EVALUATION REPORT

JOINT EVALUATION

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

2008-2012

Volume I

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

FINAL REPORT – Volume I

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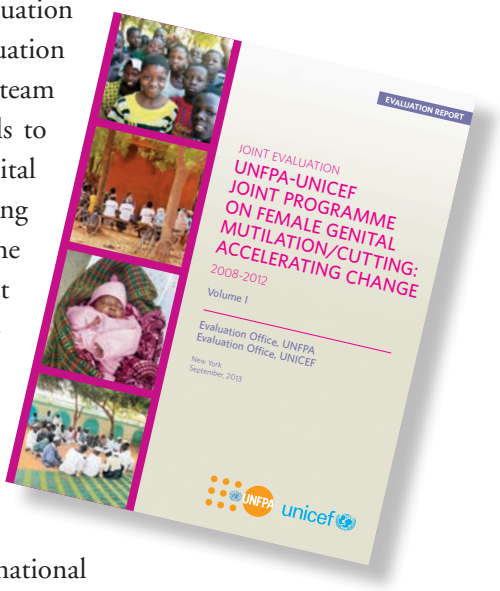
Volumes I and II (Annexes) of the report are available at:
http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103
http://www.unicef.org/evaluation/index_70518.html

Foreword

Recent estimates suggest that at least 125 million women and girls living today have undergone Female Genital Mutilation/Cutting (FGM/C) in more than 30 countries where this harmful practice is prevalent. An estimated 3 million girls are considered to be at risk of experiencing FGM/C each year. In 2008, in response to various UN resolutions and national commitments and building upon on-going effort, UNFPA and UNICEF established a joint programme which aimed at accelerating change towards addressing FGM/C. The programme, supported by various donor countries and being implemented with the commitment of national governments and a multitude of civil society actors, has gradually been expanded to cover 15 countries that have high FGM/C prevalence.



This joint evaluation conducted collaboratively by the evaluation offices of UNFPA and UNICEF marks the first such joint evaluation undertaken by the two agencies. The evaluation conducted by a team of external consultants applies a variety of approaches and tools to examine the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. The evaluation is being released at a time when there is considerable momentum within the United Nations and among its partners to address violence against women and children. The findings from the evaluation are expected to make significant contribution to the much needed knowledge base on what has worked and what more needs to be done to further accelerate the progress in combating FGM/C. Some of the learning, such as the use of a human-rights and culturally sensitive approach to address social norms that hold harmful practices; the importance of political commitment and national and local capacity strengthening; and the need to mobilise and partner with a variety of stakeholders at the global, national and local levels, are relevant for addressing other forms of violence that affect children and women.

The evaluation is a result of valuable contributions and support provided by many institutions and individuals.

The evaluation relied on a team of independent consultants from Universalia, co-led by Anette Wenderoth and Silvia Grandi who carried out the evaluation exercise effectively. The work of the entire team of international and national consultants is appreciated.

From the joint evaluation management group, we would like to thank Alexandra Chambel and Krishna Belbase for their lead role in managing the evaluation and guiding the work of the evaluation team through all the phases of the evaluation. We thank as well Valeria Carou-Jones, who was part of the evaluation management group during the initial stages of the evaluation, and Olivia Roberts, for supporting the management of the evaluation.

Special thanks go to the joint evaluation reference group composed of representatives from UNICEF and UNFPA, in particular Nafissatou Diop, Francesca Moneti and Cody Donahue, and external organisations, who provided insightful contributions throughout the evaluation process. The contribution of lead counterparts in UNICEF and UNFPA country offices in the four case study countries (Kenya, Sudan, Senegal and Burkina Faso) was valuable for the evaluation process and we thank them for sharing their time and knowledge and for their support of the evaluation field work that helped to ensure the perspectives of key stakeholders were captured by the evaluation.

Our thanks also to the main donors contributing to the joint programme for their valuable time and active collaboration in the evaluation.

We thank the national counterparts and individuals from a large number of NGOs and civil society organisations who not only provided useful information but also participated in various interviews and meetings during the course of the evaluation.

Finally, we offer our most profound thanks to the hundreds of individuals who participated in field site visits and interviews as part of data collection effort. Their generosity and willingness to contribute to the data needed for the evaluation were fundamental for successful completion of the evaluation.

The most crucial test for the evaluation is the extent to which its findings will be applied meaningfully so as to strengthen programme response and to sustain gains in many hundreds of communities where the harmful practice of FGM/C still prevails.

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Director ad interim, UNFPA Evaluation Office

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Contents

CONTENTS (continued)

DIAGRAMS

TABLES

TEXT BOXES

ANNEXES – VOLUME II

Volume II is available at: http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103 and at http://www.unicef.org/evaluation/index_70518.html

List of Acronyms

AIDOS	*Associazione Italiana Donne per lo Sviluppo*/Association for Women in Development
AWEPA	Association of European Parliamentarians with Africa
ARP	Alternative Rites of Passage
CEDAW	Convention for the Elimination of Discrimination against Women
CO	Country offices
CRC	Convention on the Rights of the Child (UN)
CSO	Civil society organization
CSW	Commission on the Status of Women
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
ECOWAS	Economic Community of West African States
EQA	Evaluation quality assessment
EU	European Union
FGM/C	Female genital mutilation/cutting
FIDA	Federation of Women Lawyers (Kenya)
GBV	Gender-Based Violence
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HQ	Headquarters
IAC	Inter-African Committee on Traditional Practices
INGO	International non-governmental organization
INTACT	International Network to Analyse, Communicate and Transform the Campaign against Female Genital Cutting, Female Genital Mutilation and Female Circumcision
JP	Joint programme
KEWOPA	Kenya Women Parliamentary Association
KRA	Key Results Area
M&E	Monitoring and evaluation
MICS	Multiple Indicator Cluster Survey
MDG	Millennium Development Goals
MOU	Memorandum of Understanding
NACAF	National Committee of Abandonment of Female Genital Mutilation
NGO	Non-governmental organization

NPWJ	No Peace Without Justice
Q&A	Question and Answer
RO	Regional office
SP-CNLPE	*Secrétariat Permanent du Comité National du Lutte contre la Pratique de l'Excision* (Burkina Faso)
ToC	Theory of change
TORs	Terms of reference
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNFPA/PSB	United Nations Population Fund Procurement Services Branch
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Development Fund for Women
VAW	Violence against women
WHO	World Health Organization

Executive Summary

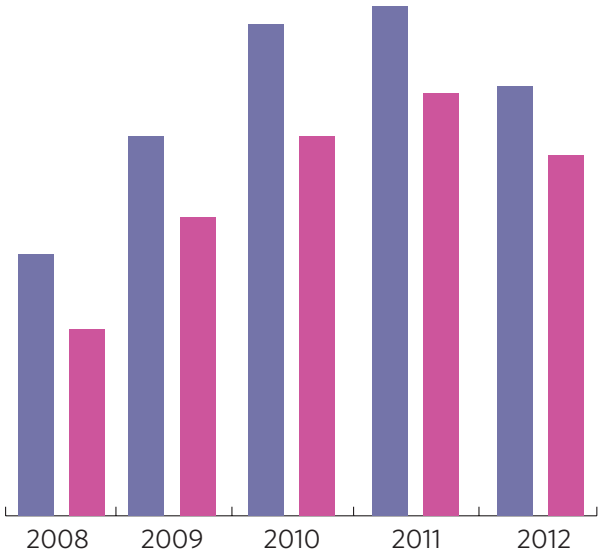
Purpose and scope of the evaluation

The purpose of this joint evaluation of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) Joint Programme on "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" is to assess the extent to which and under what circumstances the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last five years.

Besides serving as an accountability tool for programme countries, donors and other stakeholders, the evaluation is also envisaged as a learning opportunity. As such, it is intended to inform future UNFPA and UNICEF work on FGM/C.

The evaluation covers the period from 2008 to 2012 but also, when relevant, includes information relating to the first quarter of 2013. It addresses all four programme levels (global, national, regional and community) and their interconnections.

Annual joint programme budgets and expenditures 2008-2012



Evaluation background

In 2007, UNFPA and UNICEF launched the joint programme with the objective of helping to reduce the practice of FGM/C among girls aged zero -15 years by 40 per cent, and eliminating FGM/C in at least one country by 2012. The UNFPA-UNICEF joint programme was established as the main UN instrument to promote the acceleration of FGM/C abandonment.

The duration of the joint programme was originally planned for five years (2008-2012) but, in 2011, the programme was extended until 2013. While the budget originally estimated for the joint programme (in the 2007 funding proposal) was 44 million dollars (US$), the most current estimated budget for the six-year period is approximately 37 million dollars (US$) (as of June 2013). This budget shortfall meant that only 15 countries participated in the joint programme, instead of the originally envisaged 17 countries.

Start date	Countries
2008	Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan
2009	Burkina Faso, Gambia, Uganda and Somalia
2011	Eritrea, Mali and Mauritania

Annual joint programme budgets and expenditures for the period 2008-2012 are detailed below.

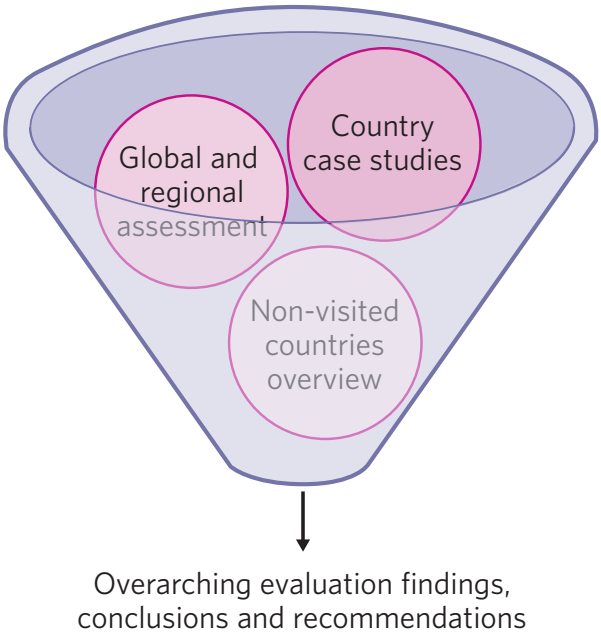
Year	Budget (US$)	Expenditure (US$)
2008	3,692,497	2,436,875
2009	5,565,974	4,209,029
2010	7,322,679	5,559,831
2011	7,631,055	6,233,475
2012	6,351,131	5,220,715
Total	**30,563,336**	**23,659,925**

Evaluation process and methodology

The overall approach to the evaluation was utilization-focused, gender and human-rights-responsive, and culturally sensitive. The evaluation used a mix of methods for data collection and analysis.

Based on the evaluation terms of reference, the evaluation team developed a set of seven evaluation questions to guide data collection, data analysis and report writing. These questions covered five evaluation criteria: relevance and programme design, effectiveness, efficiency, sustainability, coordination between UNFPA and UNICEF (including joint programme management). For each question, a number of sub-questions were identified and related indicators developed.

The evaluation had **three components**, as shown in the diagram below, which jointly provided data for the final evaluation report: a **global and regional assessment** focusing on the over-arching programme relevance, design and coordination, and on achievements at global and regional levels; **four country case studies** (in Kenya, Burkina Faso, Senegal, and Sudan) providing in-depth information on the effects of the joint programme at country level; and an **overview of the 11 non-visited countries** in which data was collected and analysed focusing on common trends, themes and issues.



Key **sources of data** for the evaluation were documents (primary and secondary joint programme documents, and relevant literature); non-participant observations during the four field visits; as well as consultations with a broad variety of stakeholders at global, regional, and country levels.

Methods of data collection included: document, file and literature review; key informant interviews; community-level group discussions and focus groups; a web-based survey addressing the joint programme focal points; and virtual focus groups with UNICEF and UNFPA joint programme focal points and partners from the 11 non-visited countries. In total, the evaluation team consulted with 1472 people.

Data analysis and synthesis were guided by the evaluation matrix and included descriptive, content, comparative, and quantitative analysis. Each evaluation component was used to inform findings at specific levels, while also contributing to the overarching evaluation findings, conclusions and recommendations. To assess the extent to which the joint programme contributed to expected results, the evaluation team used two complementary types of analysis: results-focused progress analysis aiming to assess progress towards planned results as measured by the indicators identified in the joint programme logframe, and elements of contribution analysis using a theory of change-based approach.

Institutions	People consulted
UNFPA/UNICEF (Headquarters (HQ), regional offices, country offices)	106
Other UN agencies and donors (HQ and country levels)	22
Global experts/academics	4
International non-governmental organisations/other global partners	8
National government representatives	62
Sub-national government representatives	86
Civil society and faith-based organizations	168
Beneficiaries (community)	1016
Total	**1,472**

The evaluation team used data and methodological triangulation to ensure the reliability of the information and data, as well as to increase the quality and credibility of the findings and conclusions of this evaluation.

Findings

The joint programme has been aligned with existing national and international commitments for the abandonment of FGM/C made by national governments in the programme countries, as well as, to varying degrees, with the country programmes of UNFPA and UNICEF, and with the priorities of other development partners.

The design of the joint programme showed significant strengths, including its emphasis on pursuing a holistic and culturally sensitive approach to addressing FGM/C, and its emphasis on addressing global, national, and local levels simultaneously. However, the overall objective of eliminating FGM/C in at least one country by 2012, and contributing to a 40 per cent reduction in prevalence among girls aged zero to 15 years over a five-year period, was not realistic. In addition, UNICEF and UNFPA did not fully operationalize the envisaged regional dimension of the joint programme.

The horizontal issues of human rights, gender equality, cultural sensitivity, and equity, were reflected in the design and implementation of the joint programme but were less apparent in its monitoring and reporting tools and products.

Available evidence supports several of the key assumptions shaping the underlying theory of change of the joint programme. However, available data do not allow the validation of all steps in the assumed progression-of-change processes included in this theory of change. This relates, in particular, to the assumed transition from changes in FGM/C-related social norms to visible changes in individual and collective behaviours and, eventually, changes in FGM/C prevalence.

Overall, joint programme contributions to its envisaged results are positive. Progress has been made, albeit to varying degrees, towards the achievement of the outputs formulated in the joint programme logframe; in all programme countries, the joint programme made contributions to reinforcing the respective national environment for FGM/C abandonment, in particular by helping to enhance relevant legal and policy frameworks at national and sub-national levels, and by strengthening the capacity of key actors e.g. in view of coordinating their efforts.

The joint programme contributed to strengthening local-level commitment to ending the practice of FGM/C, as evidenced by an increase in the public commitment of community leaders and members to FGM/C abandonment, as well as by (self-reported) changes in individual behaviours. At the same time, the joint programme has not contributed significantly to strengthening regional dynamics for ending FGM/C, and has made only limited contributions to strengthening the production and use of reliable data at the country level.

Through its achievements at the output level, the joint programme has contributed significantly to progress towards both of its envisaged outcomes: (ongoing) changes in social norms towards FGM/C abandonment at national and community levels (outcome 1) are indicated by the fact that, in all programme countries, the joint programme has contributed to changes in the public discourse regarding the practice; and a positive change in the global movement towards the abandonment of FGM/C (outcome 2) has been evidenced by, amongst others, the 2012 UN Resolution on FGM/C, to which the joint programme contributed through evidence-based advocacy, policy dialogue, and technical assistance.

While the joint programme did not reach its ambitious overall objective, evaluation data indicate that it has contributed positively to change processes at global, national, and community levels.

In all programme countries, interventions reflected the core principles characterizing the overall joint programme approach. In operationalizing this approach, both agencies and their partners used similar strategies across all countries, but tailored their specific approach according to the requirements of the respective national and/or community contexts. However, data generated by the joint programme to date provide only limited information on the specific factors that influence whether and how specific (combinations of)

strategies facilitate changes in behaviours. Also, available data do not permit systematic comparison of different strategies, including their cost-effectiveness.

The joint programme helped create a number of favourable conditions likely to support the sustainability of achievements at global and, in particular, national and community levels. These include strengthened national ownership for the abandonment of FGM/C; improved coordination among national and community level actors; and integration of the joint programme approach and strategies into national initiatives. At the same time, the sustainability of many results is threatened by the lack of financial and technical resources among many national and community-level actors, and the influence (which is growing in some countries) from conservative groups advocating for the continuation of FGM/C.

The joint programme made successful efforts to use the available human and financial resources efficiently and strategically. However, the lack of predictability of available resources resulted in fewer countries than originally anticipated being included in the joint programme. It also limited the work of the joint programme and its partners (e.g. in view of engaging in consistent and longer-term implementation), and negatively affected clarity on budget allocations as perceived by UNFPA and UNICEF staff and partners. The evaluation also found that some frustrations arose among UNFPA and UNICEF staff and their national partners due to the fact that the budget expectations were sometimes oriented towards the ambitious overall objective of the joint programme, rather than towards its intended catalytic nature.

Its joint structure allowed the joint programme to draw upon the complementary strengths, reputations, and networks of both agencies. While noting some areas for improvement, the evaluation found that coordination between UNFPA and UNICEF was adequate at the global level, as well as at the country level (albeit to varying degrees).

The management of the joint programme by UNFPA and UNICEF, including joint and separate aspects, at both headquarters and country levels contributed to the effective and strategic use of available resources. The coordination team at headquarters provided valuable support and guidance to the countries, including in view of continuously strengthening joint programme monitoring and reporting mechanisms. Although informed on activities and progress, UNFPA and UNICEF regional offices did not play an active role in its management.

Conclusions

The joint programme has been pursued in line with the national and international commitments on FGM/C and priorities of the national governments. In addition, the programme responded to existing needs at country level as well as to the priorities of UNFPA and UNICEF and those of other development partners at global and country levels. While its overall approach and strategies were appropriate in view of the types of changes that the joint programme was aiming to support, its time-bound overall objective was overly ambitious.

The joint programme has helped expand or accelerate existing change processes towards FGM/C abandonment at national, sub-national and community levels, and has contributed to strengthening the momentum for change at the global level. Some achievements, (such as: legal frameworks, coordination mechanisms and access to services) that the joint programme has contributed to, are likely to be sustained without further support, but further efforts are needed, especially at the national and community levels, to turn potential into actual changes in behaviours and (collective) practices.

The implementation of the joint programme reflected the theoretical assumptions on which it was based; however, a knowledge and evidence gap remains as regards the transition from changes in social norms to visible changes in individual and collective behaviours and, in the long-term, a decrease in FGM/C prevalence. Additional and longer-term data collection and analysis are also required to provide solid evidence of the various factors determining the effectiveness and cost-effectiveness of different strategies and combinations thereof.

The financial and human resources made available for the joint programme were adequate for its envisaged catalytic nature, but were insufficient for the needs

and related expectations of its partners. At the same time, the effective and efficient use of these resources was negatively affected by the continued unpredictability of available funding.

The coordination of efforts between UNFPA and UNICEF contributed to the successful implementation of the joint programme. While coordination mechanisms have associated transaction costs, these were outweighed by the benefits and added value of the joint programme structure.

The management of the joint programme at both headquarters and country levels was appropriate and contributed to the adequate use of available resources. However, the annual planning, budgeting and reporting cycle limited the potential for using available resources effectively and efficiently.

Experiences deriving from the joint programme have the potential to inform future FGM/C-related programming by UNICEF and UNFPA, including operational lessons learned from jointly implementing a multi-country initiative, as well as insights, questions, and noted gaps in available data and knowledge for applying a social norms perspective to FGM/C programming.

Recommendations

To sustain the momentum for change towards FGM/C abandonment that the joint programme has contributed to, UNFPA and UNICEF should pursue a second phase of the joint programme. This phase should entail a set of realistic overall objectives, outcomes and outputs, preserve the thematic focus on FGM/C to ensure the existence of sufficient levels of resources at country level, and develop a set of specific criteria for the selection of participant countries.

UNFPA and UNICEF, in collaboration with their partners, should continue to help strengthen the commitment and capacity of duty bearers at central and decentralised levels, and support the strengthening of government systems for FGM/C abandonment. In addition, both agencies should maintain their support for and collaboration with non-governmental agents and opinion leaders at all levels.

To ensure sustainability of results and efficient use of resources, UNFPA and UNICEF should maintain the catalytic nature of the joint programme in a second phase. In selecting implementing partners, both agencies should balance the benefits of working with established and larger organizations with the potential for innovation and diversification inherent in engaging with emerging or smaller actors.

Both agencies should clearly communicate to country level staff and to partners the implications of the catalytic nature of the joint programme for programme resources, planning, implementation, monitoring, reporting and evaluation.

In order to validate the programme assumptions related to the benefits of cross-community and cross-border dynamics for change, UNFPA and UNICEF should operationalize and test those assumptions, develop explicit and appropriately-resourced strategies for operationalizing cross-community and regional dimensions, and define how UNFPA and UNICEF regional offices can support the regional dimensions of the joint programme.

UNFPA and UNICEF should ensure that the FGM/C-related components of their regular country programmes reflect the existing global consensus on the use of a holistic and culturally sensitive approach to FGM/C abandonment, as used by the joint programme. A holistic approach implies the need for simultaneous efforts at different levels, from different angles, and through multiple channels. It is unlikely that UNFPA and UNICEF would be involved in every dimension deemed relevant for facilitating sustainable social change as regards FGM/C. However, in each country context, they should contribute to ensuring that all of these dimensions are being addressed by partners. UNFPA and UNICEF should also continue to support national actors in creating and/or sustaining formal as well as informal mechanisms for coordinating their FGM/C-related work.

In light of the negative effects of the annual budgeting cycle on longer-term strategic and operational planning, as well as on the clear understanding of decision-making processes, UNFPA and UNICEF should encourage existing or potential donors interested in contributing to FGM/C-abandonment work to commit

to predictable, longer-term financing. Both agencies should explore whether and how multi-year funding can be reflected in the reporting cycle. Financial reporting could continue on a semi-annual basis, while reporting on progress against results should shift to an annual cycle. This would enable staff and partner capacities to be dedicated to more systematic data collection and analysis, and would be appropriate given the long-term behaviour nature of the changes that the programming is aiming to effect.

The evaluation noted several areas for improvement with regard to the systems and tools, capacities, and resources available for monitoring and reporting on progress towards results. Related aspects should be taken into consideration in a potential second phase of the joint programme as well as, where applicable, other FGM/C-related programmatic interventions of both agencies. This should include: (i) developing and using a limited set of clear, relevant, and specific indicators to measure and report on progress towards results; (ii) strengthening the capacity of country-level staff of both agencies and implementing partners in results-oriented monitoring and reporting; (iii) ensuring staff members have sufficient time to engage in data collection and in regular analysis and synthesis of information; (iv) supporting national systems for more systematic and longer-term monitoring and reporting on results, and on factors affecting progress towards FGM/C abandonment.

UNFPA and UNICEF should further improve their coordination efforts as regards their work on FGM/C, in particular by making explicit the anticipated added value of working together. At the global level, they should clarify how each agency is expected to contribute to resource mobilization, and identify ways to ensure the reliable aggregation of financial information deriving from UNFPA and UNICEF systems respectively. At the country level, UNFPA and UNICEF should explore how they can further institutionalize their partnership to make it less vulnerable to staff turnover, e.g. by routinely involving senior country programme managers in communication and planning for FGM/C-related programming, or by developing a brief set of explicit, country-specific principles and priorities for collaboration in this thematic area. A clear framework for collaboration between UNFPA and UNICEF M&E officers in programme countries should also be created, which can include clarifying expectations for data collection and reporting procedures, as well as for further mutualisation of tasks such as capacity development of partners and monitoring visits. At the regional level, what, specific role(s) UNFPA and UNICEF regional offices can and are expected to play in view of supporting the implementation of FGM/C-related efforts across countries should be clarified.

Given that related insights would be valuable in view of future FGM/C-related work, UNFPA and UNICEF should invest in more in-depth research on social norms change and its linkages to changes in individual and collective behaviours. Both agencies should also build on and expand their existing partnerships with other actors at global and regional levels to encourage them to invest in research on social norms change; and continue their efforts to enhance existing country systems in order to become more suitable for measuring changes in FGM/C prevalence and factors affecting these changes.

CHAPTER 1

Introduction

1.1 Purpose and objectives of the evaluation

The purpose of this evaluation of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) Joint Programme on "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" is to assess the extent to which and under what circumstances – for example, in what specific country contexts – the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last five years (2008-2012). Besides serving as an accountability tool for donors and other stakeholders, the evaluation is also envisaged as a learning opportunity. As such, it combines summative with formative components and is intended to inform future UNFPA and UNICEF (joint or separate) interventions on FGM/C.

The overall evaluation objectives, as outlined in the terms of reference, are:

1) To assess the relevance, effectiveness, efficiency and sustainability of the holistic approach adopted by the UNFPA-UNICEF joint programme.

2) To assess the adequacy and quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels to maximize the effectiveness of interventions.

3) To provide recommendations, identify lessons learned, capture good practices and generate knowledge to inform the refinement of the joint programme model and approach at the global, regional and country levels as well as to inform the shape of future programming on FGM/C and related programme initiatives.

The terms of reference for the evaluation are presented in Annex 1. The minutes of the evaluation reference group meetings are presented in Annex 2.

1.2 Overview of the UNFPA-UNICEF joint programme

More than 125 million girls and women alive today worldwide have undergone some form of FGM/C and are currently living with its consequences, and as many as 30 million girls are at risk of being cut over the next decade (based on current trends). To date, the practice of FGM/C is concentrated in 29 countries in Africa and the Middle East. Prevalence rates vary across countries. Countries with high prevalence, where more than 80 per cent of girls and women of reproductive age have been cut, are Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone, and Sudan. Countries with moderately high prevalence rates between 51 and 80 per cent are: Gambia, Burkina Faso, Ethiopia, Mauritania, and Liberia; while Guinea-Bissau, Chad, Cote d'Ivoire, Kenya, Nigeria, and Senegal have moderately low prevalence rates of between 26 and 50 per cent of girls and women. An additional ten countries have low (between 10 and 25 per cent) or very low (less than 10 per cent) prevalence rates.[1] In half of the countries, the majority of girls were cut before the age of five years old, while in the remaining countries cutting occurs between five and 14 years of age. While most circumcisions continue to be carried out by traditional

[1] Central African Republic, Yemen, United Republic of Tanzania, and Benin (low), and Iraq, Ghana, Togo, Niger, Cameroon, and Uganda (very low).

practitioners, there is a continuing trend of medicalization of the practice, i.e. it is increasingly carried out by medical professionals.[2]

An overview of the global, regional and country contexts of FGM/C relevant to this evaluation is presented in annex 4.

In 2007, **UNFPA and UNICEF launched a Joint Programme on "Female Genital Mutilation/Cutting: Accelerating Change"** with the objective of helping reduce the practice among girls aged zero-15 years by 40 per cent, and at least one country declaring total abandonment of FGM/C by the end of the programme. The joint programme was subsequently extended to 31 December 2013 to provide additional time to meet resource mobilization targets and fulfil implementation obligations. The UNFPA-UNICEF joint programme was established as the main UN instrument to promote acceleration of FGM/C abandonment, acting upon the UN Interagency Statement on Eliminating Female Genital Mutilation.[3]

According to its original proposal,[6] the joint programme was intended to be:

- **Strategic and catalytic:** supporting and accelerating the existing efforts of on-going programmes at country and regional levels rather than being a stand-alone initiative; working in synergy with national governments.

- **Holistic:** supporting interventions at different levels (community, national, regional and global), and focusing on different interconnected aspects of the processes which, based on available evidence, lead to the abandonment of FGM/C.

- **Based on a theoretical understanding of FGM/C as a social convention/norm:** focusing on accelerating collective, rather than individual, social change to achieve sustainable FGM/C abandonment (see Box 1).

- **Human-rights-based and culturally sensitive:** approaching FGM/C as a violation of the rights of women and girls (while recognizing that as FGM/C has a strong cultural value in many contexts), dialogue with communities must be framed in terms of preserving positive cultural values while eliminating harmful practices.

Box 1: Social norms

A social norm is a social rule of behaviour that members of a community follow in the belief that others expect them to follow suit.

Recent studies (e.g. Mackie and Le Jeune, 2009) have shown that FGM/C is a social norm in practising communities. It is its role as a social norm that better enables us to understand why it persists and how it can be abandoned. Simply put, the practice continues because individuals are concerned with whether others will approve or disapprove of their actions, and whether there will be sanctions or consequences for those actions.[4]

Gruenbaum (2013) adds that social norms are embedded in cultures, which are constantly in flux. Cultures are subject to internal dynamics of change as the needs and ideas of different groups interact, and are also subject to larger — even global — influences, including aesthetic, intellectual, technological, religious, and other trends and movements. It is these cultural dynamics that impact people's behavioural habits and help to provide the context for new norms to take root and for old norms to dissipate.[5]

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2 Source for information in this paragraph: UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York, 2013. Available at: http://www.unicef.org/media/files/FGCM_Lo_res.pdf

3 OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO, "Eliminating Female Genital Mutilation: An Interagency Statement", 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf

4 Mackie, Gerry, and John LeJeune, 'Social Dynamics of Abandonment of Harmful Practices: A new look at the theory,' UNICEF, *Innocenti Working Paper*, Innocenti Research Centre, Florence, May 2009.

5 Gruenbaum, Ellen, 'Toward a theory of change for the era of intensified globalization processes.' Unpublished essay, 2013. See also Gruenbaum, Ellen, in: Browner, Carole and Sargent, Carolyn (editors) 'Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives'. Duke University Press, 2011.

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

- **Sub-regional:** aiming to reach across countries and address sub-regional groupings with common characteristics.

The **expected outcomes and outputs** of the joint programme were described in the original proposal (2007) and revised in 2011. The outcomes and outputs, as outlined in the revised logframe, are shown in diagram 1 below. Annex 3 presents the full revised logframe including output-level indicators.

The **duration** of the programme was originally planned for five years (2008-2012), but in 2011 was extended for an additional year (until 2013). While the **budget** originally estimated for the joint programme (in the 2007 funding proposal) was 44 million dollars (US$), the most current estimated budget for the six-year period is 37 million dollars (US$) (as of July 2013). This budget shortfall resulted that by 2012, instead of the originally envisaged 17 countries, only 15 participated in the joint programme, as shown in Box 2, and across the 15 countries, annual funding requests were never fulfilled.

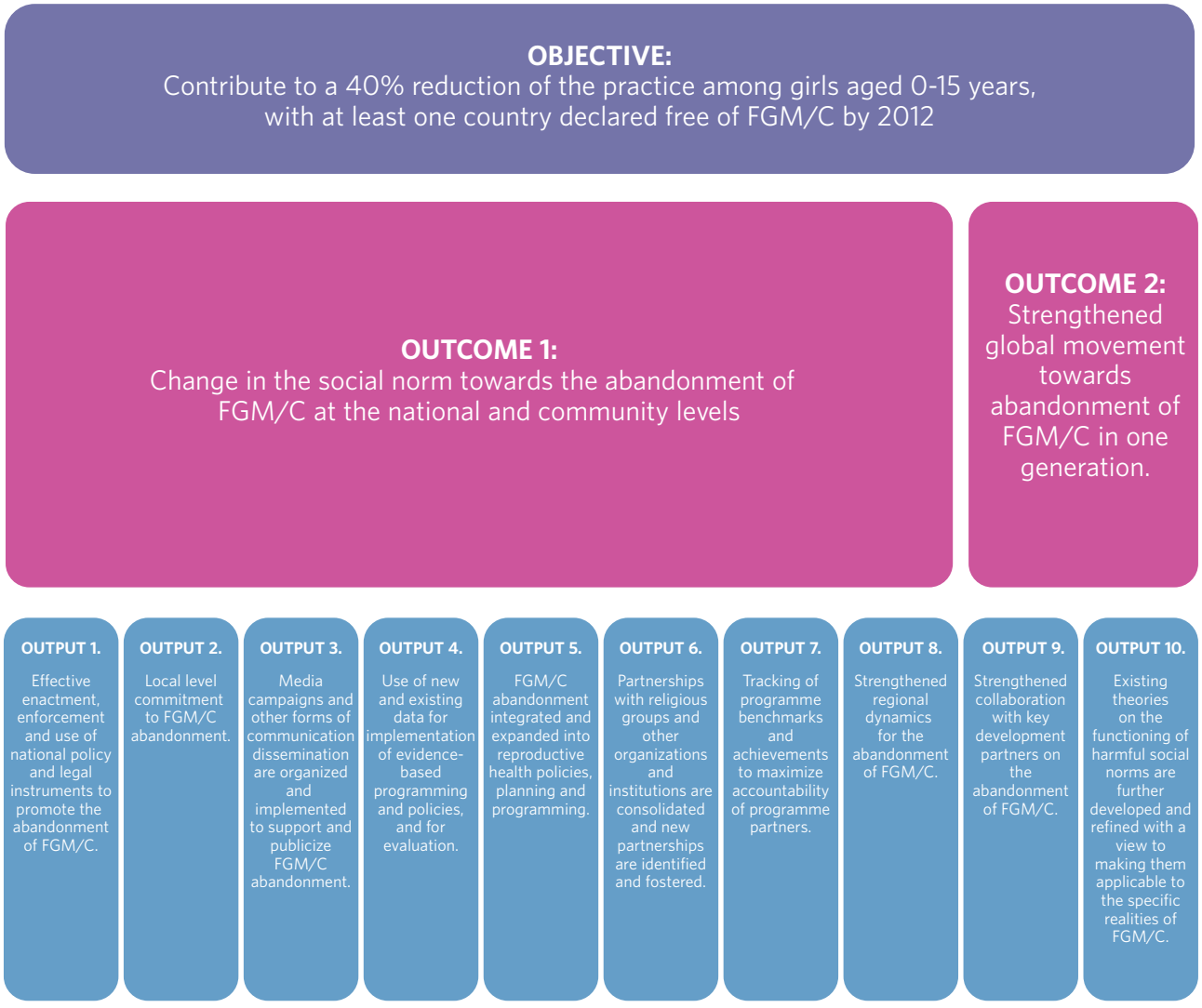
Box 2: Countries participating in the joint programme by entry date

2008: Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan

2009: Burkina Faso, Gambia, Uganda and Somalia

2011: Eritrea, Mali and Mauritania

Diagram 1. Joint programme outcomes and outputs



Total donor contributions to the joint programme from inception to June 2013 are outlined in table 1 below.[7]

Table 1. Total donor contributions to the joint programme (2007- June 2013)

Donor	Total (US$)	Percentage of Total
Austria	155,763	0.4%
Iceland	210,146	0.6%
Ireland	906,294	2.5%
Italy	**7,710,997**	**20.9%**
Luxembourg	4,098,476	11.1%
Norway	**20,402,832**	**55.4%**
Switzerland	313,733	0.9%
United Kingdom	3,021,148	8.2%
Private/individuals	2,658	0.0%
Total	**36,822,047**	**100%**

Source of data: UNFPA, Contribution received for the joint programme on FGM/C (ZZJ29), June 2013

1.3 Scope of the evaluation

The evaluation covers the period from 2008 to 2012. However, when possible and relevant, it also includes information deriving from implementation activities or events during the first quarter of 2013. The evaluation addresses all four programme levels (global, national, regional and community) and their interconnections. It looks at programme results as well as implementation mechanisms and processes, covers all 15 joint programme countries, and assesses four countries in more detail through in-depth case studies.

[7] A more detailed table with contributions by year is presented in Annex 16.

CHAPTER 2

Evaluation process and methodology

2.1 Overview of the evaluation process

The evaluation process consists of five phases, as shown in diagram 2 below.

Diagram 2. Evaluation phases

1) **Preparatory phase (April 2012 – July 2012):** This phase encompassed the drafting of the evaluation terms of reference including the selection of the country case studies; gathering data and background information on the joint programme; selecting and recruiting the evaluation team; and setting up the joint evaluation management group and joint evaluation reference group.

2) **Evaluation design phase (September 2012 – December 2012):** The objectives of this phase were to develop an initial understanding of the joint programme and its contexts; to validate with key stakeholders the evaluation purpose, scope and expected uses; and to develop, with the input of key stakeholders, the evaluation questions, methodology and work plan. The design phase also included a two-week pilot field visit to Kenya to test the overall case study approach and methodology and specific data-collection tools. The phase culminated in the final inception report, which guided the remaining phases of the evaluation.

3) **Data collection and field phase (October 2012 – April 2013):** This phase included in-depth document and literature review; field visits to three additional programme countries; consultations with key stakeholders at global and regional levels; a web-based survey for joint programme focal points in the 11 non-visited countries, and virtual focus groups with stakeholders in these countries.

4) **Analysis and reporting phase (December 2013 – August 2013):** This phase focused on developing evaluation findings and on formulating conclusions and recommendations. Four country case studies reports were produced by the evaluation team and their country-specific findings were validated by national evaluation reference groups. The overarching findings, conclusions and recommendations of the evaluation are presented in this final evaluation report.

5) **Dissemination and follow-up (October 2012 – March 2014):** Emerging preliminary findings were communicated to country-level stakeholders at the end of each site visit, and disseminated at the global level during a joint evaluation reference group meeting at the end of the data collection phase. The joint evaluation management group also presented the preliminary results of the field phase at a meeting of donors. It is planned that, following the submission of the final evaluation report, dissemination events will be organised by the joint evaluation management group to present the results of the evaluation. During this phase, the main recommendations of the final evaluation report will be circulated to the relevant UNFPA and UNICEF units which will, in turn, submit a management response. The evaluation report and the management response will be made available to the UNFPA and UNICEF Executive Boards and will be widely distributed.

2.2 Evaluation design

2.2.1 Overall evaluation approach

The overall approach to the evaluation was utilization-focused, gender- and human-rights-responsive, and culturally sensitive. The evaluation used a mixed-methods approach.

Mixed-methods: The evaluation team used a mix of qualitative and quantitative methods of data collection and analysis. Qualitative methods (including country case studies) enabled an in-depth understanding and illustration of key issues, while quantitative approaches (including the survey of the joint programme focal points in 11 non-visited countries) helped identify overall trends and ensure integration of a broader range of information and data.

Utilization-focused: During the inception phase, the evaluation team and the joint evaluation management group, in consultation with the joint evaluation reference group, validated the list of key users of the evaluation at global, regional and national levels that was included in the terms of reference, and identified future uses of the evaluation findings and recommendations.[8] Throughout the evaluation process the evaluation team consulted with identified key users to obtain their input on the evaluation methodology and on the emerging findings, conclusions and recommendations of the country case studies and the final evaluation report.

Gender and human-rights-responsive and culturally sensitive: The evaluation team followed UN Evaluation Group (UNEG) "Norms and Standards for Evaluation in the UN System" and abided by the UNEG Ethical Guidelines and Code of Conduct (see Box 3). Other reference points have been the UNEG guidance document on integrating human rights and gender equality perspectives in evaluations in the UN system,[9] and the UNFPA guidance document "Concept Note on Integrating Gender, Human Rights and Culture in UNFPA Programmes". In accordance with the principles of gender-

Box 3: Ethical considerations in conducting the evaluation

The evaluation was conducted in accordance with the UNEG Ethical Guidelines for Evaluation (2008), in particular those regarding the rights and integrity of those consulted and the confidentiality of their statements. The evaluation team ensured respect for differences relating to culture, religion, age, gender and local customs by adapting interview protocols and discussion guides to each specific case, and by utilising national consultants and interpreters. Attention was paid, especially at the community level, to engaging with a range of respondents (men, women, youth and elders, local leaders and rights holders). Before each interview or discussion, participants were informed of the purpose of the meeting, the confidentiality of the meeting, and of the right to refuse to answer certain questions. In writing the case study reports and the final evaluation report, the evaluation team and the joint evaluation management group made sure that information used and cited (especially if sensitive) could not be traced to its source.

[8] See inception report, p.2.

[9] UNEG, "Integrating Human Rights and Gender Equality in Evaluation -Towards UNEG Guidance", March 2011.

and human-rights-responsive evaluation, the evaluation paid particular attention to what extent and how the joint programme benefitted rights-holders, and how it strengthened the capacity of duty-bearers or other actors to fulfil obligations and responsibilities. It also made a deliberate effort to identify inequalities, discriminatory practices and unjust power relations central to the perpetuation of FGM/C in the programme countries, and how these are in turn affected by the joint programme. The selection and use of data collection methods, in particular, the focus on stakeholder participation and the use of mixed methods were informed by the principles of human-rights and gender-equality responsive evaluation.[10]

2.2.2 Evaluation questions, criteria and foci

Based on the initial list of evaluation questions and issues presented in the terms of reference, the evaluation team, in consultation with the joint evaluation management group, developed a set of **evaluation questions and sub-questions** to guide data collection, data analysis and report writing, outlined in table 2.

These questions were revised on the basis of comments from the joint evaluation management group and stakeholder consultations during the design phase. The evaluation questions cover five **evaluation criteria:** relevance and programme design; effectiveness, efficiency, sustainability, coordination between UNFPA and UNICEF (including joint programme management). Table 2 shows the relationship between evaluation questions and evaluation criteria. For each question, a number of sub-questions were identified to allow the evaluation team to define both the issues under review and the basis for judgement with greater precision. Indicators were developed for each sub-question, identifying the subjects to be checked prior to forming a judgement on the respective evaluation sub-question. A complete evaluation matrix including questions, sub-questions, indicators, and sources of data and methods of data collection is presented in Annex 5.

Table 2. Evaluation questions and criteria

Questions	Evaluation Criteria
EQ 1: Appropriateness and responsiveness of the joint programme	Relevance (including programme design)
EQ 2: Contributions to results (changes in social norms and strengthening of the global movement towards the abandonment of FGM/C)	Effectiveness and sustainability
EQ 3: Availability and use of resources/inputs	Efficiency
EQ 4: National ownership, scalability and use of partnerships for sustainability	Sustainability
EQ 5: Coordination between UNFPA and UNICEF	Effectiveness, efficiency and coordination between UNFPA and UNICEF (including programme management)
EQ 6: Management of the joint programme	Effectiveness, efficiency, and coordination between UNFPA and UNICEF (including programme management)
EQ 7: Integration of gender equality, human rights, cultural sensitivity, and equity issues	Relevance, effectiveness and coordination between UNFPA and UNICEF (including programme management)

[10] The principles include stakeholder participation on the basis of fair power relations, inclusion of the most vulnerable, and use of mixed methods.

Table 3. Evaluation foci

Level	Evaluation Foci
Global level	Relevance of the joint programme to the global discourse and agenda for the abandonment of FGM/C. Joint programme contribution, through its global initiatives, to a strengthened global movement to abandon FGM/C.
Regional and sub-regional levels	Relevance and appropriateness of the regional and sub-regional component in the overall programme design. Results achieved by joint programme regional initiatives and their contribution to programme objectives.
National level	Relevance and appropriateness of joint programme objectives to individual country needs and priorities. Joint programme achievements — specifically, the successes, missed opportunities, constraints and intended/unintended effects on respective national contexts. Likelihood of joint programme results being sustained after the programme ends.
Community level	Joint programme contributions, through the work of implementing partners on the ground, to changes encouraging abandonment of the practice. Unintended (positive and negative) effects. Likelihood of joint programme results being sustained after the programme ends. Relevance, appropriateness and usefulness of the joint programme core strategy of supporting collective change at the community level related to abandonment of the practice.
Overarching (including all levels and their interactions)	Strengths and weaknesses of the overall programme design (including its overall approach) and management structure and mechanisms. Strengths, weaknesses and added value of coordination among UNFPA and UNICEF and of the joint programme joint structure. Identify lessons learned, capture good practices and provide specific recommendations to relevant evaluation users.

The evaluation questions and criteria were used to assess the performance of the joint programme at global, regional, national and community levels. At each level, the evaluation focused on specific issues, as shown in table 3 above.

The evaluation also analyzed the relevant contexts of the joint programme in order to situate and ground its findings and conclusions (see Annex 5 for a description of the global context, and the four country case studies for descriptions of relevant country contexts).

2.2.3 Evaluation components

The evaluation had three components, which jointly provided data for the final evaluation report:

- **Global and regional assessment** focusing on the overarching programme relevance, design and coordination, and on achievements at global and regional levels.
- **Country case studies** providing in-depth information on joint programme relevance, effectiveness, efficiency, sustainability, design, management and implementation in four countries.
- **Overview of non-visited countries** in which data was collected and analyzed in a cross-cutting manner for the remaining 11 non-visited countries on the basis of key evaluation criteria.

2.2.4 Country case study selection criteria

Four countries were selected as case studies by the joint evaluation management group in consultation with the joint evaluation reference group using the following criteria: the existence of a variety of programme interventions and contexts; implementation time span; a mix of French- and English-speaking countries; representation of different sub-regions; accessibility and feasibility as case studies.

2.3 Methods and tools used for data collection

2.3.1 Sources of data

Key sources of data for the evaluation were:

Documents:

- Joint programme documents, including the programme proposal and other preparatory documents, global and country annual and mid-term reports, global and country annual work plans, joint steering committee minutes, annual consultation reports; financial documents; communication materials, monitoring and reporting documents and tools, strategy papers; and previous evaluations;
- Secondary data, where available, in the joint programme baseline studies and database, and in country-specific statistical databases (e.g. Multiple Indicator Cluster Surveys (MICS), and Demographic and Health Surveys (DHS));
- Relevant literature, studies and reports on FGM/C, the theoretical approach underlying the programme, its context and other programming experiences in the field.

A list of the documents reviewed is presented in Annex 6.

Stakeholders: to complement information from the documents, the evaluation team collected information and gathered the views and perspectives of a variety of stakeholders at all levels, including technical and programme staff at UNFPA and UNICEF headquarters (HQ), regional and country levels; other relevant UNICEF and UNFPA experts/advisors and staff at HQ, regional and country levels (including country representatives); joint programme donors; joint programme global, regional and national partners (including national and sub-national government representatives, international and local NGOs, academic institutions and other UN agencies working on FGM/C and related issues); other stakeholders/beneficiaries such as policy-makers and parliamentarians; religious and traditional leaders, media representatives, health and law enforcement professionals and community leaders/organizers; and men, women, boys and girls in the communities targeted by the joint programme. In addition, the evaluation consulted with recognized experts in the FGM/C abandonment movement at the global, regional and country levels.

The evaluation team consulted with a total of **1472 people** (see Box 4). A comprehensive list of stakeholders consulted at all levels is presented in Annex 7.

Box 4: Stakeholders consulted

Number of people consulted, by evaluation component:

Global and regional assessment: 46

Country case studies: 1,384 (242 in Kenya, 332 in Burkina Faso, 419 in Senegal, 391 in Sudan)

Overview of non-visited countries: 42

People consulted by type of stakeholder:

UNICEF/UNFPA (HQ and ROs): 25

UNPFA/UNICEF (COs): 81

Other UN agencies (HQ): 2

Donors (at the global level): 7

Other UN agencies/donors (at the country level): 13

Global experts/academics: 4

INGOs and other global partners: 8

National government representatives: 62

Sub-national government representatives: 86

Civil society and faith-based organizations (national and community levels): 168

Beneficiaries (at the community level): 1016

TOTAL: **1,472**

Non-participant observation: During the field visits, the evaluation team gathered additional information through direct observation of stakeholder interactions and behaviours and physical and social contexts.

2.3.2 Methods of data collection

The evaluation team used a variety of data collection methods including:

- Document, file and literature review
- Key informant interviews
- Community-level group discussions and focus groups
- Web-based survey
- Virtual focus groups

Table 4 summarizes the methods used for each of the three evaluation components.

Document, file and literature review

The evaluation team systematically reviewed documents and secondary data (listed in section 2.3.1) on the basis of the identified evaluation criteria, foci and questions. The team also developed and used document review matrices (one for the global assessment, one for each country case study, and one for the overview of other countries) to map the information against tailored versions of the evaluation questions, sub-questions and indicators. The review matrices are provided in Annex 8. In-depth document and literature reviews were conducted for the global and regional assessment, and for each of the four country case studies. A document review was conducted for each of the 11 non-visited countries, with a focus on identifying main trends across countries and any significant deviations.

Key informant interviews

Semi-structured key informant interviews with a variety of stakeholders were used to collect information for the global and regional assessment and for the four country case studies.[11] Interviews were conducted with individual or with small groups, depending on circumstances. The evaluation team conducted in-person interviews with the joint programme coordination team[12] and other staff in New York at UNFPA and UNICEF HQ, and during the four field visits. Telephone and Skype interviews were conducted with global and regional stakeholders. In consultation with the joint evaluation management group, the evaluation team developed tailored interview protocols for data collection with different stakeholder groups at the global, regional, country and community levels. The country and community-level protocols were tested during the pilot field visit to Kenya, and revised as appropriate, before use in the other countries. Interview protocols are presented in Annex 9.

Community-level group discussions

Group discussions were organized in the communities in the four case-study countries. The main purpose of the group discussions was to collect data from joint programme stakeholders at the community level, both rights-holders and duty-bearers. Due to the small number

Table 4. Methods of data collection by evaluation component

Data Collection Method	Global and Regional Assessment	4 Country Case Studies	Overview of 11 Non-Visited Countries
Document, file and literature review	Yes	Yes	Yes
In person or telephone/Skype interviews	Yes	Yes	No
Survey	No	No	Yes
Group discussions and focus groups	No	Yes	Yes

[11] For the global and regional assessment, interviews were conducted with the joint programme coordination team; other relevant UNFPA and UNICEF HQ staff; Steering Committee members (donors); global and regional programme partners and selected global and regional experts on FGM/C. For the country case studies, interviews were conducted with joint programme focal points in each country; UNFPA and UNICEF country representatives (or deputies); other relevant UNFPA and UNICEF staff in the country offices (and sub-national offices if relevant); government representatives in relevant government departments (national level and sub-national level, if relevant); NGOs and other implementing partners; other UN agencies and development partners working on FGM/C at the country level; other joint programme stakeholders/beneficiaries (e.g., members of the media, parliamentarians, academics, religious leaders, civil society organizations, community leaders or organizations), and local experts on FGM/C.

[12] The joint programme coordination team includes one full-time UNFPA-UNICEF joint programme coordinator, a senior child protection specialist and a child protection specialist at UNICEF, and a junior professional officer at UNFPA.

of communities visited for the country case studies, this data was not used to extrapolate conclusions applicable to all communities, but rather to collect relevant examples that could be used for illustration and learning.

Participants included a variety of stakeholders interviewed in separate homogenous groups (i.e. groups of men, women, boys, girls, elders, community leaders, social change agents, FGM/C community activist groups, teachers, health practitioners). Group discussions followed prepared guidelines and centred on a limited number of previously identified broad topics rather than specific questions. This allowed for comparability across groups, while leaving sufficient room for contextual specificities and for participants to direct the conversation. The conversations focused on participants' accounts of changes in the lives of girls, boys, women and men in recent years in the community, and explored participants' perceptions of changes in attitudes towards and the practice of FGM/C in their community. When appropriate, participants were also asked about their views and experiences of any initiative in their community supported by the joint programme. Special attention was paid to addressing these topics in a culturally-sensitive, inclusive and non-threatening way. In accordance with principles of gender and human-rights-responsive and culturally sensitive evaluation, power dynamics and cultural norms at the community level were given due consideration when planning and facilitating the meetings. The guide for community level group discussions is presented in Annex 10.

Web-based survey

A web-based survey was distributed to joint programme focal points in the 11 countries not visited during the evaluation (sent separately to UNICEF and UNFPA focal points). The survey focused on the strengths and weaknesses of programme design and implementation at the country level, including coordination between UNFPA and UNICEF, and the main achievements of the joint programme. The survey response rate was 95 per cent (22 responses in total; with individual responses received from UNICEF and UNFPA in each of the 11 countries with one exception[13]). The survey questionnaire (see Annex 11) was developed by the evaluation team in consultation with the joint evaluation management group, and tested prior to distribution with the joint programme focal points of one of the visited countries.

Virtual focus groups

Following the web-based survey, a virtual focus group was organized for each of the 11 non-visited countries (via telephone or videoconference). UNICEF and UNFPA staff involved with the joint programme and representatives of selected implementing agencies and key stakeholder organizations were invited to participate. The aim of the virtual focus groups was to facilitate in-depth discussion on issues raised in the survey responses. A generic guide for the virtual focus groups was developed by the evaluation team and reviewed by the joint evaluation management group (see Annex 12).

2.3.3 Approach for country case study field visits

The main objective of the country case study field visits was to collect data to inform the respective country case studies and the overarching evaluation and final report.

Each field visit was conducted by a country case study team comprising:

- One international consultant;
- One to three national consultants with in-depth knowledge and understanding of the national context regarding FGM/C abandonment and broader issues of gender equality and women and girls' human rights.
- One or two joint evaluation management group member(s).

The approach to field visits and related country case studies involved the following stages:

- **Preparation:** The country case study teams worked with UNFPA and UNICEF staff at headquarters and in the respective country offices to prepare for the

[13] In one case two UNFPA staff members responded to the survey, but no UNICEF representative.

visits, in particular identifying people to interview and communities to visit. The team also reviewed available documents and other sources of information on programme implementation and on the broader national context regarding FGM/C.

- **Field work:** Field visits were two weeks in duration. At the start of the visit, an introductory meeting was held with the respective UNFPA/UNICEF focal points, monitoring and evaluation (M&E) officers and national reference group members.[14] Data collection then took place both in the capitals of each respective country and at the community level. In the country capitals, the primary method of data collection was interviews with key informants and programme stakeholders. At the community level, data collection methods comprised interviews, group discussions and observations.

- **Sharing of preliminary findings:** At the end of each field visit, the country case study team shared preliminary observations and findings with the UNFPA/UNICEF focal points and country office staff and with the respective national reference group in order to validate emerging findings, elicit a first round of feedback, and identify areas for further inquiry.[15]

- **Reporting:** Each country case study resulted in a country case study report that presented the main findings, conclusions and recommendations for the respective countries.[16]

2.4 Methods and tools used for data analysis

2.4.1 Overall approach

The evaluation matrix (Annex 5) provided the guiding structure for data analysis for all three components of the evaluation. The evaluation questions, identified in the evaluation matrix, which were refined on the basis of evaluation foci at the four levels of the evaluation (see table 3), were used to structure data analysis. Moreover, the matrix provided a template for the evaluation team to formulate their findings on the basis of the collected information at three different levels:

- At the level of the ***indicators***, taking into account all information that had been collected for each indicator;

- At the level of the ***sub-questions***, across all indicators associated with the respective sub-question;

- At the level of the ***evaluation question,*** aggregating information collected for each sub-question.

The following methods of data analysis and synthesis were used:

- **Descriptive analysis** was used 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. This type of analysis was used in particular for data emerging from the document review at global and country levels.

- **Content analysis** was the core of the qualitative analysis. The evaluation team analyzed documents, interviews, group discussions and focus groups notes and qualitative data from the web-based survey to identify emerging common trends, themes and patterns for each key evaluation criterion, at all four levels of analyses (global, regional, country and community). Content analysis was also used to highlight diverging views and opposing trends. The emerging issues and trends provided the basis for preliminary observations and evaluation findings.

- **Comparative analysis** was used to examine findings on specific themes or issues across different countries. It was also used to identify best practices, innovative approaches and lessons learned. This type of analysis was used in particular to compare findings emerging from the four

[14] A national reference group was established in each case study country for the purposes of the evaluation.

[15] Presentations available at http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103

[16] Country case study reports available at http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103

country case studies and data collected through the web-based survey and the virtual focus groups.

- **Quantitative analysis** was used to interpret quantitative data, in particular data emerging from the web-based survey, as well as from the joint programme annual reports, and included descriptive statistical analysis.[17]

2.4.2 Evaluation components and levels of analysis

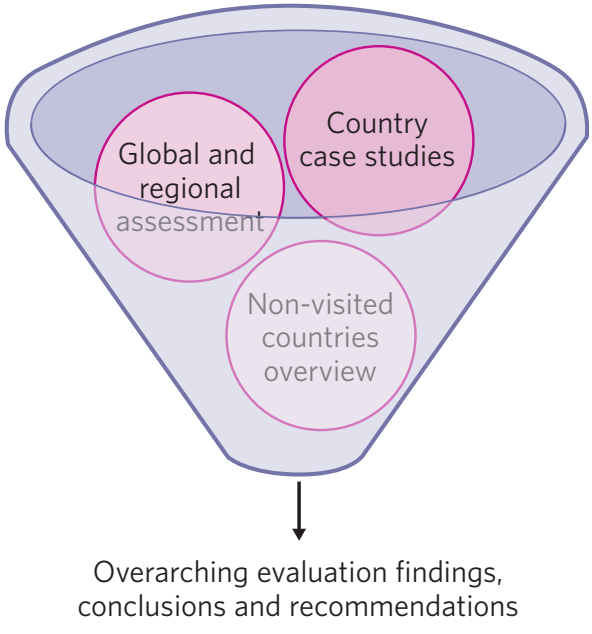
Each evaluation component was used to inform findings at specific levels of analysis (global, regional, country and community), while also contributing to the overarching evaluation findings, conclusions and recommendations (see diagram 3 and table 5).

Data emerging from the document review and interviews from the global and regional assessment were analysed by the evaluation team to develop findings at the global and regional level.

An in-depth analytical approach, based on adapted country-specific evaluation matrices, was used for the four country case studies and resulted in four sets of country-specific findings which were presented in four country case study reports.

The overview of the 11 non-visited countries used a transversal approach, exploring commonalities and differences across all 11 countries. Data emerging from the virtual focus groups were used to provide more depth to the information collected through the web-based survey (both quantitative and qualitative).

Diagram 3. Evaluation components



The information emerging from the overview, combined with the four sets of country-specific findings, was aggregated to develop cross-cutting findings for the key evaluation questions at the country and (where possible) community levels.

Overarching evaluation findings, conclusions and recommendations were developed through a structured process of data analysis, comparison and synthesis of the different components. This was achieved through several internal evaluation team sessions (some conducted in person and some remotely). In addition, at the end of the data collection phase, the evaluation team and the joint evalua-

Table 5. Evaluation components and levels of analysis

Evaluation components/levels	Global	Regional	National	Community	Overarching
Global and regional assessment	X	X			X
Country case studies		X (where possible)	X	X	X
Overview of non-visited countries			X	X (where possible)	X
Synthesis	X	X	X	X	X

[17] Counts, frequency, mean median and percentiles, standard deviation.

tion management group participated in a one-and-a-half day workshop in New York to share and jointly analyse emerging data, findings and trends, to discuss differences between country-specific findings, and to reflect together upon conclusions and recommendations.

2.4.3 Methods to assess the joint programme results

The evaluation team used two complementary types of analysis to assess the extent to which the joint programme contributed to expected results (Evaluation question 2).

Results-focused progress analysis: The evaluation team analyzed progress towards planned results as measured by indicators identified in the joint programme logframe. The evaluation team primarily used data from annual reports and the joint programme database for this analysis, which was complemented by data deriving from interviews, survey, case studies, and focus groups. Before conducting this type of assessment, the evaluation team conducted a brief logframe analysis looking at the existence, quality and appropriateness of elements such as results statements, indicators and baselines. A modified version of the UNFPA Indicator Quality Assessment Tool for country programme action plans results framework was used to conduct this analysis (see Annexes 18 and 19).

This was complemented by a **theory of change-based approach**. To capture the theory of change underlying the joint programme in a graphic representation, the evaluation team took into account programme stakeholder views and relevant joint programme documents that included explicit references to key underlying assumptions. An ex-ante theory of change was included in the inception report. The evaluation team reviewed and tested the relevance and robustness of the theory of change, and used it to assess the ways in which the programme contributed to, or was likely to contribute to change. In doing so, the evaluation team used **elements of contribution analysis**.[18] In particular it gathered evidence (from interviews, group discussions, focus groups, observations during the field visits, and documents) to confirm the validity of the theory of change in different contexts, and to identify any logical and information gaps that it contained. In the context of the four country case studies, which allowed for more in-depth exploration, joint programme contributions were assessed by examining whether and what types of alternative explanations/reasons existed for noted changes. An ex-post theory of change diagram can be found in Annex 13. [19]

2.4.4 Triangulation

The evaluation team used data and methodological triangulation to ensure the reliability of information and to increase the quality and credibility of the evaluation findings and conclusions. Specifically, the evaluation team ensured methodological and data triangulation in the following ways:

- The evaluation team collected information from multiple data sources for each evaluation question, including a broad variety of stakeholders (at global, regional, national, and community levels, and including joint programme headquarters coordination team, partners, beneficiaries and other relevant external stakeholders) and documented data (primary and secondary sources, from within UNFPA and UNICEF and from other organizations at country, regional and global levels);
- The evaluation team used a mix of data collection methods (both quantitative and qualitative) at all levels of analysis (global, regional, national, community);
- The evaluation team employed the same mix of data sources and data collection methods across all four country case studies to ensure comparability.

Table 6 provides an overview of the different data collection methods that were used to collect information for each of the evaluation questions.

[18] As described in Mayne, J., "Contribution Analysis: Coming of Age?", in *Evaluation*, 18 (3), (Sage, 2012), pp 270-271.

[19] The ex-post theory of change focuses on summarizing evaluation findings regarding gaps in available knowledge/evidence required to validate the assumed phases or components of the overall change process. It does not intend to create an alternative or improved theory of change.

Table 6. Triangulation of data collection methods for different evaluation questions

Evaluation Question	Document Review	Key Informant Interviews	Community-level Group Discussions	Web-based Survey	Virtual Focus Groups
EQ 1: Appropriateness and responsiveness of the joint programme	XXX	XXX	X (only in relation to community needs)	XX (only on design)	X (only on design)
EQ 2: Contributions to results (changes in social norms and strengthening of the global movement towards the abandonment of FGM/C)	XXX	XXX	XXX	XX	XXX
EQ 3: Availability and use of resources/inputs	XXX	XX		X	X
EQ 4: National ownership, scalability and use of partnerships for sustainability	XX	XXX	X	XX	XX
EQ 5: Coordination between UNFPA and UNICEF	XX	XXX		XX	XX
EQ 6: Management of the joint programme	XX	XXX		XX	XX
EQ 7: Integration of gender equality, human rights, cultural sensitivity, and equity issues	X	X	X		

Legend: XXX: Provided extensive data for answering evaluation question
XX: Provided some data for answering evaluation question
X: Provided little data for answering evaluation question

2.5 Limitations and mitigation strategies

Table 7 lists a number of moderate limitations that were encountered but did not adversely affect the evaluation results.

Table 7. Limitations and mitigation strategies

Limitation	Mitigation Strategy
Not all key stakeholders were available for consultations during field visits.	National consultants were able to follow up/conduct interviews at a later time.
Difficulties in accessing communities and engaging with them in the evaluation process, language and cultural barriers/resistance.	The involvement of local researchers and interpreters in field visits helped alleviate this challenge. When a community refused to meet with the evaluation team, alternate communities were chosen, while noting this as an important contextual element.
Sudan – security situation in Blue Nile prevented international country case study team leader conducting community visits.	National consultants were able to follow up and conduct field visit at a later time.
Difficulties in assessing cumulative progress results for the entire duration of the joint programme because two sets of expected results and indicators (pre- and post-2011) exist.	Wherever possible, the evaluation team aggregated results on the basis of the revised logframe and used contribution analysis to assess progress over time.
Absence of agreed-upon indicators and baselines to measure the quality and effectiveness of the coordination between UNFPA and UNICEF.	The evaluation used UNFPA and UNICEF staff perceptions on coordination before and after the joint programme.

CHAPTER 3

Findings and analysis

This chapter presents the main findings that emerge from the evaluation questions, and is structured accordingly. As noted in section 2.2.2, each evaluation question covered one or more of the five evaluation criteria. To enhance readability, in sections 3.1 and 3.2 the discussion of the relevant evaluation questions has been broken down into several sub-sections, each of which addresses one or more evaluation sub-questions.

The answers to the evaluation questions and sub-questions are based on the analysis of available data at the level of the indicators (taking into account all information collected on each indicator); at the level of sub-questions (based on available information across indicators for the respective sub-question), and at the level of the evaluation questions. A summary of key findings for the respective evaluation question is provided at the end of each of the sections 3.1 to 3.7.

Details and illustrative examples for the findings are provided in textboxes and footnotes. Further country-specific data are provided in the (separate) four country case study reports,[20] in Annex 14 on the results of the survey of joint programme focal points, as well as in Annex 15, which summarizes key themes emerging from the virtual focus groups with joint programme staff and stakeholders from the 11 non-visited countries.

3.1 Relevance and design

EVALUATION QUESTION 1

How appropriate and responsive has the joint programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?

▶ **Evaluation criteria covered**
Relevance

3.1.1 Alignment with the priorities and commitments of country governments, and with the needs of targeted communities

▶ **Evaluation matrix sub-questions 1.1 and 1.2**

In all programme countries, the joint programme has been aligned with existing priorities and commitments of the respective national governments to abandon FGM/C. The four country case studies and consultations with stakeholders in eleven non-visited countries confirm that the joint programme was aligned with, and aimed to support the explicit goals and commitments formulated by these governments in national constitutions, laws, policies, and in programmes and action plans in health and other sectors. Furthermore, joint programme objectives were relevant to the international (including regional) commitments of programme country governments, such as the Protocol on the Rights of Women in Africa (the Maputo Protocol, 2003), which aims to protect women

[20] See: http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103

from traditional practices harmful to their health, with an emphasis on women's health and reproductive rights; and the Convention on the Rights of the Child (CRC).

To identify key issues in the different national contexts, the joint programme carried out baseline studies and other studies in several countries at national and/or decentralized levels.[22] These studies helped to ensure that joint programme activities answered the needs of targeted communities. In some cases, the studies also helped identify areas requiring attention that had not yet been addressed in existing national or community priorities (Note 1 provides an example). Close work between UNFPA and UNICEF and key government partners responsible for leading the national response to FGM/C in each country helped to strengthen the relevance of the joint programme to country government priorities and commitments.

Note 1

In Sudan, the joint programme helped draw attention to the fact that certain communities displaced by conflict had recently adopted FGM/C as a new practice due to cultural pressures in their new social environments.[21]

Box 5: The mandates of UNICEF and UNFPA in relation to FGM/C

The United Nations General Assembly has mandated UNICEF to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNFPA has been mandated to ensure that every pregnancy is wanted; every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect. The aim of the joint programme to contribute to FGM/C abandonment is highly relevant to both aforementioned mandates.

The UNICEF medium-term strategic plan for 2006-2013 includes an area of cooperation that requires country offices to "advocate for and support behaviour change communication to prevent/address FGC" as part of their work aimed at reducing social acceptance of practices harmful to children. It is also of note that the current UNFPA Strategic Plan (2011-2013) identified not just women but also young people (including adolescents) as one of the two intended key beneficiary groups of its programming.

3.1.2 Alignment with UNFPA/UNICEF strategies and programming priorities at global, regional and country levels

▶ **Evaluation matrix sub-questions 1.3**

The objectives of the joint programme were fully aligned with the respective mandates of UNICEF and UNFPA (see Box 5), as well as with the relevant policies and overarching (global) strategies of these two agencies. These include the medium-term strategic plans of both agencies, and the principles and priorities outlined in the 2008 UNICEF Child Protection Strategy, and the UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment (2008-2011).[23]

At the country level, joint programme objectives and activities were aligned with and integrated into, albeit to varying degrees, the respective country programmes of both UNICEF and UNFPA. Eighty-six per cent (19 out of 22) of surveyed joint programme focal points rated the integration of the joint programme into the UNICEF or UNFPA country programme as either "very supportive" (59 per cent) or "supportive" (27 per cent) of joint programme implementation.[24] In some cases, joint programme objectives and results were fully adopted by the respective country programme (Somalia) while, in other cases, the joint programme was aligned with and contributed to broader country programme objectives related to child protection (UNICEF), gender equality, reproductive health and rights, or maternal health (UNFPA).

[21] See Sudan country case study, section 5.1.

[22] Baseline surveys/studies were conducted in Sudan, Djibouti, Kenya, Ethiopia, Somalia, Uganda, Guinea Bissau in the targeted communities/states/districts). Other types of studies (Knowledge, Attitude and Practice studies, rapid appraisals, and qualitative studies) were conducted in Sudan, Egypt, Gambia, and Guinea.

[23] UNFPA, "Delivering on the Promise of Equality", UNFPA's Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011, 2007, available at https://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/gender_report_2007.pdf

[24] See Annex 14.

Integration into regular country programmes was facilitated by the fact that the respective joint programme focal points also usually held responsibilities within the child protection (UNICEF), gender equality and/or reproductive health and rights (UNFPA) components of the respective country programme, and were therefore part of related planning and implementation processes. Nevertheless, the extent to which joint programme objectives and activities were integrated with existing FGM/C-related activities of the two agencies varied between countries (see Box 6).

Box 6: Aligning the joint programme with existing UNICEF and UNFPA country programmes

The survey of joint programme focal points indicated that, in some cases, UNICEF and UNFPA staff had difficulties realigning and "retrofitting" the joint programme with existing FGM/C-related initiatives. Some countries already had in place strategies and approaches that were different from those of the joint programme, or worked with different partners. In Uganda, focal points stated that the joint programme had been well integrated into larger programmes such as "Keep Children Safe", but that it had not systematically addressed issues such as a child marriage despite their close connection to FGM/C.

The joint programme objectives were also relevant to UNICEF and UNFPA priorities at the regional level, as outlined in the respective programmes for West and Central Africa, Eastern and Southern Africa, and North Africa and the Arab States.

3.1.3 Alignment with priorities and commitments of development partners

▶ **Evaluation matrix sub-question 1.4**

The objectives and design of the joint programme were fully aligned with relevant global priorities and commitments of development partners, as formulated in the United Nations Interagency Statement on Eliminating FGM (2008)[25] for instance, or in the Platform for Action of the Donors Working Group on FGM/C.[26] Both documents emphasize the need for a common approach to FGM/C informed by social norm theory and a human-rights perspective (see Box 7).

Box 7: Donor priorities relating to the joint programme

Consulted representatives of donor agencies which had contributed to the joint programme reported that their interest in the joint programme was due to its alignment with commitments made by their respective governments to end gender-based violence (GBV). They appreciated that FGM/C work touched on several areas relevant to their respective development priorities, including maternal, sexual and reproductive health and rights; gender equality; child marriage, and women's economic empowerment.

3.1.4 Appropriateness of programme design

▶ **Evaluation matrix sub-questions 1.5 and 1.6**

Strengths and weaknesses of the overall joint programme design

The overall design of the joint programme and the approach and strategies that it promoted and used at different levels were appropriate given its underlying **theory of change** (see below), and given the **types of changes** that it aims to contribute to. The time-bound overall objective of eliminating FGM/C in at least one country by 2012 and contributing to a 40 per cent reduction in prevalence among girls aged zero to 15 years over a five-year period in specific areas of programming implementation was, however, overly ambitious (see also section 3.2.1).

As described in the original joint programme proposal and subsequent documents, the design of the joint programme was based on a combination of recent theoretical developments in the social sciences, on lessons learned from past

[25] United Nations, "Eliminating Female Genital Mutilation", An inter-agency statement, 2008, available at http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

[26] Donors Working Group, "Platform for Action: Towards the Abandonment of FGM/C", a UNICEF Innocenti Research Centre publication, available at http://www.fgm-cdonor.org/publications/dwg_platform_action.pdf

UNICEF and UNFPA programming experiences, and on consultations with key partners and stakeholders in the FGM/C abandonment movement, including governments, NGOs, donors, researchers, and activists. An important step in the design of the joint programme was the Global Consultation on Female Genital Mutilation/Cutting organized by UNFPA in Addis Ababa in 2007, whose conclusions and recommendations largely shaped the original proposal for the joint programme. In particular, the joint programme integrates the idea that, in order to be successful, initiatives for the abandonment of FGM/C must focus on changing social norms within the communities that practice FGM/C. Beyond approaching FGM/C as a social norm (see section 1.3), the joint programme also emphasises core principles guiding the programming work of the two agencies, such as commitment to a human rights-based approach to programming, and cultural sensitivity.

Key **strengths** of the joint programme design, as indicated by available evaluation data deriving from document review, the survey of joint programme focal points, and other consultations with global, regional and national stakeholders, include the following aspects:

- The joint programme was a **strategic and catalytic** initiative aimed at "boosting" and/or scaling up existing trends in eliminating FGM/C by supporting existing efforts of actors at different levels. This approach improved the likelihood that results would be sustained after the joint programme ended, and focused on strengthening the capacity of actors in programme countries.

- The main approach and strategies promoted and used by the joint programme at global, and especially at country and local levels, reflect the conceptualization of FGM/C as a social norm. The joint programme aimed at influencing **collective change**, while recognizing the importance of individuals having access to information and alternative perspectives (see section 3.2). In order to do so, the joint programme was designed to work **holistically** by simultaneously: (i) supporting interventions at global, regional, national and community levels; (ii) engaging with multiple government and non-government stakeholders; (iii) using a variety of "channels" and strategies to communicate relevant information to different groups of stakeholders (see Box 8).

Box 8: The joint programme holistic approach

The previous programming experience of UNFPA, UNICEF and other actors had shown that taking isolated strategies (e.g. focusing on the law alone, or solely addressing the harmful health effects of FGM/C) failed to induce behavioural change. The joint programme therefore embraced and promoted the idea of a holistic approach that was using a variety of complementary strategies simultaneously to influence collective change.

In most countries, all eight joint programme country level outputs were employed simultaneously, albeit with different emphasis on each, as a way of engaging with different levels of stakeholders and utilised different channels in order to reach people through multiple approaches.

- The emphasis on collective change and the fact that relevant social groupings often cross national borders in Africa influenced the decision to work in a **number of countries** at the same time. Involving a number of countries provided meaningful and relevant learning opportunities for UNICEF and UNFPA staff working on the joint programme and their partners (see Box 9)[27].

- The jointness of the programme was another important strength of the design of the programme. Including other partners (e.g. WHO or UN Women)[28] in a more substantive way may have added value in terms of technical expertise, field presence and networks, however, restricting the partnership to two UN agencies made coordination comparatively easy and contributed to the effective and efficient management of the joint programme at global level and, to a certain extent, at the country level.[29]

[27] The original joint programme proposal also envisaged working with sub-regions/blocks of similar countries to accelerate change across borders (segmentation approach). However, as further explained below and in section 3.2.4., this approach was never fully operationalized.

[28] Although not fully part of the joint programme, WHO and UN Women were associated with specific joint programme global initiatives to ensure that their expertise was harnessed (i.e. WHO was involved in the development of the strategy to prevent medicalization; UN Women and its predecessors were critical in developing the policies and reports that contributed to the UN Resolution on FGM/C).

[29] The added value of, and the challenges related to, coordinating the two partners are discussed in chapter 3.5.

Box 9: Increasing the number of programme countries

As noted in section 1.3, the number of countries participating in the joint programme expanded over time, with four countries added as late as 2011. This posed limitations for the achievement of results: in these newly added countries, less than two years were available for implementation before the end of the joint programme. Nevertheless, the evaluation team found that the addition of countries was **justified** and **appropriate** in light of the **catalytic** function of the joint programme as there was still potential to boost ongoing efforts to abandon FGM/C in countries that were added in 2011. Adding countries also helped create the impression of a growing regional movement for FGM/C abandonment, providing additional incentive to countries to participate in this movement.

Box 10: Putting principles of human rights and cultural sensitivity into practice

In Sudan, advocacy for eliminating all forms of FGM/C was based on the notion that FGM/C constituted a violation of the human rights of girls and women. Rather than explicitly using the term "human rights", the joint programme and its partners linked much of their advocacy work to Islamic values, i.e. the values most important for shaping views and behaviours of people in the particular setting.

In all countries, the joint programme acknowledged the importance of religious and/or cultural leaders and authorities for influencing opinions and practices. Depending on each country/community context, it therefore engaged with formal and informal leaders and authorities, including teachers, health service providers, elders, and with religious and traditional leaders.

- The joint programme design reflected the understanding that **FGM/C is a violation of the human rights** of girls and women. This understanding justified the efforts of the joint programme and its partners to push for the elimination of all forms of the practice. It also introduced a need to ensure that duty-bearers responsible for the protection of these rights were both aware of their responsibilities and able to fulfil them. The joint programme thus worked simultaneously with a broad range of (formal and informal) duty-bearers, including governments, parents, teachers, healthcare providers and religious leaders.

- The design of the joint programme was **culturally-sensitive,** recognizing that FGM/C has a strong cultural value in many contexts and that dialogue with communities had to be framed with a view to preserving positive cultural values while eliminating harmful practices (see Box 10).

- The joint programme made considerable and mostly successful efforts to contextualize strategies and interventions, and to tailor them to the needs, interests and value systems of the respective national and community contexts. In doing so, UNFPA and UNICEF were also able to benefit from the experience and local knowledge of the joint programme focal points.

The evaluation found no substantial weaknesses in the overall design of the joint programme, but noted a number of **challenges** that UNFPA and UNICEF encountered in **operationalizing its design**:

- The role of the joint programme as a **catalyst** was not commonly and thoroughly understood by all staff at country level and less so by national partners (see section 3.3). As a consequence, their expectations were geared towards the very ambitious overall objective of the joint programme, which the programme had not been set up to fully achieve during its limited duration or given its available financial resources.

- The idea of taking a **(sub)regional approach** was appropriate given the underlying theory of change and the objectives of the joint programme. The practice of FGM/C takes place across national borders, within the same ethnic/intra-marrying groups, and accelerating the abandonment of FGM/C, requires a change in social norm within relevant social networks across countries. However this approach was not systematically operationalized during the period under review (see section 3.2.4).

- The focus of the joint programme on working with strong/established partners with **independent funding**

was strategic in view of existing resources and sustainability. Nevertheless, this approach limited the extent to which the joint programme was able to support the development of alternative and/or innovative approaches and to build the capacity of additional actors (Senegal).

- Some limitations emerged in relation to the extent to which the joint programme ensured the contextualization of its interventions. Consulted stakeholders from several countries (Djibouti, Gambia, and Guinea-Bissau) critically noted that Tostan, a major partner, had not sufficiently adapted its approach (originally developed for parts of Senegal) to the different contexts it was working in. In addition, the organization was sometimes perceived to have discouraged other organizations from adopting variations of the original Tostan model in their respective contexts (Burkina Faso).

- The extents to which UNICEF and UNFPA staff and implementing partners had a shared understanding of the notion of a **holistic approach** that uses different, complementary strategies varied between countries. In some countries (Egypt, Senegal, Burkina Faso, Guinea), several consulted UNFPA and UNICEF staff working on the joint programme and their partners described strategies focused on "fighting FGM/C" by demonstrating its negative consequences and ensuring sanctions for perpetrators) as being at odds with instigating change from within that value system. This was in opposition to the view that the two perspectives constitute complementary "sides of the same coin", as stated by other consulted UNFPA and UNICEF staff at HQ and in programme countries, as well as by implementing partners (see also Box 11).

- There were varying degrees to which joint programme focal points and implementing partners reported that they fully understood and felt ownership of the use of a **social norms perspective** and/or its specific implications for their work. In particular, the evaluation noted a tendency for oversimplification, which led to equating the social norms approach to public declarations and/or the Tostan approach, or to believing that the social-norm perspective came as a rigid model rather than a lens to understand the local reality. This oversimplification could also explain the view, reasonably widespread among consulted stakeholders especially in West Africa, that the joint programme had overly and uncritically invested in one model (often referred to as the "social norms approach", in its Tostan formulation) rather than exploring a broader set of strategies. While evidence generated from document review and stakeholder consultations shows that the joint programme has actually pursued different strategies (see section 3.2.3), this critique is important in terms of the projected image of the joint programme.

- Most consulted stakeholders, expressed agreement with and satisfaction over the attention, which had been paid to both national and community levels, by the joint programme.

Box 11: The use of shocking images

In some countries (Burkina Faso and Senegal), FGM/C actors engaged in debates over the use of images showing the pain and fear related to the perpetration of FGM/C on young girls/infants and/or the anatomical details of the cut and its consequences. While some actors emphasized the successes that they had had in using such images, others felt that this strategy was obsolete and was in strong opposition to their work which was founded on acknowledging the positive cultural values at the community level.

In other countries, however (Kenya and Uganda), as confirmed by consulted stakeholders and available documents, sharing disturbing images or videos of circumcisions and/or its physical effects with potential change agents (such as parliamentarians) had significantly contributed to raising awareness and willingness to support abandonment of the practice. Consulted religious leaders in Kenya noted that men in particular were often unaware of the details of FGM/C, assuming that it was comparable to the relatively painless circumcision of boys.

The fact that respected medical experts shared graphic details about the practice contributed to religious leaders (from Mauritania, Egypt and Sudan) supporting the adoption of a sub-regional fatwa (pronouncement) condemning FGM/C.

Validity of the theory of change underlying the joint programme

A key aspect of the theory of change underlying the joint programme was the assumption that **simultaneous changes** at global, regional, national and local levels could mutually support each other (see diagram 4).

As illustrated in the four country case studies, the evaluation found examples of mutual influences of results achieved at national and local levels (see Box 12).

Influences of global-level developments on changes at the national or local levels appear to have been mostly indirect (e.g. through global advocacy efforts making additional FGM/C-related funding available). While the evaluation confirmed the existing potential of regional-level work to influence changes in and across countries, this aspect of the joint programme design was not fully operationalized. Data, therefore, does not exist on how this potential translated into actual achievements.

Box 12: Examples of mutual influences between programming levels

National↔Local: In Kenya, advocacy process leading to the FGM/C Bill utilized examples of successes and demands for FGM/C abandonment expressed by different communities. In return, the passing of the FGM/C Act provided a boost to community efforts as it provided legitimacy to advocacy efforts.

National↔Global: Success stories deriving from the work at country level were used by the joint programme in global advocacy events, to inform and create support from UN member states and donors for the cause of FGM/C abandonment. The first lady of Burkina Faso and Burkina Faso government representatives played a crucial role in the process leading to the approval of the UN resolution to end FGM/C, by bringing their country experience to global attention. It was acknowledged by many consulted stakeholders at the country level that the UN resolution will strengthen the work of national advocates for the abandonment of FGM/C in the countries where it is still practiced.

Diagram 4. Levels of change and their interconnections

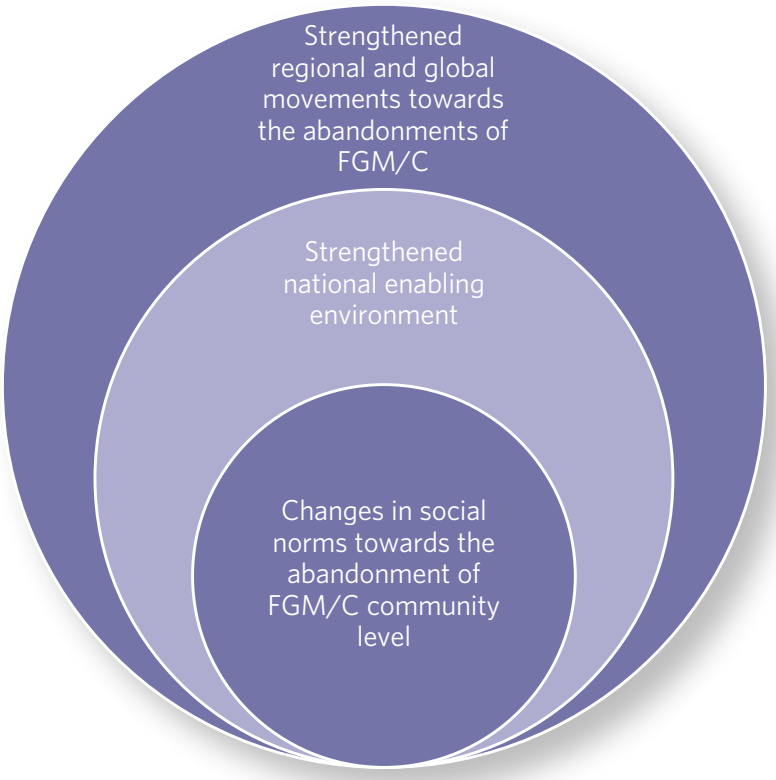


Diagram 5 summarizes – in deliberately simplified form – the assumed **progression-of-change processes** characterizing the theory of change that underlies the joint programme.

Evaluation data enable validation of the initial stages of the (simplified) theory of change, up to and including changes in social norms (from A to C). Several achievements in relation to FGM/C to which the joint programme contributed (including changes in legal and policy frameworks; changes in access to services; changes in collective and individual knowledge and attitudes; and changes in public discourse on FGM/C and related issues) will likely help engender social norms change, and will function simultaneously as indicators of such ongoing change (see section 3.2).

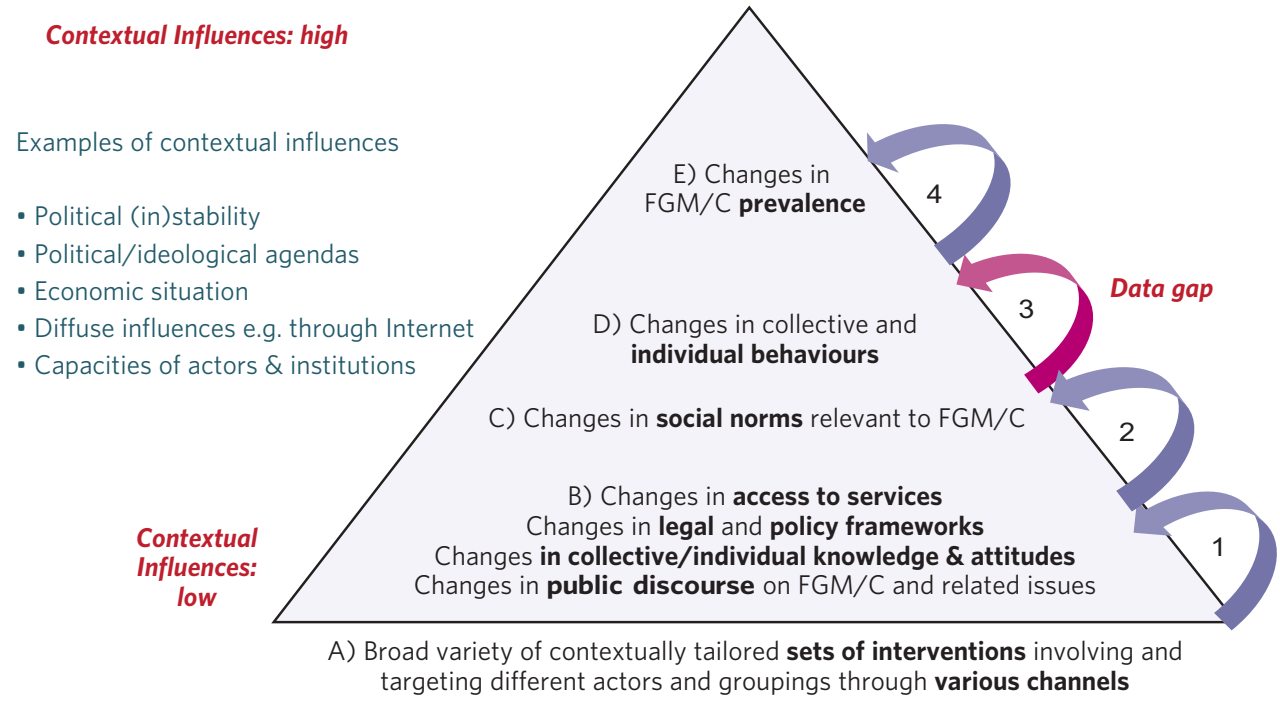
Data gaps exist, however, on the transition from changes in social norms to changes in individual and collective behaviours (i.e. in diagram 5, the transition from C to D). While this progression is logical and convincing, evaluation data do not permit validation of this part of the theory of change based on available evidence. Thus, while data is available on changes in FGM/C prevalence (E) for all programme countries, albeit of varying quality, it is not yet possible to clearly link changes at this level to lower level change processes, including those supported by the joint programme (see Box 13).[30]

Box 13: Knowledge and data gaps

A 2008 evaluation of the work of Tostan in Senegal[31] demonstrated that the reviewed programming had contributed to changes in individual and collective behaviours regarding FGM/C. How exactly this change came about, and what factors other than the reviewed programme interventions contributed to it, is, however, not fully known.

Similarly, several consulted UNFPA and UNICEF staff members at the country level noted that they wished for additional guidance on how to facilitate the process of achieving public declarations. One key question in this regard was "how do we know if a community is ready to make such a declaration, and, if they are, how can we be sure that a declaration will actually influence changes in behaviours?"

Diagram 5. Theory of change (simplified)



[30] Annex 13 further illustrates this observation by showing an annotated version of the more complex theory of change of the joint programme, which was developed during the evaluation inception phase (ex-ante) and then revised taking into account the information collected throughout the evaluation (ex-post).

[31] UNICEF, 'Long-Term Evaluation of the Tostan programme in Senegal: Kolda, Thiès and Fatick Regions'. 2008

The identified gaps in available evidence do not necessarily indicate that the theory of change underlying the joint programme is invalid or is lacking logical coherence. However, evaluation findings do highlight the need to collect further data and conduct systematic research and analysis in order to better understand the specific dynamics of all (assumed) stages in the process of social norms change. Related insights can provide the evidence required for validating all aspects of the current theory of change, or — if and as required — for elaborating some of its elements.

Summary of Findings

In all programme countries, the joint programme has been aligned with existing national and international commitments to abandoning FGM/C of the respective national governments, as well as their related priorities. Its objectives and activities have been — albeit to varying degrees — aligned with the respective country programmes of UNFPA and UNICEF, as well as with the priorities of other development partners at global and country levels.

The overall approach and the strategies that the joint programme promoted and used at different levels were appropriate given its underlying theory of change, and given the types of changes that it was trying to achieve. The time-bound overall objective of eliminating FGM/C altogether in at least one country by 2012, and contributing to a 40 per cent reduction in prevalence among girls aged zero to 15 years over a five-year period, was, however, overly ambitious.

The evaluation noted considerable strengths in the design of the joint programme (including its emphasis on pursuing a holistic and culturally sensitive approach to addressing FGM/C), as well as some weaknesses in operationalizing this design. These included the extent to which the envisaged regional dimension of the joint programme was put into practice, and the degree to which UNICEF and UNFPA staff working on the joint programme and their partners had a shared and comprehensive understanding of the catalytic nature of the joint programme and related implications for what the programme was realistically aiming to achieve during its duration.

Evaluation findings support several of the key assumptions that shape the underlying theory of change of the joint programme, including the idea that results achieved simultaneously at global, national, and decentralized levels can positively influence and enforce each other. Given that the envisaged regional dimension of the joint programme was not fully operationalized, the evaluation could not confirm the assumed potential of regional-level work for influencing positive change in and across countries.

As regards the assumed progression-of-change processes that the joint programme was aiming to contribute to, evaluation data enable validation of the initial stages up to and including changes in relevant social norms. However, there is a knowledge and evidence gap as regards the assumed transition from changes in FGM/C-related social norms to visible changes in individual and collective behaviours, and from there to changes in FGM/C prevalence.

3.2 Contributions to envisaged results

EVALUATION QUESTION 2

To what extent has the joint programme contributed to the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels (Outcome 1), and to strengthening the global movement towards abandonment of FGM/C in one generation (Outcome 2)?

- **Evaluation criteria covered**
  Effectiveness and sustainability

3.2.1 Overview

Overall, the evaluation findings on joint programme contributions to its envisaged results are **positive**. Progress, albeit of varying degrees, have been made towards the outputs formulated in the revised overarching joint programme logframe[32] (see Box 14), and significant contributions towards both outcomes were observed. Furthermore, the joint programme made contributions to strengthening the respective national environments for FGM/C abandonment that went beyond the results

[32] It should be noted that output 7 ("Tracking of programme benchmarks and achievements to maximize accountability of programme partners") is — indirectly — discussed in section 3.6 of this report, as it constitutes a management result, rather than a development result.

Box 14: Achievement of short-term results

Evaluation data do not permit the quantification of progress made against each of the ten outputs outlined in the revised joint programme logframe. Nonetheless, document review and stakeholder consultations indicate that progress has been more pronounced and clear in some results areas than in others. Similarly, responses to the joint programme focal points survey[33] gave higher ratings in terms of significance of progress to output 2 (local level commitment to FGM/C abandonment), output 5 (FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming) and output 6 (partnerships with religious groups and other organizations and institutions), and lower ratings to output 4 (use of new and existing data for implementation of evidence-based programming and policies, and for evaluation) and output 8 (strengthened regional dynamics for the abandonment of FGM/C).[34]

explicitly stated in its logframe (e.g. by strengthening the capacity of key actors and mechanisms). While available data do not permit an assessment of the extent to which the joint programme has contributed or will contribute to its overarching objective of accelerated abandonment of FGM/C in one generation (see also section 3.1.4), it has made meaningful contributions to strengthening existing efforts to this end at global, national, and community levels.[35]

This section summarizes evaluation findings on joint programme contributions to results at the levels of outputs, outcomes and overall objective, corresponding to different levels and aspects of the theory of change underlying the joint programme.[36] It also reflects on factors supporting or hindering performance at global, regional, national and community levels.

The following sections present specific evaluation findings regarding evaluation sub-questions 2.1.1, 2.1.2, 2.1.3 and 2.2 from the evaluation matrix.

3.2.2 Creation of a more conducive national environment for FGM/C abandonment

▶ **Evaluation matrix sub-question 2.1.1**

In all programme countries, the joint programme contributed, sometimes greatly, to strengthening the national environment for the abandonment of FGM/C. It did so by helping to expand and/or accelerate existing national-level FGM/C work (Burkina Faso, Kenya, Sudan and Senegal), and revive dormant efforts (Gambia).

The joint programme contributed to increasing the awareness of key national actors and their ownership of, and commitment to FGM/C abandonment. It also, helped them strengthen their capacities to continue their own work on FGM/C abandonment. In addition, it helped strengthen legal and policy frameworks for abandoning the practice.

In the reconstructed joint programme theory of change (see Annex 13), these achievements relate to both short-term as well as medium-term changes.

Strengthening awareness and ownership of FGM/C abandonment by key national actors

In most programme countries, the joint programme engaged with a broad range of national actors at central and

[33] The survey was focused on the outputs under outcome 1 (i.e. outputs 1-8), given that outcome 2 addressed global level results that were not relevant in view of the role of the joint programme focal points.

[34] See Annex 14 for the complete survey results.

[35] The joint programme did not achieve its very ambitious objective, as outlined in the original programme proposal, of eliminating FGM/C in at least one country by 2012. Also, the proposal had envisaged demonstrated success towards FGM/C abandonment in 17 countries, with "demonstrated success" referring to a 40 per cent reduction in prevalence among daughters (0-15 years) over a five year period in specific areas of programming implementation. Besides the fact that the joint programme only operated in 15 instead of 17 countries, available data on FGM/C prevalence do not always allow assessment of whether the intended decrease in prevalence among the targeted age group has taken place or not.

[36] See Annex 13 for the annotated ex-post version of the theory of change.

decentralized levels, supporting their existing efforts to eliminate FGM/C and/or increasing their awareness of FGM/C and of their own (potential) roles and responsibilities in ending the practice. To this end, the joint programme worked with, and supported collaboration and networking among government actors, parliamentarians, traditional and religious leaders, civil society organizations, media, FGM/C practitioners and service providers in the judicial, health and education sectors. Data emerging from document review, the four case studies, and consultations with joint programme focal points and stakeholders in the 11 countries, which were not included in the field phase, provide evidence of strengthened awareness and commitment to end FGM/C in the form: (i) of public statements, (ii) actions such as the creation or improvement of FGM/C-related legislation (see below), (iii) or the development of national or sector-specific action plans and strategies (see Box 15).

Box 15: National ownership of FGM/C abandonment[37]

In **Ethiopia, Gambia, Guinea, Guinea-Bissau and Kenya**, the joint programme supported national actors in developing coordinated, multi-sectoral strategic or action plans on FGM/C abandonment to operationalize advances made in the national legal and/or policy frameworks of the respective country. Related processes were often coordinated through national committees composed of key stakeholders.

In **Burkina Faso**, the joint programme supported the implementation of the existing national action plan for FGM/C abandonment, while in **Senegal** it supported the development of a second national action plan that put stronger emphasis on framing FGM/C in the context of human rights than the previous action plan.

In **Djibouti, Kenya and Egypt**, assistance was also provided for integrating FGM/C-related issues into their national reproductive health strategies; and (in Djibouti) in the national action plans on gender and on children respectively.

Strengthening legal and policy frameworks

In most programme countries (Djibouti, Gambia, Egypt, Uganda, Somalia, Guinea Bissau, Kenya, and Sudan), the joint programme contributed to national or decentralized laws, policies, plans and programmes for the abandonment of FGM/C (see Box 16).[38]

Box 16: Examples of changes in legal and policy frameworks

Djibouti – Inclusion of FGM/C related issues in the National Action Plan on Gender and the National Action Plan on Children

Guinea – Decree against FGM/C (2010), and National Plan to Accelerate the Abandonment of FGM/C

Guinea-Bissau – Law criminalizing FGM/C (2011)

Kenya – FGMC/Act (2011)

Sudan – Five state-level laws against FGM/C; (unsuccessful) efforts towards inclusion of FGM/C abandonment in national Child Act. (2011)

Uganda – Prohibition of Female Genital Mutilation Act (2010)

Senegal - The Division of Reproductive Health in the Ministry of Health included the topic of FGM/C in its reproductive health policies, norms and protocols.

The joint programme also facilitated a number of **parliamentary hearings** on FGM/C, for example in Ethiopia, Gambia, Mauritania, Senegal, and Uganda.[39]

In several cases, the **process** of advocating for a new law or policy constituted a result in its own right. The process leading to the adoption of the FGM/C Act in Kenya is one such example (see Box 17). In Sudan, the joint programme used momentum generated by the (unsuccessful) effort to introduce Article 13 of the national Child Act (which prohibited all forms of FGM/C) to support the development and adoption of several district-level FGM/C laws.

[37] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Reports 2009-2012.

[38] As of 2013, of the 15 countries participating in the joint programme, all but three – Gambia, Mali, and Mauritania – had laws banning FGM/C. In some cases (Burkina Faso, Eritrea, Egypt and Senegal) these laws were in place prior to the joint programme, while in others the joint programme contributed to their enactment. Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2012.

[39] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Reports 2009, 2010, and 2011.

Box 17: Developing the FGM/C Act in Kenya

The process of developing the Act involved extensive advocacy with parliamentarians and was characterized by:

- Convening a diverse set of actors (e.g. male and female members of Parliament, religious scholars, health experts, national and community-level government and non-government partners) capable of representing and influencing a range of constituencies, and of formulating different arguments for abandoning the practice.
- Making effective use of public figures willing to share personal convictions and motivations for abandoning FGM/C.
- Tabling of the FGM/C Act by a male member of Parliament from a community that is practising FGM/C, which helped reframe FGM/C as an issue relevant to all members of society, not just to women.
- Citing public declarations of FGM/C abandonment from communities in different parts of Kenya helped counter the argument that FGM/C was a valuable cultural practice still desired by Kenyans.
- Building on solid evidence deriving from research studies conducted by one of the implementing partners of the joint programme.[40]

One key lesson learned is the importance of the timing of efforts aiming to influence legislation. In Somalia, for example, the joint programme has supported the drafting of decrees outlawing FGM/C in both regions where it operated. In the Puntland region, although the process was relatively fast, the decree was eventually rejected by the Parliament due to concerns about its focus on ending all forms of FGM/C. Based on this experience, in Somaliland the joint programme deliberately slowed down its efforts to first ensure solid support and understanding by the President and MPs to address all forms of FGM/C before moving ahead with bringing the decree up for adoption. The decree eventually addressed all forms of FGM/C.

In Kenya, one national stakeholder noted that the success related to the development of the FGM/C Act in that country was not only due to the excellent advocacy campaign (see above), but also to the fact that they "were also simply lucky to work in very enabling conditions. The current Parliament includes several MPs who used to work in CSOs and who were open to issues related to human rights. Had we started the campaign a few years ago when a different parliament was in place, we would probably not have had the same kind of success."

Enforcing existing laws and policies

Through its implementing partners, the joint programme helped raise awareness of and supported the enforcement of existing laws and policies for FGM/C abandonment, including in the health sector (see Note 2). In Burkina Faso, the joint programme helped increase the awareness of justice-sector personnel of FGM/C-related laws and policies and the implications for their work. In Uganda, the joint programme and its partner organizations trained the local police and community monitors to enforce the national law against FGM/C. During the summer, when girls come home from school and when FGM/C tends to be practiced, these monitors travelled through villages

Note 2: Supporting the enforcement of laws and policies in the health sector

In Egypt, the joint programme supported the creation of Child Protection Committees at national, district and community levels to support enforcement of the amended child law that includes a clause banning FGM/C, and of a decree from the Ministry of Health banning the practice.

In Sudan, the joint programme worked with the Obstetric and Gynaecological Society, resulting in the Society publicly condemning all forms of FGM/C and calling for the enforcement of Medical Council decree No. 366 that prohibits all medical doctors from practicing FGM/C.[41]

[40] The Federation of Women Lawyers (FIDA).

[41] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2009.

and, by engaging with community members, learn which families are planning to have their daughters undergo FGM/C. The joint programme provided the monitors with air time on their mobile phones, which allowed them to notify the district police at district headquarters to inform them about likely violations of the law.

While there has been some progress in implementing and enforcing existing laws on FGM/C,[43] this remains a challenge in many countries (Burkina Faso, Ethiopia, Egypt, Kenya, Senegal, and Uganda) due to the lack of appropriate resources, limitations in the capacity of law-enforcement agents, and geographic constraints in remote areas. Nevertheless, consulted national stakeholders in Egypt, Kenya, Senegal, and Sudan agreed that the existence of a law prohibiting FGM/C gave them additional leverage and legitimization for their advocacy work. Similarly, the process of informing people about a new law offers opportunities to discuss FGM/C in public, thereby raising awareness (see Note 3). This indicates that the rhetorical use of FGM/C laws constitutes an effective tool in its own right.

Note 3

In Uganda, the joint programme supported the conduct of six community policing sessions in partnership with the local police. The sessions involved providing the communities with information on the existing law against FGM/C and their role in ensuring its implementation. While initially the sessions were attended by advocates and religious leaders only, they increasingly attracted community leaders and members, including those in favour of FGM. The growing interest and understanding of the law within the communities led to the arrest of two cutters who previously had been shielded from prosecution.[42]

Strengthening capacities of national actors and institutions/organizations

The joint programme contributed to strengthening national capacity to address FGM/C in several ways.

Coordination: In most programme countries (including Burkina Faso, Djibouti, Ethiopia, Gambia, Kenya, and Sudan), the joint programme helped strengthen and systematize coordination of actors at national and decentralized levels. It provided financial and technical support to create or reinforce formal (usually government-led) coordination bodies such as the National Committee on the Abandonment of FGM/C in Kenya, the National Task Force on FGM/C in Sudan, or the Secretariat permanent du Conseil national de lutte contre la pratique de l'excision (SP-CNLPE) in Burkina Faso (see Box 18). It also supported the creation and/or expansion of networks of religious leaders and/or faith-based

Box 18: Approaches to strengthening national capacity

In Kenya and Sudan, the joint programme funded the position of a full-time technical advisor and coordinator located in the Ministry of Gender, Children, and Social Development (Kenya) and the National Council for Child Welfare (Sudan) respectively. In **Burkina Faso**, the joint programme funded the position of an accounting manager located in the SP-CNLPE, and also supported the development of the tools for the collection and use of data. These positions reflected the specific needs for capacity development inside the SP-CNLPE, which had been identified in its 2006 evaluation.

In **Senegal**, the joint programme focused on providing targeted technical and financial assistance for the creation of a National Technical Committee responsible for coordinating and monitoring the implementation of the National Action Plan for the abandonment of FGM/C. The committee is led by the Ministry of Women, Children and Women's Entrepreneurship. The joint programme did not fund any related positions.

In Burkina Faso, Kenya and Sudan, the staff positions funded by the joint programme notably strengthened the ability of the respective institution to provide guidance and leadership for FGM/C-related efforts. In Kenya, however, the case study also indicated concerns over the **sustainability** of the noted capacity gains, given that the joint programme no longer provides funding for this position and that the MoGCSD has, so far, only assigned a part-time staff member to take on coordination tasks.

[42] Source: Survey of joint programme focal points.

[43] As noted in the 2011 joint programme annual report, across the 15 joint programme countries, 141 cases violating national laws against FGM/C were prosecuted in court. The majority of these cases were in Burkina Faso, a country that has had FGM/C legislation in place for a considerable time.

organizations (Ethiopia, Somalia, Kenya, Sudan, Burkina Faso, Gambia, Guinea, and Uganda), of journalists (Djibouti, Burkina Faso, Gambia, Guinea, and Kenya), and of community leaders (Djibouti and Burkina Faso). The improved coordination had tangible results, such as successful advocacy campaigns for FGM/C legislation such as in Kenya. Consulted national stakeholders[44] agreed that improved collaboration with other actors had notably strengthened their individual and collective capacity to affect change.

Strengthening capacities for FGM/C-related prevention, response and tracking in the health sector: In all 15 joint programme countries, health workers have been trained to understand the negative consequences of FGM/C and, in many cases, treat medical complications that arise from it. In 2011, approximately 300 health facilities included FGM/C prevention in their antenatal and neonatal care, and the joint programme contributed to the training of more than 3,500 health workers on the negative effects and complications caused by FCM/C.[46] The joint programme frequently worked closely with the respective Ministry of Health and/or other relevant institutions to integrate FGM/C into sector-specific programmes and plans. For example, in Guinea Bissau, Gambia, Senegal, and Sudan, the joint programme helped to include the role of midwives in FGM/C prevention and in supporting women who had already been cut to give birth and during the postnatal period in midwifery training (see Note 4). In Egypt, the joint programme influenced the integration of FGM/C-related components into the pre-service and in-service training of doctors in public hospitals and health units. In Ethiopia, the joint programme has trained and is employing medical professionals and health extension workers to integrate FGM/C into reproductive health interventions in the Afar region. In Somalia, the joint programme supported the creation of a network of health champions whose advocacy and public information work encouraged women and girl survivors of FGM/C to seek medical help for dealing with the consequences of circumcision. Also, in several countries, (Egypt, Guinea-Bissau, Kenya, and Somalia), baseline and other studies conducted by the joint programme contributed to generating data that illustrated the rising **medicalization** of the practice (see Note 5). The joint programme and its national partners then used these data to conduct evidence-based advocacy work.

Note 4:
The Sudan country case study[45] illustrated both the promising progress made in engaging midwives as agents of change, as well as related challenges. Consulted midwives in Blue Nile and Kassala states who had been trained under the new curriculum (developed with support from the joint programme) expressed their commitment to abandoning FGM/C. At the same time, however, they and other national stakeholders pointed out that the ability of midwives to become effective health promoters is sometimes limited by their own disempowered economic and professional position, as they are commonly dependent on fees for services performed rather than being formally employed like other health care workers.

Note 5:
The medicalization of FGM/C continues to pose a challenge to the work of actors working for the abandonment of the practice. The joint programme worked with its national partners, in particular the respective Ministry of Health, to address this issue. For example:

In Somalia, FGM/C decrees that prohibit the medicalization of FGM/C, exist in both Puntland and Somaliland. The joint programme has been consulting with professional associations of physicians, nurses and midwives in order to develop policies banning the medicalization of the practice among their members.

In Egypt, the joint programme supported the Ministry of Health to launch an advocacy campaign to create awareness of the dangers of FGM/C among the staff of public health facilities. It also supported the development, printing and launch of a training manual and a Question and Answer (Q&A) booklet for health care practitioners.[47]

The joint programme had limited success supporting the production and use of reliable data on FGM/C at the country level. In several countries, the joint programme tried to strengthen the systems and capacities of its national partners to collect data on FGM/C, with

[44] Stakeholders consulted during the four site visits as well as during consultations with the non-visited countries.

[45] Sudan country case study, section 5.2.3.

[46] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2011.

[47] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Reports 2010 and 2011.

some success. In Ethiopia, for example, the Afar Pastoralist Development Association, one of the partners of the joint programme, has established a registration-card system for pregnant women to track mothers and newborns, and to protect baby girls (see Box 19). In Burkina Faso, the joint programme supported the SP-CNLPE in developing a data collection plan and analysis strategy for the National Action Plan, which was aligned with the indicators of the joint programme.

Box 19: Registration card system for pregnant women in Ethiopia

The registration card system enables recording the past medical history of pregnant women, as well as information deriving from antenatal checking, eventual delivery, and postnatal checking. The card serves as mechanism for follow-up on the status of newborn girls. Traditional birth attendants will follow up with girls for four years after their birth to help protect them from FGM/C. After the girls' fourth birthday, follow-up will be continued by teachers.

However, important challenges remain, in particular regarding the reliability and usefulness of data on FGM/C prevalence provided by national statistics. In most countries, the joint programme and its partners relied on national Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data for measuring changes in FGM/C prevalence. However, methodological limitations of the surveys decreased their reliability, even in countries with a system in place for regular collection of this data (Senegal, Burkina Faso). DHS collect data from girls and women aged 15-49 by self-reporting, whereas for girls 0-15 years (the age group targeted by the joint programme) data on FGM/C prevalence is based on statements by their mothers/caregivers.

This data does not adequately capture recent behavioural change and, moreover, under-reporting is a risk in countries where FGM/C is illegal. To address these issues, the joint programme explored alternative methods of collecting reliable data in a number of countries (e.g. through biomedical observation in Senegal and Burkina Faso, whereby health providers would observe during medical examinations whether an individual had been cut), or by lowering the age group of surveyed girls (Somalia), but so far these have achieved limited results. At the country level, the joint programme supported a range of studies (e.g. baseline studies, situational analysis and prevalence studies on targeted regions), but this was not done systematically across all joint programme countries (see section 3.1.1, see also Note 6).

Note 6:
"Data exists, but the challenge remains what to focus on, and how and when to collect data. There is still a need for more capacity in this area" Joint programme focal point

3.2.3 Fostering local-level commitment to abandon FGM/C

▶ **Evaluation matrix sub-question 2.1.2**

In all programme countries, the joint programme helped strengthen local-level commitment to abandon FGM/C in targeted geographic areas (see Box 20).

Box 20: Fostering local-level commitment in the four case study countries

In all four case study countries, the funding provided by the joint programme allowed its implementing partners to **broaden the scope and/or geographic reach** of their existing efforts at the community level.

In case of Burkina Faso, Kenya, and Sudan the case studies also indicated that the joint programme both encouraged and allowed implementing partners to further **diversify the range of tools and strategies** they used to facilitate change, and/or to **enhance the quality and depth** of their interventions e.g. by conceptualizing them in the context of human rights.

These latter types of joint programme contributions were less visible in Senegal. This may be due to the fact that, in Senegal, the use of a holistic and human-rights-based approach to facilitating change at the community level had already been well established due to the successful work of Tostan prior to the joint programme. It may, however, also point to opportunities for further diversifying the current community-focused approach, e.g. by exploring the feasibility of additional social marketing strategies in order to foster local-level commitment to ending FGM/C.[48]

[48] The Senegal country case study had noted that several consulted stakeholders had expressed concerns that the strong focus on the (successful) community-based approach as used by Tostan might discourage actors from exploring other, possibly more cost-effective, strategies for facilitating change.

Most available data on local-level achievements focus on successfully completed activities. Nevertheless, the four case studies, document review, the survey of joint programme focal points, and consultations with stakeholders from the non-visited countries provided evidence of a variety of emerging results that the joint programme, through its implementing partners, has contributed to. These results mostly relate to short-term and medium-term changes as noted in the joint programme theory of change (see Annex 13), but, as discussed below, in some cases they also indicate progress towards long-term changes in social norms. Noted results include the following:

- **Changes in community members' awareness and knowledge of FGM/C:** Joint programme global and country level reports, as well as consultations with community members during the four country field visits, indicated an increase in community members' knowledge and awareness about the harmful effects of FGM/C, religious and/or cultural obligations concerning the practice and, where applicable, the existence of laws banning the practice.

- **Increase in the visible/explicit commitment to abandon FGM/C by community leaders and members:** In all four case study countries, the evaluation found examples of traditional and/or religious community leaders publicly committing to FGM/C abandonment. Similar results were reported in the non-visited countries. In hundreds of communities in different programme countries, the joint programme supported community education and dialogue processes culminating in public declarations of FGM/C abandonment (see Note 7).[50]

Note 7:
Since 2008, when the UNFPA-UNICEF Joint Programme on FGM/C was established, nearly 10,000 communities in 15 countries, representing about 8 million people, have renounced the practice. In 2012, a total of 1,775 communities across Africa publicly declared their commitment to end FGM/C.[49]

While public declarations do not guarantee subsequent changes in actual behaviours, they have important symbolic value and indicate ongoing positive social change.

- **Changes in public discourse about FGM/C:** Joint programme reports at the country level and other publications,[52] the four country case studies, and consultations with UNFPA and UNICEF staff and stakeholders in the non-visited countries showed that initiatives supported by the joint programme encouraged more open and more frequent discussion of FGM/C at the community level, helping to break the taboo around this subject. In the four case study countries, several community members reported feeling more comfortable in publicly admitting that they (or their daughters) had not been cut. The fact that community members, including former excisors, declared that they had stopped practising and no longer approved of FGM/C likely indicates a change in what positions and views on FGM/C are being considered socially desirable and acceptable to express in public (see Box 21). In view of the evaluation, this indicates (the beginning of) changes

Box 21: Changes in public discourse as indicators for social norm change

Within the paradigm of social constructivism,[51] observable changes in the extent to which an issue is being treated as a taboo topic are interesting in at least two ways: First, the fact that people start to address a former taboo topic in public indicates an (ongoing or completed) change in social norms, as it reflects that individuals no longer fear social sanctions if they openly talk about the issue. Second, given that discussion is public allows others to observe their actions, and draw their own conclusions as regards the status of the issue in question.

Given that social norms cannot be observed directly, changes in public discourse on issues closely linked to a particular norm constitute important (proxy) indicators.

[49] Source: http://www.unicef.org/media/media_67714.html or http://www.unfpa.org/public/home/news/pid/12684.

[50] Public declarations are discussed in more detail later in this section.

[51] Social constructivism is a sociological theory of knowledge that is based on the assumption that social groups continuously construct reality for one another. Being immersed in a culture means to be constantly learning from others and with others of what is considered to be right or wrong, true or false.

[52] For example the publication "De-Linking Female Genital Mutilation/Cutting from Islam in North East Kenya", (available under http://www.unfpa.org/public/cache/offonce/news/pid/5410).

in the social norms surrounding FGM/C, relating to both Outcome 1 of the joint programme logframe, as well as to the long-term changes noted in its theory of change (see Annex 13).

- **Changes in behaviour:** The country case studies, joint programme reports and consultations with UNFPA and UNICEF staff and national stakeholders in the non-visited countries provided numerous examples of families and former traditional cutters (self-) reporting to have abandoned FGM/C in the recent past. Evidence supporting these claims include public declarations by traditional cutters (Ethiopia and Eritrea); the number of girls seeking alternative rites of passage (Kenya and Uganda) with support from their families rather than submitting to FGM/C; as well as statements from community members and leaders noting that the practice of FGM/C was in decline in their community (Senegal, Sudan, and Burkina Faso). Consulted community members in the four case study countries reported that the increase in knowledge on FGM/C facilitated by joint programme initiatives was also leading to behavioural changes in other areas. For example, in all four case study countries, women and girls were reported to be more likely to express their views and concerns, including on FGM/C, in public. In Kenya and Senegal, more parents were reported to now support their daughters in pursuing an education rather than forcing them into early marriages. Overall, however, available data neither allow the verification of the (self-reported) examples of behavioural change, nor the systematic assessment of the specific contribution made by joint programme to bringing them about, or measurement of what proportion of the targeted communities had displayed changes in behaviour.

Approach and strategies

In operationalizing its overarching holistic and culturally sensitive approach, the joint programme and its implementing partners utilized a variety of strategies to encourage FGM/C abandonment. While the specific combinations of strategies and related activities varied between countries and between communities within each country (see below), several or all of the following elements were involved in all 15 programme countries.

- **Education and sensitisation sessions for potential agents of change**, such as elders, teachers, local government authorities, traditional and religious leaders, midwives and other community-level health care providers, and local media. These sessions were often followed by targeted **capacity-building efforts** for interested individuals or groups to enhance their abilities, such as for advocacy and the use of communication tools.

- **Information and sensitisation sessions, and community dialogue** with a broad number of stakeholders including boys and men, girls and women (see Box 22). This created opportunities for community debates on the practice of FGM/C to break the silence around the practice, and to understand and overcome misconceptions. In 2011, approximately 19,580 community education and information sessions took place in the 15 joint programme countries.[53]

- **Supporting the formation and operation of FGM/C networks** at the sub-national and/or community level to unite and structure the activities of anti-FGM/C activists. For example, in Eritrea, Kenya, and Burkina Faso, the joint programme supported the creation and capacity strengthening of local anti-FGM/C committees and networks which were comprised of a variety of community members, including men and women, influential community members such as teachers or religious leaders, as well as youth. These committees acted as the link between the joint programme and/or its implementing partners, and the respective community. They also often took a lead in facilitating community education sessions, or in organizing events such as Alternative Rites of Passage (see below).

- **Involving religious leaders and networks** to secure their commitment to abandon FGM/C, and to help people understand that FGM/C is not a religious obligation under Islam or any other faith, and that, instead, religious values urge protection of a girl's physical integrity. Joint programme documents and consultations with stakeholders from all 15 programme countries indicate that the engagement of religious leaders was widely seen as a highly relevant and effective strategy for influencing

[53] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2011.

Box 22: Community information sessions and dialogue

In many cases, community information sessions were **facilitated** by teams of community members trained by joint programme implementing partners, thereby helping to prevent messages being perceived as having been imposed from outside. Often, these teams included respected community leaders (such as elders, teachers, doctors and nurses, or religious authorities), but also others such as youth. An alternative approach, in particular for reaching remote areas, was the use of community caravans (Somalia) that would travel to different communities to facilitate information and learning sessions.

One strategy, considered to be successful by consulted national stakeholders in several countries, was to have relevant individuals **publicly share their own experiences**. Such speakers included survivors of FGM/C and/or (former) traditional cutters speaking on the negative health effects of the practice; as well as girls who had chosen not to undergo the practice and get married, but had continued their education instead. The use of such role models, particularly in the context of ARP (see below), has shown to positively influence and inspire other girls.

The **content** of community dialogue events varied not only between countries, but also between communities. While some sessions focused on FGM/C specifically (combining, for example, information on its health implications with information on legal and/or religious dimensions of the practice), in other cases the discussion addressed broader issues of community and/or women's wellbeing and rights and only included FGM/C as one of these issues. In some cases, the existence of a new or revised law on FGM/C was used as the entry point to initiate discussions.

Community information and dialogue took place not only in the form of **specifically organized meetings, but was also integrated** into regular (public and private) events such as medical consultations (in particular as part of ante- and post-natal care), sermons in churches and mosques, or social events such as concerts or ethnic cultural days. Joint programme implementing partners also went from door to door in order to reach out to those families in a community who had expressed remaining in favour of the practice e.g. in Burkina Faso.

To support the sessions, activists used a variety of **media**: including, booklets, videos, images, but also radio broadcasts.

change as regards FGM/C (see Box 23).[55] In strongly Islamic regions this involvement was even seen as a necessary condition for such change to take place. The fact that religious leaders openly and publicly spoke about FGM/C, which was traditionally considered a taboo, was perceived as a significant cultural shift.[56]

Box 23: Religious leaders as agents of change[54]

At the community level, religious leaders frequently participated in and also led community dialogue sessions (Kenya, Ethiopia, and Uganda). Religious leaders and their networks also played an important role at the national level. For example:

In Guinea-Bissau, the joint programme supported the creation of the first network of religious leaders committed to the abandonment of FGM/C. To date, at least 27 Imams have made public statements de-linking religion from the practice.

In Eritrea and Sudan, leaders of several faiths (Muslim, Orthodox, Catholic, Protestant) declared that FGM/C is not a requirement of their religion. In Egypt, the Grand Imam of Al Azhar University made, and later reconfirmed, a pronouncement stating that FGM/C is not part of Islam.

In Kenya, the successful advocacy for the FGM/C Act involved having a respected Islamic scholar speak to members of parliament to confirm that FGM/C is not a requirement under Islam.

- **Engaging traditional leaders** as agents of change. In all 15 countries, the joint programme and its implementing partners engaged with traditional leaders, such as community elders, to secure their support as advocates for the abandonment of FGM/C. In some cases, these leaders had already been committed to abandoning FGM/C in their communities (e.g. the Sabiny Elders Association

[54] Sources: Country case studies, programme documents (country and global annual reports), and consultations with joint programme focal points and national stakeholders.

[55] According to the 2011 joint programme annual report, in that year nearly 4,107 religious leaders had taught their followers that FGM/C was not sanctioned by Islam, and nearly 1,000 religious edicts were issued in support of the abandonment of the practice.

[56] See: "De-Linking Female Genital Mutilation/Cutting from Islam in North East Kenya", (available at http://www.unfpa.org/public/cache/offonce/news/pid/5410).

in Uganda; the Meru council of elders, Njuri Ncheke, in Kenya). The joint programme worked closely with these (and other) traditional leaders to support their efforts, including public declarations of their commitment to ending the practice in order to benefit girls and families in the community.[57] For example, in Uganda, the joint programme supported elders from the Pokot community from both Uganda and Kenya who publicly denounced FGM/C and also agreed to work together across the border to ensure its abandonment.

- **Involving national and local media,** including local/community radio in local languages, as well as print media, posters, billboards etc. to spread information about FGM/C abandonment process and to engage community members. The use of radio in particular enabled remote, rural communities to be reached, as well as those with high levels of illiteracy (see Note 8). While there are no data on the specific effects of the use of these media on attitudes or behaviours of their readers or listeners, they constituted a contribution to shaping the ongoing public discourse on FGM/C in the respective country and/or region. According to the 2011 joint programme annual report, more than 3,485 newspaper articles and TV and radio programmes in the 15 programme countries discussed the benefits of ending the practice.

Two broader strategies used in different joint programme countries, each incorporating various modalities of community engagement, education, and outreach, are further discussed below: i) facilitating **public declarations** of FGM/C abandonment, and ii) **reframing** concepts and/or traditions around FGM/C.

i) Public declarations of FGM/C abandonment

In an effort to bring about collective change, the joint programme facilitated events in 13 programme countries during which community leaders and/or members publicly declared their commitment to abandoning FGM/C.[58]

The evaluation found a variety of ways in which public commitment was translated into practice in different programme countries (see Box 24).

Note 8:

In the Kenyan province of Garissa, the joint programme established community radio listening groups. Using camel caravans, radio was carried to interior parts of the district, and community conversations were moderated to help the respective community generate their own responses and solutions to the practice of FGM/C.

Similarly, in Burkina Faso, the joint programme supported a local radio show that was broadcast in local languages. Each show was broadcast from a different community, allowing the respective community to tell its own story, and showcase successes in abandoning FGM/C, as well as other achievements.

In both Kenya and Burkina Faso, call-in radio shows were supported, including in the form of quizzes on FGM/C. This not only allowed for disseminating information on FGM/C, but also for collecting information on common beliefs and/or listeners' current views on the practice.

Box 24: Types of public declarations

1. Community (village)-level declarations following longer-term processes of community dialogue and education involving community leaders and a wide range of male and female community members (Senegal, Guinea Bissau, Gambia, Burkina Faso).
2. Declarations by acknowledged community leaders (the Meru council of elders, Njuri Ncheke, in Kenya) that carried the weight of customary law and in some cases carried the threat of social sanction against perpetrators of FGM/C.
3. Public pledges and signings at events such as concerts, or in healthcare facilities (Sudan). These were more ad-hoc commitments (i.e. no prior extended period of education and awareness-raising, and the group of stakeholders was randomly assembled).
4. Public declarations carried out as part of efforts aiming to "reframe" the issue of FGM/C positively (see below).

[57] The work of the joint programme with the Sabiny Elders Association is also described in the joint programme document "Uganda Law Bars Genital Cutting – Tribal Elders' Advocacy is the Key" available at http://www.unfpa.org/gender/docs/fgmc_kit/UgandaReport.pdf .

[58] The effectiveness of public declarations as both an indicator and factor for social change was demonstrated in an in-depth evaluation of the Tostan approach in Senegal: UNICEF (2008), Long-Term Evaluation of the Tostan Programme in Senegal: Kolda, Thiès and Fatick Regions. Available under: http://www.childinfo.org/files/fgmc_tostan_eng.pdf . See also: UNICEF Innocenti Research Centre (2010), Dynamics of Social Change, Innocenti Digest. Available at: http://www.unicef-irc.org/publications/618

With the exception of more ad-hoc public pledges such as at concerts, most public declarations were preceded by a period of community education and dialogue, advocacy, and engagement with community leaders and members. The duration of this period varied between communities. In some cases, the process of community engagement continued after the public declaration, for example, revenue-generating activities (Senegal).

The following overarching observations regarding the use and effectiveness of public declarations emerged from the evaluation:

- The perceived social value of public declarations as binding promises and commitments varied with geographic, cultural and situational context. In northern Senegal, for example, making a public commitment is usually binding, whereas in the south of the country it is not. Similarly, ad-hoc pledges made as part of a group of strangers were seen to be likely to carry less social pressure than pledges made in front of one own community and social peers.[59]

- Nevertheless, while public declarations do not guarantee behavioural change and a decline in FGM/C, they are likely to have some positive influence on existing social norms surrounding the practice. Consulted stakeholders in all countries noted that a public commitment, especially if made by community leaders, applied social pressure that made it difficult for the individuals to return to prior practices and contradict a pledge. Moreover, declarations and pledges constitute important events in the ongoing public discourse on FGM/C and are likely to influence what positions and views are perceived as being socially acceptable.

- With regard to changes that may have occurred in collective and individual behaviours following public declarations, and factors facilitating or hindering change in each case, little information was available. This was partly due to the fact that many of the public declarations supported by the joint programme (through its implementing partners) were fairly recent, so it may be too early to expect significant changes. The evaluation also noted, however, that in most cases, resource limitations prevented implementing partners from conducting systematic, ongoing follow-up and/or monitoring of changes after public declarations.

- The number of public declarations facilitated by the joint programme through the work of its partners was used as a core indicator for success in the revised joint programme logframe.[60] While this was appropriate given the likelihood that public declarations indicate (ongoing) change and community commitment, some joint programme focal points felt pressured to "deliver" a certain number of public declarations per year, regardless of whether they felt communities were ready to commit to change.

- The definition of "community" varies. It can be geographic (e.g. a village) or a broader and geographically disperse ethnic or religious group with shared values and norms. In its more recent annual progress reports, the joint programme has tried to clarify in each case what kind of community was making public declarations, and to indicate the approximate number of people affected or targeted by the respective commitment.[61]

ii) Reframing concepts, values and traditions

Key examples of strategies that focus on reframing and re-defining existing concepts and/or traditions are the Saleema initiative in Sudan, and the use of alternative rites of passage (ARP) such as in Uganda and Kenya.[62] Despite their differences, both of these strategies try to build on existing positive values and/or community needs.

The **Saleema initiative** (see Note 9) was already underway when the joint programme started in 2008, but has since then been integrated into the joint programme, which also attracted additional funding for this initia-

[59] Given that, as noted in the main body of text, solid data on the longer-term effects of different types of public pledges in different countries are not (yet) available, this is, however, a mere **hypothesis** at this point.

[60] Also, it was used as an indicator in UNICEF country programmes, and constitutes one of the core indicators of success in the UNFPA Strategic Plan 2008-2013.

[61] In cases where it became difficult to count communities making declarations (e.g. in Egypt, following the change in national government), the joint programme focal points made an effort to gather information on the number of individual families that had declared to have abandoned the practice.

[62] For a more detailed discussion of the Saleema initiative and the use of ARP, please see the Sudan and Kenya country case studies respectively.

Note 9:
Saleema is an Arabic word meaning "whole", "healthy in body and mind", "unharmed", "intact", "pristine", "untouched" and "in a God-given condition". The Saleema Communication Initiative grew out of the recognition of a critical language gap in colloquial Sudanese Arabic: previously, there was no positive term for an uncircumcised woman/girl.

tive. It has grown into a well-branded social marketing campaign which has also been adopted by other organisations working on the abandonment of FGM/C in Sudan. The initiative promotes its message through social marketing of a broad variety of communication tools,[63] including in the context of efforts to promote collective abandonment of FGM/C at the community level.[64] The initiative has also engaged with selected hospitals and health centres in Khartoum state to display videos in waiting rooms and encourage parents to sign pledges saying they will not participate in FGM/C. Today, 970 Sudanese communities are involved in the Saleema campaign (an increase from 450 in 2009), and approximately 460 communities have publicly declared their support for abandonment. Each community has a network of approximately 30 members, including youth, women, children, leaders, religious scholars, legislators and media representatives disseminating the Saleema concept.

As noted in the Sudan country case study, the Saleema initiative has been adopted by many groups working with the joint programme. However, to determine the extent to which and under which circumstances the campaign has contributed to behavioural change, further systematic research and longer term monitoring and evaluation are required.[65]

In communities where FGM/C was considered a rite of passage (in parts of Kenya and Uganda), the joint programme and its implementing partners supported community efforts to organize **Alternative Rites of Passage (ARP)**. While specific activities conducted as part of ARP vary, they usually involve an element of teaching/instruction for participating girls, as well as a public graduation ceremony initiating them into adulthood (see Box 25). As shown in the Kenya country case study, several consulted community members reported that, beyond resis-

Box 25: The Mujwa community led initiative for ARP (Kenya)

Inspired by the public declaration made by the local council of elders and related community sensitization events, the Mujwa Catholic Women's Association, in collaboration with the District Gender and Social Development Officer, convened community meetings to mobilize community leaders. The efforts resulted in the creation of FGM/C committees in each of the 17 prayer houses in the Catholic parish in a total of 34 villages. Each committee included equal numbers of women, men and young people. The committees set out to sensitize parents on FGM/C, thereby generating support for setting up and conducting ARP in the community.

The incentive to introduce ARP derived not only from the intention to eliminate FGM/C, but also from the positive intention to preserve and pass on beneficial cultural values to the next generation. This was based on the identified need to fill a void left by FGM/C being abandoned and/or going underground in previous decades, which had led to the exclusion of some people and suppressed the teaching of young girls that had traditionally accompanied the circumcision process.

In the visited communities in Kenya, ARP play a dual role both exemplifying the "action stage" of change (i.e. offering an opportunity for those who have chosen not to be cut/not to cut their daughters to communicate this fact) and reinforcing the social validity of the choice not to undergo FGM/C by making the choice publicly known. As such, ARP have the potential to help prepare and influence others to abandon the practice in future.

[63] Saleema communication materials currently include poster sets, stickers, children's puzzles, a multimedia campaign kit (comprising a song, an animated television spot, four linked radio spots and posters), a comic book aimed at young readers, Saleema traditional clothing and head scarves, and maternity bags and bibs for families of newborns. The communication strategy differs from previous poster-and-pamphlet tools in that it uses outdoor visibility (e.g. via billboards) and media to create a narrative that families treasure their baby girls and protect them as they grow up. It also appeals to mixed age and gender groups, and provides for "Saleema ambassadors" and large-scale events like outdoor concerts.

[64] Source: http://www.unicef.org/sudan/protection_6092.html (Retrieved May 2013.)

[65] It is important to note that while the Saleema initiative was an important part of the work of the joint programme in Sudan, it was complemented with a variety of additional strategies at both national and community levels (as described above).

tance to circumcision, ARP had led to a range of positive results. For example, ARP graduates displayed more self-confidence and determination to continue their education rather than marry at a young age.

While the joint programme did not invent or introduce ARP, it encouraged implementing partners to conceptualize FGM/C as a social norm that could be addressed through ARP, and allowed them to improve ARP using lessons learned. In Kenya, for example, one organization noted that previous experience had shown that social pressures placed on the girls in their home and school environments led many to undergo FGM/C despite having participated in an ARP. Therefore, the organization now placed emphasis on providing regular follow-up meetings with ARP graduates once they have returned home and to their respective schools. Provided either through informal questions from trusted persons such as teachers, or through formal meetings a few months after the ARP, this follow-up appears to have mitigated the noted pressures.

Operationalizing the joint programme approach in different contexts

In all 15 countries, programming choices were informed and guided by the overall joint programme approach. At the same time, UNICEF and UNFPA staff, in collaboration with their national partners, made specific programming choices taking into account key contextual factors that were shaping the respective national and/or local environments for FGM/C (see Box 26). The resulting differences in how the overall joint programme approach was operationalized mostly manifested through variations in the combination and relative weighing of (often similar) strategies, as well as the choice of entry points, actors, and nuances of messages. While some strategies (such as the conduct of Alternative Rite of Passage, or efforts to de-link FGM/C from Islam) were relevant only in some contexts, most others (e.g. the use of community information and dialogue) were relevant and were applied across countries.

While evaluation data do not permit an assessment of which strategies or combinations thereof are the most effective, data strongly support the use of a **varied toolbox of complementary strategies and entry points** as being likely to influence social change (see Box 27). With its partners, the joint programme mobilized public authorities, respected traditional and religious leaders, national and local media, teachers and health workers, legal professions, and artists and musicians to influence public discourse on FGM/C. Different messages, addressing the many different reasons for the abandonment of FGM/C, including arguments based on health, law, rights, religion, traditional values and social desirability, were used in a

Box 26: Some contextual factors influencing joint programme operationalization

The extent and ways in which the practice of FGM/C was primarily linked to religious values and beliefs (e.g. interpretations of Islam, such as in Somalia, Sudan, or parts of Kenya), and/or to values surrounding cultural identity influenced the choice and weighting of key messages, information channels and actors/speakers engaged in distributing information on FGM/C (e.g. whether more or less focus was put on engaging with religious leaders and/or community elders).

Similarly, programme strategies were influenced by the specific manifestations of FGM/C in a country or community, e.g. as regards the typical age at which FGM/C was performed. The use of ARP made sense only in settings where FGM/C is conducted as a rite of passage for older girls (in parts of Kenya and Uganda), while a stronger focus on providing information during ante- and post-natal care was appropriate in contexts where FGM/C tends to be performed at an early age (e.g. among the Somali community).

The extent to which national and sub-national laws and policies for abandonment of FGM/C already existed (Burkina Faso) or not (Kenya, Sudan, and Uganda) determined whether and in what ways the joint programme put efforts into this area.

The extent to which there already was an established FGM/C abandonment movement in the respective country when the joint programme started (as had been the case, for example, in Senegal and Kenya), or whether it was still in early stages (Somalia) impacted on the number and experiences of national partners. It also influenced the extent to which FGM/C was still widely considered a taboo topic or not, which in turn had to be taken into account when designing culturally appropriate ways to address the issue.

targeted and context-specific manner to raise awareness about FGM/C and to encourage its abandonment. Consulted stakeholders at national and community levels in all programme countries stated that having different speakers and/or authorities advocate for the same thing (i.e. FGM/C abandonment), but from different perspectives and for different reasons, had been effective in influencing their and others' views and actions regarding FGM/C.

Box 27: Using a toolbox of complementary strategies

The specific combination of "tools" that were used (i.e. FGM-C related messages and ways of delivering them) varied between programme countries. All countries had in common, however, that the joint programme:

1) Simultaneously used different, but complementary, angles from which to advocate for FGM/C abandonment (e.g. health, religious, legal perspectives);
2) Engaged with a broad variety of relevant, potentially influential individuals and organizations to deliver these arguments to targeted groups;
3) Used a variety of ways to share information, including through mass media (TV, radio, community theatre, cine-forums), and individual and group consultations, information sessions, and trainings; and
4) Used a variety of occasions and venues to share information and engage with community members including specific FGM/C abandonment events as well as religious, traditional, sports and artistic gatherings, and health-care consultations.

3.2.4 Strengthening regional dynamics and the global movement for the abandonment of FGM/C

▶ **Evaluation sub-question 2.1.3**

Strengthening regional dynamics for the abandonment of FGM/C

The evaluation has not identified any major contributions made by the joint programme to strengthening regional dynamics for FGM/C abandonment or to accelerating changes in social norms across national borders.

Acknowledging that the practice of FGM/C takes place across national borders, joint programme design included a regional component aiming at strengthening regional dynamics for FGM/C abandonment. While reflected in both original and revised logframes, this regional component was not fully operationalized. At the start of implementation, joint programme coordinators felt that trying to build cross-border collaboration was premature, and that energy would be best spent building rapport and a shared vision with national governments/community leaders in the programme countries. Moreover, the institutional set-ups of both UNFPA and UNICEF, and by extension of the joint programme, in which country offices were the key implementing units was not conducive to the systematic pursuit of a (sub)regional approach (see section 3.6).

In the absence of a clear and resourced (sub)regional strategy, country-level interventions that aimed at strengthening regional dynamics tended to be ad-hoc and activity-focused. Nevertheless, some of these interventions were both relevant and successful (see Box 28).

Box 28: Joint programme contributions to strengthening cross-border/regional dynamics for FGM/C abandonment (examples)

i) Helping to organize an anti-FGM/C meeting in Mauritania (2011) involving Islamic leaders, medical professionals and sociologists from eight West African countries[66] as well as from Egypt and Sudan. The meeting resulted in a West African Regional fatwa denouncing FGM/C, endorsed by Imams from 10 countries.
ii) Supporting exchanges between Djibouti, Kenya, Egypt and Sudan. Delegations from Djibouti and Kenya went to Sudan to learn from Sudanese FGM/C abandonment experiences, while a team from Sudan visited Egypt to discuss the issue of medicalization.
iii) In collaboration with UN Women, attempting to develop a cross-border project between Burkina Faso and Mali to abandon FGM/C. Implementation was not possible, however, because of the conflict in Mali.

[66] Burkina Faso, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Niger and Senegal.

The joint programme also partnered with four international NGOs[67] to which it provided limited funding to implement small-scale, short-term interventions simultaneously in several countries within broader initiatives that the NGOs were already conducting in programme countries. These initiatives had no well-developed regional dimension except for a few events organized by stakeholders from several countries.[68] Joint programme focal points in the programme countries were not involved in implementing these initiatives, which led to missed opportunities for synergies and a more systematic elaboration of (potential) cross-border initiatives.

To encourage exchange among joint programme and other countries, the joint programme engaged with the International Network to Analyse, Communicate and Transform the Campaign against Female Genital Cutting, Female Genital Mutilation and Female Circumcision (INTACT).[69] While initial efforts were promising (see Box 29), the project ended in 2011, after only two years, due to a lack of agreement between UNFPA and the Population Council (a longstanding partner of UNFPA, and INTACT manager) as regards renegotiating their broader memorandum of understanding (MoU).

Box 29: INTACT

In 2010, INTACT established the online community "JP Comm" to increase interaction and knowledge-sharing among joint programme personnel, and to expand communication with the larger INTACT network beyond the countries participating in the joint programme. An e-library of joint programme communications and publications was established, the use of social networking boosted informal exchange among joint programme focal points, and a newsletter was circulated with joint programme updates.

The annual meetings of joint programme focal points proved to be the most consistent and successful way to foster exchange of experiences between countries. These meetings provided both structured and informal opportunities for sharing lessons and ideas and for networking with colleagues from different countries. They did not, however, involve national partners or stakeholders.

While the joint programme has not made a significant contribution to visible and sustainable changes in regional dynamics for FGM/C abandonment to date, its achievements at national and community levels have the potential to benefit future, more targeted efforts at the (sub)regional level. Stakeholders are now aware of, and have a shared (or at least similar) understanding of the issue. They also, have more concrete experiences to share as regards their efforts to promote abandonment of the practice. Consultations with national FGM/C actors in all 15 programme countries revealed a strong interest in fostering more systematic and frequent exchanges and collaboration with other countries in the region.

Strengthening the global movement for the abandonment of FGM/C

The joint programme has helped strengthening the global movement for FGM/C abandonment by making the issue more visible, by encouraging global consensus in addressing FGM/C using a social norms approach, and by supporting the achievement of historic milestones in the global FGM/C abandonment movement.

At the global level, the joint programme: (i) provided policy guidance and technical input, particularly regarding the human rights and social norms approach to the abandonment of FGM/C; (ii) conducted evidence-based advocacy and awareness-raising with key global-level development partners and participated in global advocacy events on FGM/C; and (iii) generated and circulated knowledge about FGM/C to relevant global actors.

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67 In 2009, the joint programme partnered with the Associazione Italiana Donne per lo Sviluppo/Association for Women in Development (AIDOS), Non c'e' pace senza giustizia/No Peace Without Justice (NPWJ), the Inter-African Committee on Traditional Practices (IAC), and in 2011, with the Association of European Parliamentarians with Africa (AWEPA).

68 For instance, IAC organized two sub-regional workshops, one in East Africa for youth leaders, and the other in West Africa for religious leaders. NPWJ organized an inter-parliamentary conference in which a declaration calling for a ban on FGM/C was adopted. See http://www.npwj.org/FGM/Dakar-Inter-parliamentary-Conference-FGM-%E2%80%9CTowards-ban-practice-United-Nations%E2%80%9D.html .

69 INTACT is an international group of researchers, scholars and activists committed to bringing scientific evidence to bear on the campaign to end FGM/C. Since 2002, it has been managed by the Population Council in Egypt. INTACT spreads its message through a website, quarterly electronic news letters, conferences and seminars, when funding permits.

Through these interventions, the joint programme made the following important contributions:

- **Increased visibility of FGM/C** at the global level, including stronger stakeholder (e.g. heads of state and UN senior management) awareness of and support for the issue, as well as a renewed sense of optimism among actors. According to consulted donor representatives, joint programme achievements helped build a sense of trust that progress in FGM/C abandonment is possible (see Note 10).

Note 10

"The profile of FGM/C has been raised in the last few years. It is unprecedented. We are on the verge of a global movement". Donor

"The joint programme annual reports [...] have greatly advanced everybody's awareness on FGM/C". Donor.

"Five years ago, the support for FGMC abandonment was lukewarm. Now there is great interest in FGM/C." [...] There is more optimism that you can actually change something. People now believe that something can happen. The joint programme has had a part in this, showing that you can achieve change". UNFPA/UNICEF HQ staff member

"The joint programme has made FGM/C more visible globally". UN agency representative

- **Increased mobilization and coherent channelling of funds for FGM/C-related work:** Prior to the joint programme, the FGM/C-abandonment movement was led by committed activists organizing small-scale, dispersed initiatives. The status of UNICEF and UNFPA enabled the joint programme to attract substantial funds for FGM/C-related work, which were channelled in a coordinated way. In this regard, the joint programme had an important symbolic role as it signalled the commitment of two major UN agencies and several donors to FGM/C abandonment. However, perspectives of consulted global actors differed on the extent to which the joint programme had been able to leverage its potential as the first major global initiative on FGM/C for resource mobilization (see Note 11). Some stakeholders focused on the fact that actual donor contributions to the joint programme had remained considerably less than the amounts initially envisaged (see section 3.3). Others, however, emphasized that the success of the joint programme had contributed to convincing new and influential donors to commit substantial funding for FGM/C-related work, in particular the United Kingdom Department for International Development (DFID).

Note 11:

While acknowledging its achievements, some consulted stakeholders felt that the joint programme had the unintended negative effect of "monopolizing" available global funding for FGM/C abandonment, thereby making it more difficult for other organizations (in particular those not explicitly following a social norms approach) to access donor support.

- **Strengthened global consensus on a common approach to FGM/C:** The joint programme helped increase coherence and create a shared vision in global efforts to abandon FGM/C. Through evidence-based advocacy (drawing upon experiences and examples from its country and community-level work), policy dialogue and technical assistance, the joint programme has been instrumental in achieving historic **milestones** in the global FGM/C movement, the most noteworthy of which was passing the UN General Assembly resolution "Intensifying Global Efforts for the Elimination of Female Genital Mutilation" in December 2012 (see Box 30 and Note 12). The joint programme also provided technical input to several key international policy documents, including the Donors Working Group "Platform for Action: Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)" (2008); the UN Secretary General's Report on the Girl Child (2009); the World Health Assembly report A64/26 on female genital mutilation (2011), and the Secretary General's Report to the Commission on the Status of Women (CSW) on Ending Female Genital Mutilation (2012).

Note 12:

"In the past, the fear of touching a very sensitive cultural issue has kept donors from investing in FGM/C. This has changed with the UN resolution." Donor

Box 30: Joint programme contributions to the process leading to the 2012 UN Resolution on FGM/C

- Technical support in preparing the Ministerial Breakfast Meeting hosted by the Government of Italy during the 64th session of the General Assembly (2009).
- Technical support for the Ministerial Meeting on FGM/C, co-chaired by the Governments of Italy and Egypt, as an official side-event to the UN General Assembly (2010) to discuss the possibility of tabling a UN resolution on FGM/C at the General Assembly. The most significant result was the explicit recognition by UN Member States that FGM/C is a social norm.
- Technical guidance on the content of a proposed UN General Assembly Resolution on FGM/C intended for meetings of the Government of Italy with the governments of several African countries (2011). The process led to consensus that FGM/C must be treated as a social norm and addressed by culturally-sensitive and holistic programmes which also emphasise law enforcement.
- Contributions to a regional initiative with No Peace without Justice advocating for the adoption of legal tools for FGM/C abandonment in African States. The initiative contributed to organizing a number of parliamentary hearings in various African states, which provided a basis for the commitment of African Member States towards the UN resolution.

- **Knowledge generation and distribution, and capacity-building:** From the beginning of the programme, and increasingly over time, the joint programme captured and shared experiences and lessons learned from its implementation in programme countries. Annual reports and other shorter documents mentioning successes and/or experiences in different countries were made available via the UNFPA website. Joint programme coordinators and staff frequently presented at FGM/C-related conferences, sharing emerging lessons and insights from the joint programme. Both agencies, but particularly UNICEF, supported efforts to capture and disseminate knowledge about the social-norms perspective to staff in both agencies, and to national governments and other partners.[70] While acknowledging these important contributions, the evaluation found that the joint programme missed opportunities as regards the generation and distribution of knowledge due to the limited monitoring and analysis of change processes at the community level, and the limited extent to which it incorporated in-depth research and/or evaluation (e.g. on selected cross-country issues).

- **Influencing internal changes in UNFPA and UNICEF:** While not an explicit joint programme objective, the joint programme improved how FGM/C is addressed internally by UNICEF and UNFPA. Evaluation data indicate that the joint programme helped shape capacity-building efforts for staff at headquarters and country levels in both agencies, influencing FGM/C programming beyond the joint programme, and attracting high-level interest and support internally for FGM/C-related work. The fact that more country offices are now explicitly addressing FGM/C in programming[71] is likely to be, at least partly, due to the joint programme. Furthermore, the joint programme used FGM/C as a "trailblazer" in the application of a social-norms approach, allowing for institutional learning.[72]

[70] For example, the joint programme helped organize UNICEF-led academic consultations on social conventions and social norms (in 2010 and 2011), which brought together respected scholars to reflect on this topic.

[71] According to one source, only a handful of country offices (UNICEF and UNFPA) explicitly addressed FGM/C in their country programmes before the beginning of the joint programme. Now, more than 15 countries explicitly address the issue. Moreover, countries outside the joint programme have been influenced to address the issue further (Sierra Leone, Togo, Benin, and Tanzania).

[72] The revised UNICEF medium-term strategic plan for 2006-2013 (2010) reflects this, for example in the introduction of the concepts of social conventions and social norms in one of its child protection key results area (KRA 2). "Dialogue stimulated among social networks and nationally that reinforces social conventions, norms and values that favour the prevention of violence, exploitation, abuse and unnecessary separation for all children and lead to questioning of child rights violations including harmful conventions and practices, while ensuring respect for the views of children and building on young people's resilience".

3.2.5 Progress towards the joint programme overall objective

The evaluation did not (nor had expected to) find strong evidence of progress towards the overall objective of the joint programme, given that its implementation had only begun in 2008 and was still taking place at the time of writing this report.[73] Nevertheless, available data indicate that the joint programme has contributed to progress not only at the initial stages of its underlying theory of change, but that there is also first evidence of emerging changes at the level of social norms. As noted in section 3.1.4, currently available data do not support the direct linkage of programme achievements made to date with available information on changes in FGM/C prevalence. Nevertheless, available data suggest that the joint programme is contributing to the desired change processes at global, national, and community levels. Whether and to what extent the joint programme will have contributed to accelerating change, i.e. to speeding up and/or expanding FGM/C abandonment, will only become visible and can only be assessed in the longer term. It will also depend on the existence of relevant and reliable data on changes in FGM/C prevalence.

3.2.6 Factors affecting performance

▶ **Evaluation matrix sub-question 2.2**

Despite the varied national and local contexts in which the joint programme was implemented, similar factors emerged in most or all programme countries that positively or negatively influenced the implementation and achievements of the joint programme. The survey of joint programme focal points (see diagram 6), as well as information gained through document review, the country case studies and the virtual focus groups with stakeholders from the non-visited countries, indicated that, in all countries, the main factors that supported the achievement of results include the strengths of the joint programme design as discussed in section 3.1 (e.g. its emphasis on a holistic and culturally sensitive approach to programming), and the use of appropriate programming strategies.

Existing capacities and the dedication of UNICEF and UNFPA staff and implementing partners at national and local levels were another factor facilitating success in many countries. However, this was not universal as persistent gaps and/or limitations in the capacities of national partners also constituted limitations, with frequent staff turnover in some joint programme partner organizations challenging progress and the sustainability of results in all programme countries.

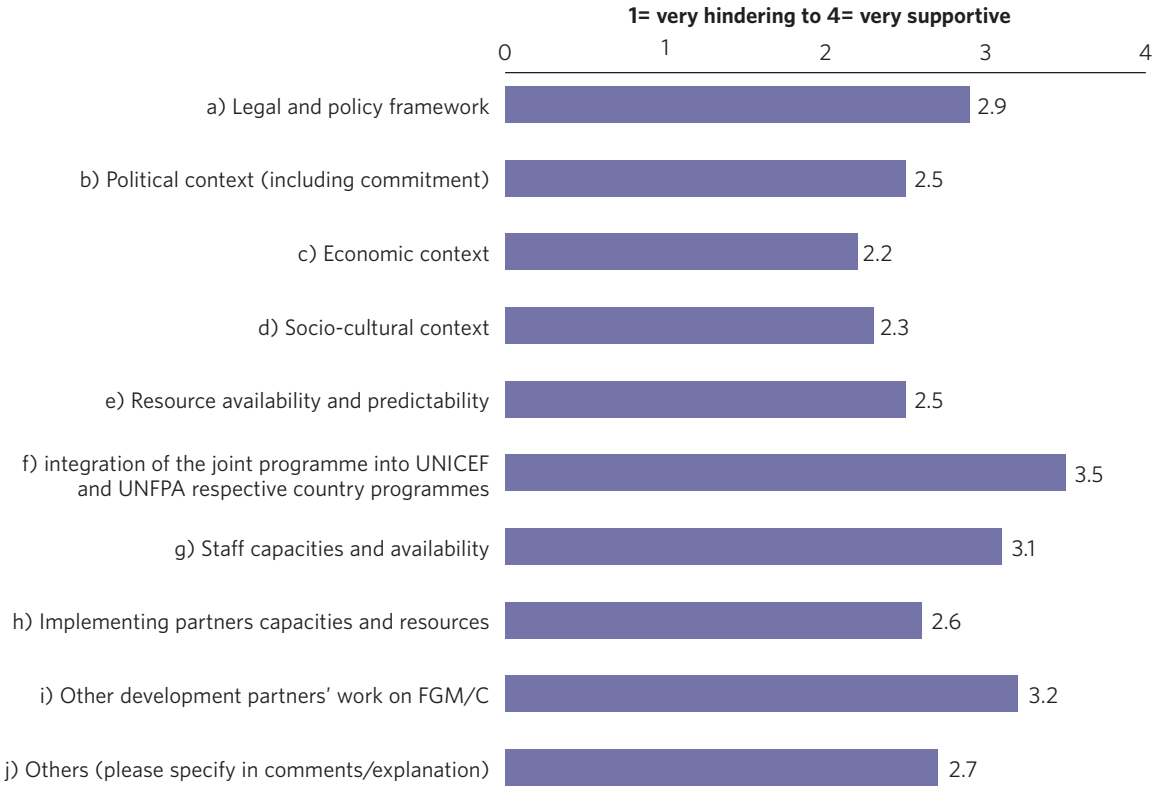
Other limiting factors which were common to many programme countries included the following:

- **Backlash and fear of/resistance to change** from individuals and groups. Opposition to abandoning FGM/C was often interwoven with broader political interests or concerns. For example, maintaining and promoting FGM/C was in some cases used symbolically to resist perceived Western/colonial influence and the loss of culture and identity. The joint programme tried to pre-empt claims that the FGM/C abandonment movement was being driven by UN agencies by working with national organizations, and by referring to locally-relevant value systems and concepts (e.g. linking FGM/C abandonment to Islamic values of parental care and protecting physical integrity, rather than by relying on principles of human rights). Nevertheless, backlash motivated by religious and other interests have continued to pose challenges for the joint programme (see Box 31).

- **Poverty and economic interests.** Joint programme focal points in Uganda noted that the economic benefits associated with the practice of FGM/C for excisors, and the lack of alternative income, often hindered their abandonment of the practice, even if they had agreed to do so. Similarly, as long as circumcision is being viewed as a pre-condition for marriage, many parents hesitate to abandon the practice as they count on the livestock, money and other gifts received on the occasion of marriages. Furthermore, some girls prefer

[73] The original objective, as outlined in the joint programme proposal (p.5), was: "To contribute to the accelerated abandonment of (...) FGM/C in one generation, with demonstrated success in 17 countries in Africa by 2012". "Demonstrated success" was defined as a 40 per cent reduction in prevalence among daughters (0-15 years) over a five year period in specific areas of programming implementation. (UNICEF and UNFPA) explicitly addressed FGM/C in their country programmes before the beginning of the joint programme. Now, more than 15 countries explicitly address the issue. Moreover, countries outside the joint programme have been influenced to address the issue further (Sierra Leone, Togo, Benin, and Tanzania).

Diagram 6. Survey of joint programme focal points: factors influencing performance[74]



Box 31: Backlash and resistance to change

In Senegal, following the arrest of an excisor, the influential Chief of the Omarian religious brotherhood issued a fatwa in favour of the continuation of FGM/C. His pronouncement led to the creation of an association of religious leaders in the Fouta region all of whom publicly oppose efforts to end FGM/C. Consulted stakeholders in Senegal noted that this and similar groups of resistance to change were due to the fact that interventions for the abandonment of FGM/C that were supported by the government and the joint programme had effectively targeted local people, but had sometimes failed to engage key decision-makers and/or parts of the population.[75]

to undergo the cut due to the gifts that they will receive from their parents and relatives.

- **Economic constraints and political instability** at the national level. This was demonstrated in Egypt, for example, where the political instability that has been ongoing since 2011 has contributed to economic constraints, which negatively affected government spending on health and human rights issues, or investing in the enforcement of the FGM/C law.

- **Segmented, diverse, and complex societies.** Efforts to influence social norms are complicated by the fact that people have multiple social identities (e.g. related to their sex/gender, geographic environment, social status, linguistic, ethnic, religious affiliations, political convictions, education, personal preferences etc.), each of which may be influenced by different sources and related value systems. Moreover, most (geographic, ethnic, religious, or other) communities usually have no single authority capable of making and sustaining changes in collective behaviour. The holistic, multi-faceted approach adopted by the joint programme was therefore appropriate for addressing this complexity.

[74] The full survey question read: "Please rate how each of the following factors has influenced the performance of the joint programme".

[75] Source: Senegal country case study report.

- **The short timeframe and available (financial as well as human) resources of the joint programme** limited the geographic coverage of the initiatives supported by the joint programme, especially at the community level (see also section 3.3). While this limited coverage was in line with the intended catalytic function of the programme, it did constitute a limitation in view of making progress towards its envisaged overall objective. Most focal points had other responsibilities related to the respective UNFPA or UNICEF country programmes that were in addition the joint programme activities, which restricted their ability to provide hands-on advice and support to implementing partners at national and community levels. This limited the extent to which the joint programme was able to provide continued and structured assistance to strengthening the capacities of national partners (e.g. in relation to monitoring and reporting). It also increased the need for the joint programme to focus on partnerships with organizations that were already strong and relatively well-established, rather than working with newer and/or not yet well established partners. As noted in section 3.1.4, in some cases this limited the extent to which the joint programme was able to contribute to broadening the pool of national and/or local actors involved in FGM/C programming. This, in turn, limited the variety of strategies and entry points used by different organizations to work towards FGM/C abandonment.

Summary of Findings

The joint programme has made varying degrees of progress towards the achievement of its envisaged outputs, and has contributed to progress towards its two outcomes. While it did not reach its ambitious overall objective, the joint programme has been contributing to moving change processes at global, national, and community levels into the desired direction.

In all programme countries, the joint programme has made contributions to reinforcing the national environment for FGM/C abandonment, in particular by supporting the effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C (output 1); as well as the integration and expansion of FGM/C abandonment into reproductive health policies, planning and programming (output 5). By helping to strengthening the awareness, commitment, ownership, and capacity of key actors and institutions at national and decentralized levels, the joint programme also made contributions that went beyond its explicitly formulated outputs.

Joint programme activities have helped to strengthen local-level commitment to abandon FGM/C in the targeted geographic areas in all programme countries (output 2). Emerging results include changes in the awareness and knowledge of community members as regards FGM/C; increases in the commitment of community leaders and members to FGM/C abandonment; changes in the public discourse on FGM/C; as well as (anecdotally evidenced) changes in behaviour.

In all 15 programme countries, the joint programme has made successful efforts to organize and implement media campaigns and other forms of communication dissemination (e.g. by involving journalists and local media) to support and publicize FGM/C abandonment (output 3). It also successfully established or consolidated partnerships with religious groups and other relevant actors to harness their potential as agents of change (output 6).

The evaluation noted weaker progress in view of supporting the production and use of reliable data at the country level (output 4). It also found that the joint programme has not significantly contributed to strengthening regional dynamics for the abandonment of FGM/C (output 8).

At the global level, the joint programme, through its coordination team in New York, engaged and collaborated with key development partners on the abandonment of FGM/C (output 9). Experiences gained and publicized during the implementation of the joint programme have contributed to, and have the potential to inform, the further development and refinement of existing theories on the functioning of harmful social norms, and to making them applicable to the realities of FGM/C (output 10).

Through its achievements at the output level, the joint programme has contributed to progress towards its envisaged outcomes. The evaluation found evidence of (ongoing) changes in social norms towards the abandonment of FGM/C at the national and community levels (outcome 1), for example, joint programme contributions to changes in public discourse as regards to FGM/C. Furthermore, joint programme achievements helped strengthen the global movement towards the abandonment of FGM/C (outcome 2), as illustrated by its contributions to the UN General Assembly resolution on "Intensifying Global Efforts for the Elimination of FGM/C" in December 2012.

In operationalizing its overall approach, the joint programme used similar strategies in all programme countries, yet combined them based on context-specific requirements. Evaluation data support the assumption that simultaneously using a variety of

complementary strategies and entry points to promote FGM/C abandonment enhances the chances of influencing collective change. One weakness noted in several programme countries was the absence of systematic follow-up activities to achievements such as public declarations of FGM/C abandonment.

3.3 Availability and use of resources/inputs

EVALUATION QUESTION 3

To what extent have the outputs of the joint programme been achieved (or are they likely to be achieved) with appropriate resources/inputs (funds, expertise, time, administrative costs, etc.)?

▶ **Evaluation criteria covered**

Efficiency

Appropriateness of financial resources

The evaluation found that available funds were adequate given the envisaged catalytic nature of the joint programme, but insufficient given the needs and related expectations of its partners and the absorptive capacity of the programme countries.

As of December 2012,[77] the total budget for the joint programme was approximately 30.56 million dollars (US$), of which 17.8 million dollars were distributed to UNFPA and 12.7 million dollars to UNICEF. The larger proportion of funding for UNFPA was due to UNFPA HQ retaining funding to carry out global activities and support regional implementing partners on behalf of both agencies. Once HQ budgets excluded, UNICEF country offices received 11.9 million dollars compared with 11.3 million dollars for UNFPA country offices. Annual budgets varied considerably year by year and country by country (from less than 100,000 dollars to over 700,000 dollars). Among the programme countries, Senegal, Sudan, Djibouti and Kenya received the largest budgets (more than two million dollars per country over five years). Approved budgets per country and year are provided in Annex 16.

Consistently high utilization rates (see Box 32) indicate that the absorptive capacity of many country teams and their partners were underutilized.[78] Most consulted UNICEF and UNFPA staff working on the joint programme at headquarters and country levels stressed that they would have been able to use additional resources. Furthermore, annual budgets requested from programme countries were usually considerably higher than actual resources allocated (as shown in Annex 16). In 2012, actual budget allocations represented just over 40 per cent of the proposed combined budgets put forward by UNICEF and UNFPA in the 15 programme countries.[79] While annual budgets requested by programme countries increased over time — in line with growing capacities, expectations and opportunities for engagement on FGM/C — actual allocations remained fairly consistent. The gap between requested and actual budgets in many countries repeatedly forced the joint programme and its implementing partners to delay or even cancel planned activities.

Box 32: Utilization rates

As of June 2013, approximately 30 million dollars had been allocated to both agencies. The total utilization rate has substantially increased since the beginning of the programme: 66 per cent in 2008, and reached 82 per cent in 2011 and 2012. The majority of country offices reached rates higher than 80 per cent in 2011 and 2012. In several cases (approximately one third), individual countries reached utilization rates of 90 per cent or even higher.[76] The managers of the joint programme consider rates above 80 per cent to be full implementation in view of the need to retain some funds to bridge the gap between the year end and the arrival of the next year's allocation of funds, which are typically received in March. Utilization rates of country offices, sub-regional initiatives and HQ of the UNFPA-UNICEF joint programme on FGM/C are shown in Annex 16.

[76] Utilization rates are based on the information provided by the joint programme.

[77] Due to the timing of the evaluation exercise, information on 2013 budgets and expenditures were still in flux at the time of the finalization of the report. Final financial information including 2013 budgets will be made available in the final annual report of Phase 1 of the joint programme, expected in the second quarter of 2014.

[78] In most cases, low implementation rates, where they existed, were caused by delays in the disbursement of the funds from HQ to country offices.

[79] Since 2010, annual work plans have been developed by UNICEF and UNFPA at the country level in collaboration with their partners and submitted to the joint programme coordination team. The joint programme coordination team then decided on amounts to allocate, based on a replenishment mechanism.

This issue explains why surveyed joint programme focal points rated the adequacy of funding as a weakness of the joint programme.[80] Interviews with UNICEF and UNFPA staff working on the joint programme at the country-level showed, however, that available resources were considered to be adequate given the envisaged catalytic nature of the joint programme. In its role as catalyst, the main purpose of the joint programme was to provide strategic topping-up or complementary funding to existing resources. This function was, however, not commonly and thoroughly understood by all UNFPA and UNICEF staff, and less so by national partners. In several cases, expectations at the country level (both in UNICEF/UNFPA and among implementing partners) were oriented towards the ambitious overall objective of the joint programme rather than its role as a catalyst, which influenced budget expectations.

In a number of countries (Sudan, Egypt, Ethiopia, Somalia, Senegal and Guinea Bissau), national partners and/or the joint programme successfully mobilized additional resources, including from bilateral donors and UNICEF national committees. While in some cases (Egypt) these sources provided more funding for FGM/C work than the countries received through the joint programme, some focal points highlighted that the joint programme was their only reliable funding source.[81] In Egypt, Ethiopia, Kenya, Senegal and Mali, FGM/C-related efforts also benefitted from substantial additional resources from the UNFPA or UNICEF country programmes.[82]

At the global level, UNICEF was able to leverage project funding from the European Union (EU) to complement work done through the joint programme, in particular in relation to research. The two programmes ran in parallel and contributed to the same overarching goal. However, the evaluation was not able to establish whether, and in what ways, they contributed to each other's objectives, or optimised synergies at the country level.[83]

Use of resources

The joint programme used a **pass-through fund management arrangement** (see Box 33), whereby donor funds went first to the administrative agent (UNFPA) who then transferred an agreed share to its partner (UNICEF). The pass-through mechanism enabled UNFPA and UNICEF to remain accountable for their respective programming activities (thereby limiting administrative costs because each agency could use its existing financial reporting systems) while working towards common objectives.

Box 33: Pass-through fund management arrangement

According to the "UNDG Guidance Note on Joint Programmes", there are three fund-management options for joint programmes: a) parallel, b) pooled and c) pass-through.

Under pass-through fund management, two or more organizations develop a joint programme, identify funding gaps, submit a joint programme document to donor(s) and agree, through a Memorandum of Understanding (MoU), to channel funds through one UN organization (the Administrative Agent (AA)). The AA then signs a Standard Administrative Arrangement (SAA) with donors, and receives, administers, and transfers funds to participating UN organizations in accordance with the MOU and SAA. The common work plan clearly indicates the activities to be supported by each of the participating UN organizations. Indirect costs charged by each organization are reflected in their respective budgets. Programme and financial accountability remain with each participating UN organization and with any (sub-) national partner managing a component of the joint programme.[84]

[80] On a scale of 1 (very weak) to 4 (very strong), the average rating by focal points of the adequacy of funding was 2.3. 81 "Reliable" in the sense that countries could guarantee that they would receive at least some funding each year.

[81] "Reliable" in the sense that countries could guarantee that they would receive at least some funding each year.

[82] According to unpublished data of the joint programme, the total amount of UNICEF and UNFPA regular resources (RR) allocated from 2008-2011 to complement joint programme activities represents 13 per cent of the total funds going to FGM/C work in the 15 programme countries. The total amount of other specific donor contributions represents 39 per cent of total funds going to FGM/C activities in the joint programme countries. Regular resources were mostly mobilized by UNFPA, while UNICEF was more successful in securing other donor contributions.

[83] A number of countries participated in the joint programme and in the EU-funded initiative (Egypt, Ethiopia, Senegal, Sudan, and Eritrea). According to the joint programme coordination team at HQ, the EU funding often allowed the funding of additional activities within the joint programme outputs that could not be covered by available joint programme funding.

[84] Sources: 'UNDG Guidance Note on Joint Programmes,' 19 December 2003, p.9, and UNDP Multi-Partner Trust Fund Office Gateway Website (http://mptf.undp.org/overview/funds.

In all programme countries, the joint programme made successful efforts to use available human and financial resources strategically. The joint programme built on the existing geographic presence of UNFPA and UNICEF; expanded linkages to activities conducted under the regular country programmes of both agencies; supported existing initiatives of national actors and collaborated with a limited number of strong implementing partners or networks of smaller partners. The joint programme coordination team offered ongoing guidance to country offices as regards the use of resources. In most countries, annual and mid-term/quarterly review meetings helped UNFPA, UNICEF and their partners to monitor resource use to make timely decisions.

It is important to note that available data do not permit an assessment of the respective cost-effectiveness or value for money of different types of strategies and interventions used in the programme countries (see Box 34).

Box 34: Value for money

The country case studies showed that consulted stakeholders repeatedly described certain approaches (e.g. the Saleema initiative in Sudan, or the community education approach used by Tostan in Senegal and other countries) as being comparatively expensive. At the same time, the same stakeholders noted that in their view these approaches were highly promising and/or successful. However, evaluation data do not imply the hypothesis that more costly approaches would automatically be more effective than less expensive ones.

One challenge in comparing the cost-efficiency of different approaches is that very different types of costs occur in each of them — e.g. costs for the Saleema initiative were partly related to the fact that a professional design company had been engaged to develop high quality social marketing materials, while the costs of the Tostan approach partly derived from the work being time and labour intensive. In the above mentioned cases, consulted stakeholders described the occurring costs as high but justified given the respective theory of change underlying each of the chosen approaches.

Challenges and limitations

In spite of, successful efforts to use available resources strategically, the **annual planning, budgeting and reporting cycle** limited the ability of UNFPA and UNICEF and their implementing partners to plan for and conduct longer-term activities, and to provide optimal follow-up.

At the global level, as evidenced by annual reports, joint steering committee meeting minutes, and consultations with the joint programme coordination team in New York (see section 3.5) and with donors, the joint programme was unable to secure multi-year funding from donors. Instead, the joint programme had to mobilize new resources every year by demonstrating joint programme results to prospective donors (using mid-year and annual progress reports), and through consultations with prospective donors prior to the annual joint steering committee meeting. Several joint programme focal points noted that the resulting lack of predictability impeded their ability to develop realistic plans for the following year, as final approved budgets usually differed significantly from the requested ones. Similarly, implementing partners in at least two countries noted critically that, once the annual budget had been approved, UNICEF and UNFPA then decided which of the originally planned activities would be cut and did not involve national implementing partners in this process. While this approach saved time and resources,[85] it limited the extent to which national partners perceived the overall planning process as participatory and clear.

Moreover, annual funding cycles created a considerable administrative burden for joint programme focal points and partners. This situation was worse for UNFPA and its partners, as UNFPA procedures require implementing partners to report on activities and expenditures on a quarterly basis. Funding to implementing partners is released by UNFPA on a quarterly basis only if the implementation rate during the previous quarter is higher than 80 per cent. In certain countries (Burkina Faso), this resulted in short-term and fragmented activities.

The annual planning and budgeting cycle, and the time of the year that funding was received from donors, resulted in substantial delays in budget allocations

[85] E.g. resources required for bringing national stakeholders together for another meeting.

from HQ to the country offices, and consequently to implementing partners. This was a common problem in all participating countries. Surveyed joint programme focal points rated the timeliness of funding as one of the weakest issues as regards the availability and distribution of resources.[86] Implementing partners in the four case study countries stated a similar concern. Until 2013, funds were rarely available at the country level before April or May. This shortened the time period available for implementing the planned activities, as reports on activities and achievements had to be produced at the end of the year (and at the end of each quarter in the case of UNFPA). Delays in budget allocations meant that, in many countries, certain activities had to be cancelled or had to start at less suitable times during the year, when the community was less engaged (e.g. during harvest season, in Burkina Faso) or when anti-FGM/C activities were less relevant (e.g. in Uganda, where delays meant that activities could be implemented only after the season when FGM/C is traditionally conducted).

Furthermore, some partner organizations were unable to retain their project staff during the gap in funding, and several stakeholders reported losing trained staff (Sudan).

To mitigate this challenge, UNICEF and UNFPA were sometimes able to support activities that had originally been planned under the joint programme as part of the FGM/C work conducted under their regular country programmes. Another mitigation strategy was to partner with larger national organizations (such as Ahfad University for Women in Sudan, Tostan in Senegal, and Mwangaza Action in Burkina Faso) which were capable of bridging gaps in funding and ensuring continuity of efforts. This strategy also complied with UNFPA headquarters guidance to reduce the number of partners at the country level to increase efficiency. Nevertheless, the strategy reduced the ability of the joint programme to support smaller, "riskier" partners. In several countries, UNFPA identified one main partner who received most of the funding and then distributed it to sub-partners. These arrangements, designed to increase efficiency by limiting transaction costs, sometimes increased delays in disbursement of funding and created an additional level of reporting (Kenya and Burkina Faso).

Summary of Findings

Available funds were adequate given the envisaged catalytic nature of the joint programme, but insufficient given the needs and related expectations of its partners, and the absorptive capacity of the programme countries.

The joint programme made successful efforts to use available human and financial resources efficiently and strategically. In doing so, however, it was limited by the unpredictability of annual funding levels, and the effects of the annual planning, reviewing, budgeting and reporting cycle. As a result, country-level joint programme focal points and their national partners were constrained in their ability to develop realistic annual work plans. Also, due to the delay of budget allocations to country offices, planned activities were sometimes cancelled or postponed.

3.4 Sustainability of effects

EVALUATION QUESTION 4

To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended due to factors such as national ownership, scalability and use of partnerships for sustainability?

▶ **Evaluation criteria covered**
Sustainability

The joint programme helped create conditions likely to support the sustainability and dynamic adaptation and/or expansion of achievements. While certain achievements are likely to be sustained without further support, many others will require at least some continued support from national and/or international actors to ensure that their potential for change can be maintained and translated into practice. Key factors that are likely to support or hinder the sustainability of results are discussed below (also see Annex 17).

Integration of joint programme approach, strategies and initiatives into national initiatives: The joint programme chose not to create stand-alone initiatives requiring artificial integration into national efforts. Instead it sought to build on, expand and/or improve

[86] Timeliness of funding received an average score of 2.6 on a scale of 1 (very weak) to 4 (very strong).

existing efforts towards the abandonment of FGM/C, thereby contributing to strengthening national systems for FGM/C prevention. The joint programme financial and technical support contributed to institutionalizing achievements in different sectors, e.g. by integrating FGM/C related components into the training curricula of midwives and other health care professionals (Sudan and Gambia). As outlined in section 3.2.2, the joint programme also helped to strengthen national and/or sector polices and/or strategies for FGM/C abandonment. The fact that approaches, strategies and initiatives supported by the joint programme have been integrated into UNFPA/UNICEF country programmes, increases the likelihood that both organizations will continue to support existing efforts and partnerships.[87] Similarly, joint programme objectives have been integrated into other, broader joint programmes on gender equality and women's human rights involving a larger number of UN agencies.[88]

Partnerships: In all countries, the joint programme contributed to establishing and/or strengthening the coordination of actors, bringing together a wide variety of government and non-government partners, including religious leaders. The joint programme also helped involve media and journalists in FGM/C-related initiatives. In several countries (including Kenya, Sudan, Burkina Faso, and Gambia), the joint programme supported the establishment and/or strengthening of formal coordination mechanisms for FGM/C. While the lack of committed resources threatens the sustainability of these formal coordination mechanisms, many of the personal and organizational linkages established will likely endure (see Note 13).

Note 13:
In several countries, including Ethiopia, Gambia, Kenya, and Senegal, the joint programme conducted a mapping of FGM/C actors active in the country to enhance clarity among stakeholders on who was doing what and where, and to avoid duplication of efforts. These mapping exercises contributed to different actors not only being more aware about each other's activities, but also engaging in dialogue and exchange with each other. Consulted national actors stated that, in their view, the knowledge gained and professional contacts made were likely to remain, regardless of whether a formal coordination mechanism exists or not. Similarly, positive experiences gained by different actors by being part of (coordinated) policy advocacy efforts (Sudan, Uganda and Kenya) are likely to enhance their willingness to engage in similar joint initiatives in the future.

National ownership, capacity and leadership for the abandonment of FGM/C: In all programme countries, joint programme financial and technical support has helped raise awareness of, and increase explicit commitment to, FGM/C abandonment by key actors at national and decentralized levels. In several countries, the joint programme also helped strengthen the respective legal, policy and institutional frameworks for FGM/C abandonment at national and/or sub-national levels. By enhancing national and sub-national systems, these achievements are likely to contribute to the sustainability of achievements. At the same time, gaps and weaknesses regarding national capacity and leadership for FGM/C abandonment persist, which may hinder the continuation and expansion of achievements. For example, as illustrated in the Burkina Faso and Kenya case studies, while national governments were supportive of and expressed their commitment to ending FGM/C, they lacked the financial and technical capacity to independently lead and allocate adequate resources.[89]

Scalability and expansion: By working in 15 countries, the joint programme has supported a large number of context-specific efforts at national and community levels to facilitate FGM/C abandonment. While a few examples of successful replication of strategies or initiatives exist (see Note 14), the absence of resources and/or of clearly formulated plans and leadership from national actors has, until now, limited the expansion, replication

[87] Surveyed joint programme focal points rated this factor as the one most likely to support the sustainability of results, assigning it an average rating of 3.4 on a scale of 1 (no contribution at all to creating the respective condition for sustainability) to 4 (very strong contribution to creating the respective condition). Please also see Annex 14.

[88] E.g. in Kenya, the UNFPA-UNICEF joint programme on FGM/C has been integrated into and has contributed to the broader UN joint programme on Gender Equality and Empowerment of Women (GEWE, 2009-2013).

[89] This can explain why surveyed joint programme focal points rated national ownership, leadership and capacities as the three factors comparatively least likely to support the sustainability of results (each factor being assigned an average rating of 2.9 on a scale of 1 to 4).

Note 14:
In Djibouti, after travelling to Somalia to observe and participate in a collective declaration of abandonment, community leaders organized their own public declaration.

In Burkina Faso, the community education and mobilization project "Yam Wekre" started in 20 villages in 2008 and reached more than 160 villages in 2012 with the support of the joint programme.

In Uganda, grassroots organizations, community leaders and district leadership, and police have integrated FGM/C in their community policing and outreach programmes, and have trained other partners on how to use techniques such as community dialogue to address sensitive issues.

In Ethiopia, two partner organizations of the joint programme are scaling up their work around community capacity enhancement through community dialogue to other districts. This is supported by resources obtained by the organisations from another source.

and/or up-scaling of initiatives within or across countries. Moreover, systematic replication and scalability requires reliable and actionable data on what works best, why, how, and at what cost. Lack of available resources and gaps in capacity have precluded the joint programme or its partners from systematically collecting and analysing these types of data.

At the community level, the existing momentum for change is, to some extent, likely to be self-perpetuating. For example, as noted by community members, national stakeholders and joint programme focal points in the visited countries, community leaders and public figures who have publicly committed to ending FGM/C risk 'losing face' if they change their views or act in a contradictory manner. However, the evaluation also noted that many of the existing achievements at the community level, while having the potential to lead to behavioural changes, do not, per se, constitute such changes yet. Additional efforts and support from local, national and international actors will likely be needed to transform the existing potential into practice. The sustainability of achievements and their ability to influence further changes can be hindered by the often limited geographic coverage of joint programme interventions, and the fact that until now only limited follow-up has been provided to ensure that promising developments (such as public declarations) are taken further. Furthermore, important capacity gaps remain at the community level, limiting the extent to which actors can sustain the existing momentum for change. In Senegal and Burkina Faso, for instance, community committees were set up to ensure sustainability, but in most cases they lack sufficient capacities and resources to function effectively without external support. Also, given that social change processes are complex and take time, the duration of the joint programme has been relatively short, and in many cases it is too early to assess even the likelihood of achievements being sustained over time (see Note 15).

Note 15:
"For each family, abandoning FGM/C is not a single decision, but a decision that has to be reiterated again and again over an extended period of time".

Consulted international FGM/C expert

Another important factor likely to hinder sustainability at national and decentralized levels is the **backlash by conservative movements**. As noted in section 3.2.5, resistance to change is often interwoven with religious as well as political interests or concerns (see Note 16).

Note 16:
In Egypt, the FGM/C abandonment movement was supported for many years by the then First Lady Suzanne Mubarak. Following the public uprising and change of regime in early 2011, the close association of the FGM/C abandonment movement with Ms. Mubarak threatened to diminish advances that had been made towards abandoning the practice, as both reformers and conservative movements sought to distance themselves from the previous regime. UNFPA and UNICEF worked closely with the new political leadership and influential religious scholars to confirm the legitimacy of their positions on FGM/C. Nevertheless, the ongoing political instability continued to threaten the continuation and expansion of progress made, including in view of effective coordination of national work on FGM/C.[90]

[90] Source: UNPFA/UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2011.

Other factors affecting sustainability are disruptions caused by conflicts (Mali), natural disasters, and actual or expected changes in government (Egypt and Kenya).

At all levels, internal and external **resource mobilization** will affect the extent to which government and non-government actors and development partners will be able to maintain existing momentum for change. To date, a limited number of countries (see section 3.3) have successfully secured substantial additional funding for FGM/C abandonment.

Summary of Findings

The joint programme helped create a number of favourable conditions likely to support the sustainability of achievements at the national and community levels in particular, as well as at the global level. These conditions include strengthened national ownership, capacity and leadership for the abandonment of FGM/C; partnerships and coordination among national and community level actors; and integration of joint programme approach, strategies and initiatives into national initiatives. In some countries, the joint programme also contributed to leveraging additional donor funds for the continuation and expansion of FGM/C related efforts.

Factors threatening to hinder or limit the sustainability of results include a continued lack of financial and technical resources among many national and community level actors, as well as the influence (in some cases growing) from conservative groups advocating for the continuation of FGM/C, often based on religious arguments.

3.5 Coordination between UNFPA and UNICEF

EVALUATION QUESTION 5

How adequate was the coordination between UNFPA and UNICEF within the joint programme at the global, regional and country levels in view of achieving the results of the joint programme?

▶ **Evaluation criteria covered**

Relevance, effectiveness, efficiency and coordination between UNFPA and UNICEF

The coordination between UNFPA and UNICEF was adequate and added considerable value to the relevance and effectiveness of the joint programme (see Box 35). However the evaluation noted a number of areas for improvement, in coordination,[91] at both global and country levels.[92]

Box 35: The notion of adequate coordination

The UNDG Guidance note on joint programming (December 2003) defines a "joint programme" as a set of activities contained in a common work plan and related budget, involving two or more UN organizations and (sub-) national partners. Not all aspects must be "joint" in a joint programme, but essential components are agreeing on a common strategy, clearly dividing roles and responsibilities, and having functioning coordination mechanisms in place. Joint programming is a means of avoiding duplication, reducing transaction costs and maximizing synergies among the national partners and the various contributions of UN system organizations.

The joint programme benefitted from the partnership of two UN agencies, with clear respective contributions. Consulted UN staff who had worked on other joint initiatives confirmed that the effective partnership in this joint programme made joint planning and decision-making easier than initiatives which involved more agencies or when the contributions of the agencies to the joint objectives were less clear.

At the global level, coordination was facilitated by the strong commitment and technical expertise of the members of the joint programme coordination team combined with good working relationships between the members. Consulted stakeholders described interactions between team members as collegial, cooperative and non-competitive. Spokespersons for the two agencies were regarded as "interchangeable" in terms of expertise

[91] Coordination did not exist at the regional level, as the respective UNICEF and UNFPA (sub)regional offices played no role in planning or implementation of the joint programme (see section 3.6).

[92] The joint programme did not develop indicators to assess coordination between UNFPA and UNICEF and did not collect data or report on this issue. In assessing coordination between UNICEF and UNFPA, the evaluation had to rely mainly on data collected through consultations with joint programme staff and programme partners at the global, regional and country levels. In assessing coordination, the evaluation team also used definitions and orientations in the UNDG Guidance note on joint programming (December 2003).

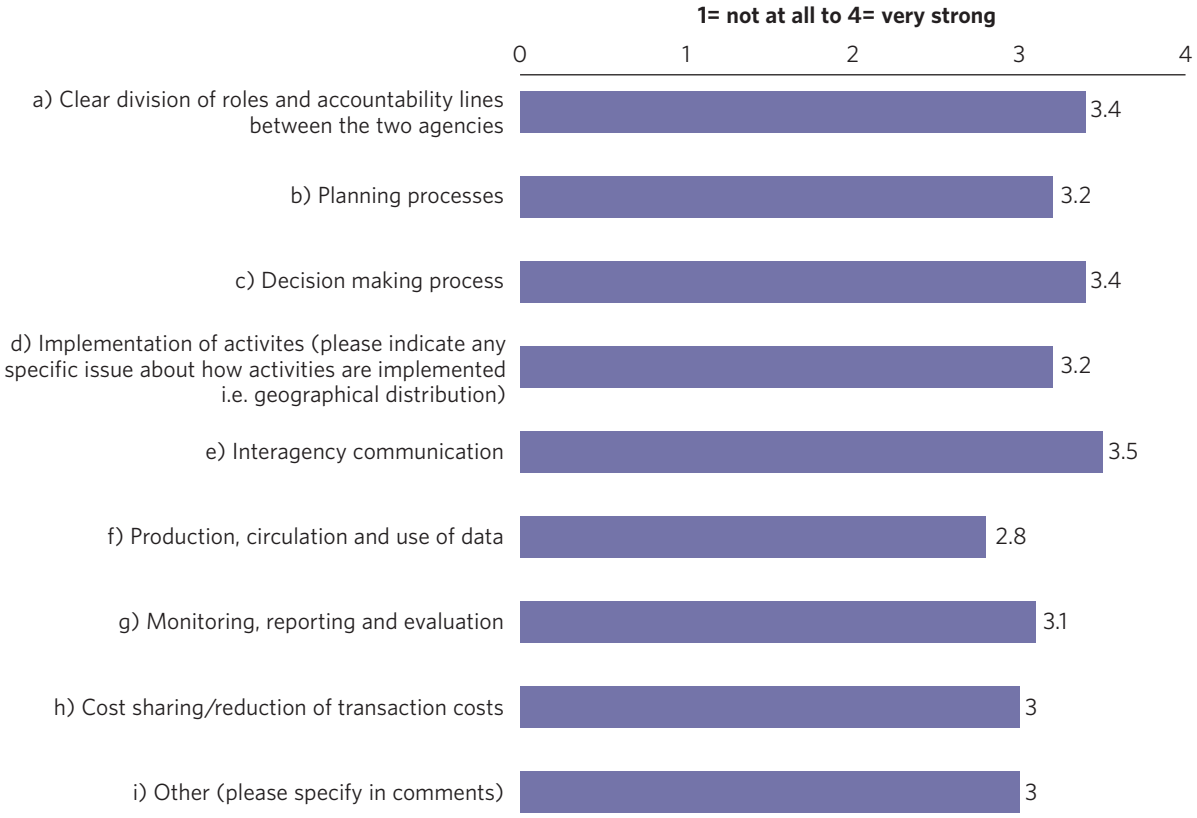
and spoke with one voice, conveying consistent messages to UNICEF and UNFPA staff working on the joint programme, donors, and other global stakeholders.

At the country level, the quality of the relationships and resulting coordination between the two agencies depended largely on the personalities of the respective focal points rather than on institutionalized relationships. When the two focal points did not work well together, disruptions in collaboration ensued (see Note 17).

Other factors influencing the quality of coordination among UNFPA and UNICEF included the turnover of focal points (with departures posing challenges to institutional memory, such as in Senegal), and the amount of time focal points were able to devote to the joint programme. In most cases, the joint programme focal points had several country office duties. Interagency communication worked well in general, with exchange usually concentrated on the two focal points, although at times country representatives or other senior managers from both agencies were also included. Surveyed joint programme focal points considered interagency communication as the strongest aspect of coordination between UNFPA and UNICEF (see diagram 7).

Note 17:
In Senegal, UNFPA developed and disseminated an advocacy video for FGM/C abandonment that used a number of graphic and shocking images. Several consulted NGO representatives who were partnering with UNICEF noted that this use of images was surprising as they viewed it as contradictory to the strategies promoted by UNICEF (and the joint programme) and implemented by Tostan. Similarly, they remarked that while the video had been financed with joint programme resources, it did not mention UNICEF nor included the UNICEF logo.[93]

Diagram 7. Survey results – coordination between UNFPA and UNICEF[94]



[93] Source: Senegal country case study.

[94] The full survey question read: "What have been the strengths and weaknesses of the UNFPA and UNICEF coordination under the joint programme in your country? Based on your experience, please rate the following dimensions of the interagency coordination in relation to the joint programme in your country."

Distribution of roles and responsibilities

At the global level, the distribution of roles and responsibilities was clear and adequate (see Box 36). The role of UNFPA as administrative agent of the joint programme was clearly established, and the contributions of each agency were determined on the basis of their respective mandates and expertise. The only noted area for improvement was resource mobilization. While not formally part of its role as administrative agent, resource mobilization was, at the global level, left almost exclusively to UNFPA.[95] Several consulted stakeholders saw this as a missed opportunity for generating additional funds for the joint programme, as this would have benefitted from the involvement of both agencies.

Box 36: Joint management structure

At the global level, programme management and coordination were carried out jointly by UNFPA and UNICEF, including the review and approval of joint annual work plans, annual funding allocations and reports. The global coordinator of the joint programme is a member of UNFPA programme staff jointly selected by UNICEF and UNFPA, who works in collaboration with UNICEF. Since 2011, a consultant position – changed to a staff position in 2012 – was established in UNICEF HQ to ensure contribution by UNICEF to the joint programme management and coordination. A joint steering committee was set up and meets twice a year. It comprises representatives from the two UN agencies and donors contributing to the joint programme (see section 3.6). In its capacity as funding administrative agent, UNFPA negotiates and receives contributions from donors and disburses funds to UNICEF and UNFPA offices after approval by the steering committee. The joint programme coordinator, together with UNICEF technical staff, also prepares the consolidated narrative progress and financial reports of the joint programme. At the country level, UNICEF and UNFPA country representatives are officially responsible for implementation of programme activities. They each appoint one focal point for the joint programme. Each year, UNFPA and UNICEF country offices participate in joint reporting and planning of both joint and separate implementation of activities.

At country level, as shown by the case studies and survey results, roles and responsibilities were often clearly distributed between UNICEF and UNFPA. As noted above, surveyed focal points rated the clear division of roles and accountability lines as the second highest aspect of coordination between the two agencies. The distribution of tasks took account of the specific mandates and previous experiences of each agency in specific countries. UNFPA usually focused more on issues related to reproductive health, legal frameworks and coordination of actors, while UNICEF tended to focus on social mobilization, community education and working with the media. Work with religious leaders was conducted by either agency, depending on the country. Approaches to the specific distribution of tasks varied by country, often determined by a combination of criteria, including geographic (Somalia), thematic (Sudan), and by joint programme output (Burkina Faso, until 2011). In some cases (Kenya), the two agencies took joint responsibility for working on policy dialogue and advocacy at the national level, while dividing local-level work between them depending on geographic location. The evaluation found no indication that one approach was more appropriate, effective or efficient than others. Also, while the evaluation found occasional instances of duplication, missed opportunity for synergies, or competitive and uncooperative behaviour in joint programme efforts, these were not characteristic of the overall joint programme and did not have significant negative effects on its implementation.

Planning, decision-making and implementation

At the global level, planning and decision-making were conducted jointly (see section 3.6), while implementation of activities (e.g. advocacy, policy dialogue and technical assistance to member states in the process leading to the UN resolution) was mostly, but not exclusively performed, jointly. When appropriate, separate but coordinated activities were carried out. For example, UNICEF — in collaboration with the University of Pennsylvania — led a summer school on social norms in 2012. While aimed at UNICEF staff from different thematic sections, the course also included participants from UNFPA, and several of the case studies used were derived from the joint programme.

[95] On the other hand, UNICEF actively raised funds for FGM/C programming, at both global and country levels, but not for the joint programme explicitly.

In general, at the country level, the clear distribution of roles and responsibilities and the joint programme set-up[96] resulted in coordinated or joint planning and decision-making. However, each agency implemented the agreed-upon tasks independently, including managing relationships with implementing partners. While this approach worked well in some countries (Kenya and Sudan), in others (Senegal and in Burkina Faso up to 2012) it led UNFPA and UNICEF to develop "parallel programmes" at least as regards their efforts at the decentralized level.[97] Certain consulted stakeholders noted that, in their respective country, the joint programme had not clearly evolved into something that was more than the sum of its parts. For example, the evaluation found that the two agencies did not sufficiently engage in joint strategic thinking that might have enabled the joint programme to support a broader range of innovative approaches (Senegal) or to better prioritize areas of intervention (Burkina Faso). Furthermore, in both countries, the independent implementation of tasks between the two agencies led to duplication of effort for implementing partners working with both agencies, in particular in relation to planning and reporting.

Implementing partners in several countries (Kenya, Sudan and Burkina Faso) noted that UNFPA and UNICEF did not always maximize the potential for cross-learning among their respective implementing partners. While the joint annual and mid-year review and work-planning meetings which brought UNICEF and UNFPA partners together were seen as highly useful, partners highlighted that there were missed opportunities for sharing experiences as a means to provide information about interventions.

Monitoring, reporting and evaluation

At the global level, monitoring and reporting on the progress of the overall joint programme were well-coordinated. UNFPA and UNICEF were also jointly involved in the design and management of this final evaluation as members of the joint evaluation reference group.

At the country level, monitoring and reporting was an area of weakness in coordination between the two agencies.[98] The level of engagement of monitoring and evaluation (M&E) officers in UNFPA and UNICEF country offices varied.[99] In most cases, structured collaboration between the respective M&E officers did not occur because the joint programme had not formulated expectations regarding the type and scope of involvement of these staff members in the joint programme. Furthermore, the evaluation found a frequent lack of shared vision of what data to collect and how. This lack of shared vision became particularly noticeable when the joint programme database was introduced in early 2012, which required UNFPA and UNICEF to access and enter detailed information from each agency (see section 3.6). The considerable differences among countries on the amount of data entered in the database, its quality, as well as its relevance to the indicators, demonstrates the lack of shared vision.

Added value of the joint structure of the programme

Despite the noted areas for improvement, the evaluation found that the joint structure of the programme added value in the following ways:

- **The partnership between UNFPA and UNICEF gave increased visibility and weight to the issue of FGM/C abandonment.** Collaboration between the two agencies strengthened the perceived importance of the joint programme and the issues it addressed. Combining complementary mandates of the two agencies implied that FGM/C was not solely a "children's issue" or a "women's issue", but one important and broad enough to cross agencies and mandates. The joint approach allowed the development of a coherent, compelling overall message for advocacy and policy dialogue with donors and national governments.

[96] Under this set-up, the two agencies develop a single joint annual work plan, but then funding is given separately to each agency, with each being accountable for its use. At the end of each year, however, reporting is joint.

[97] See UNDG, "Definitions of processes and products for enhancing UNDG programme collaboration", 1999 definitions in http://www.undg.org/archive_docs/3106-Joint_Programming.pdf.

[98] This was consistently confirmed by data emerging from the four country case studies, the survey of joint programme focal points, and the virtual focus groups in the 11 non-visited countries.

[99] M&E officers at UNICEF had a largely advisory role, supporting the joint programme focal point if needed. They were not regularly involved in monitoring and reporting on joint programme progress and achievements. In contrast, M&E officers at UNFPA were more actively involved in joint programme monitoring and reporting.

- The combination of complementary mandates, expertise, geographic presence and networks **increased the coverage and effectiveness** of the programme, while **strengthening programming coherence**. Before the joint programme, both UNICEF and UNFPA were working on the issue of FGM/C separately, using different, albeit complementary, approaches. At country level, the joint programme benefitted from the existence of long-standing relationships between each UN agency and its key government partners. The joint nature of the programme also allowed for cross-learning between the two agencies. In several countries, for instance, UNFPA undertook social mobilization and media work at the community level because of its alliance with UNICEF, while UNICEF received more exposure to reproductive health issues and related stakeholders through working with UNFPA.

- The joint structure of the programme **attracted donors and facilitated resource mobilization**. This was confirmed by most interviewed donors at the global level. For example, Norway viewed the partnership between UNFPA and UNICEF as a critical factor in its decision to support the joint programme.

At the same time, managing any kind of joint programme comes with considerable transaction costs due to the time and resources required for coordination, communication and more complex decision-making processes. Also, given that programme implementation and monitoring at the country and, in particular, the local level, were conducted separately by each agency, opportunities for cost-sharing and related cost-savings were limited. Overall, however, the evaluation found that the benefits of the joint programme structure in terms of programming coherence, relevance and effectiveness clearly outweighed this limitation.

Summary of Findings

Overall, the coordination between UNFPA and UNICEF at global and country levels was adequate and added considerable value to the effects of the joint programme as it could harness the complementary strengths of both agencies. While managing a joint programme comes with transaction costs, these were outweighed by the considerable benefits deriving from the joint structure of the programme. Areas for improvement were noted in terms of better coordination of the work on resource mobilization at the global level, as well as in relation to making coordination at the country level less dependent on individuals.

3.6 Management of the joint programme

EVALUATION QUESTION 6

How appropriate was the management of the joint programme at global, regional and country levels in view of achieving the results of the joint programme?

▶ **Evaluation criteria covered**
Effectiveness and efficiency

Overall, the evaluation found that the management of the joint programme at headquarters and country levels was appropriate as it contributed to and enabled the effective implementation of the joint programme as well as the efficient use of available resources.

Various aspects of programme management are discussed below. The results of the survey of focal points in relation to joint programme management are provided in Diagram 8.

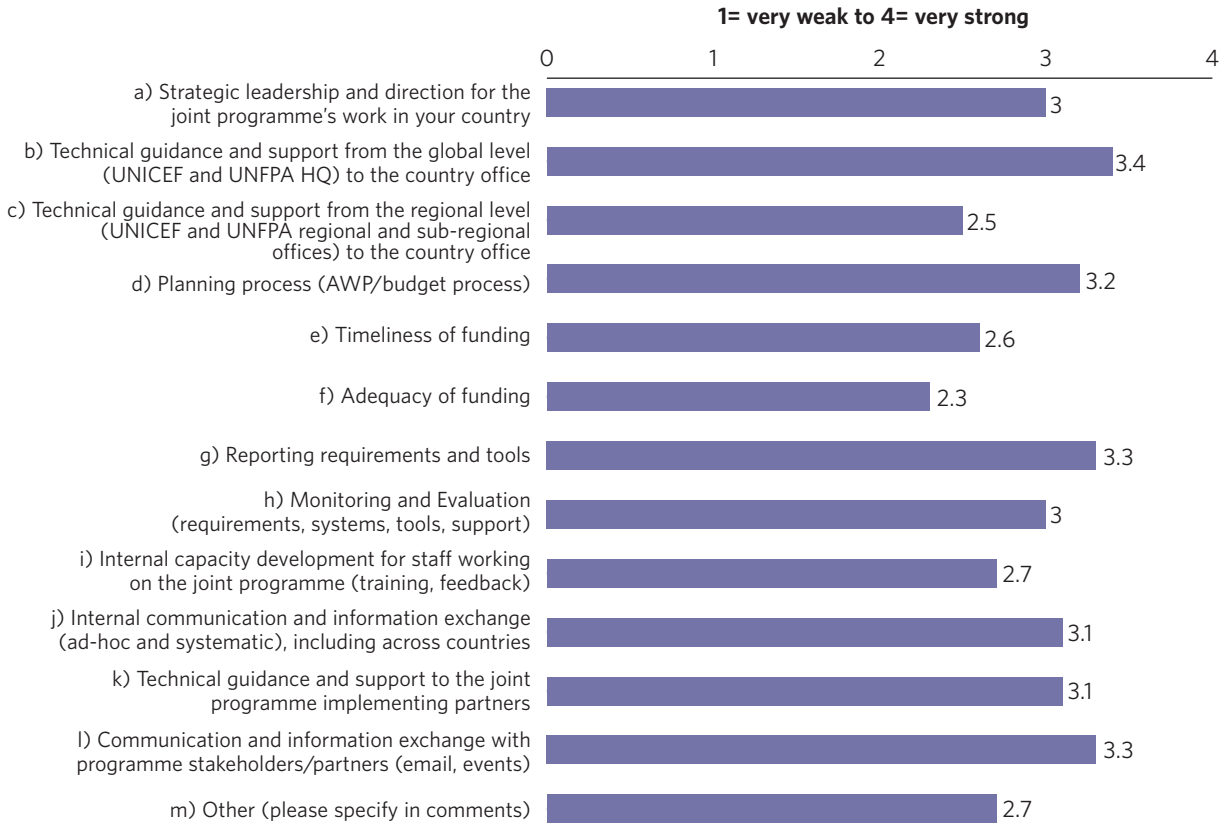
Decision-making, planning and implementation mechanisms

At the global level, the main joint programme decision-making mechanism was the joint steering committee composed of HQ-level representatives of UNICEF and UNFPA and donors. The steering committee met regularly (twice a year), in meetings well prepared and attended, and fulfilled the tasks outlined in its TORs (see Box 37).

Box 37: Key tasks of the joint steering committee

In line with the terms of reference, key tasks of the steering committee were: to facilitate the effective and efficient collaboration between participating UN agencies and donors for the implementation of the joint programme; to approve joint work plan and budget; to agree on disbursement of funding and on modifications to joint programme; and to review the implementation of the joint programme.

Diagram 8. Survey results – joint programme management[100]



The steering committee did not, however, include representation from UNFPA and UNICEF regional or country-level offices or programme country governments. This led several consulted country-level stakeholders to view the joint programme as being too top-down and donor-driven.

At the global level, the annual review and work-planning meetings attended by programme focal points from all 15 programme countries were an effective and efficient way to ensure programme coherence and the integration of field perspectives into joint programme planning and implementation. The meetings provided opportunities for focal points to exchange information on emerging good practices and ideas, and reinvigorated and inspired staff members. However, national partners of the joint programme did not attend the annual meetings. While their absence is understandable given constraints with available resources, national actors felt this was a missed opportunity to strengthen their ownership capacity and to create a sense of belonging to a broader regional movement for FGM/C abandonment.

The requirement for both UNFPA and UNICEF to assign focal points in each country helped to ensure the engagement of both agencies. Nevertheless, the experience and expertise of the focal points varied within, and across countries[101] as did the amount of time they could devote to the joint programme. In all countries, UNICEF and UNFPA held joint annual review and work-planning meetings with implementing partners. These meetings provided opportunities to assess joint programme achievements, to verify and, if necessary, to adjust plans and approaches. Meetings also allowed national partners – albeit to varying degrees in different countries – to understand how their contributions linked to the (bigger picture) joint programme aims.

[100] The full survey question read: "What have been key strengths and weaknesses of joint programme management at the global, regional and country levels? Based on your experience, please rate the following dimensions of the joint programme management."

[101] The evaluation did not find that one agency had systematically stronger focal points than the other. The relative strength of the focal points varied in each country.

Technical support and guidance from the coordination team at headquarters

Throughout the period under review, the joint programme coordination team at headquarters (HQ) provided high quality, relevant and timely guidance and technical support to the focal points (see Box 38), who were unanimous in their positive assessment of the support and guidance received. The support and guidance provided addressed specific thematic issues relevant to FGM/C, as well as issues of programme management, in particular monitoring and reporting. Consulted focal points at the country level unanimously described their interactions with HQ as smooth, professional, effective and efficient.[102] At the global level, having two equally dedicated, knowledgeable and experienced lead officers in the coordination team (one from UNFPA, the other from UNICEF) constituted a key strength of the joint programme management.

Box 38: Support and guidance provided by the joint programme coordination team at HQ

Support and guidance included circulation of relevant documents and information; development and circulation of specific tools (e.g. reporting templates, database) and support on how to use them; on-going communication with country offices; webinars; site-visits, global annual review and work-planning meetings; sub-regional meetings (on monitoring).

While acknowledging the relevant and successful efforts made by the coordination team in relation to capacity development, several consulted focal points expressed a need for more support to strengthen their capacities, in particular regarding understanding and applying the social norms theory, and pursuing sub-regional exchanges. Furthermore, staff in several French- and Arabic-speaking countries noted that many relevant documents and materials were circulated only in English. While some offices were able to translate the documents (Senegal), others found translation a challenge due to a lack of resources for this purpose (Burkina Faso).

Regional support to country offices and the joint programme

UNFPA and UNICEF regional offices, although continually informed on joint programme activities and progress, did not play an active role in joint programme management.[103] Regional offices were not represented on the joint steering committee, and were only marginally involved in selected joint programme activities (e.g. a regional meeting of religious leaders in Mauritania, and work conducted with Makerere University in Uganda on revisions of the joint programme logframe).

Reasons for this limited involvement include the institutional set-up of both UNFPA and UNICEF, under which regional offices have a mainly supportive role. In most cases, existing or emerging regional offices[104] lacked the necessary technical expertise on FGM/C and the social norms approach that HQ provided. Nevertheless, more systematic involvement of regional UNFPA and/or UNICEF offices could have benefited the joint programme, especially given its declared aim of strengthening regional dynamics for change on FGM/C. Box 39 outlines a number of possible ways that such support could have manifested, as suggested in interviews with global, regional and country-level stakeholders.[105]

Monitoring and reporting

During the period under review, and since 2010-2011 in particular, the joint programme coordination team made targeted efforts to strengthen monitoring and reporting mechanisms. Efforts included the development of monitoring and reporting tools, and strengthening the capacity for data collection and reporting by joint programme focal points and partners. Tools that were developed included the original and revised joint programme logframes plus detailed guidance notes on their use; reporting templates; and a global database to track results.

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[102] As noted above, survey respondents considered technical guidance and support from the global level (UNICEF and UNFPA HQ) to country offices as the strongest aspect of joint programme management.

[103] UNICEF regional offices involved in the joint programme include West and Central Africa (Senegal), Eastern and Southern Africa (Kenya), and Middle-East and North Africa (Jordan). UNFPA regional offices involved in the joint programme include West and Central Africa (Senegal); Eastern and Southern Africa (South Africa); and Arab States (Egypt).

[104] UNFPA began creating regional offices only in 2009, after the start of the joint programme. The West Africa regional office, based in Senegal, opened in 2013.

[105] The feasibility of each of the suggested ways of involvement may vary between agencies and regional offices.

Box 39: Potential regional office contributions to the joint programme

Consultations at global, regional and national levels revealed that joint programme stakeholders held a variety of expectations on the roles that regional offices could play/could have played in the joint programme. These include:

- Developing and maintaining partnership with regional actors (e.g. regional economic commissions, regional NGOs);
- Conducting regional-level advocacy;
- Supporting cross-learning and knowledge exchange across country offices;
- Facilitating translation and exchange of materials within language clusters (i.e. English, French, and Arabic);
- Identifying opportunities for and leading/facilitating cross-border programming.
- Helping to replicate promising approaches beyond national borders (e.g. spreading the Saleema campaign to other Arabic speaking countries).
- Offering technical support and advice in programme management, monitoring and reporting and FGM/C (capacities at the regional level would first need to be strengthened)
- Collating good practices and conducting comparative studies.

The original **logframe** for the joint programme was contained in the original 2007 joint programme proposal. Between 2009 and 2011, the joint programme coordination team, with support from external experts, revised this framework. From a results-based management (RBM) perspective, both the original and revised logframes required further improvement as regards the formulation of results and indicators (see Annex 18 for a more detailed review of the revised logframe). Nevertheless, most joint programme focal points found the revised logframe to be a relevant and user-friendly guide for their work.[106] Revising the framework also allowed for a participatory process that did not occurred when the joint programme was originally designed.[107]

However, despite the largely positive reviews regarding the usability of the logframe, the evaluation found that there was a need to further clarify the degree of flexibility available to country teams in their use of the framework (see Box 40).

Box 40: Balancing overall programme coherence and differing country needs

Given the large number of countries in which the joint programme worked, a balance was needed between ensuring coherence and comparability of efforts in the different programme countries and providing flexibility for the work to be tailored to different contexts. The common logframe provided structure and guidance in this regard, outlining key elements of the holistic, multi-pronged approach that the joint programme was aiming to apply. At the same time, country-level teams had flexibility to decide on specific types of activities and partners that they wanted the joint programme to support under each output.

Nevertheless, some consulted focal points reported on having felt constrained by the joint programme logframe, which in their view focused too strongly on specific strategies, in particular public declarations.[109] Others, for example Burkina Faso, found it difficult to find activities to implement for each output, as well as the corresponding resources, but felt pressured to do so. Other countries, for example Egypt, felt obliged to report on achievements under each output even if none had been made in the respective period.

Introduced in late 2011,[108] the joint programme database illustrated the intent of the coordination team to capture relevant data on results more systematically across the participating countries. To date, the implementation of this tool has faced some challenges, and the quality and quantity of data it contains varies con-

[106] One focal pointed noted that the logframe had become the main reference point in view of conceptualizing FGM/C-related work, and that she and colleagues had used the logframe not only under the joint programme, but also to develop the FGM/C component under their current country programme.

[107] A three-day sub-regional forum was organized in Banjul, Gambia, in September 2011 for French-speaking participating countries, to discuss the revised logframe and improve the capacity of country offices to track results and report adequately. An equivalent workshop for English-speaking countries was organized in Entebbe, Uganda, in August 2012. The joint programme coordination team also organized several webinars for participating country staff between 2011 and 2012.

[108] The database was launched in December 2011. It was updated by countries in early 2012, September 2012 and March/April 2013.

siderably between countries. Moreover, consulted joint programme focal points at the country level noted that using the database posed an additional burden on their already limited time.

Country annual **progress reports** for the joint programme were uniformly structured thanks to a reporting outline and annual monitoring and reporting tool developed by the coordination team. This uniformity of progress reports allowed for comparability across countries. Due to the evolving nature of the joint programme logframe, however, the 2008-2011 reports focus on slightly different outputs, hindering cross-year comparability.

Annual reports provided useful information on the progress, achievements, and lessons learned from joint programme implementation. Given that the reports cover only one year, it is not surprising that they focus on programme activities, as the types of societal changes envisaged by the joint programme require longer-term processes (see Note 18). Over time, however, and with some variation across countries, annual reports made a visible effort to capture results, reflecting the joint programme coordination team increased focus and strengthened guidance on results-based management and reporting. The quality of joint programme reporting further improved in the 2011 annual reports through the more systematic use of agreed-upon indicators. One shortcoming noted in all assessed reports is that they provide **little, if any, reflection on unsuccessful initiatives and strategies.** Furthermore, as noted in section 3.1, limited data exist to show how specific achievements (e.g. public declarations of FGM/C abandonment) contribute to longer-term changes in behaviours and/or to long-term changes in FGM/C prevalence.

The joint programme faced a number of challenges in collecting, analysing and reporting on data:

- In all countries, the capacities of joint programme implementing partners (especially of community-based organizations) to systematically collect, analyse, and report on activities and results were limited. Despite efforts by UNFPA and UNICEF to strengthen related capacities, the quality of monitoring data and reports submitted by implementing partners varied considerably throughout the period under review. Annex 19 illustrates the extent to which joint programme indicators and monitoring system have been operationalized in the four visited countries.

- The fact that UNICEF and UNFPA did not share a common approach to monitoring and reporting at the country level (see section 3.5) created an additional challenge for implementing partners working with both agencies.

- In some countries, both the country programme of UNFPA or UNICEF and the joint programme used the same results, statements, and indicators to measure the progress of their work. While this helped to mainstream FGM/C into the respective country programmes and ensure a consistent and coherent approach to addressing FGM/C, it made identifying joint programme contributions to achievements more difficult. In several countries, UNICEF and UNFPA staff working on the joint programme disagreed over whether to only report on achievements by interventions funded by the joint programme, or whether to also report on interventions funded through multiple sources, in particular their regular country programme (see Box 41).

- UNFPA and UNICEF used their own systems to capture and report financial information, which were usually aligned with the structure of the respective

Note 18:
As noted above, several countries conducted baseline studies (often in form of situational analyses of FGM/C in a particular region or community). These studies were mainly used to inform joint programme planning, but did not play a strong role in monitoring progress. The evaluation found only one example of baseline data being updated at a later time, thereby allowing for comparisons. Also, the studies tended to focus on broad issues of FGM/C prevalence and factors influencing prevalence in a particular geographic area, and therefore did not systematically use the same indicators as outlined in the joint programme logframe. This made it more difficult to use related data for regular progress reporting.

[109] As noted in section 3.2.3, the number of public declarations made in each country had been identified as a core indicator that all countries were expected to report upon.

Box 41: Reporting on the results of a catalytic initiative

In conceptualizing the joint programme as a catalytic undertaking, UNFPA and UNICEF made deliberate efforts to avoid the creation of stand-alone initiatives. Instead, they focused on building on and accelerating existing initiatives of both national partners and of UNICEF/UNFPA. However, in order to secure donor contributions, the joint programme had to regularly demonstrate its added value, which usually entailed trying to distinguish results achieved due to the joint programme from those achieved due to the work of existing UNFPA and UNICEF country programmes.

country programme. This made it difficult for the coordination team at HQ to reconcile financial information from the two agencies across all 15 countries, and made it almost impossible to identify the exact amounts spent by each joint programme output.

Summary of Findings

The management of the joint programme at headquarters and country levels was appropriate, in that it allowed for, and contributed to, the effective implementation of the joint programme and the efficient use of available resources. The joint programme coordination team at headquarters played an important role in this regard by providing consistent and relevant technical support and guidance to the various country teams, and leading the compilation of global progress reports. The (revised) programme logframe contributed to the overall coherence of the joint programme while allowing for flexibility to tailor the joint programme to its specific country contexts. However, the evaluation found the boundaries and implications of this flexibility were not equally clear to all joint programme focal points.

The joint programme faced a number of challenges as regards the consistent collection, analysis and reporting on data. Nevertheless, country and global progress reports improved over time, and provided detailed and relevant information on progress.

3.7 Integration of horizontal issues and principles

EVALUATION QUESTION 7

To what extent and how has the joint programme integrated gender equality, human rights, cultural sensitivity and equity issues in design, implementation, monitoring and evaluation? To what extent is youth targeted as a key population group?

▶ **Evaluation criteria covered**

Relevance, effectiveness and programme management

Given the relevance of the principles of gender equality, human rights, cultural sensitivity and equity focus to the overall work of UNICEF and UNFPA,[110] the evaluation explored whether and how these dimensions were reflected in joint programme design, implementation, monitoring and reporting, and to what extent the joint programme specifically targeted youth.[111]

The evaluation found that issues of **gender equality, human rights and cultural sensitivity** were strongly reflected in the design and implementation of the joint programme. Illustrative examples are given in Table 8.[112] However cross-cutting issues were marginally visible in joint programme monitoring and reporting tools and products.

The four country case studies, document review, and the 11 virtual focus groups indicated that, particularly at the

[110] While gender equality and human rights are guiding principles and commitments for all UN agencies, UNICEF has increasingly emphasized the notion of *equity*, while UNFPA has emphasized *cultural sensitivity*. The word "equity" means that all children have the chance to survive, develop, and reach their full potential without discrimination, bias or favouritism. *Equity* differs from *equality*. The aim of equity-focused policies is not to eliminate differences so that everyone has the same level of income, health and education, but to eliminate unfair and avoidable circumstances that deprive children of their rights. Source: UNICEF, "How to Design and Manage Equity-focused Evaluations", UNICEF Evaluation Office, New York, USA. http://www.pol.ulaval.ca/perfeval/upload/publication_319.pdf Retrieved December 6, 2012.

[111] The UN defines "youth" as referring to persons between the ages of 15 to 24 years (http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition). However, in the context of this evaluation, the term also refers to adolescents, thus spanning the ages from ten to 24, following the UNICEF definition of adolescence in three stages: early (ten -13 years of age), middle (14-16), late (17-19); (http://www.unicef.org/adolescence/index.html).

[112] See also previous chapters, in particular sections 3.1 and 3.2.

Table 8. Integration of horizontal dimensions and issues

Joint Programme Characteristic	Relevant Horizontal Dimension/Issue
The joint programme and its implementing partners conceptualised FGM/C as a violation of human rights, as reflected in their insistence to work towards the abandonment of all forms of FGM/C, rather than settling for a compromise to allow a modified form to achieve lesser harm to health. Similarly, FGM/C was approached as one of the many manifestations of **gender-based violence** (GBV).	Human Rights Gender Equality
By addressing FGM/C as a **social convention/norm**, the joint programme acknowledged its strong **cultural value** in practising communities. Examples derived from the four case studies include: • Integrating a human rights perspective in advocacy and sensitisation efforts implicitly rather than explicitly to accommodate the fact that the notion of human rights is a sensitive issue (Sudan). • Supporting approaches such as Alternative Rites of Passage (Kenya and Uganda) that aim to preserve valuable cultural traditions while removing their harmful components. • Use of local languages and local media to disseminate information on FGM/C. • Seeking to engage and gain support from actors with strong influence on the respective (geographic, religious, or otherwise defined) community.	Cultural Sensitivity
By highlighting connections between the practice of FGM/C and issues such as women's reproductive health and girls' education, the joint programme addressed broader questions about how existing social norms and practices **affected the access of women and girls to existing opportunities and resources**.	Gender Equality Equity
The joint programme, at both national and community levels, attempted to facilitate the **equal representation of men and women** into education, training, and advocacy efforts to abandon FGM/C. It also helped strengthen the role of both duty-bearers and rights-holders as mutually dependent actors. This became evident, for example, in the diverse composition of FGM/C networks at the local level, which were formed in several programme countries with joint programme support.	Gender Equality Cultural Sensitivity Human Rights
Strategies focused on building overall community capacity (e.g. the work of Tostan in Senegal, Burkina Faso and other countries) are open to all, but are primarily aimed at women. In enhancing their knowledge and skills, the programme aims to contribute to the overall empowerment of women within their communities.	Gender Equality
Where feasible, the programme aimed to collect and report on sex-disaggregated data.	Gender Equality

community level, the joint programme, through its implementing partners, made consistent efforts to target **youth** not only as the final beneficiaries of envisaged programme results (i.e. girls and young women not being cut), but also as potential agents of change. In Kenya and Burkina Faso, for example, youth representatives participated in the local FGM/C committees that were set up to lead advocacy and community education efforts. However, as noted in the Sudan country case study, the evaluation identified room to expand the use of youth-specific strategies, including the use of communication channels such as social media that (at least in urban settings) are more likely to reach youth than other forms of outreach.

As regards the dimension of **equity**, the geographic foci of programming efforts were determined pragmatically due to available resources. This meant that related choices tended to be based on the existing geographic presence and foci of UNFPA and UNICEF, rather than being based exclusively on an assessment of the areas in most need of support. Nevertheless, within this restriction, the joint programme made efforts (as noted, for example, in the Burkina Faso case study) to focus its work on rural and/or poor communities with high levels of FGM/C prevalence, thereby aiming to address the correlation between FGM/C prevalence and low levels of wealth and access to information and education.

The evaluation noted that all of these cross-cutting concerns were only minimally visible in joint programme monitoring and reporting tools and products. There are no specific indicators addressing these dimensions, and annual progress reports mostly present related information in an embedded way. Consultations with joint programme staff at headquarters indicate that they felt that this was largely due to the fact that all of these dimensions are so deeply interwoven into the purpose of the joint programme that explicit reflection on each issue would have been difficult or unnecessary. Nevertheless, given the importance of these horizontal dimensions to the overall work of UNFPA and UNICEF, some degree of analysis and reflection on their manifestations in and implications for joint programme contributions could have been provided in the joint programme global and country annual reports. This could have been valuable in view of organizational learning not only in relation to FGM/C, but also by highlighting similarities, differences, or overlaps with other thematic areas.

Summary of Findings

The cross-cutting dimensions of gender equality, human rights, and cultural sensitivity were strongly reflected in the design and implementation of the joint programme. This was evidenced, for example, in the fact that the joint programme conceptualized FGM/C as a violation of human rights and a manifestation of gender-based violence, and therefore insisted on promoting the abandonment of all forms of the practice. At the same time, the joint programme acknowledged and addressed the strong cultural value that FGM/C holds in practising communities, e.g. by seeking to engage and gain the support from respected religious and/or cultural leaders within the targeted communities; and by basing efforts to promote FGM/C abandonment on existing positive values held by the respective communities.

Two other cross-cutting dimensions, a focus on equity and on targeting youth as a key population group, could be detected in the design and implementation of the joint programme (as evidenced, for example, in efforts to engage youth as potential agents of change within their communities), but were slightly less prominent.

The evaluation found that cross-cutting dimensions and strategies were only minimally visible in joint programme monitoring and reporting tools and products. This is likely to be due to the fact that these dimensions are deeply interwoven into the purpose of the joint programme. This created the impression that more explicit reflection on each issue would have been difficult or unnecessary. However, given the importance of the cross-cutting dimensions to both UNICEF and UNFPA, occasional explicit reflection and analysis of their implications for the implementation of the joint programme would have been valuable in view of broader organizational learning.

CHAPTER 4

Conclusions and Recommendations

4.1 Conclusions

This section presents conclusions based on the analysis of the main findings. The conclusions are clustered according to four overarching dimensions: the relevance, effectiveness, and sustainability of the holistic approach adopted by the UNFPA-UNICEF joint programme (4.1.1); joint programme resources (4.1.2); inter-agency coordination and joint programme management (4.1.3); and implications for UNICEF and UNFPA beyond the joint programme (4.1.4).

4.1.1 Relevance, effectiveness, and sustainability of the joint programme approach

CONCLUSION 1

The joint programme has been highly relevant in view of existing and emerging global, regional, and national commitments and priorities on ending FGM/C, and given gaps in knowledge and efforts to address the practice. While the overall design of the joint programme was appropriate given its underlying theory of change, its time-bound overall objective was overly ambitious. Also, UNFPA and UNICEF missed out on potential opportunities to facilitate change by not fully operationalizing the envisaged regional dimension of the joint programme.

- **Origin:** Evaluation questions 1 (relevance and responsiveness); and 2 (contributions to results)
- **Evaluation Criteria:** Relevance, effectiveness

In all programme countries, the joint programme was aligned with existing national government commitments and priorities. Within the framework of a shared, overarching theory of change, the joint programme tailored its strategies and partnerships to the specific needs and conditions of the (geographic and/or social) targeted communities. This allowed to effectively address context-specific gaps in existing national or local efforts to end FGM/C.

At the global level, the joint programme was both aligned with, and influenced an emerging consensus among actors on the need to approach FGM/C as a social norm. The joint programme also promoted the use of culturally sensitive, human rights-based and holistic approaches. As the first significant global initiative on FGM/C, the joint programme was also of symbolic relevance, signalling the commitment of both the UN system and donors to devote substantial efforts and resources to ending FGM/C.

The overall design of the joint programme and the approach and strategies that it promoted and used at different levels were appropriate given the types of changes it was aiming to contribute to. However, the time-bound overall objective of eliminating FGM/C altogether in at least one country by 2012, and contributing to a 40 per cent reduction in prevalence among girls aged zero to 15 years over a five-year period in specific areas of programming, was overly ambitious.

While the design of the joint programme was based on the premise that regional dynamics and influences contribute to maintaining or abandoning FGM/C practice in communities, UNFPA and UNICEF made only limited

efforts to operationalize this idea during the period under review. This was justified given available resources and the immediate need to establish rapport and consensus with national governments in programme countries. However, it also meant that, to date, the assumed potential inherent in strengthening regional dynamics for change has neither been fully explored nor systematically harnessed.

CONCLUSION 2

The joint programme has made varying degrees of progress towards its envisaged outputs. Particularly strong contributions were noted in relation to strengthening legal and policy frameworks for FGM/C abandonment, including reproductive health; strengthening local-level commitment to FGM/C abandonment; establishing and using partnerships with religious groups and other organizations; and engaging with relevant development partners at the global level. The joint programme made no significant contributions to strengthening regional dynamics for FGM/C abandonment, or to supporting the production and use of reliable data on FGM/C. While it did not reach its ambitious overall objective, the joint programme contributed to progress towards both of its envisaged outcomes.

- **Origin:** Evaluation questions 2 (contributions to results)
- **Evaluation Criteria:** Effectiveness

In all programme countries, financial support provided by the joint programme allowed implementing partners, UNFPA and UNICEF to expand and enhance their existing activities at national, sub-national and community levels. In doing so, the joint programme helped expand and/or accelerate the existing momentum for change towards FGM/C abandonment.

In all countries, the joint programme made (at times) considerable contributions to strengthening legal and policy commitments to ending FGM/C, to integrating FGM/C abandonment into reproductive health policies, planning and programming, and to strengthening local-level commitment to ending the practice. Key strategies facilitating progress at national and decentralized levels were the use of partnerships with religious groups and other influential actors, and the engagement of national and local media to support and publicize FGM/C abandonment.

The joint programme made important contributions that went beyond its envisaged outputs, through helping to strengthen the awareness of FGM/C and the capacities of key actors at national and community levels (especially as regards coordination and exchange among actors).

The evaluation found only a few examples of joint programme contributions to supporting the production and use of reliable data on FGM/C at the country level. It also noted that the joint programme did not strongly contribute to enhancing regional dynamics for FGM/C abandonment.

With regard to the envisaged outcomes of the joint programme, the evaluation found evidence of contributions to (ongoing) changes in social norms towards the abandonment of FGM/C at the national and community levels. In several countries, examples included joint programme contributions to changes in the respective public discourse on FGM/C. The joint programme also played a role in strengthening the global movement for FGM/C abandonment. One important milestone in this regard was the passing of the UN General Assembly resolution on "Intensifying Global Efforts for the Elimination of Female Genital Mutilation" in December 2012, to which the joint programme had contributed through evidence-based advocacy, policy dialogue, and technical assistance.

While it did not reach its overly ambitious overall objective, the joint programme has contributed positively to change processes at global, national, and community levels.

CONCLUSION 3

The joint programme has contributed to creating a number of conditions likely to support the sustainability of achievements made to date. However, continued efforts and external support are needed to ensure that the existing potential for change can be maintained and expanded.

- **Origin:** Evaluation questions 2 (contributions to results); and 4 (sustainability)
- **Evaluation Criteria:** Effectiveness, sustainability

The joint programme helped create a number of conditions likely to support the sustainability of achievements. These include: (i) the integration of the joint programme approach into national (government as well as civil society-driven) initiatives; (ii) the strengthened capacities of duty-bearers and rights-holders, including partnerships and coordination among different actors at national and local levels. UNFPA and UNICEF also integrated their work on FGM/C into their respective country programmes, thereby ensuring greater sustainability of benefits beyond the joint programme.

Working with larger organizations able to sustain their activities independently, the joint programme increased the likelihood of efforts and partnerships being maintained in the long term. At times, however, this also impeded the joint programme from supporting more diverse groups of actors and alternative approaches to fostering change.

Sustainability and longer-term effects depend on the extent to which national and international actors can maintain and expand the momentum for change at global, national, sub-national and local levels as well as the institutionalisation of the strategies at the national and local levels.

Certain achievements that the joint programme has contributed to are likely to be sustained without further support (e.g. personal and institutional linkages among actors; individual and collective awareness of legal, religious, or health-related issues relevant in the context of FGM/C). However, further efforts are needed, especially at the national and community levels, to turn existing potentials into actual changes in behaviours and (collective) practices. In many cases, the existing capacities of change agents and available resources do not yet ensure sustaining and expanding the existing momentum for sustainable change without external support.

CONCLUSION 4

The implementation of the joint programme reflected the theoretical assumptions on which its design was based, and helped validate some of these assumptions. Nevertheless a knowledge and evidence gap remains, regarding the transition from changes in social norms to visible changes in individual and collective behaviours leading to, in the long term, a decrease in FGM/C prevalence.

- **Origin:** Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); 4 (sustainability); and 7 (integration of cross cutting issues)
- **Evaluation Criteria:** Relevance, effectiveness, sustainability

The implementation of the joint programme reflected and supported the key assumption that efforts to end FGM/C must focus on influencing collective rather than individual change. This assumption derives from conceptualizing FGM/C as a social norm, and the understanding that people's decisions often depend on the actual or anticipated decisions of other individuals belonging to the same social network or community. The joint programme aimed to facilitate systemic change by working at global, national and local levels simultaneously (and regional, albeit to lesser degree); and by engaging with both duty-bearers and rights-holders.

The implementation of the joint programme reflected the principles of gender equality, human-rights, and cultural sensitivity, as well as (albeit less prominently) equity, although this was not well captured in existing progress reports. Where feasible, UNICEF, UNFPA and their partners made efforts to address and include youth in their role as potential change agents.

As regards the theory of change underlying the joint programme, evaluation data support validation of only the initial steps of the assumed change processes. It is difficult to link programming successes (such as public declarations marking community commitment to ending the practice) to subsequent changes in individual or collective behaviours. This is partly due to the absence of systematic follow-up activities and longer-term monitoring at the local level.

Similarly, it is not yet possible to directly link joint programme effects to long-term changes in FGM/C prevalence as currently measured by Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), since these tools do not fully reflect national efforts to abandon the practice. Furthermore, observable changes in FGM/C prevalence are likely to be the result of a large number of actors and factors.

Another knowledge and evidence gap relates to the assumed positive role of cross-community and cross-border

dynamics and influences for facilitating change. This is due to the fact that those dimensions of the joint programme that were envisaged to address the issue of cross-community and/or cross-border exchange were not systematically operationalized.

CONCLUSION 5

The joint programme supported the use and expansion of promising strategies for addressing FGM/C. Using a variety of different, yet complementary strategies simultaneously has proven promising in all programme countries. To date, however, data generated by the joint programme provide only limited evidence on the specific factors leading to, or hindering changes in social norms and changes in behaviours in different contexts. Also, available data do not permit to systematically compare the cost-effectiveness of different strategies.

- **Origin:** Evaluation questions 2 (contributions to results); 3 (availability and use of resources); and 4 (sustainability).
- **Evaluation Criteria:** Relevance, effectiveness, efficiency, sustainability and management

Through its implementing partners, the joint programme supported the use of a broad variety of strategies for facilitating and accelerating social change. These included facilitating community education and dialogue, fostering public declarations of FGM/C abandonment, supporting social marketing efforts to reframe the public discourse about FGM/C, and engaging cultural and/or religious leaders and the media. In several countries, the joint programme encouraged its implementing partners to diversify and/or refine the strategies used by them to influence change.

Programming choices in all countries were guided by the overarching joint programme approach and used similar strategies to facilitate change. The specific combination and relative weighing of strategies was, however, informed by the requirements of the respective country context. A lesson learned from the joint programme approach is that influencing social change is more likely: (i) when tailored messages are being transmitted in a multitude of ways, from different angles and through different channels; and (ii) if messages about the harmful effects of FGM/C are used alongside efforts that acknowledge and build on existing positive social values surrounding the practice.

However, currently available data do not yet allow for the linkage of specific combinations of strategies with specific longer-term changes in social norms or behaviours, especially in the context of achievements at community (local)-level. Similarly, while some information is available on factors supporting or hindering progress in a particular environment, there has been no systematic monitoring, analysis and comparison of these (and potential additional) factors across local and national contexts. These data gaps impede the development of replicable models for change. They also prevent informed comparisons between different strategies (or combinations thereof) as regards their cost-effectiveness.

4.1.2 Resources of the joint programme

CONCLUSION 6

The catalytic nature of the joint programme provided a good basis for using available resources effectively and efficiently. However, this potential was considerably limited by the lack of predictability of available funds.

- **Origin:** Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); 3 (availability and use of resources); 4 (sustainability), and 6 (management of the joint programme).
- **Evaluation Criteria:** Effectiveness, efficiency, sustainability and management

The joint programme focused on supporting existing efforts by national partners to end FGM/C, and on strengthening national ownership and leadership of this issue by avoiding the creation of stand-alone interventions unlikely to be sustained without further funding.

The evaluation found that, overall, the available resources were appropriate in view of this catalytic nature of

the joint programme. However, using these resources effectively and efficiently was negatively affected by the continued unpredictability of available funding. This lack of predictability — both in view of annual budgets as well as in relation to the total funding made available for the joint programme over time — resulted in several challenges including: (i) fewer countries than originally anticipated being included in the joint programme (and, in some cases, at a later date); (ii) restricting the work of the joint programme and its partners (see conclusion 7); and (iii) negatively affecting the clarity of budget allocations as perceived by UNICEF and UNFPA staff and their partners.

The catalytic nature of the joint programme was not equally understood by all UNFPA and UNICEF staff working on the joint programme or by national partners. This influenced their expectations as regards adequate budget allocations, which, in some cases, were oriented towards the ambitious overall objective of the joint programme, rather than towards its intended catalytic role.

4.1.3 Inter-agency coordination, and joint programme management

CONCLUSION 7

The coordination of efforts between UNFPA and UNICEF contributed to the effective implementation of the joint programme at the global level, and – albeit to varying degrees - at the country level. While the management of a joint programme comes with transaction costs, these were outweighed by the considerable benefits deriving from the joint structure.

- **Origin:** Evaluation questions 1 (relevance), 2 (contribution to results), 3 (availability and use of resources); and 5 (coordination between UNFPA and UNICEF)
- **Evaluation Criteria:** Relevance, effectiveness, efficiency, sustainability, coordination and management

The joint structure allowed the joint programme to benefit from the complementary strengths of UNFPA and UNICEF, including their thematic/sector expertise and past experience in gender equality and reproductive health (UNFPA), and child protection, communication and social norms theory (UNICEF). Engaging additional UN agencies as global partners may have increased the reach and relevance of the joint programme, but limiting the partnership to two agencies allowed for a clear and effective division of labour.

At the country level, the joint programme built upon the field presence and existing networks and relationships with key partners already established by the two agencies. Furthermore, collaboration between the two partners created additional synergies that enhanced the visibility and effectiveness of the joint programme at both global and national levels, albeit to varying degrees. At the policy level, UNFPA and UNICEF staff often communicated consistent messages on FGM/C abandonment, although at times these were nuanced to reflect their respective organizational mandates and priorities. However, in some programme countries the two agencies did not sufficiently engage in joint strategic thinking and planning, resulting in duplication of activities, and some missed opportunities e.g. in relation to supporting a wider range of partners and strategies in the respective country.

The collaboration of focal points usually worked well, but tended to depend on individual working relationships rather than utilising institutionalized linkages between UNFPA and UNICEF. Also, weaknesses were noted as regards the involvement of UNICEF and UNFPA M&E officers in different country offices for purposes of data collection, analysis, and reporting.

At the global level, resource mobilization for the joint programme was left almost exclusively to UNFPA.

UNFPA and UNICEF used their own systems to capture and report on financial data (which were usually aligned with their respective country programme), resulting in difficulties for the coordination team at HQ in reconciling country-level financial information at the level of the overall joint programme.

CONCLUSION 8

Management efforts at HQ and country levels have been largely appropriate and contributed to the effective and efficient use of available resources. However, the joint programme annual planning and budgeting cycle was a substantial limitation to effective and efficient implementation.

- **Origin:** Evaluation questions 2 (contributions to results), 3 (availability and use of resources); 5 (coordination between UNFPA and UNICEF); and 6 (management of the joint programme)
- **Evaluation Criteria:** Effectiveness, efficiency, sustainability, coordination and management

Management efforts and systems at headquarters and at country level facilitated the implementation of the joint programme. The annual planning, budgeting and reporting cycle was, however, a serious impediment to joint programme effectiveness and efficiency. It limited and even hindered the work of certain implementing partners, including their ability to engage in consistent and longer-term implementation.

The mechanisms and approaches used by UNFPA, UNICEF and their implementing partners to collect and analyse information and report on progress were often focused on the short term (i.e. on periods of less than a year), and not always systematic or coordinated. This was partly due to the annual planning, budgeting and reporting cycle.

The joint programme logframe provided a shared point of reference that helped UNICEF and UNFPA staff and their partners to develop a common vision for FGM/C abandonment. The logframe helped guiding programme planning and implementation at global and country levels. It ensured coherence across programme countries by outlining a set of shared outputs, hence applying the same holistic approach in each country. It also allowed country teams to choose which particular activities to support under each output. However, in some countries, despite explicit messages from the coordination team at HQ, joint programme focal points were not well aware on the extent of the permitted flexibility in applying the logframe in their respective contexts. Furthermore, the evaluation noted that some of the logframe indicators focused on strategies rather than on results.

4.1.4 Implications for UNICEF and UNFPA beyond the joint programme

CONCLUSION 9

Experiences gained under the joint programme, as well as insights into existing knowledge and data gaps arising from its implementation, are relevant to other FGM/C-related programming by UNFPA and UNICEF.

- **Origin:** Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); and 5 (coordination between UNFPA and UNICEF).
- **Evaluation Criteria:** Relevance, effectiveness, coordination and management.

Experiences arising from the joint programme have the potential to be relevant to UNICEF and UNFPA programming in a number of ways. First, operational lessons derived from the joint programme (e.g. in relation to coordination between UNFPA and UNICEF) are relevant for the design and management of other joint and/or multi-country programmes on FGM/C (and possibly other issues) involving one or both agencies.

Second, the joint programme emphasized the close linkage of FGM/C with issues of reproductive health and rights, the human rights of women and girls, and child protection. Related insights can be helpful to inform where and how FGM/C is positioned within each agency, and to what extent it is routinely integrated into each of these areas.

Third, the joint programme constituted the first systematic attempt to apply social norms concepts in programming, which created an important opportunity for learning. It highlighted the need for more in-depth research into the dynamics of social norms change, and its linkages with changes in individual and collective behaviours.

4.2 Recommendations

This section presents a number of recommendations to UNICEF and UNFPA for their consideration when conceptualizing and planning their future work on FGM/C.

The recommendations are organised in four clusters: taking the joint programme approach further (4.2.1); mobilising resources (4.2.2); improving inter-agency coordination and joint programme management (4.2.3); and informing the work of UNFPA and UNICEF beyond the joint programme (4.2.4).

Within each sub-section recommendations are presented in order of their suggested priority.

4.2.1 Taking the joint programme approach further

RECOMMENDATION 1

UNFPA and UNICEF should pursue a second phase of the joint programme to sustain the existing positive momentum for change towards FGM/C abandonment. This second phase should entail a set of realistic overall objectives, outcomes and outputs.

- **Priority:** Very high
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C1, C2, C3, C4 and C5

Rationale

The joint programme has shown its potential for accelerating existing change towards FGM/C abandonment. While it has contributed to creating a solid basis for the sustainability of many achievements made to date, further support will be needed to sustain the existing positive momentum.

Operational implications

- Maintain the thematic focus on FGM/C to ensure that the complex multi-country initiative is able to maintain sufficient levels of financial resources and technical support.

- Ensure that specific targets defined at different levels of results can be achieved within the lifetime of the joint programme.

- Develop a set of specific criteria for the selection of participant countries for a second phase. To build on, and ensure sustainability of achievements made to date, these criteria should allow for the inclusion of a significant number of the current 15 programme countries based on their respective appropriateness.

RECOMMENDATION 2

UNFPA and UNICEF, in collaboration with their partners, should build on, and help to further strengthen existing government commitment and leadership, as well as central and decentralised government systems for FGM/C abandonment. They should maintain efforts to foster commitment within practicing communities by supporting the involvement of non-governmental change agents and opinion leaders at all levels.

- **Priority:** Very high
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C1, C2, C3, C4 and C5

Rationale

The commitment and capacities of duty-bearers and responsive government systems are important factors for facilitating FGM/C abandonment. However, they alone are not sufficient to change social norms and related behaviours. Obtaining support for, and commitment to FGM/C abandonment at the community level also requires the engagement of various kinds of (potential) change agents outside of government, at both national and local levels.

Operational implications

- Assist national and decentralized governments in matching their existing commitment to, and ownership of FGM/C abandonment with appropriate resources and (staff and system) capacities. A first step in this regard can be to identify key bottlenecks and capacity gaps that currently hinder progress and to develop strategies to address them, including for resource mobilization.

- For strengthening central and/or decentralised government systems for FGM/C abandonment, there is a need to provide continued financial and/or technical support for the enactment and enforcement of relevant legislation. This can entail supporting actors in conducting evidence-based advocacy; sharing relevant lessons learned from other countries; and supporting the dissemination of information on new or existing legislation through partners at various levels.

- Assist national (government and non-government) partners to develop resourced strategies for continuing or expanding successful efforts for FGM/C abandonment, including by providing technical guidance and/or financial support:

  – To replicate and/or scale-up successful or promising approaches within and (if feasible) across countries.

  – To provide longer-term follow-up to promising achievements such as public declarations on FGM/C abandonment. Such follow-up is important for ensuring that these achievements contribute to actual changes in individual and collective behaviours, as well as for learning about the dynamics of social norms change in different contexts.

RECOMMENDATION 3

A second phase should maintain the catalytic nature of the joint programme. In selecting implementing partners, UNFPA and UNICEF should balance the benefits of working with established and larger organizations with the potential for innovation and diversification inherent in engaging with emerging or smaller actors.

- **Priority:** Medium
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C3, C5 and C6

Rationale

The catalytic design of the joint programme constitutes a good model for the effective and sustainable use of resources. While building on the noted areas for improvement outlined in this evaluation, a second phase should maintain this catalytic approach, including its implications for working with and through a broader variety of partnerships.

Operational implications

- Clearly communicate to UNFPA and UNICEF staff and to partners the implications of the catalytic nature of the joint programme for programme resources, planning, implementation, monitoring, reporting and evaluation.

- Maintain the catalytic focus on supporting existing or emerging initiatives to end FGM/C that are led by regional, national or local-level partners. While continuing to minimize risks by prioritizing partnerships with larger and/or well established organizations, allow for some resources to be used for identifying and engaging with emerging and/or smaller actors.

RECOMMENDATION 4

UNFPA and UNICEF, in collaboration with national and regional level partners, should ensure operationalization and testing of all key aspects of the theory of change guiding their work on FGM/C, including assumptions on the role of cross-community and cross-border dynamics.

- **Priority:** Medium
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C1, C2, C4 and C5

Rationale

The assumed relevance of cross-community and regional dynamics for change flows from conceptualizing FGM/C as a social norm. It was an important part of the theory of change underlying the first phase of the joint programme. In order to validate related assumptions based on evidence, UNFPA and UNICEF should review and, when

appropriate, operationalize these dimensions in their future FGM/C-related work.

Operational implications

- In collaboration with national and regional partners, clearly define whether and how a second phase of the joint programme is aiming to:
  - Operationalize the idea of systematically expanding collective decisions to abandon FGM/C across communities ("organized diffusion"), and track related results;
  - Contribute to strengthening regional dynamics for change (e.g. by systematically supporting cross-border collaboration and exchange, or by engaging regional institutions).
- Develop explicit and appropriately resourced strategies for operationalizing cross-community and/or regional dimensions.
- Explore and define how UNFPA and UNICEF regional offices can support the regional dimensions of FGM/C-related work.
- Clearly define what horizontal issues and principles (such as gender equality, human rights, cultural sensitivity, equity, children and youth participation) are relevant, and what implications these have for tailored programming strategies, monitoring and reporting.

RECOMMENDATION 5

UNFPA and UNICEF, in consultation with national governments in programme countries, should ensure that the holistic approach adopted by the joint programme is taken up and reflected by the FGM/C-related components in country programmes.

- **Priority:** Medium
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C2, C3, C4 and C5

Rationale

The joint programme both reflected and contributed to creating a global consensus on the need to use a holistic and culturally sensitive approach based on an understanding of the FGM/C practice as rooted in social norms. The notion of a holistic approach also implies the need for simultaneous efforts for FGM/C abandonment at different levels, from multiple angles, and through multiple channels. UNICEF and UNFPA, in consultation with the respective national government, should ensure that this consensus is integrated in, and reflected by the FGM/C-related work of their country programmes in countries where FGM/C is being practiced.

Operational implications

- In light of the complexity of the issue, and in view of their available human and financial resources, it is unlikely that UNFPA and UNICEF can be comprehensively involved in each of the dimensions deemed relevant for facilitating sustainable social change as regards FGM/C. However, in each country context they should contribute to ensuring that all of these dimensions are being addressed by national or other actors.
- In this context, UNFPA and UNICEF should continue to support national actors in creating and/or sustaining formal as well as informal mechanisms for coordinating their FGM/C-related work.

4.2.2 Mobilizing Resources

RECOMMENDATION 6

UNFPA and UNICEF should lobby existing or potential donors interested in contributing to FGM/C-abandonment work to commit to predictable, longer-term financing.

- **Priority:** Very high
- **Target level:** UNFPA and UNICEF resource mobilization units.
- **Based on conclusions:** C6 and C8

Rationale

The evaluation highlighted the negative effects of the annual budgeting cycle on longer-term strategic and operational planning of interventions supported by the joint programme, on continued monitoring of progress, and on the clear understanding of decision-making processes. Predictable longer-term funding for the whole duration of a potential second phase of the joint programme (or for FGM/C-related work conducted under their regular country programmes) would allow UNICEF, UNFPA and their implementing partners to avoid some of the noted challenges.

Operational implications

- UNFPA and UNICEF should strive to maintain relationships with existing donors, while seeking opportunities for engaging with new donors, including by establishing partnerships with the private sector.

- Explore whether and how multi-year funding can be reflected in the reporting cycle. While financial reporting could continue on a semi-annual basis, reporting on progress against results should shift to an annual cycle. This would enable staff and partner capacities to be dedicated to more systematic data collection and analysis, and would be more appropriate given the long-term nature of the changes that the programming is aiming to influence.

4.2.3 Improving inter-agency coordination and joint programme management

RECOMMENDATION 7

UNFPA and UNICEF should integrate the lessons learned from the first phase of the joint programme in relation to monitoring and reporting into the design and management of a potential second phase of the joint programme, and/or into FGM/C-related programmatic interventions within the work of each agency. This should include the development and consistent use of a limited set of clear, relevant, and specific indicators to measure and report on progress towards results.

- **Priority:** Very high
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C4, C5, and C8

Rationale

The evaluation noted several areas for improvement in the systems and tools, capacities, and resources available for monitoring and reporting on progress towards results, as well as for capturing emerging lessons learned within and across countries. Resulting insights should be taken into consideration in a potential second phase of the joint programme as well as, as applicable, in programmatic interventions within the respective country programmes of UNICEF and UNFPA.

Operational implications

- In developing progress indicators, ensure that pragmatic considerations are taken into account regarding the likelihood and feasibility of country-level teams being able to regularly collect, collate (e.g. in a database), and analyse the required data.

- Strengthen the capacity of country-level staff in UNFPA and UNICEF in results-oriented monitoring and reporting. In addition to upgrading knowledge and skills, staff members must allocate sufficient time to engage in, or facilitate data collection as well as to produce regular analysis and synthesis of information.

- Efforts to strengthen country-level capacity for FGM/C-related monitoring and reporting need to be reflected in the allocation of human and financial resources.

- Further strengthen the capacity of implementing partners and national systems for more systematic and longer-term monitoring and reporting on results and on factors affecting progress towards FGM/C abandonment.

- Use baseline studies for initial scoping and programme design, and also as a reference point to measure progress. This should include robust and relevant key indicators across baseline studies that are likely to remain relevant over time.

- Ensure that reporting templates and schedules reflect what information is needed, when and by whom. At the global level, reporting should focus on the overall implications of programme activities for progress towards results, or inform programme design and underlying assumptions.

RECOMMENDATION 8

UNFPA and UNICEF should further improve their coordination efforts as regards their work on FGM/C at global, regional and country levels.

- **Priority:** Medium
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C7

Rationale

While evaluation findings regarding the coordination between UNFPA and UNICEF were positive, there is room for further strengthening communication and collaboration between the two agencies.

Operational implications

- UNFPA and UNICEF should make explicit the anticipated added value of the joint nature of any initiative, and reflect upon the learning that joint programming may facilitate within the partnering agencies.

- At the global level, clarify whether and how each agency is expected and able to contribute to ongoing resource mobilization for joint endeavours.

- Explore ways to ensure the reliable aggregation (by country and by output) of financial information deriving from UNFPA and UNICEF systems respectively.

- At the country level, explore how UNFPA and UNICEF can further institutionalize their partnership to make it less vulnerable to staff turnover, e.g. by routinely involving senior country programme managers in communication and planning for FGM/C-related programming, or by developing a brief set of explicit, country-specific principles and priorities for collaboration in this thematic area.

- Create a clear framework for collaboration between UNFPA and UNICEF M&E officers in programme countries. This can include clarifying expectations for data collection and reporting procedures, (e.g. how to balance the use of existing reporting mechanisms with the need for comparable information across different countries; whether to report only on the joint programme results or also on relevant achievements under the country programmes); as well as for further mutualisation of tasks on capacity development of partners, and monitoring visits.

- At the regional level, clarify what specific role(s) UNFPA and UNICEF regional offices are expected to play in view of supporting the implementation of FGM/C-related efforts across countries or at the (sub) regional level.

4.2.4 Informing the work of UNFPA and UNICEF beyond the joint programme

RECOMMENDATION 9

UNFPA and UNICEF, in collaboration with other development partners, should engage and invest in more in-depth research on social norms change and its linkages to changes in individual and collective behaviours.

- **Priority:** Medium
- **Target level:** Programme Division at UNICEF and Technical Division at UNFPA
- **Based on conclusions:** C9

Rationale

The joint programme has created valuable experiences and examples of applying social norms concepts to programming. Yet, the joint programme highlighted remaining gaps on the particular dynamics and sequences of changes

in social norms, and linkages with changes in individual and collective behaviours. More knowledge could be relevant not only in view of future FGM/C-related efforts conducted by UNICEF and UNFPA, but also in relation to other thematic areas in which the two agencies work.

Operational implications

- Based on the experiences deriving from the joint programme, UNFPA and UNICEF should identify (jointly or separately) key questions and/or (sub-)themes related to the broader topic of social norms change that they wish to explore in more depth. These can include the following:
  - How do changes in social norms translate into changes in individual and collective behaviours, and in what timeframes? What types of changes/steps precede changes in behaviours?
  - Are there distinct and typical phases of change similar or identical across contexts?
  - What are relevant and measureable or observable signs of ongoing changes in social norms? To what extent do these indicators differ according to context and/or theme?
  - Are there indicators that allow measuring the changing degree of 'solidity' of a social norm, i.e. the degree to which a formerly unchallenged but now changing social norm still holds?
  - What types of context-specific influences, including unpredictable or random factors, affect whether, in what ways, and during what timeframe changes in social norms translate into changes in behaviours?
  - What conditions need to be in place (e.g. in terms of capacities, resources, political will, timing) for promising approaches leading to social norms and/or behaviour change to be replicated or scaled up?
- UNFPA and UNICEF should continue their efforts to enhance existing country systems (e.g. DHS and MICS) to become more suitable for measuring changes in FGM/C prevalence and factors affecting these changes.
- UNFPA and UNICEF should also build on and expand their existing partnerships with other actors at global and regional levels to encourage them to invest (or expand existing investments) into research in social norms change.

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