

Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change Phase III (2018-2021)



Evaluation Offices of UNFPA and UNICEF

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Foreword

An influential evaluation depends on the contribution and commitment of many. The Evaluation Office of UNFPA is very grateful to all those who shared their valuable time and knowledge during these challenging times of the COVID-19 pandemic.

Female genital mutilation (FGM) is internationally recognized as a harmful practice, and a violation of the rights of women and girls to physical integrity and freedom from injury and coercion. FGM is often framed within a wider gender equality agenda while also being addressed within numerous other international policy instruments. Over the past few decades, there has been significant global momentum within the international development community towards eliminating FGM and this has led to real progress with regard to policy environments but less consistent progress at community level.

In 2008, UNFPA and UNICEF established a Joint Programme that aimed at accelerating change towards FGM abandonment. The Programme is about to complete its third phase and the present evaluation marks the third joint evaluation of the Programme.

It is within this context that I am pleased to present to you the highlights of this joint evaluation. The evaluation concludes that the Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of ending FGM. The Programme has adapted effectively to COVID-19, and contributed to global understanding of how COVID-19 has impacted FGM. The agility with which the Joint Programme has responded provides lessons for adapting to, and understanding FGM within humanitarian settings. Yet, FGM receives insufficient consideration in humanitarian systems, with limited access to services for FGM survivors in humanitarian settings.

On the other hand, 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 there is yet to be a clear understanding of what a gender-transformative approach actually means at the country level. Furthermore, there has been more focus on engagement strategies for men and boys in Phase III but care needs to be taken that these do not reinforce the traditional roles of men and boys. Strengthen linkages with other streams of work (for example, child marriage) towards enhanced access to quality services for FGM prevention, protection and care is an area that needs further attention by both agencies.

Recognizing the need to accelerate efforts to meet the Sustainable Development Goal target to end FGM by 2030, the evaluation recommends the Joint Programme to prioritize its global policy and advocacy work to reinforce the urgent need to intensify efforts to tackle FGM. Even though the Programme cannot have a presence in all contexts, it can utilize its global presence to raise awareness on the issue. Continued and sustained engagement by UNFPA, UNICEF and partners is thus essential to further advance the momentum for change, globally, towards FGM abandonment.

I am confident that this joint evaluation offers a body of evaluative evidence important to inform UNFPA and UNICEF work to accelerate the abandonment of FGM beyond phase III of the Joint Programme.

Marco Segone
Director, UNFPA Evaluation Office

Acknowledgements

UNFPA and UNICEF Evaluation Offices conducted this joint evaluation exercise jointly, under the leadership of UNFPA Evaluation Office, and with the support of an external multidisciplinary team of evaluators and thematic experts from ImpactReady. A joint Evaluation Management Group oversaw the evaluation and was comprised of evaluators from both Evaluation Offices.

This exercise is a collaborative effort, involving a wide array of stakeholders including national and regional partners, UNFPA and UNICEF colleagues, representatives of other United Nations agencies, donor agencies among other key stakeholders. In particular, I am deeply appreciative of the insights provided by the members of the Evaluation Reference Group who offered technical expertise at key points during the process to ensure the usefulness of this evaluation, particularly to inform the development of the post-phase III of the Joint Programme. I would like to extend a special thanks to the UNFPA and UNICEF Joint Programme team, in particular, Mireille Tushiminina, Nankali Maksud, Thierno Diouf, Joseph Mabirizi, Berhanu Legesse and Harriet Akullu who generously shared their time, knowledge, experience and expertise throughout the evaluation process.

Further, I am also extremely grateful for the contributions from UNFPA and UNICEF business units across global, regional and country levels. In addition, this evaluation benefitted enormously from the active support and participation of colleagues in UNFPA and UNICEF country offices who participated in the case studies. This includes country offices in Ethiopia, Guinea, Kenya, Mali, Nigeria and Sudan. The tremendous contributions from these deep dive countries further strengthened the validity of the evaluation.

I also wish to thank the members of the Joint Programme Steering Committee for their active engagement throughout the evaluation exercise.

The insights provided by representatives of other United Nations agencies, donors, national government partners, implementing partners and other key stakeholders, including academia and civil society organizations, were invaluable, and contributed to the robustness and usefulness of the evaluation.

I would like to show appreciation to my colleagues from the Evaluation Management Group and to the team for their dedication in undertaking this joint evaluation during very unusual circumstances because of the COVID-19 pandemic.

In conclusion, I am very thankful to all those who shared their valuable time, expertise and drive amidst a global pandemic to ensure the completion of this important exercise. I trust the learning insights from this evaluation are relevant to inform UNFPA and UNICEF programming post phase III, beyond 2021.

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THEMATIC NOTES

1. Gender responsive and/or transformative approaches
2. Adapting programming to different humanitarian situations
3. Female genital mutilation within complex situations (cross-border and medicalization)

Acronyms

ACCAF	African Coordination Centre for the Abandonment of Female Genital Mutilation	UN	United Nations
AoR	Area of Responsibility (humanitarian clusters)	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
ASRO	Arab States Regional Office (UNFPA)	UNDP	United Nations Development Programme
C4D	Communication for Development	UNEG	United Nations Evaluation Group
CSO	Civil society organization	UNFPA	United Nations Population Fund
DHS	Demographic and Health Survey	UNGA	United Nations General Assembly
ECOWAS	Economic Community of West African States	UNHCR	United Nations High Commission for Refugees
EQ	Evaluation question	UNICEF	United Nations Children’s Fund
ESARO	East and Southern Africa Regional Offices (UNICEF and UNFPA)	UN-SWAP	United Nations System Wide Action Plan
FGD	Focus Group Discussion	WCARO	West and Central Africa Regional Offices (UNICEF and UNFPA)
FGM	Female genital mutilation	WHO	World Health Organization
FGM/C	Female genital mutilation/ cutting [historical]		
GBSS	Gender-biased sex selection		
GBV	Gender-based violence		
GPECM	Global Programme on Ending Child Marriage		
HIV	Human Immunodeficiency Virus		
HQ	Headquarters		
IASC	Inter-Agency Standing Committee		
ICPD	International Conference on Population and Development		
IRC	International Rescue Committee		
MENA	Middle East and North Africa Regional Office (UNICEF)		
MICS	Multiple Indicator Cluster Survey		
NGO	Non-governmental organization		
NWOW	New Way of Working		
OHCHR	Office of the United Nations High Commissioner for Human Rights		
PDA	Public declarations of abandonment		
PoA	Programme of Action		
SDG	Sustainable Development Goal(s)		
SYVA	Saleema Youth Victorious Ambassadors		

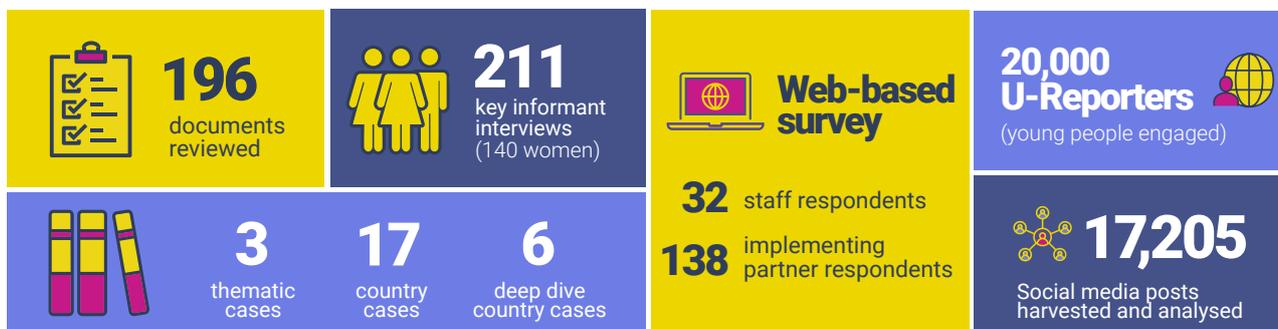
Executive summary

BACKGROUND

The **purpose of this 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 Joint Programme). It is also intended to support evidence-based decision-making and inform programming beyond 2021, including the strategic direction, gaps and opportunities for the UNFPA and UNICEF Joint Programme in addressing gender and social norm change.

The primary intended **users of the evaluation** are UNFPA and UNICEF senior management, the staff of the Joint Programme (at the global, regional and country levels), the implementing partners, and the Steering Committee members and the wider community working on the abandonment of female genital mutilation (FGM), including government and civil society partners.

EVALUATION APPROACH



The overall approach to the evaluation was theory driven. The evaluation gathered data from the global, regional, and country level. A mix of data collection methods was used that generated both qualitative and quantitative data. Given that the evaluation was conducted during the pandemic, data collection relied solely on remote methods.

The evaluation analysed data utilizing contribution analysis and a gender framework was used to analyse the gender impact of programme interventions. Triangulation techniques were applied, and results were compared from different data sources for specific lines of inquiry.

MAIN FINDINGS

Programme design

The design of Phase III of the Joint Programme was firmly aligned with global and regional policy frameworks. The Joint Programme has also been instrumental in supporting their development. Programme design is also coherent with human rights standards and seeks to promote transformative actions by positioning FGM as a rights violation motivated by underlying gender inequality at the global, regional and national levels, although this does not always trickle down to the design of interventions at the subnational level.

The selection of Joint Programme countries for Phase III was based on clear criteria of prevalence, demographic trends and congeniality of environmental conditions. There is a discrepancy, however, between the Joint Programme's prioritization of countries with the appropriate laws and policies in place, and the central promise of the Sustainable Development Goals (SDGs) of "leaving no one behind". The Joint Programme design has significant geographic coverage across 17 countries, and cognizant of the breadth and magnitude of investments needed to tackle FGM globally, the design appropriately included efforts to expand its reach to non-Joint Programme countries that extend across borders and diaspora.

At the country level, the Joint Programme is considered well aligned with national government policies and highly relevant. However, in some cases the geographical coverage at subnational level is recognized to be insufficient to cover need, and risks continuation of the practice.

Programme synergies and linkages

Within programming, although there are positive examples of intersectoral linkages across the Joint Programme, links could be more systematic, particularly with gender, education and health. The degree of coherence between FGM and child marriage programming is variable, and although there have been important efforts within Phase III to deepen understanding of the links between the two harmful practices and common drivers in different contexts, coordination does not always mirror the linkages between the two harmful practices.

Partnering for accountability

The Joint Programme has contributed to enhancing the requirements of governments to tackle FGM through global human rights treaty bodies and international commitments, and there are also examples of country-level engagement on monitoring and reporting.

Regional mechanisms for holding governments accountable have been notably strengthened, with the concerted engagement with the African Union and the Saleema Initiative. The support of the Spotlight Initiative has enabled and expansion of the focus on regional institutions and augmented political visibility. A potential challenge is whether national resources will be sufficient to fulfil commitments. Efforts to support civil society organizations (CSOs) to hold governments to account has increased through capacity building and there is growing recognition of the need to collaborate not only with women's movements, but also youth and human rights organizations.

Contribution to policy change

The Joint Programme has contributed significantly to strengthening the policies and legislative environments on the abandonment of FGM, including costed national action plans and allocating budgets for FGM prevention and response. Despite the important achievements reached in developing a conducive legislative and policy environment for FGM abandonment, law implementation and enforcement remain major challenges.

The Joint Programme has strengthened its response to prevent the medicalization of FGM by working on both the supply side (of health-care providers) and the demand side (by communities). However, given the rising trends, engagement needs to be sustained to effectively address not only knowledge but also attitude and behaviour of health professionals. It has increased its focus on cross-border issues in Phase III. The Programme has made significant contributions in East Africa to the development of a regional agreement and plan, and this needs sustained support.

Contributions to changing gender and social norms

Phase III of the Joint Programme achieved a solid gender-responsive approach throughout the design, language and programming tools. There is also a clear and articulated recognition of the need to move towards a more gender-transformative approach, but this is yet to be fully defined in both scope and how it would translate practically at country level. There is not always the necessary nuanced understanding within Joint Programme country activities of how to support and promote agency and rights of women and girls, and address harmful gender stereotypes, but to do so without assuming women and girls have more power over their lives than they do in reality. Joint Programme countries have embraced engagement strategies with men and boys within Phase III, with many stating the need to scale up this aspect of the Joint Programme in the future: however, guidance is needed to ensure that engagement strategies with men and boys are not gender blind or gender harmful, reinforcing the traditional power of men over women and girls' bodies.

The use of public declarations of abandonment (PDAs) as an indicator of social norm change is understood differently at different levels and not always nuanced in terms of whether it is an indicator of a step in the process, and an indicator of change in knowledge and attitude, or whether it is the end goal and an indicator in change of behaviour.

Response to COVID-19 and humanitarian situations

There is significant evidence that the Joint Programme has adapted to the COVID-19 pandemic in innovative and thoughtful ways both at the global level in terms of prompt provision of guidance and at the country level with adaptive strategies, some of which will be useful for continuation post-pandemic (such as new digital and media strategies). This provides a useful example of the potential for rapid and flexible adaptation of the Programme to other humanitarian crises, which has been less visible to date.

Linkages to humanitarian 'actors' are weak for both access to services for FGM survivors in humanitarian situations, understanding the impact of crises on FGM, and identifying windows of opportunity to accelerate social norm change.

CONCLUSIONS

The Joint Programme continues to be a strategic and relevant response by UNFPA and UNICEF to the global issue of FGM. The geographical scale of implementation across 17 countries is significant and already ambitious by programming standards. Given that efforts required to meet the SDG Target 5.3 of abandoning FGM fall far beyond programme implementation, there have been commendable efforts to reach non-Joint Programme countries. The global nature of the Programme and its role within international policy and advocacy is crucial given growing awareness of how widespread FGM is.

Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems. The significant engagement and progress with the African Union have contributed to enhanced and visible political commitment and work is underway to create a strategy to strengthen accountability systems for holding national governments accountable for international and regional agreements on FGM. Engagement with other regional and subregional entities has been more limited, and there has not been a programme strategy as to how and where to prioritize efforts. As yet there is limited programme-wide clarity of comprehensive accountability systems and the Joint Programme's role at different operational levels.

During Phase III, the Joint Programme has advanced its work to support national legal and policy environments, responsive to the situation in each country. There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

The Joint Programme design recognizes the importance of working on complex issues, which reflect modification of FGM practice, in particular medicalization and cross-border FGM. The Joint Programme has continued to adapt its programming as regards medicalization and has contributed to increased awareness and knowledge of health-care providers and communities, although changes in attitudes and behaviour remain a challenge. Within cross-border work, the Joint Programme has contributed important progress within the establishment of cross-border commitment and communication in one region, whilst other regions are at an earlier stage of data generation and utilization.

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 strategy of enhancing access and linkages towards a more systemic approach has yielded positive results.

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 there is yet to be a clear understanding of what a gender-transformative approach actually means at the country level.

The Joint Programme has adapted effectively to COVID-19 within programming and contributed to global understanding of how COVID-19 has impacted FGM, albeit based upon certain assumptions at the time. The agility with which the Joint Programme has responded provides lessons for adapting to, and understanding FGM within humanitarian settings. Currently FGM receives insufficient consideration in humanitarian systems and programming, with limited access to services for FGM survivors in humanitarian settings.

The Joint Programme's development of a measurement framework and indicators on social norms represents a potentially significant contribution to the Joint Programme, and the development community more broadly. Only recently finalized, the ACT Framework has not yet generated social norms data for the Joint Programme, and its comprehensive and lengthy nature may require accompanied capacity support for efficient and feasible application.

At the national and subnational levels, FGM linkages tend to reflect local realities, although these intersectoral links become less intuitive and coordinated at the regional and global levels of programming. There is a lack of more comprehensive frameworks and systematic programming in particular for education, health and gender. 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.

RECOMMENDATIONS

Continue to strengthen global policy and advocacy strategies. Recognizing the need to accelerate efforts to meet the Sustainable Development Goal target to end FGM by 2030, the evaluation recommends that the Joint Programme prioritize its global policy and advocacy work to reinforce the urgent need to intensify efforts to tackle FGM. Although the Joint Programme cannot realistically have an operational presence in all contexts, its global presence within international policy and advocacy is vital. It can also strategically optimize knowledge sharing opportunities and collaborations with non-Joint Programme countries.

Strategically strengthen and support implementation of accountability systems. It is recommended that the Joint Programme develop a comprehensive strategy that articulates its roles in strengthening and supporting the implementation of accountability systems. Operationally, the Joint Programme should build on and expand upon the work achieved during Phase III with the African Union, and expand and intensify engagement with other regional entities as appropriate. In addition, at the national level, the Joint Programme should continue to build on and expand upon the national and subnational efforts to strengthen political commitment and enhanced accountability systems.

The Joint Programme should also advocate for fully funded national legal and policy frameworks, including addressing complex situations such as medicalization and cross-border FGM. It should continue to support countries to develop a conducive legal and policy framework by advocating for anti-FGM laws and costed national plans for the abandonment of FGM, as well as advocating for the allocation of resources to those plans, FGM-related budget tracking and analysis, and a resourced monitoring and evaluation framework to monitor progress. In countries where legal and policy frameworks are in place, more emphasis should be given to translating the national laws into laws at the state/country level and to developing a clear strategy to support governments enforcing the law with attention given to the potential perverse effects that law enforcement could have.

In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements to date. In particular, to prevent medicalization, it should place greater emphasis on changing health-care providers' behaviour (beyond their knowledge and attitudes). To counteract cross-border FGM, the Joint Programme should build on and learn from the positive achievements in East Africa, and regional offices should play a leading role in convening key actors, and in facilitating dialogue and agreements.

Strengthen linkages with other streams of work towards enhanced access to quality services for FGM prevention, protection and care. The Joint Programme should strengthen its linkages and synergies with other harmful practice prevention, in particular child marriage, enhancing the opportunity to work on the shared drivers of both harmful practices. It should also strengthen cross-sectoral linkages for more systematic and coordinated programming (including in education, health and others). Within programming, The Joint Programme should continue to strengthen the access and linkages to services for FGM prevention, protection and care, as well as the quality of services.

Accelerate usage of the 'ACT Framework' to generate data on social norm change. The Joint Programme should now focus on utilizing the ACT Framework to generate data on social norm change. A medium-to-long term strategy for the application of the ACT Framework and/or other tools available to measure social norm change should be developed to provide consistency and guidance across the Joint Programme.

Build the post-Phase III Joint Programme to be gender transformative. The post-Phase III Joint Programme should clearly articulate and agree that FGM programming aspires to be gender transformative and recognize that this is aligned with the approaches and comparative strengths of both agencies. To enhance understanding of what gender transformative means in practice across the Joint Programme, efforts should be made to integrate practical tools within programming, as well as collating examples of gender-responsive and gender-transformative approaches.

Continue considered use of public declarations of abandonment as an indicator. The Joint Programme should continue to use public declarations of abandonment as an indicator of progress but with consideration of some adjustments and reflections.

Incorporate a humanitarian approach within the post-Phase III Joint Programme design. Internally, the post-Phase III Joint Programme should develop a specific humanitarian approach within the design. Externally, and linked to Recommendation 1 with regard to Joint Programme reach, the post-Phase III Joint Programme should include within it an advocacy strategy for broader reach, a component of working with and influencing the gender-based violence (GBV) area of responsibility (AoR) to include FGM more visibly within global gender-based violence in emergencies guidelines and minimum standards. Influence should be targeted at the global level: if change is enacted here with regard to having FGM more recognized within global-level gender-based violence guidance, this will automatically trickle down to country responses.



© UNFPA Yemen.
Mother with her daughter.



INTRODUCTION

1.1 PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

The evaluation reviews Phase III programme contributions to outputs and outcomes. It is also forward looking, as information generated will be used to support evidence-based decision-making and to inform UNFPA and UNICEF work beyond 2021.

As per the evaluation terms of reference the primary objectives of the evaluation are:

- To assess the relevance (including gender responsiveness), coherence, effectiveness and sustainability of the UNFPA/ UNICEF Joint Programme support to accelerate female genital mutilation (FGM) abandonment in the programme countries and provide recommendations on how to further accelerate progress in ending FGM
- To identify lessons learned and generate knowledge from Phase III in order to inform the design of a potential next phase; including identifying what packages of strategies and interventions to continue and/or discontinue and in what context, and providing corrective actions on gaps and opportunities
- To assess the extent to which UNFPA and UNICEF, through the Joint Programme, have effectively positioned themselves as key players, including at regional level, in contributing to the broader 2030 Agenda for Sustainable Development (2030 Agenda), in particular Goal 5, Target 5.3 relating to FGM.

The emphasis of this formative evaluation is on learning. The primary intended users of the evaluation are UNFPA and UNICEF senior management, the staff members of the Joint Programme (at the global, regional and country levels), and implementing partners, as well as the Steering Committee members and the wider community working on FGM abandonment, including government partners and civil society organizations.

Scope of the evaluation

The temporal, thematic and geographical scope are set out below, as per the terms of reference.

Temporal scope - the evaluation covers the implementation and results of the UNFPA/UNICEF Joint Programme support during Phase III (2018-2021) from commencement until April 12, 2021 (cut-off date for the evaluation data collection).¹

Thematic scope - three thematic areas emerged as key areas of interest for the evaluation, which are included as thematic notes:

1. Gender transformative element: the extent to which the Joint Programme has integrated a gender-responsive and/or a gender-transformative approach
2. Responding to FGM within complex situations, including cross-border FGM and medicalization
3. Response to COVID-19 and other humanitarian crises: the extent to which the Joint Programme has adapted programming in response to the pandemic and other humanitarian crises.

Geographic scope - the evaluation covers three programme levels – global, regional and national – and their interconnections. Attention has been paid particularly to the Joint Programme's regional-level positioning, including its partnership with regional bodies, as well as its support to country offices.

¹ An evaluation of Phases I and II of the Joint Programme was finalized in 2019. As the evaluation started in 2018 and data collection continued until January 2019, the scope of the evaluation was expanded to include results from the first year of Phase III. In this sense, the present evaluation of Phase III builds on results from the previous evaluation. The evaluation has reviewed the implementation of the 2019 evaluation recommendations agreed to within the Management Response.



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Girls from the House of Hope Rescue Centre at Naikarra Primary School in Kenya's Narok County.

2

CONTEXT OF THE EVALUATION

2.1 OVERVIEW OF FEMALE GENITAL MUTILATION

It is estimated that at least 200 million girls and women alive today have undergone some form of female genital mutilation across more than 30 countries.² This includes the range of FGM procedures generally categorized into four different types:

- **Type I (clitoridectomy):** Partial or total removal of the (external) clitoris and/or the prepuce
- **Type II (excision):** Partial or total removal of the (external) clitoris and the labia minora, with or without excision of the labia majora
- **Type III (infibulation):** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris
- **Type IV (other harmful procedures):** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.³

The age at which the procedure is performed varies from infancy until early adulthood across different countries although it is typically performed between the ages of seven and ten⁴ and is considered to be a rite of passage for girls into womanhood by those who practice it. Reasons for practicing female genital mutilation include sociological, cultural, religious and socioeconomic factors, as well as perceptions related to hygiene and aesthetics. Above all, however, in countries where it takes place, female genital mutilation is a social norm arising from deeply entrenched gender inequality and the desire to control women's sexuality.⁵ It is internationally recognized as a harmful practice and as a "fundamental violation of human rights";⁶ further, it is recognized as a harmful practice and results in a plethora of both immediate and long-term tangible medical, psychological, emotional and social harmful effects.⁷

Over the past few decades, there has been significant global momentum within the international development community towards abandoning FGM and this has led to very real progress with regard to policy environments but less consistent progress at community level.⁸ Over the last two decades, FGM prevalence rates have reduced by a quarter and the proportion of girls and women in high-prevalence countries who oppose the practice has doubled.⁹ However, while there is evidence that the more extreme type of FGM (Type III) is declining, the overall rate of decline "does not always reflect the huge amounts of money, time and energy invested to date."¹⁰

2 UNICEF and UNFPA. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change. Phase III: 2018-2021. Terms of Reference.2020.

3 <https://www.who.int/publications/i/item/WHO-RHR-19.19>

4 UNICEF and UNFPA. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change. Phase III: 2018-2021. Terms of Reference.2020.

5 UNFPA. 2020. Tailoring Steps to End FGM Based on Age.

6 UN. Eliminating female genital mutilation: An interagency statement. 2008.

https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

7 UNICEF. Technical Note. Gender transformative approaches for the elimination of female genital mutilation. 2020.

8 28 Too Many. FGM and social norms. A guide to designing culturally sensitive community programming. 2019.

9 <https://data.unicef.org/resources/a-new-era-for-girls-taking-stock-of-25-years-of-progress>

10 Ibid.

Overarching global and United Nations context

FGM is recognized as a harmful practice, often resulting in serious injury, disability, or even death. It is also a clear violation of the basic human rights of women and girls, such as the right to bodily integrity, to health, to be free from violence, to non-discrimination, and to be free from cruel, inhuman, and degrading treatment.¹¹ FGM is often framed within a wider gender equality agenda while also being addressed within numerous other international policy instruments. “The list of human rights treaties and other agreements that address the wrongs of FGM is long. So too is the list of directives to state and non-state actors to end the practice.”¹² Some of the key milestones are shared below.¹³

The elimination of FGM is enshrined within international instruments dating back to the 1948 Universal Declaration of Human Rights (articles 5 and 7).¹⁴ In 1993 the Declaration on the Elimination of all forms of Violence against Women included the wording, under Article 2, that violence shall be understood to encompass¹⁵ “physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation”.¹⁶

In 1994 the International Conference on Population and Development Programme of Action (ICPD PoA), endorsed by 179 governments, stated that “governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices”.¹⁷

In 2004, the African Union adopted the “Maputo Protocol” – the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa. It was adopted by the African Union, and, to date, 53 African countries have signed it and 28 have ratified it. Article 5 of the Protocol calls for the eradication of FGM.¹⁸ In 2012 General Assembly Resolution A/RES/67/146 was specifically focused on “intensifying global efforts for the elimination of female genital mutilations.”

In Istanbul, a Council of Europe Convention, the “Istanbul Convention”, a human rights treaty against violence against women and domestic violence was opened for signature in 2011. It covers various forms of gender-based violence (GBV), including FGM (Article 38) recognizing that in Europe many girls and women are affected or threatened by FGM.

Critically, FGM is specifically referenced in the 2030 Agenda, under Sustainable Development Goal 5: 5.3 “Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilations.”¹⁹

UNFPA and UNICEF strategic approaches

UNFPA and UNICEF both focus on FGM within different aspects of their general mandate, as well as having the specific Joint Programme on the Abandonment of Female Genital Mutilation.

For UNFPA, ending gender-based violence and harmful practices, including FGM, is inherent within one of the three transformative people-centred results for the Strategic Plan (2018-2021): “UNFPA embraces the vision set forth in the 2030 Agenda. UNFPA will organize its work around three transformative and people-centred results in the period leading up to 2030. These include: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) and end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced

11 UNICEF and UNFPA. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change. Phase III: (2018-2021). Terms of Reference. 2020.

12 UNFPA. State of the World’s Population. Against my will: Defying the practices that harm women and girls and undermine equality. 2020.

13 A more comprehensive list is available in Annex 12 of UNFPA/ UNICEF, 2019, Joint Evaluation of the Joint Programme on the Abandonment of FGM: Phase I and III.

14 <https://www.un.org/en/universal-declaration-human-rights/>. accessed 1st December 2020.

15 https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.21_declaration%20elimination%20vaw.pdf. accessed 1st December 2020.

16 Ibid.

17 https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf. accessed 1st December 2020.

18 <https://www.endfgm.eu/resources/international/maputo-protocol/>. accessed 1st December 2020.

19 <https://www.28toomany.org/thematic/the-sustainable-development-goals-and-fgm/>. accessed 1st December 2020.

marriage.”²⁰ FGM is also included in Outcome 3 and Output 6 of the Draft UNFPA Strategic Plan (2022-2025). In 2020 and 2021, harmful practices, including FGM, were the focus of the annual UNFPA State of the World Population report, highlighting the importance of this issue within UNFPA.²¹

FGM features prominently within the draft UNICEF Strategic Plan (2022-2025). This includes FGM and other harmful practices under Goal 3, which aims to ensure that every child, including adolescent, is protected from violence, exploitation, abuse, neglect and harmful practices. The strategy acknowledges that “despite the progress made over the past two decades, including ... declines in female genital mutilation (FGM) and child marriage, significant acceleration is required to achieve the child protection-related Sustainable Development Goals.”²² Notably, it places FGM within a wider framing of redressing gender inequalities and states that “gender equality is at the heart of everything UNICEF does. The organization aspires to spark bold, systemic change to redress gender inequalities and empower girls, women and marginalized people of all genders. It strives to understand the root causes and intersections of all child rights violations, and to transform institutions and social norms so that no child is left behind.”²³

2.2 THE JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION

The UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change is a global programme, currently being implemented in 17 countries, and links community-level transformation of social norms that often drive FGM with laws banning the practice and access to quality sexual and reproductive health and child protection services for girls and women at risk of, and affected by, FGM. The Joint Programme has been implemented since 2008 and it is currently on its third phase of implementation.

Phase I (2008-2013)

The first phase of the Joint Programme piloted a holistic approach to the abandonment of FGM. The objective was “to contribute to a 40 per cent reduction of the practice among girls aged 0-15 years, with at least one country declared free of female genital mutilation/cutting (FGM/C) by 2012”. This initial phase began with eight countries, but by the end was operating in 15 countries. The Joint Programme collaborated with governments, civil society and communities to provide legal and policy reform, support service provision and work with communities to abandon the practice. The total expenditures of the Joint Programme during Phase I amounted to United States dollars (USD) 31.6 million.

Phase II (2014-2017)

The second phase of the Joint Programme was launched with the expansion to two further countries (the current 17 countries), and also supported regional and global efforts to eliminate FGM. The objective was revised from Phase I to “contribute to the acceleration of the total abandonment of FGM in the next generation (i.e., next 20 years) through a 40 per cent decrease in prevalence among girls 0-14 years in at least 5 countries and at least one country declaring total abandonment by the end of 2017”. The total expenditure of the Joint Programme during Phase II was USD 60.3 million.

Two notable strategies were introduced in Phase II, drawing on the lessons learned from the findings of the Phase I evaluation:

1. An increased focus on addressing social norms that result in harmful practices by supporting large-scale social transformation and positive change at the household, community and society levels. This involved investing in research as well as providing capacity-building to governments, civil society organizations (CSOs) and staff members in using a social norms approach
2. An enhanced focus on strengthened systems, tools, and capacities for longer-term data collection and analysis to provide monitoring data.

20 UNFPA. Strategic Plan (2018-2021). 2017. https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf

21 UNFPA. State of the World's Population. Against my will: Defying the practices that harm women and girls and undermine equality. 2020.

22 UNICEF. 2021. UNICEF Strategic Plan (2022–2025), draft for review. Para 59.

23 UNICEF. 2021. UNICEF Strategic Plan (2022–2025), draft for review. Para 80.

Phase III (2018-2021)

Phase III of the Joint Programme covers the years 2018 to 2021 and takes a holistic and comprehensive approach to creating an enabling environment through policy and legislation, supporting access to comprehensive services, and empowering communities to drive social change. Recognizing the interlinkages between its areas of interventions, Phase III is built around four outcomes:²⁴

- Interventions targeting accountability mechanisms for governments' obligations to eliminate FGM (**Outcome 1**)
- Interventions that support the rights, needs and agency of girls and women, while expanding engagement of men and boys in promoting and achieving gender equality (**Outcome 2**)
- Service provision for FGM prevention, protection and care, including access to technical expertise and legal representation (**Outcome 3**)
- Capturing good practices and lessons learned for effective knowledge sharing and learning, as well as developing mechanisms to measure changes in social norms and create an evidence base for scaling up effective interventions to end FGM (**Outcome 4**).²⁵

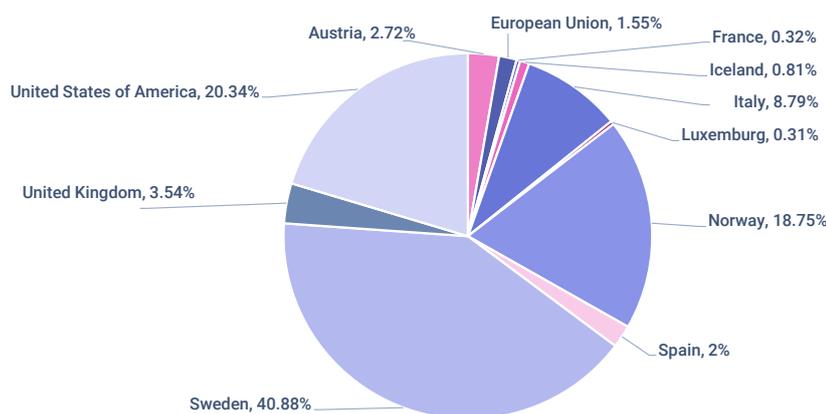
Joint Programme hypothesis

The Joint Programme's hypothesis remains that: if policies and legislation are in place and appropriately resourced for the elimination of FGM, and if women and girls at risk of and affected by FGM access comprehensive services, and if individuals, families and communities accept the norms of keeping girls intact, then there will be an elimination of FGM at the household, community and society levels by 2030.²⁶

Support to Phase III of the Joint Programme

Donor contributions for 2018, 2019 and 2020 amounted to USD 70 million, and expenditure amounted to USD 51.4 million²⁷. Phase III of the Joint Programme is supported by a range of donors, including Austria, the European Union,²⁸ France, Iceland, Italy, Norway, the United Kingdom, and the United States.²⁹

FIGURE 1: Donor contributions to the Joint Programme Phase III



Source: UNFPA-UNICEF. 2021. UNFPA-UNICEF Joint Programme on the elimination of female genital mutilation: Accelerating change, 2020 Annual Report Data.

24 The full programme logframe is included in Annex 5 of volume 2.

25 UNICEF, UNIFPA. 2018. Proposal for Phase III of the UNFPA-UNICEF Joint Programme for the Abandonment of Female Genital Mutilation: Accelerating Change, page 7.

26 UNFPA, UNICEF. 2018. Proposal for Phase III of the UNFPA-UNICEF Joint Programme for the Abandonment of Female Genital Mutilation: Accelerating Change, p19.

27 Data for 2018 and 2019 drawn on the Data for All platform, and for 2020 from the draft annual report.

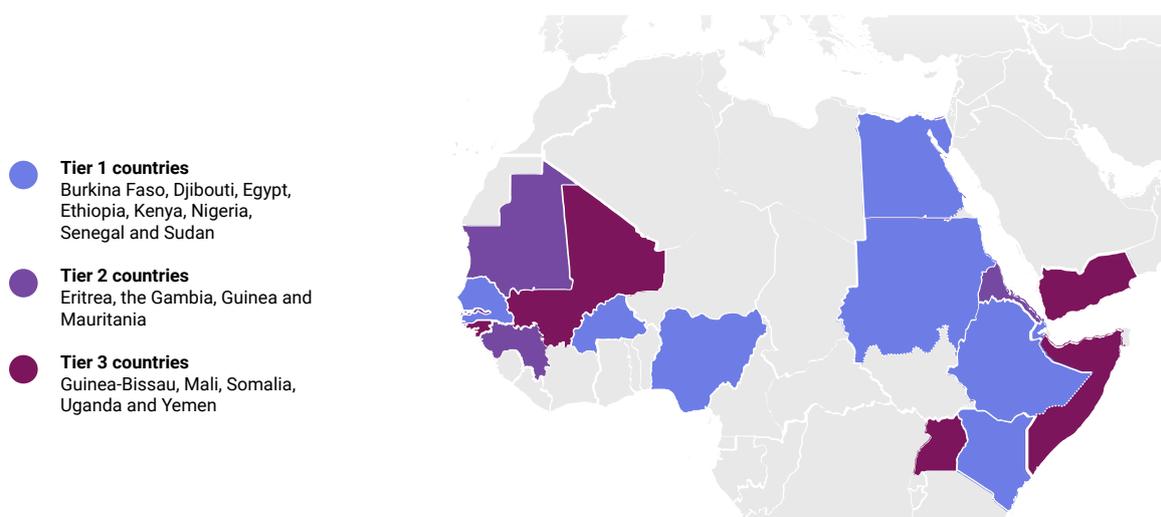
28 The contribution of the European Union was through the Spotlight Initiative Africa Regional Programme.

29 Spotlight Africa Regional Programme has a budget from 1st January 2020 to 31 December 2022 of USD 12,647,455, with Spotlight initiative funding of USD 8,540,000 and UNFPA/UNICEF funding of USD 686,895.

Geographic coverage of the Joint Programme

The Joint Programme provides direct programmatic support to 17 countries. The countries are divided into three tiers,³⁰ classified by the number of women and girls affected by FGM as well as those at risk, and the extent to which there is a conducive policy and legislative environment to end FGM.³¹ The tier system represents the Joint Programme's different modes of engagement for prioritizing investments and interventions. For Phase III, Tier 1 countries that had favourable conditions to accelerate change were prioritized within resource allocation, due to limited funds availability at the start of the phase. They employed all four modes of engagement comprising: (i) policy and advocacy; (ii) knowledge management; (iii) partnerships and coordination; and (iv) service delivery at the community level. Tier II and Tier III countries focused more on services and community engagement.

FIGURE 2: *The geographical coverage of the Joint Programme*



Source: UNFPA-UNICEF Joint Programme on the abandonment of female genital mutilation – Annual Report 2018.

Map disclaimer: The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

30 As described within the UNFPA-UNICEF, 2017, Elimination of Female Genital Mutilation: Accelerating Change Workplan, page 31.

31 In 2018, funding constraints initially limited programme interventions to Tier 1 countries. Uganda and Mali received financial and technical support by the middle of the year. 2018 Annual Report, page 6.



3

EVALUATION DESIGN AND METHODS

3.1 OVERVIEW OF THE EVALUATION

The evaluation commenced in November 2020 and consisted of four phases. The evaluation approach both looks back to assess performance against planned outputs and outcomes, and is also forward looking and strategic in nature, with a focus on learning and providing real-time insights for future programming.

Evaluation criteria and questions

Consistent with the aims of the evaluation, to produce evaluative evidence on the Joint Programme performance in achieving results and contribute to learning, the evaluation assessed the relevance, coherence, effectiveness, and sustainability of the Joint Programme. These criteria were selected as they are internationally recognized as criteria for evaluation by the Organisation for Economic Co-operation and Development’s Development Assistance Committee (OECD-DAC) and were selected as the most appropriate. Efficiency and coordination were not included in order to ensure a more focused scope to the evaluation (and they were extensively covered in the previous evaluations), although some dimensions of efficiency and coordination are included within analysis of other criteria. Impact was also not included as a criterion, given that the evaluation is not attempting to measure changes that are longer term or broader in scope than those already captured under the effectiveness criterion.

The evaluation comprised of eight evaluation questions across the evaluation criteria, shared in Table 1.

TABLE 1: Evaluation criteria and questions

Evaluation criteria	Evaluation questions (EQ)
Relevance	EQ 1. To what extent is the design of the Joint Programme aligned with and responds to relevant policy frameworks (global, regional, partner countries, UNFPA and UNICEF policies and strategies) and the needs of affected populations?
	EQ 2. To what extent is the Joint Programme design gender responsive and/ or transformative to contribute to accelerating the abandonment of FGM at the national level (including cross-border regions)?
Coherence	EQ 3. To what extent has the Joint Programme created synergies and linkages with other related streams of work to contribute to its goals?
Effectiveness	EQ 4. To what extent has the Joint Programme effectively partnered at the regional, national and subnational level to hold governments to account for meeting their obligations to eliminate FGM?
Effectiveness and sustainability	EQ 5. To what extent has the Joint Programme contributed to strengthening national policies and legislative frameworks on the abandonment of FGM through the integration of evidence-based analyses on emerging issues concerning FGM, specifically medicalization and cross-border issues?

Effectiveness	EQ 6. To what extent has the Joint Programme contributed (or is likely to contribute) to transforming social norms, not just for communities to abandon the practice of FGM but for communities to abandon the root-cause gender inequality motivation behind the practice of FGM?
	EQ 7. To what extent has the Joint Programme put in place a space, across countries and regions, for knowledge sharing and learning?
	EQ 8. To what extent has the Joint Programme responded and adapted programming to respond to challenges resulting from humanitarian crises, including during the COVID-19 pandemic, comprising reduced access to services and support?

A complete evaluation matrix is included in Annex 13, which sets out the evaluation criteria, evaluation questions, assumptions, indicators and related data collection and data analysis tools that were used.

The evaluation integrated human rights and gender equality principles, in particular the “non-discrimination and equality, and participation and inclusion” principles of the United Nations Evaluation Group (UNEG) based on applicable criteria of the United Nations System Wide Action Plan (UN-SWAP).

Evaluation components and methods

The evaluation comprised three key levels of data gathering and analysis: global, regional, and six country “deep dives”. The deep dives were 6 selected countries (of the 17 Joint Programme countries) for which a desk review was conducted and interviews held, and they provide the majority of the examples for the report. The areas of enquiry at each level are shown in Table 2.

TABLE 2: Lines and levels of evidence

Global level	<ul style="list-style-type: none"> The performance of the global programme against the monitoring indicators of the results-based framework to reflect upon progress to date International positioning in relation to creating policy space for a gender-responsive and/or -transformative approach to FGM The support provided by headquarters in order to facilitate effective FGM programming at the country level, as an integral part of much of the evaluation
Regional level	<ul style="list-style-type: none"> The partnering of regional intergovernmental organizations and strengthening of regional accountability mechanisms to facilitate enhanced national commitment to end FGM The scope, nature and degree of support provided to country offices by regional offices in order to support effective FGM programming at the country level
Country level: Thematic deep dives	<ul style="list-style-type: none"> How and to what extent the Joint Programme countries are integrating a gender-responsive and/or gender-transformative approach within their design, implementation and partnering. Key lessons that have emerged will be distilled How country offices are adapting to FGM programming within humanitarian crises, including COVID-19, and lessons learned Complex context-specific issues: How and the extent to which the Joint Programme has contributed to strengthening national policies and legislative frameworks on the abandonment of FGM, specifically medicalization or cross-border issues and lessons learned

At the country level, six programme countries - Ethiopia, Guinea, Kenya, Mali, Nigeria and Sudan - were selected in order to gain more depth of understanding (using sampling criteria discussed below). In particular, the evaluation focused upon the three key thematic areas within the country cases that have been produced as thematic notes accompanying the main report.

Sampling

The evaluation used purposive sampling across the multiple levels (global, regional, and country level). At the country level, the sample frame consisted of all 17 programme countries and six countries were selected for a deep dive against two key criteria: 1) the reflection of different FGM prevalence levels, and the level of acceleration required for its abandonment by 2030; and 2) the representation of a mix of humanitarian situations (conflicts, displacements, food shortages, climate shocks as well as COVID-19) to explore how the Joint Programme has responded to humanitarian crises (including COVID-19). The deep dives also offered the opportunity to understand and reflect upon how gender has been approached in different country programme contexts. A table that sets out each country against the different evaluation criteria is shared in Annex 3.

The interviewees at the global, regional, and country levels were selected based on the following sampling criteria: special knowledge of the Joint Programme and/or the context of FGM, interest and influence in the Joint Programme, geographic representativeness, stakeholder inclusion and learning opportunities. The desk review included all relevant documents made accessible at the global and regional levels and reflected the sampling at the country level.

The sample for the Joint Programme staff survey drew on the list of the Joint Programme focal points in programme country and regional offices, which included 36 UNFPA and 66 UNICEF staff working on the Joint Programme with different roles such as programme officer, programme coordinator, gender specialist, child protection specialist etc.

Similarly, the sample for the implementing partners survey drew on a stakeholder list collated by all the country offices. Country offices were requested to indicate in the list all implementing partners including governmental, non-governmental, those from the private sector and, as appropriate, those operating at regional national or subnational levels that had been working with the Joint Programme during Phase III.

3.2 DATA COLLECTION METHODS

In line with the methodology described earlier, the evaluation adopted a mixed methods approach. Qualitative methods focused upon key informant interviews and document review while quantitative methods involved surveys, as illustrated in Figures 3 and 4. Given the COVID-19-related restrictions on travel movements, data collection relied solely on remote methods, including the use of digital data collection tools to access community members. Limitations are described at the end of this section.

FIGURE 3: Evaluation tools and methods for data collection and analysis

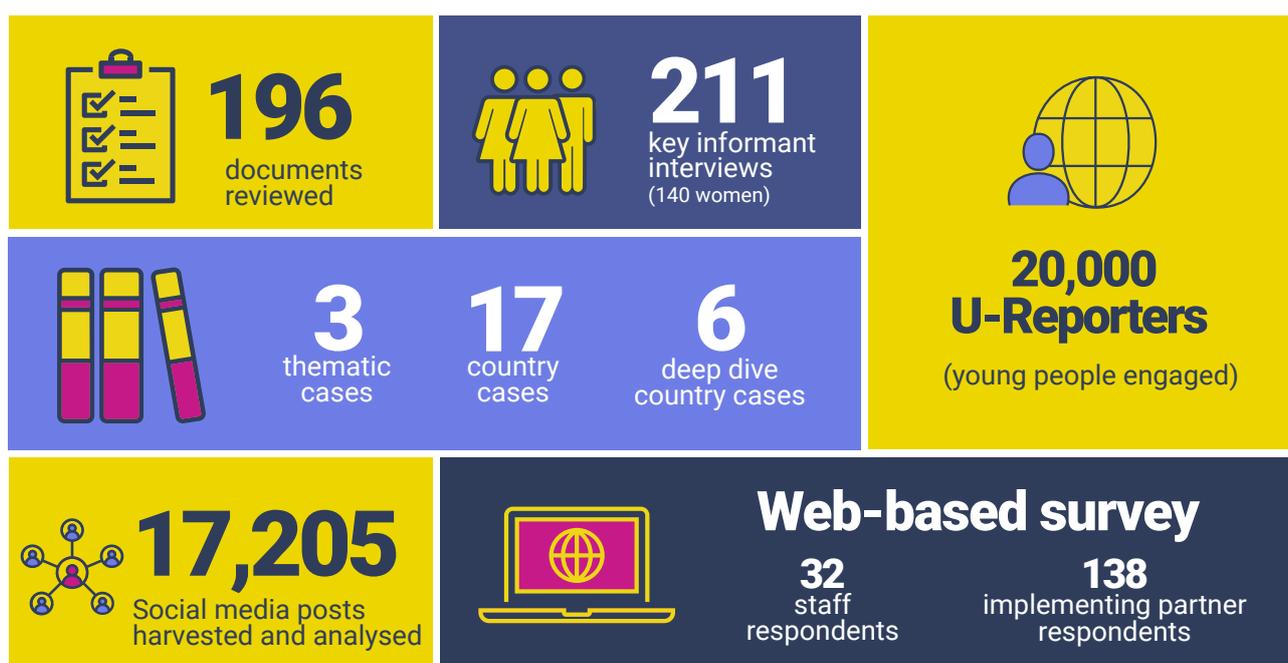
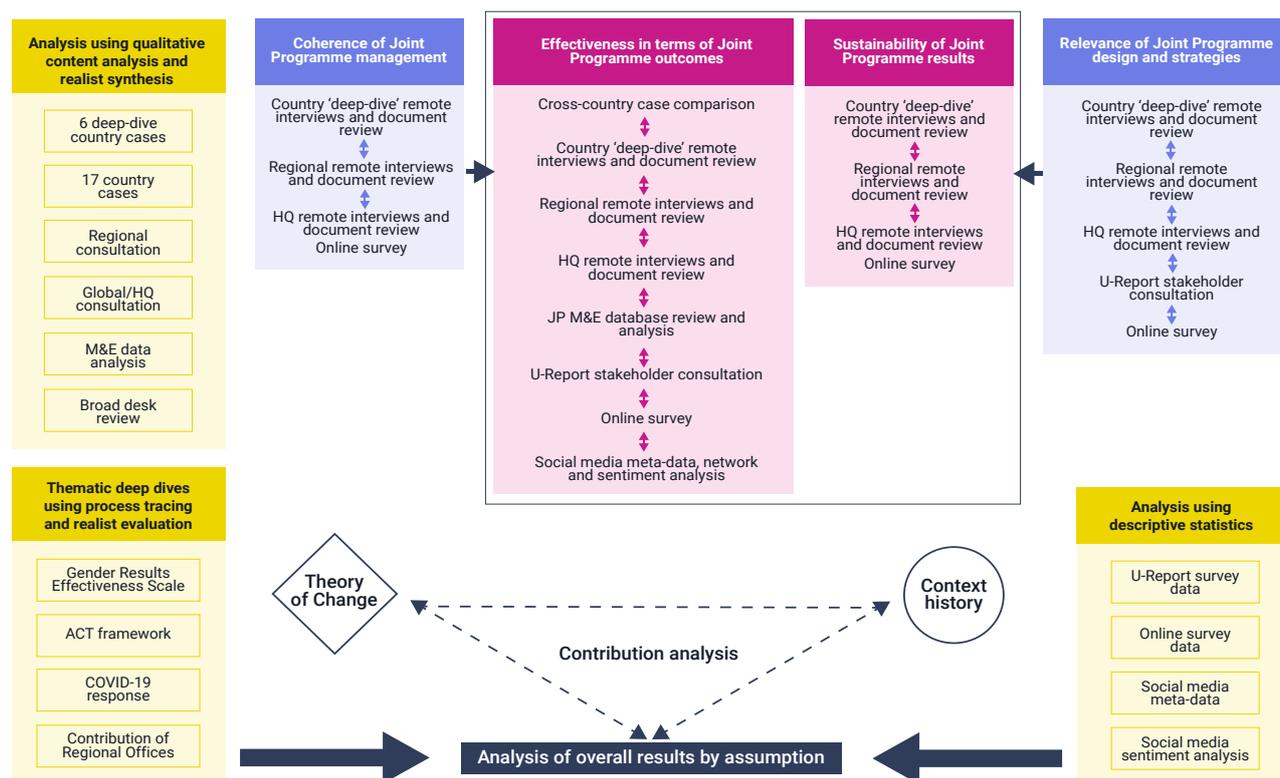


FIGURE 4: Evaluation design and use of evidence



The desk-based document and data review was an important qualitative data source, particularly given the remote nature of the evaluation. The desk review included strategic and programmatic documents, progress reports, monitoring data, past reviews and evaluations, technical reports and publications on FGM and other relevant documents. Overall, 196 documents were reviewed. The list of documents reviewed is included in Annex 7.

Semi-structured individual and group interviews were conducted (via Zoom, MS Teams or phone) to pursue particular areas of knowledge of individual respondents and thus to better inform the evaluation with their experience and insights. These targeted key informants from across the different groups of stakeholders:

1. UNFPA and UNICEF headquarters staff, other United Nations agency staff, partners and donors at the global level
2. UNFPA and UNICEF regional office staff, and regional partners and stakeholders in the three regions (the Middle East and North Africa (MENA)/Arab States; and the two African regions) at the regional level
3. In-country Joint Programme staff, implementing partners, government partners, civil society organizations and academia, other United Nations agencies and donors among other key stakeholders and partners, for the six selected deep dive countries.

In addition, across the six programme countries, interviews were conducted at the representative/deputy representative level (with operational staff if requested). The six countries (Djibouti, Eritrea, Gambia, Guinea Bissau, Somalia and Yemen) were selected on the basis that they had NOT been included as a case study in either of the previous Joint Programme evaluations.

Group interviews were conducted where there was sufficient commonality. All interviews were conducted remotely. Twenty group interviews were held (with three or more interviewees), 13 of which were at the country level. The total number of interviews undertaken is shown in Table 3.

TABLE 3: Total number of stakeholders interviewed, by type of stakeholder and sex

	Female	Male	Total
UNFPA and UNICEF staff - global level	12	6	18
UNFPA and UNICEF staff - regional level	13	6	19
UNFPA and UNICEF staff - country level	49	28	77
Other UN agency staff	6	0	6
Regional inter-agency institutions	1	1	2
Government institutions	22	13	35
NGOs/CSOs	30	17	47
Donors	7	0	7
Total	140	71	211

Two web-based surveys were developed to target: (i) UNFPA/UNICEF Joint Programme staff; and (ii) implementing partners, across all of the Joint Programme countries (see Annexes 9 and 10). Both surveys collected data, using Likert scales, around the respondents' perception of the relevance and effectiveness of the Joint Programme, including its ability to adapt to changing situations such as COVID-19. The surveys also requested the respondents' insights around the facilitating and hindering factors to social norm change. The surveys included open-ended questions to allow respondents to provide more articulated feedback and suggestions for future programming and implementation. Survey data were considered to be representative despite response rates not being high: 31 per cent for the staff survey and 50 per cent for the implementing partners survey.³²

TABLE 4: Summary of the people contacted to respond to the online staff and implementing partners' surveys, and the actual response rates

	Targeted people	Actual responses	Response rate
Staff survey	102	32	31%
Implementing partners survey	285	138	50%

U-Report, a global social platform created by UNICEF,³³ was included as an evaluation tool to reach out to populations in Joint Programme countries to collect their knowledge and attitudes on FGM practices. The use of U-Report as a data collection tool in this evaluation was considered particularly opportune to address targeted populations given the evaluation team's inability to meet Joint Programme participants due to the inability to conduct field visits because of the COVID-19 pandemic travel restrictions.

The U-Report surveys collected data from approximately 20,000 people voluntarily registered in the U-Report database in four Joint Programme countries where the U-Report platform was operational, namely Burkina Faso, Nigeria, Mali and Uganda (see details on respondents in Annex 12). Respondents were mainly in the age group between 20 and 30 years old, with an average number of respondents of over 20,000 per question (from 24,700 at Q3, to 16,800 at Q11). The number of respondents varied

³² For the staff survey, results were considered to be representative of the Joint Programme as a whole as the respondents were from 14 of 17 countries and all three regions. Similarly, the results of the implementing partners' survey were also considered representative since the survey has been completed by stakeholders from all Joint Programme countries, except from Djibouti.

³³ U-Report is a social platform for young people to express their opinion on issues that matter to them. It is available via messaging, social media and SMS channels, therefore it works on basic mobile phones; it is free, anonymous and user-friendly.

across the four targeted countries depending on both the overall number of people registered on the U-Report platform, and the targeted areas within the country (for example, in Uganda and Nigeria, the poll targeted only the counties with high FGM prevalence). Respondents' perceptions were collected focusing not only on their own attitudes, but also on their perception of community attitudes and behaviours as a proxy to collect perceived changes at the community level.³⁴

Social media data was collected to conduct social media data analysis. In total, 17,205 individual mentions/posts were tracked globally across multiple languages and platforms, covering November 2020-May 2021 (software limitations prevented a historical search for periods before the evaluation process began). The purpose was not to directly assess the Joint Programme performance, but to paint a "richer picture" of the operating context, and to explore underlying assumptions that are present in the theory of change. There were two elements of inquiry around social media: (i) to what extent the Joint Programme is leveraging social media (programme-wide); and (ii) what were the coverage and content of social media (at the global level). The analysis was conducted with the support of "Mention" software, which helps track relevant FGM terms through both online media monitoring and social media listening. Analysis looked at the reach, sentiment, and volume of posts across different platforms to answer questions about engagement and discourse around FGM.

Ethical considerations

The evaluation was conducted in accordance with the UNFPA and UNICEF evaluation policies, the United Nations Evaluation Group Ethical Guidelines, the Code of Conduct for Evaluation in the United Nations System,³⁵ and the United Nations Norms and Standards for Evaluation in the United Nations System.³⁶ Specific commitments included:

- **Involvement of minors:** Given that data collection was conducted remotely, and also given ethical and ethnographic norms, the evaluators did not work directly with any stakeholder below 15 years of age. Following the ethical review of the use of the U-Report as a data collection tool for the evaluation,³⁷ it was agreed that the U-Report would not have targeted people below 18 years of age. However, a number of responses from minors were received probably because, even if the phone number registered in the U-Report database is linked to a person above 18 years of age, it is not possible to predict who is actually using the device the moment it receives the link to the poll, and who will actually respond to it. In the data analysis, all responses from people below 18 years of age have not been included.
- **Rights to self-determination, fair representation, protection and redress:** The evaluation team ensured that the right of individuals to participate or not in the data collection were respected. The evaluators ensured that consent to participate in the evaluation was based upon clear understandings of the intention of the process and possible risks or outcomes.
- **Confidentiality:** The confidentiality of the information disclosed by individuals during the evaluation process was integral to each stage of the evaluation, and messages concerning confidentiality were included in all data collection tools.

3.3 DATA ANALYSIS METHODS

The evaluation applied a number of different evaluation data analysis methods or tools. Primary and secondary data as well as qualitative and quantitative data, were considered against the different questions of the evaluation matrix. There is a full description of each of the data analysis tools within Annex 3. Below, we briefly explain some of the key analysis techniques that were used.

A contribution analysis was used as the overall approach for the evaluation. Contribution analysis is a methodology used to identify the contribution that a development intervention has made to a change or a set of changes. It aims to produce a plausible, evidence-based narrative of contribution that a reasonable person would be likely to agree with, rather than producing conclusive proof. It encourages a rigorous and transparent approach to assessing contribution to change and

34 Considerations on the limitations of this tool, such as including limited access to phone devices for girls and women compared to boys and men, the quality of the phone available to the user, the education level of respondents, are stated in Section 3.4 limitations and constraints of the evaluation and Annex 4.

35 United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the UN system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

36 United Nations Evaluation Group, Norms and Standards for evaluation in the UN system, accessible at: <http://www.unevaluation.org/document/detail/2866>; Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

37 The ethical review on the U-Report survey was conducted by Health Media Lab IRB on behalf of UNICEF.

reduces uncertainty in the analysis of whether a development intervention has contributed to change. It is particularly useful for programmes where an assessment of sole contribution is difficult, as is the case for the Joint Programme, where there is a wider community of actors working to accelerate FGM abandonment.

The Joint Programme theory of change for Phase III was used as the basis for the contribution analysis (see Annex 2). The assumptions within the evaluation matrix (see Annex 13) were used to test the causal pathways and the extent to which change occurs between the goal of the programme and its interventions, outputs and outcomes.

Gender analysis framework

The gender framework that was used throughout the evaluation was the Gender Equality Continuum, shown below in Figure 5, and developed by UNICEF.³⁸ It was used within the evaluation to frame analysis of the gender impact of different components of FGM Joint Programme interventions.

FIGURE 5: Gender scale



Source: UNICEF. Technical Note. Gender transformative approaches for the elimination of female genital mutilation. 2020.

Within this scale, and for FGM programming, it is well acknowledged that approaches should be gender responsive at the least, and preferably gender transformative. For the purpose of this evaluation, the following definitions as applied by the UNICEF technical note have been used:

- **Gender discriminatory:** programming that reinforces harmful and negative gender norms and actively harms women and girls
- **Gender blind:** programming that ignores gender differences and differing needs of women, men, boys and girls, and also ignores gender power dynamics and therefore by default tends towards doing harm to women and girls
- **Gender sensitive:** programming that recognizes different needs of women, men, boys and girls and acknowledges gender power dynamics but does not necessarily address these other than to try and integrate an understanding of these dynamics within programme design
- **Gender responsive:** programming that includes specific action to try and reduce gender inequalities within communities
- **Gender transformative:** programming that is designed around a fundamental aim of addressing root causes of gender inequality within society.

Realist evaluation³⁹ was applied to assess the extent to which the Joint Programme contributed to the acceptance of a new social norm to keep girls intact in the targeted populations (EQ 6). Realist evaluation helped to understand how and why interventions worked in different contexts, especially in the view of informing the designing of the new Joint Programme phase.

Process tracing⁴⁰ was applied to assess the contribution of the Joint Programme to strengthened and evidence-based national policies and legislative frameworks on the abandonment of FGM (EQ 5), as it helped by considering other potential influences on the development of the policy and legislative frameworks in the deep dive countries.

38 UNICEF. Technical Note. Gender transformative approaches for the elimination of female genital mutilation. 2020.

39 Realist evaluation is a theory-based approach to evaluation, whose purpose is to answer the questions “what works”, for whom does it work”, “in which circumstances”, and “why”.

40 Process tracing involves the development and testing of alternative ideas about how and why change might have happened, and is particularly useful for areas of work where assessment of change may be the result of many different influences.

3.4 LIMITATIONS AND CONSTRAINTS OF THE EVALUATION

There were a number of limitations of the evaluation, particularly given that it was conducted during the COVID-19 pandemic and in-country visits were not possible. The limitations and mitigation strategies are shared in Table 5 below.

TABLE 5: Joint Programme on the abandonment of female genital mutilation Phase III. Challenges/limitations and mitigation measures

Limitation	Description	Mitigation strategy
Limitations in accessing reliable and informative quantitative data on FGM reduction	There are significant sector-wide challenges around statistically measuring the reduction of FGM. Data on FGM prevalence mainly rely on data collected through major household surveys, such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), conducted at the national level	The evaluation team has used a primarily theory-based qualitative approach to assess the logical coherence of the Joint Programme's change model, the extent to which strategies are aligned and contributed to the change model, and other relevant programming issues that can provide some reasonable insight into whether the programme is likely contributing to reducing FGM. Joint Programme monitoring data to measure programme outcomes for years 2018, 2019, and 2020 were also used to assess programme effectiveness
The implications of COVID-19 have prevented in-person visits to countries	COVID-19 and the inability to travel has meant that the evaluation team has been unable to conduct in-person case study visits to countries where programming was implemented. There was therefore a reliance on remote interviews and reliance on technology to facilitate that. Whilst it functioned well most of the time, it also added some challenges	The evaluation team conducted desk review and remote interviews with a range of stakeholders (including government, United Nations staff, implementing partners) in six countries to gain as much understanding of the contexts as possible. In addition, interviews were held with representatives in six other Joint Programme countries. To manage any technological issues, other forms of communications were used at times (WhatsApp calls, phone calls)
The lack of in-country visits has meant that it has not been possible to engage directly with final beneficiaries at subnational level	The inability to visit countries and to conduct field visits meant that direct access to beneficiaries was not possible. Local experts were not brought in to conduct focus group discussions (FGDs) given social distancing measures. FGDs were not conducted on a remote basis given the sensitivity of the issue, and also the fact that many of those affected are children	Sources of data that include beneficiary/end user feedback have been sought from other evaluations/evaluative processes (but they are limited). Interviews were conducted with implementing partners in six countries, and a survey was targeted to 278 implementing partners across all Joint Programme countries (with a response rate of 50 per cent). Data about perceived needs and benefits were collected. In addition, the U-Report collected data from about 20,000 people in four countries (Burkina Faso, Nigeria, Mali, and Uganda) about changing perceptions and attitudes to FGM

<p>The risk of evaluation and interview fatigue</p>	<p>The Joint Programme was evaluated in a comprehensive way at the end of Phase II, completed relatively recently in 2019 (with responses to recommendations, and integration of recommendations subsequently). In some other country programmes (e.g., the UNFPA gender equality and women's empowerment evaluation for which Mali was also a case study) there are also other evaluation processes</p>	<p>The evaluation used a utilization-focused approach so that it is tailored to the needs and interests of the users as far as possible. The Phase II evaluation was used as an evidence base for the evaluation, rather than evaluating the Joint Programme comprehensively. Thematic case studies are a focus so that there is an opportunity to learn, rather than being a comprehensive assessment</p>
<p>Remote working and challenges of arranging interviews</p>	<p>COVID-19 and remote working for over a year has meant that stakeholders tend to be very busy with remote calls. Arranging interviews was a lengthy process for some interviews and some key staff and stakeholders were unavailable for interviews, or for the global/regional interviews</p>	<p>The evaluation team tried to be as accommodating and timely as possible. If staff were unavailable for interview, their colleagues were approached and requested for interview</p>
<p>Potential bias in using remote digital data collection tools – U-Report</p>	<p>The use of remote digital data collection tools such as the U-Report has inherent limitations that can potentially bias responses and their representativeness of the targeted groups. Constraints include limited access to phone devices for different target groups (e.g., men and boys, women and girls, youth and older people), the education level of respondents and due to different geographical location and accessibility to networks (e.g., higher in urban areas and lower in rural areas), the quality of the device available to the user</p>	<p>The U-Report was developed with the support of the country office staff and piloted. Given that the representativeness of the population will be skewed, the data generated will be used primarily to provide data from that particular population group and probe the presence of new issues not found through other methods, and to add additional layers of understanding to findings identified and triangulated from other sources</p>



#DidYouKnow:
Female Genital Mutilation
undermines the dignity, health and
wellbeing of women and girls.

We must all unite to #EndFGM

#EndFGM220

4

FINDINGS

The findings section is systematically organized around the evaluation matrix (see Annex 13) and shares the responses to each of the eight evaluation questions. For each question, a set of assumptions were tested and are discussed. There may be more than one finding for each assumption.

DATA SOURCES ICON KEY



4.1 ALIGNMENT AND RELEVANCE

EQ 1. To what extent is the design of the Joint Programme aligned with and responds to relevant policy frameworks (global, regional, partner countries, UNFPA and UNICEF policies and strategies) and the needs of affected populations?

Evaluation criterion: Relevance

Sources of data



FINDINGS SUMMARY

The Joint Programme is aligned with global and regional policy frameworks and has also continued to be proactive within global advocacy and to shape international policies and norms. The evaluation also finds the Joint Programme to be coherent with international human rights standards although linkages with human rights actors have not been optimized and the design of subnational interventions does not always use messaging around rights violations.

Whilst the selection of the countries was based on clear criteria, the prioritization of those countries with laws and policies in place was at odds with the promise of the Sustainable Development Goals of leaving no one behind.

At the country level, the Joint Programme is well aligned with national policies, but geographical coverage is insufficient to cover need and therefore there is a risk that the practice of FGM will continue in places, despite the presence of programming in a country.

Assumption 1.1. The Joint Programme is aligned with global and regional policy frameworks on female genital mutilation.

Finding 1.1. The Joint Programme continues to be firmly aligned with global and regional policy frameworks and has also been instrumental in supporting their development.

The evaluation, consistent with the findings of the previous evaluation of the Joint Programme, finds that the Joint Programme continues to be firmly aligned with the global policy framework on FGM.⁴¹ This includes the elements pertaining to FGM within the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child and Declaration on the Elimination of Violence Against Women. Phase III also places emphasis on contributing to the Sustainable Development Goals, Target 5.3 on the need to eliminate FGM by 2030 as the Joint Programme vision. UNICEF is the global lead within the United Nations system on reporting against Target 5.3, indicating the Joint Programme commitment and status within the global system.

During Phase III, the Joint Programme has continued to advocate for the abandonment of FGM. For example, the Joint Programme contributed significantly to the drafting of the 2018 and 2020 Human Rights Council Resolutions calling for intensified global efforts for the abandonment of FGM and in particular in 2020, calling for “comprehensive, multisectoral and rights-based measures to prevent and eliminate female genital mutilation”.⁴² This was submitted by Burkina Faso on behalf of the group of African States. In addition, the Joint Programme contributed to the commitment to striving for “zero FGM”⁴³ at the Nairobi summit on ICPD25 in 2019, with the East and Southern Africa regional offices (ESARO) working on a monitoring framework for the commitments, and also launching a study estimating the cost of abandoning FGM in 31 countries from 2021 to 2030.⁴⁴ Events were also organized for the International Zero Tolerance Day each year.⁴⁵

At the regional level, the Joint Programme remains aligned with the regional policy frameworks, specifically the Protocol to the African Charter on Human and Peoples’ rights, also known as the Maputo Protocol, which calls for the “elimination of harmful practices”⁴⁶ and the African Charter on the Rights and Welfare of the Child, which calls upon states to take appropriate measures to eliminate harmful social and cultural practices.⁴⁷ Within Phase III it has also supported the African Union on its Agenda 2063 Strategy “The Africa We Want”, which calls for the “eradication of all forms of gender-based violence... including female genital mutilation”.⁴⁸

Assumption 1.2. The Joint Programme is aligned with UNFPA and UNICEF policies and strategies in the area of supporting girls and women to receive appropriate, quality and systemic services for female genital mutilation prevention, protection and care.

Finding 1.2. The design of Phase III of the Joint Programme is aligned with UNFPA and UNICEF policies and strategies in supporting girls and women to receive systemic services for prevention, protection and care, yet it does not include reference to minimum standards for services.

41 UNFPA/UNICEF. 2019. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017).

42 UN General Assembly. 2020. Human Rights Council Forty-fourth session 30 June–17 July 2020: Elimination of female genital mutilation <https://undocs.org/A/HRC/44/L.20>

UN General Assembly. 2018. Human Rights Council Thirty-eighth session 18 June–6 July 2018, Elimination of female genital mutilation <https://undocs.org/A/HRC/38/L.9>

43 Nairobi Statement on ICPD25: Accelerating the Promise. <https://www.nairobisummiticpd.org/content/icpd25-commitments>

44 Cost study.

45 UNFPA/UNICEF Progress Implementation in the Implementation of the Management Response, April 2021 and Joint Programme FGM annual reports 2018, 2019 and 2020.

46 <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>. To date (data from July 2020), of 55 countries in the African Union, 49 have signed the protocol and 42 have ratified and deposited the protocol.

47 African Union, 1990 (came into force in 1999), African Charter on the Rights and Welfare of the Child.

48 African Union. 2015. The Africa We Want: Priority 6.1.1.

The Joint Programme is commensurate with both agencies' commitment to tackling harmful practices including FGM and has contributed to the integration and articulation of FGM as a priority within both UNFPA and UNICEF strategies and policies. The UNFPA Strategic Plan (2018-2021), under Outcome 3, states that "UNFPA will seek to eliminate harmful practices, including child, early and forced marriage; female genital mutilation; and son preference".⁴⁹ For UNICEF, tackling harmful practices is a clear priority within Goal Area 3 of the Strategic Plan (2018-2021) "recognizing that every child has the right to be protected from violence, exploitation and abuse. And yet, social norms, cultural practices... and other harmful actions undermine children's safety and well-being in every country".⁵⁰

For both UNFPA and UNICEF, their approach entails working on the prevention, protection and care aspects of harmful practices, including building evidence and advancing learning amongst member states. For Phase III, the Joint Programme design and approach to FGM have not only mirrored this, but they have also been more comprehensive than in Phase I and Phase II, placing more emphasis on addressing the health needs of FGM survivors as well as focusing on prevention and protection of girls from being subject to FGM. The effectiveness in practice of these measures is discussed further in Section 4.5. The design in Phase III has been appropriately holistic, including healthcare, social welfare and justice services. It has also been systemic, working within government, legal and social services (as per both the UNFPA and UNICEF strategic plans⁵¹). The design however did not include measures to appraise the appropriateness of care in terms of quality of the services (not only health services but also social and legal services), in different country contexts.

Assumption 1.3. The Joint Programme both aligns with human rights standards and seeks to promote transformative action by positioning female genital mutilation as a rights violation motivated by underlying gender inequality, as well as a practice with health and socio-economic consequences.

Finding 1.3. The Joint Programme design is coherent with human rights standards and seeks to promote transformative actions by positioning FGM as a rights violation motivated by underlying gender inequality at the global, regional and national levels, although this does not always trickle down to the design of interventions at the subnational level. The Joint Programme design did not, however, include strategies to engage and leverage human rights actors.

The Joint Programme design has been aligned with human rights frameworks throughout its history, and efforts have intensified over the course of Phase III. International policy recognizes female genital mutilation as a harmful practice, and a violation of the rights of women and girls to bodily integrity and freedom from injury and coercion. Central to the design of the Joint Programme is the strengthening of legal frameworks that clearly state that FGM is unacceptable and a violation of girls' and women's rights. The Joint Programme design also includes strengthening the ability of governments to support the enforcement of policies and legislation to end FGM (discussed further in Finding 5.1). The design further included the strengthening of regional accountability mechanisms to human rights treaties and placed greater emphasis at the community level on exercising human rights.

Outcome 1 of the Joint Programme states that countries should have "enabling environments for the elimination of FGM practices at all levels and in line with human rights standards", which appropriately treats human rights standards as the relevant benchmarks. The associated outputs,⁵² however, do not include any provision for the engagement of human rights actors. For example, national human rights institutions could be leveraged to a greater extent as important national partners to monitor the situation with regard to FGM, particularly where this is not being conducted by the government, for example

49 UNFPA. 2017. United Nations Population Fund UNFPA Strategic Plan (2018-2021).

50 UNICEF. 2018. UNICEF Strategic Plan (2018-2021).

51 UNICEF. 2018. UNICEF Strategic Plan (2018-2021) and UNFPA, 2017, UNFPA Strategic Plan, (2018-2021).

52 Output 1.1: Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM. Output 1.2: Increased national capacity for the development, enactment and implementation of FGM laws and policies. Output 1.3: Increased engagement of civil society and young people with policymakers for the elimination of FGM.

by collecting data, facilitating policy review, raising awareness and engaging the media as needed.⁵³ The Joint Programme has made in-roads with the development of a primer for national human rights institutions for planning and conducting a public inquiry on FGM.⁵⁴ In addition, as discussed further in Section 4.4, this is part of a wider approach to accountability, with the development of a regional accountability mechanism that will mandate member states to report against the enabling environment, amongst other factors.

Whilst the Joint Programme has always engaged governments on human rights and gender, Phase III marks an important change in explicitly focusing on girls' and women's empowerment and including it as an outcome area.⁵⁵ There has been greater emphasis within the Phase III design on strengthening the ability of girls and women to claim their rights. Country cases however revealed that in practice the focus on girls' rights is not always translated to the design of community-level interventions, with community dialogue tending to use health messaging as the predominant messaging rather than girls' rights.

Assumption 1.4 The Joint Programme is aligned with and responds to partner government priorities, national needs and the needs of affected populations specifically, the needs of girls and women.

Finding 1.4. The selection of Joint Programme countries for Phase III was based on clear criteria of prevalence, demographic trends and congeniality of environmental conditions. There is a discrepancy however between the Joint Programme's prioritization of countries with the appropriate laws and policies in place, and the central promise of the Sustainable Development Goals of leaving no one behind and that "the furthest behind will be reached first".

For Phase III, a strategic approach was taken to tailor modes of engagement with countries against a set of criteria, given resource limitations. Countries were categorized by tiers depending on the number of girls at risk, government commitment, good practices to capitalize on and the possibilities in terms of accelerating change towards meeting the SDG Target 5.3 in 2030. Resources were higher for Tier 1 countries than Tiers 2 and 3, and when there was a lack of funding (non-core resources) at the start of the Joint Programme they were prioritized over other Tiers. Whilst it is recognized that this represented strategic prioritization of programmatic and financial investment, the prioritization of those countries that have the most conducive legal and policy environment is not aligned to the central principles of the Sustainable Development Goals of leaving no one behind. Figure 6 shows the Joint Programme countries prevalence levels and allocated Tiers.

Mali demonstrates this point, with very high prevalence levels (76 per cent of 0–14-year-olds⁵⁶) and the highest acceleration required of all the Joint Programme countries, yet without a legislative framework in place, was categorized as a Tier 3 country and received the full amount of budgeted funds only once funds were available in the second year of implementation.⁵⁷ Somalia is another example in a similar situation: also a Tier 3 country, and has prevalence levels of 99.2 per cent.

53 Interview with Network of National Human Rights Institutions.

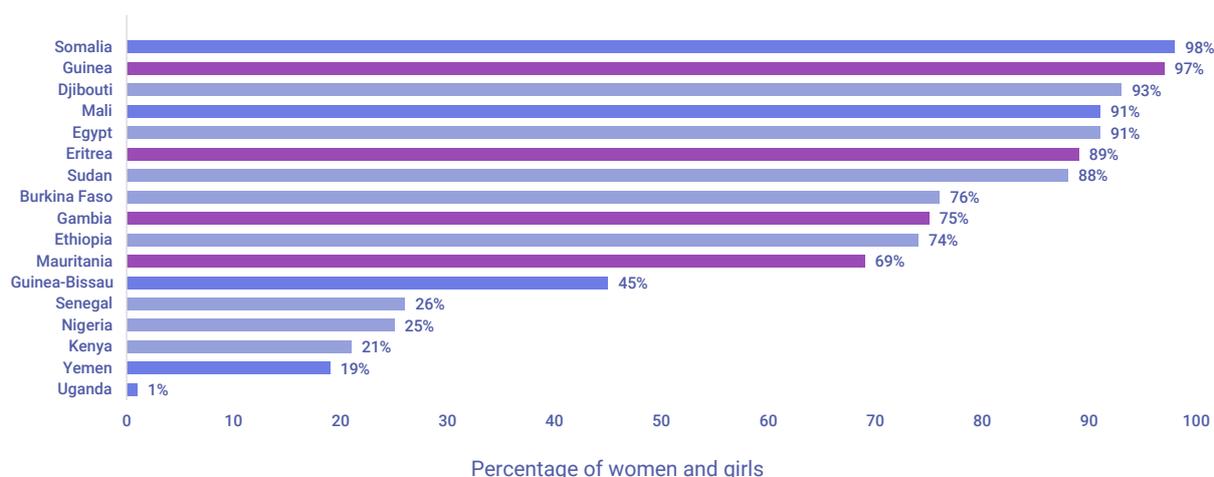
54 UNFPA. 2020. Primer: Conducting Public Inquiries to Eliminate Female Genital Mutilation.

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

56 At the time of the design of Phase III, data provided within UNFPA, UNICEF, 2018, Elimination of FGM: Accelerating Change. Proposal for Phase III of the UNFPA-UNICEF Joint Programme, pp30.

57 Drawing on the Mali Joint Programme annual reports, since the beginning of Phase III Mali has received USD 185,000 from UNICEF in 2018; USD 250,000 from UNFPA and USD 393,000 from UNICEF in 2019. Somalia DHS, 2020.

FIGURE 6: Percentage of women and girls having undergone some form of female genital mutilation across the 17 countries of the Joint Programme



Colours denote different tiers. Source: Adapted from UNFPA FGM Data dashboard. <https://www.unfpa.org/data/dashboard/fgm>, 2018. Note that these are the countries included within the UNFPA-UNICEF Joint Programme to end FGM.

Regional- and country-level interviews revealed divergent views about the prioritization of the countries.⁵⁸ In the East and Southern Africa region, stakeholders raised the fact that Tanzania has a higher prevalence level (10 per cent) than Uganda (1 per cent) although this is justified in that prevalence levels are higher in a geographically concentrated area. Within the Arab States/Middle East and North Africa region, the need for enhanced support to Yemen (also a Tier 3 country) was articulated, given that prevalence levels are 19 per cent⁵⁹ and in a few governorates, but FGM practice is percolating into different locations given the high displacement levels in the country.

The mapping and selection of countries is complicated by the lack of data for many countries. For example, interviews with key informants in the East and Southern Africa region raised the issue of the existence of the practice in South Africa and Malawi, yet there is no national data available. Recent research shows that there are at least 60 countries worldwide where comprehensive national data are not available but where the practice of FGM has been documented through indirect estimates, small-scale studies, anecdotal evidence, or media reports.⁶⁰

Finding 1.5. The Joint Programme design has significant geographic coverage scale across 17 countries, and cognizant of the breadth and magnitude of investments needed to tackle FGM globally, has made laudable efforts in Phase III to expand its reach at country level to non-Joint Programme countries that extend across borders and diaspora. However, the efforts required to meet the Sustainable Development Goals at a global scale fall far beyond the current reach of the Joint Programme at country and subnational levels.

Analysis by the Joint Programme shows that, whilst there is encouraging evidence of an overall decline in prevalence of FGM in Africa (particularly in Burkina Faso, Egypt, Ethiopia, Kenya, Liberia, Tanzania and Togo⁶¹), the absolute number of girls at risk continues to increase in some of the countries where FGM is widely practiced – hence programming targeting remains very relevant. Furthermore - as the Joint Programme has been instrumental in flagging on the global stage - current progress is insufficient to keep up with population growth.⁶² It has recently been argued that the widely-used estimate of at least 68 million more girls worldwide facing FGM by 2030 underestimates the extent of the issue, given that these estimates do not take into account at least 60 countries where there is no national-level prevalence data available across Africa, Asia,

58 Interviews with Joint Programme staff at regional and country levels.

59 Yemen DHS. 2013.

60 End FGM/C European Network, US End FGM/C Network and Equality Now, 2020, Female Genital Mutilation/Cutting: A Call for a Global Response.

61 <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

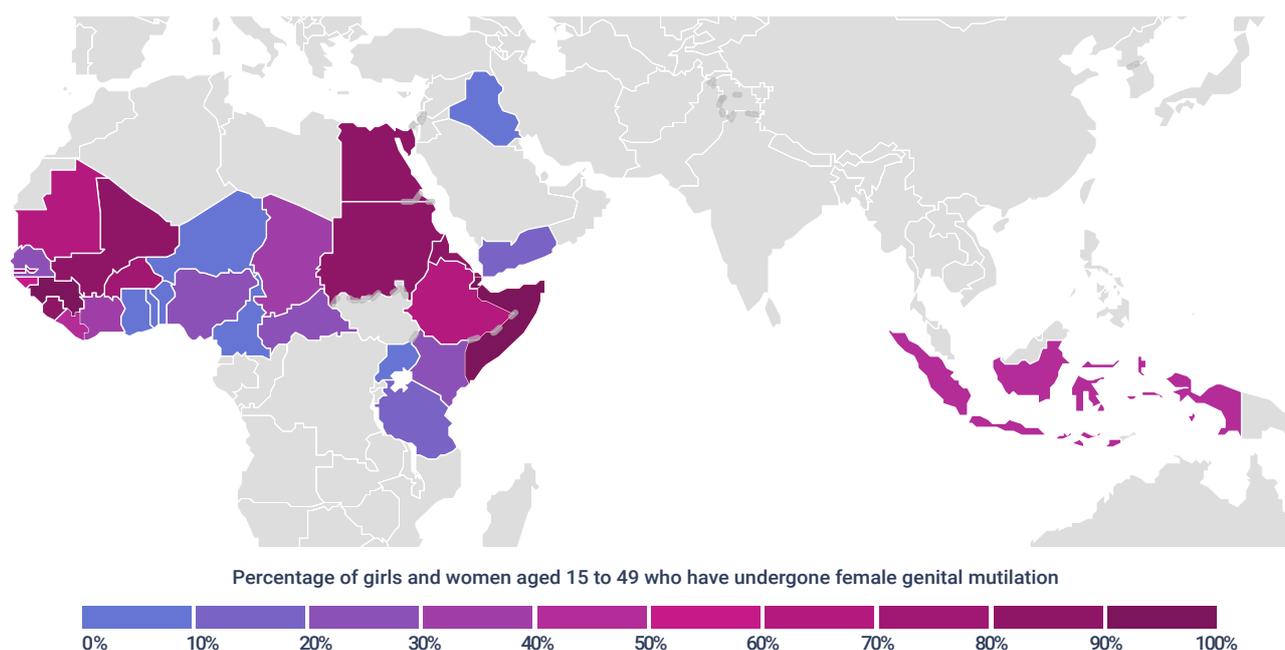
62 UN Human Rights Officer of the High Commissioner, 2019, Expert Group Meeting on the Elimination of FGM: Background Paper.

the Middle East, Latin America, Europe, and North America, among indigenous and/or diaspora communities.⁶³ UNFPA also estimates that 2 million additional cases of female genital mutilation are likely to occur over the next decade due to COVID-19 (discussed further in Finding 8.2).

Recognizing the magnitude of the issue, the Joint Programme design for Phase III was “outward looking” to an extent, reaching countries beyond its programme countries, specifically including Indonesia and Tanzania for policy advocacy and knowledge management.⁶⁴ In so doing, it has been relevant to the need to address the true extent of FGM. The Joint Programme has also extended geographical coverage within countries with the support of other donors, for example, in Guinea funds have been mobilized to eliminate FGM using the same theory of change and logical framework as the Joint Programme. At the regional level, The Arab State regional office (ASRO) and the Middle East and North Africa regional office (MENARO) provide technical support to Iraq, a non-Joint Programme country, and include it within research and campaign work (for example, through MenEngage⁶⁵). Within cross-border work, the Joint programme has engaged with Tanzania to address the issue of cross-border FGM with Kenya. The Joint Programme also supports work to facilitate the linkages between Africa and its diaspora in Europe through the “Building Bridges” programme⁶⁶ thus extending the Joint Programme’s reach to the European continent.

Whilst the Joint Programme is not able to mirror the geographical need for implementation due to the magnitude of resources needed and the widely agreed risk of spreading resources too thinly and thus reducing impact, there is an ongoing urgency to meet the challenge of ending FGM by 2030 in line with the Sustainable Development Goals.⁶⁷ This urgency shows that the Joint Programme’s policy and advocacy work is contributing to the recognition of FGM as a global issue, and that the work needs to be intensified and scaled up.

FIGURE 7: World prevalence rates of female genital mutilation



Source: UNICEF global databases, 2021, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys, 2004 - 2020.

Map disclaimer: The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

63 End FGM/C European Network, US End FGM/C Network and Equality Now, 2020, Female Genital Mutilation/Cutting: A Call for a Global Response.

64 UNFPA, UNICEF. 2018. Elimination of FGM: Accelerating Change. Proposal for Phase III of the UNFPA-UNICEF Joint Programme.

65 <http://menengage.org/>

66 <https://aidos.it/en/project/building-bridges-building-bridges-between-africa-and-europe-to-stop-female-genital-mutilation-fgm-phase-ii/>

67 Ibid.

Finding 1.6. The contextualization of the global framework to different Joint Programme country contexts has been an important area of progress in Phase III and could be further strengthened.

As reported in the previous evaluation, Joint Programme planning has progressed from being largely globally driven to a more country-driven process during Phase III. There was significant and sufficient involvement of country offices in planning, including the development of the theory of change, all of which helped to ensure greater relevance to the national context. The Joint Programme proposal was also shared widely and discussed with donors and other stakeholders, although this did not extend to other relevant United Nations actors, for example the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Health Organization (WHO) or the United Nations High Commission for Refugees (UNHCR).

The contextualization process conducted in Phase III facilitated the adaptation of the global framework to the country context, although this was not across all countries. The staff survey revealed that whilst 87 per cent of respondents felt that the Joint Programme strategies and interventions are contextualized to the regional/national context, 13 per cent did not.⁶⁸ Whilst a situation analysis was carried out as part of the contextualization process at the start of Phase III, various interviewees highlighted the need for more in-depth research to understand the risk factors for FGM, and relevant social and gender norms in each context (see Finding 7.2 on further research needs). The evaluation also revealed the need to continue to ensure ongoing communication among headquarters, regional offices and programme countries regarding emergent situations to ensure that the Joint Programme adapts to changes within country contexts and continues to be relevant.

At the subnational level, the Joint Programme has seen a strengthened focus on allowing countries to integrate their specific priorities more. For example, in Guinea, the possibility to better contextualize the Joint Programme for the period 2018-2020 allowed the Joint Programme planning and implementation to adapt to the ongoing decentralization process and be aligned with the country situation.⁶⁹

Finding 1.7. At the country level the Joint Programme is considered to be well aligned with national government policies and highly relevant. However, in some cases the geographical coverage at subnational level is recognized to be insufficient to cover need, and this lack of coverage risks continuation of the practice.

There is solid evidence across the Joint Programme that there is a strong coherence between the Joint Programme and national partner policies and frameworks. Survey results showed that 100 per cent of staff and 86 per cent of implementing partners agreed that “the Joint Programme is aligned with the national policies and frameworks” [of the respective country that they worked in]. This was corroborated within the desk review, and in interviews where interviewees in all deep dive countries expressed the view that there was alignment of the Joint Programme with national policies and frameworks.

Across interviewees in all programme countries, the evaluation consistently found that the Joint Programme is highly relevant, that is, there is a need for the Joint Programme in the countries in which it operates. Survey data showed that 97 per cent of staff and 86 per cent of implementing partners believe that the Joint Programme is well aligned with the needs of affected populations including specifically, the needs of girls and women (11 per cent of implementing partners stated that they “did not know”). The pivotal reliance on the funds and support from the Joint Programme in countries with high levels of competing demands was highlighted by some. In Sudan, for example, one interviewee stated: “This is a country midst transition, within a peace process and with high inflation the Government has different problems to deal (with). So, without the Joint Programme this kind of area wouldn’t receive funding and the institutions themselves wouldn’t survive. So, in absence of it there would be limited or no progress”.

68 A similar response was provided by the implementing partners survey, whereby 84 per cent of those who responded agreed (or strongly agreed) that the Joint Programme strategies and interventions are contextualized to national context, and 14 per cent did not agree with that (12 per cent did not provide any opinion).

69 Therefore, in Guinea, UNFPA has started working directly with the local authorities, and UNICEF is working in alignment with the National Support Programme for Municipalities of Convergence (PNACC). At the same time, the Joint Programme is continuing to work to ensure that the national policies and the coordination frameworks are operationalized at all levels under the leadership of the Government. Guinea Joint Programme Annual Report 2018, 2019 and key informant interviews.

At the subnational level, the geographical prioritization was found to mirror higher prevalence levels within deep dive countries (for example, Ethiopia and Kenya). Of the 16 countries, 15 reported that the Joint Programme interventions included those people “left behind” (the vulnerable and marginalized) where FGM is prevalent. The need to not only sustain efforts but also scale up was identified in order to bring about change in other priority areas (for example, in Kenya, work is currently focused on 13 of 22 “hotspot counties”) and also to reduce the risk that girls are taken to nearby communities where changes/commitments have not taken place. For example, in Ethiopia there is concern that girls are taken to nearby woredas (districts) where the practice is acceptable.

4.2 RELEVANCE: GENDER TRANSFORMATIVE DESIGN

EQ 2. To what extent is the Joint Programme design gender responsive and/or transformative to contribute to accelerating the abandonment of FGM at the national level (including cross-border regions)?

Evaluation criterion: Relevance

Sources of data



FINDINGS SUMMARY

The Joint Programme essentially has a gender-responsive approach systematically in place within its design, and there is recognition throughout the Joint Programme of the need to move towards a more gender-transformative approach (with exceptions where justifiable), but it is yet to define and give scope to what it means in practice and integrate this systematically within its design.

Many innovative channels for gender-responsive and gender-transformative messaging have been developed by Joint Programme countries and COVID-19 has accelerated the need for this. However, no clear distinction is made between a form of engagement that is a dialogue, both communicating information and gaining feedback. Nor is there any analysis of the different costs and benefits of each type of engagement.

Assumption 2.1. A systematic approach is in place to ensure a minimum of a gender-responsive approach, but which aspires to a gender-transformative approach (addressing the underlying root cause of FGM at household, community, institutional, and policy levels).

Finding 2.1. Phase III of the Joint Programme achieves a solid gender-responsive approach throughout the design, language and programming tools, which is reflected across household, community, institutional and policy intervention areas. There is also a clear and articulated recognition of the need to move towards a more gender-transformative approach but this is yet to be fully defined in both scope and how it would translate practically for the Joint Programme.

Note that this evaluation question relates to the design of the Joint Programme overall, within the criterion of relevance. Findings related to implementation can be found under EQ6, under the criterion of effectiveness. The evaluation question was articulated specifically as: (a) exploring how gender-responsive and/or gender-transformative the design of the Joint Programme is; and (b) exploring how community-engagement approaches have been gender responsive or transformative, particularly through the use of digital media and innovative strategies. Definitions of gender responsive and gender transformative are included in Section 3.3. The findings address these key questions.

In recent years there has been a growing body of literature that emphasizes, among other things, that one of the most effective approaches to reducing FGM lies in culturally sensitive, community-based programmes that encourage social norms change.⁷⁰

⁷⁰ 28 Too Many. FGM and social norms. A guide to designing culturally sensitive community programming. 2019.

The literature clarifies that “the reasons behind the perpetuation of FGM are linked to unbalanced gender power relations and lack of empowerment of girls and women in their families/communities”.^{71,72} Further, the need to integrate gender-transformative responses aligns with the global Agenda for Humanity, and particularly the concept of leaving no one behind.

The focus on girls’ and women’s rights has been strengthened markedly within the design of Phase III by placing it as a core outcome area. This underscores a clear shift in thinking from Phases I and II, which were more focused on policy and legislative spheres, and (in Phase II) social norms, with less substantive focus on gender equality and gender norms. Indeed, a specific recommendation of the Phase I /Phase II evaluation was to “clearly define the strategic placement of the Joint Programme within a gender-responsive framework ... [and] to further secure international resources dedicated towards gender equality and gender transformation.”⁷³

The shift in mentality towards a focus on gender norms, gender equality, and solid gender-responsive approaches in Phase III is evident,⁷⁴ as is demonstrated by the inclusion of a specific outcome on supporting “the rights, needs and agency of girls and women, while expanding engagement of men and boys in promoting and achieving gender equality”.⁷⁵ With the key goal of challenging and changing social norms, the approach of Phase III of the Joint Programme has also focused more on community dialogues and human rights education. However, movement towards a more consistently gender-transformative approach is still in progress, which in itself is aligned with the evolution of UNICEF and UNFPA as agencies working across the gender scale beyond FGM programming. In recent years, both UNFPA and UNICEF have moved further towards a gender-transformative approach.

Both UNFPA and UNICEF are rapidly developing gender-transformative policies and guidance. For example, within UNICEF, there is the 2020 FGM technical note within which the FGM gender scale in Figure 5 (above) is highlighted.⁷⁶ Within UNFPA, a structure is in place although a recent evaluation found that the “gender architecture provides a foundation for gender work but it is stretched in its capacity to support a gender-responsive approach to different areas of the UNFPA mandate, let alone a more gender-transformative approach which is the organization’s ambition.”⁷⁷

Therefore, for both the Joint Programme and more broadly within the agencies, the gender-transformative approach remains at a developing and evolving stage and this means, for the Joint Programme, that gender transformation has not yet been clearly defined or consistently articulated across the Joint Programme.⁷⁸

Respondents to the evaluation have reported that there is ongoing debate within the Joint Programme as to whether a gender-transformative approach for FGM is too ambitious, and also whether this aligns with the comparative strengths of the two agencies.⁷⁹ However, in reality it would appear that this is the overall direction of both agencies, both within and external to FGM programming, positioned within the overall direction of development assistance working towards social norm change approaches. Therefore, the movement towards a solid gender-transformative approach is coherent within the overall programming of UNICEF and UNFPA, coherent within the overall direction of development assistance, and something the Joint Programme is likely ready to move towards. And yet it risks facing challenges given this internal debate within the Joint Programme.

A bigger challenge is in fact the lack of clarity around what “gender transformation” looks like in practice across different contexts and different times, when it is appropriate to apply this approach, and how this aligns with regional- and country-level frameworks, recognizing the challenge of applying a global framework to such different contextual realities. Definitions, scope,

71 Mediterranean Institute of Gender Studies (MIGS). Repositioning FGM as a gender and development issue. 2015.

72 It is noted that there is a lack of solid studies that have robustly documented how community-based programmes have impacted on behaviour change in different settings and there is a clear need for more research to understand social norms and how to change them.

73 UNFPA and UNICEF. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change. Phase I and II (2008-2017). 2019.

74 Phase III started before the evaluation from Phase I and II and its associated recommendations were available; however, this shift towards gender norms and gender-responsive programming aligns well with the Phase I/II evaluation recommendation.

75 Proposal for Phase III of the UNFPA-UNICEF Joint Programme for the Abandonment of Female Genital Mutilation: Accelerating Change, page 7.

76 This is not a Joint Programme publication but rather a UNICEF FGM technical note.

77 UNFPA. 2021. Evaluation of UNFPA Support to Gender Equality and Women’s Empowerment (2012-2020).

78 Note that this does not mean that there are not examples of gender-transformative programming within the Joint Programme: please see EQ 6 for a full discussion on this.

79 UNICEF key informants.

parameters and boundaries all need to be defined and this is recognized within senior Joint Programme management.⁸⁰ There is a sense that at the current stage of evolution of the Joint Programme, gender transformation is beginning to be pushed, but this is at a more conceptual level (that is, the publication of technical briefs); and the next stage must then include much more focus on translating relatively complex conceptual notions into practical guidance for operationalizing the idea of gender transformation into activities at community levels. This was particularly referenced by country and regional respondents.⁸¹

Assumption 2.2. Community engagement approaches are at minimum gender responsive and aspiring to a gender-transformative approach and include use of innovative tools and digital platforms (in addition to mechanisms to ensure feedback on quality and accessibility of approaches and services, enabling the scale-up of gender-responsive and -transformative issues).

Finding 2.2. Community engagement approaches vary across countries, with a range of gender-responsive and -transformative approaches. There has been a steady increase in, and acceleration of, the use of digital and social media within the Joint Programme; COVID-19 has increased the innovative use of digital platforms.⁸²

Across all country programme documents, as with the global- and regional-level documents, there are clear, solid gender-responsive approaches outlined and evident intentions towards gender-transformative approaches and countries have evolved from traditional engagement modalities (such as community dialogues) to use different digital and non-digital platforms.⁸³ However, there is not yet substantive Joint Programme guidance on what gender-transformative approaches look like at the community level, although there has been movement towards technical briefs that unpack some of the language, and that have been appreciated and valued by country offices.

Many Joint Programme countries have collaborated with the Global Media Campaign to end FGM,⁸⁴ an international civil society organization, which acts as a conduit between the Joint Programme and communities. These approaches incorporate both gender-responsive and gender-transformative aspects (a more substantive discussion on this can be found in EQ6). In Mali, for example, UNFPA and the Global Media Campaign hosted a high-level panel discussion attended by over 100 participants, including leaders of national and international civil society organizations, activists, religious leaders and administrative authorities, with the aim of stimulating the debate on the need to abandon FGM. The partnership also organized four days of training for over 40 activists, religious leaders and the media on their roles in abandoning FGM.⁸⁵

More traditional forms of media and non-digital methods have also been used. In Guinea, the Joint Programme has explored innovative non-digital messaging channels, such as taxi-bikers wearing t-shirts and caps, and posters on minibuses. During the 16 Days of Activism Against Gender-Based Violence, UNFPA organized the sport activity “My Shooting Game” to sensitize against gender-based violence, in particular rape and FGM, bringing together teams of women and girls and men and boys with the participation of young activists (girls and boys) who helped spread the messages on gender-based violence and FGM. The Joint Programme has mobilized artists and influencers (journalists and civil society actors) to pass messages on the fight against gender-based violence, in particular FGM and rape, through a song and videos, broadcasted in the media and on social networks (over 700,000 views).⁸⁶

In **Kenya**, the Joint Programme has been engaging in multimedia campaigns through radio and TV programmes and social media on anti-FGM in the continuous COVID-19 situation in 2021.⁸⁷ There has been use of media such as radio, in vernacular language, and television that has anti-FGM programmes including radio call-in, talk shows, and scripted stories and plays

80 UNICEF and UNFPA key informants.

81 UNICEF and UNFPA regional- and country-level key informants.

82 Note that examples of specific gender-responsive and gender-transformative activities can be found under EQ6 whereas this question focuses more on the innovative use of tools and digital platforms.

83 All of these approaches engage women, men, boys and girls to differing degrees: the extent to which more traditional approaches focus on women vs men’s engagement is more fully discussed under EQ 6.

84 <https://globalmediacampaign.org/>

85 Mali Joint Programme Annual Report 2018.

86 Guinea key informants.

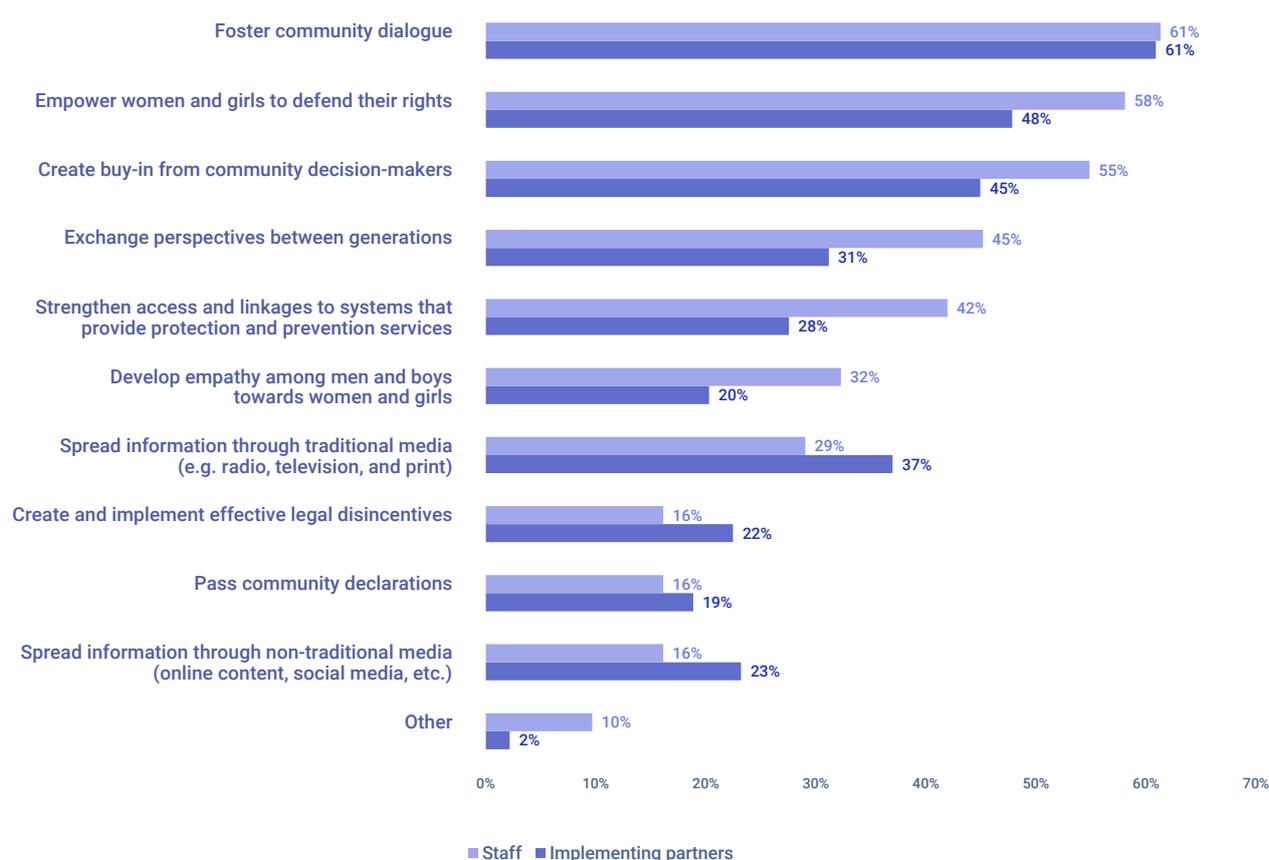
87 Kenya Joint Programme Annual Report 2020.

advancing the abandonment of FGM. There has also been increased reach through social media platforms (Facebook, Twitter, WhatsApp). Respondents across countries confirm that this social marketing approach, through “edutainment”, has the potential to push the boundaries of gender transformation through the use of different storylines, although there is limited robust evidence yet as to how effective this really is.⁸⁸

Partially due to this, Joint Programme staff and partners at the country level still consider face-to-face community dialogues to be the cornerstone of social norm change and that interpersonal communication is the only channel with which to reach the most remote and marginalized populations.⁸⁹ Within the Joint Programme staff and implementing partner surveys, the respondents overwhelmingly highlighted community dialogue as the most effective way to change social norms. This is supported by evidence from the evaluation of Phase I and Phase II where it is highlighted that there is a correlation between community dialogues and increased gender equality and the reduction of FGM.⁹⁰

Further, the use of digital platforms – such as Twitter, Facebook, Instagram, YouTube etc – has significantly increased due to COVID-19, which “forced” more innovative remote social norm change programming. This can certainly be considered a positive development. However, as highlighted above, it is well understood across Joint Programme countries that digital platforms reach a certain demographic (younger, urban and peri-urban, and more affluent) and strategies to continue reaching the most disadvantaged and marginalized (and continue to reach older populations) must be carefully considered. In addition to this, a consideration not raised by any Joint Programme staff but worth some attention is the question of how much the increased use of digital media intended to reach younger generations will increase any inter-generational divide of perspective and what impact that will have on community cohesion with regard to an understanding of FGM.

FIGURE 8: Most effective way to change social norms – implementing partner and Joint Programme staff survey respondents



88 Multiple key informants.

89 Multiple key informants across different countries.

90 UNFPA and UNICEF. Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008-2017). 2019.

4.3 COHERENCE: JOINT PROGRAMME SYNERGIES AND LINKAGES

EQ 3. To what extent has the Joint Programme created synergies and linkages with other related streams of work to contribute to Joint Programme goals?

Evaluation criterion: Coherence

Sources of data



FINDINGS SUMMARY

There is consensus across most interviewees about the need for better synergies and coordination in FGM and child marriage programming where relevant and appropriate. Important research has been undertaken that enhances understanding of the link between the two harmful practices and adds weight to the need for a context-specific approach.

There are examples of good intersectoral links across other streams of work. However, these could be more systematic particularly across education, health and gender. At the community levels, the provision of prevention and response services has been strengthened, although there is scope for enhanced engagement with health ministries at the country level.

Assumption 3.1. Linkages with other streams of work (such as preventing child marriage and gender-based violence) have created opportunities for empowering girls and women.

Finding 3.1: The degree of coherence between FGM and child marriage programming is variable, and coordination does not always mirror the linkages between the two harmful practices. There have been important efforts within Phase III to deepen understanding of the links between the two harmful practices and common drivers in different contexts.

The evaluation explored the extent to which the Joint Programme has created synergies and linkages with other related streams of work such as child marriage and gender-based violence within both agencies. An issue that was raised repeatedly in interviews (at global, regional and country levels) was the variable coordination between the UNICEF and UNFPA Joint Programme on the Abandonment of Female Genital Mutilation (led by UNFPA) and the UNICEF and UNFPA Global Programme on Ending Child Marriage (GPECM, led by UNICEF).

The institutional positioning of the Joint Programmes has an important bearing on the degree of coordination, particularly at the global level. Within UNICEF, the programming is conducted within the same unit of Child Protection and managed by the same staff member. Coordination between the two programmes tends to be relatively “natural”, with greater scope for responding to interlinkages between the two harmful practices.⁹¹ On the other hand, within UNFPA, the institutional structure of the Joint Programme on the Abandonment of Female Genital Mutilation is managed within the Gender and Human Rights Branch and the Global Programme on Ending Child Marriage falls under the Sexual and Reproductive Health Rights Branch, within the Adolescence Portfolio.

This dual positioning within UNFPA was raised in a number of interviews as an issue that leads to less coherence across programming particularly at the global level and different messaging, and was identified as an “ongoing structural problem”.⁹² Furthermore, whilst both are Joint Programmes between UNFPA and UNICEF, the fact that UNFPA leads on FGM and UNICEF leads on child marriage tends to cause a prioritization of the respective issues within wider programming.⁹³ There are also few mechanisms in place to encourage more coordinated programming: for example, the annual report does not request reporting on linkages between the two harmful practices.

91 Interviews with UNFPA and UNICEF staff at all levels.

92 Interviews with UNFPA and UNICEF staff at all levels.

93 Interviews with UNFPA and UNICEF staff.

The Spotlight Initiative

The Spotlight Initiative is a global, multi-year partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls. It commenced in 2017 and is a EUR 500 million programme that deploys targeted, large-scale investments in Africa, Asia, the Caribbean, Latin America, and the Pacific. The Joint Programme is supported through the Africa Regional Programme.

At the field level the GPECM operates across 12 countries (Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia) of which 4 are common to both the Joint Programme on FGM and the GPECM (Burkina Faso, Ethiopia, Uganda, and Yemen). That is not to say that child marriage does not exist within other countries in which the Joint Programme on FGM operates, or indeed that UNFPA/UNICEF are not addressing it within other programmes. Indeed, the Spotlight Initiative has been complementing the Joint Programme and is supporting Burkina Faso, Ethiopia, Ghana, Liberia, Malawi, Mali, Mozambique, Niger, Nigeria, Sierra Leone, Uganda, Zambia and Zimbabwe, thus adding Mali, Nigeria to the list of countries supported by the Joint Programme on FGM.

Coordination at the field level tends to be more instinctive and integrated within broader framing, although there is still scope for further strengthening. In Ethiopia, which has both the Joint Programme on FGM and the GPECM, the work streams are highly coordinated. As one interviewee stated, “although interventions used to be separate, the linking between FGM and child marriage is now automatic”.⁹⁴ In Uganda, the issues of FGM and child marriage are being integrated within wider programming: for example, the issues of FGM and child marriage are embedded together within the child protection programme. In Mali the Joint Programme (with the additional support of the Spotlight Initiative) is working to enhance the accessibility of services to survivors of FGM, child marriage and other gender-based violence⁹⁵ in areas that have a high prevalence of both FGM and child marriage.⁹⁶

There is also significant evidence across the Joint Programme that where the FGM Joint Programme operates and child marriage exists, but there is no funding from the GPECM, linkages are close. In Guinea, where child marriage is highly prevalent with one in two girls married by the time that they are 18,⁹⁷ but there is no GPECM, FGM is integrated into a larger package of interventions including child marriage, gender-based violence, and other harmful practices. In Kenya, child marriage and FGM are often interlinked in practice and reflected in programming: “in most communities where we support interventions, FGM is a precursor to child marriage, so we have been indirectly addressing issues of child marriage as well”.⁹⁸ Most informants reported that there has been coordination within local networks in addressing FGM, child marriage, violence against children, and gender-based violence, but this coordination can be strengthened further.

In various countries where the Joint Programme on FGM operates, the national policy framework brings together FGM and child marriage in one strategic plan. Eritrea, for example, has the “National Strategic Plan to Ensure Children and Women Rights, Abandon Female Genital Mutilation, Underage Marriage and other Harmful Practices” (2020-2024), which includes a highly integrated approach to harmful practices. This is also reflected within its national coordination committee, which brings together actors working on FGM, child marriage and the protection of rights and children. In Ethiopia, the Joint Programme on FGM and the GPECM operate under the broad umbrella of the National Alliance to end Child Marriage and FGM, on the “National Costed Roadmap to end child marriage and FGM/C in Ethiopia”.⁹⁹ At the regional level, the African Union has brought together child marriage and FGM within one unit, and although there are two separate strategies, they have a shared accountability framework, which they have found to be “a better approach that has been more resource efficient”.¹⁰⁰

94 Interview with Joint Programme staff in Ethiopia.

95 In Mali, the Spotlight Initiative is working in five localities with a high prevalence of FGM and child marriage (in the districts of Kayes, Koulikoro, Sikasso, Ségou and the District of Bamako) on four of the six axes on which the Joint Programme has been working as well, in particular: (i) improvement of the legal framework, (ii) prevention and transformation of social norms, (iii) accessibility of services to survivors FGM, child marriage and other GBV, (iv) availability and reliability of data on FGM. Mali Joint Programme Annual Report 2020.

96 Key informant interviews.

97 Efevbera, Y., and Farmer, P., “It is this which is normal” A qualitative study on girl child marriage and health in, Guinea, *Social Science & Medicine*. According to the article 51 per cent of girls are married before they are 18. Volume 273, March 2021, 113762.

98 Interview with Joint Programme FGM staff in Kenya.

99 Federal Democratic Republic of Ethiopia Ministry of Women, Children and Youth. 2019. National Costed Roadmap to End Child Marriage and FGM/C 2020–2024.

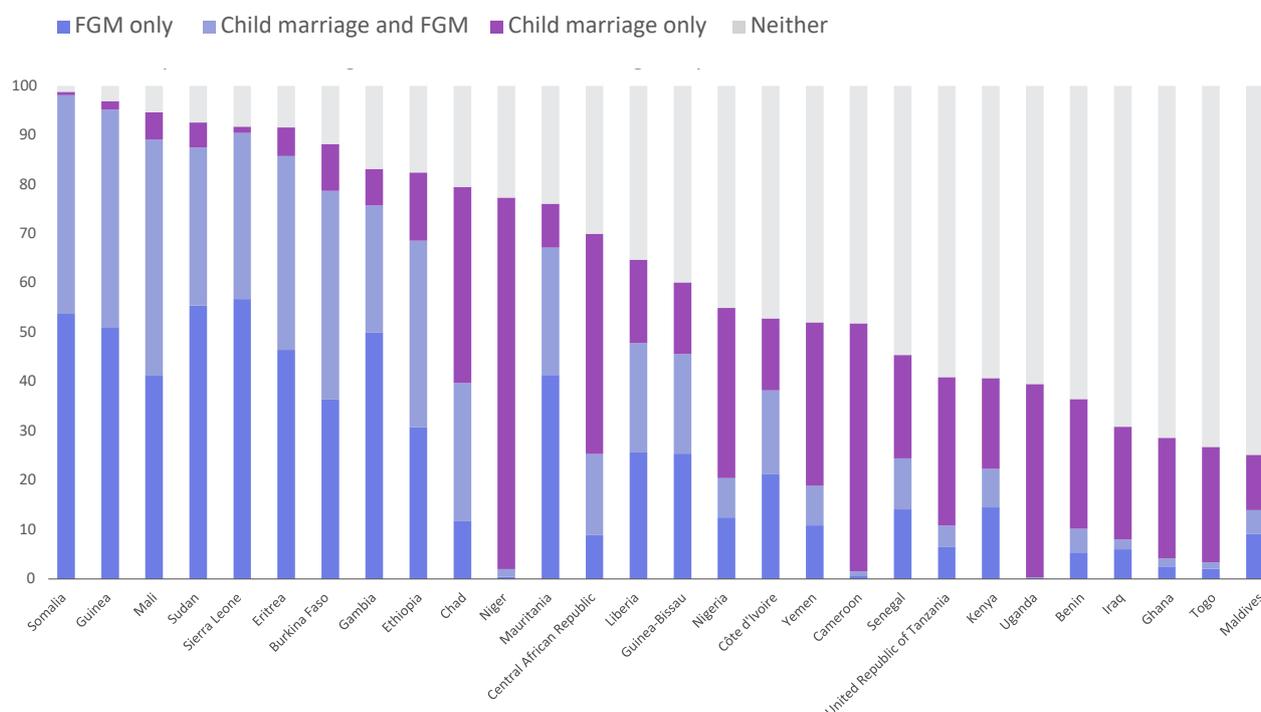
100 Interview with senior African Union staff.

Such integrations of both issues at national and regional levels necessitate a highly coordinated and coherent approach from UNFPA and UNICEF in working with their country and regional partners, as is demonstrated by some countries: for example, in Guinea, UNFPA is in the process of restructuring the coordination system for the abandonment of FGM, child marriage and gender-based violence, given that the same actors are working on these issues.

The majority of interviewees (across all levels) raised the need to be more intentional in addressing linkages between harmful practices and finding opportunities to accelerate where they overlap, with some going further and raising the sense and value in converging the two programmes into one Joint Programme on harmful practices where relevant and appropriate.

At the same time, the desk review highlighted that the Joint Programme is cognizant that the linkages vary in different contexts, and that “context” is critical in programming around harmful practices. Commendably UNICEF headquarters has recently undertaken research to deepen understanding of the links between harmful practices in different contexts.¹⁰¹ The analysis (based on statistical and descriptive analysis) used data from 31 countries where nationally representative data are available. It found that, while child marriage and FGM are both practiced in 31 countries, either one practice or the other tends to predominate. Also, the percentage of women who have experienced both practices varies considerably. In 30 of 31 countries, women were found to be more likely to have experienced only one practice, or neither (see Figure 9).

FIGURE 9: Percentage distribution of women aged 18 to 49 years according to their experience of child marriage and of female genital mutilation



Source: UNICEF, 2021, *Understanding the relationship between child marriage and female genital mutilation: A statistical overview of their co-occurrence and risk factors*.

A key rationale for bringing the two harmful practices together is the sense in addressing the shared drivers of harmful practices, including gender inequality, social norms, a desire to control the sexual activity of women and girls, religious misconceptions and limited economic opportunities for women and girls.¹⁰² UNICEF has taken steps to understand the drivers for both types of harmful practices within their research to deepen understanding of the links between the drivers.¹⁰³

101 UNICEF. 2021. *Understanding the relationship between child marriage and female genital mutilation: A statistical overview of their co-occurrence and risk factors*.

102 World Vision. 2014. *Exploring the links: Female genital mutilation/cutting and early marriage*.

103 Further exploration of this can be found in EQ 6.1.

The notion of bringing the two harmful practices together also begs the question of whether it would make sense to also combine with other harmful practices, specifically the UNFPA programme on gender-biased sex selection (GBSS). Notably this question was not raised within interviews and needs to be tested in the context of determining to what extent the practices co-exist. Within a recent evaluation of the GBSS programme the evaluation found that the links across the harmful practices portfolio and other relevant programmes were not optimized at times and that there was a risk of GBSS being considered as a stand-alone programme, rather than part of a wider portfolio of harmful practices.

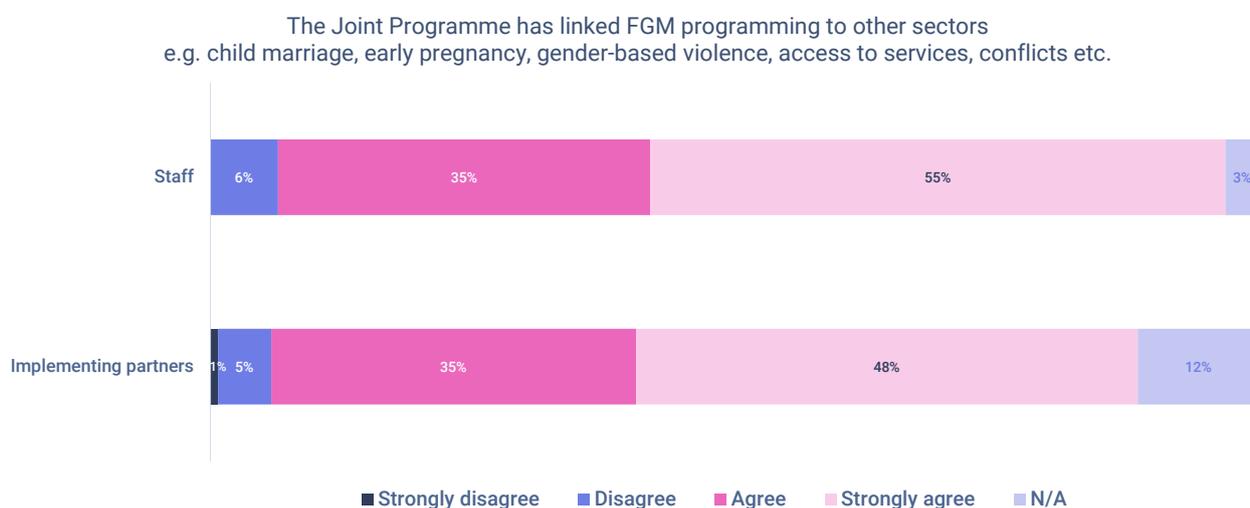
A recommendation was to “focus efforts on articulating a policy narrative on GBSS as a harmful practice, including how it links to other harmful practices (notably child marriage and FGM), and the underlying drivers of gender inequality” and that “the ‘ownership’ and involvement of any future programmatic work should reflect the linkages with harmful practices, gender-based violence and underlying gender inequality and include at key junctures, other units/sectors, for example, focal points for FGM, child marriage, sexual and reproductive health, population and data and gender”.¹⁰⁴

In sum, there is general consensus across most interviewees of the need for better synergies and coordination where relevant and appropriate. Research data highlights that child marriage and FGM are not coexistent to a similar degree and that both have their own distinct drivers. The importance of context and the need for data and evidence on the research into the actual links between the harmful practices in those contexts is critical.

Finding 3.2. Although there are good examples of intersectoral linkages across the Joint Programme, links could be more systematic, particularly with gender, education and health.

The survey results reveal that the majority of respondents (90 per cent of staff respondents and 83 per cent of implementing partners) agree or strongly agree that the Joint Programme has linked FGM programming to other sectors, for example gender-based violence, early pregnancy, and access to services, as well as child marriage and others.

FIGURE 10: Evaluation survey responses on Joint Programme linkages



Most interviewees discussed the point that although there are linkages and synergies in places, there is scope to enhance these further. Whilst the linkages between the Joint Programme on FGM and GPECM was often raised initially (discussed extensively in Finding 3.1), three other sectors were repeatedly identified as areas where linkages could be enhanced and systematized. These areas are education, health and gender.

104 UNFPA. 2020. Evaluation of the End of Son Preference and Under Valuing of Girls (GBSS) Global Programme.

In terms of education, although there is awareness of evidence that those who are more educated are less likely to cut their daughters, the links with education at the global level are not sufficiently developed, and a conceptual framework bringing together education and FGM is lacking. The nature of schools as a “safe place” became very apparent during the COVID-19 pandemic.¹⁰⁵ In some countries “health clubs”, which discuss FGM and other health issues are run within schools (for example, in Gambia) but there is a call for support to be more systematic. A few interviewees raised the need to engage and ensure that FGM is integrated within the comprehensive sexuality education manual¹⁰⁶ developed by UNESCO and other United Nations agencies.¹⁰⁷ Several interviewees also highlighted the opportunity that the life skills manual (developed and disseminated by UNICEF at the country level) presents in order to ensure that FGM (as well as child marriage) is consistently integrated, as has occurred in some countries, for example in Uganda.

As regards health, the Joint Programme has concentrated efforts in tackling medicalization, working both on the supply side (for example, training health-care workers, law reform) and the demand side (for example, community awareness raising). This is discussed further in Finding 5.8. Beyond this, in the wider health sectors, there are some good examples of ongoing work by UNFPA on sexual and reproductive health (for example, in Sudan where respondents report that the Joint Programme on FGM has succeeded in providing a sexual and reproductive health element) within the context of an overall health system approach and health system strengthening. This approach is for FGM not to stand alone but to be integrated with other sexual and reproductive health and reproductive rights. It is an area that could be reportedly strengthened, considering visits to health care centres across other services areas (for example, reproductive health) as opportunities to inform those attending about FGM.¹⁰⁸ It is also critical to ensure that a health risk message is stressed in such instances along with girls’ and women’s rights. There are also examples of how the Joint Programme is working to strengthen how the health system can respond and provide care for survivors (described further below). At the global level, within Phase III, there has been some engagement with the World Health Organization in terms of both research, testing what a health care system with FGM integrated would “look” like, and also assessment of the costs of FGM to the health care system.

In terms of gender, the Joint Programme is perceived as a distinct thematic area (likely because it is a large programme) and has become an entity in itself, delinked to the gender work stream and lacking an integrated approach. This is particularly pertinent given the aspiration to work in a more gender-transformative way. However, interviewees noted that the relatively recent appointment of the FGM coordinator as the Head of Gender and Human Rights branch of UNFPA headquarters is likely to mean that FGM will become more integrated with other sectoral work of the branch.

Assumption 3.2: Systems and linkages for girls and women to access services have been enhanced.

Finding 3.3. The Joint Programme has strengthened the provision of FGM prevention and response services through a holistic approach that addresses both the supply and the demand sides. More efforts are needed to increase the demand for support within communities, which is still limited, and the engagement of health and other relevant ministries at country level.

The Joint Programme has contributed to providing a holistic approach to prevention and response services for women and girls, encompassing health care, psychosocial support, judicial support, and protection, in line with the Joint Programme Outcome 3: “Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care”.¹⁰⁹ The Joint Programme has applied a two-pronged approach addressing the supply side, consisting of service providers and duty bearers as well as the demand side for prevention and response services from women and girls.

¹⁰⁵ UNFPA. 2020. COVID-19 Disrupting SDG 5.3: Eliminating Female Genital Mutilation. International technical guidance in sexuality education: An evidence-informed approach.

¹⁰⁶ UNESCO, UNFPA, UNICEF, UN AIDS, UN Women, WHO. 2018. International Technical Guidance on Sexuality Education: An Evidence-Based Approach.

¹⁰⁷ Interviews with UNFPA and UNICEF staff, corroborated with review of the manual, which makes very limited reference to FGM.

¹⁰⁸ It would be important to recognize the decision-making dynamics within households when targeting women within sexual reproductive health and reproductive rights services to ensure this does not inadvertently become a gender-harmful exercise, providing women with information without them having the appropriate power to change things – see findings under EQ 6 for more information.

¹⁰⁹ Joint Programme Document Phase III.

On the supply side, the Joint Programme has continued investing in the capacity building of service providers in all relevant sectors, including social workers in child protection structures trained to provide psychosocial support to girls at risk and victims of FGM. Across the Joint Programme by the end of 2020, 1490 health service delivery points have at least one health care staff member trained on FGM prevention, protection and care (over the target of 1059). In the health sector, for instance, in Guinea midwives from different health structures were trained on emergency obstetric and neonatal care, family planning, gender-based violence and FGM.¹¹⁰ In Kenya, the capacity building support to service providers led to a number of doctors and midwives (from 53 in 2019 to 64 in 2020) becoming members of the “Doctors and Midwives against FGM” initiative.¹¹¹ However, a common challenge reported by key informants, for instance in Kenya and Sudan, was the high staff turnover particularly of health professionals, security personnel, and teachers, with the loss of newly acquired expertise and knowledge.

The Joint Programme has also been promoting the inclusion of FGM issues in medical curriculums in medical schools, and in university courses for doctors, nurses and mid-wives, also with a view to prevent the medicalization of the practice (see Finding 5.3 on medicalization).¹¹² Based on the 2020 annual reports, the number of Joint Programme countries where FGM issues are mainstreamed into the curriculums of medical and paramedical schools is 14 against the 2020 target of 13¹¹³ (Outcome Indicator 1.3-4).

In the judicial and protection sectors, in Guinea, the Joint Programme supported the capacity building of magistrates, prison guards and social educators on the new legal provisions based on the 2019 Child Code, which contributed to the set-up of monthly coordination meetings of actors in the penal chain under the aegis of the Ministry of Justice to discuss the implementation of legal provisions and to collect and share data on the situation of children and girls.¹¹⁴ Further, the Joint Programme has established a partnership with the National Order of Lawyers of Guinea and a free consultation office for legal assistance to child victims of violence (FGM, child marriage, rape in particular, etc.) and their families. The lawyers assigned to this office have benefitted from capacity building and work directly with the juvenile court and the special chamber for minors in Conakry and the juvenile judges appointed in the jurisdictions within the country.

The Joint Programme has supported the development and dissemination of standard operating procedures on how to manage FGM cases. For instance, in Ethiopia, UNFPA has collaborated with the Ministry of Women, Children and Youth and the National Alliance to develop an agreed minimum package for social services.¹¹⁵ In Guinea, UNFPA has disseminated the Gender-Based Violence Case Management Operational System, which includes FGM, rape, physical violence, child marriage, and addresses actors in the health, security and judicial systems in order to ensure intersectoral collaboration.¹¹⁶ In Kenya, the Joint Programme supported the process of creating an e-module on standard operating procedures for prevention and response to gender-based violence through a consultative process with various stakeholders including the State Department for Gender, National Police Services, United Nations agencies, judicial officers, the Anti-FGM Board, lawyers and non-governmental organizations (NGOs).¹¹⁷

In Kenya, to increase the capacity of services providers and facilitate access to services, the Joint Programme has provided technical and financial support to the phone helplines for children and gender-based violence cases through training of tele-counsellors, awareness creation of the hotline, and data collection and management. In 2020, these helplines received 5,673 calls related to gender-based violence/FGM and provided the callers with necessary counselling as well as referral to

110 Guinea Joint Programme Annual Report 2020.

111 Kenya Joint Programme Annual Report 2020.

112 The Joint Programme has collaborated with universities and medical schools for the development of university curriculums for students of medicine and nursing. For instance, FGM material was integrated in the training programme of eight schools of health in Guinea, where conferences and debates on FGM have also been organized with students from health schools from five regions. Similarly, in Kenya the Joint Programme has worked with the Ministry of Health, the African Coordination Centre of the Abandonment of Female Genital Mutilation/Cutting (ACCAF) and the University of Nairobi to develop training materials to be included in the curriculums for those studying medicine and nursing.

113 Data For All platform (<https://fgmjp.org/>), data published on March 15, 2021.

114 Guinea Joint Programme Annual Report 2020.

115 UNICEF and UNFPA. UNFPA-UNICEF Joint Programme on Elimination of Female Genital Mutilation: Accelerating Change. Ethiopia funds request. 2020.

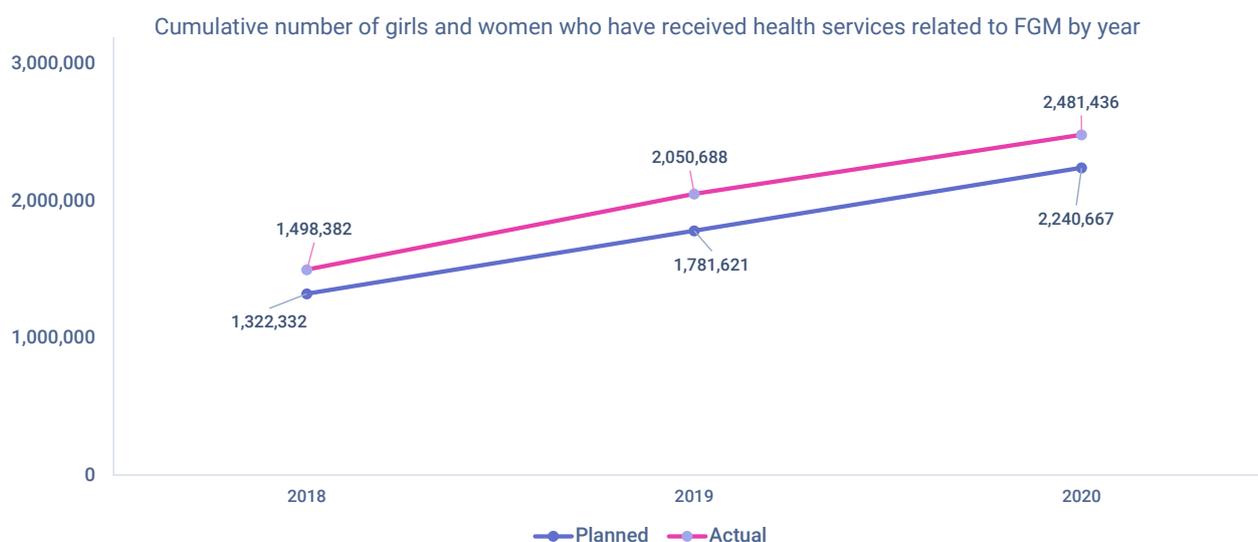
116 Guinea key informants.

117 Kenya Joint Programme Annual Report 2020.

other services such as police, child protection services and local administrative officers.¹¹⁸ Since 2020, the Joint Programme has been developing an FGM mobile phone application platform to enhance FGM reporting that is expected to facilitate the timely reporting of FGM cases (including cases involving girls coming from other countries for the procedure), standardize case management and strengthen accountability of duty bearers.¹¹⁹

On the demand side, the Joint Programme has facilitated awareness raising through community dialogues on the consequences of FGM as well as on the availability of services, which have helped women to break the silence and come forward for support.¹²⁰ The Joint Programme has been facilitating women to access services by promoting mobile courts in the judiciary sector (for example, in Burkina Faso and Kenya), and providing free care in health centres (for example, in Mali's one-stop centres) or advocating for free health care (for instance, in Guinea).

FIGURE 11: Joint Programme reach for health services related to female genital mutilation (cumulative figures including baseline level)



Source: Data for All platform

TABLE 6: Joint Programme reach for health services related to female genital mutilation

Indicators	Subgroup	Geography	Status	Baseline	2018	2019	2020
Indicator 1.3-1 - Number of girls and women who have received health services related to FGM (Number) Agency:							
	Total	Global	Planned	-	402,431	459,289	444,046
			Actual	919,901	578,481	552,306	422,509

Source: Data for All platform

Based on the results framework indicators, during Phase III, the cumulative number of girls and women who have received health services related to FGM has exceeded the target (actual 2,481,436/planned 2,240,667). For social services and legal services, the cumulative number of women and girls who have received them are below the targets (with respectively 643,509 against the 969,363 planned, and 131,216 against the 222,508 planned).¹²¹ The challenges around law enforcement are discussed in Section 5.2.

118 Kenya Joint Programme Annual Report 2020.

119 Ibid.

120 Country level key informants.

121 Data For All Joint Programme FGM platform (data published on March 15, 2021).

TABLE 7: Joint Programme reach to girls and women for social services related to female genital mutilation

Indicators	Subgroup	Geography	Status	Baseline	2018	2019	2020
Indicator 1.3-2 - Number of girls and women who have received social services related to FGM (Number) Agency:							
	Total	Global	Planned	-	214,587	273,027	287,836
			Actual	193,913	233,837	86,228	129,528

Source: Data for All platform

Despite the Joint Programme efforts in facilitating access to services, key stakeholders reported low service-seeking behaviour (for example, in Ethiopia, Kenya, and Sudan) explained by the fact that women and girls within communities performing FGM have normalized this practice and its consequences. The limited demand for support was also explained by other barriers to services, such as their location, which is often very far from a service user's home, the cost of services, which are not always provided for free, and language barriers. Another challenge reported by key stakeholders across different levels (from global to country), was the need to strengthen the linkage between FGM prevention and response services with sexual and reproductive health and reproductive rights.¹²²

In the evaluation of Phases I and II, a question was raised as to whether case management (to support the recovery of FGM survivors) was a good strategic use of limited resources, given the Joint Programme goal of accelerating abandonment through prevention.¹²³ Direct services tend to be linked to gender-based violence services, for example the establishment of safe houses and one-stop centres in Ethiopia, (although it was found in a recent evaluation that there is still a need to ensure sufficient links with law enforcement bodies).¹²⁴ The Joint Programme preference for higher investments in prevention than in care appears to be in line with this. To leverage on integrated services offered by other organizations by strengthening the programme partnerships with them is an effective and efficient strategy that allows the Joint Programme not to avoid denying affected women the right to receive the necessary care, while limiting the direct investment in service provision for the management of cases, which is costly and less sustainable.

Strengthening access and linkages to systems that provide protection and prevention services emerged from the surveys as an important strategy to reduce FGM at the community level as well as to change social norms. Drawing on the survey results, 45 per cent of the respondents amongst the Joint Programme staff and 24 per cent of the respondents amongst the implementing partners indicated that this was amongst the three most effective strategies to reduce FGM at the community level, while 42 per cent of the Joint Programme staff who completed the survey and 28 per cent of the respondents amongst the implementing partners indicated that strengthening access and linkages to systems that provide protection and prevention services was one of the most effective ways to change social norms.

¹²² Regional level key informants.

¹²³ Joint Programme Evaluation Phase I and II, p.29 Vol. 1.

¹²⁴ UNFPA. 2020. Ethiopia Country Programme Evaluation.

4.4 EFFECTIVENESS: PARTNERING FOR ACCOUNTABILITY

EQ 4. To what extent has the Joint Programme effectively partnered at the regional, national and subnational level to hold governments to account for meeting their obligations to eliminate FGM?

Evaluation criterion: Effectiveness

Sources of data



FINDINGS SUMMARY

The focus on engaging with the African Union marks an important and strategic step towards a more “continental” approach, drawing upon the African Union’s convening power and enhancing long-term ownership in the continent.

The development of the African Union’s Saleema Initiative¹²⁵, although at an early stage, should sharpen the focus and efforts on FGM. The Joint Programme has provided important support to policy formulation and the development of an accountability framework, and clear articulation of the type and degree of support that could be strengthened.

Whilst the work with the African Union is managed at the global level, engagement with subregional economic commissions is managed at the regional level. There has been some engagement with these institutions (for example on cross-border issues in west Africa, and more broadly with the East African commission), but to date there has not been any mapping and systematic prioritization of efforts.

A critical piece in the accountability jigsaw is the role of civil society organizations as champions or leading movements to hold government to account, which has been increasingly recognized in Phase III. This is also appropriately being extended to youth and human rights activists as well as women’s movements. Although in some country contexts in which the Joint Programme operates, civil society activism is more limited.

Assumption 4.1 Regional mechanisms for holding national governments accountable have been strengthened.

Finding. 4.1. The concerted engagement of the Joint Programme with the African Union and support to the development of the Saleema Initiative are strategic and commendable in working towards a “continental shift”, as part of broader efforts in tackling FGM. They pave the way for enhancing the participation of African Union member states in strengthened regional frameworks and global human rights treaties. The support by the Spotlight Initiative has enabled the expansion of the focus on regional institutions and augmented political visibility. A potential challenge is whether countries will have sufficient resources to be able to fulfil their commitments within the accountability framework.

The Joint Programme engagement with the African Union is considered to be a highly strategic and appropriate approach in working with and through a regional institution on the path towards a continental shift in addressing FGM. It also responds to the recommendations from the Phase I and II evaluation. Working with the African Union leverages the convening power that the African Union has across national states and the current political will of the African Union. It also supports the strategy of enhancing regional ownership of the FGM agenda for longer term sustainability.¹²⁶ Whilst working with the African Union is a long-term strategic partnership in working through regional systems, there are challenges involving the limited resources of the African Union and the capacity it has to dedicate to the issue, as well as the lengthy bureaucratic processes that are required for decision-making (involving all member states). Recognizing this, the Joint Programme has provided support to

125 The African Union’s Saleema Initiative aims to strengthen political action to enforce strong legislation, increase allocation of financial resources and strengthen partnerships to end female genital mutilation, particularly within communities most impacted by the harmful practice.

126 Interviews with UNFPA and UNICEF staff at HQ, regional and African Union liaison offices.

the African Union since 2017 through a pre-existing agreement with the African Union Department of Social Affairs (initially under the population team and then through the social welfare team), with consultancy support through a communications consultant and a technical consultant.

2018 conference on ‘Galvanizing Political Action to Accelerate the Elimination of Female Genital Mutilation by 2030’

The event called for action in a number of areas including: adoption, domestication and implementation of national laws criminalizing FGM; and allocation of domestic financial and human resources to support services, interventions and the enforcement of legislative actions. The resolution marked an important milestone as the first resolution for the African Union specifically focused on FGM and it also reflected an endorsement by heads of state.

There have been some key successes and milestones within the process. The Joint Programme and African Union jointly worked on the 2018 conference on “Galvanizing Political Action to Accelerate the Elimination of Female Genital Mutilation by 2030” in Ougadougou, Burkina Faso, with more than 300 participants – ministers, government experts, technical advisers, donors and partners – from 33 countries, including 25 African Union nations. It involved the unveiling of the African Union initiative, and the “Ouagadougou Call to Action on the Elimination of Female Genital Mutilation” “to galvanize a sustained, country-driven and owned campaign that mobilizes action at all levels towards the elimination of FGM”.

A promising initiative developed by the African Union with the Joint Programme is the Saleema Initiative, which aims to galvanize political action to enforce strong legislation, increase allocation of financial resources and strengthen partnerships to end female genital mutilation, particularly within communities most impacted by the harmful practice. Inspired by the Joint Programme-supported Saleema campaign in Sudan, it uses positive messaging (Saleema meaning ‘whole’, ‘healthy in body and mind’ and ‘unharmful’, ‘intact’). It focuses on four results areas: (i) a targeted communication campaign that reaches communities and families; (ii) technical assistance and capacity building; (iii) data and evidence-based advocacy; and (iv) accountability.¹²⁷

One of the pioneering components is the Saleema Youth Victorious Ambassadors (SYVA) programme, nominating six women as ambassadors and also focusing on technology and life skills for girls and women. The SYVA programme is an example of gender-responsive accountability, as the ambassadors, activists and survivors fully participate in the Saleema Initiative accountability process of monitoring states’ progress towards ending FGM.¹²⁸ It is too early to assess the value and effectiveness, given that it was only launched in November 2020, but anecdotal data suggests that it has the potential to be a valuable mechanism to amplify young survivors’ voices and influence policy. As noted by an African Union staff member: “We have heard them in two conferences so far, and they have spoken powerfully, and heads of states listen to them”.

Overall, the support by the Joint Programme has been considered “extremely valuable and relevant”¹²⁹ by the African Union, and the technical support has been critical to the progress achieved. The Joint Programme has been acknowledged for “its critical role in convening multiple stakeholders at all levels globally, regionally and locally” and “its expertise in the area”, drawing on the data, publications and experience from the Joint Programme. Concerns were raised however that the African Union’s involvement in the decision-making about the nature and type of Joint Programme support (in 2017/2018) was limited; and that the type of support provided by the Joint Programme to the African Union was based on short-term consultancy positions, with gaps between contracts. Whilst the two individual consultants were highly committed and praised by the African Union for the significant contributions that they made, the contractual system meant that constant and consistent support could not be provided.¹³⁰ As a point of learning, key informants, both from the Joint Programme and the African

127 UNFPA/UNICEF, African Union Saleema Initiative.

128 UNFPA/UNICEF. 2020. UNFPA/UNICEF Joint Programme on FGM.

129 Interview with African Union staff.

130 Ibid.

Union observed that external capacity is best based within the African Union (rather than the United Nations) in order to support capacity building internally, and also to be considered as part of the African Union system (and with internal email address etc.)¹³¹

Currently, the accountability framework is in the process of being developed (by an external consultant) and is expected to be finished by September 2021. Notably, the development and management of the consultancy has been considered good practice on both sides with UNFPA/UNICEF and African Union jointly working on the terms of reference, involved in the selection process of the consultant; holding regular meetings between the agencies and consultant; and sharing backstopping.¹³² The report will set out the legal framework, reporting requirements and peer review mechanisms (amongst heads of state, and also at the ministerial level). The legal framework includes the African Charter on the Rights and Welfare of the Child, monitored by the African Committee of Experts on The Rights and Welfare of the Child, and the African Charter on Human and People's Rights, and overseen by the African Court on Human and People's Rights.¹³³

A fundamental issue that has been highlighted as a challenge is countries having sufficient resources to be able to fulfil their commitments within the accountability framework. In addition, senior staff interviewed within both the United Nations and the African Union emphasized the need to work within the African Union's systems and mechanisms (and that of other international conventions) rather than create alternative mechanisms.¹³⁴ Spotlight Initiative funding, commendably, is being used to enhance the support (and visibility) of work in this area and such lessons should be integrated.

Finding 4.2. Collaboration with regional economic commissions has been limited and dependent upon the regional economic commission's commitment to FGM, pre-existing relationships, capacity and resources. A more strategic cross-regional approach is required to map and prioritize efforts.

The Joint Programme proposal sets out that the Joint Programme will engage with regional and subregional political structures including the regional economic communities/commissions, and it was also a commitment that emerged from the Phase I and II evaluation.¹³⁵ To date, the picture is mixed, with some engagement in Eastern Africa (and the Horn of Africa) and Western Africa. This is reflected in survey results, as 29 per cent of respondents to the staff survey disagreed with the statement that "regional accountability mechanisms for holding national governments accountable have been strengthened in my region" (see Annex 9).

The desk review and regional-level interviews reveal that there has been some engagement by regional offices, with three of the eight regional economic commissions that are present in the areas involved in the Joint Programme.¹³⁶ Those three are listed in Table 8, below.

131 Interviews with UNFPA, UNICEF Joint Programme staff and senior African Union staff.

132 Ibid.

133 Interview with UNFPA, UNICEF Joint Programme staff, African Union liaison office staff.

134 Interviews with UNFPA/UNICEF Joint Programme staff and African Union staff.

135 UNFPA, UNICEF. 2018. Elimination of FGM: Accelerating Change. Proposal for Phase III of the UNFPA-UNICEF Joint Programme.

136 The African Union recognizes eight regional economic commissions, the Arab Maghreb Union, Common Market for Eastern and Southern Africa, Community of Sahel-Saharan States, East African Community, Economic Community of Central African States, Economic Community of West African States, Intergovernmental Authority on Development, Southern African Development Community.

TABLE 8: Engagement with regional economic commissions

Regional economic commission	Policy framework	Joint Programme engagement
East African Community (EAC)	A FGM Prohibition Bill ¹³⁷ was developed in 2016 but it has not been approved as yet	ESARO is working with the gender and women's equality and empowerment department on both FGM and child marriage
Economic Commission of West African States (ECOWAS)	ECOWAS policy to end sexual and gender-based violence which includes both FGM and child marriage ECOWAS has been focused upon child marriage particularly and obstetrics fistula but less on FGM	WCARO has engaged ECOWAS on regional cross-border FGM
Intergovernmental Authority on Development (IGAD) Eastern Africa and the Horn of Africa	Not as known	ESARO is tapping into its cross-border HIV work and working to integrate awareness of FGM issues into the existing cross-border sentinel systems

Working with the regional economic commissions is desirable, given that they have the convening mandate of multiple ministries, are not political and tend not to be as bureaucratic. However, the challenges of working with them are: their inability to enforce decisions made at the regional level on member states including ensuring that laws are passed; their limited capacity; and their variable focus on FGM. Interviewees also highlighted the need for coordination among the regional institutions (including the African Union and League of Arab States) for consistent messaging to national entities.

The Joint Programme is currently lacking a strategy to prioritize efforts in this area, as well as cross-regional mapping of the institutions (particularly as some countries fall into more than one regional institution). Whilst FGM is less relevant in some subregions (for example, Southern Africa, according to current national prevalence levels), the lack of involvement of relevant regional economic commissions can be a missed opportunity. The mapping exercise could also take into consideration other relevant types of regional institutions, such as regional health institutions, for example, the West African Health Organization (which is currently working on an adolescent strategy), the Gender Centre at ECOWAS (currently developing a strategy to address sexual and gender-based violence) and financial institutions (for example, the African Development Bank).

Finding 4.3. The Joint Programme has contributed to enhancing the accountability expectations and requirements of governments through global human rights treaty bodies and international commitments, and there are also examples of country-level engagement on monitoring and reporting.

At the global and country level, the Joint Programme has strengthened governments' accountability through monitoring against human rights treaty bodies. Although the overall responsibility for monitoring against human rights falls to OHCHR, both UNICEF and UNFPA specifically raise the issue of FGM during the Universal Periodic Review or before the Committee on the Rights of the Child.

For the Joint Programme, the Universal Periodic Review process has proven to be a valuable platform for engaging national stakeholders to follow up on international commitments and advance accountability on gender equality and sexual and

137 <https://www.eala.org/index.php/documents/view/the-eac-prohibition-of-female-genital-mutilation-bill2016>

reproductive health and reproductive rights.¹³⁸ Assessments of the Universal Periodic Review in 2018 showed that gender equality and sexual and reproductive health and reproductive rights are well featured within its outcomes, with a good rate of acceptance and follow-up of these outcomes by Member States. FGM issues accounted for about 6 per cent of recommendations during the Universal Periodic Review's current cycle (2017-2022), a significant figure, since countries where national prevalence of FGM is established represent only 16 per cent of United Nations Member States reviewed at the Universal Periodic Review. The Joint Programme has appropriately recognized the Universal Periodic Review process as critical space for political and policy dialogue on abandoning FGM.

In addition, the Joint Programme has been proactive in supporting accountability of other international agreements, particularly the ICPD25 Nairobi summit commitments, which contains the commitment to "zero sexual and gender-based violence and harmful practices, including zero female genital mutilation". ESARO has developed a framework to monitor countries as well as civil society organizations, parliamentarian and academia engagements on FGM and other harmful practices, including gender-based violence.

At the country level, the Joint Programme has continued to advocate for accountability and has contributed to enhanced and visible political commitments by some countries particularly Egypt, Ethiopia and Kenya. In 2019, President Uhuru Kenyatta of Kenya issued the ambitious directive to end FGM by 2022 at the Women Deliver Conference in Vancouver, Canada. He restated his commitment at ICPD25, which Kenya hosted. "I commit to provide the leadership necessary to ensure female genital mutilation ends within this generation," he said. In Ethiopia, a commitment to eliminate child marriage and female genital mutilation by 2025, was announced at the Girl Summit in London in 2014 by Deputy Prime Minister Demeke Mekonnen.¹³⁹ Central to this strengthened visible political commitment is the appropriate enabling environment, discussed in Finding 5.1.

Finding 4.4. The role of civil society organizations in social accountability and supporting civil society organizations to hold governments to account, is increasingly supported by country programmes through capacity building in lobbying and advocacy as well as the convening of advocacy platforms. There is growing recognition of the need to collaborate not only with women's movements, but also movements involving youth, human rights advocates and others. Challenges remain in countries where civil society activism is more limited or constrained.

There is recognition across the Joint Programme of the need for civil society to be involved as champions rather than purely as implementing partners. The concept of social accountability has been recognized as a useful framework¹⁴⁰ for the range of actions and mechanisms to hold duty bearers to account. These actions and mechanisms are very often demand driven and operated from the bottom-up. There are some good examples at the country level throughout the Joint Programme, for example in Guinea, the Joint Programme provided training to non-governmental organization representatives to strengthen their skills on advocating for the abandonment of gender-based violence, FGM and child marriage, and on lobbying and advocacy techniques.

As a result, the lobbying actions reached out to local authorities, elders, religious leaders and leaders of associations and groups in the Joint Programme intervention areas, who have become involved in the promotion of the abandonment of gender-based violence including FGM and child marriage in their respective localities.¹⁴¹ In Kenya in 2019, community elders and religious leaders from 22 counties most affected by female genital mutilation also resolved to end the practice by 2022. In Mali, the Joint Programme supports civil society organizations to organize advocacy sessions for the adoption of the law on gender-based violence, including FGM, and raising the age of marriage for women. Still in Mali, civil society organizations have set up statutory platforms for advocacy and discussion on the consequences of child marriage, early pregnancies,

138 UNFPA/UNICEF. 2020. Accountability for Eliminating Female Genital Mutilation A Focus On The Third Cycle Of The Universal Periodic Review.

139 UNFPA/UNICEF. 2019. Annual report of the Joint Programme on Eliminating FGM: Empowering Girls and Women to Lead Change.

140 International Conference On Female Genital Mutilation. 2018. Galvanizing Political Action to Accelerate the Elimination of Female Genital Mutilation by 2030, Ouagadougou, Burkina Faso.

141 Guinea Joint Programme Annual Report 2020.

FGM and other forms of gender-based violence in support of the Government of Mali, through the Direction Régionale Femme Enfant et Famille (DRPFEF).¹⁴² However, challenges remain in some countries where there is limited presence or history of civil society movements influencing government (for example in Sudan, Egypt) constraining social accountability.

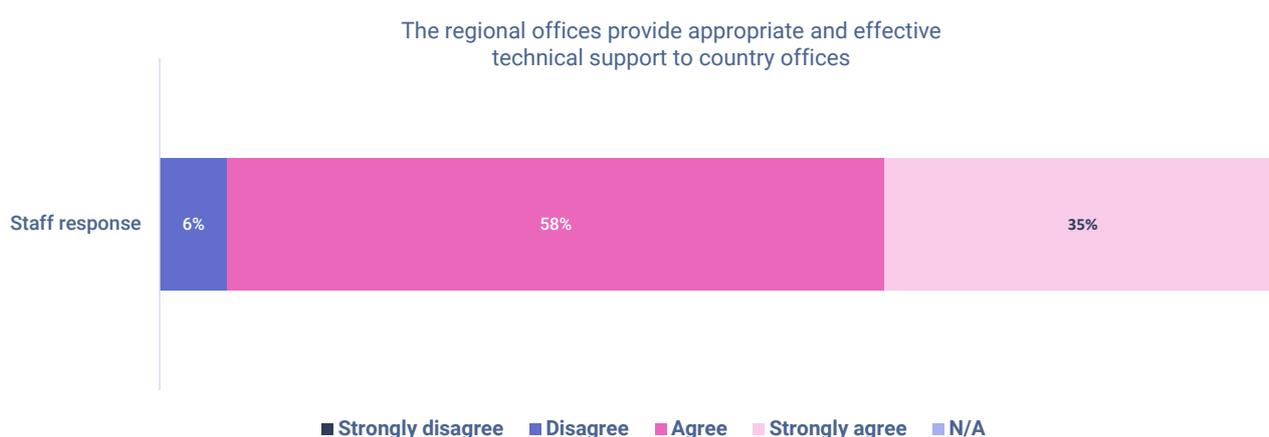
As discussed in Finding 2.2, digital technologies have provided new opportunities, such as the Global Media Campaign, which fund activists to work with journalists and local influencers to broadcast content on ending FGM in all forms of media. Whilst there is limited evaluative evidence of the effectiveness of these approaches, anecdotal evidence suggests that there is scope to be more ambitious with concerted country-specific strategies and to scale up efforts.

At the regional level, the Spotlight Initiative has enabled engagement with regional civil society organization networks,¹⁴³ facilitating the space for civil society to undertake activism and contribute to holding regional institutions and governments to account. Still at a nascent stage, interviewees noted the importance of ensuring sufficient cross-fertilization at the regional level across the networks, and strong vertical linkages between the regional civil society organizations and their country counterparts.

Finding 4.5. The regional offices play an important and valued role in the delivery of the Joint Programme, providing ongoing technical support to Joint Programme country office teams and facilitating knowledge exchange opportunities between country programmes. The extent to which the regional offices are data gathering on salient themes is variable, and the regional role as convener and advocate is not always optimized.

The regional offices provide technical support to country offices. They also provide guidance, support and feedback to country offices on annual plans and reports, and ongoing support to implementation as requested by country offices. The staff survey results showed that 93 per cent agreed (of which 35 per cent “strongly agreed”) that the regional offices provide appropriate and effective support to country offices. There appears to be a marked improvement since the Phase I and II evaluation in both the quantity and quality of technical support, with regional offices being in frequent and regular contact with country offices. Review of the regional inputs needs to take into account the resources available to them (see Figure 13) relative to other levels of the Joint Programme. ASRO/MENARO has a budget of USD 770,000, ESARO approximately USD 531,000 and WCARO a budget of USD 928,000.

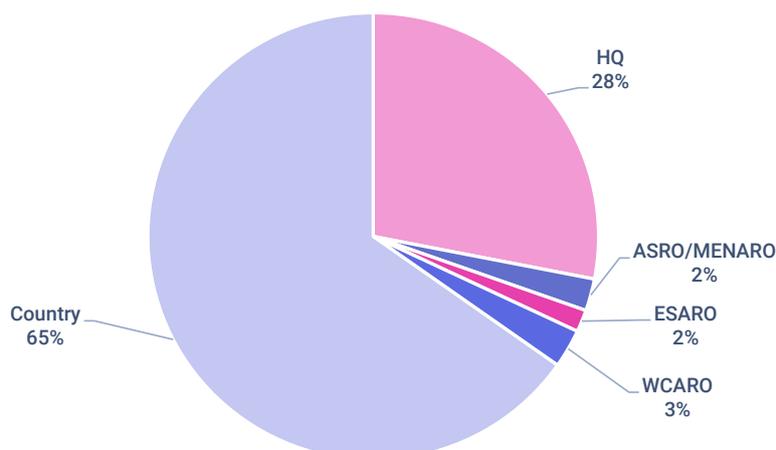
FIGURE 12: Survey responses on the level of support from regional offices



142 Mali Joint Programme Annual Report 2019.

143 Regional CSOs that are being supported include Equality Now, African Women's Development and Communication Network (FEMNET), Foundation for Women's Health Research and Development (FORWARD), Sonke Gender Justice, Italian Association for Women in Development (AIDOS), Global Media Campaign. Other partnerships are being finalized in the areas of human rights, youth and media.

FIGURE 13: Phase III budget distribution, by office level/region



Source: Data for All platform

A further role is identifying regional trends, challenges and opportunities with a bearing on the work and positioning of the region. There are examples of reviews that have reviewed trends and generated data that are both relevant to the region as a whole and also consider individual country circumstances. For example, a study commissioned by ASRO/MENARO regards migration in the region and the implications on FGM, and there is a regional analysis of legal frameworks by WCARO. Such studies have provided the appropriate data to support country-specific situations and also inform a regional position. A rapid review of the research conducted by the different regional offices in various salient areas shows that there is not a consistent focus across the offices on themes, and it is unclear whether this is reflective of the relevance of the issue in each region.

TABLE 9: Research conducted by the regional offices, by theme

Theme	ASRO/MENARO	ESARO	WCARO
Evidence gathering on FGM	X		X
Legal/enabling environments			X
Cross-border/migration	X	X	commissioned
Medicalization			
Impact of COVID-19	X		

The regional offices can also play a potentially convening role within the region, engaging with and advocating for the abandonment of FGM with key actors. Whilst the work with the African Union was through regional offices until 2018/2019 it has since been managed by headquarters (facilitated by the UNFPA Joint Programme staff move to Addis Ababa). The work by ESARO on cross-border issues is an important example of supporting the convening of actors and progressing policy frameworks and implementation (see Finding 5.5). As discussed above, the work with regional economic commissions is limited, with variable efforts to engage, seek entry points and collaborate. The evaluation is aware of some limited engagement with a regional human rights institution network by ESARO. Overall, the evaluation is not aware of a strategy regionally or inter-regionally for prioritizing work with a wider set of institutions, including the regional economic commissions, regional health bodies, human rights institutions and others (for example, the African Development Bank) to optimize its convening and catalytic roles.

Amongst non-governmental actors, there is some work with non-governmental organizations, for example, Plan International on cross-border work in West Africa. Beyond technical partners, as discussed in Finding 5.5, the regional offices are

commendably going to be working more closely with a range of civil society organizations. There was also a recognition that regional offices should work in a more coordinated way with non-governmental organizations, sharing work plans to enhance any synergies and linkages.

The regional offices have provided valued knowledge-exchange opportunities and have increasingly developed webinars in response to the COVID-19 pandemic. Whilst these focus on areas of common interest, they have also been tailored. For example, ESARO provided webinars on the Saleema Initiative, but held a separate one for Somali so that it could be more tailored to the content (and higher religious influence). There has also been some South-South exchanges with ASRO/MENARO sharing insights about medicalization to the WCARO and countries. There is call for more opportunities for knowledge exchange and the identification of areas of interest by country offices.

4.5 EFFECTIVENESS AND SUSTAINABILITY: CONTRIBUTIONS TO POLICY CHANGE

EQ 5. To what extent has the Joint Programme contributed to strengthening national policies and legislative frameworks on the abandonment of FGM through the integration of evidence-based analyses on emerging issues concerning FGM, including medicalization and cross-border issues?

Evaluation criteria: Effectiveness and sustainability

Sources of data



FINDINGS SUMMARY

The Joint Programme has continued its support for developing/strengthening legislative frameworks (where still necessary), translating them into costed action plans and advocating for the appropriate financial resources to implement the plans. Currently, 14 of 17 countries already have a legislative framework in place, with Sudan being added during this phase, and technical and financial support is still underway for the remaining three countries. Law enforcement remains a persistent challenge, given systemic issues around weak enforcement systems, lack of evidence of FGM cases, limited reporting and other factors.

Building on the work done in previous phases, medicalization is being tackled through advocating for laws and policies, training key staff, engaging professional associations, and also working with and informing communities. However, greater focus was given to health professionals' knowledge of FGM rather than to attitudinal and behavioural change. Furthermore, there are emerging trends and context-specific drivers that need to be understood better to tackle the issue.

An area that has gained focus in Phase III is the work on cross-border FGM in East Africa, with the development of a declaration and action plan, as well as support to measures for implementation. It provides important learning for other regions, which are at a more nascent/data generation stage.

Assumption 5.1: National policies and legislative frameworks on the abandonment of FGM have been strengthened and dedicated national budget lines are in place.

Finding 5.1. The Joint Programme has contributed significantly to strengthening the policies and legislative environments on the abandonment of FGM by addressing key enabling dimensions. In this phase, great emphasis was given to supporting governments developing costed national action plans and allocating budgets for FGM prevention and response. This has resulted in an increased ownership and sustainability of the government initiatives to eliminate FGM.

During Phase III, the Joint Programme has continued to adopt a comprehensive and multisectoral approach to support programme country governments in creating a conducive legal and policy environment for the abandonment of FGM. This approach has been addressing four key dimensions: (i) the development and adoption of a law prohibiting/criminalizing the practice of FGM; (ii) the development of a structured government response to address FGM, such as a national strategy or plan; (iii) the development and strengthening of a body or inter-institutional mechanism to coordinate efforts and actors in abandoning FGM; and (iv) a national budget line and funding for FGM prevention and response.¹⁴⁴ This kind of system strengthening approach is in line with the recommendation to the evaluation of Phase I and II aiming to ensure national ownership and sustainability.

In the countries where a specific national law criminalizing FGM is still not in place, during Phase III, the Joint Programme has continued to provide technical and financial support to governments in the development of a national law. A major achievement has been recorded in Sudan in 2020, where the Government has approved a national law against FGM¹⁴⁵ (increasing the number of programme countries with a relevant law from 13 to 14, but below the 2021 target of 16).¹⁴⁶ In the three Joint Programme countries that remain without a specific law prohibiting FGM, namely Mali, Somalia and Yemen, the Joint Programme has been supporting the development of a draft law in the case of Mali,¹⁴⁷ or it has been advocating for a law in the cases of Somalia¹⁴⁸ and Yemen.¹⁴⁹ In the Puntland State of Somalia, the cabinet has approved the FGM Zero Tolerance Bill, which is expected to have a ripple effect in this state in the campaign to end FGM once it is passed into law. This is important progress amongst the Joint Programme countries.¹⁵⁰

During Phase III, the Joint Programme has also continued to support governments of the programme countries in putting in place a structured response to address FGM by developing costed, multisectoral action plans or strategies. Currently, 12 Joint Programme countries have costed national action plans, against a target of 16 for 2020/2021.¹⁵¹ For instance, in Ethiopia, the Joint Programme was “highly engaged”¹⁵² in the development and launch of a national costed roadmap to end child marriage and FGM (2020-2024), which includes key intervention packages, a costed plan for national and subnational budgets, a monitoring and evaluation and accountability framework, and a resource mobilization plan.¹⁵³ In Kenya, the Joint Programme contributed to the development and launch of the anti-FGM strategic documents, including a resource mobilization strategy, guidelines on standardization of alternative rites of passage, standard operating procedures for prosecution and functional inter-agency coordination mechanisms, and the Presidential Acceleration Plan on Ending FGM.¹⁵⁴

The Joint Programme has accompanied the development and strengthening of a body or inter-institutional mechanism to harmonize efforts and actors engaged in abandoning FGM, as well as being engaged in the abandonment of other harmful practices including child marriage when relevant. In all deep dive countries, interviews with key informants highlighted the important role that the Joint Programme is continuing to play as a convener, bringing together multisectoral stakeholders and facilitating their coordination. For instance, in Kenya the Joint Programme has continued to accompany the anti-FGM

144 UNFPA-UNICEF. 2020. Policy Brief Enabling Environments for Eliminating Female Genital Mutilation. Towards a Comprehensive and Multisectoral Approach.

145 In Sudan, six states had criminalized FGM before the national level did in 2020.

146 Results Framework on the Data for All platform (<https://fgmjp.org/>), last accessed on May 19, 2021.

147 Besides supporting the development of the *avant-projet de loi*, in Mali the Joint Programme greatly contributed to the development of the National Plan against Gender-Based Violence (PN-GBV) and supported the institutional framework for the eradication of harmful practices.

148 In Somalia, during 2020 the Joint Programme enhanced the support for the repeal of Pro-Sunna Fatwa in Somaliland and for the enactment of zero tolerance FGM bills in Puntland and Federal Government State. For Somalia, see also <https://www.unicef.org/somalia/press-releases/unicef-and-unfpa-call-government-somalia-commit-ending-fgm-passing-law-prohibiting> (last accessed on May 12, 2021).

149 In Yemen, the draft anti-FGM act has not passed as it was not considered priority due to the conflict. As explained in key informant interviews, in Yemen the political situation is made even more complex by the fact that the Joint Programme is working with two different governments.

150 However, at the global level, 42 governments in the world have still not yet taken steps to prohibit the practice of FGM through legislative and other measures to eliminate it even if they have signed and ratified human rights treaties that are relevant to the elimination of FGM and therefore would be obliged to take measures to prevent and eliminate FGM.

151 This figure is updated each year based on the fact that national action plans are time bounded, and if a national action plan is outdated, the country is not counted on that year.

152 UNFPA, 2020, Ethiopia Country Programme Evaluation.

153 Joint Programme Ethiopia Annual Reports 2018, 2019, and 2020.

154 Joint Programme Kenya Annual Report 2018 and 2020.

board, which is the national coordinating body, by advocating for increased financial and human resources.¹⁵⁵ In Mali, despite the absence of a formal law against FGM, the Joint Programme has been highly collaborative with the committees for the eradication of harmful practices at the national, regional and local levels by working with them and partially financing them.¹⁵⁶

In some countries, the Joint Programme has been working also at lower administrative levels (where capacity to commit to national policies is often weaker¹⁵⁷) in order to help them align their laws with the national law, as well as to help them better contextualize it to their need. In Kenya, for instance, the Joint Programme has been advocating for county-specific policies that can be developed into action plans and therefore have funds allocated at the county level as well. However, some countries continue to face complications in transposing the national law into lower administrative levels. For instance, in Nigeria 16 out of 36 individual states have not yet taken measures to translate the federal act into their legal orders to give it effectiveness.¹⁵⁸

Monitoring the implementation of strategies and laws through national accountability systems is a critical area that has become more recognized in Phase III. The Joint Programme has also been supporting governments in their implementation and monitoring by anchoring and aligning its programmatic interventions to them. For instance, in Mali the Joint Programme is implemented in partnership with the dedicated government ministry.¹⁵⁹ The Joint Programme has also continued to invest in the capacity building of relevant stakeholders involved in the enforcement of the law, as explained in detail in Finding 5.2 below. For instance, in Gambia the Joint Programme has been instrumental in bringing together several organizations to facilitate monitoring, which feeds well into the national strategy (rather than working separately).¹⁶⁰

Following a coherent and consistent evolution in the development and strengthening of the legal and policy frameworks for the abandonment of FGM, during this phase the Joint Programme has put more emphasis on advocating for the allocation of budgets to the government costed-action plans. Currently 11 Joint Programme countries have national budget lines for the abandonment of FGM (against a target of 14 for 2020, and 16 for end 2021). The contribution of the Joint Programme resulted not only in financial support to the various national partners of the programme (including relevant government ministries and bodies), but also advocacy with the government for expanding budget contributions to the abandonment of FGM and building their capacity in terms of budgetary analysis and advocacy. This activity was considered by key stakeholders not only to be very important but also to increase government ownership and sustainability.¹⁶¹

Despite the availability of national budgets dedicated to activities and initiatives aiming at accelerating FGM abandonment, resources are considered by key stakeholders to be generally insufficient. The ministries in charge of FGM abandonment often have limited bargaining power for resource allocation, and the decentralization of resources is often not fully effective to reach the most vulnerable groups of people. This is even more apparent in those countries constrained by competing priorities, such as security issues (for instance, Mali and Yemen). Some stakeholders highlighted the importance of keeping the momentum around FGM abandonment in times when political interests might shift focus onto other priorities due to political elections or instability. For instance, in Guinea Bissau, the Joint Programme supported FGM abandonment mainstreaming across different sectors and the national committee on FGM abandonment remained constant throughout the eight different governments that the country experienced in three years, with each government bringing its own agenda.

155 Joint Programme Kenya Annual Report 2019 and 2020.

156 In 1999, the government of Mali created committees for the eradication of harmful practices at the national, regional and local levels (called CNAPN, CRAPN, CLAPN). These committees are considered to be the formal advocacy and coordination frameworks as they bring together all the actors who work for the abandonment of FGM in a dynamic partnership: government, civil society, NGOs, associations and development partners. Their role is to mobilize resources and organize activities and meetings. Based on the Joint Programme Mali Annual Report 2020, in that year the Joint Programme activities with the committees focused on disseminating the text of the draft GBV law through strong advocacy aimed at the various actors for their adherence to the process.

157 This was reported, for instance, in the cases of Ethiopia and Nigeria.

158 UNFPA-UNICEF (2020) Policy Brief - Enabling Environments For Eliminating Female Genital Mutilation. Towards a Comprehensive and Multisectoral Approach. This was also confirmed during key informant interviews and Joint Programme annual reports.

159 In Mali, the Joint Programme is implemented with the collaboration with the Ministry for the Promotion of Women, Children and the Family (MPFEF), the Ministry of Population and Regional Planning and the National Directorate of Population, as well as their decentralized structures (DRPFEEF, SLPFEEF, PN-VBG). Key informants have often indicated the MPFEF as the "owner" of the programme.

160 Key informant interview.

161 Key informant interviews.

Finding 5.2. Despite the great efforts and important achievements reached in developing a conducive legislative and policy environment for FGM abandonment, law implementation and enforcement remain major challenges.

To support law enforcement, the Joint Programme has also continued to invest in the capacity building of relevant stakeholders involved in the enforcement of the law. The capacity building went from creating awareness on the anti-FGM law and national strategies through their dissemination, to more substantive training of judicial and medical staff. For instance, in Guinea, the implementation of the national strategic plan on FGM abandonment (2019-2023) and the national strategy of the religious leaders for the abandonment of FGM have started to be disseminated to various actors.¹⁶²

During Phase III the total number of arrests under FGM laws in the Joint Programme countries has more than tripled, from 255 in 2017 (baseline) to 782 in 2020; the number of cases taken to courts has raised from 267 in 2017 to 429 in 2020; and the number of secured convictions and sanctions has increased from 182 in 2017 to 304 in 2020.¹⁶³ Over two thirds of the total number of arrests, cases brought to court, and convictions and sanctions have taken place in Joint Programme countries in the Eastern and Southern Africa region (between 72 per cent and 65 per cent), whereas around one third of them have been registered in Joint Programme countries in the West and Central Africa region (between 34 per cent to 27 per cent); almost no cases have been reported from the countries in the Middle East and North Africa region (less than 1 per cent). However, despite such progress, the achievements are below the targets. This was confirmed by the fact that law enforcement has been reported as a major challenge across Joint Programme countries. For instance, even in Guinea, where there is an established legislative framework and FGM is now prohibited by the Constitution, still few cases are taken to court, and even for those cases that are judged existent, convictions are turned into sanctions or the sentences are suspended.¹⁶⁴ Further research would be needed on the effects of the law banning FGM on behaviour, to analyse country-specific impediments to law enforcement as well as to identify good practices of law enforcement.¹⁶⁵ Attention is needed to better understand the potential perverse effects from law enforcement. Beyond the risk that the threat of law enforcement might encourage people to continue to practice FGM underground and fuel the increase of hidden FGM and cross-border FGM, key informants also shared a concern around the potential negative effects of the criminalization of women and parents.¹⁶⁶

Some experts raised concern about the risk of disproportionate impact of punitive approaches on women and girls, as they might, for example, push the practice underground, making it even more dangerous for the girls concerned.¹⁶⁷ A further perverse effect of the enforcement of the law is to potentially separate children from their parents, leaving children, whose parents are facing the consequences of criminal sanctions, in a dire situation. In highlighting such concerns, the Office of the United Nations High Commissioner for Human Rights (OHCHR) Expert Group Meeting on the Elimination of FGM in 2019 (drawing on the Committee on the Elimination of Discrimination Against Women and the Committee on the Rights of the Child stressed the need to regularly assess the impact of legal frameworks to identify possible adverse consequences, although the Joint Programme has not been tracking such effects of legal sanctions. It also stressed the need to take a rights-based approach and that criminal laws should adopt a victim-centred approach and take into account the potential threats to, and negative impacts on, victims.¹⁶⁸

There are important examples of restorative justice as an opportunity to create awareness and prevent FGM. The Phase I and II evaluation had already highlighted the important role played by mobile courts in Burkina Faso in terms of education and deterrence at community level, beyond facilitating access to justice. It was reported that before taking up the case,

162 Joint Programme Guinea Annual Report 2019, and key informant interviews.

163 Cumulative data drawn from Data for All platform (<https://fgmjp.org/>), based on 2020 reports.

164 Joint Programme Guinea Annual Report 2019, and key informant interviews.

165 UNICEF. 2019. Everybody Wants to Belong. A Practical Guide to Tackling and Leveraging Social Norms in Behaviour Change Programming.

166 Wouango, Josephine, Susan L. Ostermann, and Daniel Mwanga (2020). When and how the law is effective in reducing the practice of FGM/C: A cross-border study in Burkina Faso and Mali. Policy brief. Nairobi: Population Council. Retrieved https://knowledgecommons.popcouncil.org/viewcontent.cgi?article=2131&context=departments_sbsr-rh

167 Human Rights Council. 2020. Expert group meeting on the elimination of female genital mutilation: Report of the United Nations High Commissioner for Human Rights.

168 Ibid.

the judges discuss FGM and answer questions from the public, promoting dialogue on the practice and strengthening the connection of formal law to the local community. Those found responsible are counselled by the courts, resulting, in some cases, in defendants becoming themselves agents of change.¹⁶⁹

Assumption 5.2: National policies and legislative frameworks responding to the rising trends on the medicalization of FGM have been strengthened.

Finding 5.3. The Joint Programme has strengthened its response to prevent the medicalization of FGM by working on both the supply side (health-care providers) and the demand side (communities). However, given the rising trends, sustaining the current engagement is required to effectively address not only the knowledge but also the attitude and behaviour of health professionals.

The medicalization of FGM is reported to be growing especially in certain countries like Guinea and Kenya, as well as Egypt and Sudan, where this phenomenon has been present for longer.¹⁷⁰ However, even if statistics on the medicalization rates in the different countries are available mainly from the national Demographic Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), it is difficult to provide recent evidence to better measure the extent of the phenomenon and its patterns given the underground nature of the phenomenon itself. To prevent the medicalization of FGM, during Phase III the Joint Programme has continued working through a two-pronged approach by addressing both the supply side (medical practitioners) and the demand side (communities) of FGM medicalization, in line with the Joint Programme Output 1.2 “increased national capacity for the development, enactment and implementation of FGM laws and policies”. However, the commitment within the management response to the Phase I and II evaluation of the Joint Programme of “developing a comprehensive strategy/model for addressing the medicalization of FGM” has still not been achieved. It has been deferred and will be incorporated within post-Phase III programme design, raising the question of how comprehensive it will be.

On the supply side, the Joint Programme has adopted different strategies to increase the awareness and enhance the skills of health workers, including medical doctors, midwives, nurses and community health workers, so that they decide not to perform FGM. The Joint Programme has continued working on the prevention of FGM medicalization in collaboration with WHO and the ministries of health. However, key stakeholders both at the global and at the country levels have reported the need for greater partnership between WHO and the Joint Programme (for instance on updating the WHO midwifery curriculum),¹⁷¹ as well as for enhanced involvement of the ministries of health at the national and subnational levels in the programme countries.

Stakeholders have reported that in some instances health workers, especially in remote areas at the community level, might still not be aware that FGM is prohibited by the law, and that law enforcement remains limited. The Joint Programme has facilitated the dissemination of the law or circular letter that prohibits FGM medicalization amongst health centres and professional associations to increase medical and health staff awareness on the existence of such laws or circular letters.¹⁷² An important achievement met in Phase III is that in Egypt, where four in five girls report FGM was performed on them by a health care provider, in January of 2021 the Cabinet adopted tougher penalties for FGM, imposing jail terms of up to 20 years and banning health care providers from practicing for up to 5 years.¹⁷³

169 Wouango, Josephine, Susan L. Ostermann, and Daniel Mwanga. 2020. “When and how the law is effective in reducing the practice of FGM/C: A cross-border study in Burkina Faso and Mali,” Policy brief. Nairobi: Population Council. Retrieved https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=2131&context=departments_sbsr-rh

170 Growing trends, reported by key informants at all levels, were also confirmed by the UNFPA, UNICEF and WHO factsheet on medicalization of 2018, if compared with the data available from the Population Council study: Shell-Duncan B, Moore Z, Njue C. Trends in medicalization of female genital mutilation/cutting: what do the data reveal? 2017, Evidence to End FGM/C: Research to Help Women Thrive. Population Council: New York. From http://www.popcouncil.org/uploads/pdfs/2017RH_MedicalizationFGMC.pdf

171 Similar finding was reported in the evaluation of Phase I and II, which said: “There are some examples of collaboration, for example, in Phases I and II, wherein the Joint Programme had agreements with WHO and UN Women. Furthermore, some joint statements were released [...] Currently, the Joint Programme has no formal partnership agreements with other United Nations relevant entities such as UNDP, WHO, UN Women, UNAIDS and UNHCR (all of which would bring technical sectoral knowledge, in-country networks, and relationships with relevant ministries)”, p. 45.

172 Medicalization is prohibited by circular letters from the Ministry of Health (e.g., in Ethiopia and in Mali).

173 UNFPA-UNICEF. 2021. Joint Programme 2020 Highlights Report.

Beyond disseminating the law against FGM, the Joint Programme has continued investing in the capacity building of health staff through training, not only on the health consequences of FGM, but also on the legal and ethical implications of practicing it. For instance, in the context of the Joint Programme, in Ethiopia a training package developed by WHO for midwives and nurses aiming at strengthening their communication skills towards a greater person-centred approach when communicating about FGM was used to train extension workers.¹⁷⁴ In Nigeria, health workers were trained to identify in their facilities cases of women who had undergone FGM in the past, whether they suffered or were suffering complications, and refer them to relevant services. This approach is in line with the idea that documenting the long-term complications resulting from medicalized female genital mutilation, including sexual, psychological and obstetric complications, is expected to help prevent medicalization.¹⁷⁵

The Joint Programme has collaborated with universities and medical schools for the development of university curriculums for students of medicine and nursing, a very positive initiative that potentially has a great reach (see also Finding 5.4 for 3.2). For instance, FGM material was integrated in the training programme of eight schools of health in Guinea, where conferences and debates on FGM have also been organized with students from health schools from five regions.¹⁷⁶ Similarly, in Kenya the Joint Programme has worked with the Ministry of Health, the African Coordination Centre for the Abandonment of Female Genital Mutilation (ACCAF) and the University of Nairobi to develop training materials to be included in the curriculums for those studying medicine and nursing.¹⁷⁷

In line with what was planned during Phase II, in Phase III, greater emphasis has been placed on establishing partnerships with medical syndicates and professional associations and bodies. They can be key agents both to sensitize their members on the issue of FGM medicalization, and to advocate for policies and legislations to be enforced, for example, by sanctioning health professionals who engage in FGM. For instance, the Kenya Medical Association, a membership for registered medical or dental practitioners, and the National Nurses Association of Kenya have 100 per cent declared that FGM is an unethical practice, and any member found to have practiced it is removed from their registrar and prevented from continuing to work in the health sector. Overall, at the global level, the number of doctors and midwives who support the cause of the “Doctors and Midwives against FGM” initiative has increased from 956 in 2018 to 3,166 in 2020.¹⁷⁸

On the demand side, in Phase III, the Joint Programme has placed greater emphasis on social norm change by bringing attention to women’s and girls’ rights during community dialogues and sensitizations to promote FGM abandonment overall, not specifically abandonment of using health-care providers. However, even amongst the Joint Programme implementers, the harmful consequences of FGM on women’s and girls’ health has continued to emerge as the main argument for abandoning the practice. The health risks and potential consequences linked with FGM were often mentioned during key informant interviews as the main reason why FGM should be abandoned, rather than including the human rights argument that girls and women have a right not only to health, but also to be free from violence, to life and physical integrity, to non-discrimination, and to be free from cruel, inhuman, and degrading treatment (although they were aware that when performed by medical staff, FGM is not necessarily safer).

Amongst the identified challenges to social norm change, is the difficulty in translating the human rights messaging around FGM in communities often deprived of their basic rights, and the need to build better responses to arguments supporting the practice as a means to thrive and gain access to social capital resources.¹⁷⁹ Beyond intervention awareness-raising and increasing knowledge on FGM, there is need for a more holistic approach that also places greater emphasis on the attitude and behaviour of both health-care providers and community members, as well as on the attitudes of women and girls themselves.

Finding 5.4. The Joint Programme has contributed to generating new knowledge on FGM medicalization. However, further research would help shed more light on sub-trends, context-specific drivers, and the issue of women’s choice and consent.

174 <https://www.who.int/activities/empowering-health-care-providers-to-prevent-female-genital-mutilation>

175 Key informant interviews.

176 Key informant interviews and Guinea Joint Programme Annual Report 2019.

177 Data for All platform (<https://fgmjp.org/>), last accessed on May 19, 2021.

178 Data for All platform.

179 Human Rights Council. 2020. Expert group meeting on the elimination of female genital mutilation: Report of the United Nations High Commissioner for Human Rights.

During Phase III, the Joint Programme is continuing to increase knowledge around the medicalization of FGM through research studies commissioned by regional and country offices. These include a brief to explore the issue in Kenya, Somalia, Ethiopia and Eritrea commissioned by UNICEF ESARO.¹⁸⁰ In Guinea, UNFPA is planning a research study on the determinants of medicalization of FGM to inform the planning of next the phase of the Joint Programme.¹⁸¹ The Joint Programme has also promoted knowledge sharing on this topic through a cross-regional webinar on medicalization in West Africa organized by WCARO.¹⁸² However, stakeholders especially at the regional level, have highlighted the need for further research to better understand this context-specific phenomenon. Different areas that remain unclear would benefit from further research. For instance, the weight/importance of the different incentives for medical staff to continue practicing FGM procedures are still not clear.

Other emerging areas that require further research include a new sub-trend, '*fair semblant*', (to pretend) emerging in French-speaking countries like Guinea and Mali. The girl is taken to a health centre to have FGM performed by a health worker, but in fact FGM is not practiced. The application of less intense FGM procedures (for example, from Type III to lesser types), has already been reported in the evaluation of Phase I and II. Further research on the magnitude of these sub-trends as well as their drivers would help better understand what measures to take to address them.

Another area for further research, indicated by the Expert Group Meeting on the Elimination of Female Genital Mutilation held in Addis Ababa in July 2019, is the meaning of consent, bodily autonomy, choice and harm in the context of patriarchy and its implications on adult women, to better inform policy and legal approaches in relation to the medicalization of FGM.¹⁸³ There is also the broader issue of mandatory reporting of FGM by health-care professionals and the ethical dilemmas that this entails in terms of ethical confidentiality and the potential harm to the patient-doctor relationship and public trust. This requires further research and clarifications. These issues are discussed further in the thematic note "FGM and complex situations".

Assumption 5.3. Policies and legislative frameworks have been enhanced to address cross-border FGM.

Finding 5.5. The Joint Programme has increased its focus on cross-border issues in Phase III and has made significant contributions in East Africa to the development of a regional agreement and plan that needs sustained support. Intensified efforts are required in other regions to generate data (where still needed), convene actors and support appropriate international dialogue and agreements.

During Phase III, the Joint Programme has been instrumental in raising cross-border FGM as an issue globally, for example, within the 44th Human Right Council Resolution in 2020¹⁸⁴ and the international conference on FGM organized by the African Union, UNFPA and UNICEF in Ouagadougou in 2018. Most operational work on cross-border FGM has been in East Africa, which has provided an important example and opportunity for learning for the Joint Programme, and is also monitored as part of the management response to the Phase I and II evaluation.¹⁸⁵ The staff survey showed that 51 per cent of respondents agreed that relevant policies and legislative frameworks have been enhanced to address cross-border FGM and 23 per cent disagreed (whilst 26 per cent did not know).

The Joint Programme has made a significant contribution to the progress made in East Africa with the development of the costed Eastern African Declaration and Action Plan involving Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania,¹⁸⁶ thereby also responding to a commitment from the Phase I and II evaluation of the Joint Programme. Recognizing

180 UNICEF. 2021. The medicalization of FGM in Kenya, Somalia, Ethiopia and Eritrea. <https://childfrontiers.app.box.com/s/an4c6omfcddvajfezhi9wv73dkvwj4kg>

181 Key informant interview and Guinea Joint Programme Annual Report 2020.

182 UNFPA and UNICEF. 2018. WCARO Annual Report.

183 Some experts felt that the practice should never be allowed, even when requested by adult women, given the social pressure to which they might have been exposed that could vitiate consent. Other experts, however, warned about double standards when other medically unnecessary, potentially harmful surgical interventions on female genitalia, such as female medical cosmetic surgery, were allowed and reasons to perform them might also be attributed to social pressure.

184 UN General Assembly, 2020, Human Rights Council Forty-fourth session 30 June–17 July 2020: Elimination of female genital mutilation <https://undocs.org/A/HRC/44/L.20>

185 UNFPA, UNICEF. 2021. Progress in the Implementation of the Management Response, April 2021 (Internal document).

186 Annual Report 2018, Interviews with Joint Programme staff and government partners.

that tackling cross-border FGM required a regional approach and the engagement of intergovernmental organizations, the Joint Programme supported: the generation of baseline data; the successful convening of an inter-ministerial meeting across all countries;¹⁸⁷ collaboration on policies and legislation; and the development of joint communication strategies that discouraged individuals and families from crossing borders for FGM.¹⁸⁸

In terms of legislation and policy to support the declaration and action plan, the Joint Programme has worked with the different governments ensuring that each country has its own and appropriate legislation, rather than developing regional legislation. On the operational side, the Joint Programme has worked in a suitably multisectoral and multileveled way by: supporting the sensitization of the police force and other duty bearers; strengthening referral mechanisms; promoting cross-border commitments especially where there are clan leaderships across both sides; and supporting surveillance systems. Some of the innovative approaches include open-source mapping (initiated in Tanzania and applied within the cross-border work) to locate and protect girls at risk of FGM, as well as providing local officials with data needed to plan for the development of services.¹⁸⁹ The Joint Programme has also been developing a mobile phone app to support ending FGM, which aims at providing timely reporting of FGM cases within Kenya and along the border communities (Uganda, Tanzania, Somalia and Ethiopia) for both prevention and responsive services.

In terms of monitoring progress, there have not been any prosecutions of cross-border cases yet, however there is anecdotal data: for example, 12 Ugandan girls, who had been brought over the border of Kenya to be cut, were rescued and offered psychosocial support, temporary shelter and handed over to the Ugandan authorities for further action and support.¹⁹⁰ Interviewees noted the need to strengthen monitoring to ensure that there is appropriate data on the scale of the issue and how it is changing.¹⁹¹ Particular challenges exist around the limited resourcing available to monitor and police the borders.

Although efforts have been greater in East Africa, cross-border FGM is an issue across many other borders. For example within the West and Central African region, there is cross-border FGM from Burkina Faso, Cote d'Ivoire, Guinea, Mauritania and Senegal to Mali,¹⁹² but there is a lack of quantitative data about the scale and magnitude of the issue.¹⁹³ WCARO is conducting a comprehensive study of six countries.¹⁹⁴ The scale and movement of populations over the last few years has increased, in particular in Burkina Faso, and this emphasizes the fact that it should be a Joint Programme priority at the regional level to finalize research, disseminate results and then facilitate the process, working in a strategic way.

"If you take Guinea today, all countries that surround Guinea practice FGM: Mali, Senegal, Gambia, Guinea-Bissau. These are also very similar cultures. Therefore, I think that reflecting on having a concerted action at the level of border states is very important."¹⁹⁵

Within other parts of the Joint Programme, data gathering on cross-border FGM has taken place or being planned, but the regional and country office staff are not yet at the stage of facilitating regional processes. About 19 per cent of staff disagreed that regional offices have provided appropriate and effective support for relevant research to generate knowledge and evidence on cross-border FGM. ASRO and MENARO have undertaken thorough research into migration and the effect on FGM in the Arab League region, a region with a high level of mobility and characterized by a few countries with high levels of FGM and others where it is not traditionally practiced.¹⁹⁶

187 April 2019, meeting in Mombasa, Kenya.

188 UNFPA/UNICEF. 2018. Joint Programme on FGM Annual Report 2018.

189 <https://www.hotosm.org/projects/crowd2map-tanzania>

190 Kenya Joint Programme Annual Report 2020.

191 Interviews with UNFPA/UNICEF regional staff.

192 UNFPA/UNICEF Joint programme. 2018. How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation.

193 Ibid.

194 Abdramane BERTHE Hermann BADOLO Blahima KONATE. 2016. Étude frontalière sur les pratiques transfrontalières des Mutilations Génitales Féminines (MGF). Rapport d'enquête.

195 Implementing partner staff in Guinea.

196 Hazel R. Barrett, Nafisa Bedri and Nishan Krishnapalan. 2020. The Female Genital Mutilation (FGM) – migration matrix: The case of the Arab League Region, Health Care for Women International.

The research has been disseminated but has not yet informed planning. This is considered an important next step by the evaluation, and it would be a move towards facilitating regional process and commitments on harmful practices. The need to enhance cooperation with the League of Arab States and African Union is important to achieve the process.

Finding 5.6: Other forms of “migratory FGM” are emerging and the complex interplay of migratory patterns and FGM needs to be further understood and integrated within programming.

The evaluation found anecdotal evidence about “internal cross-border” FGM within countries, notably raised within five of the six deep dive countries (Ethiopia, Guinea, Kenya, Mali, Nigeria). For example, in Nigeria they have found that “the big challenge that we have is from one local government area to another. Where one community has declared abandonment, parents take their girls to the other community to be cut”.¹⁹⁷ In Ethiopia, which has observed a similar pattern, the Joint Programme is responding by starting to work in a geographical area in a more concentrated way, covering “whole woredas”, rather than several communities amongst many within one woreda.

It is clear that more data are required to ensure that there is an understanding of the interplay of migratory patterns and FGM in different contexts. This includes internal displacement and refugee crises (where Joint Programme research has shown that the type of FGM practices may change and the decision by parents to cut their daughters can be linked to preventing sexual violence¹⁹⁸). The links between the diaspora and FGM are better known, and the Joint Programme has continued to support them in Phase III through the “Building Bridges” programme. Organizations working on this recognize that the diaspora in some instances can be supportive in influencing change and can be instrumental in breaking the FGM cycle. These points are discussed further in the thematic note “FGM and complex situations”.

Responses to the different migratory patterns and implications of FGM may necessitate a more regional, inter-regional (for example, where borders cover two regions) and global “upstream” response.

4.6 SUSTAINABILITY: CONTRIBUTIONS TO CHANGING SOCIAL NORMS

EQ 6. To what extent has the Joint Programme contributed (or is likely to contribute) to transforming social norms, not just for communities to abandon the practice of FGM but for communities to abandon the root cause, gender inequality motivation behind the practice of FGM?

Evaluation criteria: Effectiveness and sustainability

Sources of data



FINDINGS SUMMARY

There are many examples of genuine gender-transformative community activities and approaches that can be found across Joint Programme countries but there are equally a number of approaches that could be considered only gender-sensitive/gender-neutral or even potentially gender-blind/gender-harmful. A key challenge is how to address different levels of drivers of FGM. There is an underlying unifying driver of gender inequality but also contextually differing intermediate drivers, which are not necessarily aligned across or within countries, or across different aspects of gender-based violence and harmful practices, and which contribute to a lack of common understanding around gender-transformative social norm change.

¹⁹⁷ Hazel R. Barrett, Nafisa Bedri & Nishan Krishnapalan (2020): The Female Genital Mutilation (FGM) – migration matrix: The case of the Arab League Region, Health Care for Women International.

¹⁹⁸ Ibid.

Public declarations of abandonment remain a useful indication of progress (as a measure of intermediate progress towards the abandonment of FGM at country level) but there is not consistent clarity across country levels as to the limitations of a public declaration with regard to actual behaviour change.

There are also many good examples of engagement strategies for men and boys across the Joint Programme. The evaluation also finds that it should be clearly understood that a community-based engagement strategy for men and boys is about engaging non-leader men and boys in transformative action. However, at the country level, working with leaders (religious, cultural and traditional at community and national levels) who tend to be men is sometimes misunderstood as a male engagement strategy.

Youth engagement is a critical approach for sustained FGM social norm change and the Joint Programme does not currently leverage the expertise of either UNFPA or UNICEF in this area. While there are many examples of good youth engagement work (although also a trend of conflating youth engagement with in-school activities at the country level) there is an opportunity for the Joint Programme to have a more consistent and sustained approach to this.

Within global and regional policy advocacy, the Joint Programme has contributed to the broadening of the policy narrative around FGM as a rights violation and the need to tackle underlying gender inequality and has advanced the idea of “bodily autonomy”. Partnerships could also reflect this, notably engaging and optimizing linkages with UN Women.

Assumption 6.1: The rights and agency of girls and women have been strengthened towards the acceptance of a new social norm to keep girls intact in targeted populations.

Finding 6.1. Country-level programming still struggles with gender-transformative social norm change with regard to understanding changes in knowledge, attitude, and practice around gender norms and this is compounded by the fact that measuring FGM gender norm change remains elusive.

There is a wide range of interpretations of what gender-transformative social norm change looks like across all respondents interviewed, amongst Joint Programme staff, implementing partner staff and government counterparts at the country level.¹⁹⁹ Challenges with respect to understanding gender and social norm change have been exacerbated by the lack of comprehensive frameworks to consistently measure that change. However, the evaluation notes that the ACT Framework is now finalized and therefore will be applied to measuring social and gender norm change.²⁰⁰ This challenge with understanding applies to Joint Programme staff, implementing partner staff, and government counterparts.

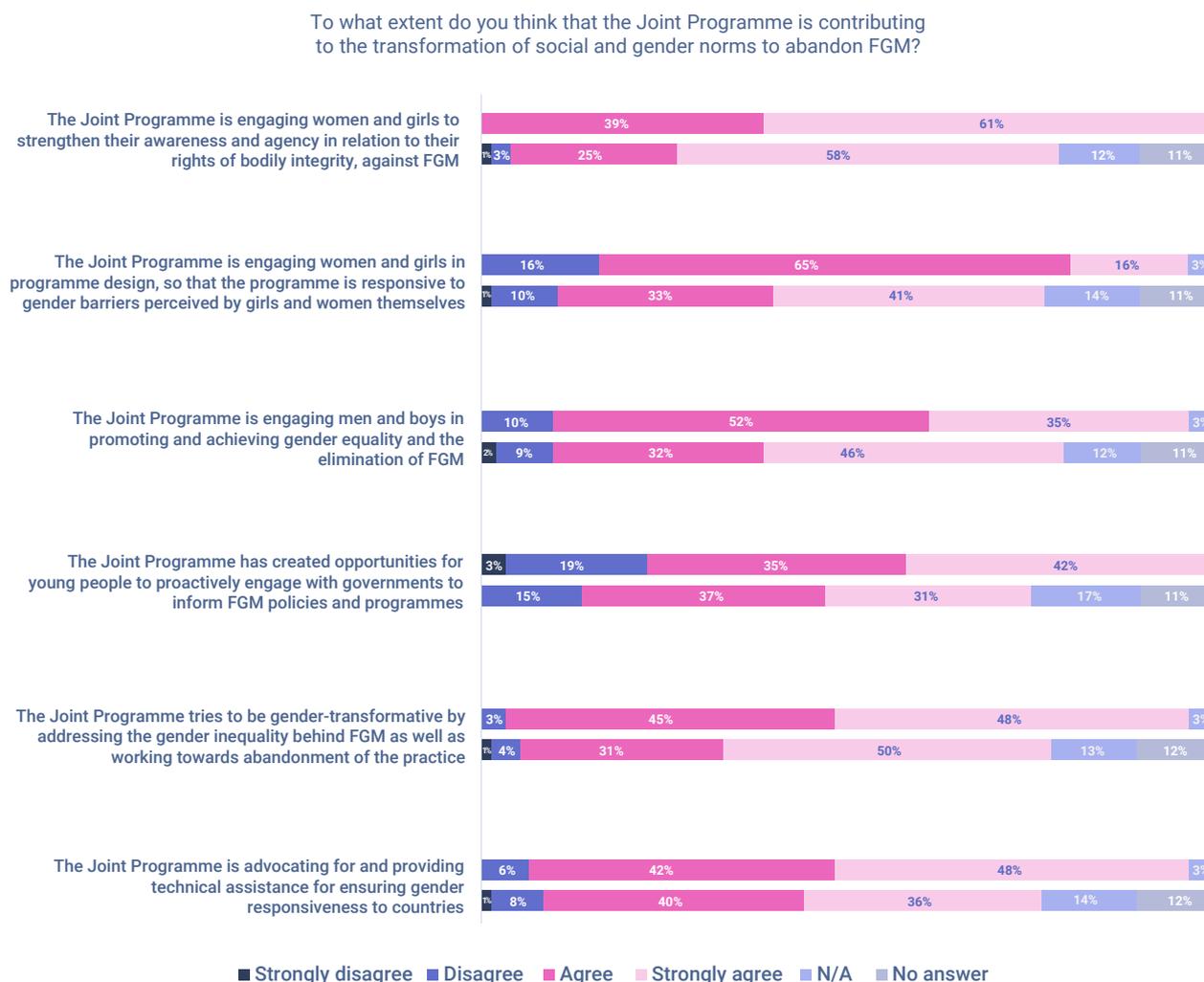
Indicators within the Joint Programme results framework related to social and gender norms transformation show good progress in terms of planned versus actual results. Further, a large proportion of survey respondents, across both implementing partners and Joint Programme staff surveys, agree or strongly agree that the Joint Programme does contribute to changing social norms. However, given the evident complexities and challenges of measuring social norm change both in terms of the longitudinal nature of observing societal change and in terms of the challenge of attributing or contributing specific interventions towards that change, this in fact highlights the challenge of understanding clearly what social norm change means.²⁰¹

¹⁹⁹ Multiple key informants.

²⁰⁰ The ACT Framework is a new model for measuring social norm change around FGM developed by UNFPA, UNICEF, and Drexel University. It includes a menu of tested mixed methods tools and indicators for measuring social norms change on the ground. More information and discussion the ACT Framework can be found in EQ 7.

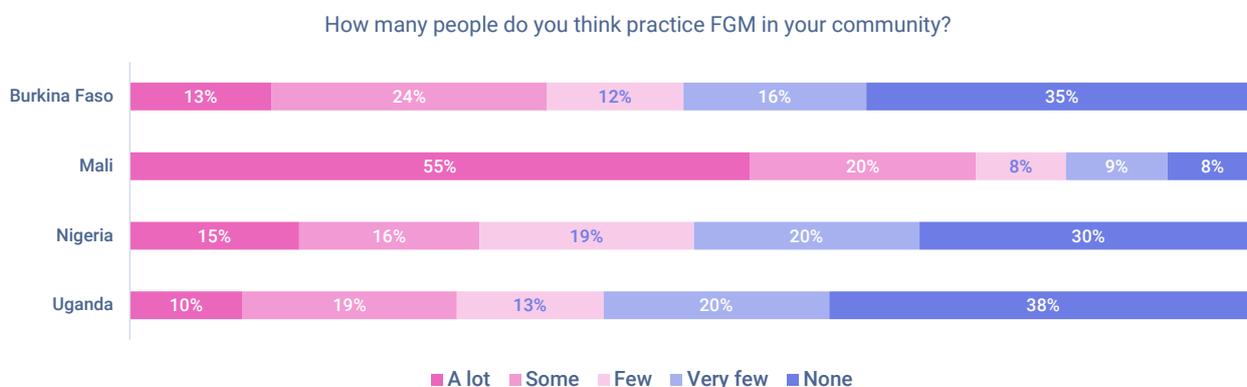
²⁰¹ Note that EQ 7 includes a full discussion on measuring social norm change within the Joint Programme.

FIGURE 14: Joint Programme and implementing partners staff survey respondents, changing social and gender norms (series above: staff survey; series below: implementing partners survey)



However, perspectives from U-Report respondents²⁰² highlight a mixed message with regard to how much the respondents believe FGM is still practiced within the community.

FIGURE 15: U-Report responses with regard to how much female genital mutilation is still practiced within the community



202 Note that the full U-Report responses can be found in Annex 12. A total of 47,917 responses were received across four countries – Burkina Faso, Mali, Nigeria, and Uganda, although responses to specific questions ranged from 41,989 to 13,674.

There is increasing Joint Programme evidence, not specifically about what to do, but around the challenges that exist. These challenges include: the longitudinal nature of norm change, which does not lend itself to easy measurement in annual reports, or across a four-year programme; identifying contributing factors to any societal changes; understanding the differences in changes in knowledge, changes in attitudes, and how this translates into changes in actual behaviours; and understanding permanent community changes versus reported changes under observation (surveillance).

For example, the Saleema Initiative started in Sudan in Phase I of the Joint Programme in 2008 and it has only been over time that a gradual reduction in pro-FGM social norms has been observed.²⁰³ In Ethiopia, respondents highlighted that huge social norm shifts have occurred over the last decade but there is still a long way to go towards genuine gender equality.

In terms of understanding social norms with regards to FGM, cultural (and religious, socio-economic, and traditional) drivers differ significantly across and even within countries, despite a foundational common cause being that of gender inequality and how women and girls are valued within society. This complicates achieving the correct balance between the provision of global-level guidance and consistent measurements, and adaptability to community-level contexts, despite the fact that the global guidance emphasizes the need for a behavioural analysis at the country level.

For example, in Nigeria, Joint Programme staff confirm that drivers are different within the country, across different states. Within some states, the primary purpose of FGM is a rite of passage for marriage, whereas within other states, it is linked to chastity and maintaining virginity.²⁰⁴ While both of these drivers are linked by the underlying gender inequality and power dynamics at play, it is clear to Nigeria Joint Programme staff that “we need more research on drivers to really be gender-transformative”.²⁰⁵

As such, with different drivers across and within countries, and with such a range of interpretations of what those drivers are, there are a number of different methodologies (such as the TOSTAN model, and community cares) being used by the Joint Programme in different countries.

In addition to different packages to address social norms, and the differing drivers found across and between countries for FGM, there remains in some countries, across Joint Programme and partner staff, a question as to whether FGM drivers are cultural or religious. While to a certain extent at global and national levels the religious linkage has been disproved, community perceptions often strongly associate FGM with religious requirements, hence the wide collaboration between the Joint Programme and religious leaders across countries: “We have our own methodology, (at a) theological level, not just targeting religious levels but targeting the Church as an institution.”²⁰⁶

In essence, this becomes a question of whether social norm change methodology should be more prescriptive and consistent, recognizing the underlying linking factor of gender inequality as the ultimate driver; or whether the wide range of differing interim drivers (religion or culture, for chastity or marriage rites of passage, based on economic situations or educational levels etc.) are more important and so social norm change interventions must necessarily be context-specific and therefore different across communities and countries. Other factors of difference would include: types of cutting (Type I to Type III); age of cutting; and importance placed on ceremonial aspects of cutting.²⁰⁷ In reality, social norm change methodology must include elements of both of these approaches, which are not exclusive but rather complementary.

It is also clear within this argument that the contextual differing FGM drivers are not necessarily clearly linked to child marriage drivers, hence communities with high rates of FGM but low rates of child marriage, and vice versa, and those intermediate drivers are not necessarily aligned to more broad-based gender-based violence drivers. So, while gender-based violence in general, child marriage, and FGM are all linked by the underlying unifying driver of gender inequality, the intermediate drivers are all vastly different and require vastly different responses. However, a gender-transformative approach requires addressing that underlying unifying factor of gender inequality. This highlights a constant thread throughout this evaluation with regard

203 Sudan and regional key informants.

204 Nigeria key informants.

205 Nigeria key informant.

206 Ethiopia key informant.

207 Note that this conceptualization of underlying, unified drivers and interim drivers is not drawn from evaluation sources but rather developed by the evaluation team based on a triangulation of perceptions and information provided by key informants.

to whether FGM programming, in this case with regard to social norm change and community attitudes and behaviour, is best achieved through focused FGM abandonment activities or is best achieved by integrating FGM abandonment with other harmful practices/gender-based violence - or as a combination of the two approaches (see Finding 3.1).

Finding 6.2. The use of public declarations of abandonment (PDAs) as an indicator of social norm change is understood differently at different levels and is not always nuanced in terms of whether it is an indicator of a step in the process and an indicator of change in knowledge and attitude or whether it is the end goal and an indicator in change of behaviour.

Despite recognition within the Joint Programme from Phase I onwards that public declarations of abandonment do not always reflect genuine behaviour change, and recognition from survey respondents (implementing partner and Joint Programme staff) that public declarations of abandonment are not an effective way of changing social norms, there is still a strong reliance on referencing public declarations of abandonment as an indicator of change of behaviour at country level.²⁰⁸ (Figure 8, under Finding 2.2, ranks passing community declarations 9/10 in terms of effectiveness of changing social norms)

With the Joint Programme, public declaration of FGM abandonment refers to:

A collective formal public ceremony involving one or more communities – typically villages, but increasingly also districts and ethnic groups – that take part in an event where they manifest, through their representatives, the specific commitment to abandon FGM.

Public declarations are a culmination of a process that typically includes intensive (six months to two years) exposure to information, education, law dissemination, influential opinions, services and alternatives to the practice.

Most community declarations of abandonment bring together traditional and religious leaders from all parts of the community – government officials, parliamentarians, health-providers, former excisors and NGOs – along with individual men, women, girls and boys in a collective experience that galvanizes the expectation that girls will remain intact.

However, there is an opportunity at this point for the Joint Programme and partners to reflect on how public declarations of abandonment are perceived and referenced as measurement. There is genuine acknowledgement within the Joint Programme that public declarations of abandonment do not truly reflect behaviour change at community level. However, arguments in favour of retaining public declarations of abandonment as a global indicator include: (i) the fact that public declarations of abandonment do reflect some level of change along the knowledge-attitude-behaviour scale of social norm change (primarily linked to knowledge and attitudes rather than behaviours); (ii) the fact that public declarations of abandonment do provide communities with the opportunity to introduce a new norm, and for individuals to become aware that others do not agree with the practices (therefore potentially changing descriptive norms); and (iii) there is currently a lack of a credible alternative indicator.

Arguments against utilizing public declarations of abandonment as an indicator of change include: (i) the recognition that public declarations of abandonment do not in fact accurately reflect behaviour change at the individual and household level; and (ii) the requirement for continued surveillance after public declarations of abandonment, as incorporated within programming across all Joint Programme countries, reinforces the notion that public declarations of abandonment do not in fact mean that FGM has been “abandoned” as a practice within the community.

Evidence to further support the argument against using public declarations of abandonment has emerged throughout 2020 with the implications of COVID-19. Many respondents to the evaluation – Joint Programme staff, implementing partner staff, and government counterparts, believe that FGM will increase (see Finding 8.1 for more information) due to the lack of surveillance during periods of lockdown, across communities that both have and have not declared abandonment.

²⁰⁸ Multiple country-level key informants.

Ultimately, public declarations of abandonment do indicate some progress, even if it is not necessarily complete abandonment based on behaviour change. One reflection is that a public declaration of abandonment does indicate a move towards an understanding of FGM being “harmful”. As highlighted in this evaluation report, there is a conflict between cultural norms and moral norms, with the belief that harmful practices can be understood – and potentially implicitly excused – based on culture and tradition not being aligned with the understanding of human rights (as absolutely enshrined within both UNFPA and UNICEF mandates, vision, and strategies). This conflict can be articulated as a conflict between “radical cultural relativism”, where culture is prioritized as the primary source of whether something is right or wrong and “radical universalism”, where culture is in fact irrelevant to the validity of a moral, universal norm.

FIGURE 16: Cultural relativism versus radical universalism



Source: 28 Too Many. 2019. FGM and social norms.

A public declaration of abandonment is an indication of a community moving further right on the above scale, understanding (even if this does not immediately and absolutely change behavioural practices) that FGM is a violation of human rights, and as such, this is a useful indicator as long as it is understood (across all levels of the Joint Programme) within this framing.

It is also useful to more closely link public declarations of abandonment surveillance systems and ensure that community-led surveillance systems are an important and well-articulated next step in the process after the public declaration of abandonment.

This is already an indicator within the Joint Programme, but the indicator is about having surveillance rather than the way of doing this, or the effectiveness of it. Many respondents to this evaluation across all countries highlighted that there were surveillance systems in place, although limited detail was provided on what was working and what was not working. However, linked to Finding 6.6 (under EQ 6.3) with regard to youth engagement, there is the possibility of linking community-led surveillance systems more closely with youth engagement. This should be carefully designed to ensure undue pressure or expectation is not placed on the youth but works towards the assurance that as the youth become adults, parents, and decision-makers of the future, they are fully and genuinely against FGM and ensure that the practice is discontinued.

Finding 6.3. There is not always the necessary nuanced understanding within Joint Programme country activities of how to support and promote agency and the rights of women and girls, and address harmful gender stereotypes. This is difficult to do without assuming women and girls have more power over their lives than they do in reality.

Within this finding, the gender scale concept is key (as described in Figure 5). It becomes increasingly clear from UNICEF and UNFPA (and other) global, conceptual documentation that gender-transformative approaches are the ultimate goal. Indeed, the figure depicted in the UNICEF 2020 technical note on gender-transformative programming has arrows pointing towards the ultimate goal of gender-transformative programming.²⁰⁹

However, the concern emerging from this evaluation is that striving to be gender transformative in all contexts, at all times, particularly with such a wide interpretation of what gender responsive and gender transformative actually mean in concept or in practice across implementing partners, and Joint Programme staff at country, regional and global levels, results in a pressure on women and girls to exhibit agency and change circumstances when in reality, the gender norms and stereotypes

209 UNICEF. Technical Note. Gender-transformative approaches for the elimination of female genital mutilation. 2020.

prevalent across the societies within which they live make this an unrealistic expectation.²¹⁰ Therefore the balance between being gender transformative where possible, but also where not harmful, and being gender responsive where this is more appropriate to the prevailing gender situation is entirely contextual.

Across the countries included within the evaluation there are many examples of gender-transformative, and gender-responsive programming, with additional examples that could be considered gender harmful (gender blind or gender discriminatory) in some ways.

So, for example, in Guinea, innovative approaches introduced since 2018 include “Model Men” and “Women Mentors”, both of which innovations seek to transform traditional gender-normative roles and therefore can be considered gender transformative in approach.

In Mali, an assessment study of the National Plan for the Abandonment of FGM (PNLE), conducted in 2019, concluded that before talking to communities about FGM it is necessary to discuss basic needs such as access to drinking water and basic social services as entry points to discussions, which highlights that gender-transformative arguments acceptable to communities are quite far away. Mali respondents report that, before talking about harmful practices with the communities, the place of women and girls in the community needs to be understood. This lets communities understand the value of a woman’s place in the development of the community, and only then can it be demonstrated to the community how FGM can impact on that community development.

In Kenya, exploring other approaches to rites of passage could potentially be considered gender transformative if based on the positive transformation of girl to woman, but when linked to concepts of chastity and virginity until marriage it remains gender responsive at best, and gender harmful at worst.

What is useful is unpacking these examples, as a clear challenge for many respondents is how to translate conceptual notions of gender scale into something pragmatic and tangible that can be understood in terms of operationalized activities and approaches.²¹¹

Assumption 6.2: Engagement of men and boys in promoting and achieving gender equality and the abandonment of FGM has been expanded.

Finding 6.4. Joint Programme countries have embraced engagement strategies for men and boys within Phase III, with many stating the need to scale up this aspect of the programme in the future. However, guidance is needed to ensure that engagement strategies for men and boys are not gender blind or gender harmful, reinforcing traditional power of men over women’s and girls’ bodies.

The indicator within the Joint Programme results framework related to engagement of men and boys shows good achievements of actual versus planned results.²¹²

Phase III of the Joint Programme has been focusing more attention on the importance of engaging and raising awareness amongst men and boys.²¹³ According to the Joint Programme monitoring data, by the end of 2020 there were over 801 interventions areas where men’s and boy’s networks/coalitions actively advocated for the abandonment of FGM, almost double the target (of 405). However, there is a clear recognition at the global level of the need to be careful not to inadvertently entrench patriarchal norms within this strategy.²¹⁴ This is reiterated at regional levels too within the Joint Programme,

210 Note that engaging men and boys is discussed more fully in Finding 6.4.

211 Further examples of gender-transformative activities and approaches and those that might be considered gender harmful can be found in the gender-transformative thematic note.

212 Indicator 1.2.3.1 under Output 1.2.3 (increased engagement of men and boys on changing social and gender norms) is the proportion of Joint Programme intervention areas where men’s and boys’ networks actively advocate for the abandonment of FGM. Starting with a baseline of 7, 2018 saw an achievement of 108 against 109 planned; 2019 saw an achievement of 483 against 145 planned; and 2020 saw an achievement of 801 against 405 planned.

213 Global Joint Programme key informants.

214 Ibid.

that engagement with men and boys necessarily acknowledges the gender power relations and dynamics which exist at community level, so it is important to approach the engagement of men and boys in such a manner that these dynamics are not reinforced.²¹⁵

Evaluative evidence at the global level is being collected in terms of what really works with engagement strategies for men and boys. So, for example, evidence on the husbands' school model, which started in Niger, found that it was an effective model, particularly as its focus was not to engage men and boys completely separate from women and girls, but rather to encourage communication between husbands and wives.²¹⁶

"At a programme theory level, the research confirmed that the gender shifting pathways were moving in the equitable ways assumed in the programme change theory and clarified how information and new ideas were diffusing through women's and men's social networks. Wives of model husbands were diffusing information through their women's networks. There is greater confidence that the approach is working well in a variety of socio-cultural contexts and is ready for further scale-up."²¹⁷

There are some good practices emerging in general gender-based violence engagement strategies for men and boys. For example, the International Rescue Committee has developed a programming approach around "engaging men in accountable practices", which is centred around a structure of "honouring women's leadership and developing male engagement in a way that improves the lives of women and girls."²¹⁸ UNICEF MENARO is developing a strategy on how to engage men and boys as agents of change, and what it means in practice.

At the country level, there is still a wide range of engagement strategies for men and boys across the gender scale spectrum, some examples of which have been provided in Finding 6.3. Specific good examples are included within the gender-transformative thematic note.

Finding 6.5. There is a conflation of "male engagement" and working with leaders (traditional, cultural, and religious) across the Joint Programme.

While there are some strong examples of positive, gender-responsive or gender-transformative genuine engagement activities and approaches for men and boys, (as provided in Finding 6.4), there is also a clear conflation of "male engagement" at the community level and engagement with religious, cultural, community, and traditional leaders (who are overwhelmingly male) as being the same thing.

In reality, engagement with (mostly male) leadership is of course critical to the success of the Joint Programme, but it is not the same as a male engagement strategy to ensure that men and boys within communities (fathers, brothers, husbands, and sons of women and girls) understand positive masculinities and recognize the bodily autonomy, agency, and rights of the women and girls within their households and communities. While the two types of engagement – leaders on the one hand and men and boys within the community on the other hand – are not completely disassociated from each other, with leaders having influence over the attitudes and behaviours of men and boys within the community – a total conflation of the two issues does not allow for the Joint Programme to most effectively leverage genuine community male engagement as well as engaging with male leaders.

Across all country case studies, responses to questions with regard to male engagement focused strongly on engagement with religious leaders, at community and national levels. For example, Mali respondents highlighted that the male engagement strategy was focused on religious leaders at national and community level.²¹⁹ In Nigeria, respondents highlight male

215 Regional Joint Programme key informants.

216 IRH. 2020. Realist evaluation of Husband Schools in Niger: <https://irh.org/resource-library/realist-eval-hs-brief/>

217 Ibid.

218 <https://www.emotiveprogram.org/solution/engaging-men-in-accountable-practices-emap/>

219 Mali Joint Programme key informant.

engagement strategies with regard to advocacy to traditional and community leaders²²⁰ and in Ethiopia, respondents have reported clearly that male engagement is working with leaders simply on the basis that leaders are male: “If we talk about religious traditional leaders, they are men. Also, clan leaders. These are the engaging of men.”²²¹

In Kenya, there is a useful recognition of the distinction and differences: “The Joint Programme has been providing and widening the space for men and boys in addressing and ending FGM from three perspectives: (i) the role of men as custodians of culture, religion and tradition thereby showing their great potential to change the practice, (ii) men and boys as family members, (iii) men and boys as potential drivers for marrying uncut girls.”²²²

Assumption 6.3: Opportunities for young people have been created to proactively engage with governments to inform FGM policies and programmes.

Finding 6.6. UNFPA and UNICEF both have strong youth focuses, which has not, to date, been fully leveraged within the Joint Programme.

While the youth engagement indicator within the Joint Programme results framework shows good progress and achievement of actual versus planned results, there is a sense that the youth expertise of both UNICEF and UNFPA has not been fully leveraged to date.²²³

Both UNICEF and UNFPA as agencies have strong expertise within youth engagement work and the Joint Programme has increased engagement of young people (and civil society) with policy makers.²²⁴ Examples include, for UNICEF, the YPEER network²²⁵ and a focus on adolescent girls within the gender action plan.^{226,227} UNFPA has a strong youth focus and leads on the Compact for Young People in Humanitarian Settings.^{228,229} In addition to this, the Joint Programme works across countries with high youth populations, so contextually the settings are ripe for increased youth focuses: however, there is limited evidence that the Joint Programme has fully leveraged either the UNFPA/UNICEF expertise or the contextual demographic realities to fully and consistently engage youth (girls and boys)²³⁰ at community, national and regional levels.

There are clear examples of good practice youth engagement work across the deep dive countries and further opportunities that present at regional levels. For example, in Guinea, the UNICEF Communication for Development (C4D) approach contributed to the identification and training of young people (including girls) as members of platforms on essential family practices, including the abandonment of FGM and child marriage. These trained young people in turn organized awareness sessions to reach out to other young people. The Joint Programme has been collaborating with the Young Girl Leaders Club, which is very committed to influencing the younger generations, where change can come from, for an effective abandonment

220 Nigeria Implementing Partner key informants.

221 Ethiopia Implementing Partner key informants.

222 Kenya Joint Programme Annual Report 2019.

223 Indicator 1.1.3.1 under Output 1.1.3 (Increased engagement of civil society and young people with policy makers for the elimination of FGM) is the number of annual progress reports with recommendations on FGM elimination produced by CSOs and young people’s networks. Starting with a baseline of 23, in 2018 the Joint Programme achieved 18 against a planned 15 reports; in 2019 this was 26 reports achieved against 26 planned; and in 2020 it was 19 reports achieved against 19 planned.

224 Indicator 1.1.3 -1 Number of annual progress reports with recommendations on FGM elimination produced by country and regional CSOs and young people’s networks and presented to policymakers to influence policy directions and implementation. Achieved planned target of 19 by end 2020.

225 Y-PEER is a network of more than 500 non-profit organizations and governmental institutions; its membership includes thousands of young people who work in the many areas surrounding sexual and reproductive health.

226 <https://www.unicef.org/gender-equality/gender-action-plan-2018-2021>

227 The United Nations defines ‘youth’ as being aged 15–24 years, while UNICEF and partner agencies WHO and UNFPA concur with that definition of youth but also define ‘adolescents’ as being aged 10–19 years and young people as 10–24: IASC. Guidelines. With Us & For Us: Working With and For Young People In Humanitarian and Protracted Crises. 2020.

228 <https://www.unfpa.org/youth-participation-leadership>

229 <https://www.youthcompact.org>

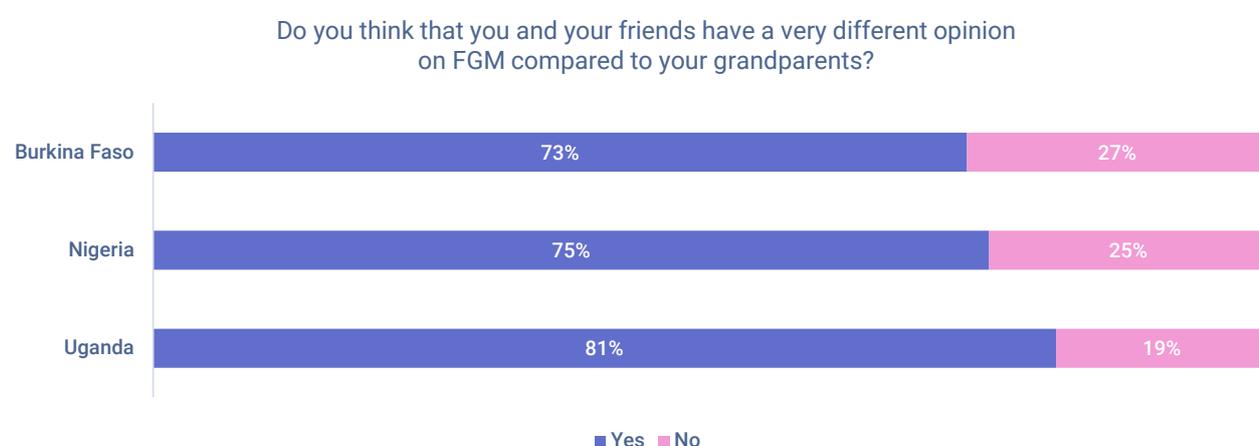
230 Meaningful youth engagement approaches recognize both the unifying age criteria but also the differing gender aspects of youth as a demographic and should seek to meaningfully engage youths (both girls and boys), fully applying a youth lens and seeking gender-transformative outcomes as with other programming.

of FGM. These girls have created a consortium with young artists and musicians to inform and raise awareness in the communities.²³¹

In Kenya, the Joint Programme has been supporting the Youth End FGM Kenya, a national youth led anti-FGM network working towards abandoning FGM and child marriage in Kenya, using social media, especially Twitter (which is very powerful in Kenya).²³² UNFPA has been supporting the Ministry of Information and Communications Technology and Youth’s campaign ‘Kenya Ni Mini’ (Kenya is my responsibility), that has components of advocating for sexual and reproductive health and rights and against FGM and child marriage. The campaign is giving young people a voice and is encouraging them to be self-sufficient and make decisions.²³³ Regional opportunities include the UNICEF plan to elevate YPEER to regional level and have ASRO YPEER or an advisory board of the active youth in the region.²³⁴

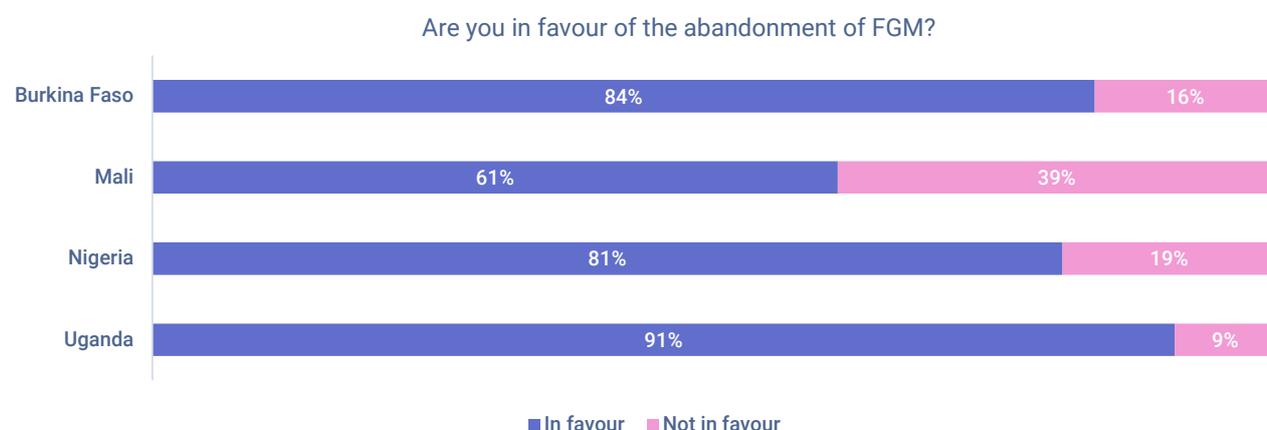
Further, evidence from the U-Report gathered within this evaluation highlights the clearly changing attitudes of youth compared to older adults, which could be further harnessed to abandon FGM.

FIGURE 17: U-Report responses with regard to different generational opinions on female genital mutilation²³⁵



As above, a clear majority of youth respondents through the U-Report highlight that they have a different opinion on FGM from their grandparents. Further an overwhelmingly majority are in favour of the abandonment of FGM. This data however should be treated as representing the views of the population engaged on U-Report, rather than being said to be broadly representative (as discussed in Section 3.4).

FIGURE 18: U-Report responses with regard to abandonment of female genital mutilation



231 Guinea Joint Programme Annual Report 2019.

232 Kenya key informants.

233 Ibid.

234 Regional key informants.

235 U-Report responses were gathered across four countries, Burkina Faso, Mali, Nigeria, and Uganda – this particular question was not asked in Mali.

Assumption 6.4. Global and regional level advocacy efforts have integrated a gender-responsive and/or transformative approach, and related partnerships reflect the focus on broadening the policy narratives to address underlying gender inequalities.

Finding 6.7. During Phase III, the Joint Programme has been a thought leader globally and contributed to the broadening of the global policy narrative on FGM as a violation of girls' and women's rights, including notable messaging around the concept of bodily autonomy. Collaborations within international advocacy events have been with a broad array of stakeholders across inter-governmental agencies and civil society organizations, although partnership with UN Women could have been strengthened to tap into its gender specialism, networks and partners.

There is substantial evidence that the Joint Programme has led or contributed to advocacy efforts that have integrated a gender-transformative approach. At the Commission on the Status of Women 2018, UNFPA and UNICEF supported (alongside other actors) a session on harmful practices for which the overarching message of the session was that “work is required to address the systematic and underlying factors such as poverty, lack of education particularly for girls, and the need to improve the legal and policy environment to protect the rights of children”.²³⁶

Also during 2018, the Joint Programme supported the Human Rights Council resolution, which more clearly defined FGM as a human rights violation, and called on Member States to adopt national legislation in line with international human rights law.²³⁷ As a follow-up to the resolution, UNFPA and UNICEF in close collaboration with the Office of the High Commissioner for Human Rights (OHCHR) convened an expert meeting²³⁸ to discuss progress towards, gaps in and challenges to the application of human rights norms, standards and principles to the prevention and abandonment of FGM. It emphasized the need to adopt rights-based and gender-responsive national frameworks and to ensure that duty bearers are aware of their human rights obligations.²³⁹ The forty fourth Human Rights Council resolution in 2020, which the Joint Programme supported in terms of technical drafting, called for “addressing the root cause of gender inequality, including gender stereotypes and negative social norms, attitudes and behaviours, the socio-economic drivers of violence and unequal power relations in which women and girls are viewed as subordinate to men and boys, which perpetuate female genital mutilation”.

At the 15th International Day of Zero Tolerance for Female Genital Mutilation (in 2018), Joint Programme actors from UNFPA and UNICEF with other agencies²⁴⁰ marked the 15th anniversary of the International Day of Zero Tolerance for Female Genital Mutilation, which stressed the empowerment of girls and women as a way to amplify their voices at the community and national levels.²⁴¹ The Joint Programme annual report itself shows an evolution in thinking from purely focusing on FGM to placing it within a broader framing of gender equality and women's empowerment, with notably the 2019 report entitled “Empowering Girls and Women to Lead Change”.

The Joint Programme has also contributed significantly to broader thinking throughout both agencies (UNICEF and UNFPA) within publications where they can be seen to be adopting a gender-transformative narrative. For example, the UNFPA agency flagship report “The State of the World Populations” in 2020 focused on harmful practices and emphasized FGM as a violation of girls and women's rights. “FGM is a harmful practice exclusively directed towards women and girls that violates their fundamental rights— to health, to bodily integrity, to be free from discrimination and from cruel or degrading treatment.”²⁴²

Its 2021 flagship report goes even further, entitled “My Body is My Own: Claiming the Right to Autonomy and Self-Determination” it describes FGM, child marriage (and other harmful practices) as “some of the more stark examples of the relationship between gender-unequal norms and the erosion of a woman's or girl's power to make autonomous decisions in

236 Harmful Practices event at the sixty second session of the Commission on the Status of Women: Accelerating Efforts to Eliminate FGM and Child, Early and Forced Marriage in Africa by 2030.

237 Annual Report. UN General Assembly. 2018. Human Rights Council, thirty-eighth session 18 June–6 July 2018, Elimination of female genital mutilation. <https://undocs.org/A/HRC/38/L.9>

238 As requested by the Human Rights Council in its thirty-eight session, pursuant to resolution 38/6.

239 UNGA. April 2020. Expert group meeting on the elimination of female genital mutilation. Report of the United Nations High Commissioner for Human Rights, pp 7, <https://undocs.org/en/A/HRC/44/33>

240 Inter-African Committee on Traditional Practices (IAC), the Office of the High Commissioner for Human Rights (OHCHR; UN Human Rights) and WHO, with support from various countries.

241 UNFPA, UNICEF. 2018. Joint Programme FGM Annual Report 2019.

242 UNFPA. 2020. State of the World Population, Against My will: Defying the Practices that Harm Women and Girls and Undermine Equality, pp64.

life”.²⁴³ This narrative of the right to “bodily autonomy” is pivotal, as it is positive messaging focused on girls’ and women’s rights and decision-making and echoes the Joint Programme funded Saleema Initiative from Sudan.²⁴⁴

The Joint Programme has also engaged with civil society through the Gender Equality Forum, a civil society centred, global gathering for gender equality, which culminated in Paris in July 2021. The aim is to secure a set of concrete, ambitious, and transformative commitments to achieve immediate and irreversible progress towards gender equality.²⁴⁵ The collaboration with UN Women, which leads the initiative, is notable, given that it has been highlighted within the evaluation that although there are examples of collaborative working, there is further scope to enhance the linkages and synergies (from the start of the next phase) and to tap into the specialist gender expertise and networks of UN Women at the global and regional levels and in-country, where there is UN Women representation.²⁴⁶

The Saleema Youth Victorious Ambassadors (SYVA), developed as part of the African Union Saleema Initiative, is a pioneering and exemplary mechanism to amplify the voices of young women in the abandonment of FGM. This should be reflected upon and learned from as a potential model to facilitate elsewhere (as discussed already in Finding 4.1).

Finding 6.8. Social media is being used to both share information and stimulate discussion. The bias towards youth and boys in accessing and using digital media needs to be borne in mind in order to ensure that no one is left behind.

The Joint Programme is achieving success in influencing engagement and coverage of FGM messages. For example, in Guinea, through social networks (Facebook, Instagram, etc.), a large online petition was organized with the hashtag #StopVioletMGFGN²⁴⁷ to attract the attention of young people to gender-based violence, including rape and FGM. In Kenya, in partnership with civil society organizations, the Joint Programme has been engaging in multimedia and social media campaigns on anti-FGM during the COVID-19 situation throughout 2021.

An analysis of social media posts on FGM relating to UNICEF and UNFPA show that they have a wide coverage, as well as complementary patterns. For example, UNFPA has more social media activity related to FGM in Nigeria, Kenya, and the UK, while UNICEF has more social media activity related to FGM in Chad, Egypt and France. Much of this traffic emanates from country office accounts and engagement. It shows the value of the Joint Programme approach in terms of leveraging the strength of each entity to achieve wider coverage. An analysis of the #EndFGM hashtag, a campaign tool that was supported by the Joint Programme during COVID-19, reveals a more dynamic range of sentiment than the official Joint Programme social media accounts, implying that it is being used for more engagement and conversation. There is an interesting concentration of activity in Nigeria and Kenya, suggesting these countries were more highly engaged on social media, at least in terms of volume.²⁴⁸

Lessons identified by UNICEF and UNFPA during the COVID-19 response include the implications of the digital divide, including the gender digital divide, on reach and inclusion:

- According to UNICEF 2017 State of the World’s Children, around 60 per cent of African youth are not online, compared to just 4 per cent in Europe
- A 2018 Vodaphone and Girl Effect global study of girls’ mobile phone access and use found that boys were 1.5 times more likely to own a mobile phone than girls.

The social media analysis appears to confirm that digital engagement by the Joint Programme is a feasible solution to cost-effectively access communities, foster social cohesion, and influence social norms. However, the data also highlights the

243 UNFPA. 2021. State of the World Population, My Body is my Own: Claiming the Right to Autonomy and Self-Determination.

244 <https://www.unicef.org/sudan/saleema-initiative>

245 <https://www.unwomen.org/en/get-involved/beijing-plus-25/generation-equality-forum>

246 Interviews with UNFPA, UNICEF and UN Women.

247 A large online signing campaign was organized with the hashtag #StopVioletMGFGN (i.e., Stop Viol et MGF en Guinea, which means “Stop rape and FGM in Guinea”). It was shared mainly through Facebook and Instagram to attract young people’s attention to gender-based violence, including rape and FGM.

248 Nigeria and Kenya are also well connected in terms of internet coverage compared to some other programme countries.

need to concur with the caveat of the learning blog on the response that “we must ensure that no one is left behind in the new digital world”.²⁴⁹ Annex 11 provides the full social media analysis.

Finding 6.9. At the regional level, advocacy with faith-based organizations and traditional leaders includes some examples of bringing in a more gender-transformative narrative but this is neither systematic, nor mirrored within partnerships.

At the regional level, the evaluation revealed fewer efforts in advocacy, and they tended to be focused on faith-based organizations and traditional leaders. Within Phase III, there is one particularly important commitment by faith-based organizations, which also represents a gender-transformative approach. In November 2019, at the Nairobi Summit on ICPD25, representatives of a network of faith-based organizations from Egypt, Sudan, Djibouti, Somalia and Yemen committed themselves to collectively support their governments to eliminate FGM and expressly stated that they consider FGM to be an act of violence against women and girls with no reference nor association with religious texts.

Within the commitment they stated that they “recognise that FGM constitutes irreparable, irreversible harm and an act of violence against women and girls with no reference (to) nor association with religious texts, particularly Islam and Christianity, and recognising also that it affects many women and girls who are at risk of being subjected to the practice throughout the world, which is (an) impediment to the full achievement of gender equality and empowerment of women and girls”.²⁵⁰ However, the Arab-based faith-based organization network, referred to as Shamekhat, has not been active since 2019 when the leader passed away. A consultancy is currently being conducted to map faith-based organizations and develop a strategy and work plan in a concerted attempt to resurrect the network.

Elsewhere in East and Southern Africa, the Joint Programme collaborates with the African Council of Religious Leaders, particularly around violence against children. Although there is no specific work programme on FGM, the network has developed materials/guides to give religious leaders to advocate against FGM. However, the evaluation has not been able to review or access the materials in order to analyse the extent to which a girls’ and women’s rights lens is being applied. The presence of a sub-group, “African Women of Faith”, may present the opportunity to work with women leaders of faith-based organizations to bring the focus to not only delinking FGM from religious scripture but also to women as leaders and role models. Also notable within ESARO, under the Spotlight Initiative, UNFPA and UN Women have collaborated with the Council of Traditional and Cultural Leaders of Africa and have run a webinar series to advance gender equality in Africa and end sexual and gender-based violence and harmful practices. The limited examples are a reflection of the lower focus on advocacy at the regional level, and also that the Joint Programme is currently developing its approach to gender transformation and does not yet have a strategy or messaging that is applied across the regional level.

4.7 EFFECTIVENESS: KNOWLEDGE SHARING AND LEARNING

EQ 7. To what extent has the Joint Programme put in place a space, across countries and regions, for knowledge sharing and learning?

Evaluation criterion: Effectiveness

Sources of data



FINDINGS SUMMARY

The Joint Programme has improved its monitoring considerably in Phase III with the development of a results framework, with clear baselines and targets. The use of the Data for All platform and enhancements (for example, a new knowledge library) is intended to be accessible by all, although there was variable awareness of it at the country levels.

249 UNICEF Blog: <https://blogs.unicef.org/evidence-for-action/building-a-critical-mass-digital-engagement-for-the-elimination-of-female-genital-mutilation-during-covid-19/>

250 Nairobi commitments by faith-based organizations in the Arab States region to end harmful practices. Nairobi Summit <https://www.nairobisummiticpd.org/>

In response to the evaluation recommendation to gain more qualitative measurement of progress towards social norms, efforts have also been focused on a qualitative monitoring online training system and a compendium of indicators. There are still concerns that indicators to measure change around Outcome 2 do not sufficiently capture social and gender norm change. The ACT Framework, recently finalized, provides a promising approach for measuring social norm change around FGM but its length and scope will mean that it is likely to be used partially or adapted to different contexts. There have also been other tools developed (for different purposes) and the ongoing process to map the different approaches is positive and necessary to help to clarify the purpose and applicability of each tool in different contexts.

The Joint Programme has contributed to knowledge creation and usage, particularly in context-specific formative research at the country level. Regional studies have also been undertaken to review and analyse issues common across part or all of the region. Overall, there has been enhanced use of the data although the evaluation heard that there was a need for more high-level coordination to avoid duplication and ensure appropriate research formulation.

Assumption 7.1. The Joint Programme has identified field-level key contextual factors relevant to accelerating FGM abandonment.

Finding 7.1: Phase III has shown enhanced programme monitoring and knowledge sharing across different levels of stakeholders.

The development of the results framework heralds a marked improvement since Phase I and II²⁵¹ and provides a clear framework for the monitoring of data against baselines and targets by country and region. Whilst all interviewees amongst global, regional and country level staff, and donors, considered the framework a significant step in the right direction, there was also a call for strengthening the alignment of output and outcome indicators (for Outcome area 2 particularly) and also for ensuring that regional indicators were appropriate for all regions. Similar to Phases I and II, some informants felt that the Joint Programme indicators tend to focus on process and outputs, missing intermediate outcomes; while, on the other hand, also reported was a need for indicators that help track progress towards longer term change especially with regard to changes in social norm (see Finding 7.3).

The Joint Programme monitoring, and knowledge management and sharing has been enhanced in Phase III with the use of the knowledge hub of tools for social norms programming on the Data for All platform. This was created at the end of Phase II in response to the need to map available resources that can support programming across stages of the Joint Programme cycle. At the time of writing this report, the Data for All platform was temporarily not accessible to the wider public, but only to staff with credentials, due to technical maintenance. However, the platform is designed to be accessible for consultation by the public, although at the country level not all stakeholders reported awareness of it.²⁵² It includes a new knowledge library, which is part of the management response to the Phase I and II evaluation.²⁵³ The information provided on the Data for All platform was extensively used by the evaluation team, both to collect data on the progress of the Joint Programme and to access recent documents and studies available in the knowledge library. This means that the data collected through the platform will be used to inform decision making post-2021.

In response to the recommendation in the evaluation of Phase I and II, there have also been efforts in improving qualitative monitoring. For instance, the Joint Programme staff have been supported through the creation of a qualitative monitoring training platform to attend online training on “Programme-Level Monitoring, Evaluation and Learning Framework” and “Qualitative Monitoring and Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of FGM”, through which staff can undertake training on outcome mapping, outcome harvesting and most significant change. The training platform is accessible to implementing partners as well, although at the implementing partners-level, access to online resources can be a challenge due to limited internet connectivity. To address this issue, the Joint Programme is developing a handbook

251 Key informant interviews at global and country levels.

252 Key informant interviews at country level.

253 This was part of the management response of the Phase I and II evaluation.

that can be downloaded and studied offline.²⁵⁴ A compendium of indicators developed by the Joint Programme provides a first set of indicators specifically focused on FGM and a comprehensive attempt to address challenges in monitoring and evaluation (data limitations and quality).²⁵⁵ By December 2020, 69 UNFPA and UNICEF staff across all Joint Programme countries had enrolled in the training, and 41 per cent of them had completed it. Even staff outside the countries supported by the Joint Programme and other organizations have enrolled in the training programme (at the time of writing, nine staff from external organizations have completed the training).

At the global level, the Joint Programme is considered to provide important and valuable space for knowledge sharing. Over two thirds of the respondents amongst the implementing partners agreed that the Joint Programme shares timely information on good practices on how to reduce FGM. Similarly, they also agreed that they were provided with sufficient opportunities to share knowledge with other implementing partners, including through conferences, meetings, workshops and communities of practice. As part of the management response to the evaluation of Phase I and II, the Community of Practice on FGM has been supported, has multisectoral members and is highly active with thematic discussions (in French and English) every month. The annual meetings and workshops were raised within interviews consistently as valuable opportunities for knowledge exchange. Since the COVID-19 pandemic has started, the Joint Programme has also shown the ability to adapt to the restrictions by leveraging on technologies and organizing meetings and knowledge sharing via video conferencing.

The Joint Programme has been contributing to knowledge sharing at the country level by providing coordination, technical support, and capacity building to in-country actors working on FGM. Within the deep dive countries, the Joint Programme partners have widely acknowledged the benefit from the Joint Programme coordination meetings, which provide a space for FGM stakeholders to learn from each other and feed back to the Joint Programme. Beyond the quarterly coordination meetings, the stakeholders also indicated the mid-year and annual planning and review meetings as an opportunity to share their experience, approaches, challenges and lessons learned, and make recommendations (in Guinea, Kenya, and Mali). However, although the Joint Programme is considered to have strengthened the capacity of its implementing partners through the mentioned initiatives (for example, more than 400 individuals amongst staff and implementing partners have enrolled in the online qualitative monitoring training), as already reported in the Phase I and II evaluation, it was highlighted across many stakeholders that a general challenge is that some implementing partners still have limited capacity in documentation and reporting.

At the regional level, progress has been reported in terms of thematic exchanges across countries located in the same region. In Mali, the Joint Programme supported the participation of two Malian religious leaders in the regional meeting on FGM in Lagos, Nigeria, in 2018, where they could meet and hear the experience of representatives from different countries.²⁵⁶ Guinea participated in the experiences exchange on the involvement of men and boys in sexual and reproductive health, gender-based violence, FGM and human rights, organized by WCARO in Côte d'Ivoire in 2018.²⁵⁷ However, stakeholders, especially from West Africa, reported that knowledge sharing at the regional level could be strengthened post-Phase III, as inter-regional sharing is considered very important given that the cultural framework of neighbouring countries is similar. However, countries show quite different prevalence rates, therefore countries with higher rates could learn from those with lower rates.²⁵⁸

Finding 7.2. Phase III of the Joint Programme has contributed to knowledge creation and usage on important issues regarding FGM. As planned, further research needs to be conducted to shed light on other pressing issues that will be relevant to inform post-Phase III.

254 Some country offices are also planning to conduct workshops in presence to train implementing partners staff in outcome mapping, to develop the Theory of Change for post-Phase III.

255 Measuring effectiveness of female genital mutilation elimination: A compendium of Indicators. Prepared and published by UNFPA and UNICEF on behalf of the UNFPA-UNICEF Joint Programme on the elimination of female genital mutilation: Accelerating Change, 2020.

256 Mali Joint Programme Annual Report 2018 and key informant interviews.

257 Guinea Joint Programme Annual Report 2018.

258 Key informant interviews from Guinea and Mali.

During Phase III, the Joint Programme has contributed to the creation of new knowledge on FGM by conducting important formative research. About 78 per cent of staff, and over half (54 per cent) of implementing partners agreed that the Joint Programme provided appropriate support to identify data gaps and generate evidence on FGM at the community level (for example, research on social norms, causes of FGM, trends etc). The evaluation recognizes this as an important contribution to the FGM “sector” and working towards the SDG Target 5.3, with information available as global public goods. Amongst the deep dive countries, in Guinea, in 2019 UNICEF supported a university study on the perception of the benefits that women and communities find from the practice of FGM²⁵⁹ in partnership with Sonfonia/LASAG University in Conakry.²⁶⁰ In Kenya, various publications and reports have been produced including a study on FGM and child marriage among specific communities.²⁶¹ In Mali, a study was carried out during 2020 in the Tombouctou region with the objective to study FGM in a context of humanitarian crisis and security in order to improve knowledge about the practice of FGM and help the public authorities to better coordinate activities to fight against harmful practices through evidence-based decision-making.²⁶²

At the regional level, regional studies have been undertaken, for example on the impact of COVID-19 on FGM trends and FGM programming in the Arab region (by ASRO/MENARO),²⁶³ and there was also a regional analysis of legal frameworks in Western Africa (UNFPA WCARO).²⁶⁴ In 2020, UNICEF WCARO commissioned a regional evaluation of their community engagement interventions to end FGM in West Africa, including three Joint Programme countries (Guinea, Mali, and Nigeria) to build evidence on community-based interventions to reduce child marriage and FGM.²⁶⁵

Overall, there has been enhanced use of data within Phase III.²⁶⁶ However, stakeholders from different levels expressed the need for more high-level coordination. This would reduce the risk of duplication of efforts (for example, for the same research questions in different countries, it can make sense to bring the research together and also have the comparative data) and reduce evaluation fatigue especially amongst country office staff. It would also better align research formulation with evidence needs, timelines and absorptive capacity in order to avoid a disconnect between research and its use.²⁶⁷

In response to the need for further research in key areas, the Joint Programme has launched the Population Data, FGM Data and Research Fellowship programme as part of the Global Agenda for Research on FGM, aiming to contribute towards reducing evidence gaps in key areas pertaining to FGM through innovative solutions, as recommended by the evaluation of Phase II of the Joint Programme on FGM.²⁶⁸ The potential strengths are: that researchers are within the Joint Programme and can therefore understand the research needs; and that the research is part of a wider scheme and so can facilitate cross-learning. From global- and regional-level stakeholders, the evaluation heard that more emphasis should be placed both on formative research to inform contextualization of future programming, and on analysis of what is working well or less well, in order to build the evaluative evidence of the Joint Programme. Annex 14 to this evaluation provides a list of suggested areas for further research.

259 BARRY Alpha Amadou Bano. 2019. Etude sur la perception des benefices que les femmes et les communautes trouvent dans la pratique des MGF.

260 Laboratoire D'analyse Socio-Antropologique De Guinée (LASAG), Université De Sonfonia.

261 Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya. Other publications produced by the Joint Programme in Kenya in 2018 were Guideline for Conducting an Alternative Rite of Passage (ARP); Guideline for Conducting Community Dialogues.

262 Mali Joint Programme Annual Report. 2020.

263 Nehad Abolkomsan. 2020. Impact of COVID-19 on FGM trends and FGM Programming in the Arab Region.

264 UNFPA. 2017. Regional Analysis of Legal Frameworks on Female Genital Mutilation (FGM) in West and Central Africa.

265 Key informant interviews and terms of reference for the UNICEF WCARO Multi-Country Evaluation of Community Engagement to End Child Marriage and Female Genital Mutilation (2016-2019) in Ghana, Guinea, Mali, Niger and Nigeria.

266 Interviews with UNFPA/UNICEF Joint Programme staff at global and regional levels.

267 Key informants at global and regional levels.

268 UNFPA-UNICEF Joint Programme, Population Data, FGM Data and Research Fellowship programme. Work plan of data analysis and research activities. 2021.

Assumption 7.2. Changes in social norms and gender norms transformation have been identified, measured and utilized within decision making.

Finding 7.3. The Joint Programme’s ACT Framework provides a promising approach for measuring social norm change related to FGM in different contexts and assessing contribution towards change. While there is significant appetite to use the framework in different countries, the comprehensive nature – and length and complexity – of the tool means it will likely need to be adapted to be of pragmatic use (and without requiring significant extra time investment from countries) at community level.

As part of the Joint Programme’s efforts to understand, explore and measure social norms, the Joint Programme has invested heavily within Phase II and III in the ACT Framework, which measures and tracks changes in social norms specifically in relation to female genital mutilation. It was conceived in response to a recognized gap in tools to measure social norm change around FGM. There was reliance at that time on measuring: (i) population-level data that were collected periodically and did not capture community-level changes attributable to social and behaviour change; and (ii) monitoring and evaluation methods, such as proxy measures of community-level change, often in the form of communities making public FGM-abandonment declarations. It also chimed with the recommendation by the Phase I and II evaluation that there was a need to establish results targets and indicators that capture important intermediate progress towards full FGM abandonment.

The ACT Framework, only recently finalized in 2021, comprises a manual, mixed methods data collection tools and implementation templates. It has been field-tested in Ethiopia and Guinea. As shown in the monitoring data, it was anticipated that it would have been applied in three (rather than two) countries by the end of 2020. Three countries are currently applying/adapting it. It has taken approximately five years to develop, which led to a hiatus in measurement, and also to the development of other tools (see Finding 7.4). Key strengths of the ACT Framework are perceived to be its:

- Inclusion of multiple determinants for understanding social norms change
- Specific focus on FGM
- Flexibility, with its vast compendium of indicators, which allows programmes to pick and choose those that are more relevant to their situation
- Ability to specifically measure social norms and social norms concepts (injunctive norms, descriptive norms and outcome expectancies, as well as reference groups and social networks)
- Use as a measure of progress towards longer term change.

There is significant appetite to use the framework tool in various countries of the Joint Programme, although there are concerns (that were also raised within the piloting process²⁶⁹) that its length, comprehensive nature and complex approach may make it unwieldy to use and that there will be a time-consuming process of digesting the tool, and reducing/adapting it to each context so that it is feasible in practice. With this in mind, it will be important that the roll out of the framework includes support about which elements are appropriate for which context, in addition to the guidance available.

“To measure social norm change is my greatest challenge!”²⁷⁰

It will be important that there is a medium-longer term timeframe for application of the ACT Framework to measure social change over a longer period in order to reflect the long-term nature of social norm change. It should also be accompanied by ongoing reflection and learning from the process of applying the framework and results found.

269 Interviews with UNFPA and UNICEF staff.

270 Joint Programme country staff member.

Finding 7.4. The development and use of various other tools to measure social norms by the agencies is a reflection that tools have been developed for different purposes and focuses within a quickly evolving field, but also that efforts were taken to fill the gap during the considerable time taken to develop the ACT Framework. The mapping of the various frameworks and tools is a welcome process to provide clarity of their purpose and use and their applicability to different contexts. There is also call for streamlining the approaches and indicators within Joint Programme planning in the future.

Various frameworks and tools have been developed and used by UNFPA and UNICEF over the last several years to better understand social norms and behaviour changes. A Manual on Social Norms was developed in Phase II to train Joint Programme managers to promote the abandonment of female genital mutilation with guidance for understanding processes related to attitudinal, behavioural and collective change. However, it does not attempt to measure social norm change. It is currently being updated, including by adding a stronger gender lens.²⁷¹

More recently in Phase II, UNICEF developed a Behavioural Drivers Model²⁷² to diagnose the environmental and psychosocial drivers of selected behaviours. It includes social norms, as well as gender norms and power dynamics, as elements of the model and is considered the “go to” tool for child marriage, as well as other issues. Country programmes have also utilized the “Communication for Behavioural Impact (COMBI)” toolkit (WHO, UNICEF and FAO), which provides guidance to plan, implement and monitor social and behaviour change interventions.

Staff at the regional and country level reported that understanding which tool/framework to use can be complex and confusing. Recognizing this, the Joint Programme (led by UNICEF) is appropriately conducting a mapping exercise (part of the management response to the Phase I and II evaluation²⁷³), with the intention of capturing the countries’ experiences of working with these resources, including successes, challenges and gaps. It has been created into a resource hub as an output of the mapping process that will ensure greater access to the findings.

A global committee on social norms has been established to provide guidance on the use of different tools to research, design, and implement strategies and to measure social and behaviour change for UNICEF and UNFPA country and regional offices working to address harmful practices. This was part of the management response to the Phase I and II evaluation (and in collaboration with the joint programme on child marriage). The evaluation finds this highly appropriate in an emerging and growing field, and sensible in that it not only brings together members from UNICEF and UNFPA, but also two external experts on social norms. Stakeholders commented that it enabled the agencies and experts to work together and “be on the same page” regarding the needs and gaps and to work synergistically. It is also recognized as an opportunity for external experts to bring in their own ideas and knowledge. In interviews, there was a lack of evidence to show whether, or if, the results of the different tools have been used to inform decision-making within the Joint Programme on FGM. Critically, at the regional and country levels, there is a need to ensure streamlining and greater clarity of the utilization of the different methods and indicators within any prospective results framework for post-Phase III.

271 Interview with UNFPA and UNICEF staff.

272 UNICEF, PennSong. 2019. The Behavioural Drivers Model A Conceptual Framework For Social And Behaviour Change Programming.

273 UNFPA/UNICEF Progress Implementation in the Implementation of the Management Response, April 2021 and Joint Programme FGM Annual Reports 2018, 2019 and 2020.

4.8 EFFECTIVENESS: RESPONSE TO COVID-19

EQ 8. To what extent has the Joint Programme responded and adapted programming to respond to challenges resulting from humanitarian crises, including during the COVID-19 pandemic, comprising reduced access to services and support.

Sources of data



FINDING SUMMARY

COVID-19 adaptations clearly highlight the ability of the Joint Programme to flexibly modify programming modalities when necessary. This is based both in prompt guidance from headquarters and in follow-up support from headquarters and regional offices, but also on a clear message of devolving authority from headquarters to country programmes to take adaptive measures relevant and necessary to the context.

Some assumptions have been made with regard to anecdotal evidence of COVID-19 impacts on FGM. This includes collapsing FGM impacts into child marriage and broader gender-based violence impacts. Doing so simplified the narrative and did not take into account the whole nuanced continuum of possible impacts of whether the pandemic was having increased or decreased effects. It also did not disaggregate assumed impacts across different FGM practices (including type, ceremonial context, and age of cutting). However, the efforts of the Joint Programme with regard to understanding COVID-19 and FGM have far exceeded previous efforts to understand FGM within general humanitarian settings.

With regard to non-Joint Programme humanitarian action, there is limited attention to FGM in global, regional and country gender-based violence and child protection preparedness plans. References rarely relate to anything substantive with regard to guidance for: (a) understanding impact on prevalence rates; and (b) FGM programming activities and outputs specific to humanitarian contexts.

While all social norm change programming in humanitarian settings (trying to identify and utilize windows of opportunity) under gender-based violence can be understood as addressing the unifying underlying driver of gender inequality that links gender-based violence and all harmful practices, there is no evidence of humanitarian programming aimed specifically at FGM social norms.

Assumption 8.1: An adaptive approach has been taken to FGM programming in times of crises (active conflict, natural disaster, including during the recent pandemic).

Finding 8.1. There is significant evidence that the Joint Programme has adapted to the COVID-19 pandemic in innovative and thoughtful ways both at the global level in terms of prompt provision of guidance and at the country level with adaptive strategies, some of which will be useful for continuation post-pandemic (such as new digital and media strategies). This provides a useful example of the potential for rapid and flexible adaptation of the Joint Programme to other humanitarian crises, which has been less visible to date.

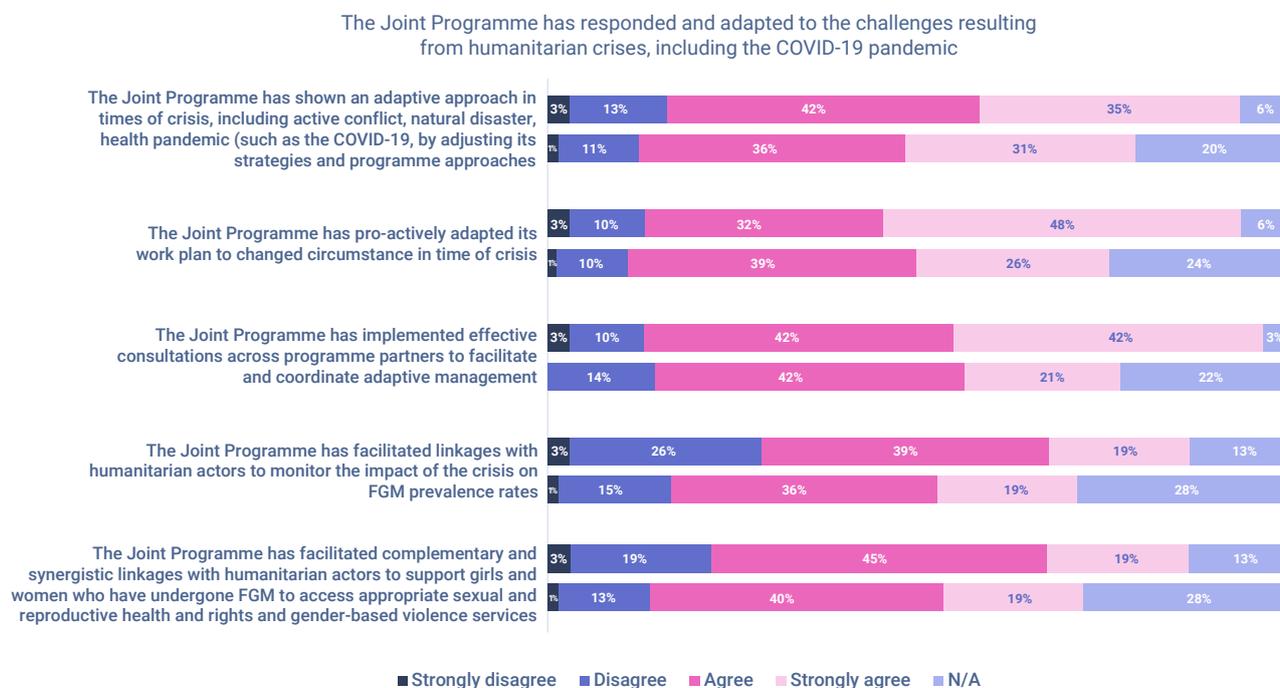
At the global level, the Joint Programme was quick to provide guidance for the COVID-19 pandemic in March 2020. Technical guidance was swiftly developed and provided to Joint Programme countries, supported by a series of webinars. The initial expectation was that the COVID-19 pandemic would impact in ways similar to the way previous Ebola outbreaks had impacted Joint Programme programming in affected countries, but as the COVID-19 pandemic evolved, the Joint Programme recognized the emerging differences.²⁷⁴ Regional respondents highlighted the promptness with which global guidance was produced and also reported that the guidance was provided to countries with devolved authority to make bold, contextually appropriate choices with regard to adapting the FGM Joint Programme at country level, based on the global guidance and

²⁷⁴ Global Joint Programme key informants.

the local level understanding of the impact on programming.²⁷⁵ This “allowed programmes to innovate”²⁷⁶ in a manner that was both highly beneficial and also potentially divergent from Joint Programme adaptability to other humanitarian crises.

This is supported by survey respondents, both internally with Joint Programme staff and externally across Joint Programme partners.

FIGURE 19: Joint Programme and implementing partner staff survey respondents, regarding Joint Programme adaptation to COVID-19



Within Finding 2.2, this evaluation highlighted how the use of digital platforms – such as Twitter, Facebook, Instagram, YouTube etc – has significantly increased due to COVID-19, which “forced” more innovative remote social norm change programming. It is again clearly noted that, while this has the potential for greater reach, it firstly does not allow for two-way communication and engagement, and secondly, it also has the potential for exclusion of vulnerable groups. The benefits therefore must only be viewed within an ongoing strategy to ensure the most vulnerable are not left behind. However, there are also examples at country level of innovative adaptation to programming for COVID-19 in other ways. For example, across most countries Joint Programme programming modified budget lines to include the relative standardized practice of distribution of preventative measure kits (masks, handwashing gel, etc.) for staff, implementing partners and communities.^{277,278} Further, most Joint Programme countries within this evaluation significantly increased digital communication activities (examples of which can be found in the humanitarian thematic note).

COVID-19 adaptations highlight the ability of the Joint Programme to flexibly modify programming modalities when necessary, including revising targets to align with the shift of interventions. This is based both on prompt guidance from headquarters with follow-up support from headquarters and regional offices, and on a clear message of devolving authority from headquarters to country programmes to take adaptive measures relevant and necessary to the context. This is even highlighted in the UNFPA technical note on COVID-19 and FGM: “The brief in no way suggests a ‘one size fits all’ approach. Prevention and containment measures (e.g., gathering restrictions and quarantine) are contextual and may shift over time.”²⁷⁹

275 Regional Joint Programme key informants.

276 Regional Joint Programme key informant.

277 Multiple country level key informants.

278 Global level respondents highlighted that this was better compared to other programmes, for example, there was less flexibility under the Spotlight Initiative with budget reallocation.

279 UNFPA. COVID-19 Disrupting SDG 5.3. Eliminating Female Genital Mutilation. Technical Note. April 2020.

https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf

Another lesson relates to how COVID-19 adaptations have highlighted the potential agility of the Joint Programme, given the same conditions of global guidance and devolved authority to countries, for other humanitarian crises.

"COVID-19 had prompted us to think about how to include the humanitarian response. We ask the country offices what have you changed since COVID-19?"²⁸⁰

"One thing I would put forward is the extent to which this programme could be more agile. COVID-19 has challenged all programmes we are working around in terms of agility, ability to respond and adjust quickly to what nobody has expected. To what extent can we have that agility built into programmes?"²⁸¹

Finding 8.2. The Joint Programme attempted to rapidly understand COVID-19 effects and offer guidance in this regard. The recent compilation of evidence at the global level highlights a continued attempt through 2020 to analyse the impact of COVID-19 on FGM prevalence rates, despite the lack of quantitative data. This in fact serves to highlight the lack of robust analysis on FGM prevalence rates being impacted by other humanitarian crises, where there are often major assumptions made at country level as FGM is subsumed under general gender-based violence changes or linked to child marriage. The COVID-19 response can be considered good practice for the future of FGM abandonment and the humanitarian response.

Early on in the pandemic, both UNICEF and UNFPA – separately, rather than as part of the Joint Programme – produced technical notes/briefs on the perceived or understood impact of COVID-19 on FGM prevalence rates. The UNICEF technical note highlighted the impact that issues such as school closures may have on FGM and child marriage. It also recommended increased investment in research and evidence of the impact of Covid 19 on FGM and shared effective activities to address or counter negative effects.²⁸² The UNFPA technical brief highlighted that, based on previous experiences, it is understood that the COVID-19 pandemic will exacerbate gender inequalities and increase gender-based violence, including FGM.²⁸³

Both the 2020 Joint Programme Highlights Report and the UNFPA-UNICEF Resilience in Action: Lessons Learned from the Joint Programme during COVID-19²⁸⁴, provide some excellent examples of analysis at different levels of the impact of COVID-19 on FGM rates from different countries, with common factors being the removal of protective aspects of girls' lives (being in school, access to media, access to livelihood opportunities), and the reduction in household wealth (with FGM usually linked to lower wealth demographics).²⁸⁵

This is more information than has previously been collected on FGM in humanitarian situations and credit is due to the Joint Programme for moving forward with this. It is worth noting that, while the studies above all highlight general increases in FGM due to responses from country-level for various reasons, some of these reasons may be counter-intuitive – for example, FGM is associated with lower wealth demographics but as a cultural issue it is not necessarily a harmful practice that higher wealth demographics adopt when their circumstances change.

Reports from country-level Joint Programme staff were more nuanced, with some respondents across the deep dive countries reporting anecdotal increases in FGM prevalence and some actually reporting anecdotal decreases, with many contradictory reports within the same countries. There is limited documented evidence to compare with the respondents' perspectives.

One potential challenge with regard to the collected data is that increases were not disaggregated into different types of FGM or different ages of cutting. For example, the data do not differentiate between cutting in infancy compared to cutting

280 Regional office key informant.

281 Ethiopia key informant.

282 UNICEF. 2020. Technical Note on COVID-19 and Harmful Practices.

<https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>

283 UNFPA. 2020. COVID-19 Disrupting SDG 5.3: Eliminating Female Genital Mutilation.

https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf

284 https://www.unfpa.org/sites/default/files/resource-pdf/RESILIENCE_IN_ACTION-LESSONS_LEARNED_FROM_THE_JOINT_PROGRAMME_DURING_THE_COVID-19_CRISIS.Pdf

285 These examples can be found in the Humanitarian thematic note.

in pre-pubescent girls, where the school closures would not necessarily impact on cutting in infancy practices. While it could be assumed that for older girls, FGM may be linked to marriageability, and the pressure on girls to marry due to increased COVID-19-related poverty does not apply to infants. Also, the data was not disaggregated into where there are direct linkages to marriageability and high child marriage rates and where there are not.

Further, there was also limited information that did not necessarily fit into the overall narrative where, in some circumstances, FGM would decrease due to the pandemic, particularly where the practice was linked to large ceremonial celebrations, and of course large gatherings were banned. In Guinea, respondents reported that data collection on the COVID-19 impact was led by a ministry, but the ministry was monitoring gender-based violence, rather than specifically FGM, and further, it was concluded that FGM had not increased for the same reasons it did not increase during Ebola, which was linked to the ceremonial aspect of FGM in Guinea and the restrictions on social gathering being a barrier to those FGM ceremonies.²⁸⁶ In Sudan, some respondents reported that FGM is a cultural norm practiced by the community whether there is a crisis or not, and therefore they did not foresee an increase.²⁸⁷

In some instances, the anecdotal evidence with regard to FGM increases has been collapsed within broader evidence of gender-based violence and/or child marriage increases due to the global pandemic. While some respondents across countries reported the potential for FGM increases based on girls being out of school and the link with increased FGM in school holidays in normal times, others clearly conflated FGM and child marriage and/or broader gender-based violence. For example, in Sudan, some respondents suggested that child marriage data might be proxy data for FGM increases.²⁸⁸ In Nigeria, respondents highlighted the fact that the Government of Nigeria declared a state of emergency for COVID-19 during 2020 and it is a “well-known fact” that a state of emergency increases gender-based violence generally, such as rape and assault, and this includes FGM.²⁸⁹ In Ethiopia, respondents reported concern around school closures and the impact on child marriage, and subsequently how this then links to an increase of FGM, but without specific explanations of the linkages between the two.²⁹⁰

Linkages between child marriage and FGM are obvious and intuitive when cutting occurs in pre-pubescent/soon-to-be-married girls. At this point the more concrete data on increases in child marriage related to school closures specifically, and the pandemic (including economic impacts) more broadly, can be applied equally to FGM. However, in contexts where cutting happens in infancy the linkage is not obvious and one of the challenges is the lack of disaggregation of the anecdotal evidence across different characteristics of FGM, including types, form of ceremony, and very importantly, age of cutting.

Further to the above, the COVID-19 pandemic is a lens through which connections between FGM and broader humanitarian crises can be understood. Limited global evidence on how different types of emergencies (conflict, natural disaster, slow onset, rapid onset, protracted etc) affect FGM rates (of different characterizations – type, form of ceremony, age of cutting) and in general FGM is simply subsumed under broader gender-based violence impact evidence. The COVID-19 pandemic has clearly highlighted this global gap as articulated above and also highlights an opportunity for the Joint Programme in the future.

Assumption 8.2. FGM risk mitigation and response are integrated within gender-based violence and child protection COVID-19 preparedness and response plans.

Finding 8.3. On paper there is a low level of reference to FGM in global, regional and country gender-based violence and child protection preparedness plans, and these rarely extend beyond basic references to either: (i) FGM as a form of harmful practice (without any further details pertaining to humanitarian contexts); or (ii) that the needs of FGM survivors should be taken into account.

286 Guinea key informants.

287 Sudan key informants.

288 Sudan key informants.

289 Nigeria key informants.

290 Ethiopia key informants.

Global humanitarian preparedness and response is organized under the cluster system, introduced in 2005. UNFPA leads on the gender-based violence area of responsibility under the global protection cluster and UNICEF leads on the child protection area of responsibility, also under the global protection cluster.²⁹¹ The gender-based violence area of responsibility covers gender-based violence and harmful practices (including FGM) and the global architecture is mirrored at country level by subclusters or subsectors established in countries with ongoing humanitarian crises.

A sampling of global- and country-level preparedness and response documentation highlights limited reference to FGM and no substantive reference to: (i) impact of crises on FGM prevalence rates; (ii) preparedness activities to reduce the potential impact on FGM prevalence rates; or (iii) guidance for FGM programming within humanitarian responses.²⁹² There is extremely limited reference to FGM and no substantive reference to FGM (meaning an overview of how humanitarian crises may impact on FGM; and what humanitarian preparedness and response for FGM programming looks like).

This is true at both global and country levels. While at country levels it is true that areas with high FGM prevalence rates do not necessarily overlap with areas of humanitarian crises, this is not the case across the board. So, for example, in Nigeria, the gender-based violence subsector concentrates on the conflict in the north-east while the Joint Programme focuses on five states in the south. In Mali, the gender-based violence subcluster focuses on the conflict in the north of the country while high FGM prevalence rates are historically found further south.²⁹³ In Ethiopia, the current Tigray crisis is occurring in an area with generally low FGM prevalence rates. However, in Sudan, conflict and civil unrest certainly overlap with areas of high FGM prevalence rates and this is true in multiple Joint Programme countries.

Moving beyond the gender-based violence or child protection subclusters: UNCHR, as the protection cluster lead agency has a gender-based violence strategy, which only references FGM once, and only as a type of harmful practice.²⁹⁴ WHO leads the health cluster, and global health cluster guidance documents have no reference to FGM.²⁹⁵

Specifically, for COVID-19, the UNFPA technical brief provides guidance on conducting rapid assessments of the impact of the pandemic on FGM.²⁹⁶ However, the fact that this is not conducted as a matter of course for general humanitarian situations is important and highlights both a substantial gap in humanitarian gender-based violence preparedness planning and the challenge of now including FGM in preparedness planning specifically for COVID-19. There was no available evidence at country level to conclude that the recommendation in the UNFPA technical brief as outlined above has been implemented, which reveals a missed opportunity to link with sexual reproductive health and reproductive rights plans in COVID-19 responses.

While UNFPA and UNICEF are both the lead United Nations agency actors for gender-based violence and child protection in emergencies, respectively, respondents highlight that of course at global, regional, and country levels development and humanitarian staff work in different spheres and there is an acknowledged lack of linkages between the two.²⁹⁷ This is contrary

291 A process of humanitarian reform was initiated in 2005, after the clearly inadequate Asian Tsunami response. One of the most critical issues (though not by any means the only issue) addressed was coordination, or rather, the lack thereof. In order to address this, the cluster system was established. The cluster system has continued to evolve from its introduction in 2005 and there are differently configured clusters now than a decade ago. The current cluster configuration has 11 clusters in total. UNHCR is the cluster lead agency (CLA) for the global protection cluster (GPC), which has a complex structure of four subclusters, or areas of responsibility (AoRs): child protection, gender-based violence, housing, land and property, and mine action. Unlike any other thematic or sectoral area, protection is simultaneously a goal of humanitarian action, an approach (or lens), and a specific set of activities – which themselves may be direct, integrated, or mainstreamed.

292 The sample of documentation can be found in the humanitarian thematic note.

293 UNFPA respondents in Mali reported that UNFPA has, in partnership with the National Directorate on Population, conducted a study to understand the increase in FGM prevalence in the Tombouctou region (50 per cent, 2018 DHS), which used to be a region with low prevalence (like Gao and Kidal where FGM is around 1 per cent). The population movements are considered to be the cause of this increase. However, this area is not a part of the Joint Programme.

294 UNHCR. UNHCR Policy On The Prevention of, Risk Mitigation, and Response to, Gender-Based Violence. 2020. <https://www.unhcr.org/5fa018914/unhcr-policy-prevention-risk-mitigation-response-gender-based-violence>

295 Specifically, Health Cluster Guide: A practical handbook. 2020 (Global Health Cluster and WHO) and Health Cluster Coordination Guidance for Heads of WHO Country Offices as Cluster Lead Agency 2019 (Global Health Cluster and WHO).

296 UNFPA. COVID-19 Disrupting SDG 5.3. Eliminating Female Genital Mutilation. Technical Note. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf

297 Global and regional key informants.

to the concept of working across the humanitarian-development nexus, which is the fundamental aspect of the new way of working (NWOW) under the Agenda for Humanity.²⁹⁸

At regional level, respondents acknowledged the need to focus on systems strengthening and “bridging the humanitarian development divide”²⁹⁹ – essentially, working across the nexus – and highlighted that this is work that necessarily starts at the national level. The regional role (of the Joint Programme) would be to support this. At country level, this would include a focus on how well the relevant line ministry responsible for humanitarian/emergency preparedness and response links with the line ministries responsible for gender, children and health, and then cascades also to a focus on how well humanitarian and development actors link up with each other. However, there is no specific evidence that this has happened for FGM within preparedness and response planning in any substantive manner. This in fact presents a clear opportunity for the Joint Programme in the future to expand and ensure genuine nexus approaches.³⁰⁰

Assumption 8.3: Linkages with humanitarian actors to monitor the impact of crises on FGM prevalence rates, ensure women and girls who have undergone FGM are able to access appropriate sexual reproductive health and reproductive rights and gender-based violence services, and identify any windows of opportunity to work within the crisis to accelerate social norm and behaviour change.

Finding 8.4. Linkages to humanitarian actors are weak for accessing services for FGM survivors in humanitarian situations, understanding the impact of crises on FGM, and identifying windows of opportunity to accelerate social norm change.

This evaluation firstly notes that UNFPA and UNICEF are not only themselves humanitarian actors, with substantial humanitarian programming, but also in fact the lead actors under the Inter-Agency Standing Committee (IASC) for gender-based violence and child protection subclusters respectively. Therefore it is disingenuous to assess linkages with humanitarian actors with regard to other agencies and organizations, as all humanitarian actors look to the appointed cluster lead agency for sector humanitarian guidance and policy under the IASC model.³⁰¹ Therefore, the issue of linkage focuses on how humanitarian actors respond to emergencies under the clear framework and guidance of the gender-based violence area of responsibility specifically (and the child protection area of responsibility to a lesser extent), led respectively by UNFPA and UNICEF. All gender-based violence/child protection actors follow the guidance as produced by the two areas of responsibility and therefore this finding focuses on how that works in practical terms for humanitarian actors on the ground.

FGM is considered under gender-based violence rather than child protection, so UNFPA is the lead actor for this sector and all aspects of coordination and programming fall under the responsibility of UNFPA at both global and country levels – as highlighted under Finding 8.3.

Further, and also as highlighted in the previous finding, sampling of global- and country-level humanitarian documentation highlights limited reference to FGM and no substantive reference to: the impact of crises on FGM prevalence rates; preparedness activities to reduce potential impact on FGM prevalence rates; or guidance for FGM programming within humanitarian responses.

298 Humanitarian Development Nexus and The New Way of Working. The volume, cost and length of humanitarian assistance over the past 10 years has grown dramatically, mainly due to the protracted nature of crises and scarce development action in many contexts where vulnerability is the highest. For example, inter-agency humanitarian appeals now last an average of seven years, and the size of appeals has increased nearly 400 per cent in the last decade. This trend has given new urgency to the long-standing discussion around better connectivity between humanitarian and development efforts. At the same time, the adoption of the 2030 Agenda and the Sustainable Development Goals (SDGs) set out not just to meet needs, but to reduce risk, vulnerability and overall levels of need, providing a reference frame for humanitarian and development actors to contribute to the common vision of supporting the furthest behind first and a future in which no one is left behind. Strengthening the humanitarian-development nexus was identified by the majority of stakeholders as a top priority at the World Humanitarian Summit (WHS), including donors, NGOs, crisis-affected states and others, and it received more commitments at the WHS than any other area. The new way of working (NWOW), as outlined in the Secretary-General’s Report for the WHS and the Agenda for Humanity represents an approach to put this into practice. <https://www.unocha.org/es/themes/humanitarian-development-nexus>.

299 Regional key informant.

300 UNICEF recently completed a Formative Evaluation of UNICEF Work to Link Humanitarian and Development Programming (March 2021) and this highlights both some of the challenges and some of the opportunities for more coherent and consistent nexus approaches for programming.

301 See humanitarian brief for further information.

Even in the UNFPA Minimum Standards for the Prevention and Response to Gender-Based Violence in Emergencies (2015), FGM is referenced in the acronym list and then as a potential indicator of social norm change (“percentage of women/men who have committed to not let their daughters undergo female genital mutilation”) but there is nothing more in the standards with regard to planning, programming, implementation, or monitoring of FGM.³⁰² Therefore there are limited linkages between the Joint Programme and the lead gender-based violence agency coordinating all gender-based violence responses in humanitarian agency with regard to FGM.

While for more general gender-based violence humanitarian programming, there is an increasing (but still relatively nascent) focus on identifying windows of opportunity to accelerate social norm change, this modest increase of focus is on gender-based violence in general, and there is no evidence available to highlight how this relates to FGM in particular, other than through addressing the foundational gender inequalities that operate as the unifying underlying driver of gender-based violence, child marriage, and FGM.

Given the limited to absent focus on FGM within humanitarian action, it is understandable that there is also limited work on FGM across the double (humanitarian and development) or triple (humanitarian, development and peace) responsive efforts. It is important for any agency, programme or issue to have competencies or to be embedded across the double nexus - so development work and core humanitarian action - before being able to maximize effectiveness across the triple nexus. Working across the nexus does not replace the need for core humanitarian action at certain times and in certain contexts. Therefore, without the effort to incorporate FGM within the humanitarian sphere, there is limited nexus working for FGM abandonment.

302 UNFPA. Minimum Standards for Prevention and Response to GBV in Emergencies (GBViE). 2015.
https://www.unfpa.org/sites/default/files/pub-pdf/GBViE.Minimum.Standards.Publication.FINAL_ENG_.pdf



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Door-knocking campaign to raise awareness on the elimination of FGM.

5

CONCLUSIONS

The conclusions draw on the findings under the various assumptions. The conclusions are summative, providing an assessment of progress, achievements and challenges at the conclusion of the programme; and are also learning-orientated and forward looking to support programming beyond 2021.

5.1 THE JOINT PROGRAMME STRATEGIC ALIGNMENT AND RESPONSE TO NEED

The relevance of the Joint Programme and alignment with global policies and need

Conclusion 1. The Joint Programme is a strategic and relevant response to the global issue of FGM. The geographical scale of implementation across 17 countries is significant and already ambitious by programming standards. The prevalence of FGM beyond the 17 countries has led to commendable efforts to reach non-Joint Programme countries. The global nature of the Joint Programme becomes even more crucial given growing awareness of how widespread FGM is.

Based on: EQ 1, EQ 6

The Joint Programme continues to be a highly important and appropriate response to the pressing global issue of FGM. During the third phase of the Joint Programme, it has remained aligned to global and regional policy frameworks, and has appropriately positioned FGM as a rights violation motivated by underlying gender inequality as well as a practice with health and socio-economic consequences, placing greater emphasis on bodily autonomy. The Joint Programme has played a significant role within international policy dialogue, reinforcing the need to accelerate efforts to end FGM. This is significant and appropriate given that, although some countries have seen a decline in prevalence, progress is uneven, and the pace of decline is insufficient to keep up with the growing population and meet the global SDG Target 5.3 of eliminating FGM by 2030.

The geographical scale of the Joint Programme across 17 countries is significant and already ambitious by programming standards. Across the countries reviewed, the Joint Programme was found to be highly relevant and well aligned with national needs. Whilst the geographical prioritization within countries has been found to be appropriate within the countries reviewed, the subnational need to scale out to areas nearby was identified, given the risk of girls being taken to neighbouring communities where changes/ commitments have not yet been made. The selection of the 17 countries was systematic, although the tier classification system for modes of engagement, which used a criterion of the conduciveness of the legal and policy environment (as well as prevalence and other criteria), is inconsistent with the central promise of the Sustainable Development Goals of leaving no one behind.

With growing awareness that the abandonment of FGM is beyond the geographical scope of the programme, the Joint Programme has made important efforts within Phase III to be “outward looking”, by reaching out to non-programme countries across borders and the diaspora, efforts that could be expanded and strengthened. As the true scale of the issue emerges, with estimations drawing on data beyond national prevalence levels, the Joint Programme’s global nature, drawing on its comparative strengths as global policy advocate and convener, will be even more critical during the next nine years, in efforts to meet the Sustainable Development Goal target by 2030.

5.2 THE CONTRIBUTIONS OF THE JOINT PROGRAMME DURING PHASE III

The strengthening of accountability mechanisms to enhance national commitments to end FGM

Conclusion 2. Phase III design appropriately recognized the importance of positioning FGM on the political agenda of regional entities and supporting accountability systems. There has been significant engagement and progress with the African Union, which has contributed to enhanced and visible political commitment, and work is underway to create a strategy to strengthen accountability systems for holding national governments accountable for international and regional agreements on FGM. Engagement with other regional and subregional entities has been more limited, less deliberate and there has not been a programme strategy as to how and where to prioritize efforts. The Joint Programme has also contributed to enhanced national government accountability to global human rights treaties, although this could be more consistent across the Joint Programme. There is however limited programme-wide clarity of what accountability frameworks/systems mean in practice at different operational levels.

Based on: EQ 4

The Phase III design appropriately recognized the value of placing FGM on the agenda of regional entities, working within existing institutional structures, and facilitating accountability systems to hold national governments accountable for international and regional agreements. There have been notable achievements within engagement of the African Union, an important strategic partnership to support continental ownership. The support provided has significantly facilitated the development of the African Union's Saleema Initiative, an important collaboration led by the African Union, inspired by the (Joint Programme-supported Saleema Initiative from Sudan). The Saleema Youth Victorious Ambassadors is an innovative element of the accountability framework, and whilst it is too early to assess the effectiveness of it, there are early indications that it has the potential to be a valuable, and gender-transformative, accountability tool and should be monitored and reflected upon within the Joint Programme as a potential "model" to use elsewhere.

The design of the Spotlight Initiative appropriately complements this stream of work at the regional level, with potential support to the African Union and Saleema Initiative as well as the engagement of several regional civil society organizations to support regional advocacy and policy work.

There has been less collaboration or progress with other regional entities. There is a recognition of the need to enhance collaboration with the League of Arab States (potentially through the nascent Girls Adolescent strategy). The collaboration with regional economic commissions has been variable, with some engagement in East Africa and more recently West Africa, but there is a lack of an overall inter-regional programme strategy as to where to best prioritize efforts across the eight subregional economic commissions or indeed other regional and subregional entities.

At the national level, there are examples of Joint Programme support to reporting and monitoring against global international agreements. The potential role of human rights institutions to support monitoring and reporting (where governments are failing to do so) has been recognized and guidance developed but is yet to be optimized in the Joint Programme. The role of civil society to hold government to account has been enhanced with support to civil society organizations, although there has been limited engagement with governments to facilitate consultative processes.

More broadly, the notion of "accountability" and "accountability frameworks" has become an increasingly used term within the Joint Programme, yet throughout much of the Joint Programme there is insufficient clarity about what it means in practice, and the Joint Programme's role in facilitating accountability frameworks, supporting accountability mechanisms or indeed providing guidance for monitoring/reporting for partners.

Support to the national implementation of laws and policies, and engagement of civil society to hold governments to account

Conclusion 3. During Phase III, the Joint Programme has advanced its work to support national, legal and policy environments, responsive to the situation in each country. There has been progress in the development of both costed national action plans and monitoring functions, although lower than planned. The Joint Programme has appropriately recognized the need for dedicated budgets and has advocated as such.

Based on: EQ 4, EQ 5

During Phase III, the Joint Programme's contributions have continued to be effective in strengthening national policies and legislative frameworks for the abandonment of FGM, thanks to an incremental, comprehensive and multisectoral approach to support Joint Programme country governments in creating a conducive legal and policy environment for the abandonment of FGM. In the countries where a specific national law criminalizing FGM was not in place, the Joint Programme has provided technical and financial support to governments in the development of a national law during Phase III. The Joint Programme has also accompanied the programme countries' governments in putting in place a structured response to address FGM by developing costed, multisectoral action plans or strategies, as well as in strengthening inter-institutional mechanisms to harmonize efforts and actors engaged in abandoning FGM. In this regard, the Joint Programme has played the important role of convener, bringing together multisectoral stakeholders and facilitating their coordination.

During this phase, the Joint Programme has suitably put more emphasis on advocating for the allocation of budgets to the government-costed action plans, although efforts continue to be needed in this area. Support for the monitoring of the implementation of strategies and laws through national systems has also gained pace, and there is scope to ensure that this is expanded to all countries and conducted routinely and effectively.

Despite all the efforts in strengthening the national frameworks and an increase in the actual number of cases brought to court and convictions, law enforcement remains a major gap, and there has been limited attention to the potentially perverse effects of law enforcement (for example on people's behaviour; the criminalization of women and parents; the potential separation of children from their parents).

Evidence-based support to strengthening national policies, legislation and dialogue on complex issues

Conclusion 4. The Joint Programme design recognizes the importance of working on complex issues that reflect modification of FGM practice, in particular medicalization and cross-border FGM. The Joint Programme has continued to adapt its programming as regards medicalization by addressing both supply and demand sides, and has contributed to increased awareness and knowledge of health-care providers and communities, although changes in attitudes and behaviour remain a challenge. Within cross-border work, the Joint Programme has contributed important progress within the establishment of cross-border commitment and communication in one region, whilst other regions are at an earlier stage of data generation and utilization.

Based on: EQ 5

The Joint Programme has continued to recognize that, as the legal and/or social environment changes and FGM becomes unacceptable (through legislative change and social norm change), individuals or groups may modify their practice rather than abandon FGM. The Joint programme is aptly responding to both medicalization and cross-border FGM and has been instrumental in raising them as "alarming trends" in international advocacy.

Medicalization

To prevent the supply of medicalized FGM, the Joint Programme has facilitated the dissemination of the law that prohibits the medicalization of FGM amongst health centres and professional associations to increase medical and health staff awareness on them. It has also invested in the capacity building of health staff through training not only on the health consequences of FGM but also on the legal and ethical implications of practicing it. The Joint Programme has established

important collaborations with universities and medical schools for the development of university curriculums for students of medicine and nursing, and partnerships with medical syndicates and professional associations and bodies, which will be strategic to strengthen in the future.

To address the demand for medicalized FGM, in Phase III the Joint Programme has placed greater emphasis on messaging around women's and girls' rights, although the harmful consequences of FGM on women's and girls' health continues to emerge as the main argument for abandoning the practice.

Cross-border female genital mutilation

The programme has made some important progress in addressing cross-border FGM. Firstly, it has been instrumental in raising it as an issue globally. Secondly (at both regional and national levels) it has contributed to operational work on cross-border FGM with the development of the Eastern African Declaration and Action Plan, as well as the development of joint communication strategies that discourage individuals and families from crossing borders for FGM. This is an important example and opportunity for learning for the Joint Programme, that could be advocated for amongst other cross-border "hot spots", with the relevant changes and adaptation to the specific contexts.

Other regions are at the stage of data generation and/or utilization. This is considered a critical foundation for future work, which is growing in urgency in building cross-border policy dialogue and collaborative programming. There is also limited data about the interplay of evolving migratory patterns and FGM in different contexts (including internal movements to other villages to have FGM performed and internal displacement).

Access to services for girls and woman at risk of, or affected by, female genital mutilation

Conclusion 5. 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 strategy of enhancing access and linkages towards a more systemic approach has yielded positive results.

Based on: EQ 1, EQ 2

The Joint Programme has contributed to providing a holistic approach to prevention and response services for women and girls, encompassing health care, psychosocial support, judicial support, and protection. Strengthening access and linkages to systems that provide protection and prevention services is considered to be an important and effective strategy by the Joint Programme staff both to reduce FGM at the community level and to change social norms.

On the side of service providers and duty bearers, the Joint Programme has contributed to strengthening the supply of quality services both for prevention and response by investing in the capacity building of service providers in all relevant sectors (including support to post-FGM support within gender-based violence centres), developing and disseminating standard operating procedures (although the programme design did not include reference to minimum standards for services), supporting phone helplines and developing a mobile phone application for reporting FGM cases. However, high staff turnover is a common challenge in the relevant sectors that provide services.

On the side of women's and girls' demand for prevention and response services, the Joint Programme has facilitated awareness raising through community dialogues on the consequences of FGM as well as on the availability of services, which have helped women to break the silence and come forward looking for support. However, despite Joint Programme efforts in facilitating access to services, women and girls still show a low service-seeking behaviour.

The Joint Programme preference for higher investments in prevention than in care appears to be in line with strategic use of limited resources, given the Joint Programme's goal of accelerating abandonment through prevention, without denying affected women the right to receive the necessary care through partnerships, while limiting the direct investment in service provision for the management of cases.

Joint Programme readiness to measure social and gender norm change

Conclusion 6. The Joint Programme's development of a measurement framework and indicators on social norms represents a potentially significant contribution to the Joint Programme, and the development community more broadly. Only recently finalized, the ACT Framework has not yet generated social norms data for the Joint Programme, and its comprehensive and lengthy nature may require accompanied capacity support for efficient and feasible application.

Based on: EQ 6, EQ 7

Phase III has contributed to a knowledge gap in the development community of a tool to measure social and gender norm change around FGM, and has positioned itself as lead/convener in this area with the development of a Global Committee on Social Norms, including external expertise. The ACT Framework, recently finalized, provides a tool for measuring and tracking changes in social norms related to FGM. There is appetite to apply the framework in various programme countries, with its multi-methods data collection tools and implementation templates. Despite being a lengthy tool, the ACT Framework can also be used partially, focusing on constructs and indicators that are most relevant to the programme being assessed. It will be important that there is a medium-to-long term timeframe for application of the ACT Framework to measure social change over a longer period in order to reflect the long-term nature of social norm change. It should also be accompanied by ongoing reflection and learning from applying the framework and results. Beyond being a measuring tool, the ACT Framework could also be used to help inform programming by providing information on important social and behaviour change areas, such as knowledge, attitudes, practice, social networks and descriptive and injunctive norms.

Given that other methods/tools/indicators have now been developed and used by UNFPA and UNICEF for different related purposes (and also for FGM whilst the ACT Framework was under development), the agencies are appropriately mapping the different tools as to their differing objectives and utility. These different qualitative tools have included: "outcome mapping", "outcome harvesting", and "most significant change". Ongoing assistance to programmes will also benefit Joint Programme countries to select the appropriate tools/elements of tools. There is also a need to ensure streamlining and greater clarity of the potential utilization of the relevant methods and indicators within any prospective results framework for post-Phase III.

5.3 INTERSECTORAL ISSUES: GENDER, HUMANITARIAN PROGRAMMING AND COORDINATION ACROSS SECTORS

The extent to which the programme has integrated a gender responsive and/or transformative approach

Conclusion 7. 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 there is yet to be a clear understanding of what a gender-transformative approach actually means at the country level and how it translates into social norm change. The Joint Programme has continued to support the engagement of women and the empowerment of girls to make them agents of change. Additionally, there has been more focus on engagement strategies for men and boys in Phase III but care needs to be taken that these do not reinforce the traditional roles of men and boys.

Based on: EQ 2, EQ 6

The Joint Programme has a gender-responsive approach solidly in place within design and language and there is recognition throughout the Joint Programme of the need to move towards a more gender-transformative approach. There are also plenty of disparate examples of gender-transformative programming at global, regional, national, and community levels. For example, at the community level many innovative channels for communications on FGM have been developed by Joint Programme countries (accelerated by the realities of COVID-19) and much of this falls within the sphere of gender-transformative design.

The gender-transformative approach is more nascent and less well clarified and articulated within the overall Joint Programme design with inconsistent understanding across global, regional and different country contexts as to the scope, definition, and practical translation of gender-transformative programming as it pertains to FGM. There are still a number of approaches that could be considered only gender neutral or even potentially gender harmful.³⁰³

There is yet to be developed a coherent and consistent understanding of what a gender-transformative approach really means at a practical country level, indicating the need for enhanced dialogue between FGM and gender staff. This is also linked to the fact that there is only an emerging understanding of how different contextually differing cultural drivers of FGM are linked by an underlying unifying driver of gender inequality. Further, there is no clear articulation of how this translates into consistent transformative social norm change programming across the Joint Programme, particularly around the different aspects of knowledge, attitude, and practice that must all factor into any sustainable change in social norms. As an example, public displays of abandonment are used as a (still useful) indication of progress that reflects attitudinal change within communities, but there remains an inconsistent understanding of how this translates into actual and sustained behaviour change.

Phase III of the Joint Programme has explored more fully than previous phases how to engage whole communities, including women and girls as agents of change, with an increasing focus on engagement with men and boys across all countries. There is an understanding across the Joint Programme – and rightly so – that sustained change will only happen with the involvement of men and boys but there remains further work to ensure that consistently across the country contexts engagement strategies for men and boys are not inadvertently reinforcing their traditional power roles. While the embracing of whole-community approaches has also included an increased focus on youth engagement, this has not gone as far as it could within the Joint Programme, given the expertise that could be leveraged within both the UNICEF and UNFPA broader youth engagement work.

The response to COVID-19 and lessons for future working in humanitarian settings

Conclusion 8. The Joint Programme has adapted effectively to COVID-19 within programming and contributed to global understanding of how COVID-19 has impacted FGM, albeit based upon certain assumptions at the time. The agility with which the Joint Programme has responded provides lessons for adapting to, and understanding FGM within humanitarian settings.

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

Based on: EQ 8

The effect of both COVID-19 and broader humanitarian situations can be seen through the lens of: (a) adaptive programming; and (b) a general understanding of how COVID-19/humanitarian crises may impact on FGM prevalence rates. With regard to adaptive programming, the Joint Programme modified programming consistently and thoughtfully for the COVID-19 pandemic, highlighting an inherent flexibility that has not been seen with regard to adaptation for other humanitarian crises. With regard to understanding the impact of COVID-19 on FGM prevalence rates, some assumptions were made based on:

- The conflation of impact on FGM with impact on child marriage and broader gender-based violence
- The simplification of the narrative and not necessarily reviewing the whole nuanced continuum of suggested impacts across both increasing and potentially decreasing effects
- Not disaggregating assumed impacts across different FGM practice types.

However, efforts to understand the impact of COVID-19 on FGM have far exceeded previous efforts to understand FGM within general humanitarian settings and have provided a very useful exercise to use for future application to broader humanitarian situations.

303 More information can be found in the gender transformative thematic note.

With regard to non-Joint Programme humanitarian action, there is extremely limited consideration of FGM in global, regional and country level gender-based violence and child protection preparedness plans. All social norm change programming in humanitarian settings (trying to identify and utilize windows of opportunity) under gender-based violence can be understood as addressing the unifying underlying driver of gender inequality that links gender-based violence and all harmful practices, including FGM. However, there is no evidence of humanitarian programming aimed specifically at FGM social norms, for which some of the more cultural drivers are different from the underlying gender inequality driver (see the gender transformative thematic note for a detailed discussion on this). Linkages to humanitarian actors are weak for access to services for FGM survivors in humanitarian situations, understanding the impact of crises on FGM, and identifying windows of opportunity to accelerate social norm change.

Given the lack of consideration of FGM in gender-based violence and child protection preparedness planning, and the limited humanitarian response outside of COVID-19, there is limited current FGM work across the humanitarian-development nexus. This should be rectified by preparedness planning within development operations (which are not currently implemented consistently for FGM programming) and longer-term considerations within humanitarian responses (which are currently weak for FGM).

The coherence of the Joint Programme's work with other UNFPA/UNICEF work streams

Conclusion 9. At the national and subnational levels, FGM linkages tend to reflect local realities, although these intersectoral links become less intuitive and coordinated at the regional and global levels of programming. There is a lack of more comprehensive frameworks and systematic programming in particular for education, health and gender. There is variable coordination of FGM and child marriage programming, and widespread recognition of the need for greater coherence that is reflective of the interlinkages in practice in different contexts.

Based on: EQ 2, EQ 3, EQ 6

The Joint Programme has created coherent synergies and linkages with other related streams of work to contribute to programme goals. At the national and subnational level this is particularly apparent where FGM is linked more closely to child marriage and the broader framing of violence against children and gender-based violence. Synergies and linkages tend to be more intuitive and based upon local realities. However, at all levels, particularly at the global and regional levels, there is scope and need for these linkages and synergies to be strengthened and more intentional where relevant and appropriate.

The variable coordination across FGM and child marriage programming was raised repeatedly within the evaluation. A rationale for closer coordination and converging programming is the opportunity to work together on the shared drivers of both harmful practices for more efficient programming. There is also recognition of the need for programming to reflect and be informed by data/evidence on the actual links between the harmful practices, as child marriage and FGM are not necessarily co-existent to a similar degree, with one practice or the other being predominant, and also having distinctive drivers. The strategic positioning of FGM, child marriage and gender-biased sex selection under the same strategic plan output for UNFPA goes some way to enhance coordination. The institutional arrangements of UNICEF were found to be a key factor in strengthened coordination with programming of both FGM and child marriage from within the same unit, facilitating better coordination and coherence.

Linkages could be further strengthened with other sectors, namely gender (as discussed in Conclusion 7) education, and health. In terms of education, although there are examples of intersectoral working (for example, health clubs in schools), a conceptual framework bringing together education and FGM is lacking as is a strategic and consistent integration of FGM within widely used manuals (for example, the UNICEF life skills manuals, or the UNESCO comprehensive sexual education manual). As regards health, the Joint Programme has concentrated efforts on tackling medicalization working with both service providers and the communities. It has also integrated FGM with other sexual reproductive health and reproductive rights as an opportunity to provide information about FGM, which could be expanded upon.



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Reformed circumciser poses for a portrait at a social hall in a remote area in West Pokot, Kenya.

6

RECOMMENDATIONS

Recommendation 1: Strengthen global policy and advocacy strategies

Recognizing the need to accelerate efforts to meet the Sustainable Development Goal target to end FGM by 2030, it is recommended that the Joint Programme prioritize its global policy and advocacy work to reinforce the urgent need to intensify efforts to tackle FGM. Given emerging data around the geographical scale of the issue, although the Joint Programme cannot realistically have an operational presence in all contexts, it can utilize its global presence to raise awareness about the geographical coverage and continue to investigate and flag emerging trends. It can also strategically optimize knowledge sharing opportunities and collaborations with non-Joint Programme countries.

Urgency: High

Impact: High

Directed to: Joint Programme HQ

Based on Conclusion 1

Acceleration of efforts and a multisectoral coordinated response is required to tackle FGM in order to meet the Sustainable Development Goal target of ending FGM by 2030, and to outpace the impact of demographic trends. Within a multi-stakeholder effort, the Joint Programme is uniquely positioned as a global advocate and policy convenor, drawing on its comparative strengths in evidence generation, to inform policy dialogue. The Joint Programme should ensure that it uses its “global vantage point” to gather data (as appropriate) around global trends, including geographical coverage (where data is emerging), humanitarian and FGM linkages, and cross-border FGM. With emerging evidence that FGM is likely present in over 90 countries, it is also opportune to strategically share knowledge and facilitate collaborations where appropriate.

Given the ambitions of the Sustainable Development Goals to eliminate FGM by 2030, the Joint Programme should consider aligning its post-2021 programming across the nine-year trajectory (2021-2030), with the target central to the programming goal, and monitoring against key milestones on the path to reach the Sustainable Development Goals.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Create a clear resource mobilization strategy post-2021 and continue to advocate for the need for financial commitments to support efforts towards the Sustainable Development Goal target of 2030. The strategy should include enhancing national financial commitments (as feasible) to ensure national ownership; commitments from donors and also broadening potential funders to include the private sector
- Strengthen the evidence base on the geographical scale of the issue worldwide. Research should take into account not only countries with nationally representative data but also indirect estimates and small-scale studies in order to gain an understanding of the scale of the issue. Results should be used within global advocacy to increase global awareness of the scale of the issue and draw attention to the need for global action and investment. In particular this should highlight areas in which FGM is prevalent but there is limited investment in its abandonment. Advocacy should also call for measurement of FGM prevalence in every country

- Optimize the global advocacy role of the Joint Programme on issues that require a global or multi-country response. Suggestions include:
 - A strategy for global-level action for positioning the abandonment of FGM in all humanitarian actions and resilience-building programmes
 - Advocate for the mainstreaming of the prevention of FGM into other sectors, especially health (including sexual and reproductive health), education, law enforcement and child protection
 - Draw attention to where cross-border FGM is occurring, and the need to work collaboratively across geographical boundaries and invest in cross-country dialogue and programming
- Make good use of the Joint Programme's convening role in policy and advocacy, broadening the stakeholders involved from the international community, donors, private sector, academia, civil society, youth groups (amongst others) across the development-humanitarian nexus. In this way, the Joint Programme can continue to contribute to a global movement of actors. In addition, as part of this, take opportunities to amplify the voices of survivors within policy dialogue and advocacy. An advocacy and partnership strategy could be developed (with performance indicators) to provide a coherent framework, for the global and inter-regional level)
- Continue to strengthen the Joint Programme's "outward looking" nature beyond the 17 countries, where possible. This does not imply extending the scope of implementation, but, for example, engaging with non-Joint Programme countries on policy and advocacy, extending knowledge-sharing opportunities to other non-Joint Programme countries and extending support through initiatives that naturally involve other countries, such as cross-border work
- Consider a vision and programme planning to 2030 to align with the Sustainable Development Goal target, with two to three planning phases within that period. The target would be central to the Joint Programme goal, with monitoring against key milestones to reach the Sustainable Development Goals.

Recommendation 2: Strategically strengthen and support implementation of accountability systems

It is recommended that the Joint Programme develops a comprehensive strategy that articulates its roles in strengthening and supporting the implementation of accountability systems. This should also map out the different accountability systems at the global, regional and national levels, enabling the identification of further potential areas of support.

Operationally, it is recommended that the Joint Programme continues to build on and expand upon the work achieved during Phase III with the African Union in conjunction with the Spotlight Initiative and use it as an opportunity for learning across the Joint Programme. It should also expand and intensify engagement with other regional entities as appropriate. In addition, at the national level, it should continue to build on and expand upon the national and subnational efforts to strengthen political commitment and enhanced accountability systems (linked to Recommendation 3).

Urgency: High

Impact: High

Directed to: Joint Programme HQ and regional offices

Based on Conclusion 2

Whilst it is recognized within the Joint Programme that, as part of a collective effort, accountability mechanisms need to be strengthened to ensure that national governments are meeting their global and regional commitments on FGM, there is a lack of comprehensive strategy and clarity about what this means in practice. The Joint Programme has been successfully supporting elements of the accountability "ecosystem", including at the global level, but there is a lack of overarching strategy that sets out and maps the commitments and related responsibilities and how the Joint Programme can draw on its comparative strengths to support the accountability "system" at the different levels.

There is also a need to provide guidance to Joint Programme staff about accountability and what it means in practice.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Develop a programme strategy as to how the Joint Programme will support the establishment and implementation of accountability frameworks and systems within the FGM "ecosystem" at global, regional and national levels to hold

governments to account. This can also potentially draw upon the regional accountability framework being developed with the African Union. Develop supporting practical guidance for staff as appropriate

- Continue to prioritize the work with the African Union in conjunction with the Spotlight Initiative, ensuring that the type and nature of support is agreed collaboratively. Monitor and periodically assess the value of the Saleema Youth Victorious Ambassadors programme, and identify lessons learned as a potential model to use elsewhere
- Conduct a cross-regional mapping exercise of regional institutions, particularly regional economic commissions, other regional institutions (for example, regional health institutions, regional financial institutions) in order to ascertain alignment and potential opportunities for collaboration and then strategically prioritize efforts
- Develop a primer for approaching and mapping accountability frameworks/processes at the national level (related to countries' global/regional policy commitments) to support partners
- At the national level, review the capacity/resources allocated to fulfil government commitments to reporting on global and regional agreements related to FGM, identify gaps and seek to support through partnerships/leveraging funding where possible
- Where national governments are not fulfilling their commitments to report on international and regional agreements, leverage the role that national human rights organizations can play, as feasible. Utilise the recent primer developed by the Joint Programme providing guidance for human rights organizations about holding public enquiries
- Make more efforts to build government capacity to hold participatory and consultative engagement with civil society. Strengthen the role of civil society organizations within accountability systems through capacity building and enhance advocacy and lobbying skills. Strengthen support to local/community accountability mechanisms as set out in Recommendation 7.

Recommendation 3: Advocate for fully funded national, legal and policy frameworks, including to address complex situations such as medicalization and cross-border FGM

Continue to support countries to develop a conducive legal and policy framework by advocating for anti-FGM laws and costed national plans for the abandonment of FGM, as well as advocating for the allocation of resources to those plans, FGM-related budget tracking and analysis, and resourced monitoring and reporting frameworks to monitor progress. In countries where legal and policy frameworks are in place, more emphasis should be given to translating the national laws into laws at the state/country level and to developing a clear strategy to support governments enforcing the law, with attention to the potential perverse effects that law enforcement could have.

In countries where national governments are tackling complex situations around FGM, the Joint Programme should continue to build on its achievements to date. In particular, to prevent medicalization, it should place greater emphasis on changing health-care providers' behaviour (beyond their knowledge and attitudes). To counteract cross-border FGM, the Joint Programme should build on and learn from the positive achievements in East Africa, and regional offices should play a leading role in convening key actors and in facilitating dialogue and agreements. Increased attention should also be given to emerging issues including "internal cross-border" movements to practice FGM.

Urgency: High

Impact: High

Directed to: Joint Programme HQ, regional and country offices

Based on Conclusions 3 and 4

Given the Joint Programme's success in contributing to the advancement of conducive legal and policy frameworks, in post-Phase III it is recommended that the Joint Programme continue to do so, with emphasis in those contexts where such a legal and policy framework is not yet in place, and where anti-FGM laws at national level still have to be fully implemented at lower administrative levels (such as at state and county levels). More focus should also be placed on understanding how to address the major challenges that prevent law enforcement, as well as on learning from the good practices of law enforcement to be replicated in different contexts, after being contextualized. These should also take account of the potential negative effects that law enforcement could have, particularly on vulnerable groups such as children.

Post-Phase III, the Joint Programme's support to national governments to tackle complex issues around FGM should be enhanced in particular areas. With regard to the medicalization of the practice, the Joint Programme should continue to support building the capacity of health-care providers to act as agents of change. However, innovative approaches should be looked for to ensure that the behaviour of health-care providers towards the medicalization of FGM changes. With regard to cross-border FGM, the Joint Programme should sustain the momentum generated in East Africa and drawing on that success, the Joint Programme, and particularly regional offices, should play a leading role in convening actors and facilitating dialogue and agreements also in other areas affected by cross-border FGM.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- In those countries that already have an anti-FGM law in place at the national level, consider working more closely with states to help them translate the national law into state laws to give it effectiveness
- Accompany governments in developing and implementing effective strategies to enforce the law on FGM. Conduct formative research to analyse country-specific impediments to law enforcement and to identify good practices of law enforcement and ensure that research results are taken up by relevant stakeholders and utilized to inform programme design and implementation. Ensure attention is given to the potentially perverse effects that law enforcement could have
- Advocate for FGM prevention to be integrated within other national sectoral policies and strategies including education, health and child protection, amongst others
- In the area of medicalization, develop strategies that aim at health-care providers' behavioural change as a target audience, since health-care providers and professionals often share the same social and gender norms as the parents, women and girls that look for the medicalization of the practice. Such strategies might also draw on the conceptual model behind the ACT Framework for social norm change. Consider also strengthening the collaboration with medical syndicates and professional associations and bodies
- Prioritize support to cross-border dialogue and policy within Western Africa and the Arab States, drawing upon the data generated (or being generated in the case of West Africa). Regional offices should convene relevant regional and national actors to facilitate cross-country dialogue and agreements where needed. Where applicable, cross-border work can focus on developing and implementing actual programmes at the borders with good monitoring systems
- Increase emphasis on addressing "internal cross-border" FGM (i.e., within countries), by undertaking data collection and analysis for evidence-based policies and programmes.

Recommendation 4: Strengthen linkages with other streams of work towards enhanced access to quality services for FGM prevention, protection and care

The Joint Programme should strengthen its linkages and synergies with other harmful practices in particular child marriage, enhancing the opportunity to work on the shared drivers of both harmful practices for more efficient programming.

It should also strengthen cross-sectoral linkages for more systematic and coordinated programming (including education, health, child protection, youth and others).

Within programming, the Joint Programme should continue to strengthen the access and linkages to services for FGM prevention, protection and care, as well as the quality of services. The Joint Programme has a comparative strength in the area of FGM prevention but in order to progress towards FGM abandonment, the Joint Programme's protection and care service provision should continue to be enhanced through partnerships and linkages with other organizations and services providers.

Urgency: Medium

Impact: Medium

Directed to: Joint Programme HQ, regional and country offices

Based on Conclusions 5 and 9

The evaluation highlighted the need to be more intentional in addressing linkages between harmful practices (cognizant that the linkages vary in different contexts) providing the opportunity to address the underlying drivers of gender inequality. The evaluation proposes different options for doing this, and convergence could occur in an incremental way.

There is also scope to ensure that cross-sectoral linkages are optimized, and that there is more systematic programming (for example with education, health, gender, child protection, youth). This should be within the Joint Programme's interaction with other UNFPA and UNICEF sectoral programming (which is often more intuitive at the country level and less evident at the regional and global level) and is linked to the cross-sectoral mainstreaming in national policies and plans (Recommendation 3).

In terms of provision of services, the evaluation recognizes that access to services for FGM prevention, protection and care is fundamental and should continue post-Phase III. However, within a context of limited resources, the Joint Programme should continue to invest in its comparative strength and focus its work on FGM prevention. It therefore makes sense to strengthen the partnerships and linkages with other organizations and service providers (including those providing gender-based violence prevention services and sexual reproductive health and reproductive rights services) to support women's and girls' right to access the necessary care as well as to raise awareness about services.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Amongst the harmful practices, enhance and systematize linkages with child marriage where relevant. Consider different incremental options:
 - Conduct more joint research where appropriate, for example, on context-specific gender/social norms and harmful practices
 - Align the Joint Programme and the child marriage global programme timeframes, milestones and monitoring indicators in order to work more closely on the underlying drivers of gender inequality
 - Converge into one joint programme on harmful practices in those contexts where FGM and child marriage are closely interlinked, to maximize comparative strengths and avoid duplications
- Develop specific programming strategies to maximize the contribution of different streams of work towards the abandonment of FGM (for example, design a matrix on how FGM interacts with other streams of work such as youths, gender, education, and health including sexual and reproductive health, and focusing on how linkages should be, how they actually are in the programme, and what gaps there are)
- Enhance partnerships and linkages with other organizations and service providers to facilitate women's and girls' access to care, and strengthen intersectoral linkages and referrals by establishing guidance, tools and mechanisms etc
- Develop a minimum standard guidance for FGM prevention and care services to support government and civil society healthcare, social services and legal provider organizations, and ensure that they are circulated, absorbed and utilized by relevant stakeholders. Minimum standard guidance can also be used as a benchmark to assess the quality of such services in the Joint Programme intervention areas. Draw on already existing resources (as well as from the humanitarian sector) when available and appropriate, both to develop minimum standard guidance for FGM prevention and care, and to raise women's and girls' awareness on the availability of such services.

Recommendation 5: Accelerate usage of the ACT Framework to generate data on social norm change

The Joint Programme should now focus on utilizing the ACT Framework to generate data on social norm change, given the extensive work and investment that has been made on this tool, and accompany it by capacity support as needed, and a reflection and learning process. A medium-to-long term strategy for the application of the ACT Framework and/or other tools available to measure social norm change should be developed to provide consistency and guidance across the Joint Programme.

Urgency: Medium

Impact: Medium

Directed to: Joint Programme HQ, regional and country offices

Based on Conclusion 6

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Develop a medium-to-longer term dissemination strategy with guidance for the application of the ACT Framework. Set out a phased roll-out, with priority countries to start (where there is interest and "readiness" to use the tool) and then roll out to the additional countries, using lessons from the first group. Align the strategy with the Sustainable Development

Goal target for 2030 (so a nine-year period for data collection), so that it reflects the longer-term nature of social norm change. Create guidance regarding how the tool will be disseminated, with a particular focus on ensuring clarity on the partial application of the tool or adapting the tool to different contexts. Set out mechanisms for ongoing reflection on, and learning of, the tool and the data generated through it

- Continue to map and review emerging tools and methods for measuring social norms and make them available, so that country programmes can utilize those that are most relevant to their programme needs
- Within post-2021 programming, ensure sufficient streamlining and clarity regarding monitoring social norm change. Select a set of indicators that can provide cross-comparison data across the programme. It would make sense for the indicators to be derived from (a component of) the ACT Framework given the level of investment by the Joint Programme and the interest in its utilization.

Recommendation 6: Build the post-Phase III Joint Programme to be gender transformative

The post-Phase III Joint Programme should clearly articulate and agree that FGM programming aspires to be gender transformative and recognize that this is aligned with the approaches and comparative strengths of both agencies. To enhance understanding of what gender transformative means in practice across the Joint Programme, efforts should be made to integrate practical tools within programming, as well as collating examples of gender-responsive and gender-transformative approaches.

Urgency: High **Impact:** High

Directed to: Joint Programme HQ

Based on Conclusion 7

A gender-responsive approach is the current foundational framing of the FGM Joint Programme, with gender-transformative approaches being seen as more of an aspiration. Within the post-Phase-III design, gender transformative should be considered the default position. When specific contextual factors are not conducive to this, that should be explained/justified and solid gender-responsive approaches applied instead. However, the design of post-Phase III Joint Programme should note that gender transformative is not always appropriate in all contexts at all times and trying to be gender transformative when it will do more harm than good OR claiming to be gender transformative when not fully understanding what that means, is counterproductive. Capacity development of staff (particularly country office, Joint Programme staff and partners) in gender transformative assessment, planning and implementation will be required for the following suggestions to be operationalized:

- Design a capacity development plan to ensure a clear understanding across all levels of the programme, including implementing partners, as to what the difference is between gender responsive and gender transformative
- Develop a living library of concrete, real-life FGM examples of gender-transformative, gender-responsive, gender-neutral, and gender-harmful activities. This can start with examples outlined in the gender thematic note of this evaluation where there are clear examples of gender-transformative, gender-responsive, gender-neutral, and potentially gender-blind activities. Note that this is not a resource library in terms of guidance or strategies, it is a repository of real-life examples to help Joint Programme and partner staff bring to life the conceptual gender scale as it applies to actual FGM activities and outputs
- Create a checklist tool to determine optimum conditions for transitioning from gender-responsive to solid gender-transformative approaches
- Add gender-scale reporting to the results framework and annual reporting templates for a post-Phase III Joint Programme, where countries rank their activities across the gender scale. This should be reviewed by headquarters and feedback given to ensure continuing learning around what gender-transformative approaches look like in practice, with key examples each year added to the library of concrete examples as above
- Reinforce engagement approaches for men and boys and map them across the gender scale (with concrete examples across the gender scale being added to the library), particularly highlighting how certain engagement strategies for men and boys might have the potential to be gender harmful by reinforcing and entrenching harmful gender dynamics and power dynamics, and what mitigating strategies are necessary to avoid this

- Develop a clear, short, practical guidance note outlining the differences of a “male-leadership” engagement strategy and a community engagement strategy for men and boys – differences across motivation, purpose, approaches, activities, expected results (outputs and outcomes)
- Create a working group comprised of headquarters Joint Programme staff, headquarters UNFPA and UNICEF gender specialists, and (perhaps rotating on an annual basis) select regional- and country-level gender specialists from both UNFPA and UNICEF to monitor and track the above activities
- Include a stand-alone, detailed youth engagement strategy, clearly linked to and drawing from: (a) the current UNFPA My Body My Life My World Youth Strategy; (b) the current UNICEF Engaged and Be Heard! – Guidelines on Adolescent Participation and Civic Engagement; and (c) the IASC Guidelines for Working with and for Youth in Humanitarian Action (noting that neither the UNFPA nor the UNICEF youth strategies have significant humanitarian aspects within them). The post-Phase III Joint Programme should consider establishing a youth FGM abandonment working group, with Joint Programme staff and youth advisors at headquarters, regional, and country level to oversee the implementation of the youth engagement sub strategy within the Joint Programme design. The sub strategy should include recognizing and building upon the strengthened youth engagement from extended and increased/improved digital communication and engagement strategies developed during COVID-19 (while also developing mitigation guidance for country offices to ensure the most marginalized are not left behind with digital strategies). The strategy should also include increased linkages between youth and surveillance systems with a longitudinal approach linked to goals of “PDA+5” and “PDA+10” (as highlighted in Recommendation 8) where youth are involved in surveillance (carefully designed to ensure undue pressure or expectation is not placed on youth) then, as they become adults and parents of the future, they are fully and genuinely against FGM and ensure the practice is discontinued.

Recommendation 7: Continue considered use of public declarations of abandonment as an indicator of progress, yet, in the future it should be both strengthened and clearly presented as a step in the process of change rather than the end goal of the process, which needs to be a sustained/permanent change in behaviour.

The Joint Programme should continue to use public declarations of abandonment as an indicator of progress, but with consideration of some adjustments and reflections.

Urgency: Medium **Impact:** Low

Directed to: Joint Programme HQ, regional and country offices

Based on Conclusion 7

The use of public declarations of abandonment as an indicator of social norm change has been debated throughout all phases of the FGM Joint Programme. The evidence from this Phase III evaluation suggests that public declarations of abandonment remain a useful indicator of attitudinal change but that this does not necessarily automatically translate into behavioural change. Therefore, while retaining the public declaration of abandonment as an indicator of progress, in the future it should be clearly articulated as a step in the process of change, rather than any level of final outcome.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Ensure all Joint Programme countries apply the more rigorous criteria used in some countries, for example, the Eritrea “Readiness to be FGM free” framework, or the Guinea framework, which is required for community “graduation” to public declaration of abandonment status. So for example, the Guinea checklist of criteria necessary for a public declaration of abandonment includes: a handwritten request written by the community; no excision in the village for one year; all girls who have not been cut are to be listed and followed up (at least 25 depending on the size of the town); girls identified as having not been cut are certified as such from the date of their identification; the manifest commitment of the community; the manifest intention of the community to declare the abandonment; and the existence of a community functional protection structure
- To avoid girls from communities where public declarations of abandonment have been made being taken to neighbouring communities for FGM to be performed (see Recommendation regarding internal cross-borders), there should be strategic scaling out in order to reach more communities/people and reduce the risk of continuation of the practice

- Consider a longer-term indicator, such as PDA+5 or PDA+10, which are used to measure how long after a public declaration of abandonment a community has measurably stayed FGM-free, which links more to genuine behaviour change.

Recommendation 8: Incorporate a humanitarian approach within the post-Phase III Joint Programme design

There are many opportunities to strengthen the nexus working for the abandonment of FGM by strengthening both the preparedness aspects within development programming and the response aspects within humanitarian programming.

Internally, the post-Phase III Joint Programme should develop a specific humanitarian approach within the design.

Externally, and linked to Recommendation 1 with regard to Joint Programme reach, the post-Phase III Joint Programme should include, within an advocacy strategy for broader reach, a component of working with and influencing the gender-based violence area of responsibility to include FGM more visibly within global gender-based violence in emergencies guidelines and minimum standards. Influence should be targeted at the global level: if change is enacted here with regard to having FGM more recognized within global-level gender-based violence prevention guidance, this will automatically trickle down to country responses.

Urgency: High (internally), Medium (externally)

Impact: High, Medium

Directed to: Joint Programme HQ, regional and country offices

Based on Conclusion 8

While the Joint Programme is implemented across a number of contexts with either protracted or cyclical humanitarian crises, in the first three Phases of the Joint Programme there has been limited humanitarian consideration. However, the advent of the COVID-19 pandemic has brought humanitarian considerations – both the impact of a situation like a pandemic on FGM rates, and the ability of the Joint Programme to adapt to rapidly changing circumstances – into sharp focus. The response of the Joint Programme to the COVID-19 pandemic highlights the ability of the Joint Programme to adapt to humanitarian situations and this flexibility and consideration of humanitarian contexts should be deliberately applied more broadly, beyond the pandemic.

To achieve this, the following operational suggestions are made to UNFPA and UNICEF:

- Internally, review and map COVID-19 adaptations to programming (starting with examples provided in this evaluation report within the humanitarian thematic note) and categorize these adaptations as:
 - Programme changes that were only useful for the specific COVID-19 situation and should be dropped post-pandemic
 - Programme changes that might be useful for other humanitarian crises
 - Programme changes that are useful as ongoing strategies post-pandemic such as digital strategies linked to stronger youth engagement work (for the future, these should run parallel with more traditional methods of engagement rather than instead of)
- Reflect on the solid work undertaken to understand the impact of COVID-19 on FGM practices and:
 - Further nuance that analysis, as more evidence and information is available, based on context, type of emergency, type of displacement, type of cutting (age etc.), cultural drivers
 - Seek to extend that evidence collection more broadly to other humanitarian settings and crisis situations
- Externally, engagement with the gender-based violence area of responsibility should include:
 - Reaching out to the gender-based violence area of responsibility for discussions on FGM in humanitarian settings
 - Providing the COVID-19-related evidence of the impact on FGM prevalence rates as an ongoing conversation, and providing any further evidence collected of the impact of other humanitarian crises on FGM prevalence rates
 - The UNFPA technical brief on COVID-19 and FGM being shared more widely within humanitarian settings to provide guidance on conducting rapid assessments of the impact of the pandemic on FGM
 - Providing examples of FGM programming adaptations

- It is noted that the gender-based violence area of responsibility did not hear FGM raised by core members as one of the emerging issues during its thorough consultations for the Gender-Based Violence Area of Responsibility Strategy (2021-2025). UNFPA as lead could pose this to core members but to date this has not been something advocated for strongly. An alternative approach would be to explore with the child protection area of responsibility if this issue has been raised by their Strategic Advisory Group or see if this is an issue being addressed within the Alliance.

When the above operational suggestions have been implemented, there will be clear opportunities to cement these achievements by strengthening working across the nexus for FGM programming.



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