools	Storage
 <b>Literature review</b> (structured, extended desk)	16 JP-FGM countries, regional, and global	Evernote Premium (tagging, search, semantic coding) Excel (stored Dropbox)	On password-protected devices, sync to cloud
 <b>Roundtable &amp; group facilitated discussions</b> (reference groups, (de)briefs, group interviews)	Global level and in four country case studies, including two regional offices	Evernote Premium (allows note taking and audio recording)	On password-protected devices, sync to cloud
 <b>Key informant interviews</b> (semi-structured, Skype)	Country, regional and global level	Evernote Premium Skype	On password-protected devices, Evernote sync to cloud
 <b>Observation</b> (field visits)	Four country case studies	Evernote Premium (notes) Dropbox (photos)	On password-protected devices, sync to cloud
 <b>Survey and remote interviews</b> (computer-moderated structured questionnaire)	16 country and regional level, including countries outside of the JP-FGM	A minimum of 16 Skype interviews with key stakeholders. SurveyMonkey	Cloud

### 3.3 Sampling strategy

As per the terms of reference, the evaluation will cover the entire programming period and will examine programme performance in all of the countries where programming has been implemented. As can be seen from the exhibit below, the coverage of countries included in the programme expanded from 2008 to 2014 from 8 countries to 17 countries. The evaluation will not assess performance in Yemen due to the limited programming that took place as a result of political instability and security concerns.

Figure 2: Joint Programme Phase I and II



Source: terms of reference of the evaluation

The four countries chosen for in-person case studies were purposively selected to represent contrasting implementing contexts as well as strategies and approaches. All four in-person case study countries were included in the original group of programming countries in 2008 in order to facilitate an analysis of change over time. Both Kenya and Senegal were included as case study countries during the Phase I Evaluation, which may facilitate a comparative analysis. For further details on the sampling please refer to the terms of reference (annex 1).

Within each case study visit, stakeholders will be purposefully sampled to provide a diversity of voices ranging from government officials to community members. Each sampling strategy selection of field visit sites set out below) will be different in order to take into consideration differing national and sub-national contexts. The sampling strategy for each case study will be developed in collaboration between the evaluation team, the lead evaluation manager, and the UNFPA and UNICEF field offices prior to visits.

The criteria for choosing field visit sites within the case study country will be largely based on the following considerations:

1. Prevalence of FGM in the area;
2. Presence of UNICEF/UNFPA programme. If there are places with implementation of Phase I and II and others with only one phase, it is interesting to see both and to compare;
3. The relevance and effectiveness of JP constitutes a main priority. Having said this, if there are areas of the country with no programme presence but a distinct set of social norms affecting FGM, they should at least be considered for a potential field visit.

The evaluation will also include virtual global and regional key informant interviews with stakeholders who have in-depth knowledge and understanding about the programme or the context in which FGM advocacy is taking place.

### Collection and analysis of disaggregated data

As part of a gender and equity sensitive evaluation process, the upmost importance will be placed on collecting equity and sex disaggregated data wherever possible. In practical terms, this will mean asking questions about the different experiences of girls, boys, age groups, ethnic groups, and any other identified equity groups. Where possible, focus group discussions will be divided by sex (i.e. separate groups of women/girls and men/boys) in order to identify qualitative sex disaggregated information.

The survey will include a profile section that allows the evaluation team to disaggregate responses based on sex and location. When purposively selecting stakeholder participants, the evaluation team will make efforts to ensure that both women and men's voices are adequately represented, and data will be analysed in a gender disaggregated way, with priority given to assessing the differential experiences of men and women based on data gathered.

The qualitative analysis at the evaluation synthesis stage will apply an intersectional lens to the available data to examine where different identities (gender, ethnicity, location, etc.) may shape and vary experience as well as access to resources and rights, if data collection allows. This will be carried out by choosing the programme results and compare based on a variable of interest (e.g. country, ethnicity, gender, age). An indicator for each of the categories of importance will be devised based upon the data that is available. This may allow for a more nuanced analysis of what mix of intervention is effective in specific contexts, which may be particularly useful in communities that consists of diverse ethnic groups.

### 3.4 Methods for data analysis

In this section, we set out the data analysis approach and techniques. This includes the guiding framework and methods that will be used for data processing, synthesis and assessing the programme's contribution to results.

The guiding framework for the evaluation will be the Evaluation Matrix (see Annex 2) which will be used to structure the analysis of the data and formulate findings. This comprises three layers of information:

- Indicators which will provide relevant specific, time-bound evidence
- Assumptions that aggregate data from relevant indicators to test each assumption
- Evaluation Questions which aggregate information from the respective assumptions

#### Data Processing and Synthesis

The data collected (from global and regional desk review and remote interviews, in-person country case studies, virtual case studies and the global online survey) will be carefully processed and synthesised to allow us to develop findings and conclusions for each of the key evaluation questions.

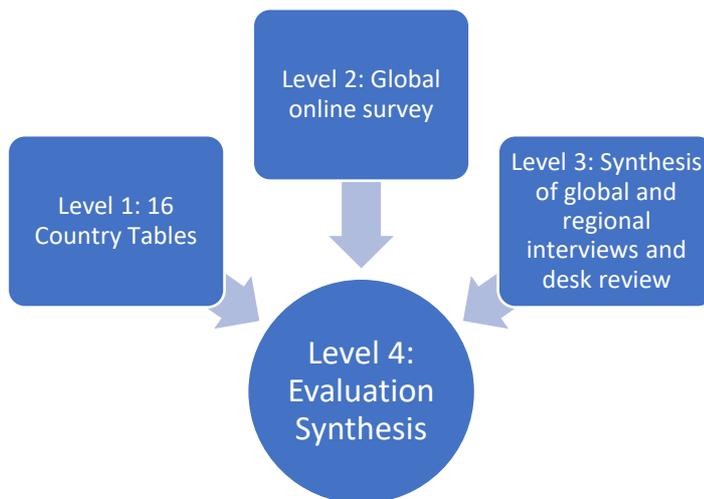
There will be three key data products or 'building blocks' for the data analysis. Before we explain the different analytical methods in more detail, the three key levels and lines of evidence are described here:

**Level 1 – 16 Country Tables:** structured around the evaluation questions and assumptions. They will include key evidence, sources (including documentary sources and interviews) and findings and considerations for the evaluation report. They will comprise the primary source of data at the country level for analysis and represent the key relevant data from interviews and documentary evidence (as well as observation and discussion groups from the four in-person country visits). This will serve to synthesise data to conduct the analysis more efficiently (rather than trawling through copious interviews from across the 16 countries). Please see Annex 11 for the outline of the country table.

**Level 2 – Online survey:** survey results from the structured questionnaire will be generated to produce quantitative and qualitative data that will help to inform findings at the country levels regarding efficiency and co-ordination, by implementing partners. Quantitative information generated by the survey will be used to triangulate and further substantiate qualitative data including for non-field sites.

**Level 3 – Global and Regional Qualitative synthesis:** interview notes (for the interview logbook template, please see annex 9) from key informant interviews with global and regional key stakeholders and documentary evidence from a desk research will be reviewed and collated. This synthesis will be developed using Content Analysis to pull out key themes, trends and patterns for each relevant key evaluation questions (including indicators and assumptions). It will also be used to identify and divergent views. The synthesis will be drawn from key informant (semi-structured) interviews and a review of global and regional documentation. The advantage of the approach of developing a synthesis is that of guiding the integration of data and insights gathered by different methods of the evaluation team is that there is coherence of analysis across a multi-member, multi-country team conducting a complex evaluation.

Figure 3. Data sources for the Analyses



These elements of the evaluation process will be developed using a range of data analysis techniques to triangulate qualitative and quantitative analysis in parallel (to verify/validate findings) and in series (to deepen/explore findings). Level 1, 2 and 3 will be used to test and triangulate the assumptions in the evaluation matrix. Level 4 will be used to combine these sources to answer the evaluation questions by developing major findings and conclusions. The data analytical tools include:

**Level 1 – Country cases:**

- [QUAL] Descriptive Analysis to understand the country contexts in which the Joint Programme operates and describe the types of interventions that operate within them.

- [QUAL] Content Analysis<sup>7</sup> will be used to analyse data that emerges from documentary reviews, country level case studies and global and regional interviews. As a tool it will enable identifications of themes, patterns, trends and divergent views.
- [QUANT] financial data analysis in Excel using sum, average and trend analysis to analyse financial flows and efficiency.
- [QUAL/QUANT] Comparative Analysis<sup>8</sup> will be used to review the country tables to examine findings on specific issues or themes across different countries. Where appropriate it will also assist in identifying best practices, innovative approaches and lessons learned. Comparative data will be gathered so as to facilitate later qualitative comparative analysis (data related to the conditions surrounding each case of an observed outcome).

The country table template is available in Annex 11.

#### **Level 2 – Online survey:**

- [QUANT] Frequency analysis will be used to analyse findings from the online survey, using Survey Monkey. Survey questions will be directly linked to assumptions and indicators. As the survey purpose and structure is like that of the evaluation from Phase I, a baseline comparison can also be conducted. This will be triangulated with qualitative data to further develop insights.
- [QUAL] Content Analysis will be used to analyse long-form text data based on the assumptions in the evaluation matrix.

#### **Level 3 – Regional and global:**

- [QUAL] Timeline Analysis<sup>9</sup> will be used to develop a timeline of key events at the global level for the JP
- [QUAL] Qualitative Synthesis (including content analysis) of the desk reviews and interviews at the regional and global level will be carried out in order pull out key trends, issues and patterns across the different evaluation assumptions. Comparisons will also be made between contexts to consider differences (cultural, economic, political, social).
- [QUANT] financial data analysis in Excel using sum, average and trend analysis to analyse financial flows and expenditure for the JP as a whole.

#### **Level 4 – Synthesis and triangulation:**

- [QUAL] Qualitative Synthesis of levels 1, 2 and 3 in order pull out key trends, issues and patterns across the different evaluation questions.
- [QUANT] Quantitative synthesis using crisp-set (binary) qualitative comparative analysis in EvalC3 software based on an assessment of whether each of the

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<sup>7</sup> Busch C, De Maret P S, Flynn T, Kellum R, Le, Brad Meyers S, Saunders M, White R, and Palmquist M. (2005). *Content Analysis*. [Writing@CSU](http://writing.colostate.edu/writing@CSU). Colorado State University Department of English. Retrieved from <http://writing.colostate.edu/guides/research/content/>

<sup>8</sup> Baptist, C., and Befani, B. (2015). *Qualitative Comparative Analysis – A Rigorous Qualitative Method for Assessing Impact*, Coffey. Retrieved from: <http://www.coffey.com/assets/Ingenuity/Qualitative-Comparative-Analysis-June-2015.pdf>

<sup>9</sup> Samkian, A. and Greene, J. (2013, October 17). *Visualizing Process: How to Create a Stakeholder-friendly Graphic Timeline of Process Data*. Presented at the American Evaluation Society Evaluation 2013 Conference, Washington.

evaluation assumptions is mostly present or mostly absent from the 16 country cases.

There will be a strong focus on gender and human rights throughout the analytical process. This will not only relate to specific relevant questions within the Evaluation Matrix but will be integral to the process:

- Human rights analysis at multiple levels: (1) the alignment of programming at country and global level with intergovernmental norms and standards, and with national human rights instruments, (2) the adherence of programme design, processes and implementing practices with human rights principles, (3) the extent to which programme activities identify and address root causes of gender discrimination and inequity, (4) the extent to which programme activities empower duty bearers to recognize, protect, and fulfil the realization of human rights, (5) the extent to which programme activities empower rights holders to understand and demand their rights, and (6) the conditions that the programme maintains to ensure that 1-5 are achieved while doing no harm.
- Gender analyses will apply the Social Relations Approach to gender and development developed by Naila Kabeer, which is intended as a method of analysing existing gender inequalities in the distribution of resources, responsibilities, and power, and for designing policies and programmes which enable women to be agents of their own development. The framework concentrates on the relationships between people, and their relationship to resources and activities - and how these are re-worked through 'institutions', including traditions and state systems. Where the information allows, an intersectional lens will be applied to assess configurations of identities may shape or influence access and distribution of power.

Table 7. The integration of UN-SWAP Criterion within the Evaluation

UN-SWAP Criterion	Implementation in the evaluation	Main limitations of the approach
<b>1. Integration into scope, indicators, criteria and questions</b>	Assumptions and indicators make explicit reference to: (1) human rights norms, standards and principles, (2) gender equality and analysis, (3) empowerment, and (4) equity Criteria defined in terms of applicability to FGM. Questions explicitly address gender and human rights norms. Gender and human rights mainstreamed into evaluation framework	Primary activity and results data, allows for disaggregation of effects. Disaggregation limited to binary sexes, and main institutional identities. More explicit reference to gender equality, women's empowerment, and human rights under 'relevance' and 'effectiveness' than under 'efficiency' or 'co-ordination'.
<b>2. Integration into methods</b>	Mixed quantitative and qualitative data analysis methods are suitable for exploring gender and 'diverse voices'. Country cases included the voice of rights holders. Global and regional analysis will pose questions around human rights, FGM and gender dimensions and empowerment Stakeholder analysis related to human rights roles.	Limited involvement of rights holders as agents in data collection; and only consulted in country cases. Flexibility for Country Offices so to organise FGD on culturally appropriate grounds (but at least male/ female/, married / unmarried) may limit disaggregation across sub-groups.

<b>3. Integration into analysis (findings, conclusions and recommendations)</b>	Analysis responds directly to gender and human rights assumptions in the evaluation matrix. Contribution analysis examines interventions against human rights principles and based on gender-responsive theory of change. Quantitative analysis includes gender attributes as indicators. Analysis will transparently triangulate the voices of different social role groups.	Intersectional analysis restricted to gender, and regional identities; with limited consideration of other systems of power – including political affiliations, socioeconomic status, livelihoods, ability, religion, or race.
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The next stage of the analysis uses the ‘building blocks’ to assess the progress against results, and the JPFGM’s contribution.

### Assessment of the Joint Programme’s Contribution to Results

To assess the degree to which the Joint Programme contributed to expected results, progress against planned results will be assessed. Monitoring reports and the joint programme database will be used, complemented by interviews, surveys, case studies and focus groups. The indicators will be assessed through triangulation of data and will be presented in a table for each of the 16 country cases. These indicators will then be analysed to produced results at the assumption level, and then against each EQ. An example is shown below for EQ2.

Table 8. Result Progress Tracker to synthesise progress in each country to the Joint Programme Key Performance Indicators (Source: JP monitoring data)

Result area	Level of progress for each country case study (#, % of planned)															
	Eth	Ken	Sen	Egy	Gui	GuB	Sud	Bur	Gam	Uga	Som	Eri	Mal	Mau	Yem	Nig
Number of communities in programme areas having made public declarations of abandonment of FGM																
Number of women and girls receiving services for prevention, protection and care services related to FGM																
Number of countries with a budget line to implement legislation and policies to eliminate FGM																

Number of countries implementing a comprehensive legal and policy framework to address FGM																	
Number of arrests, cases brought to court, convictions and sanctions																	

### Contribution Analysis

To complement this, Contribution Analysis will also be used. Adhering to the theory-based approach to the evaluation, the Programme Logic Model, i.e. the joint programme story line will be tested to map the extent to which the different elements of the model - causal linkages and assumptions- take place in different contexts. Contribution Analysis <sup>10</sup>will be used to assess causal links and reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred (or not) and the roles played by the intervention and other internal and external factors.

Steps in conducting a Contribution Analysis are: (1) Set out the attribution problem to be addressed; (2) Develop a programme logic and risks to it; (3) Gather the existing evidence on the programme logic; (4) Assemble and assess the contribution story, or performance story, and challenges to it; (5) Seek out additional evidence; (6) Revise and, where the additional evidence permits, strengthen the contribution story.

Contribution Analysis will be incorporated into the findings, and captured in the following table as an annex to the final report – synthesising the main insights from different lines and levels of evidence, as well as the assessed plausible contribution story of the JP. Contributions will be induced/harvested from the evidence available; and may include unexpected (positive and negative) as well as planned contributions. (Source: Evaluation Team analysis)

Table 9. Tool to Systematise Contribution Analysis

Contribution of JP-FGM (description)	Main supporting evidence	Main refuting evidence	Possible alternative explanations	(a) Plausible level of JP contribution (H/M/L)	(b) Level of evidence (H/M/L)	(c) Overall contribution (a)*(b)
<i>Example (e.g. Increased funding for FGM)</i>	<i>Financial flows to JP over time</i>	<i>Other funds and programmes addressing</i>	<i>Increased political attention in</i>	<i>Med (2/3)</i>	<i>Med (2/3)</i>	<i>Med (4/9)</i>

<sup>10</sup> Mayne, J. (2008) Contribution Analysis: An approach to exploring cause and effect, ILAC methodological brief, available at [http://www.cgjar-ilac.org/files/ILAC\\_Brief16\\_Contribution\\_Analysis\\_0.pdf](http://www.cgjar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf)

	<i>Interviews with donors and UN</i>	<i>FGM – overall sector growth</i>	<i>donor countries International CS campaigns</i>			

### Qualitative Comparative Analysis

Qualitative Comparative Analysis<sup>11</sup> is a means of analysing the causal contribution of different conditions (e.g. aspects of an intervention and the wider context) to an outcome of interest. Qualitative Comparative Analysis starts with the documentation of the different configurations of conditions associated with each case of an observed outcome. These are then subject to a minimisation procedure that identifies the simplest set of conditions that can account for the observed outcomes. It is a theory driven approach, in that the choice of conditions being examined needs to be driven by a prior theory about what matters; in this case this theory is the programme assumptions.

Qualitative Comparative Analysis can help identify configurations of attributes that are necessary and/or sufficient to explain observed outcomes. However, it only identifies correlations and, therefore, needs to be combined with additional qualitative analysis of the causal mechanisms that lead to these outcomes. The QCA calculation will be conducted in EvalC3 excel-based modelling software.

The table below is an evidence table to capture the input to the Qualitative Comparative Analysis to be run using EvalC3 software. Each rating (high/Medium/Low) is based on the synthesis of evidence by the evaluation team. (Source: based on the country evidence tables).

Table 10. QCA Analysis Table

Assumption	Level of evidence supporting presence of each assumption (H/M/L) for each country case study															
	Eth	Ken	Sen	Egy	Gui	GuB	Sud	Bur	Gam	Uga	Som	Eri	Mal	Mau	Yem	Nig
<i>Example</i>	<i>H</i>	<i>H</i>	<i>L</i>	<i>M</i>	<i>L</i>	<i>H</i>	<i>L</i>	<i>M</i>	<i>M</i>	<i>H</i>	<i>H</i>	<i>L</i>	<i>H</i>	<i>L</i>	<i>M</i>	<i>M</i>
1.1 Alignment with global, national, subnational priorities																
1.2 Approach based on comparative advantage																
1.3 Programme design is evidence-based																
2.1 Policy and legal framework for FGM appropriately resourced and limited																

<sup>11</sup> Marshall, G. (1998). Qualitative comparative analysis. In *A Dictionary of Sociology* Retrieved from <http://www.encyclopedia.com/doc/1O88-qualitativecomparatvnylss.html>

2.2 Service delivery for FGM timely and well resourced																			
2.3 Social norms																			
3.1 Management arrangements effective																			
3.2 Partnerships leveraged																			
3.3 Catalyst for emerging actors																			
3.4 FGM Profile raised																			
4.1 Financial systems and structures efficient																			
4.2 Oversight provides effective implementation																			
4.3 M&E is adequate																			
<b>QCA Outcomes (from programme logic model)</b>																			
5.1 National ownership and institutional capacity																			
5.2 Community norms sustained																			
5.3 Global profile and donor funding																			

In sum, the synthesis of evidence from across the different data sources and components will allow us to validate evidence and test each evaluation assumption, before combining these to develop findings and conclusions for each of the evaluation questions. The process enables us to vigilantly draw together findings from the 16 case studies, key informant interviews and the online survey to systematically address the evaluation questions to test the Programme Logic Model / story line and answer the evaluation questions.

### 3.5 Ethical considerations

The evaluation will be conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UN System<sup>12</sup>, and the United Nations norms and standards for evaluation in the UN System.<sup>13</sup> UNICEF adapted UNEG standards, will be adopted for the involvement of any minors<sup>14</sup>. Impact Ready also has its own detailed code of ethics for evaluation (see Annex 7).

In summary, the evaluation will be conducted using the following principles and approaches:

<sup>12</sup> United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=102](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102) and UNEG Code of Conduct for Evaluation in the UN system, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=100](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100)

<sup>13</sup> United Nations Evaluation Group, *Norms and Standards for evaluation in the UN System*, accessible at: [http://www.uneval.org/normsandstandards/index.jsp?doc\\_cat\\_source\\_id=4;Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance](http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4;Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance), accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=1401](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401)

<sup>14</sup> [https://www.unicef.org/evaluation/files/UNICEF-Adapted\\_UNEG\\_EvaluationReportsStandards\\_2010.pdf](https://www.unicef.org/evaluation/files/UNICEF-Adapted_UNEG_EvaluationReportsStandards_2010.pdf)

1. The data given to the evaluation team will remain the property of the person giving it.
2. All evaluation participants will be provided with contact details so that they can request:
  - a. Access to their data
  - b. Correction of their data
  - c. Deletion of their data
  - d. To be forgotten (i.e. no record of their identity) as being involved in the evaluation.
3. Whilst in safekeeping, all data will be held on password protected computers that are only accessible to the evaluation team; and will be uploaded to service providers (Evernote and Microsoft Office365) with secure servers.
4. The power of interpretation of individual stories will remain with the person who provided the story. Evaluators will ask contributors why they feel the story is important to them.
5. Before collecting any data, an explanation of the purpose and the intention of the evaluation team will be given and explicit oral consent will be sought.

### 3.6 Methodological limitations

There are several methodological limitations inherent in this evaluation. The evaluation team has identified some of the key limitations and have presented them below, along with planned mitigation strategies.

*Table 11: Main limitations and mitigation strategies*

<b>Limitation</b>	<b>Description</b>	<b>Mitigation Strategy</b>
<b>1. Challenges around establishing a comprehensive change model that accurately represents the evolving programme logic over three programming phases.</b>	It is challenging to combine three sets of change logic into one overarching theory that demonstrates the overall programme change logic as well as shifts in thinking during the course of the programme in a way that facilitates ownership of the model from programming staff and stakeholders.	The evaluation team have developed a simple programme logic model and then will further develop it and validate it with stakeholders throughout the course of the data collection process.
<b>2. Potential bias from stakeholder interviewees</b>	In qualitative data collection interviews, there is an inherent risk that stakeholders may filter information or try to present information under a specific light. This risk is potentially amplified with the close involvement of the independent	The evaluation team received a training session on conducting effective interviews that presented helpful tips and strategies to put interviewees at ease so that they feel comfortable to share

	<p>evaluation offices of UNFPA and UNICEF in the evaluation , where stakeholders may not be able to clearly distinguish the independent evaluation offices from the programming divisions within each organisation.</p>	<p>truthful and candid information. The evaluation team agreed with the UNFPA and UNICEF IEOs that they would ask the IEOs to stop participating in data collection if there is any suspicion that information is being modified because of their presence.</p>
<p><b>3. Potential bias in selecting stakeholders to participate in interviews and group discussions</b></p>	<p>As with most evaluations, a potential bias exists in working with country offices to select interview and group discussion participants. Offices may be inclined to invite stakeholders who are based within close proximity, stakeholders who have had a particularly positive or negative experience with the programme, stakeholders with a certain level of education and ease in communicating with evaluators, etc.</p>	<p>The local evaluation consultants are ultimately responsible for selecting stakeholders to participate in interviews and group discussions and will use a critical lens that is aware of these potential biases when working with the country offices to select participants., The team’s experience in conducting such data gathering means that it is able to some extent to correct for bias by triangulating sources, asking questions in such a way as to elicit more neutral responses.</p>
<p><b>4. Potential analytical bias from the evaluation team</b></p>	<p>As with all qualitative interview exercises, humans have the tendency to be easily influenced by the factors surrounding information in addition to the information itself (e.g., the order in which humans receive information influences how much weight they mentally place on each piece of information).</p>	<p>The evaluation team participated in a training session on how to identify potential analytical and interview biases and to actively work to mitigate them. Interviewers from the evaluation team will also take detailed notes that will be shared with the rest of the evaluation team for analysis and validation.</p>
<p><b>5. Limitations in accessing reliable and informative quantitative</b></p>	<p>The programme is currently in the development and early implementation of a more robust monitoring and evaluation system, meaning that data may</p>	<p>The evaluation team will use a primarily theory-based qualitative approach to assess the logical coherence of the</p>

<p><b>data and measuring reductions in programme outcomes</b></p>	<p>not be as readily available, disaggregated, or reliable as necessary. Additionally, there are significant sector-wide challenges around statistically measuring the reduction of FGM</p>	<p>programme’s change model, the extent to which strategies are aligned and contribute to the change model, and other relevant programming issues that can provide some reasonable insight as to whether or not the programme is <i>likely contributing</i> to a reduction of FGM.</p>
<p><b>6. Limited resources that do not allow the evaluation team to conduct in-person visits to all of the countries where programming was implemented.</b></p>	<p>Due to financial and time limitations associated with this evaluation, it is not possible for the evaluation team to conduct in-person case study visits to all of the countries where programming was implemented, therefore reducing the data and analytical contributions emerging from the experiences of those countries.</p>	<p>The evaluation methodology includes virtual case studies that will include a document review and virtual interviews with key informants from those countries that will not be visited through in-person case study visits.</p>

## 4.0 Roles and Responsibilities

### 4.1 Roles and Responsibilities within a Participatory Evaluation Framework

A core evaluation team from ImpactReady with significant thematic and evaluation experience will work closely with national experts during the country case studies. They will be supported and guided by a variety of stakeholders by means of a highly participatory approach and evaluation methodology.

A joint Evaluation Management Group (EMG), consisting of four (4) professionals (a lead evaluation manager, a co-evaluation manager, supported by two evaluation research associates) from the UNFPA and UNICEF independent Evaluation Offices, has been created to provide day-to-day support to help guide the external evaluation team. The Evaluation Management Group is the main decision-making body for the evaluation and have overall responsibility for the management of the evaluation process including the oversight of the evaluation team. The Evaluation Management Group is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines.

The Evaluation Management Group will be involved in supporting and guiding the external evaluation team throughout the evaluation phases. Their active participation in the evaluation will provide significant added value in that they are well positioned to provide feedback and insights on key thematic issues, contextual issues, and institutional dynamics and realities.

The chair of the Evaluation Management Group and lead evaluation manager and some members of the Evaluation Management Group will actively participate in data collection during the in-person country case study visits. As part of this activity, members of the Evaluation Management Group are expected to proactively and transparently identify themselves as members of the Independent Evaluation Offices. In some instances, it may be appropriate for only the external team to be present at meetings (as agreed during the inception meeting).

All team members should act in a professional, respectful, and engaged manner during interviews and meetings; take detailed notes when they are conducting interviews in the absence of members of the external evaluation team; and correctly write-up, upload, and tag their interview notes on the team's Evernote platform.

When collecting data, Evaluation Management Group members are expected to provide thoughts and contributions towards the development of the Country Evidence Table and work collaboratively with the external evaluators. This also means that the external evaluators will take the lead when interacting with country stakeholders and when presenting to the National Reference Groups. The chair of the Evaluation Management Group will take the co-lead as appropriate (e.g. pilot mission).

The Evaluation Management Group will also be involved in data analysis workshops in New York to support the external evaluation team with the analysis of data and the development of preliminary findings. The external evaluators will prepare an initial analysis of the data prior to the meeting and will engage the Evaluation Management Group for their feedback and to draw on their experiences and insights. As it is the responsibility of the external evaluation team to develop preliminary findings in consultation with the Evaluation Management Group, it is expected that the Evaluation Management Group will contribute to the discussion around preliminary findings but that the findings themselves will be developed independently by the external evaluators.

An Evaluation Reference Group has been established at the global level to provide overall guidance and technical advice for the evaluation. National Reference Groups are being set up in all the countries where in-person case studies will occur to guide the studies.

ImpactReady evaluation team will ensure all key evaluation deliverables will be submitted to the chair of the evaluation management group for review and approval as per the agreed calendar.

As per the terms of reference, all deliverables will be quality assured by ImpactReady before submission to the chair of the evaluation management group.

The following table outlines in greater detail the specific roles and responsibilities of the members of the external evaluation team, the members of the evaluation management group, and the evaluation management references at the global and national levels.

For further details on the governance and management of the Joint Evaluation please refer to the Governance Note.<sup>15</sup>

*Table 12. Roles and Responsibilities*

Role	Person	Main responsibilities
<b>Core team</b>		
Evaluation Lead, Global and Regional Analysis	Susanne Turrall (replaced Isabel Vogel)	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>Review and refine the evaluation matrix (evaluation questions, assumptions and rubric)</li> <li>Co-develop a Programme Logic Model</li> <li>Review and further develop the methods and tools for global and regional data analysis</li> <li>Contribute to the finalization of the (second version) methodological note (post pilot visit) and work plan for the data collection and analysis, including edits and audit trail</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>Oversee survey and analysis, content and financial analyses</li> </ul>

<sup>15</sup> Evaluation Governance Note: [https://www.unfpa.org/sites/default/files/admin-resource/Governance\\_Note\\_Joint\\_Evaluation\\_FGM\\_Final.pdf](https://www.unfpa.org/sites/default/files/admin-resource/Governance_Note_Joint_Evaluation_FGM_Final.pdf)

		<ul style="list-style-type: none"> <li>• Participate within Egypt case study and write up country table</li> <li>• Quality assure and submit 16 country tables</li> <li>• Attend evaluation meetings and workshops in New York</li> <li>• Undertake global and</li> <li>• regional interviews and synthesize lessons</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York</li> <li>• Preparation of Action Brief</li> <li>• Preparation of draft and final reports, including edits and audit trail</li> <li>• Preparation of presentation</li> </ul> <p><b>Dissemination</b></p> <ul style="list-style-type: none"> <li>• Participate in evaluation meetings and workshops (remotely)</li> </ul>
Evaluation Lead, Case Studies	Rafael Eguiguren	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York</li> <li>• Review and refine the evaluation matrix (evaluation questions, assumptions and rubric)</li> <li>• Review and further develop the methods and tools for country data analysis</li> <li>• Preparation a short methodological note and work plan for the data collection, including edits and audit trail</li> <li>• Preparation of presentation</li> <li>• Negotiate and agree on timings for country cases</li> <li>• Lead pilot case study</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Oversee country cases and configurational analysis</li> <li>• Lead Ethiopia and Egypt case study and write up country table</li> <li>• Preparation of presentation</li> <li>• Attend evaluation meetings and workshops in New York</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York</li> <li>• Preparation of Action Brief</li> <li>• Preparation of final report, including edits and audit trail</li> </ul>

		<ul style="list-style-type: none"> <li>Preparation of presentation</li> </ul> <p><b>Dissemination</b></p> <ul style="list-style-type: none"> <li>Attend evaluation meetings and workshops in New York</li> </ul>
FGM and social norms expert	Corinne Whitaker	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>Review documents housed in the document repository provided by the UNFPA-UNICEF offices and any other documentation outside of this which may be relevant to the evaluation</li> <li>Attend evaluation meetings and workshops in New York</li> <li>Provide requested technical inputs to support co-team leaders</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>Participate in Ethiopia and Kenya (as Mission lead) case studies and contribute to country tables</li> <li>Attend evaluation meetings and workshops in New York</li> <li>Lead extended desk reviews of 3 countries, as agreed with TL</li> <li>Undertake global level interviews</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>Attend evaluation meetings and workshops in New York</li> <li>Preparation of action brief</li> <li>Provide technical inputs to support co-team leaders on final report</li> </ul>
Senior evaluator	Katherine Garven	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>Review documents housed in the document repository provided by the UNFPA-UNICEF offices and any other documentation outside of this which may be relevant to the evaluation.</li> <li>Review and refine the evaluation matrix (evaluation questions, assumptions and rubric)</li> <li>Co-develop a Programme Logic Model</li> <li>Update and manage the document repository.</li> <li>Identify documents that are present and missing within the repository.</li> <li>Attend evaluation meetings and workshops in New York</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide requested technical inputs to support co-team leaders</li> <li>• Support the preparation of the methodological note.</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Lead Senegal case study and write up country table</li> <li>• Lead survey and write up analysis</li> <li>• Lead extended desk reviews of 9 countries, agreed with TLs.</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York</li> <li>• Provide technical inputs to support co-team leaders on final report. Attend evaluation meetings and workshops in New York</li> <li>• Provide requested technical inputs to support co-team leaders</li> </ul>
<b>Support team</b>		
Project director	Maria Borisova	<ul style="list-style-type: none"> <li>• Manage the Long-Term Agreement and contract</li> <li>• Support identification of consultants (international and national)</li> <li>• Support logistics for country-case studies</li> <li>• Procure software and other materiel</li> <li>• Manage the budget</li> <li>• Issue and receive all subcontracts, invoices, payments</li> <li>• Review team members' ToRs set by evaluation team leaders</li> <li>• Ensure team leaders' timely submission of evaluation deliverables and keep evaluation manager informed of potential delays</li> <li>• Arrange for independent QA of evaluation deliverables</li> <li>• Coordinate with the lead evaluation manager</li> <li>• Oversee organisation of evaluation data</li> <li>• Support evaluation survey</li> <li>• Enforce Prevention of Sexual Exploitation and Abuse commitments</li> <li>• Ensure legal compliance</li> <li>• Lead resolution of any challenges, problems and disputes.</li> </ul>
Independent QA	Robert Stewart	<b>Inception</b>

		<ul style="list-style-type: none"> <li>• QA of the first and second versions of the Methodological Note using UNFPA-UNICEF standards</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• QA of the action brief, draft evaluation report, and final evaluation report using UNFPA-UNICEF standards</li> </ul>
<b>National Consultants</b>		
National Consultants	Ethiopia - Meron Genene Teshome; Senegal – Babacar Mane ; Kenya – Mohamed Noor ; Egypt – Shahira Amin	<p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Select stakeholders to participate in interviews and group discussions</li> <li>• Lead the preparation and ongoing management of the stakeholder map and agenda</li> <li>• Aggregate available information into the 5-page background Country Brief</li> <li>• Help identify and contract interpreters for sub-national site visits, including briefing them on desired approach to interviews and FGDs</li> <li>• Undertake field visits</li> <li>• Conduct interviews, record and categorise interview notes</li> <li>• Conduct follow up interviews</li> <li>• Provide inputs to the Country Table Lead</li> </ul>
<b>Evaluation Management Group</b>		
UNFPA Evaluation Independent Evaluation – Chair of the Evaluation Management Group, Lead Evaluation Manager	Alexandra Chambel	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>• Lead the selection and recruitment of the evaluation team</li> <li>• Manage the contract and the budget</li> <li>• Update the joint programme steering committee and the evaluation reference group on the progress of the evaluation;</li> <li>• Guide the evaluation team and provide overall oversight to the evaluation.</li> <li>• Attend evaluation meetings and workshops in New York and brief Evaluation Team</li> <li>• Resource/ advisor to team for UNFPA expectations</li> <li>• Communication broker between Evaluation team and Evaluation Reference Group</li> <li>• Approve methodological note, with Evaluation Management Group</li> <li>• Co-lead the pilot mission to Ethiopia</li> </ul>

		<p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Approve selection of national experts</li> <li>• Facilitate communication between Evaluation Team and Country Offices</li> <li>• Participate in Senegal and Egypt case studies as UNFPA IEO staff</li> </ul> <p>Contribute to interview notes as appropriate.</p> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Update the joint programme steering committee and the evaluation reference group on the progress and preliminary results of the evaluation;</li> <li>• Attend evaluation meetings and workshops in New York, in capacity of providing UNFPA insights to Evaluation Team to ensure that the team’s independent data analysis is relevant and well contextualised.</li> <li>• Liaise with Evaluation Team, Evaluation Reference Group and Evaluation Management Group over review, comments and approval of evaluation products</li> <li>• Approve draft and final evaluation report</li> </ul>
<p>UNFPA Independent Evaluation Office, Evaluation Research Associate</p>	<p>Karen Cadondon</p>	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>• Support the lead evaluation manager and the Evaluation Management Group</li> <li>• Contribute to the selection of the evaluation team</li> <li>• Attend evaluation meetings and workshops in New York and Brief Evaluation Team</li> <li>• Lead the document repository (Google Drive)</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Liaise with the country offices and other business units for the case studies as appropriate</li> <li>• Facilitate communication between Evaluation Team and Country Offices</li> <li>• Participate in Kenya case study as UNFPA IEO staff</li> <li>• Contribute to interview notes, and use Evernote tagging system as appropriate</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York, in capacity of providing UNFPA</li> </ul>

		<p>insights to Evaluation Team to ensure that Evaluation Team’s independent data analysis is relevant and well contextualised</p> <ul style="list-style-type: none"> <li>• Review and provide comments on the evaluation deliverables under the guidance of the lead evaluation manager.</li> </ul>
UNICEF Evaluation Office – Evaluation Manager	Matthew Varghese	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>• Contribute to the selection of the evaluation team</li> <li>• Attend evaluation meetings and workshops in New York and Brief Evaluation Team</li> <li>• Resource/ advisor to team about UNICEF expectations</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Facilitate communication between Evaluation Team and Country Offices</li> <li>• Participate in Egypt case study as UNICEF IEO staff</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>• Attend evaluation meetings and workshops in New York, in capacity of providing UNICEF insights to Evaluation Team to ensure that the Evaluation Team’s independent data analysis is relevant and well contextualised</li> <li>• In consultation with the lead evaluation manager liaise with Evaluation Team, Evaluation Reference Group over review, comments and approval of evaluation products</li> </ul>
UNICEF Independent Evaluation Office – Evaluation Research Associate	Laurence Reichel	<p><b>Inception</b></p> <ul style="list-style-type: none"> <li>• Contribute to the selection of the evaluation team</li> <li>• Attend evaluation meetings and workshops in New York and Brief Evaluation Team</li> <li>• Support document repository (Google D Drive)</li> </ul> <p><b>Enquiry</b></p> <ul style="list-style-type: none"> <li>• Liaise with the country offices and other business units for the case studies as appropriate</li> </ul>

		<ul style="list-style-type: none"> <li>Facilitate communication between Evaluation Team and Country Offices where relevant</li> </ul> <p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>Attend evaluation meetings and workshops in New York, in capacity of providing UNICEF insights to Evaluation Team to ensure that ET data analysis is relevant and well contextualised.</li> <li>Review and provide comments on the evaluation deliverables under the guidance of the evaluation managers.</li> </ul>
Evaluation Reference Groups (at global and national levels)		<ul style="list-style-type: none"> <li>Provide all requested documentation.</li> <li>Participate in Evaluation Reference Group Meetings (this includes the Launch and Debrief Meetings at the national level and all ERG meetings at the global level).</li> <li>Provide technical feedback on all evaluation deliverables including the Action Brief, and the Draft Report.</li> <li>Disseminate information generated by the evaluation.</li> </ul>

## 4.2 Quality assurance

There are five levels of QA in the ImpactReady policy:

**QA Level 1 – Recruitment**

**QA Level 2 – Proposals**

**QA Level 3 – Evaluation Design.** Ensuring that each evaluation’s findings, learning, conclusions and recommendations are clearly located within a rigorous process, which meets international and UN standards.

**QA Level 4 – Process Monitoring.** The Team Leader holds overall responsibility for quality assurance. This is based on close working with each client to further refine the ToR and identify robust mechanisms for validating and communicating emerging findings. For large or complex evaluations, a Senior Partner acts as the Evaluation Coordinator.

**QA Level 5 – Learning and Communication.** A Senior Partner conducts internal quality assurance and learning reviews for each assignment according to the evaluation workplan. This can result in action plans to ensure effective process documentation and the implementation and monitoring of any required changes. The QA review process also benefits from our involvement across multiple sectors and the multiple perspectives this brings.

**Independent quality assurance** of evaluation deliverables will be undertaken by a senior evaluator from the UNICEF GEROS LTA (due to end before this evaluation is released) based on the following standards:

- Methodological note: UNICEF Inception Report Guidance (2017)
- Final evaluation report: UNFPA Evaluation Quality Assessment template (2018), and UNICEF GEROS Evaluation Quality Assessment Template (2018) – including UN-SWAP revised evaluation performance indicator (2017)

## 5.0 Evaluation workplan

Below we set out the evaluation work plan for all core team members, national consultants and interpreters.

Table 13. Workplan

Phase	Task	Location	Date	Susie (prev Isabel)	Rafael	Corinne	Katherine	National Consultant Ethiopia	National Consultant Kenya	National Consultant Senegal	National Consultant Emirat	Maria	Interpretation (UN)	Interpretation	ImpactReady QA	Translation	Editing
	Initial documentary review (Evaluation Team)	Remote	May	2.2	2	1	2										
	Kick off meetings with EOs and JP coordination team + Evaluation team and EMG induction workshop (team leader and FGM expert) (4 days)	New York	(May 29 - June 1)	4.3	4	4	4					2					
	Comments from the Evaluation Management Group (EMG) on the draft methodological note and work plan	Remote	12-Jun-18														
	Submission of the draft revised methodological note and work plan	Remote	15-Jun-18		3	3	3										
	Document completeness and quality review	Remote										1					
	Pilot field mission (3 full weeks – 15 working days not counting weekends - only 1 local consultant)	Ethiopia (1 local consultant)	Prep		2	2		5									
June 20 - July 11.				15	14		15			1		8					
Country table 14 Sept				4	4		10										
	Refinement of data collection tools based on the pilot (including the outline for the survey). Finalization and submission of the final methodological note	Remote	13-Aug-18														
	Document review	Remote	13-Aug-18	3	3	1	1										
				2													

	Methodological note completeness and quality assurance	Remote	13-Aug-18									1			1				
	Management of Evernote	Remote	Ongoing									2							
	Management of Google Drive	Remote	Ongoing				4												
			INCEPTION	11.5	33	29	14	30	0	0	0	7	0	8	1	0	0		
Data Collection & Field	3 field missions	Kenya (2.5 weeks) + Country evidence table	Prep			3			6			2							
			August 20 - September 6			14			14					8					
			Country table 24 Sept			5			6										
		Senegal (including interviews with the RO in Senegal) + country evidence table	Prep				3				6		2						
			August 27-13 September				14				14				8				
			Country table 1 Oct				5				6								
		Egypt (including interviews with the RO in Cairo) + country evidence table	Prep	3	3							6	2						
			Sep 16 - Oct 2	13	13							13			8				
			Country table 15 Oct	3	3							6							
		12 extended desk review countries (remote interviews and documentary review)	9 Extended desk reviews																
							36												

		Uganda, Nigeria, Eritrea	July-Aug			9												
	Remote/ in person global interviews	Remote and New York	May - October	4		4												
	Remote Regional interviews	Remote	May - October	4														
	Finalization of the survey		October	1			3											
	Submission of the Country Evidence Tables (4+ 12 countries) Quality Control	Remote	July/ October	2	2							1			1			
	<b>Second Evaluation Reference Group Meeting</b> (half a day + half and day interviews) - Presentation of preliminary findings stemming from the data collection (core team) + <b>Power Point/ Prezi Presentation</b>	New York	15 Oct (TBC)	1	1	1	1					1						
	-		ENQUIRY	31	22	36	62	0	26	26	25	8	0	24	1	0	0	
Reporting	Evaluation team (core team) and evaluation managers data analysis workshop (3 days following the ERG meeting)	New York	16-18 Oct (TBC)	3	3	3	3					1						
	Submission of the 3-5 page action brief	Remote	19-Oct-18	3	1	2												
	Submission of the first draft Evaluation Report – introduction and findings (word)	Remote	November	21	5	5	8											
	Comments from the Evaluation Management Group (EMG) and the ERG on the first draft Evaluation Report	Remote	November															
	Review and address comments from evaluation management group and reference group members. Submission of the second draft report + Submission of Audit Trail (responses to comments)	Remote	November															
	Document completeness and quality assurance	Remote	November										1			1		

	Evaluation team (core team) and evaluation managers conclusions and recommendation workshop (3 days)	New York	December	3	3	3	3					1					
	Submission of third draft Final Evaluation Report (word) and Submission of Audit Trail (responses to comments)	Remote	20-Jan-19	5	4	2	2								1		
	<b>Third Evaluation Reference Group Meeting</b> Presentation of the draft final report (focusing on the conclusions and recommendations) (team leader + FGM thematic expert)	Remote	January	1	1	1	1					1					
	Comments from the (EMG) and the ERG on the third draft Evaluation Report	Remote	February														
	Review and address comments from the EMG and ERG. Submission of the final Evaluation Report (word) + Submission of Audit Trail (responses to comments) + Power Point/ Prezi Presentation		February	3	2	1	1										
	Document completeness and quality assurance		February									1			1		
			REPORTING	43	21	18	20	0	0	0	0	5	0	0	3	0	0
Dissemination	Presentation of the final report to JP Steering committee meeting (team leader)	remotely	March	1													
	Translation of the executive summary in French and Spanish	Remote	February												10		
	Professional copy editing, of the evaluation report provided by the company	Remote	March													15	
			DISSEMINATION	1	0	0	0	0	0	0	0	0	0	0	10	15	
			TOTAL	86.5	76	83	96	30	26	26	25	20	0	32	5	10	15

## 6.0 Outline of the final report

This final section, in brief, sets out the intentions for the final report.

The evaluation report will provide a comprehensive but succinct overview of key findings, conclusions and recommendations of the evaluation. It will comprise a total of 70-80 pages, without annexes.

The introduction will provide a useful introduction and overview of the programme itself. It will detail the purpose of the evaluation, methods and tools used in evaluation design; evaluation questions and assumptions to be assessed; the methods and tools used for data collection as well as the approach to triangulation and validation.

The findings will be organised around each of the evaluation questions and assumptions and will be addressed methodically and systematically. There will be a detailed response to each, as well as a summary box. Where evidence is inconclusive, it will be noted. Positive and negative findings will be presented in a balanced way. Key factors that influence the results (enablers and constraints) will be discussed.

The conclusions will be logically derived from the findings and substantiated by evidence. They will be linked to the findings (with a numbering system) so that they can be traced back to the evidence. An analysis of the contribution of the JPFGM will be integrated.

Recommendations will be clearly linked to the evidence base and will flow logically from the findings and conclusions. They will be prioritised (very high/high/medium); targeted to the relevant part of the organisation/s; and sequenced with clarity around timing for implementation. Recommendations will be intended to be realistic, considering contextual factors and limitations.

Cross-cutting issues including human rights principles and gender equality and empowerment will be interwoven throughout the analysis, and will be integral to the findings, conclusions and recommendations.

See Annex 1 for the Structure for the evaluation report.

# Annex 1: Terms of reference (short version)

To see full version of the ToR, click here: <https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation>

## Introduction

The Evaluation Offices of UNFPA (lead agency) and UNICEF will jointly conduct an independent evaluation of the UNFPA/UNICEF joint programme on the abandonment of Female Genital Mutilation (FGM). The joint evaluation will commence in the first quarter of 2018. The present terms of reference (ToR) were based on an extensive document review and consultations with key stakeholders. The ToR aims to provide key information for the evaluation, including background of UNFPA and UNICEF support, the objectives and scope of the evaluation, the proposed methodological approach, including the sampling approach for the case studies, and the expected deliverables and indicative timeline.

An external, multidisciplinary team comprised of evaluation and thematic experts, will support the UNFPA and UNICEF Evaluation Offices carrying out the evaluation. The selected evaluation team is expected to conduct the evaluation in conformity with the present terms of reference, under the overall leadership from the evaluation management group, chaired by the lead evaluation manager of the UNFPA Evaluation Office (for details on the management of the evaluation see section 7).

The main users of the evaluation include staff members at UNFPA and UNICEF (at the global, regional and country level), partner countries, the joint programme steering committee members, civil society (including non-governmental organizations, feminists and women's rights activists, gender equality advocates). In particular, the evaluation will provide useful information to the managers and the steering committee of the UNFPA/UNICEF joint programme on female genital mutilation.

## Global context and UNFPA and UNICEF support to the abandonment of FGM

### Global context of FGM

Globally, it is estimated at least 200 million girls and women have undergone some form of female genital mutilation in 30 countries.<sup>16</sup> Female genital mutilation refers to all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons.<sup>17</sup> The age at which FGM is performed varies. In some communities it is carried out during infancy, while in others it may occur 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 to 10 years old or just before puberty, although reports suggest that the age is dropping in some areas. FGM has both immediate and long-term consequences to the health and wellbeing of girls and women, negatively impacts maternal and neonatal outcomes, and also increase the risk of HIV/AIDS transmission. While some countries have seen

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<sup>16</sup> UNICEF (2016) Female Genital Mutilation: A Global Concern.

The exact number of girls and women worldwide who have undergone FGM remains unknown. The primary sources of nationally representative data on FGM have been household surveys, and more data collection in countries where no such data currently exist is needed in order to present a more reliable and complete picture of the practice.

<sup>17</sup>For more information on FGM see <http://www.unfpa.org/female-genital-mutilation>

a decline in overall prevalence in the last three decades, progress is uneven and the pace of decline is insufficient to keep up with population growth.<sup>18</sup> Should trends continue, it is projected that the number of girls and women undergoing FGM will significantly increase by 2030.<sup>19</sup>

## Global normative framework

Female genital mutilation is internationally recognized as a harmful practice often resulting in serious injury, disability and death. It is also a violation of the rights of women and girls to bodily integrity and freedom from injury and coercion. There is a growing awareness of the profound challenges of addressing the complex, context-responsive, and enduring set of drivers which sustain the practice of FGM. Efforts to end FGM have increasingly been framed within the wider agenda of addressing gender equality and fostering gender transformative strategies. This is reinforced by specific reference to FGM in the recent 2030 Agenda for Sustainable Development.<sup>20</sup> The global calls for the elimination of FGM are grounded in decades of work on the part of diverse initiatives including women, health providers, and religious leaders and human rights activists and have been codified in numerous declarations, conventions and agreements adopted by the international community.

The first international instrument explicitly addressing violence and other harmful practices against women, with specific reference to female genital mutilation and other harmful practices, was the Declaration on the Elimination of Violence against Women (1993).<sup>21</sup> The following year, the International Conference on Population and Development (ICPD) specifically addressed the importance of FGM and urged governments and communities to take steps to eliminate ‘the practice of female genital mutilation and protect women and girls from all similar unnecessary and dangerous practices.’<sup>22</sup> During a General Assembly special session, in September 2014, governments reaffirmed their commitment to the ICPD and endorsed a new Framework for Action to intensify efforts for its full implementation in the 21<sup>st</sup> century.<sup>23</sup>

In 2008, the World Health Organisation (WHO) established an interagency statement on eliminating FGM. This statement calls for member states, international and national organizations, civil society and communities to develop, strengthen, and support specific actions to eliminate FGM.<sup>24</sup>

From 2006 -2016, several resolutions were passed shaping the work of UN entities today. In 2006, the General Assembly adopted a seminal resolution, calling on states to condemn all forms of violence against women, stressing the importance to intensify global efforts for the elimination of female genital mutilations. Following this, in 2012, the United Nations General Assembly adopted a Resolution to ban female genital mutilation worldwide. The Resolution [A/RES/67/146] was cosponsored by two thirds of the General Assembly, including the entire African Group, and was adopted by consensus by all UN members.

In 2014, the United Nations General Assembly adopted another Resolution on the elimination of female genital mutilation. The Resolution [A/69/150], was cosponsored by the Group of African States and an additional 71 Member States, and was adopted by consensus by all UN members.<sup>25</sup> In 2016, the General

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<sup>18</sup> UNICEF (2016) Female Genital Mutilation: A Global Concern.

<sup>19</sup> *Ibid.*

<sup>20</sup> Violence against women is addressed explicitly in goal 5: target 5.3 discusses harmful practices, calling for the elimination of such practices, such as “child, early and forced marriage and female genital mutilation.”

<sup>21</sup> Declaration on the Elimination of Violence against Women 1994. See at [Declaration on the Elimination of Violence against Women 1994](#)

<sup>22</sup> Available at [Report of the ICPD \(A/CONF.171/13\)](#), paragraph 7.40.

<sup>23</sup> Available at [ICPD Beyond 2014. International Conference on Human Rights](#)

<sup>24</sup> Available at [Eliminating Female Genital Mutilation: An interagency statement](#)

<sup>25</sup> Available at [Intensifying global efforts for the elimination of female genital mutilations. \(A/69/150\)](#)

Assembly adopted by consensus the [A/C.3/71/L.15] Resolution on intensifying global efforts for the elimination of female genital mutilation sponsored by the African Group.<sup>26</sup>

Most recently, the elimination of violence against women has been taken up by the 2030 Agenda for Sustainable Development.<sup>27</sup> Violence against women is addressed explicitly in Goal 5, Target 5.3, which calls for the elimination of harmful practices, such as “child, early and forced marriage and female genital mutilation”.<sup>28</sup>

### **UNFPA and UNICEF Joint Programme on FGM: Accelerating Change**

In 2007, UNFPA organised a Global Consultation on FGM which led to the creation of the UNFPA - UNICEF Joint Programme on Eliminating Female Genital Mutilation. Since its launch, the joint programme has given greater prominence to the issue, mobilized substantial additional resources, and provided new impetus to the global movement to end the practice. In line with the UN General Assembly Resolutions related to the abandonment of FGM as well as the adoption of the Sustainable Development Goals, the programme directly contributes to the achievement of Goal 5, related to gender equality. Notably, the Joint Programme has provided technical inputs to the Commission on the Status of Women and treaty bodies such as the Committee on the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child (CRC), while collaborating with WHO and UN Women ongoing policy and programmatic development.

#### **2.3.1 Phase I (2008-2013)**

The first phase of the Joint Programme was implemented over the course of six years (2008-2013),<sup>29</sup> supported by multi-donor funds received by the governments of Austria, Iceland, Ireland, Italy, Luxembourg, Norway and Switzerland.<sup>30</sup> In 2008, the programme began operating in Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan. The Joint Programme was then extended to Burkina Faso, the Gambia, Uganda and Somalia in 2009 and by 2011 also included Eritrea, Mali and Mauritania. By the conclusion of the first phase, the joint programme was operating in total of 15 countries.

The objective of the first phase of the joint programme was “to contribute to a 40 percent reduction of the practice among girls aged 0-15 years, with at least one country declared free of FGM by 2012”.<sup>31</sup> The proposal also indicated that the Joint Programme was intended to be strategic and catalytic, holistic, cross border and sub-regional, human-rights-based and culturally sensitive, and based on a theoretical understanding of FGM as a social convention/norm.<sup>32</sup>

**In 2012/2013, a joint evaluation was conducted on the implementation thus far on the first phase of the joint programme.<sup>33</sup> The results and lessons learned that emerged from this exercise then informed the formulation of the second phase of the Joint Programme. The evaluation concluded that: (i) the joint programme showed significant strengths, including its emphasis on pursuing a holistic and culturally sensitive approach and addressing global, national and local levels simultaneously however with some challenges in operationalizing the regional dimension; (ii) the available evidence supports**

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<sup>26</sup> Available at [Intensifying global efforts for the elimination of female genital mutilation \[A/C.3/71/L.15\]](#)

<sup>27</sup> The newly negotiated international development agenda (operationalized in 17 sustainable development goals).

<sup>28</sup> Available at [transforming our world: the 2030 Agenda for Sustainable Development](#), target 5.3.

<sup>29</sup> The Joint Programme was originally only to span four years (2008-2012), but was extended through 2013 to meet resource mobilisation targets and fulfil implementation obligations.

<sup>30</sup> UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change, Summary Report of Phase I 2008-2013

<sup>31</sup> 2008 Annual Report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change.

<sup>32</sup> For detailed information on the proposal for the Joint Programme, please see: <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change-original-proposal-2009>.

<sup>33</sup> For more information on the Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change (2008-2012) please see: <http://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital>

several of the key assumptions shaping the theory of change of the first phase, but also highlights a knowledge and evidence gap with regards to the linkages between changes in FGM social norms to changes in individual and collective behaviours to changes in FGM prevalence; (iii) the results for the first phase were overall positive, where the joint programme achieved varying degrees of progress in strengthening legal and policy frameworks at national and sub-national levels, enabling change in the awareness and knowledge of FGM by key actors and general public, and increasing the commitment of community leaders and members to FGM abandonment.

Drawing on lessons learned from the findings of the Phase I evaluation, the Joint Programme introduced the following strategies to enhance its effectiveness:

- **Increased focus on addressing social norms that result in harmful practices** by supporting large-scale social transformation and positive social change at the household, community and society levels. The Joint Programme invested in more in-depth research on social norms and its linkages to changes in individual and collective behaviours. The Joint Programme provided capacity building to governments, civil society organizations, and UN staff members in the use of a social norms approach.
- **Strengthened systems and tools, capacities and resources available for longer-term data collection and analysis** to provide solid monitoring data on the effectiveness of the Joint Programme's different strategies. Steps included developing 17 nested databases linked to a global database called DiMonitoring, training 1,260 data managers from governments, civil society, and UNFPA and UNICEF staff to roll out the database, and setting realistic programme targets and results-based management programming.

### 2.3.2 Phase II (2014-2017)

Phase II of the Joint Programme began in 2014 and will run through to the end of 2017. The objective, revised from Phase I<sup>34</sup>, is to *“contribute to the acceleration of the total abandonment of FGM in the next generation (i.e. next 20 years) through a 40% decrease in prevalence among girls 0-14 years in at least 5 countries and at least one country declaring total abandonment by the end of 2017.”*<sup>35</sup>

Building on the knowledge gained from the first phase, the second phase made revisions to its results framework, while maintaining a social norm perspective and including human rights and cultural sensitivity principles to guide the programming. For further details on the evolution of the results framework from Phase I to Phase II and from Phase II to Phase III please see Annex 7.

The second phase of the Joint Programme operates in 17 countries, which includes the original set of 15 countries from the first phase of implementation and the addition of Nigeria and Yemen in 2014.

**Table 1: Programme Countries for Joint Programme Phase II**

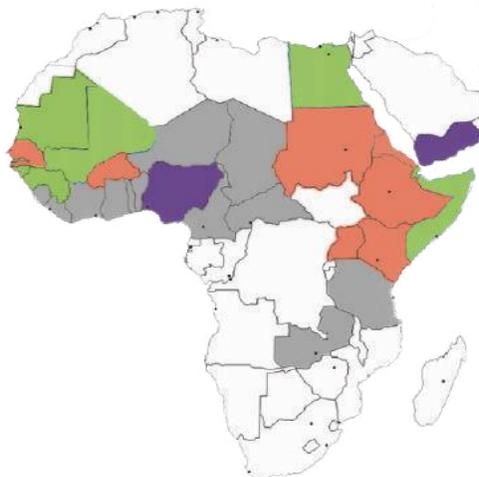
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<sup>34</sup> For Phase 1, reaching a given level of abandonment within one generation was articulated as an outcome. Based in part on the judgment of the evaluation of phase 1 that this was an unrealistic outcome, a slight modification of that outcome was moved instead to the objective line.

<sup>35</sup> UNFPA-UNICEF Joint Program on the Abandonment of Female Genital Mutilation: Accelerating Change Funding Proposal for a Phase II January 2014 – December 2017.

2008	2009	2011	2014
<ul style="list-style-type: none"> <li>•Djibouti</li> <li>•Egypt</li> <li>•Ethiopia</li> <li>•Guinea</li> <li>•Guinea Bissau</li> <li>•Kenya</li> <li>•Senegal</li> <li>•Sudan</li> </ul>	<ul style="list-style-type: none"> <li>•Burkina Faso</li> <li>•Gambia</li> <li>•Uganda</li> <li>•Somalia</li> </ul>	<ul style="list-style-type: none"> <li>•Eritrea</li> <li>•Mali</li> <li>•Mauritania</li> </ul>	<ul style="list-style-type: none"> <li>•Yemen</li> <li>•Nigeria</li> </ul>

**Figure 1: Joint programme phase II geographic coverage<sup>36</sup>**



Based on the results of the evaluation of Phase I the joint programme the second phase introduced a cluster approach, where the countries have been grouped into three clusters: “accelerated,” “emergent,” or “new” countries.

The three clusters are intended to reflect the different pace of acceleration in the abandonment of FGM (with regards to policy and legislation, civil society capacity and community ownership) that is expected in these programme countries.

**Table 2: Countries supported under the joint programme**

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

The intervention model pools international resources to enable existing national actors working on FGM elimination, such as the government, CSOs and NGOs, to progress in delivering interventions within each component (see annex for examples of interventions delivered).

### 2.3.3 Phase III (2018-2021)

**As the joint programme moves into its third phase of implementation, it will seek to build on the lessons learned from the implementation of the previous (and current) phases, whereby this evaluation will play a critical role in its realization. The third phase will continue to embrace a holistic and multi-sectoral approach to support the elimination of FGM at all levels (from household to global level). It will also introduce new elements to the programme in an effort to scale up interventions and further accelerate**

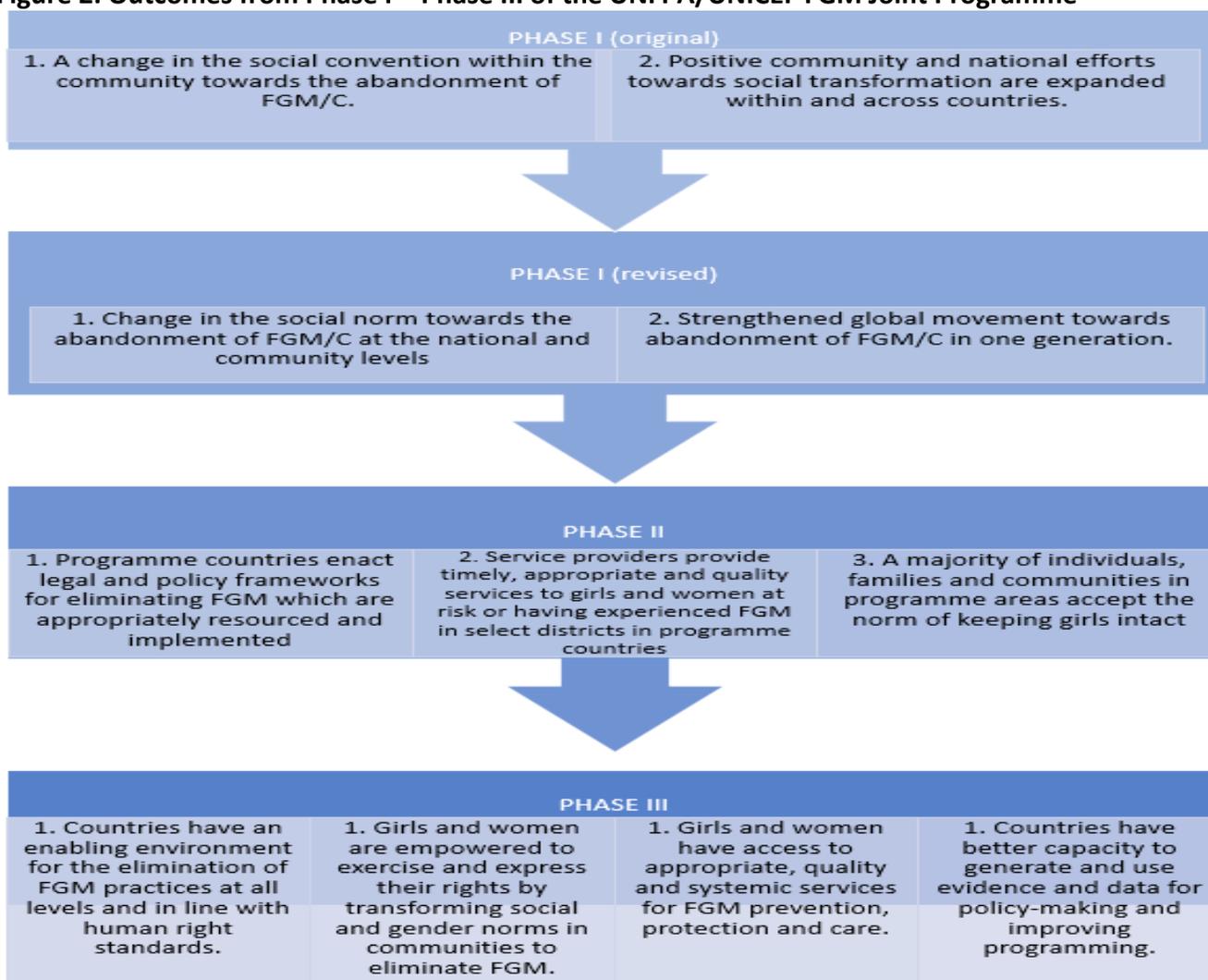
<sup>36</sup> For more information on the cluster approach, please reference the UNFPA-UNICEF Funding Proposal for Phase II of the Joint Programme on FGM.

change. In Phase III, the joint programme will place a greater emphasis on gender norm transformation (versus just social norm change to keep girls intact) in order to address gender roles and power relations that often are underlying factors for FGM. To this end, the empowerment of girls and women and the engagement of boys and men will specifically be addressed.

Moreover, the third phase will also introduce a new outcome on evidence generation and data utilization for policy making and programme effectiveness, elevating an element of phase II that was previously embedded in outputs of its outcome 1. In this new outcome, however, the focus will broaden to the piloting a social norm measurement framework and establishing a global knowledge hub. Annex 7 provides an illustration of the results framework from the current phase to the proposed third phase to be launched in 2018.

Figure 2 provides an overview of the outcomes from the inception of the programme to the development of the third phase, illustrating how outcomes over time have evolved.

**Figure 2: Outcomes from Phase I – Phase III of the UNFPA/UNICEF FGM Joint Programme**



Source: adapted from results frameworks of joint programme

### 2.3.4 Governance of the Joint Programme

UNFPA and UNICEF co-manage at global, regional and country levels with overall governance by a Joint Programme steering committee. This committee meets at least twice a year and is composed of members of the programme and technical divisions of both UNFPA and UNICEF as well as donors that are contributing to the programme.

The role of the Joint Programme Steering Committee is to:

- Facilitate the effective and efficient collaboration between participating UN Agencies and donors for the implementation of the joint programme;
- Review and approve the Joint Programme Document, including M&E framework & implementation plan, and any subsequent revisions;
- Approve the consolidated joint work plan and consolidated budget on an annual basis;
- Instruct the Administrative Agent to disburse funds, as per the approved budget;
- Review the implementation of the Joint Programme;
- Review and approve consolidated financial and narrative reports;
- Review evaluation findings for appropriate communication and future planning;
- Support advocacy and resource mobilization efforts.

Overall technical and management oversight is provided by a coordination team, led by a programme coordinator of each agency at their headquarter offices. The responsibilities of the coordination team include administration and financial management, partnership, knowledge management of the joint programme, encompassing the production of annual reports, conference reports, brochures, dissemination of relevant material to regional, sub-regional and country offices; capacity development and technical assistance to regional and country offices. Activities are undertaken in collaboration with relevant units within the respective organization, including the UNICEF Programme Division (especially the Child Protection Section and the Data and Analytics Section, DRP and C4D) and the UNFPA Gender Human Rights and Culture Branch and the Population and Development Branch.

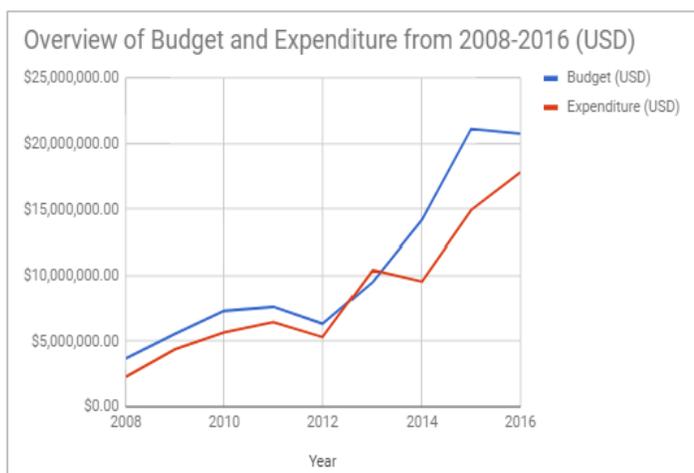
In the programme countries, UNFPA and UNICEF Country Representatives develop a plan of action in line which serves as the basis for budget allocations. Approval of country-specific allocations is done by the Joint Programme Steering Committee based on consolidated UNFPA and UNICEF work plans agreed at country level and based on fund availability. Similarly, in Regional Offices where the programme operates, UNFPA and UNICEF offices also develop a plan of action to support sub-regional and country efforts. The Joint Programme continues to use the pass-through fund management mechanism, whereby UNFPA continues to be the Administrative Agent (AA).<sup>37</sup>

### **2.3.5 Financial support to the Joint Programme**

#### ***Figure 3: Budget and Expenditure for JP on FGM (2008-2016)***

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<sup>37</sup> The Administrative Agent is responsible for the following: Signing of a new Memorandum of Understanding with UNICEF for Phase II; Negotiating and signing a Standard Administrative Arrangement with donors contributing to the Joint Programme; Receiving contributions and disbursing funds to UNICEF, in accordance with annual work plans, budget availability and decisions of the Joint Programme Steering Committee; Preparing consolidated narrative progress and financial reports, incorporating content of reports submitted by UNICEF, and submitting them to the Steering Committee.



For the period 2008-2016, the total expenditures of the Joint Programme amounted to \$75,970,658, while the total budgeted amount to \$96,200,204. Financial data for 2017 is not yet available.

For further information on the financial analysis see Annex 8.

Source: Annual Report of the UNFPA – UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change of 2008- 2016

### Evaluation purpose, objectives and scope

The evaluation will provide an opportunity to demonstrate accountability to partner countries, donors and other key stakeholders on the joint programme’s performance in achieving results, to support evidence-based decision making, and to contribute to the learning and sharing of good practice.

The **purpose** of the evaluation is to assess the extent to which, and under what circumstances, the Joint Programme has contributed to accelerate the abandonment of FGM in the joint programme countries over the last 10 years (since the start of the joint programme in 2008); and provide recommendations on how to accelerate progress in ending FGM.

The **primary objectives** of the evaluation are:

- To assess the relevance (including programme design), effectiveness, efficiency, and sustainability of the UNFPA/UNICEF Joint Programme of the Abandonment of FGM, Phase I and Phase II;
- To assess the adequacy of the governance structure of the Joint Programme, including the quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels; identifying lesson to strengthen the management of the Joint Programme;
- To identify lessons learned, capture good practices and generate knowledge from phase I and II, to inform the implementation of phase III of the joint programme; including identifying what packages of strategies and interventions to continue and/or discontinue and in what context, and providing corrective actions on the gaps and opportunities.
- To assess the extent to which UNFPA and UNICEF, through the Joint Programme, have effectively positioned themselves as key players in contributing to the broader 2030 development agenda, in particular Goal 5, Target 5.3 relating to FGM.

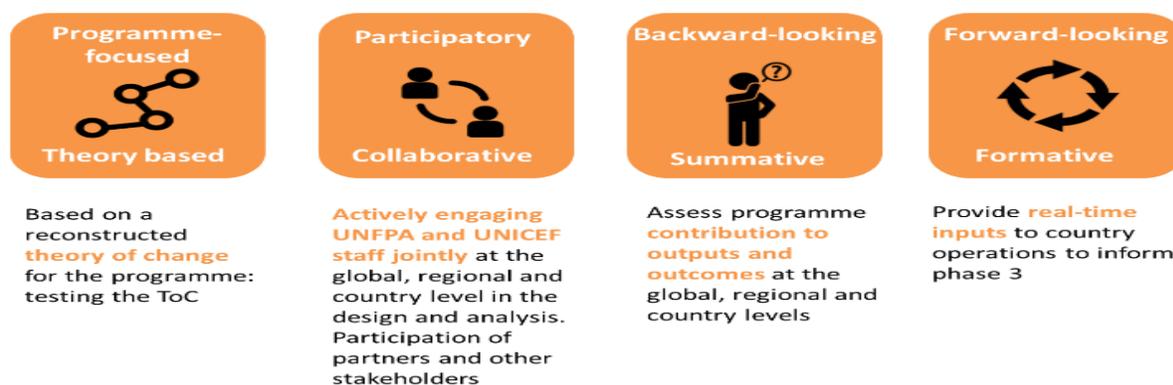
The evaluation will cover the implementation and the results of the UNFPA/UNICEF support during the period 2008-2017 with particular emphasis on Phase II of the joint programme, as Phase II has not been evaluated. The evaluation will carefully review follow-up to the Phase I evaluation recommendations.

The evaluation scope will address all four programme levels – global, regional, national and community – and their interconnections. The evaluation will cover all activities planned and/or implemented during the period under evaluation in all programme countries. The evaluation will focus primarily on the progress towards achieving outputs and contribution to outcomes in the results frameworks presented, while taking into account the evolution of the joint programme (see annexe 7).

## Evaluation approach and methodology

The evaluation will be both backward-looking to review the performance and results of the joint programme (phase I and II) as well as forward-looking to identify lessons learned to inform the implementation of the third phase. The evaluation will apply an adaptive learning and utilisation-focused approach. This overall approach is depicted in the figure below which calls for a hybrid exercise comprising of a summative evaluation (backward-looking) and a formative evaluation (learning-focused, forward-looking) that is grounded in a reconstructed theory of change.

**Figure 4: Evaluation design and approach**



### 4.1 Theory-based approach

Using a theory-based approach to evaluations will allow the evaluation team to investigate in detail the expected pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain. For this purpose, the *evaluation team will develop a theoretical model to validate the joint programme's intervention logic and to provide an analytical framework to guide the evaluation. This reconstructed theory of change will be anchored in the joint programme's results frameworks.*

The evaluation team will review and take into account the following elements to develop the *theory of change*:

- Draft theory of change for phase III; Results frameworks for phase I and II
- Types of interventions strategies (types of activities)
- Type and level of expected change (as articulated in programme proposals and results frameworks)

- Contextual or external factors

**The evaluation team will develop an initial reconstructed *theory of change*** during the inception phase of the evaluation. During the pilot mission, the evaluation team will test and validate the assumptions and pathways of change as articulated in their model. The evaluation team will then **propose an updated model** to be used in the evaluation. During the evaluation process the evaluation team is expected to carefully assess whether the hypotheses hold true. Finally, based on the results of the evaluation, the evaluation team will **present an ex-post theory of change** in the final evaluation report in order to accurately reflect how change occurred in practice.

### Evaluation criteria and questions

The evaluation is informed by evaluation criteria endorsed by the OECD-DAC:

Relevance	to national needs, the needs of affected populations, government priorities and UNFPA and UNICEF policies and strategies, and how they address different and changing national contexts
Effectiveness	the extent to which intended results (outputs and outcomes) were achieved
Efficiency	in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results; how well inputs were combined
Sustainability	the extent to which the benefits from the joint programme are likely to continue, after it has been completed

These criteria have been translated into 8 evaluation questions and included in the Evaluation Matrix ([see Annex 1](#)).

### 4.3 Methods for data collection

Data will be collected using both qualitative and quantitative methods. For each evaluation question, there are at least three different methods from which information will be collected, namely:

- **Document review** constitutes one of the most important data sources for the evaluation which includes strategic and planning documents, progress reports, monitoring data, financial data, reviews and evaluations, research on FGM and other relevant reports (Population Council, Drexel University, Columbia University), and existing quantitative data sources at country level.<sup>38</sup>
- **Semi-structured key informant interviews and group discussions** (both remote and face to face) will be undertaken at country (during the field visits and the extended desk review countries), regional (UNFPA and UNICEF regional offices and regional partners and stakeholders) and global levels (UNFPA and UNICEF headquarters, other UN agencies, partners and donors).
- **Community level focus group discussion** will be conducted in countries visited.

<sup>38</sup> An initial document review has been undertaken during the scoping exercise and the result of this review will be provided to the evaluation team

- **Online survey**, the survey will complement the data collected from the case studies. The content of the questionnaire will be determined at the inception phase. A web-based tool such as SurveyMonkey® will be used to roll out the survey which should be available in English and French.
- **Site visits and observation** of joint programme implementation at national and community levels.

#### 4.3.1: Case studies

**Country case studies:** 16 case studies will be conducted - 4 will undergo an in-country, comprehensive field-based review Egypt, Kenya, Senegal and Ethiopia, while the remaining 12 will be subject to a desk review and remote semi-structured interviews<sup>39</sup>. Case studies will provide an in-depth view of implementation at the country level. Moreover in-country case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a deeper understanding and analysis of the range of contexts (social, normative, institutional and political) that the programme is operating in and how it has responded to these varied contexts. For further information on the sampling approach for the selection of in-country case studies see annexe 9.

#### 4.4 Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis.

The following methods of data analysis and synthesis are encouraged to be used:

- **Descriptive analysis** - to identify and understand the contexts in which the joint programme has evolved, and to describe the types of interventions and other characteristics of the programme.
- **Content analysis** - to analyse documents, interviews, group discussions and focus groups notes and qualitative data from the survey to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.
- **Comparative analysis** - to examine findings on specific themes or issues across different countries. It can be used to identify good practices, innovative approaches and lessons learned. This type of analysis allows for comparing findings emerging from the field country case studies and data collected through the web based survey.
- **Quantitative analysis** - to interpret quantitative data, in particular data emerging from the survey, as well as from the joint programme annual reports, and included descriptive statistical analysis.
- **Contribution analysis** - to assess the extent to which the joint programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change in different contexts, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; teste assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

### Evaluation process

#### 5.1 Inception phase

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<sup>39</sup> All programme countries except Yemen (put on hold due to limited implementation).

In view of the extensive preparatory work, which included the development of evaluation design, the exercise will commence with the preparation of a **short methodological note** and work plan for the data collection.

Drawing on the ToR, the evaluation team will:

- develop a reconstructed theory of change
- review and refine the evaluation matrix (evaluation questions, assumptions and indicators )
- review and further develop the methods and tools for data analysis
- review all documents housed in the document repository provided by the UNFPA-UNICEF offices and any other documentation outside of this which may be relevant to the evaluation.

**The draft methodological note** should also include the reconstructed theory of change, key data collection tools, including interview protocols, questionnaire for online survey, a tool to record and organize all data collected, as well as a work plan for the data collection and field work for the pilot mission. Finally the note should include comments on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.

The **pilot mission** case study will be conducted over a course of 3 full weeks (15 working days), where the evaluation team is expected to test and validate the theory of change and the evaluation matrix (in particular, the evaluation questions, assumptions and indicators), assess the availability of data, and pilot the data collection tools.

On completion of the pilot mission, the evaluation team will be responsible for **finalizing the methodological note** building on the experience from the pilot mission. This includes refining the reconstructed theory of change and evaluation matrix and finalizing the data collection tools (e.g. interview protocols, survey questionnaire) to be used in the evaluation, making adjustments to the Theory of Change as appropriate, and developing a concrete work plan for the remaining phases of the evaluation

## 5.2 Data collection and field phase

The data collection and field phase, will open with a three day induction workshop bringing together the evaluation team and the evaluation managers to prepare for the data collection and field phase.

Guided by the methodological note and finalized work plan, this phase will carry out the remaining three country case study missions as well as undertake desk-based reviews for the remaining 12 country case studies. The evaluation team will continue an in-depth documentary review, conduct in-person and remote interviews and undertake a survey.

Each **in-country mission** – Egypt, Senegal, Kenya (including cross border work with Uganda) and Ethiopia (including cross border work with Djibouti) - will last 3 full weeks (15 working days). At the end of each mission, the evaluation team will provide the country office and the national evaluation reference group with a debriefing presentation on the preliminary results of the case study, with a view to validate preliminary findings and test considerations to feed into the joint evaluation report. While conducting the country case studies in Egypt, Senegal, Kenya (and taking the opportunity that the team will be in-country) interviews will be conducted with the respective regional offices.

For each country case study (field and desk-based), the evaluation team will prepare a **case study evidence table** (16 tables in total). The tables should follow the structure set out in Annex 6. These tables will be internal documents used to inform the evaluation report.

The evaluation team will be expected to present the results of the data collection, including the case study findings (both field and desk-based), the results of the survey to the evaluation reference group (see calendar).

Drawing from the data collection, the evaluation team will prepare a **3-5 page action brief** that: (1) discusses the key emergent findings so far and (2) highlights priority areas that call for immediate attention and other operational suggestions to feed into the current and ongoing implementation of phase III of the joint programme.

### 5.3 Reporting phase

The reporting phase will open with a **3-days analysis workshop** bringing together the evaluation team and the evaluation managers to discuss the results of the data collection. The purpose of this analysis workshop is to generate substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the findings of the report.

The **first draft of the evaluation report** (no conclusions and recommendations yet) will be submitted to the evaluation management group for comments. If the quality of the draft report is satisfactory (form and substance), the chair of the evaluation management group will circulate it to the reference group members for review and comments. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

Prior to the submission the second draft final evaluation report, a **4-days workshop** will be organized with the evaluation team and evaluation managers to review the findings, agree on the conclusions, and discuss elements of the recommendations.

The evaluation team will then present the **second draft report** to the evaluation reference group.

Based on the inputs and comments from the meeting, the evaluation team should make appropriate amendments and prepare the **final draft of the evaluation report**. To ensure all comments from the reference group meeting have been fully address, the evaluation team shall prepare an **audit trail** of their responses to the comments.

The final report should clearly account for the strength of evidences on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach, whereby conclusions and recommendations build upon findings. The final report will follow the structure set out in Annex 2. The report is considered final once it is formally approved by the chair of the evaluation management group after consultation with the other evaluation management group members.

The **evaluation report** (executive summer in English, French and Spanish) along with the management response, will be published on the UNFPA/UNICEF evaluation webpage.

### Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the **evaluation management group** chaired by the UNFPA EO lead evaluation manager. The evaluation management group will be composed of staff members of the UNFPA and UNICEF EOs. The evaluation management group will have overall responsibility for the management of the evaluation process, including the hiring and managing the team of external consultants. The evaluation management group are responsible for ensuring the quality and independence of the evaluation in line with UNEG Norms and Standards and Ethical Guidelines.<sup>40</sup>

The evaluation management group, with the support of a research evaluation associate, is expected to:

- lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team
- convene evaluation reference group meetings
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases, including in field missions
- review, provide substantive comments and approve all evaluation deliverables

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of members of UNFPA/UNICEF and other external stakeholders who are directly interested in the results of this evaluation. The reference group will support the evaluation at key moments of the evaluation process. The main responsibilities of the reference group are to:

- contribute to the scoping of the evaluation
- provide comments and substantive feedback from a technical expert perspective on the evaluation deliverables
- facilitate access to informants and documentation
- participate in meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response

### **The evaluation team**

The evaluation will be carried out by a highly qualified, multi-disciplinary team with extensive knowledge and experience in evaluation of development programming. Specific experience in evaluating programming to prevent, respond to and eliminate harmful practices and FGM will be required.

The team must also demonstrate a clear understanding of the UN system and ensure that the evaluation is conducted in line with the UNEG Norms and Standards for Evaluation in the UN System and abides by UNEG Ethical Guidelines and Code of Conduct as well as any other relevant ethical codes UNEG Guidelines. UNEG guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.<sup>41</sup>

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<sup>40</sup> See: <http://www.unevaluation.org/document/guidance-documents>

<sup>41</sup> See: <http://www.unevaluation.org/document/guidance-documents>

**Deliverables**

- Methodological note and work plan
- 3-5 page action brief
- Evaluation report and PowerPoint/ Prezi presentation of the evaluation results (written in English; professionally designed and printed)
- Executive summary translated in Spanish and French (professionally designed and printed)

## Structure for the evaluation report

### **I. Final report**

Number of pages: 70-80 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (\*)

List of Figures

**Executive Summary:** 7- 8 pages: objectives, short summary of the methodology and key conclusions and recommendations

#### **1 Introduction**

*Should include:* purpose of the evaluation; mandate and strategy of UNFPA/UNICEF support elimination of FGM

#### **2 Methodology**

*Should include:* overview of the evaluation process; methods and tools used in evaluation design; analysis of UNFPA/UNICEF strategic framework; evaluation questions and assumptions to be assessed; methods and tools used for data collection; desk review; survey; case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation and validation

#### **3 Main findings and analysis**

*Should include for each response to evaluation question:* evaluation criteria covered; summary of the response; detailed response

#### **4 Conclusions**

*Should include for each conclusion:* summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

#### **5 Recommendations**

*Should include for each recommendation:* summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

**Annexes** shall be confined to a separate volume

*Should include:* evaluation matrix; ex-post theory of change; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference; minutes of the ERG meetings.

*(\*) Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA/UNICEF Evaluation Office in due course.

### **Cover for the Final Evaluation Report**

UNFPA/UNICEF logo (there should be no other logo/ name of company)

Title of the evaluation:

Evaluation Office

Date

The following information should appear on page 2:

- Name of the evaluation manager(s)
- Names of the evaluation team

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Any enquiries about this report should be addressed to:

Evaluation Office, United Nations Population Fund, e-mail: [evb@unfpa.org](mailto:evb@unfpa.org)

For further information on the evaluation please consult the Evaluation Office webpage:

<http://www.unfpa.org/evaluation>

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Design: XXX

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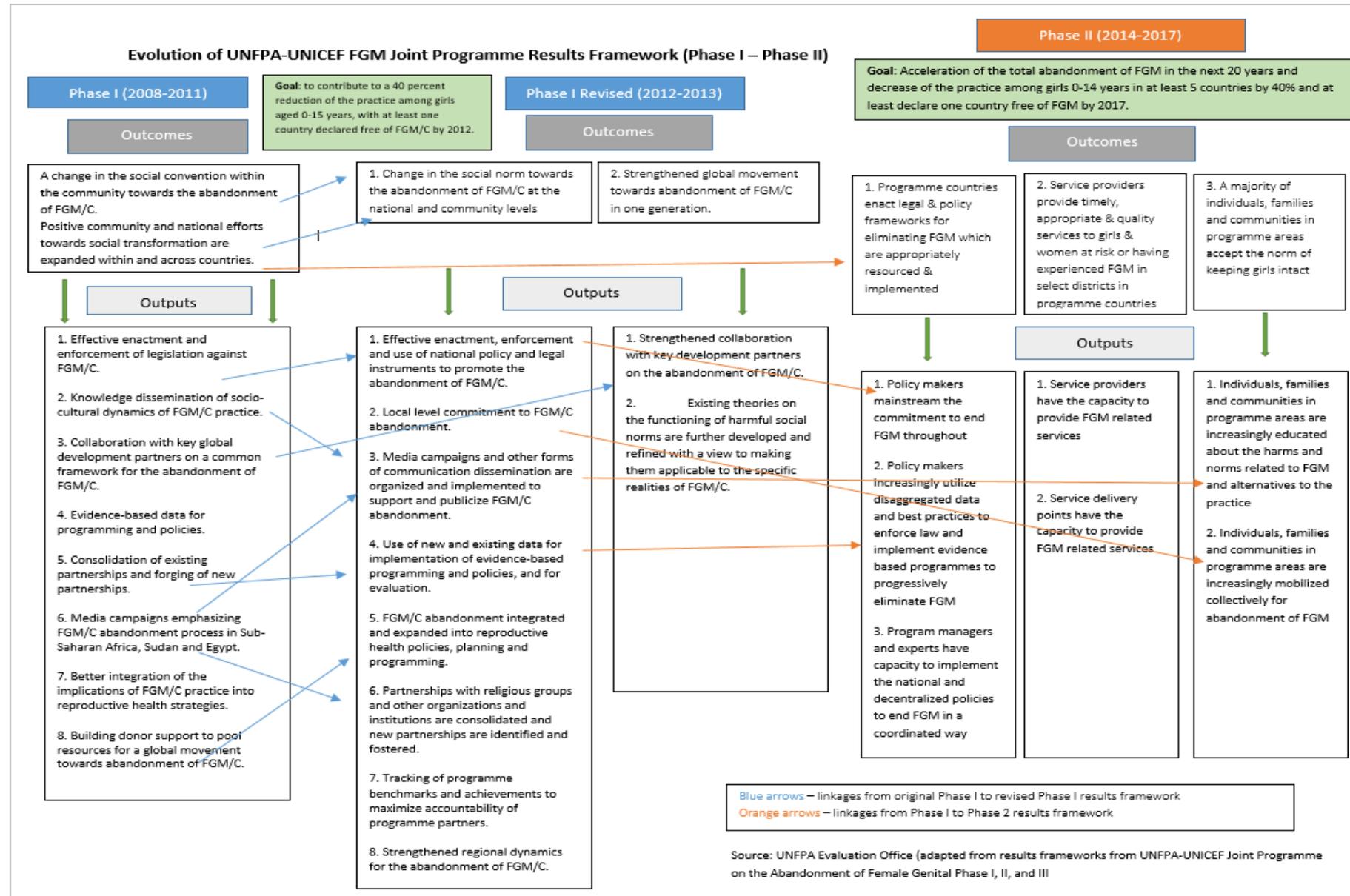
## Identification of stakeholders at global, regional, national and sub-national level

Level	Stakeholders
<b>Sub-national</b>	<p>UNFPA and UNICEF</p> <ul style="list-style-type: none"> <li>• Sub-regional offices</li> </ul> <p>Implementing Partners and sub-national offices (e.g. INGOs, local NGOs)</p> <p>Targeted groups</p> <ul style="list-style-type: none"> <li>• Women – across the life cycle</li> <li>• Young women (20-30), adolescent girls (15-20), young adolescent girls (10-15)</li> <li>• Older women</li> <li>• Men-across the life cycle</li> <li>• Young men, adolescent boys, young adolescent boys</li> <li>• Older men</li> <li>• Religious and traditional leaders</li> <li>• Traditional birth attendants</li> <li>• Cutters and ceremonial participants</li> </ul> <p>Household structures</p> <ul style="list-style-type: none"> <li>• Female-headed (de jure, de facto)</li> <li>• Child-headed (de jure, de facto)</li> <li>• Grandparent-headed</li> <li>• Multi-generational household</li> <li>• Polygamous (formal, informal)</li> <li>• Extended household</li> <li>• Variable structure through migration</li> </ul> <p>Local government</p> <ul style="list-style-type: none"> <li>• Elected representatives including mayors and councils, Appointed leaders, Administrators, Service providers, Security</li> <li>• State level legislature, District or local level governance (e.g. LGAs, panchayats)</li> </ul> <p>Security forces</p> <ul style="list-style-type: none"> <li>• Police</li> <li>• Military (if relevant)</li> </ul> <p>Community structures (apart from governmental structures)</p> <ul style="list-style-type: none"> <li>• Religious institutions</li> <li>• Media</li> <li>• Traditional institutions (ROSCAs, cultural leaders, local councils)</li> </ul>
<b>National</b>	<p>UNFPA and UNICEF</p> <ul style="list-style-type: none"> <li>• Country Offices</li> <li>• Gender coordinating group</li> </ul> <p>Other UN entities UNHCR, UN Women, WHO, UNAIDS, UNDP</p> <p>Global Coordination Mechanisms (AOR)</p> <p>Global Joint Programming mechanisms (Child Marriage)</p> <p>Central government</p> <ul style="list-style-type: none"> <li>• Health (specialists, experts, focal points, coordinating officers)</li> <li>• Gender-Equality Mechanism (women’s affairs, women’s empowerment)</li> <li>• Secretariats (harmful and traditional practices)</li> <li>• Youth (in and out of school)</li> <li>• Education (public, private, religious sectors)</li> <li>• Community development</li> <li>• Department of Labour</li> <li>• Department of Justice</li> <li>• Department of Religious Affairs</li> </ul>

	<ul style="list-style-type: none"> <li>• Department of Communications</li> <li>• Department of Women and Children (or equivalent)</li> <li>• Bureau of the census (including demographic and health survey entity)</li> <li>• Regulatory oversight for education (national councils for public education, certification, training)</li> <li>• Regulatory oversight for health sector/systems</li> <li>• Judiciary</li> <li>• Lawyers</li> <li>• Police</li> </ul> <p>Legislature (elected government)</p> <ul style="list-style-type: none"> <li>• Centralized – parliamentarians</li> <li>• Technical review entities (guidelines for practice etc)</li> </ul> <p>Civil Society</p> <ul style="list-style-type: none"> <li>• Civil Society Advisory Groups</li> <li>• Civil Society Organisations (associations, non-governmental organizations, chapter organizations)</li> <li>• Professional Associations (doctors, midwives, nurses, health personnel, educators)</li> <li>• International Non-Governmental Organisations</li> <li>• Non-Governmental Organisations</li> <li>• Other implementing partners</li> <li>• Academic Institutions</li> <li>• Donors (with national offices)</li> </ul>
<b>Regional</b>	<ul style="list-style-type: none"> <li>• UNFPA and UNICEF Regional Offices (leadership, management, technical advisers, coordinating mechanisms)</li> <li>• African Union</li> <li>• Pan African Parliament</li> <li>• ECOWAS</li> <li>• East African Community (regional intergovernmental Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda) on Gender Bill</li> <li>• SADACC</li> <li>• FBO Network from Khartoum meeting</li> <li>• InterAfrican Committee, Mariam Lamizana, mlamizana@hotmail.com, voixde femmes@yahoo.fr</li> <li>• The Girl Generation</li> <li>• Equality Now Africa Office</li> </ul>
<b>Global</b>	<p>Joint Programme</p> <ul style="list-style-type: none"> <li>• UNFPA and UNICEF Head Quarters (executive board, leadership, management, technical advisers, evaluation offices, C4D, PD and data offices)</li> <li>• Related UN Agencies: UNFPA, UNICEF, UNHCR, UN Women, WHO, UNAIDS, UNDP</li> <li>• Global Coordination Mechanisms (AOR)</li> <li>• Global Joint Programming mechanisms (Child Marriage)</li> <li>• Secretariat/SG International Initiatives (PMNCH)</li> <li>• Supervisory bodies CEDAW, CRC, ICPD (Cairo), GREVIO/COP (Istanbul), CSW 2013 Agreed Conclusions, IASC, Review) Special Rapporteurs, Independent Experts, Working Groups</li> </ul> <p>Donors</p> <ul style="list-style-type: none"> <li>• United Kingdom (DFID), Austria, Iceland, Ireland, Italy, Luxembourg, Switzerland, Norway, Sweden, the European Union, Finland, Germany</li> <li>• Other Donors: Wallace Global Fund</li> </ul> <p>Civil Society</p> <ul style="list-style-type: none"> <li>• EndFGM, Liuska Sanna</li> <li>• Building Bridges between Africa and Europe to Tackle FGM AIDOS</li> <li>• Population Council</li> <li>• International Center for Research on Women</li> </ul>

	<ul style="list-style-type: none"> <li>• Human Rights Watch, Amnesty International,</li> <li>• Centre for Reproductive Rights,</li> <li>• Plan International (and affiliated groups e.g. Girls Count), Save the Children</li> <li>• International Planned Parenthood Federation, IPAS, EngenderHealth, CEDPA,</li> <li>• Promundo, MenEngage</li> <li>• The Orchid Fund</li> </ul> <p>Global Movements</p> <ul style="list-style-type: none"> <li>• EndFGM, Liuska Sanna</li> <li>• HERA</li> <li>• DAWN</li> <li>• WGNNR</li> </ul> <p>Knowledge communities</p> <ul style="list-style-type: none"> <li>• FP2020, Agenda 2030, Beijing Platform for Action, HABITAT III, Every Woman, Every Child, Every Adolescent; Independent Accountability Panel (linked with PMNCH); Population Reference Bureau (Charlotte Feldman Jacobs)</li> </ul> <p>Individual specialists</p> <ul style="list-style-type: none"> <li>• Academia</li> <li>• Columbia Group</li> <li>• Drexel University School of Public Health</li> <li>• Harvard University</li> <li>• University of Washington (Bettina Shell Duncan)</li> <li>• University of California San Diego (G Mackie)</li> </ul> <p>Other</p> <ul style="list-style-type: none"> <li>• Program and evaluation informants from participatory processes</li> <li>• National Human Rights Commission</li> </ul> <p>Media</p> <ul style="list-style-type: none"> <li>• The Guardian</li> </ul>
<p><b>Country Specific National</b></p>	<p>Confirmed Implementing Partners in public and private sectors for <i>originally proposed</i> country case studies</p>

## Evolution of the results frameworks



## Evolution of UNFPA-UNICEF FGM Joint Programme Results Framework (Phase II – Phase III)

Phase II (2014-2017)

Phase III (2018-2021)

**Goal:** Acceleration of the total abandonment of FGM in the next 20 years and decrease of the practice among girls 0-14 years in at least 5 countries by 40% and at least declare one country free of FGM by 2017.

**Goal:** Acceleration of efforts towards the reduction of FGM, fulfilling the rights of girls and women by realizing social and gender norms transformation by 2021.

Outcomes

Outcomes

1. Programme countries enact legal & policy frameworks for eliminating FGM which are appropriately resourced & implemented.

2. Service providers provide timely, appropriate & quality services to girls & women at risk or having experienced FGM in select districts

3. A majority of individuals, families and communities in programme areas accept the norm of keeping girls intact.

1. Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human right standards.

2. Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM.

3. Girls and women have access to appropriate, quality and systemic services for FGM prevention, protection and care.

4. Countries have better capacity to generate and use evidence and data for policy-making and improving programming.

Outputs

Outputs

1. Policy makers mainstream the commitment to end FGM throughout.  
2. Policy makers increasingly utilize disaggregated data and best practices to enforce law and implement evidence based programmes to progressively eliminate FGM.  
3. Program managers and experts have capacity to implement the national and decentralized policies to end FGM in a coordinated way.

1. Service providers have the capacity to provide FGM related services.  
2. Service delivery points have the capacity to provide FGM related service.

1. Individuals, families and communities in programme areas are increasingly educated about the harms and norms related to FGM and alternatives to the practice.  
2. Individuals, families and communities in programme areas are increasingly mobilized collectively for abandonment of FGM.

1. Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM.  
2. Increased national capacity for the development, enactment and implementation of FGM laws and policies  
3. Increased engagement of civil society and young people with policymakers for the elimination of FGM.

1. Improved community and interpersonal engagement to address and amplify social and gender norms transformation.  
2. Strengthened girls' and women's assets and capabilities to exercise their rights.  
3. Increased engagement of men and boys on changing social and gender norms.

1. Improved knowledge, capacity and accountability of service providers for the delivery of quality FGM services.  
2. Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses and doctors.

1. Increased generation of evidence for social norms change and programme improvement.  
2. Enhanced knowledge management and exchange of good practices for policy and programme improvement.

Green arrows – linkages from Phase II Outcomes to Phase III results framework  
Orange arrows – linkages from Phase II Outcome 1 outputs to Phase III results framework  
Purple arrows – linkages from Phase II Outcome 2 outputs to Phase III results framework  
Blue arrows – linkages from Phase II Outcome 3 outputs to Phase III results framework

Source: UNFPA Evaluation Office (adapted from results frameworks from UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Phase I, II, and III)

## Annex 2: Evaluation Matrix

The matrix is intended as a framework for the collection and analysis of data as well as reporting. The evaluation matrix presents the evaluation questions and breaks them down into assumptions, indicators associated to these assumptions, sources and tools for data collection. The column on sources of information links the evaluation questions with the stakeholder mapping and paves the way for the production of the interview protocols, the tool that links the evaluation matrix with data collection.

An Evaluation Matrix was developed during the preparatory and scoping phase and was presented in the terms of reference for this evaluation. The evaluation team carefully reviewed the initial Evaluation Matrix to validate its logic and completeness and has proposed several changes, as follows:

- The order and positioning of evaluation questions and assumptions have been modified to facilitate a more logical flow of analysis within the final evaluation report.
- The number of evaluation questions has been reduced from eight to five to better group them around themes/ criteria.
- The wording of some of the evaluation questions and assumptions has been modified to increase the completeness and clarity of the question or statement.
- The global online survey has been added as a data collection source wherever relevant.
- Additional assumptions have been in response to issues that emerged within the Ethiopia desk review, and the virtual case studies
- Some additional indicators have been added and others removed to ensure that the most relevant indicators are used to test assumptions.

<p><b>Evaluation Question 1:</b> To what extent is the programme (approach, design, strategies) relevant, responsive, and evidence based to contribute towards accelerating efforts to abandon FGM globally, nationally, and sub-nationally (including in cross-border regions)?</p> <p><b>Criteria:</b> <i>Relevance</i></p>		
<p><b>Assumptions to be assessed</b></p>	<p><b>Indicators</b></p>	<p><b>Data Collection Sources and Tools</b></p>

<p><b>Assumption 1.1</b> The Joint Programme design (including approach, strategies and interventions) is aligned with global, national and sub-national priorities and is flexible enough to be responsive to different local contexts and to changing realities and priorities.</p>	<ul style="list-style-type: none"> <li>• Alignment of the Joint Programme with global/regional frameworks addressing FGM (e.g. CEDAW, SDG Goal 5, relevant UN GA resolutions, Maputo Protocol, etc.)</li> <li>• Degree to which programming is aligned with the priorities and frameworks of national governments, UNICEF and UNFPA.</li> <li>• Evidence of contextualization of strategies and interventions, including through national and local level consultations, situation analysis, needs assessments, gender assessments, identification of drivers, stakeholder mapping assessments</li> <li>• Number of countries where affected populations, including local partners, community/traditional leaders, local civil society actors, participate in the identification, prioritization and programmatic planning to address FGM.</li> <li>• Evidence that country work plans are adjusted over time to respond to changes in needs, priorities, and context of communities of interest to address FGM.</li> <li>• Evidence that Human Rights and equity principles guide the formulation of measurable goals, targets and indicators in programming.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• Extended desk review</li> <li>• Country case studies</li> <li>• Minutes of country/regional level coordination meetings</li> <li>• Administrative data from implementing partners; MIS; DHS and other surveys</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNFPA/UNICEF management teams (ROs/COs)</li> <li>• National/sub-national authorities</li> <li>• Sub-national community structures (religious, traditional)</li> <li>• Implementing partners (INGOs, local NGOs)</li> </ul> <p><u>Online Survey</u></p>
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<p><b>Assumption 1.2</b></p> <p>The Joint Programme approach is based on its comparative strengths, taking into consideration the roles and comparative strengths of other actors working in this field.</p>	<ul style="list-style-type: none"> <li>• Degree to which programming is based on an assessment of the comparative strengths of UNICEF, UNFPA, national governments, civil society, and other actors working in this field.</li> <li>• Evidence of linkages/synergies of interventions with other UN agencies/partners or other actors working to address FGM and harmful practices more broadly (e.g. child marriage).</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• Extended desk review</li> <li>• Country case studies</li> <li>• Country work plans</li> <li>• Minutes of country/regional level coordination meetings</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNFPA/UNICEF management teams (ROs/COs)</li> <li>• National/sub-national authorities</li> <li>• Sub-national community structures (religious, traditional)</li> </ul> <p>Implementing partners (INGOs, local NGOs)</p> <p><u>Online Survey</u></p>
<p><b>Assumption 1.3</b> Joint Programme interventions at the global, regional, national and sub-national levels are based on a comprehensive analysis of all available evidence (e.g. situation analysis, needs assessments, gender assessments,</p>	<ul style="list-style-type: none"> <li>• Evidence that programming (programme approach, resulting strategies and interventions) is informed by research and evidence generated by programme partners and other actors working in this area to</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• Extended desk review</li> <li>• Country case studies</li> <li>• Country work plans</li> </ul>

<p>identification of drivers of change, stakeholder mapping) of the populations of interest in programme countries and of the factors that create barriers and promote drivers of change to end FGM.</p>	<p>identify drivers of change and meaningful strategies and interventions.</p> <ul style="list-style-type: none"> <li>• Evidence that an analysis of gender norms was conducted and taken into account in the design of the Joint Programme.</li> <li>• Evidence of interventions that include a comprehensive gender analysis in the design phase, that address barriers and promote drivers of change to end FGM.</li> <li>• Evidence of interventions that include specific design components that are intended to target underlying causes of gender inequality and discrimination that often drive FGM.</li> <li>• Evidence of cross-border work (e.g. co-ordination meetings involve relevant stakeholders; work plans and monitoring reports include co-ordination mechanisms and issues) to address barriers to end FGM.</li> <li>• Evidence that interventions are designed to reach the most marginalized populations to reduce disparities, reverse discrimination and right power imbalances.</li> <li>• Evidence that the programme invested its considerable funding for the biggest change.</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of country/regional level coordination meetings</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNFPA/UNICEF management teams</li> <li>• National/sub-national authorities</li> <li>• Sub-national community structures (religious, traditional)</li> <li>• Implementing partners (INGOs, local NGOs)</li> <li>• Sister UN agencies working to address FGM</li> <li>• <u>Online Survey</u></li> </ul>
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**Evaluation Question 2:** To what extent has the programme contributed to supporting governments, communities, and the girls and women concerned towards the abandonment of Female Genital Mutilation/Cutting through the establishment of conducive legal and policy environments, support for the provision of FGM health services, and the shifting of social norms?"

**Criteria:** *Effectiveness and Sustainability*

Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p><b>Assumption 2.1</b></p> <ul style="list-style-type: none"> <li>Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with AU and UN Resolutions);</li> </ul>	<ul style="list-style-type: none"> <li>Number of countries that have passed laws against FGM.</li> <li>Number of countries that are working on passing laws against FGM.</li> <li>Number of countries that have FGM policies and/or national strategies.</li> <li>Number of countries with an FGM budget line.</li> <li>Degree of judicial capacity to implement FGM laws</li> <li>Evidence of cases of enforcement of the FGM law (sub indicators: number of arrests, cases brought to court, convictions, and sanctions).</li> <li>Evidence of national level health (and other sector) systems that track FGM (prevalence and impact)</li> <li>Evidence of capacity development support around FGM data collection provided by the JP to national systems</li> <li>Evidence of regional efforts (training, producing, sharing data , supporting legal interventions) to support the elimination of FGM</li> <li></li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>National FGM policies and strategies</li> <li>National FGM laws and legal frameworks</li> <li>Programme reporting documents</li> <li>JP country work plans</li> <li>Minutes of country/regional level coordination meetings</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>Joint Programme coordinators</li> <li>National/sub-national authorities</li> <li>Implementing partners (INGOs, local NGOs)</li> <li>Sister UN agencies working to address FGM</li> </ul> <p><u>Online Survey</u></p>

<p><b>Assumption 2.2</b></p> <ul style="list-style-type: none"> <li>• Service providers provide timely, appropriate and quality health services to girls and women at risk or having experienced FGM in select districts in programme countries;</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence that the programme has clearly conceptualized the nature of services for FGM prevention, protection and care and has an explicit strategy to leverage other services for prevention work for integration into the service package.</li> <li>• Number of service delivery points with at least one service provider trained in prevention, protection, and provision of care services.</li> <li>• Number of service delivery points that apply tools developed by the Joint Programme.</li> <li>• Evidence of use of services by affected populations (behaviour).</li> <li>• Evidence services are perceived by women and girls to meet their care needs to high standards of care and protection</li> <li>• Extent to which the capacity of healthcare professionals (including midwives) has been increased to provide health education and health services around FGM.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• Programme reporting documents</li> <li>• JP country work plans</li> <li>• National FGM health data (if available)</li> <li>• Minutes of country/regional level coordination meetings</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• National/sub-national authorities</li> <li>• Implementing partners (INGOs, local NGOs)</li> <li>• Sister UN agencies working to address FGM</li> <li>• Healthcare professionals (including midwives)</li> <li>• Community members</li> <li>• Women affected by FGM</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 2.3</b></p> <ul style="list-style-type: none"> <li>• A majority of individuals, families and communities in programme areas accept</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of population (girls/boys/women/men) in focus areas who</li> </ul>	<p><u>Documents</u></p>

<p>the norm of keeping girls intact</p>	<p>participate regularly in education dialogues promoting the abandonment of FGM in and out of school, and in adult learning programmes .</p> <ul style="list-style-type: none"> <li>• Number of community to community outreach events in programme areas to expand the abandonment of FGM.</li> <li>• Number and types of community groups working to raise awareness about FGM (i.e. youth groups, men’s groups, etc.).</li> <li>• Number and types of media coverage of FGM abandonment efforts.</li> <li>• Number of consensus building activities with traditional, religious and community leaders toward organizing a public declaration</li> <li>• Number of community declarations.</li> <li>• Evidence that there is a link between achievement of the Joint Programme results and contribution to empowerment of girls and women</li> <li>• Number of religious fatwas passed against FGM.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme reporting documents</li> <li>• JP country work plans</li> <li>• Minutes of country/regional level coordination meetings</li> <li>• JP communications and social norms products</li> <li>• Religious fatwas</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• National/sub-national authorities</li> <li>• Implementing partners (INGOs, local NGOs)</li> <li>• Sister UN agencies working to address FGM</li> <li>• Community members (women, men, youth)</li> <li>• Women affected by FGM</li> </ul> <p><u>Online Survey</u></p>

**Evaluation Question 3:** To what extent do the JP’s country, regional, and global initiatives and holistic approach create synergies that accelerate efforts to end FGM ?

**Criteria:** *Effectiveness, Co-ordination and Sustainability*

<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Data Collection Sources and Tools</b>
<p><b>Assumption 3.1</b>            Management arrangements and coordination between UNFPA, UNICEF, national authorities and programme partners have facilitated both agencies to leverage their relative strengths and capacities for more effective programme implementation.</p>	<ul style="list-style-type: none"> <li>• Evidence in work plans that UNFPA/UNICEF work in geographic and technical areas appropriate to their mandate, capacities and experience.</li> <li>• Evidence of co-ordination and synergies across global, regional and national levels of the JP</li> <li>• Evidence of linkages/synergies between the Joint Programme and UNFPA/UNICEF’s other areas of work/interventions.</li> <li>• Evidence of linkages/synergies between the Joint Programme and the work of other FGM actors.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• JP planning documents</li> <li>• Programme reporting documents</li> <li>• JP country work plans</li> <li>• Minutes of country/regional level coordination meetings</li> <li>• UNICEF and UNFPA Country Work Plans (outside of the JP)</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNICEF and UNFPA COs</li> <li>• National/sub-national authorities</li> <li>• Implementing partners (INGOs, local NGOs)</li> </ul>

		<ul style="list-style-type: none"> <li>Sister UN agencies working to address FGM</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 3.2</b></p> <p>The global programme has effectively developed and leveraged partnerships and collaborations with other development actors to amplify efforts, particularly with regards to more in-depth research on social norms change and its linkages to changes in individual and collective behaviours.</p>	<ul style="list-style-type: none"> <li>Evidence of achievement and/or acceleration of positive results due to strategic partnerships (that UNFPA/UNICEF would not have achieved directly or within the same time frame).</li> <li>Evidence of partnerships that have facilitated strategic or innovative guidance/support to the Joint Programme interventions around social norm change and its links to behaviour change</li> <li>Evidence of partnerships with research and academic institutions to produce data and information on FGM.</li> <li>‘ Evidence that the JP is optimising its convening role (global, regional, national, sub-national) for programmatic and advocacy purposes’</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>JP planning documents</li> <li>Programme reporting documents</li> <li>JP country work plans</li> <li>Minutes of country/regional level coordination meetings</li> <li>Documents published by other FGM actors (i.e. the Population Council, the Girl Generation, etc.).</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>Joint Programme coordinators</li> <li>UNICEF and UNFPA COs</li> <li>National/sub-national authorities</li> <li>Implementing partners (INGOs, local NGOs)</li> <li>Sister UN agencies working to address FGM</li> </ul>

		<ul style="list-style-type: none"> <li>• Other actors working on FGM (i.e. Population Council, the Girl Generation, etc.)</li> <li>• Research and academic institutions</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 3.3</b>  Joint Programme acted as a catalyst for established and emerging actors to strengthen the response to end FGM, at national, regional and global levels, including e.g. other UN agencies, other programmes, new donors and funders, national governments, regional bodies, civil society and implementing partners.</p>	<ul style="list-style-type: none"> <li>• Evidence of support provided by the JP to emerging actors.</li> <li>• Evidence of information sharing across countries and regions and between diverse actors.</li> <li>•</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• JP planning documents</li> <li>• Programme reporting documents</li> <li>• JP country work plans</li> <li>• Minutes of country/regional level coordination meetings</li> <li>• Documents published by other FGM actors (i.e. the Population Council, the Girl Generation, etc.).</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNICEF and UNFPA COs</li> <li>• National/sub-national authorities</li> </ul>

		<ul style="list-style-type: none"> <li>• Implementing partners (INGOs, local NGOs)</li> <li>• Sister UN agencies working to address FGM</li> <li>• Other actors working on FGM (i.e. Population Council, the Girl Generation, etc.)</li> <li>• Research and academic institutions</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 3. 4</b> The JP has raised the profile of FGM and contributed to the acceleration of its end through establishing global normative standards among governments.</p>	<ul style="list-style-type: none"> <li>• Evidence that the Joint Programme has contributed to raising the global profile of FGM.</li> <li>• Evidence that programme interventions achieve strong synergies, address gaps, and avoid duplication between UNFPA and UNICEF and among other actors, especially national actors as well as UN entities and civil society.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• JP planning documents</li> <li>• Programme reporting documents</li> <li>• Global, regional and national normative standards and commitments</li> <li>• JP country work plans</li> <li>• Minutes of country/regional level coordination meetings</li> <li>• Documents published by other FGM actors (i.e. the</li> </ul>

		<p>Population Council, the Girl Generation, etc.).</p> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNICEF and UNFPA COs</li> <li>• National/sub-national authorities</li> <li>• Implementing partners (INGOs, local NGOs)</li> <li>• Sister UN agencies working to address FGM</li> <li>• Other actors working on FGM (i.e. Population Council, the Girl Generation, etc.)</li> </ul> <p><u>Online Survey</u></p>
<p><b>Evaluation Question 4:</b> To what extent does the Joint Programme draw on the relative strengths of each organisation, promote efficient programme implementation to amplify the programme’s contribution?</p> <p><b>Criteria:</b> <i>Efficiency/ Co-ordination</i></p>		
<p><b>Assumptions to be assessed</b></p>	<ul style="list-style-type: none"> <li>• <b>Indicators</b></li> </ul>	<p><b>Data Collection Sources and Methods</b></p>

<p><b>Assumption 4.1</b></p> <p>Joint programme financial systems and structures enable the efficient and timely flow of resources to support implementation and achieve planned results.</p>	<ul style="list-style-type: none"> <li>• Trends in funds mobilized by Joint Programme over time.</li> <li>• Expenditure rates at global, regional and national level.</li> <li>• Identified funding gaps and time lags.</li> <li>• Achievements of outputs vis-à-vis funds available and spent.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• FGM Joint Programme financial data: general ledger reports, Atlas/GPS reports</li> <li>• Joint Programme Annual Reports</li> <li>• Minutes of Steering Committee meetings</li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNFPA/UNICEF management teams (ROs/COs)</li> <li>• UNFPA/UNICEF programme staff (ROs/COs)</li> <li>• Implementing partners (INGOs, local NGOs)</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 4.2</b></p> <p>Oversight by the Joint Programme Steering Committee to the Joint Programme has contributed to efficient implementation</p>	<ul style="list-style-type: none"> <li>• Clear guidance (technical and administrative) provided by the Joint Programme Steering Committee to the programme</li> <li>• Clear expectations among the Joint Programme Steering Committee members about the pooled fund and Joint Programme approach</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• Minutes of Steering Committee meetings</li> <li>• Minutes of country/regional level coordination meetings</li> </ul>

		<p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• Joint Programme coordinators</li> <li>• UNFPA/UNICEF management teams (ROs/COs)</li> <li>• Steering Committee members</li> <li>• National/sub-national authorities</li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 4.3</b> Monitoring, reporting and evidence-gathering systems are in place and are compatible across both agencies, and are adequate to measure progress towards expected results and promote learning at all levels.</p>	<ul style="list-style-type: none"> <li>• Evidence of availability of trained personnel managing such systems in each programme country.</li> <li>• Evidence of systematic monitoring, combining and reporting of results across programme countries.</li> <li>• Evidence of participation of national staff and in-country implementing partners in the design of such systems as well as in the collection and analysis of the data, and the dissemination of the results.</li> <li>• Evidence that results were utilized to inform strategic programme decisions and steer programme implementation.</li> <li>• Systems for learning and evidence-based programming are in place, managed by trained staff and learning is integrated into implementation at all levels.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• <u>Results frameworks</u></li> <li>• <u>Country work plans</u></li> <li>• <u>Minutes of country/regional level coordination meetings</u></li> <li>• <u>Minutes of Steering Committee meetings</u></li> <li>• <u>Annual reports and other reports</u></li> <li>• <u>M&amp;E documentation</u></li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• <u>Joint Programme coordinators</u></li> </ul>

	<ul style="list-style-type: none"> <li>• Degree to which information is collected, shared, and analysed using compatible data collection and analysis methods across agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• <u>UNFPA/UNICEF management teams (ROs/COs)</u></li> <li>• <u>UNFPA/UNICEF programme/M&amp;E staff (ROs/COs)</u></li> <li>• <u>Implementing partners (INGOs, local NGOs)</u></li> </ul> <p><u>Online Survey</u></p>
<p><b>Evaluation Question 5:</b> To what extent does Joint Programme programming lead to sustainable change for the eradication of FGM?  <b>Criteria:</b> <i>Sustainability</i></p>		
<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Data Collection Sources and Methods</b>
<p><b>Assumption 5.1</b>  The Joint Programme supports national ownership of efforts to eradicate FGM by building institutional capacity and by integrating programming into established national systems and processes.</p>	<ul style="list-style-type: none"> <li>• Evidence that JP programming is designed in consultation with national stakeholders, including government ministries.</li> <li>• Evidence that JP initiatives are integrated into national systems and processes rather than as stand-alone interventions.</li> <li>• Number and types of capacity development initiatives supported by the JP.</li> <li>• Evidence that the JP promotes government ministries to integrate FGM data into their national data collection systems.</li> <li>• Evidence that the JP promotes dedicated FGM budget lines within national and sub-national budgets.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• <u>Results frameworks</u></li> <li>• <u>Country work plans</u></li> <li>• <u>Annual reports and other reports</u></li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• <u>Joint Programme coordinators</u></li> <li>• <u>UNFPA/UNICEF management teams (ROs/COs)</u></li> </ul>

		<ul style="list-style-type: none"> <li>• <u>UNFPA/UNICEF programme/M&amp;E staff (ROs/COs)</u></li> <li>• <u>Implementing partners (INGOs, local NGOs)</u></li> <li>• <u>Government partners</u></li> </ul> <p><u>Online Survey</u></p>
<p><b>Assumption 5.2</b> The Joint Programme promotes changes in social norms at the community level that are sustained over time and that lead to improvements in gender equality dynamics between men and women.</p>	<ul style="list-style-type: none"> <li>• Number of communities that continue to promote the eradication of FGM after making public declarations to that effect.</li> <li>• Evidence that FGM initiatives have opened dialogue or led to concrete changes around gender equality at the community level.</li> <li>• Changes in attitudes and beliefs about FGM between different generations of community members (i.e. changes in perceptions among youth versus older members of the community).</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• <u>Results frameworks</u></li> <li>• <u>Country work plans</u></li> <li>• <u>Annual reports and other reports</u></li> <li>• <u>Community FGM declarations</u></li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• <u>Joint Programme coordinators</u></li> <li>• <u>Implementing partners (INGOs, local NGOs)</u></li> <li>• <u>Government partners</u></li> <li>• <u>Community and religious leaders</u></li> <li>• <u>Community members (women, men, youth)</u></li> </ul> <p><u>Online Survey</u></p>

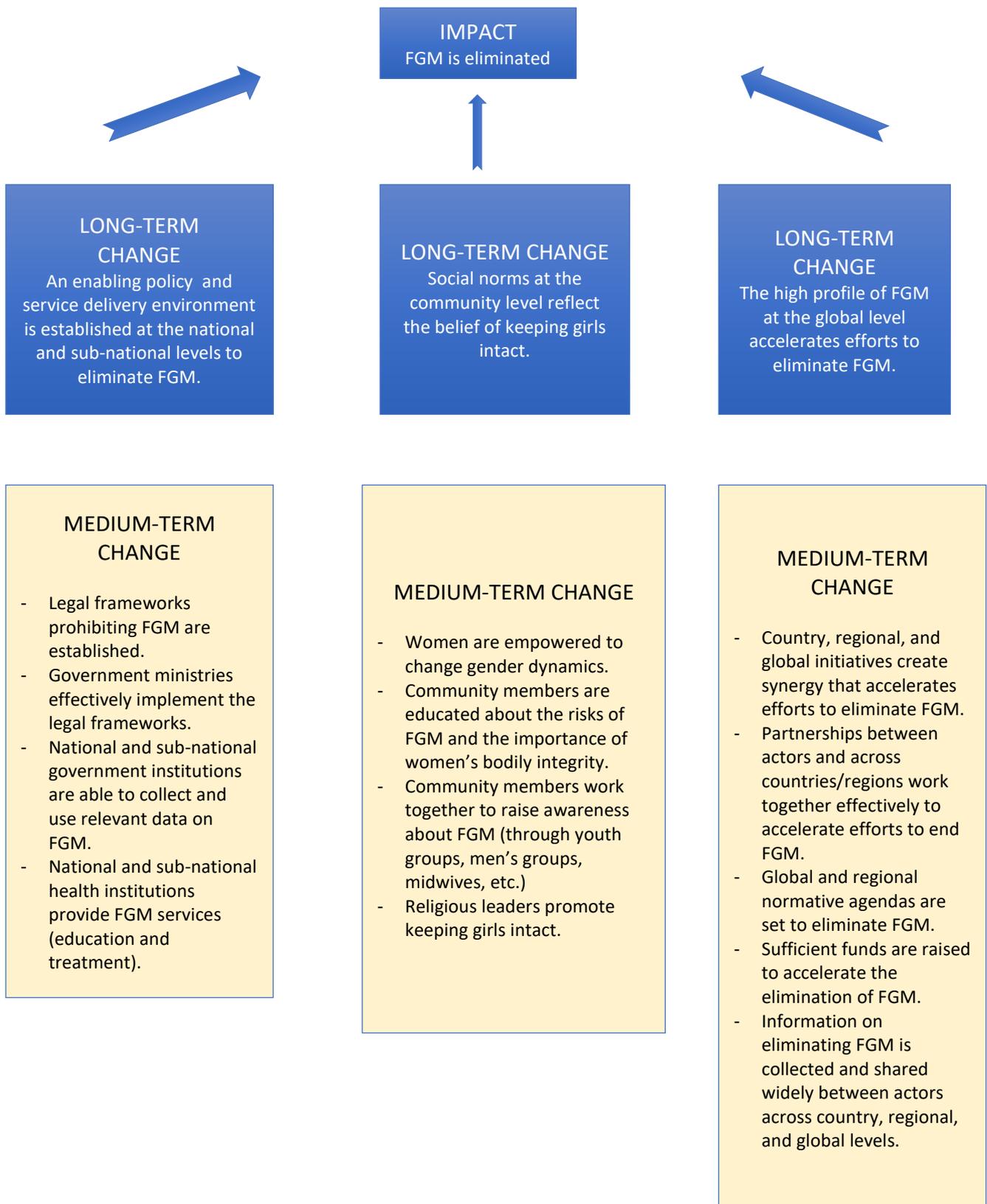
<p><b>Assumption 5.3</b></p> <p>Interest around FGM generated by the Joint Programme at the global level leads to more sustainable donor funding and long-term efforts to eradicate it.</p>	<ul style="list-style-type: none"> <li>• Evidence of increased funding for FGM initiatives (including those outside of the JP) over the course of the JP.</li> <li>• Number and type of multi-phase global FGM initiatives.</li> </ul>	<p><u>Documents</u></p> <ul style="list-style-type: none"> <li>• <u>Donor reports</u></li> <li>• <u>Programme documents from non-JP interventions</u></li> <li>• <u>JP budgets</u></li> </ul> <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> <li>• <u>Joint Programme coordinators</u></li> <li>• <u>Implementing partners (INGOs, local NGOs)</u></li> <li>• <u>Government partners</u></li> <li>• <u>International donors</u></li> <li>• <u>Other UN agencies</u></li> </ul> <p><u>Online Survey</u></p>
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## Annex 3: Programme Logic Model

### **Programme Logic Model Rationale**

The preliminary draft programme logic model presented below was developed by the Evaluation Team based on documentation reviewed and interviews conducted during the Evaluation Inception Phase. It reflects the evaluation team's initial understanding of the outcome-level results sought through the Joint Programme from 2008 – present (covering all three programming phases). It takes into consideration the outcome statements from each phase's results framework as well as the Theory of Change presented as part of the Phase I Evaluation.

The logic model, in its current stage of development, is intended to be an internal document that can be used by the evaluation team to refine the Evaluation Matrix and to assist with data analysis. Throughout the course of the evaluation, it will be expanded and further developed to include activities and outputs, key programming assumptions, as well as contextual factors and risks. A final version of the logic model will be presented as part of the draft evaluation report after stakeholders have had an opportunity to provide feedback and to contribute to its continued development and refinement.



## Annex 4: Responsibilities for country case studies

This allocation of responsibilities applies to case studies in which there is an international team member (Int) and a local consultant (Loc). In the case of 2 international and 1 local consultant (Egypt) the international team members will split the (Int) role.

X=responsible; Y=Assist/Support

Task	EMG member joining the mission	Impact Ready International expert (Lead)	ImpactReady Local expert	Country Offices UNFPA and UNICEF	Impact Ready Project manager
<b>Pre-mission</b>					
Approval of the local consultants	X *				
selection, orientation, formalities for local expert and agree workplan/schedule	Y	X	Y		Y
preparation and ongoing management of the stakeholder map and agenda		Y	Y	X	
liaise with the CO Focal Points	Y	X (initial)	X (ongoing)		
preparation of a background country brief		Y	X		
liaise with the Implementing Partner contacts			X (ongoing)	X (initial)	
coordinate the logistics for sub-national site visits i.e. transport, accommodation etc.	Y		X	X	Y
Approve the in-country travel related costs	X *				
coordinate focus group discussions	X		Y	X (through IP)	
help identify and contract interpreters for sub-national site visits, including briefing them on objectives of evaluation and desired	Y		X		Y

approach to interviews and FGDs					
<b>During mission</b>					
lead the country-office briefing meetings including the ERG (Ideally the powerpoint should be sent to the country office ahead of time)	X	X	Y		
conduct and write up/logbook interviews, facilitate group discussions, take notes/complete logbooks		X	X		
undertake field visits to conduct and write up/logbook interviews (footnoting evidence), facilitate group discussions, take notes/complete logbooks	Y	X	X		
pay interpreters and get receipts		X			
ensure all data is included and organised in Evernote		X			
completion of the country table		X	Y		
lead country-office debrief and exit meetings including with ERG	X	X			
<b>Post-mission</b>					
conduct follow-up interviews			X		
complete country table			X		
Review and approve country table	X				

\* By the lead evaluation manager

- **Interpreters** of local languages should be recruited and previously briefed on the objectives and expectations of the data collection. Interpreters should be guided and supervised by the national consultant(s).



# Annex 5: Working with Local Consultants – Guidelines

## 1. Before the start of the country visit

There are four main tasks that the local consultant needs to do before the country visit.

- a) Lead the preparation and ongoing management of the stakeholder map and the visit agenda (in liaison with the Country Office Focal Points).
- b) Lead the preparation of a country brief under the guidance of an international team member.
- c) Liaise with the Country Office to ensure logistics for sub-national site visits are in place i.e. transport, accommodation, etc.
- d) Identify and contract interpreters for sub-national site visits, including briefing them on desired approach to interviews and FGDs.

### **a) Lead the preparation and ongoing management of the stakeholder map and the visit agenda (in liaison with the Country Office Focal Points).**

- ImpactReady will send to the Local Consultant this ToR, followed by a Skype discussion to clarify any unclear aspects before the field visit.
- ImpactReady will send to the local consultant and Country Office the “Organization of field visits for FGM evaluation – Criteria and reference Framework for Country Offices and Local Consultants” which contains the main principles and guidance for the organization of the field visits. This should be done at the latest one month before the field visit. ImpactReady will also ensure access of the local consultant to the mission hard-drive containing documentation and explain the use of Evernote.
- A few days after ImpactReady has clarified the above basic issues with the local consultant, the country mission leader should have a Skype to discuss his/her roles are well understood, and the key documentation is being accessed and revised, i.e.. AWP, recent annual reports, key evaluations, etc. The discussion will also include the progress on the drafting of the country note and stakeholders map.
- The Local Consultant will lead the preparation of the agenda in close liaison with the Country Office.

### **b) Lead the preparation of a country brief.**

The Country Brief should be a straightforward document that serves as introduction to the evaluation team members before the mission. It does not substitute the reading of the wealth of documentation existing on the country, but serves as a snapshot summary of essential aspects. It should include essential information such as:

- Brief context intro for the Country. An overview of the patterns and changes in FGM at national and (if possible) subnational levels e.g. prevalence and changes in prevalence; FGM or particular types of FGM (type 1, 2, 3 or 4) limited to particular parts of the country; important cross border influences (e.g. practice is "hidden" by

crossing a national border into another country to cut; messaging about FGM within the media crosses the border in TV programs or radio talks); shifts in the actual practice of FGM e.g. cutting being done at a younger age, practice of Type 3 (infibulation) being replaced with Type 1 (often called "Sunna" in Islamic communities), cutting being done with no public ceremonies. Sometimes analysis is provided not by administrative regions of the country, but based on ethnic groups (this is also useful)

- It is important also to indicate the years of the 3 most recent significant surveys used to track prevalence (DHS, MICS, Sudan's National Health Survey, Ethiopia's National Wellbeing Survey) and if there is any microanalysis of that data (the Population Council has done so in Kenya and will be doing so in other countries--this is in the Scoping Report). If there is evidence that the changes in practice are the result of "secular" trends, important to note (e.g. practice is disappearing as a result of better SES, women's education, urbanization etc. as opposed to the dedicated programs of the JP)
- Summary of Joint Programme from 2008 to present.
- Main achievements of the Joint Programme in the country including references to bibliography.
- Main challenges of the Joint Programme in the country, including references to bibliography.
- 

**c) Organize the logistics for sub-national site visits i.e. transport, accommodation, etc.**

Details to be discussed both with ImpactReady when sharing the ToR and in the initial Skype with Mission Leader and international expert. The organization of the logistics must be done in coordination with the country office and should be part of the first meeting with the country office.

**d) Help identify and contract interpreters for sub-national site visits, including briefing them on desired approach to interviews and FGDs.**

- The country mission leader will send to the local consultant and country office the document "Working with interpreters" that contains guidance on how to choose and prepare interpreters.
- The local consultant in coordination with the country office will identify and agree contract conditions of local interpreters in preparation for the field visits.
- Details of this task to be discussed both with ImpactReady when discussing the ToR and in the initial Skype with Mission Leader and Thematic Expert.

## 2. During the country visit

The local consultant becomes one integral member of the evaluation team, and as such needs to be briefed by the Mission Leader and Thematic Expert of the broader scope of the evaluation, its approach and goals as soon as possible after arrival to the country.

The local consultant participates in the initial meeting with the country offices, conducts interviews and FGDs, takes notes, and contributes to the country table as any other member of the evaluation team, with the same responsibilities.

The local consultant discusses with the rest of the team the final presentation and PPT to the Country Office and participates in the presentation.

### 3. After the country visit

The main responsibility of the local consultant is to provide inputs to any outstanding elements of the Country Table and, if necessary, to provide relevant country-specific feedback and limited input to the evaluation draft report.

## Annex 6: Country field mission planning

This Country Field Mission Planning Guidance provides:

- An outline of the key steps in developing the country field mission
- Roles and responsibilities for the Mission
- Links to interview guides
- Data processing guidance
- Data analysis guidance
- Stakeholder mapping template
- A visit planning tool

### An Outline of the Key Steps in Developing the Country Field Mission

Step	Activities
Step 1 Preparation	<ul style="list-style-type: none"> <li>• Review the portfolio of interventions available in the AWP, review Annual Reports and other project documentation for the country (info for all JP countries available on the Google Drive here: <a href="https://drive.google.com/drive/folders/0B9UNFKG1K9wySUptbnZ3aTEzUEE?usp=sharing">https://drive.google.com/drive/folders/0B9UNFKG1K9wySUptbnZ3aTEzUEE?usp=sharing</a>)</li> <li>• Review the country information overviews prepared by the JP (same link as above), and, with the local experts, transfer key facts into a country brief for ease of reference the mission team.</li> <li>• Prepare the stakeholder map for the country case study (using the matrix in Annex 6)</li> <li>• Identify potential sub-national study sites of interest based on the suggestions for selection criteria provided by the local consultant and case study team.</li> <li>• Review and assess whether the evaluation matrix indicators' and /or the assumptions need adjustment (only in the pilot mission).</li> <li>• Country mission leader organizes Skype (or other) meetings with the:               <ol style="list-style-type: none"> <li>(i) national expert to brief him/her on the data collection approach including clarifying roles, responsibilities, tasks and timelines;</li> <li>(ii) CO focal points to discuss the preparation of the agenda together with the national expert;</li> <li>iii) CO focal point should also advise on the selection of sub-national study sites.</li> </ol> </li> <li>• Under the guidance of the mission leader the national expert prepares the mission agenda with the support of the CO (use country mission agenda template in Annex 6)</li> <li>• Mission leader in consultation with the FGM expert reviews the agenda and identifies gaps and makes suggestions based on the stakeholder map and document review; ensure all relevant present and past stakeholders are included (e.g. former Representative) in the agenda.</li> <li>• Local consultant organises and hires interpreters for the community-level interviews, FGDs in the study sites.</li> </ul>

	<ul style="list-style-type: none"> <li>Local consultant (with advice from CO focal point) organises logistics for capital cities, travel to study sites in-country and drivers required.</li> </ul>
<p>Step 2 Data gathering</p>	<ul style="list-style-type: none"> <li>Each country case mission will involve two teams to maximize number of stakeholders consulted. The make up of the teams can be adjusted if needed between field trips and capital work to accommodate skills of the consultants and specific needs.</li> <li>On the first day of mission (morning) organize an internal evaluation team meeting to go through the main aspects of the mission together.</li> <li>On the first day of the mission (afternoon) organize a briefing meeting with the national ERG to present the goals, scope and approach of the evaluation.</li> <li>On the first day of mission, senior evaluation team members to organize briefing with local consultant on team's approach to evaluation, to stakeholders, to note-taking and on ethics and confidentiality.</li> <li>On the second day of mission start with a detailed briefing by Country Office focal points on the JP in the country, including analysis of perceived strengths and weaknesses of the programme.</li> <li>Local consultant to contact stakeholders, arrange appointments and organize logistics, in consultation with CO focal point and IP contacts; local consultant manages the agenda of interviews and FGDs with stakeholders.</li> <li>Interviews with key stakeholders – prepare for each interview by reviewing AWP, position of the stakeholder and specific interview goals, before each interview (interview topic guides in annex 8).</li> <li>Feel free to use two team members in each interview (one interviewing and one taking notes) or the possibility of splitting FGD taking one part of the FGD each to have deeper consultations with more reduced groups depending on the situation.</li> <li>Decide who will interview who, who will take notes and agree on the main aspects that those notes should be capturing.</li> <li>Evaluation team to use interview logbooks as a tool to record interviews - logbooks should include all names, positions and organizations (use template in annex 9)</li> <li>Review interview protocols in terms of usability in interviews.</li> <li>Focus group discussions with community members – organised in advance by senior team members, with identification of FGD goals and assumptions to be explored.</li> <li>Evaluation teams one and two should be in telephonic contact after the first separate meetings so as to confirm both are following similar standards and for initial impressions on how to proceed.</li> <li>At the end of week 2, the team meets to discuss initial findings and prepare a first draft of the debriefing presentation. The aim of the meeting is to share any outstanding information regarding interviews and to address any gaps that can still be or potential conflicting information.</li> <li>Present the emerging findings to the ERG at the end of week 3.</li> </ul>

	<ul style="list-style-type: none"> <li>• Upload all relevant documentation (including interview logbooks) on the Google drive.</li> </ul>
Step 3 Analysis and reporting	<ul style="list-style-type: none"> <li>• Start by using the Evernote data storage system to save interview logbooks.</li> <li>• Use Evernote tags to mark the inclusion of text related to specific assumptions or other relevant sub-classification (Evernote guidance provided in annex 10).</li> <li>• Include bold headliners within the text separating the ideas within an interview in different blocks. Each headliner can be an intuitive name of the block of ideas related to the same topic, and it should be followed by the specific number of assumption it refers to, so as to allow global analysis and construction of findings later on.</li> <li>• Use Evernote function to extract tagged data from log books and provide an initial read across the primary data.</li> <li>• Analyse and generate findings and compile evidence into the Country Table (template provided in annex 11).</li> <li>• Analyse the evidence against the evaluation matrix - EQs and assumptions, and record your findings.</li> <li>• Provide bolded text in the Country Table that summarises your findings, with supporting text that explains how you arrived at them - consider the indicators against each assumption, the EQ and the evaluation criteria.</li> <li>• Record the evidence sources, each document title and interview source by stakeholder group, so that the lines of evidence for each finding are clear and facilitate the synthesis.</li> <li>• Divide assumptions among the team so as to populate the Country Table. The initial draft should be revised by the rest of the team in a first round, adding those elements that were not incorporated in the initial draft or nuancing findings, before a last revision by the country mission leader to consolidate the country table.</li> </ul>
Step 4. Analysis at program level	<ul style="list-style-type: none"> <li>• The “report leader” is a dedicated member of the evaluation team that will be responsible for the initial drafting and consolidation of the global report, including synthesis. He/she will participate in one of the country case studies.</li> <li>• Each member of the evaluation team is responsible for providing all the needed information for the drafting of the report, mainly through Country Tables that ensure a smooth consolidation and through specific debriefings to the report leader to clarify details and global trends.</li> <li>• Each member of the evaluation team is responsible for revising the sections of the draft related to his/her work.</li> <li>• The team leader and Impact Ready are responsible for revising the whole report before submitting it to UNFPA/UNICEF.</li> </ul>

#### **Roles and responsibilities for the Mission**

As described in the overview above, the preparation of the case study is vital to ensure that all the role players are briefed about their role and tasks.

The role players in the country field missions are:

- Local expert consultants, one or two in each country.
- CO Focal point
- Interpreters at the study sites.
- Evaluation team – mission leader, thematic specialist, evaluation management group member joining the mission

Roles and responsibilities for the country case studies are as follows:

Evaluation team:

- **Mission leader** will oversee the organisation and implementation of the country mission. Main tasks:
  - Ensure that local expert consultants are contracted and briefed.
  - Oversee the preparation of the stakeholder map, site visits and agenda.
  - Conduct interviews and focus group discussions.
  - Contribute inputs to the Country Tables, and analysis meetings.
  - Analyze the evidence collected using the Country Tables.
  - Prepare together with rest of the team debriefing presentation.
  - Lead briefing and debriefing to Country Office
- **Thematic specialist:**
  - Support the team with advice on stakeholders, and orientation on key subject matter aspects of FGM.
  - Conduct interviews and focus group discussions.
  - Contribute inputs to the Country Tables, and analysis meetings.
  - Analyze the evidence collected using the country evidence tables.
  - Prepare together with rest of the team debriefing presentation.
  - Support briefing and debriefing to Country Office
- **Local experts** (one or two per country) will support the team. Main tasks:
  - Lead the preparation and ongoing management of the stakeholder map and agenda;
  - Liaise with the CO Focal Points;
  - Lead the preparation of a country brief
  - Liaise with the Implementing Partner contacts;
  - Organise the logistics for sub-national site visits i.e. transport, accommodation etc.
  - Organise focus group discussions based on the criteria established by the evaluation and ensuring appropriate mixes of participants based on those criteria
  - Identify and contract interpreters for sub-national site visits, including briefing them on desired approach to interviews and FGDs.
  - Conducting interviews, facilitating group discussions, taking notes and providing inputs to the Country Tables.
- **CO will nominate a focal point** to coordinate the field visits. Main tasks:

- Identify relevant stakeholders and provide inputs to the mission agenda in consultation with the local evaluation team consultant;
- Expedite data collection and access to information and key informants;
- Review and provide comments to the evaluation deliverables
- Facilitate the dissemination of the results of the evaluation at country level.

### Description of Interview guides and FGD guides

There are six topic guides for the eight main stakeholder groups, and a focus group discussion guide, as follows.

*Table 3: Evaluation interview and focus group guides*

Stakeholder category	Topic guide number
<b>JPFGM: UNFPA/UNICEF Staff</b>	TG 1
<b>JPFGM: UN System Entities</b>	TG 2
<b>JPFGM: National Government Entities (including as implementing partners)</b>	TG 3
<b>JPFGM: Implementing Partners (non-governmental)</b>	TG 4
<b>JPFGM: Academia/research entities; civil society/advocates</b>	TG 5
<b>JPFGM: Traditional Leaders, Religious Leaders</b>	TG 6
<b>JPFGM: Health and service providers</b>	TG 7
<b>JPFGM: Development Partners/Donors</b>	TG 8
<b>Members of communities of interest</b> <b>JPFGM: Community level rights-holders (beneficiaries)</b>	FGD Guide

The topic guides can be found in Annex 8.

### Data Processing Guidance

Interview and FGD notes will be written up using the log-book template provided in Annex 9 and uploaded into the EverNote system. Key information about respondents will be recorded, in keeping with the data protection protocols.

All Logbooks will be uploaded to the Evernote system. Evernote allows the evaluation team to create multiple notebooks to store, organise and search for all of the information that is generated through KIIs and FGDs. The evaluation team has added tags to notes to help with finding related information.

Logbooks and other field notes will be tagged in Evernote to facilitate data extraction and compile initial analysis. Tags can be used to code snippets of information against the evaluation matrix. Below is an initial list of the tags that will be used by the evaluation team:

- All of the Assumptions in the Evaluation Matrix
- Sex of the respondent
- Stakeholder group of the respondent (i.e. Implementing Partner, Government Representative, Joint Programming Team, etc.)
- Type of interview (i.e. KII, FGD)

- Global/Regional Significance

### Data Analysis Guidance for the Country Table

The country case data is analysed using the Country Table (see Annex 11). There is no country case study report, so the Country Tables need to provide evidence and data sources with sufficient detail to enable a rigorous synthesis and analysis for the global report.

The process for data extraction, compilation and analysis is as follows:

- Start by using the Evernote data storage system to upload and save interview log-books.
- Use Evernote tags to code text snippets in interview and FGD log-books according to EQs, assumptions and indicators (Evernote guidance provided in annex 10).
- Use Evernote function to identify tagged log books and provide an initial read across the primary data.
- Compile key evidence into the Country Table (template provided in annex 11), ensuring that data sources make reference to supporting evidence through footnotes, mentioning the categories of stakeholders interviewed that support the finding, the relevant documents, or both. Include also key testimonies to be later included as references in the global report.
- Analyse the evidence against the evaluation matrix – EQs and assumptions. –

### Country Stakeholder Map Template

Stakeholder	Location	Description of their Involvement with FGM	Description of the their involvement in or relationship to the Joint Programme	What contributions (ideas, perspectives, experiences, etc.) could the stakeholder make to the evaluation?

### Mission Planning Template – Example from Federal Visits

<b>FEDERAL VISITS</b>		
<b>EVALUATION TEAM</b>	(Inset Names of Evaluation Team Here)	

Date	Time	Activity	Name and contact	Participants	Venue	Status / Comments	Information: IP/CSO etc., summary of the organization, key activities (already sent to HQ as a separate matrix)	Team 1	Team 2
<b>DAY 1:</b> Date									
		Lunch							
<b>DAY 2:</b> Date									
		Lunch							

## Annex 7: Ethics and consent protocols

The evaluation will be conducted in accordance with the UNFPA and UNICEF Evaluation Policies, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UN System<sup>42</sup>, and the United Nations norms and standards for evaluation in the UN System.<sup>43</sup>

The most recognised standards for ethical conduct are derived from bioethics. These were codified in the Belmont Report (1979), which provides the principles of: i) maximising good and minimising risk, ii) respect for participants autonomy, and iii) justice, or fair distribution of risks and benefits.

The Belmont principles are derived from a utilitarian philosophy, which privileges individual autonomy. The practice of an individual giving their consent through a social contract is grounded in this worldview, along with the political-economic assumption that an individual will always act in their best interest. John Rawls' *maximin* principle proposes that if it is to be considered morally fair, this social contract must maximise the position of the people who are least well-off. This is not easy to achieve, however, as the consideration of what is fair will always reflect the principles of justice that are imbued in culture of the person who has the power to take the decision.

As a result, the notion of Free, Prior and Informed Consent to take part in a preconceived project is liable to collapse a complex issue into a political technology that simply requires an optimal answer. Indeed, the very act of gaining written consent can compound power imbalances by projecting the legitimacy of a study and transferring the power of interpretation to the researcher. Privileging documentation can also undermine the traditional process for gaining trust in oral societies.

By contrast, Feminist and Afrocentric (decolonised) ethics emphasise our relationship with the Other and our relationship with society. These worldviews acknowledge human interdependency and the cogeneration of knowledge. In advocating for social justice, they highlight the need for fairer power relations.

Evaluators are “knowledge brokers, people who have the power to construct legitimating arguments for or against ideas, theories or practices.” (Cram et al 2004). The legitimising power of evaluators is derived from the application of scientific standards, which under the dominant western paradigm are considered fair (and thus ethical) because of their objectivity. Hence the importance placed on independence and economic language in evaluation quality standards.

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<sup>42</sup> United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=102](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102) and UNEG Code of Conduct for Evaluation in the UN system, accessible at:

[http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=100](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100)

<sup>43</sup> United Nations Evaluation Group, *Norms and Standards for evaluation in the UN System*, accessible at: [http://www.uneval.org/normsandstandards/index.jsp?doc\\_cat\\_source\\_id=4;Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance](http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4;Integrating%20Human%20Rights%20and%20Gender%20Equality%20in%20Evaluation%20-%20Towards%20UNEG%20Guidance), accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=1401](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401)

Such standards preclude a relationship between the evaluator and the evaluated – heightening the risk of misrepresenting the Other. This has important consequences for how the legitimising criteria for success (effectiveness, efficiency, relevance) are defined. In reality, the meaning and value of these measures is contested between stakeholders, and is a negotiated outcome of a social process (Hedgecoe, 2004).

Mary Brydon-Miller (2009) proposes that a feminist approach to ethics should more appropriately be covenantal (grounded in trust) rather than contractual (grounded in mistrust). She also argues that participation of the least powerful in evaluations without compensation is a form of ‘scientific colonialism’ – extracting, exporting and commercialising a population’s data.

An ethical approach to this evaluation must therefore consider the different identities and roles of the evaluators and UN Women staff as hosts. In addition to ensuring that instruments are culturally appropriate and compensation (including in kind) is appropriate, the evaluation must differentiate between the worldviews of people from different backgrounds and offer preferential options for the marginalised that can overcome the power difference between evaluator and evaluated.

The evaluation will, therefore, be conducted using the following principles and approaches:

1. The data given to the evaluation team will remain the property of the person giving it.
2. No primary data will be collected from children under 16.
3. All evaluation participants will be provided with contact details so that they can request:
  - a. Access to their data
  - b. Correction of their data
  - c. Deletion of their data
  - d. To be forgotten (i.e. no record of their identity) as being involved in the evaluation.
4. Whilst in safekeeping, all data will be held on password protected computers that are only accessible to the evaluation team; and will be uploaded to service providers (Evernote and Microsoft Office365) with secure servers.
5. The power of interpretation of individual stories will remain with the person who provided the story. Evaluators will ask contributors why they feel the story is important to them;
6. Before collecting any data, an explanation of the purpose and the intention of the evaluation team will be given and explicit oral consent will be sought. People who choose to participate will be provided with two cards.
  - a. One card will have the contact details of the evaluation team with a short explanation of the proposed use of data in a clear and unambiguous language.
  - b. The other card will have a smiley face.
7. At the end of the data collection, participants will be invited to actively submit the card with the smiley face to one of the evaluators to explicitly signal her or his consent for the data to be included in the evaluation.

## **UNEG Ethics Standards**

In accordance with UNEG Norms and Standards for Evaluation in the UN System and the UN Ethical Guidelines and Code of Conduct, the evaluation will implement the following practices.

### **Independence and Impartiality.**

Clear reasons for evaluative judgments, and the acceptance or rejection of comments on evaluation products will be given. Evaluation team members will be required to report any real or perceived Conflicts of Interest. These will be assessed by the team leaders and Independent Evaluation Office, and addressed appropriately and transparently.

### **Credibility and Accountability.**

The evaluation team will seek to implement the methods agreed in the Inception Report to the best of their abilities at all times. The Co-Team Leaders will coordinate all activities to ensure that commitments are met in the timeframes specified, or that UNFPA evaluation office is advised ahead of time so that mitigating action can be taken.

### **Rights to self-determination, fair representation, protection and redress**

All case studies will include a process of ensuring that all contributors and participants give genuinely free, prior and informed consent. Contributors will be given multiple opportunities to refuse, grant or withdraw their consent based upon clear understandings of the persons/institutions involved, the intention of the process, and possible risks or outcomes.

### **Confidentiality**

All data will be held on secure databases under, with ImpactReady as the Data Controller. All information will be used and represented only to the extent agreed to by its contributor. When information is presented in reports accepted ethnographic norms will be applied. Where information is made available as open data, it will be stripped of identifiable information.

### **Avoidance of Harm**

The evaluation team will work with local UNFPA and UNICEF offices to identify vulnerable groups prior to field visits, and to ensure that any participatory processes and evaluation questions are responsive to their needs.

### **Accuracy, completeness and reliability**

The evaluation will ensure that evidence is tracked from its source to its use and interpretation. All evaluation questions will be answered through triangulation of quantitative and qualitative data from multiple sources and processed using multiple analytical tools. A comprehensive evaluation matrix will link each evaluation tool, stakeholder and question.

### **Transparency**

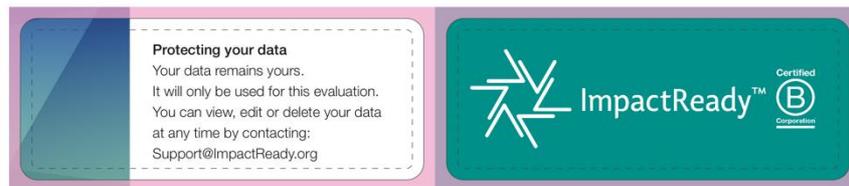
All data collection and analysis tools and processes will be included in an annex to the final report.

## Reporting

The outcome of the evaluation will be communicated through a participatory validation process and multiple accessible evaluation products.

## Acknowledgement

If any incidences of ethical wrongdoing are encountered during the evaluation, these will be reported to ImpactReady Senior Partner, Maria Borisova, who will be responsible for investigating and informing the relevant parties in UNFPA Evaluation Office to be addressed in accordance with UNFPA ethics policy.



## Annex 8: Interview Guides

This section includes:

1. A detailed guide, instructions and tips for interviewers to be used with communities, as this is the stakeholder that needs more specialized knowledge as how to conduct interviews and FGDs in a sensitive and effective manner.
2. General interview guides for each group of stakeholders

It should be noted that the guides are not supposed to be directly used in the field in a mechanical way but are just guidelines to be studied previously by the experts to obtain a general degree of standardization in the interview goals and sequence. Whereas the main goals of the interview guides should be respected, the specific subquestions are meant to provide guide and a “menu” of ideas to the interviewers so that they choose the most relevant ones. The time and dynamics of interviews will not allow or make advisable the inclusion of the full list of subquestions in most cases. These guides, once internalized by the interviewers, should be adapted in the field by each interviewer, so as to match the natural flow of the conversations and the capacity and will to share information of the interviewees.

### GUIDE FOR INTERVIEWERS

#### Community rights-holders (beneficiaries)

##### Focus Group Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

**A. Approach asking the questions.** We are interested in **collective behaviour**. This gives us two key advantages in a sensitive topic that is even illegal in some cases. It is easier for people to speak about the experience of others in the community than about their own specific experience. In the end they will tell us both, but feeling safe. Therefore:

(a) We should not ask about the experiences of the persons we are talking with, but we are explicit in each question that we want to understand what happens **“in general in the community”** or **“in some cases in the community”** (as opposed to asking **“Do you bla bla?”**).

(b) **Men/women:** The protocol is designed so that we can ask the same questions both to men and women and persons in different age groups. Take into account that as we care about collective behaviour, often the same question does not need reformulation as it is **always asked about others**. **For example**, if after asking **“2.2 For whom** is most important to **keep FGM?”** they tell us **“for men”**. Our next follow up question can be formulated as **“Why is it more important for men than for women?”** regardless of gender of our interviewees and regardless of their age (still we will keep in our logbook who said what -women/men, age, etc- which will give us useful elements for analysis. But that affects the analysis, not how we ask the question). Also consider that a group of women might be able to give us much more detail about a specific aspect than a group of men, and vice versa, but does not affect the way we ask, only their answers and our will to pursue deeper detail on an aspect they know well, or drop it if they know little. Remember that the fact that a specific group knows nothing or little about something (for example men showing that they ignore the

difference between FGM Type III and Type I, with whatever name they give it) is in itself a finding that should not be taken for granted.

- **Follow up questions** are marked [FQ] for two reasons, firstly because they might be unnecessary if the interviewees have already explained that aspect (so you can skip them), but if they not, they are there as reminders that you need to get more detail. Secondly because [FQ] indicates you an opportunity to continue the flow of the conversation asking them in a “natural follow up manner” and not as a new question.

- The **bold** helps you to visually see the essential aspect of any question without spending time reading, so that you can keep your attention on the interviewees.

## **B. Content.**

- There are only **7 essential topics** we need to cover with as much detail as possible. Each topic is inside a square like this **2 Importance of FGM**.

- Below each of the 7 topics, there are **specific sub-topics/questions** that anticipate some of the important detail we need. These subtopics are designated with double numbers such as 2.1, 2.2, etc. Whereas **we must cover the 7 essential topics**, these sub-topic/questions are more flexible. If you feel during your interview that you need to add, adapt, shorten them, etc, it is fine. However, please consider that the sub-topics constitute analytical aspects of interest and the more we keep them as they are, the easier will it be later on to structure and analyse the detailed subtopics in the evidence table and report.

### **Two Pilot requirements in Ethiopia only:**

1. If you see that some sequence or subtopic can be improved, or added or eliminated, please act accordingly, but remember to make a note for our discussion when we come back to Addis. One of the purposes of the Pilot mission is to have a tested protocol.

2. If you see some new tag needed or that is not efficient, please take note and communicate immediately with the rest of the team. (see below **E. Notes, Logbook, Tags and Evidence Table preparation.**).

**C. Sequence.** The interview/FGD with communities divides the 7 essential points in four main blocks:

(1) **Opening questions:** Traditional Practices/customs 1 and follow up.

(2) **FGM and change:** 2, 3 and 4

(3) **Joint Programme:** 5 and 6

(4) **Closing:** 7

**D. Rationale of the sequence:** We start asking about traditional practices in general and move little by little to FGM. The rationale of this sequence is based on four main assumptions:

(i) It is natural when you meet somebody for the first time to start with a more general question than to focus on something as specific as FGM. This slow-start approach helps them to warm up to the conversation, observe you and decide how much they want to share with you in a natural way. By the time you ask the key evaluation questions 5 minutes later, they are used to us and we also have the chance to learnt their dynamics and how to speak to them. You will judge how fast you want to move on to the substantial questions, depending on the situation.

(ii) Our approach should be genuine interest and curiosity about their reality and opinions, *whatever they are*. We are as interested in why some *abandon* FGM as in why some *support* FGM. Both visions and their specific details are of immense value to try to find practical solutions and recommendations. But few people share an opinion when they feel they will be judged for it, they need to feel safe. For that reason we should not start with leading questions (e.g. focusing on abandonment), but with open ones without showing a preference. Otherwise feelings of “shame/discomfort” or conversely “wanting to please” will likely dominate and distort the whole discussion.

(iii) Starting directly talking about FGM or the JP gives often the feeling that “this is what we want”. And in many communities, the way the understand hospitality or gratefulness is definitely not to criticize it, even constructively, but to tell us that the program is wonderful.

(iv) Starting with practices in general gives us the important chance of seeing how they see FGM in the wider context of other traditional practices, in particular its relative weight (it is not the same if they mention it as a secondary thing among 20 or as a key one) and its connection with other cultural aspects (depending on how they freely formulate their opinions on the practices).

### **E. Notes, Logbook, Tags and Evidence Table preparation.**

After finishing taking the notes, we should be prepare the logbook and upload it for easy analysis later on. That requires mainly ensuring clarity on the linkage between the answers and the evidence table references. Most of the answers at community level will fall under four specific assumptions in the Evidence Table, to which I add here a new fifth aspect: “sustainability”. Sustainability should be referenced adding a 3<sup>rd</sup> number to whatever category that sustainability affects. For example, if we are saying that awareness (4.1) is sustainable, then we will reference it as “(4.1.S)”.

Most likely linkages to the Evidence Table

- Awareness (4.1)
- Social norms (4.2)
- Service use (5.1)
- Service delivery (5.2)
- Sustainability (X.X.S)

Please ensure you follow always these 3 steps

1. **Include within the notes numeric references** linking to an assumption for each finding. Most will belong to the ones above, but there might be others you identify.
2. Save the logbook in the **folder** “Ethiopia”, under subfolder Afar, SNNPR or Addis.
3. **Tag** the document title with the following tags in this order:
  - Whatever assumptions are referred to within the notes.
  - Male or female if people from the community
  - Religious leader, clan leader or community leader
  - “Hospital” if the interview is in a hospital or health center.

## **0. Before the interview & note taking**

0.1 Decide previously **who** will take notes.

0.2 Decide previously **folder** where immediate notes be stored in Evernote.

0.3 Decide **tag policy** for notes.

0.4 Prepare your **interpreter** (see “working with interpreters – guidelines).

## 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

## 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn and give advice about 1. FGM and 2. Programs related to FGM, especially UN.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

## 3. Stakeholder Specific Questions: Community

**1 Opening** 1.1 We would like to **understand the most important traditional practices/customs in the village with women/girls** related to marriage and maturity. Could you **explain** them to us? [Open question, stressing it is our first time in the community] [Ask as FQ] 1.2 **Why** is *that* important? [*that* is whatever they mentioned in their opening answer]

### **2 Importance of FGM**

2.1 [Ask as FQ] ...And is **FGM important** in the village? [Now we ask directly, changing formulation depending on their previous opinions] → [FQ] **Why?**

2.2 [FQ] **For whom** is most important to **keep FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] Why?

2.2 [FQ] **For whom** is most important to **abandon FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] Why?

### **3 Changes in FGM**

3.1 **Changes in the last 10 years** → [FQ] Why/why not → [FQ] Key factors

3.2 **Present attitude of men** towards FGM / **Present attitude of women**

3.3 **Transition from Type III infibulation** [check with interpreter beforehand common word used] and Type I [*sunna* in Ethiopia, check with interpreter].

3.4 [FQ] **Transition from Type I** to abandonment. [FQ] Ask if what has been explained is general or exceptional) → [FQ] How happens → [FQ] Why some do the transition and others don't, main factors → [FQ] **What would be needed to support abandonment.**

#### **4 What happens after declaration of abandonment**

4.1 **Open question:** please explain **what happens in reality after** declaration of abandonment. → [FQ] How many abandon/continue → [FQ] Why

4.2 Explore **relapse** and main factors

#### **5 Joint Programme Description**

5.1 **When** did the JP start working in the community? [check beforehand with local staff how they refer to JP": e.g. is it for them "the sister", or the name of a particular person that they recognize as the JP]

5.2 → [FQ] **What** have they done in the community these years (description in their own words)

#### **6 Joint Programme Effectiveness/Relevance**

6.1 → [FQ] Of those actions, which ones have been **useful** → [FQ] **Why/why** not

6.2 → [FQ] Which ones have been **not useful** → [FQ] **Why** & why not

6.3 → Can you give me **examples** of what has changed thanks to the JP?

6.4 → Do you think that **change will last?** (sustainability)

6.5 → **What do you think the JP should be doing** from now on to support FGM eradication in Ethiopia? → [FQ] **Why**

#### **7 Closing**

7.1 **Anything else** we have not asked that you would like to share with us?

7.2 **Thank you** & 7.3 Remind them on **confidentiality.**

## Community rights-holders (beneficiaries)

### Interview / Focus Group Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: Community

**1 Opening** 1.1 We would like to **understand the most important traditional practices/customs in the village with women/girls** related to birth, marriage, growing up, maturity... Could you **explain** them to us? [Open question, stressing it is our first time in the community] [Ask as FQ] 1.2 **Why** is *that* important? (try to move into FGM if they give you the chance, if not, continue using Traditional Practices until you can).

##### **2 Importance of FGM**

2.1 [Ask as FQ] ...And is **FGM important** in the village? [Now we ask directly, changing formulation depending on their previous opinions] → [FQ] **Why?**

2.2 [FQ] **For whom** is most important to **keep FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] **Why?**

2.3 [FQ] **For whom** is most important to **abandon FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] **Why?**

##### **3 Changes in FGM**

3.1 **Present attitude of men/boys** towards FGM / **Present attitude of women/girls**

3.2 **Changes in the last 10 years** → [FQ] **Why/why not** → [FQ] **Key factors**

[FQ] Changes in prevalence (proportion of cut: more, less, same)

[FQ] In attitude (approve it or not)

[FQ] In practice (different age, different cut, going to other community to cut, to health provider).

**Note for interviewer. IF they have said that there is change in practice in in cut” then, explore 3.3 and 3.4 below**

**3.3 Transition from Type III *infibulation* and Type I [*sunna* in Ethiopia].**

**3.4 [FQ] Transition to full abandonment.** [FQ] Ask if what has been explained is general or exceptional) → [FQ] How happens → [FQ] Why some do the transition and others don't, main factors → [FQ] **What would be needed to support abandonment.**

#### **4 What happens after declaration of abandonment**

4.0 Check if they understand what a declaration of abandonment means and if they have heard of it in the community.

4.1 **Open question:** please explain **what happens in reality after** declaration of abandonment. → [FQ] How many abandon/continue → [FQ] Why

4.2 Explore if **people who changed, then went back to old practices** and main factors (relapse).

4.3 Is there a **difference between uncut/cut girls for marriage** opportunities/rite of passage? Explain

#### **5 Joint Programme Description**

5.1 **When** did the JP start working in the community? [check beforehand with local staff how they refer to JP”: e.g. is it for them “the sister”, or the name of a particular person that they recognize as the JP]

5.2 → [FQ] **What** have they done in the community these years (description in their own words)

#### **6 Joint Programme Contribution: Effectiveness/Relevance**

6.1 → [FQ] Of those actions, which ones have been **useful to change FGM practice/abandonment** → [FQ] **Why/why not**

6.2 → [FQ] Which ones have been **not useful** → [FQ] **Why & why not**

6.3 → Can you give me **examples** of what has changed thanks to the JP?

6.4 → Do you think that **change will last?**

6.5 → **What do you think should be done** from now on to support FGM eradication in Ethiopia? → [FQ] **Why**

#### **7 Closing**

7.1 **Anything else** we have not asked that you would like to share with us?

7.2 **Thank you** & 7.3 Remind them on **confidentiality** and we don't share info.

## Religious leaders

### Interview/ Focus Group Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: Religious leaders

##### **1 Understanding FGM from religious perspective**

1.1 We would like to **understand FGM from a religious perspective** (as we know there are many different interpretations). Could you please let us know what is **your interpretation** on the position of the sacred texts in relation with FGM.

1.2 [Ask as FQ] What is the **general consensus among religious leaders** on FGM? [FQ] What are the main points debated? [FQ] Has there been any change in that consensus? [FQ] Why?

1.3 What are the main paths to **spread a change of attitude among religious leaders** in relation with FGM? [FQ] Main challenges? [FQ] How could this be done more successfully in your opinion?

1.4 What are the main paths to **spread a change of attitude among communities** in relation with FGM? [FQ] Main challenges? [FQ] How could this be done more successfully in your opinion?

1.5 Have there been changes of attitude in the community regarding FGM and/or its relation with religion? [FQ] What do you think has been the main reason for these changes\_

## **2 About the Joint Programme**

2.1 Do you have **a relation with the JP** (or know about the JP?) **If yes, pass to 2.2, If not** ask his/her **opinion on international efforts to change attitudes on FGM** and **how this should be done** in his/her opinion.

2.2 What is your opinion on the JP?

2.3 Main positive aspects and why

2.4 Main negative aspects and why

2.5 What could the JP do differently to be more helpful in the future?

## **3 Closing**

3.1 **Anything else** we have not asked that you would like to share with us?

3.2 **Thank you** & 3.3 Remind them on **confidentiality** and we don't share individual information.

## Traditional leaders

### Interview/ Focus Group Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: Traditional Leaders

**1 Opening** 1.1 We would like to **understand the most important traditional practices/customs in the village with women/girls** related to birth, marriage, growing up, maturity... Could you **explain** them to us? [Open question, stressing it is our first time in the community] [Ask as FQ] 1.2 **Why** is *that* important? (try to move into FGM if they give you the chance, if not, continue using Traditional Practices until you can).

#### **2 Importance of FGM**

2.1 [Ask as FQ] ...And is **FGM important** in the village? [Now we ask directly, changing formulation depending on their previous opinions] → [FQ] **Why?**

2.2 [FQ] **For whom** is most important to **keep FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] **Why?**

2.3 [FQ] **For whom** is most important to **abandon FGM**? [if not clear, ask more concretely: men, women, grandmothers, grandfathers?] → [FQ] **Why?**

#### **3 Changes in FGM**

3.1 **Present attitude of men/boys towards FGM / Present attitude of women/girls**

3.2 **Changes in the last 10 years** → [FQ] **Why/why not** → [FQ] **Key factors**

[FQ] Changes in prevalence (proportion of cut: more, less, same)

[FQ] In attitude (approve it or not)

[FQ] In practice (different age, different cut, going to other community to cut, to health provider).

**Note for interviewer. IF they have said that there is change in practice in in cut” then, explore 3.3 and 3.4 below**

3.3 **Transition from Type III *infibulation* and Type I [*sunna* in Ethiopia].**

3.4 [FQ] **Transition to full abandonment.** [FQ] Ask if what has been explained is general or exceptional) → [FQ] How happens → [FQ] Why some do the transition and others don't, main factors → [FQ] **What would be needed to support abandonment.**

#### **4 What happens after declaration of abandonment**

4.0 Check if they understand what a declaration of abandonment means and if they have heard of it in the community.

4.1 **Open question:** please explain **what happens in reality after** declaration of abandonment. → [FQ] How many abandon/continue → [FQ] Why

4.2 Explore if **people who changed, then went back to old practices** and main factors (relapse).

4.3 Is there a **difference between uncut/cut girls for marriage** opportunities/rite of passage? Explain

#### **5 Role of Traditional leaders and FGM**

5.1 What is the role of traditional leaders regarding changes in FGM

5.2 The main challenges?

#### **6 Joint Programme Description**

6.1 **When** did the JP start working in the community? [check beforehand with local staff how they refer to JP”: e.g. is it for them “the sister”, or the name of a particular person that they recognize as the JP]

6.2 → [FQ] **What** has the JP done in the community these years (description in their own words)

#### **7 Joint Programme Contribution: Effectiveness/Relevance**

7.1 → [FQ] Of those actions, which ones have been **useful to change FGM practice/abandonment** → [FQ] **Why/why not**

7.2 → [FQ] Which ones have been **not useful** → [FQ] **Why & why not**

7.3 → Can you give me **examples** of what has changed thanks to the JP?

7.4 → Do you think that **change will last?**

7.5 → **What do you think should be done** from now on to support FGM eradication in Ethiopia? → [FQ] **Why**

## **8 Closing**

8.1 **Anything else** we have not asked that you would like to share with us?

8.2 **Thank you** & 8.3 Remind them on **confidentiality** and we don't share info.

## JP focal points UNFPA / UNICEF

### Interview Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: JP focal points UNFPA / UNICEF

##### **1 Opening: Open questions on FGM**

1.1 Description of **evolution of FGM** in the last years.

1.2 Main **factors for FGM change / lack of change** in the country

1.3 What specific **evidence** of change exists [FQ] **Explore gaps in data, evidence**, information systems, new research available, research gaps.

##### **2 Open questions on FGM**

2.1 **Description of JP** over the last 10 years.

2.2 **Main changes in the approach of the JP** over time. [FQ] Do you think this evolution is **appropriate?**

2.3 **Main successes** of the JP in your opinion

2.4 **Main remaining challenges** for the JP in your opinion

2.5 Looking at the future, **what would improve the JP** in your opinion?

##### **3 Specific questions on JP (if not answered before)**

3.1 Description of comparative strengths of JP vs. other programmes [FQ] Examples

3.2 Description of comparative strengths of UNFPA & UNICEF within JP vs. separated work. [FQ] Examples.

3.3 Analysis of work with **other UN** agencies. [FQ] Work with other main donors.

3.4 Analysis on **partnerships** with different IPs [FQ] Analysis of work with government vs CSOs, etc.

3.5 Role of **Global and Regional** JP from their perspective. Description, positive added value, aspects to improve.

3.6 **Cross border** factors and JP response, if any

3.7 **Lessons learned** in the implementation of the JP, looking at the future.

3.8 [FQ] **Specific analysis** on the interface between social norm approach, legal approach, medicalization, etc.

#### **4 Closing**

4.1 **Anything else** we have not asked that you would like to share with us? (check also additional suggestions of people to meet, etc)

4.2 **Thank you** & 3.3 Remind them on **confidentiality** and we don't share individual information.

## National Government

### Interview Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: National Government

##### **1 Opening: Open questions on FGM**

1.1 Description of **evolution of FGM** in the last years.

1.2 Main **factors for FGM change / lack of change** in the country

1.3 What specific **evidence** of change exists [FQ] **Explore gaps in data, evidence**, information systems, new research available, research gaps.

##### **2 Role of National Government in FGM**

2.1 Explore specific role of government on FGM

2.2 Main progress milestones on FGM

2.3 Main challenges the government faces in relation to FGM [FQ on the JP in next section]

##### **3 Specific question on the JP**

3.1 Opinion on **how the JP is responding** to FGM challenges in the country

3.2 Comparative advantage / added value vs. other international agencies

3.3 Main **positive points** of JP support. Examples.

3.4 Main **limitations** of the JP. Examples.

3.5 Looking at the future, **what would improve the JP** in your opinion?

#### **4 Closing**

4.1 **Anything else** we have not asked that you would like to share with us? (check also additional suggestions of people to meet, etc)

4.2 **Thank you** & 3.3 Remind them on **confidentiality** and we don't share individual information.

## Implementing Partners

### Interview Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: Implementing Partners

##### **1 Opening: Open questions on FGM**

1.1 Description of **evolution of FGM** in the last years.

1.2 Main **factors for FGM change / lack of change** in the country

1.3 What specific **evidence** of change exists [FQ] **Explore gaps in data, evidence**, information systems, new research available, research gaps.

##### **2 Role of Implementing Partner in FGM**

2.1 Explore specific role of Implementing Partner on FGM

2.2 Main progress milestones on FGM

2.3 Main challenges the Implementing Partner faces in relation to FGM [FQ on the JP in next section]

##### **3 Specific question on the JP**

3.1 Opinion on **how the JP is responding** to FGM challenges in the country

3.2 Comparative advantage / added value vs. other international agencies

3.3 Main **positive points** of JP support. Examples.

3.4 Main **limitations** of the JP. Examples.

3.5 Specific question on **efficiency** of JP regarding fund transfers, common work, etc.

3.6 Looking at the future, **what would improve the JP** in your opinion?

#### **4 Closing**

4.1 **Anything else** we have not asked that you would like to share with us? (check also additional suggestions of people to meet, etc)

4.2 **Thank you** & 3.3 Remind them on **confidentiality** and we don't share individual information.

## **Academia / researchers, CSOs working on FGM (not IPs)**

### Interview Protocol Evaluation JP-FGM

Acronyms used: FQ – Follow up question

#### 1. Essential data for logbook heading

1.1 Collect Name, Age, Gender, Position (if relevant). Pass sheet of paper to the interpreter with these four categories to fill in.

1.2 Include date, location (community, district and region)

#### 2. Introduction and Consent (adapt for group meetings)

2.1 **Thank you**, thank you, thank you. We know you are busy and still meeting us.

2.2 **Introduction** – Independent team to learn about 1. FGM and 2. Programs related to FGM, especially JP.

Value very much learning from you and hearing your experience, opinions.

2.3 Conversation is **confidential**. We will write a report explaining the situation in many countries in Africa, without names of people.

2.4 **We would like to ask you some questions**: if you don't understand me, please tell me and I will repeat with pleasure; if you prefer not to answer some, please tell me.

2.5 **Do I have your permission to ask you questions?**

#### 3. Stakeholder Specific Questions: Academia/researchers, CSOs working on FGM (not IPs)

##### **1 Opening: Intro questions on role of institution interviewed**

1.1 Explore history, characteristics and present role of the organization in general.

1.2 Explore role regarding FGM

##### **2 Open and specific questions on FGM**

2.1 Description of **FGM phenomenon in the country**

2.2 Description of **evolution of FGM** in the last years.

2.3 Main **factors for FGM change / lack of change** in the country

2.4 What specific **evidence** of change exists [FQ]

2.5 **Explore gaps in data, evidence**, information systems, new research available, research gaps.

2.6 **What elements of research** that are not addressed would be more crucial in the understanding of FGM.

### **3 About the Joint Programme**

3.1 Do you have a **relation with the JP** (or **know** about the JP?) **If yes, pass to 3.2, If not** ask his/her **opinion on international efforts to change attitudes on FGM** and **how this should be done** in his/her opinion.

3.2 What is your opinion on the JP?

3.3 Main positive aspects and why

3.4 Main negative aspects and why

3.5 What could the JP do differently to be more helpful in the future?

### **4 Closing**

4.1 **Anything else** we have not asked that you would like to share with us? (check also additional suggestions of people to meet, etc)

4.2 **Thank you** & 3.3 Remind them on **confidentiality** and we don't share individual information.

## Interview Questions at Community Level , translated into French

### Questions pour les interprètes

#### *Introduction*

- Nous vous rapellons que votre participation à cette entretien est volontaire et que toutes les informations que vous nous fournirez resterons confidentielles.
  - Pouvons nous avoir votre consentement à cette discussion?
1. Quel es la valeur social de l'excision dans votre communauté?
  2. Est-ce que l'excision est pratiqué dans votre communauté? Si oui, quelles forms/types d'excision son pratiqués?
  3. Pensez vous qu'il y a des conséquences de cette pratique sur l'enfant et sur la femme? Quels types de conséquences? Comment avez vous été informé sur les consequences de cette pratique? Comment cette information a eu une influence sur l'excision (leur opinion et les opinions de ceux qui sont proches)?
  4. Que faites-vous dans votre communauté pour informer les membres sur l'excision et changer leur comportement?
  5. Quelles types de formations ou d'appuis avez vous reçus pour aider à cela? Par qui?
  6. Les femmes reçoivent t'elles de l'information sur l'excision au niveau des structures sanitaires? Où est-ce qu'elles reçoivent cette information?
  7. Quelle est l'opinion des jeunes sur l'excision? Quelle est l'opinion des aînés sur l'excision? Y-a-t'il une différence d'opinion entre les jeunes et les aînés? Comment adressez vous ces divergances d'opinion?
  8. Etes-vous au courant de l'existance de la loi interdisant la pratique de l'excision? Que pensez-vous de cette loi? Quelle est votre position concernant cette loi? Etes-vous d'accord ou non et pourquoi?
  9. Selon vous, y-a-t'il eu des changements dans la pratique de l'excision au courant des 5 dernières années?
  10. Qu'est-ce qui a expliqué ces changements? Y-a t'il eu des acteurs externes qui ont contribué à ces changements? Dans quelle mesure les hommes on été impliqué dans ce changement?
  11. Y-a-t'il eu des résistances au sein de votre communauté? Si oui, pourquoi?
  12. Quelles sont les meilleures façons pour faciliter le changement de comportement?

13. Y-a t'il eu des déclarations d'abandon de l'excision dans votre communauté? Suite à ces déclarations, est-ce qu'il y a des gens qui continuent à faire cette pratique? Si oui, pourquoi? Que faites vous pour que l'abandon de la pratique soit effective?

## Annex 9: Logbook for recording interviews

### Standard Introduction

- Thank you for agreeing to this interview, which will take between 45-60 minutes. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.
- Please could I ask you to write your name, affiliation and gender for our records.
- We are an independent evaluation team working with UNFPA and UNICEF Evaluation Offices to lead an evaluation of the joint programme on the abandonment of FGM
- The evaluation will cover the period from 2008 until present. It will include four country-level case studies and a broader portfolio analysis of 12 countries. The evaluation will be used to support and inform the implementation of phase III of the JP and work on FGM and harmful practices more broadly

### Interview Data

<b>Interviewer:</b>		<b>Interview Code:</b>	
<b>Location:</b>		<b>Date:</b>	
<b>Stakeholder type:</b>			
<b>Name(s) of the interviewee(s):</b>	<b>Institutional affiliation</b>	<b>Position</b>	<b>Gender</b>
<b>1. Synthesis of main points discussed (use stakeholder-specific questionnaire where available)</b>			

**2. Main outcomes of the discussion (2 or 3 points max)**

--

**3. Areas that require follow up (documentation; additional interviews)**

--

## Annex 10: Evernote information taxonomy

### Meta data tags

Global/Regional Significance	Global
	Regional
Stakeholder	UNFPA
	UNICEF
	Other UN Agency
	Central Government
	Local Government
	Implementing Partner
	Civil Society (other)
	Expert/Academic
	Community Social Norms Actor (champion, leader, former cutter, men's group, women's group, youth, etc.)
	Healthcare Provided (including midwives)
	Religious or Cultural Actor
	Healthcare Professional
	Rights Holder - Women
	Rights Holder - Men
Sex	Female
	Male

## Analytical tags

Programme Relevance (EQ1)	Aligned and Responsive (1.1)
	Comparative Advantages (1.2)
	Evidence Based (1.3)
Supportive Programming (EQ2)	Implementation of Legal Frameworks (2.1)
	Health Services (2.2)
	Changing Social Norms (2.3)
Holistic Approach to Accelerate Efforts to End FGM (EQ3)	Leveraging Agency Strengths (3.1)
	Partnerships (3.2)
	Support for Emerging Actors(3.3)
	Setting Normative Standards (3.4)
Efficient Programme Implementation (EQ4)	Flow of Resources (4.1)
	Joint Programme Steering Committee (4.2)
	Compatible M&E Systems (4.3)
Sustainable Change (EQ5)	National Ownership (5.1)
	Sustained Social Norm Change (5.2)
	Sustained Donor Funding and Long-Term Efforts (5.3)

## Annex 11: Country Table

The Country Table is a tool to synthesize information from virtual and in-person country case studies and to develop indicative findings.

Evidence is reflected through footnotes in every finding, showing if it comes from interviews (generic reference to stakeholder groups without names) or documents (specific documents).

Key testimonies should be captured under quotes in the Testimonies box below.

This tool is to be used for remote desk review country studies as well as in-country case studies.

Context	Indicative Finding	Additional Observations
<i>Interventions</i>		
<i>Expenditure</i>		
<i>Implementing partners delivering</i>		

EQ and assumptions	Indicative Finding	Additional Observations
<b>EQ 1 - To what extent is the programme (approach, design, strategies) relevant, responsive, and evidence based to contribute towards accelerating efforts to abandon FGM globally, nationally, and sub-nationally (including in cross-border regions)?</b>		
<b>Criteria: <i>Relevance</i></b>		
<b>Assumption 1.1</b> The Joint Programme design (including approach, strategies and interventions) is aligned with global, national and sub-national		

EQ and assumptions	Indicative Finding	Additional Observations
<p>priorities and is flexible enough to be responsive to different local contexts and to changing realities and priorities.</p>		
<p><b>Assumption 1.2</b></p> <p>The Joint Programme approach is based on its comparative advantages, taking into consideration the roles and comparative advantages of other actors working in this field.</p>		
<p><b>Assumption 1.3</b></p> <p>Joint Programme interventions at the global, regional, national and sub-national levels are based on a comprehensive analysis of all available evidence (e.g. situation analysis, needs assessments, gender assessments, identification of drivers of</p>		

EQ and assumptions	Indicative Finding	Additional Observations
<p>change, stakeholder mapping) of the populations of interest in programme countries and of the factors that create barriers and promote drivers of change to end FGM.</p>		
<p><b>Evaluation Question 2:</b> To what extent has the programme contributed to supporting governments, communities, and the girls and women concerned towards the abandonment of Female Genital Mutilation/Cutting through the establishment of conducive legal and policy environments, support for the provision of FGM health services, and the shifting of social norms?"</p> <p><b>Criteria:</b> <i>Effectiveness and Sustainability</i></p>		
<p><b>Assumption 2.1</b> Programme countries enact legal and policy frameworks for eliminating FGM/C which are appropriately resourced and implemented (in line with AU and UN Resolutions);</p>		
<p><b>Assumption 2.2</b> Service providers provide timely, appropriate and quality services to girls and women at risk or having experienced FGM/C in select districts in programme countries;</p>		

EQ and assumptions	Indicative Finding	Additional Observations
<p><b>Assumption 2.3</b> A majority of individuals, families and communities in programme areas accept the norm of keeping girls intact</p>		
<p><b>Evaluation Question 3:</b> To what extent do the JP's country, regional, and global initiatives and holistic approach create synergies that accelerate efforts to end FGM? <i>Criteria: Effectiveness, Co-ordination and Sustainability</i></p>		
<p><b>Assumption 3.1</b> Management arrangements and coordination between UNFPA, UNICEF, national authorities and programme partners have facilitated both agencies to leverage their relative strengths and capacities for more effective programme implementation.</p>		
<p><b>Assumption 3.2</b> The global programme has effectively developed and leveraged partnerships and</p>		

EQ and assumptions	Indicative Finding	Additional Observations
<p>collaborations with other development actors to amplify efforts, particularly with regards to more in-depth research on social norms change and its linkages to changes in individual and collective behaviours.</p>		
<p><b>Assumption 3.3</b>            Joint Programme acted as a catalyst for established and emerging actors to strengthen the response to end FGM, at national, regional and global levels, including e.g. other UN agencies, other programmes, new donors and funders, national governments, regional bodies, civil society and implementing partners.</p>		
<p><b>Assumption 3. 4</b> The JP has raised the profile of FGM and contributed to the acceleration of its end through establishing global normative</p>		

EQ and assumptions	Indicative Finding	Additional Observations
standards among governments. .		
<p><b>Evaluation Question 4:</b> To what extent does the Joint Programme draw on the relative strengths of each organisation, promote efficient programme implementation to amplify the programme’s contribution?</p> <p><b>Criteria:</b> <i>Efficiency/ Co-ordination</i></p>		
<p><b>Assumption 4.1</b> Joint programme financial systems and structures enable the efficient and timely flow of resources to support implementation and achieve planned results.</p>		
<p><b>Assumption 4.2</b> Oversight by the Joint Programme Steering Committee to the Joint Programme has contributed to efficient implementation.</p>		
<p><b>Assumption 4.3</b> Monitoring, reporting and evidence-gathering systems are in place and are compatible across both agencies, and are adequate to measure progress towards</p>		

EQ and assumptions	Indicative Finding	Additional Observations
expected results and promote learning at all levels.		
<b>Evaluation Question 5:</b> To what extent does Joint Programme programming lead to sustainable change for the eradication of FGM/C? <b>Criteria:</b> <i>Sustainability</i>		
<b>Assumption 5.1</b> The Joint Programme supports national ownership of efforts to eradicate FGM/C by building institutional capacity and by integrating programming into established national systems and processes.		
<b>Assumption 5.2</b> The Joint Programme promotes changes in social norms at the community level that are sustained over time and that lead to improvements in gender equality dynamics between men and women.		
<b>Assumption 5.3</b> Interest around FGM generated by the Joint Programme at the global level leads to more		

EQ and assumptions	Indicative Finding	Additional Observations
sustainable donor funding and long-term efforts to eradicate it.		

Important Issues not Included in the Assumptions	Indicative Finding	Additional Observations and Evidence Sources

### TESTIMONIES BOX

Evaluation Question	Illustrative Key Testimonies
EQ 1 - EQ 1 - To what extent is the programme (approach, design, strategies) relevant, responsive, and evidence based to contribute towards accelerating efforts to abandon FGM globally, nationally, and sub-nationally (including in cross-border regions)?	
EQ 2 – To what extent has the programme contributed to supporting governments, communities, and the girls and women concerned towards the abandonment of Female Genital Mutilation/Cutting through the establishment of conducive legal and policy environments, support for the provision of FGM health services, and the shifting of social norms?	
EQ 3 – To what extent do the JP’s country, regional, and global initiatives and holistic	

approach create synergies that accelerate efforts to end FGM?	
EQ 4 – To what extent does the Joint Programme draw on the relative strengths of each organisation, promote efficient programme implementation to amplify the programme’s contribution?	
EQ 5 – To what extent does Joint Programme programming lead to sustainable change for the eradication of FGM/C?	

## SOURCES OF EVIDENCE

List of Interview respondents					
	Name	Position	Organisation	Sex	Location where Interview Occurred
1	.				
2					
3					
...					

List of Documentary Sources	
1	.
2	
3	
...	

## CONSIDERATIONS FOR THE OVERARCHING GLOBAL THEMATIC LEVEL

**Consideration 1.**

**Consideration 2.**

...

**POINTS OF PARTICULAR RELEVANCE FOR THE ACTION BRIEF**

**Consideration 1.**

**Consideration 2.**

...

**POINTS OF PARTICULAR RELEVANCE FOR THE EVALUATION REPORT**

**Consideration 1.**

**Consideration 2.**

...

## Annex 12. Online Survey - Questions

### Cover Note:

Dear colleagues,

The independent Evaluation Office of UNFPA in collaboration with UNICEF Evaluation Office are jointly conducting an independent evaluation of the UNFPA/UNICEF Joint Programme on the Abandonment of Female Genital Mutilation (FGM): Accelerating Change Phase I and II (2008 – 2017) within the 17 countries where the Joint Programme operates.

An external multidisciplinary team from ImpactReady (UK based company) was selected to carry out this joint evaluation under the supervision and guidance of the evaluation management group led by UNFPA Evaluation office.

As key FGM actors, the evaluation team kindly requests that implementing partners of the Joint Programme share their feedback regarding the performance of the Joint Programme through a short anonymous survey. We are writing to current partners, and those who have been former partners during Phase I and II (since 2008). The survey will likely take no longer than 20 minutes of your time.

The survey is being administered by an independent external evaluation team. To access the survey, please click the following link:

<https://www.surveymonkey.com/r/HKDXNDG>

Your answers will be automatically submitted directly to the evaluation team and information will not be directly shared with any members of the Joint Programme staff. The survey includes some background questions to help the evaluators disaggregate data. Please be assured that the survey is confidential and your answers will not be associated with your name or organisation. We encourage you to provide honest feedback to assist the Joint Programme in strengthening its future FGM programming.

The survey is designed for implementing partners of the Joint Programme at all levels who are familiar with the Joint Programme's work or with interventions implemented with joint programme funding.

We would greatly appreciate it if you could please complete the survey **by October 16.**

If you have any questions about the wording of the survey or the survey completion process, please contact the survey manager at :  
Katherine Garven – [katherine@impactready.org](mailto:katherine@impactready.org)

We thank you very much for your time and participation!

Sincerely,

\_\_\_\_\_ (FGM Country Focal Point)

## Survey (to be implementing using Survey Monkey)

Your answers will be automatically submitted directly to the evaluation team and information will not be directly shared with any members of the Joint Programme staff. The survey includes some background questions to help the evaluators disaggregate data. Please be assured that the survey is confidential and your answers will not be associated with your name or organisation. We encourage you to provide honest feedback to assist UNFPA and UNICEF in strengthening its future FGM programming.

The survey is designed for implementing partners of the Joint Programme at country and regional levels.

### Section I: Respondent's Background

This section is designed to help the evaluation team to understand the profile of survey respondents in order to disaggregate survey data. The information will not be used to specifically identify you. Your responses will remain anonymous and confidential.

*Instructions: Please select one or more than one response per question that you believe is most accurate from the ones listed below each question.*

1. I work on FGM issues primarily in the following country/region

- Burkina Faso
- Uganda
- Eritrea
- Senegal
- Egypt
- Ethiopia
- Kenya
- Guinea-Bissau
- Mauritania
- Sudan
- Djibouti
- Guinea
- Mali
- Somalia
  
- Gambia
- Nigeria

- Middle East North Africa/Arab States
- Somalia
- West and Central Africa
- Eastern and Southern Africa

2. I identify with the following gender (optional question)

- Female
- Male
- Other

3. I work for or represent an organisation that is from:

- Civil Society (NGO)
- Government ministry, secretariat, or coordinating body
- Government actor that provides services
- Academia/Research organisations
- Media/Journalism
- Other (Please specify: \_\_\_\_\_)

4. I work:

- At the national level
- At the sub-national level
- At the village level
- At the African regional level

5. The primary focus of my FGM work is on:

- Empowering women and girls
- Using media to inform people about FGM
- Advocating for human rights
- Providing health services related to FGM
- Engaging religious leaders on FGM
- Engaging traditional leaders on FGM
- Child Protection
- Designing and/or implementing laws relating to FGM
- Cross-border work relating to FGM
- Working with youth on FGM
- Other (please specify here: \_\_\_\_\_)

6. I work primarily with

- UNICEF
- UNFPA
- Both UNICEF and UNFPA

7. I am familiar with the work of the Joint Programme beyond my own project.

- Yes
- No

8. I started working on FGM  
 \_\_\_\_\_ Prior to 2008  
 \_\_\_\_\_ Between 2008 and 2017  
 \_\_\_\_\_ After 2017

9. I started working with the Joint Programme  
 \_\_\_\_\_ Prior to 2008  
 \_\_\_\_\_ Between 2008 and 2017  
 \_\_\_\_\_ After 2017

## Section II: Performance of the Joint Programme

Implementing partners work directly with the Joint Programme and may have some important insights around the functioning of the Joint Programme. In the following section, we kindly invite you to please share your views around the performance of the Joint Programme.

*Instructions: For the following questions, please select a response ranging from strongly disagree to strongly agree. Please select N/A if you are unsure or if you do not have an opinion.*

- 1: Strongly Disagree  
 2: Disagree  
 3: Agree  
 4: Strongly Agree  
 N/A: Not sure or no opinion

10. The Joint Programme has provided sufficient opportunities for me or my organisation to provide input on the design and planning of the Joint Programme's own national level programming.

1-----2-----3-----4-----N/A

11. The Joint Programme has provided support to conduct research on FGM at the community level (e.g. research on social norms, causes of FGM, trends, etc.)  
 12. The Joint Programme has provided me or my organisation with new research on FGM produced in country or in other countries  
 13. The Joint Programme understands and prioritizes work that addresses the context-specific causes, justifications, and practices of FGM in the country.  
 14. The Joint Programme results have contributed to the empowerment of women and girls.  
 15. The Joint Programme has been effective in engaging government actors to participate in/support activities to accelerate the abandonment of FGM.  
 16. The Joint Programme has been successful at engaging relevant civil society organisations in accelerating the abandonment of FGM.

17. Enacting and implementing a law that criminalizes FGM is an effective tool to reduce FGM practices.
18. Joint Programme activities have been effectively integrated into national systems and processes (e.g. the national health system).
19. The Joint Programme has provided support to encourage communities to sustain positive behavioural change to end the practice of FGM once the immediate project activities have ended (i.e. support for community surveillance groups, follow-up training sessions, etc.)
20. Funding provided to my organisation for FGM work by the Joint Programme is provided in a timely manner.
21. My organisation is required to submit only one set of reports to the joint programme focal point in my country and is not required to submit different reports on that same activity funded by the Joint Programme to both UNICEF and UNFPA.
22. The Joint Programme's annual planning is done well enough in advance to have no negative implications on project implementation.
23. The Joint Programme provides me or my organisation with technical support around data collection and results monitoring and reporting.
24. My organisation has the capacity to effectively monitor and report on results.
25. Reporting requirements to the Joint Programme are not overly burdensome or time consuming.
26. The Joint Programme organizes regular and inclusive meetings at the **national** level that bring together its partners to share information and learn from each other.
27. The Joint Programme organizes regular and inclusive meetings at the **sub-national** level that bring together its partners to share information and learn from each other.
28. The Joint Programme organizes regular and inclusive meetings at the **African regional** level (i.e. between countries within the same geographic region) that bring together all of its partners to share information and learn from each other.
29. The Joint Programme shares information with me or my organisation on good practices in reducing FGM from other parts of the country or from other countries.

### Section III: Strategies to Reduce FGM

Implementing partners bring real world/field experience that can inform programme planning. In the following section, please share your knowledge and experiences around how best to address the practice of FGM within your country.

*Instructions: Please select the top 3 responses that best complete each statement.*

30. The primary barriers to reducing FGM practices within communities are (select 3 responses):
  - Lack of information about its health and life consequences
  - Ongoing gender-based discrimination and the community's desire to control the reproduction of women and girls (i.e. patriarchy)
  - Need to marry daughters and ensure the receipt of a dowry
  - Traditional beliefs and customs (apart from religion)
  - Religious beliefs
  - Fear of change
  - Resistance to outside influence (i.e. Western influence)

- Fear of negative repercussions from other community members or neighbouring communities who continue to practice FGM
- Medical advice
- Poor implementation of anti-FGM laws
- Other (please specify here: \_\_\_\_\_)

31. The most effective strategies to reduce FGM are (select 3 responses):

- Fostering community dialogue about FGM and its effects
- Empowering women and girls to say no to being cut and providing them with safe spaces or rescue shelters to be protected from the pressures of community members and parents.
- Advocating with communities to make public declarations to end FGM practices
- Engaging youth as advocates for change within their communities
- Using legal disincentives
- Engaging men and boys
- Providing alternative opportunities for income and social status to cutters
- Engaging traditional leaders
- Engaging religious leaders
- Encouraging communities to create alternative celebrations to mark the rites of passage of girls
- Engaging medical professionals (including doctors)
- Providing education sessions on health risks of FGM
- Providing education sessions on human rights and women's empowerment
- Providing educational scholarships for income generation alternatives to the marriage of girls.
- Other (please specify here: \_\_\_\_\_)

32. The most effective ways to change social norms are to (select 3 responses):

- Foster community dialogue
- Exchange perspectives between generations
- Create buy-in from FGM decision-makers
- Spread information through traditional media (e.g. radio, television, and print)
- Spread information through non-traditional media (e.g. online content, social media, etc.)
- Pass community declarations
- Develop empathy among men and boys towards women and girls.
- Empower women and girls to defend their rights
- Create and implement effective legal disincentives
- Engage religious leaders
- Engage cultural and/or community leaders
- Other (please specify here: \_\_\_\_\_)

### Section III: Open-Ended Question

33. What top 3 recommendations would you provide to the Joint Programme to strengthen its work to accelerate the reduction of FGM?

1. \_\_\_\_\_
2. \_\_\_\_\_

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## Annex 13: List of Documents to be Reviewed

The evaluation team will conduct an extensive document review that will examine global, regional, and country-level programme and thematic documents generated by UNICEF, UNFPA, and other relevant actors. Documents will be stored on the team's Google Drive and any additional relevant documentation will be added throughout the evaluation process.

Documents that will be reviewed can be categorized into the following general groupings:

- Programme documentation at the global, regional, national, and sub-national levels (including the programme proposal and plan, results frameworks, country plans and reports, financial data, and information on Phase III);
- M&E data and information generated by the programme;
- Evaluations and assessments (including the Evaluation of Phase I and information generated through the Scoping Mission for the current evaluation);
- Global and national agreements and frameworks (including UN resolutions);
- Management Meeting Minutes;
- Programme financial documentation;
- Background and thematic information generated by UNICEF, UNFPA, or other UN agencies;
- Background and thematic information generated by non-UN actors (including academia)

A full list of documents will be developed and presented in the final evaluation draft report.

## Annex 14: List of Stakeholders to be interviewed

A detailed list of stakeholders to be interviewed will be developed throughout the evaluation process upon completion of the document review, as desk reviews of virtual case studies are conducted, and as in-person case study visits are prepared. The following categories of stakeholders will be interviewed throughout the evaluation process at UNICEF and UNFPA HQ in New York, virtually through Skype or other electronic platforms, or in-person during case study visits<sup>44</sup>.

UN JP programme staff, coordinators and Steering Committee members
UN Other (e.g. regional; global)
Community structures (e.g. Religious institutions; Traditional institutions ROSCAs, cultural leaders, local councils)
Implementing Partner staff
National and sub-national authorities
Service providers
Members of communities of interest (e.g. Women – across the life cycle Young women (20-30), adolescent girls (15-20), young adolescent girls (10-15) Older women Men-across the life cycle Young men, adolescent boys, young adolescent boys Older men Religious and traditional leaders Traditional birth attendants Cutters and ceremonial participants)

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<sup>44</sup> These stakeholders were identified in the Evaluation Scoping Report.

## Annex 15: Feminist Evaluation

### The characteristics of a feminist evaluation approach

- 1) Feminist evaluation has as a central focus the gender inequities that lead to social injustice.
- 2) Discrimination or inequality based on gender is systemic and structural.
- 3) Evaluation is a political activity; the contexts in which evaluation operates are politicized; and the personal experiences, perspectives, and characteristics evaluators bring to evaluations (and with which we interact) lead to a particular political stance. A feminist evaluation encourages an evaluator to view her- or himself as an activist.
- 4) Knowledge is a powerful resource that serves an explicit or implicit purpose.
- 5) Knowledge should be a resource of and for the people who create, hold, and share it. Consequently, the evaluation or research process can lead to significant negative or positive effects on the people involved in the evaluation/research. Knowledge and values are culturally, socially, and temporally contingent. Knowledge is also filtered through the knower.
- 6) There are multiple ways of knowing; some ways are privileged over others.

(Sielbeck-Bowen et al. 2002: pp. 3–4)

While acknowledging that some gender approaches do incorporate one or more feminist elements, key differences between feminist evaluation and gender approaches may be summed up as follows (source: [betterevaluation.org](http://betterevaluation.org)):

Gender Approaches	Feminist Approaches
Identify the differences between women and men in different ways.	Explore why differences between women and men exist.
Do not challenge women’s position in society, but rather map it, document and record it.	Challenge women’s subordinate position; empirical results aim to strategically affect women’s lives, as well as the lives of marginalized persons.
View women as a homogenous group, without distinguishing other factors such as race, income level, marriage status, or other factors that make a difference.	Acknowledge and value differences; do not consider women as a homogenous category.
Assume that equality of women and men is the end goal and design and value evaluations with this understanding.	Acknowledge that women may not want the same things as men and design and value evaluations accordingly.
Do not encourage an evaluator to reflect on her/his values or how their vision of the world influences their design and its findings	Emphasize that an evaluator needs to be reflexive and open, and recognize overtly that evaluations are not value free.
Interpret gender as “men” and “women”.	Recognise other gender identities in addition to male and female
Collect gender-sensitive data	When collecting data, value different ways of knowing, seek to hear and represent

different voices and provides a space for women or disempowered groups within the same contexts to be heard.

## Annex 16: Organization of field visits for FGM evaluation– Criteria and Reference framework for Country Offices

The Country Office (CO) is technically proficient and knowledgeable with respect to the country context and programme. Nevertheless, there are different possible approaches to a field visit, depending on the type of evaluation, focus of analysis, etc. In that context, the present memo responds to the reasonable CO request to have some guidelines from the evaluation team regarding the specific approach to the field visits.

### Index:

1. Goals and expectations of the country visit
2. Priorities in Interviews and Focus Group Discussion (FDGs)
3. Criteria to choose Field visits
4. About the evaluation team composition and division in two teams
5. Before the field visits: aspects to be considered by the Country Office
6. The importance of interviewing both female and male

### 1. Goals and expectations of the country visit

The two main goals of the country visit are:

- (1) Understanding how the UNICEF/UNFPA Joint Programme (JP) has contributed to address FGM; and
- (2) Getting a better understanding of the social norms that support or inhibit FGM in the different parts of the country so as to improve future programming.

The country visit is not an evaluation of the country programme in itself, but an exercise that contributes to a global evaluation of the entire JP in 18 African countries. Still, the evaluation team will provide specific feedback for the benefit of the Country Office in the form of a country-specific evidence table and power-point briefing at the end of the country visit.

### 2. Priorities in interviews and Focus Group Discussion (FDGs)

**(a) Quality over quantity.** All of the field level interviews will be qualitative, not focusing on yes/no answers, but on the detailed understanding of the *whys* and *hows* of FGM, gender perceptions and possible opportunities for positive change. Given the sensitive nature of the issues, sufficient time is needed to establish trust such that respondents feel comfortable to share in-depth information and personal experiences. In this respect, it is requested from the CO to estimate which interviews will require more time (2 hours) and which ones less (1 hour) so as to cover the topics with the necessary depth. In the case of doubt, it is preferable to have less interviews and have enough time to get to the depth of the explanations than more interviews that need to be rushed.

**(b) How to expand quantity while keeping quality.** The fact that the evaluation team will split in two teams, allows the scheduling of parallel meetings so as to cover a sufficient variety of stakeholders (please see details in point 4).

### **3. Criteria to choose Field visits**

Given the two goals of the mission, the main criteria to choose the field visit locations are three:

- (a) Prevalence of FGM in the area.
- (b) Presence of UNICEF/UNFPA program. If there are places with implementation of Phase I and II and others with only one phase, it is interesting seeing both and compare.
- (c) The relevance and effectiveness of the JP constitutes a main priority. Having said this, if there are areas of the country with no program presence, but a distinct set of social norms affecting FGM, they should at least be considered for a potential field visit.

### **4. About the evaluation team composition and division in two teams**

The first meetings with National Reference Group, JP focal points and debriefings, will be attended by all members of the evaluation team. But apart from these, it will be necessary to schedule most meetings in parallel with the evaluation team divided in two different teams (it suffices to indicate Team 1, Team 2 in the proposed agendas). The evaluation team can decide at a later stage when to stay together or divide themselves depending on the meetings.

In the capital and in the field, the evaluation team will split in two teams. One will cover one part of the country, the other one another. Each of the two teams will ideally be composed by female and male, so as to be able to decide who should lead or take notes depending on the interview/Focus Group Discussion (FGD). This is also important to be able to split and do interviews alone, when a group of men and a group of women are available at the same time.

If possible, each of the two teams should try to have one thematic expert and one evaluation expert, but the mix-gender criterion should be given priority if both criteria (gender and expertise) cannot be obtained at the same time. Any team going to the field should have a female as a bare minimum.

### **5. Before the field visits: aspects to be considered by the Country Office**

The way the Country Office presents the evaluation exercise to the different stakeholders, in particular at local level, has an important positive or negative effect on the working environment later on. Important aspects to consider are:

**(a) Presentation of the evaluation exercise at local level.** When presenting the evaluation to your local contacts, please introduce two main points about the evaluation team: “They come to learn and understand from you” “The topic is FGM and the changes in the community”. Please avoid introducing us as “evaluators” (often misinterpreted), “they want to see the UNFPA program” (often perceived as an obligation to show us achievements). The expression “evaluation of UNFPA/UNICEF FGM program” should be used only with those who have specific technical knowledge of international evaluations. The evaluation team, at arrival in the different interviews will develop that presentation as needed for each specific scenario.

In areas where FGM is legally forbidden and the Country Office considers that an explanation is needed, kindly clarify that the team is not affiliated to any government or civil action related to law enforcement. Again, the learning aspect should remain central in the expectations of the interviewees.

**(b) Working level and listening/understanding purpose.** Often, a visit to the communities can be perceived as a formal occasion to see achievements or to identify needs. It is important to mitigate this default perception from the first contacts, by emphasizing the “working level” visit as opposed to more formal visits of donors, etc., and the focus on open listening and understanding reality –both good and challenging– as opposed to a display of achievements.

**(c) Separation of groups without secrecy.** One aspect that is often difficult to understand, especially in collectivist environments is the need to see groups separated. It can be perceived as unnecessary and even divisive or secretive. In such cases, the explanation of the Country Office prior to the visit becomes essential. The CO should mention the need and expectation “for methodological motives” to see different groups separately, typically by gender, age, social group, etc. Then, at arrival to the local level, it will be much easier for the evaluation team to follow up on that initial presentation and clarify any nuances.

**(d) Homogeneity of Focus Groups (FG).** It is important to establish beforehand the basic homogeneity of the FG, e.g., mention that if it is a group of women, there should not be men present, or if it is a group of unmarried girls, there should not be married girls in the group. Even if these requirements will be seen as strange by some communities, the fact that they are mentioned in the preparation will make it much easier for the evaluation team to present them in a natural way at arrival.

**(e) Confidentiality.** The Country Office should mention to their local contacts the respect of confidentiality of each meeting by the visitors. This point should be explained in a sensitive manner so that it does not convey a sense of “formal occasion about sensitive information” but should just emphasize the low profile of natural conversations, with the additional information that whatever they share is respected and not shared with others. An additional useful explanation if needed is to be explicit about how the information will be exactly used: as one conversation that will be combined with many more conversations, so as to build a big global story on FGM and its changes, without mentioning specific names.

**(f) Do no harm.** Last, but not least, the evaluation team gives priority to ensure that our presence or approach does not put individuals or organizations at risk. Any concern on this respect should be shared with the evaluation team.

## **6. The importance of interviewing both female and male**

FGM affects women centrally, however the fact that one essential goal of the mission is to better understand the drivers of change of FGM makes it essential to interview both women and men. There are three main reasons for this:

**1. Methodological reason.** Apart from the FGM act in itself, there are multiple contextual situations that need to be understood so as to understand social norms. It is methodologically impossible to conclude that contextual situations are specific to women or men, unless one asks the same question to both. In this sense, both women and men mutually act as a control group.

**2. Both women and men are important for any future change.** Both women and men have a role in social change. In this regard, FGM should not be seen solely as a “women's concern” but as an issue that affects society as a whole and that requires everybody's contribution. From an evaluation point of view looking at recommendations on effective eradication, it is important to deeply understand how both women and men think, as that is the only path to identify entry points, opportunities and possible change-makers. The

feasibility of any recommendation affecting social norms relies on listening to everybody, especially in a context of severe imbalances of power.

**3. Women and men are part of a shared reality.** In any society women and men share life and plans. Even if one gender is affected differently and disproportionately by a problem, the situation of women affect men and vice versa. A comprehensive understanding of any situation and “do no harm” considerations require the understanding of both perspectives.



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