BACKGROUND

The purpose of the joint evaluation is to assess the programme contributions to outputs and outcomes during Phase III of the Joint Programme on the Abandonment of Female Genital Mutilation (2018-2021). The evaluation aims to inform the design of the Joint Programme post-Phase III in the framework of the 2030 Agenda for Sustainable Development.

KEY FEATURES OF THE EVALUATION

- 196 documents reviewed
- 211 key informant interviews (140 women)
- 3 thematic cases
- 17 country cases
- 6 deep dive country cases
- 20,000 U-Reporters
- 17,205 social media posts harvested and analysed
- Web-based survey
  - 32 staff respondents
  - 138 implementing partner respondents

KEY HIGHLIGHTS

- The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of female genital mutilation (FGM).
- Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities, and supporting accountability systems.
- The Joint Programme has advanced its work to support national legal and policy environments, responsive to national context. Development of costed national action plans and monitoring functions has progressed although at a slower pace than planned.
- The design of Phase III recognizes the importance of working on complex issues, which reflect modification of FGM practice, in particular medicalization and cross-border FGM.
- The Joint Programme design is firmly gender responsive and this is reflected in much, but not all, operational work. There is also clear aspiration for a gender-transformative approach, tackling the underlying drivers of gender inequality, but a clear understanding of how it actually translates into social norm change is needed.
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RECOMMENDATIONS TO UNFPA AND UNICEF

1. Continue strengthening global policy and advocacy strategies to accelerate efforts to meet the SDG target to end FGM by 2030.

2. Clearly articulate and agree that FGM programming aspires to be gender transformative and recognize this is aligned with the approaches and comparative strengths of both agencies.

3. Develop a comprehensive strategy that articulates its roles in strengthening political commitment and enhancing accountability systems, expanding upon regional, national and subnational progress to date.

4. In countries where national governments are tackling complex situations around FGM such as medicalization, continue to build on its achievements to date.

5. Continue to advocate for fully funded national legal and policy frameworks.

6. Strengthen linkages with other streams of work, in particular child marriage, enhancing the opportunity to work on the shared drivers of both harmful practices.

7. Develop a specific humanitarian approach within the design of post Phase III, including global advocacy to include FGM more visibly within global gender-based violence in emergencies guidelines and minimum standards.

8. Use public declarations of abandonment as an indicator of progress.

There is variable coordination of FGM and child marriage programming, and widespread recognition of the need for a greater coherence that is reflective of the interlinkages in practice in different contexts.

The Joint Programme has contributed to the enhanced quality and availability of FGM services in intervention areas, and enhanced capacity in both prevention and care, although high staff turnover is a challenge.

The Joint Programme has adapted effectively to COVID-19 within programming, and contributed to the global understanding of how COVID-19 has impacted FGM.

Currently FGM receives insufficient consideration in humanitarian systems and programming, with limited access to services for FGM survivors in humanitarian settings.

Given that efforts required to meet the Sustainable Development Goal (SDG) Target 5.3 of abandoning FGM fall far beyond programme implementation, there have been commendable efforts to reach non-Joint Programme countries.

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