

**Funding Proposal
UNFPA-UNICEF
Joint Programme
FOR A PHASE II**



Photo credit: @ Sheila McKinnon

**ABANDONMENT OF
FEMALE GENITAL MUTILATION/CUTTING:
*Accelerating change***

January 2014. Updated in April 2016



UNFPA-UNICEF
Joint Programme on the Abandonment of
Female Genital Mutilation/Cutting:
Accelerating Change

Funding Proposal for a Phase II
January 2014 – December 2017

1. Title

UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change.

2. Duration

January 2014 - December 2017 (representing Phase II of programme that began in 2008).

3. Fund Management Option

Pass Through (UNFPA is Administrative Agent).

4. Estimated Budget

Total: US \$ 94.9 million.

5. Contribution to the Global Goal of Eliminating FGM/C

The programme seeks to contribute to the overall goal as set by the Interagency Statement on Eliminating Female Genital Mutilation/Cutting¹ and reaffirmed by the 2012 United Nations General Assembly Resolution A/RES/67/146² to support governments, communities, and the girls and women concerned towards the abandonment of Female Genital Mutilation/Cutting. With the adoption of the Sustainable Development Goals in September 2015, the programme directly contributes to the achievement of Goal 5, related to gender equality, which calls for eliminating harmful practices, including child marriage and female genital mutilation (target 5.3).

1 <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>

2 http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/67/146

6. Objective

The specific objective, revised from Phase I based on the availability of stronger evidence, is to contribute to the acceleration of the total abandonment of Female Genital Mutilation/Cutting in the next generation (i.e. next 20 years) through a 40% decrease in prevalence among girls 0-14 years³ in at least 5 countries⁴ and at least one country declaring total abandonment by the end of 2017.

7. Expected Outcomes

The Joint Programme is structured around three outcomes:

- Programme countries enact legal and policy frameworks for eliminating FGM/C which are appropriately resourced and implemented (in line with AU and UN Resolutions);
- Service providers provide timely, appropriate and quality services to girls and women at risk or having experienced FGM/C in select districts in programme countries;
- A majority of individuals, families and communities in programme areas accept the norm of keeping girls intact

8. Partnerships

Beyond the inherent partnership between UNFPA and UNICEF, the programme will ensure collaboration with Governments at both national and sub-national level, other UN Agencies, with particular focus on the World Health Organization and UN Women, as well as with UN Country Teams, donors and grant-making foundations, academic institutions and specialized consulting organizations, International and National NGOs, community-based organizations, religious communities and faith-based organizations, and the media.

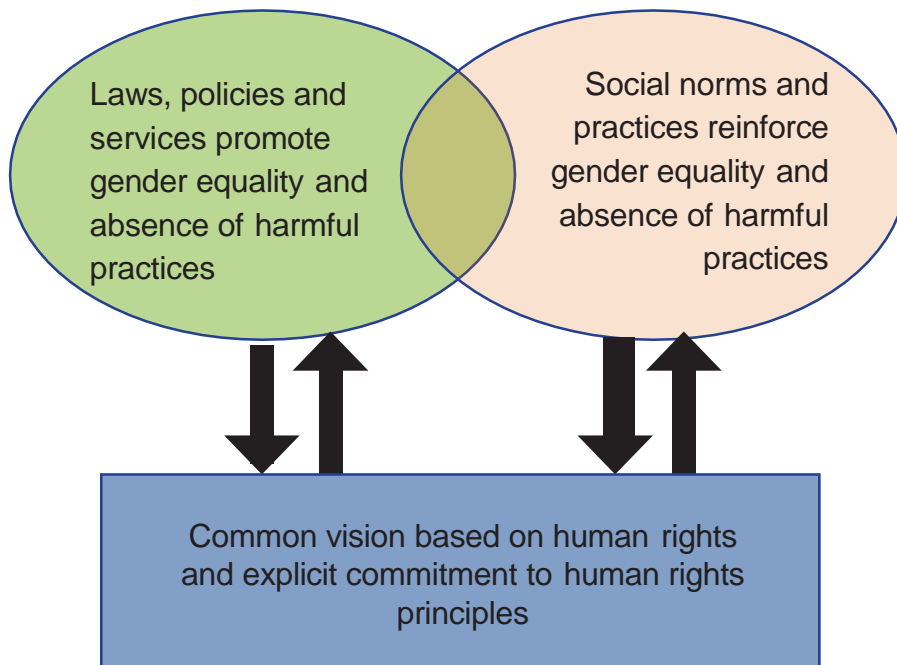
³This will contribute to the global goal set out in the United Nations Joint Statement (2008) and recalled in the UNGA resolution (2012) to eliminate FGM/C in the next generation. Given the time lag in data collection and the characteristics of the practice, it is unlikely that this reduction in prevalence will appear in the data before the 2015-2020 rounds of Demographic and Health Surveys and Multiple Indicator Clusters Surveys.

⁴These correspond to 5 of the 7 countries where an acceleration is deemed probable.

BACKGROUND AND RATIONALE

Introduction/Vision

The vision pursued by the programme is at the heart of the mandate of both UNFPA and UNICEF and consists of promoting a world guided by a consensus on human rights principles. In such a world governments, through laws, policies and services, promote these principles which include gender equality and, when applied, ensure the absence of harmful practices. Simultaneously, social rules held in place by social rewards and punishments also serve to perpetuate adherence to human rights principles including gender equality. In doing so, they reinforce behaviours and practices that ensure the absence of harmful practices based on gender such as FGM/C. This is shown in Figure 1 below.



Consistent with this vision, the Joint Programme pursues a culturally sensitive human rights-based approach that promotes positive institutional and social change. Yet, within countries, regionally and globally sets of interventions vary across contexts. This is because contexts vary according to the degree of social and institutional support for the abandonment of FGM/C and other harmful practices as well as other socio-economic factors such as the degree of empowerment of girls and women.

Taking Stock of Phase I

In 2007, UNFPA and UNICEF launched a Joint Programme to be implemented in a selected number of countries using a human rights-based and culturally sensitive approach to affect change of the social and cultural norms that hold the practice of female genital mutilation/cutting in place. The design

of the Joint Programme has been informed by 25 years of programming experience, global advocacy and research. Throughout Phase I from 2008-2013, the comprehensive approach to the accelerated elimination of FGM/C at national level was further reined through collaboration with Government, civil society organizations and academic institutions.

The conclusions of the Joint UNFPA-UNICEF Evaluation⁵, completed in 2013 with the support of an external specialized institution, noted that:

- The Joint Programme has been relevant in view of existing national and international commitments to abandoning FGM/C of national governments in the programming countries. Its objectives have been, to varying degrees, aligned with the country programmes of UNFPA and UNICEF, and with the priorities of other development partners;
- The design of the Joint Programme showed significant strengths, including its emphasis on pursuing a holistic and culturally sensitive approach to addressing FGM/C, and its emphasis on addressing global, national, and local levels simultaneously. At the same time UNICEF and UNFPA faced some challenges in operationalizing this design, especially in relation to the envisaged regional dimension. The horizontal issues of human rights, gender equality, cultural sensitivity, and equity, while reflected in the design and implementation of the Joint Programme, were less apparent in its monitoring and reporting tools and products;
- Available evidence supports several of the key assumptions shaping the underlying theory of change of the Joint Programme, but also highlights a remaining knowledge and evidence gap as regards the assumed transition from changes in FGM/C-related social norms to visible changes in individual and collective behaviours and, eventually, changes in FGM/C prevalence;
- Evaluation findings on Joint Programme contributions to results are, overall, positive. Varying degrees of progress have been made towards all ten outputs formulated in its logical framework, and contributions towards the formulated outcomes were observed. These achievements corresponded to short-, medium- and longer-term changes outlined in the Joint Programme theory of change;
- In all programming countries the Joint Programme made contributions to reinforcing the respective national environment for FGM/C abandonment, and to strengthening local-level commitment to end the practice. Emerging results include strengthened legal and policy frameworks at national and sub-national levels; changes in the awareness and knowledge of FGM/C of national actors and community members; increase in the commitment of community leaders and members to FGM/C abandonment; changes in the public discourse on FGM/C; as well as (anecdotally evidenced) changes in individual behaviours.

3 Documents from the evaluation are available from: <http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103> and http://www.unicef.org/evaluation/index_69673.html

Major and visible achievements of the Joint Programme have been that national policy and legislation on FGM/C has extended to cover 12 of the 15 countries, with more in-depth national policies, strategies and programmes leading to a better coordination of multisectoral interventions by governments and to a rationalization of resources. Services are strengthened to offer prevention of FGM/C, protection, care and justice to victims. Global and regional advocacy work has served to amplify efforts by governments and civil society organizations to position the issue of FGM/C high on the international agenda, leading to the adoption by consensus of the United Nations General Assembly Resolution 67/146 in December 2012. Civil society organizations have been engaged and strengthened to implement community led interventions which led to about 10,000 communities representing about 8 million people publicly declaring the abandonment of FGM/C following education and dialogue sessions.

In terms of the financial and management aspects of the programme, the Joint Evaluation found that:

- The available financial and human resources were adequate given the envisaged catalytic nature of the Joint Programme, but insufficient given the needs and related expectations of its partners, and the absorptive capacity of the programming countries;
- The Joint Programme made successful efforts to use available human and financial resources efficiently and strategically. In doing so it was, however, limited by the unpredictability of annual funding levels, and the effects on the annual planning, reviewing, budgeting and reporting.

The Current Context

The Joint Programme is in a landscape that is significantly different from the one in 2007 when it was first launched. In 2007, FGM/C was underrepresented in international circles and only a few examples of large-scale commitments to ending the practice could be identified. In the intervening years, a collection of forces have brought international agreement and programmatic clarity to the efforts to eliminate FGM/C:

- A political process led to widespread agreement on the need to intensify efforts toward the elimination of the practice as evidenced in a 2010 UN Commission on the Status of Women Resolution followed by two Secretary-General's reports, a 2011 African Union Resolution, a 2012 European Union Resolution, UN General Assembly Resolutions in 2012 and 2014, a Human Rights Council Resolution in 2014 and culminating in FGM included in the Sustainable Development Goals under SDG 5 target 5.3 '*eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations*';
- The UNGA Resolutions call for a common coordinated approach that promotes positive social change at the community, national, regional and international levels and, in line with this, also calls for the international community to strongly support, including through increased financial support, a second phase of the UNFPA-UNICEF Joint Programme;
- In 2013, preventing and responding to violence against women and girls was the focus of the 57th Commission on the Status of Women, further drawing attention to actions to end both

FGM/C and child marriage in the agreed conclusions;

- National political commitments have increased with 12 new laws on FGM/C being passed in the past 5 years and 19 countries adopting national plans and strategies to eliminate the practice;
- The Joint Programme's comprehensive programme approach jointly implemented by two UN agencies has now been experimented in 17 countries with ample programmatic documentation and an external joint final evaluation;
- Programme monitoring and experiences indicate that where they co-exist, FGM/C and child marriage can be addressed simultaneously at the community level and in discussions about gender inequality. This has stimulated discussion at global level about the potential of addressing them both under the same programmatic umbrella;
- A greater shared understanding now exists of the social dynamics that contribute to the perpetuation of FGM/C and related harmful practices rooted in gender inequality, in particular child marriage, and of corresponding strategies to disrupt these dynamics through collective strategies that target the underlying social norms;
- Increasing availability and greater in-depth analysis of national data from household surveys on the prevalence and attitudes toward FGM/C over time has provided knowledge and additional insights, thereby serving to inform policies and programmes aimed at the elimination of the practice.

In July 2013, UNICEF released *Female Genital Mutilation and Cutting: A statistical overview and an exploration of the dynamics of change*⁶ in which data from over 70 nationally representative household surveys undertaken in the 29 countries where FGM/C is concentrated were analyzed to examine prevalence and attitudes as well as other characteristics surrounding the practice and trends over the past 20 years. The data indicate that the main reason for women to continue practicing FGM/C on their daughters is that it is perceived to be a social obligation, intertwined with tradition and religion. The analysis also indicates that the practice is changing. In many countries prevalence has decreased and across the majority of countries, including some of the high prevalence countries, the majority of the population wants the practice to end and support for FGM/C is declining. The major programmatic insights deriving from the analysis of the data are consistent with the experience of the Joint Programme and are as follows:

1. Take into account differences among population groups within and across national borders;
2. Address entire communities in ways that can decrease – and eventually eliminate - social expectations to perform FGM/C;
3. Make hidden attitudes favouring the abandonment of the practice more visible;
4. Increase the engagement by boys and men in ending FGM/C and empower girls;
5. Increase exposure to groups that do not practice it and awareness of the resulting benefit;

⁶ Available from: http://www.childinfo.org/files/FGCM_Lo_res.pdf

6. Pursue the elimination of FGM/C by favouring collective abandonment rather than the progressive reduction of the degree of cutting.

Monitoring data from on-going programmes by both UNICEF and UNFPA suggest that social acceptance is also an important factor in perpetuating child marriage, although economic issues and the lack of educational opportunities may weigh even more heavily on the parents' decision to engage in this harmful practice⁷.

Rationale for Phase II of the Joint Programme

Phase II of the Joint Programme is actively contributing to further scaling up the implementation and sustainability of the common coordinated approach that is yielding results toward ending FGM/C. The programmatic innovation introduced by the Joint Programme is the use of a social norms perspective to guide the selection of an appropriate mix of strategies and activities that will be most conducive to self-sustained social change. The multisectoral interventions span from the legal and policy area, to health system strengthening, to communication using media, to girls and women empowerment, to engagement with influential leaders, including traditional and religious leaders. Attention is placed on how the interplay of interventions will influence social expectations, leading to a new, self-sustaining situation where there is common agreement and social reward for maintaining girls uncut, thereby better fulfilling their human rights and enhancing their opportunities to be healthy and to prosper.

The 4 years of Phase II provide an opportunity to leverage the change already created and build on the momentum generated during Phase I. Based on the results to date, it is realistic to make the hypothesis that with sustained effort, the movement to end FGM/C will move closer to the critical mass needed to become self-sustained.

A second opportunity for expanded impact lies in the Joint Programme's ability to now apply the significant understanding on social norms and also address other harmful practices that, like FGM/C are upheld by social norms that maintain gender inequality. In particular, where FGM/C and child marriage co-exist they are typically linked and often perceived to both be necessary for social acceptance and inclusion. Already during Phase I, FGM/C was not addressed in isolation but linked to a set of other issues. These included sexual and reproductive health as well as practices related to FGM/C that negatively impact on the life of girls and women. The issue of child marriage was raised across a variety of countries, and many communities organized public declarations to declare their decision to abandon both FGM/C and child marriage.

FGM/C is linked to girls' marriageability to fulfil the social obligation of restraining her sexuality. In several ethnic groups, FGM/C is considered a prerequisite for marriage. Girls and women as right holders are empowered by these public declaration to make decisions regarding their health and life options and access remedial mechanisms when these rights have been violated. Thus, the basis for a programme initiative which comprehensively addresses harmful practices that are often gender based and deny the human rights of girls and women has already been developed during Phase I of the Joint Programme. Phase II proposes to explore it more fully.

⁷ [http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_\(CSW_report_excerpt\).pdf](http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf)

Building on the achievements of Phase I, Phase II continues to focus on FGM/C using a social norms perspective that focusses on creating social rules that reflect greater gender equality. In doing so, it will directly contribute toward the new Medium-term strategic plans of both agencies that incorporate gender equality as a central dimension and to the post 2015 agenda.

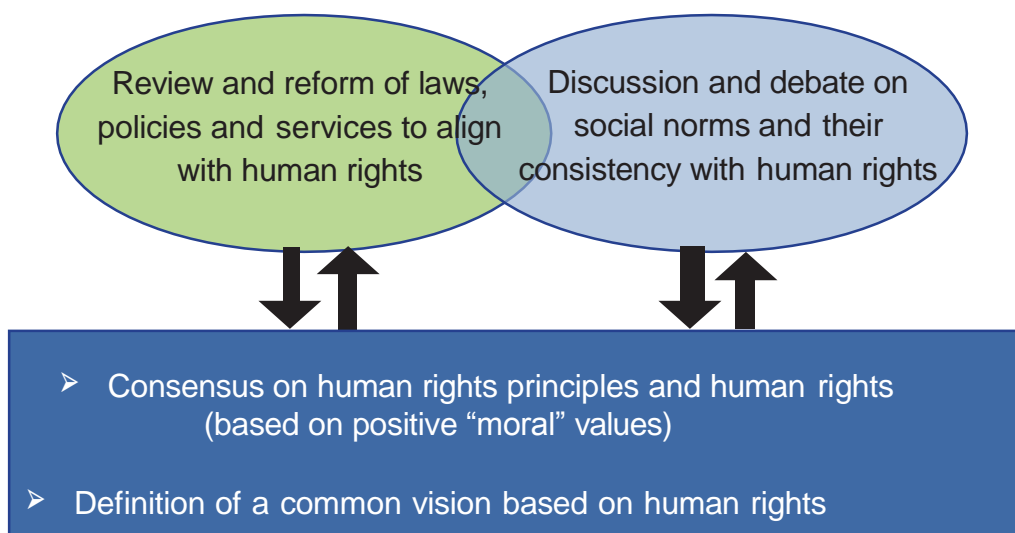
PHASE II

Programmatic approach

The strategy in Phase II will build on the knowledge gained during Phase I through experiences across 15 countries and at regional and global levels as well as through research and additional programmes experiences supported by UNFPA, UNICEF and partners over the past five years. It will also build upon the findings of the Joint Evaluation of the Programme and on the findings of the UNICEF data-driven report on FGM/C.

Human-rights and cultural-sensitivity principles will continue to guide all Phase II Joint Programme strategies, creating an environment where participation and empowerment, non-discrimination and equity, and accountability and rule of law, among other principles, are recognized as paramount in the movement to eliminate FGM/C. The empowerment of girls, adolescents and women will be specifically addressed. These cross-cutting principles inform the revised results framework that outlines a comprehensive programme approach that will contribute to the fulfilment of the potential of the rights of girls, adolescents and women.

The approach, summarized in Figure 2, has a major focus on prevention of FGM/C by encouraging its abandonment, while also being attentive to the needs of girls and women who suffer the consequences of the practice. It therefore includes legal and policy reform, community-based education and dialogue, linkages to sexual and reproductive health services and child protection systems, and national-scale communication efforts to change the societal expectations around FGM/C.



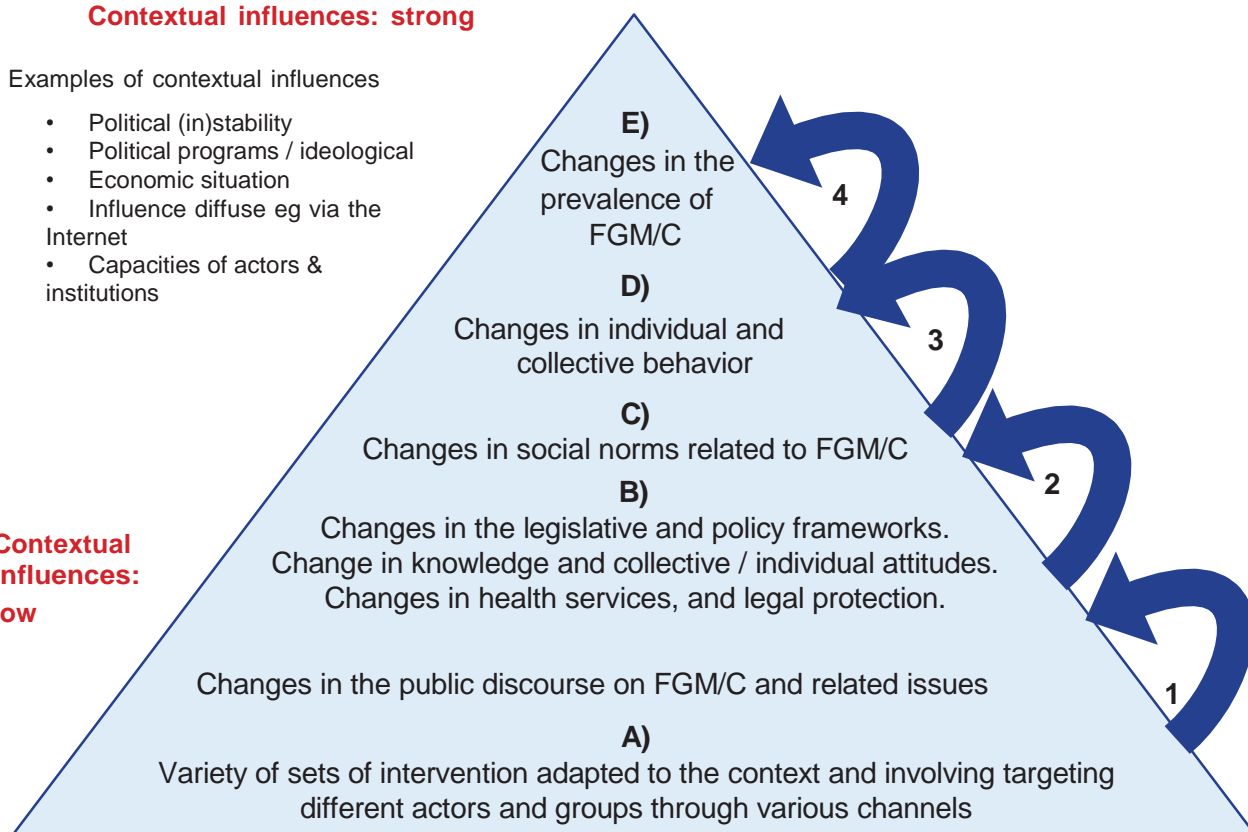
The Joint Programme will support actions on each level of intervention: community and national levels and regional and global levels.

Contextual influences: strong

Examples of contextual influences

- Political (in)stability
- Political programs / ideological
- Economic situation
- Influence diffuse eg via the Internet
- Capacities of actors & institutions

Contextual influences: low



At national and community level

The Joint Programme will continue to support the design, implementation and monitoring of national strategies based on an approach that is comprehensive and holistic. It will provide technical assistance to inform the adoption of a mix of multisectoral interventions specific to the context of each country to accelerate positive change toward a social norm of not cutting one’s daughters and provide services to girls and women affected by FGM/C. Reflected through the Joint Programme outputs, the focus of national and local strategies will be on the promotion and application of reformed laws and policies criminalizing FGM/C, on institutionalizing the response, on strengthening health, judiciary/legal and protection services and on the shift in social norms among groups to uphold the rights of girls and increase gender equality. This will entail collective strategies to create new social expectations of maintaining girls intact. The programme will continue to nurture and expand the engagement of influential and respected individuals and to amplify their voices calling for the elimination of FGM/C through the use of multiple channels of communication.

Recognizing that each country is at a different level of progress in addressing harmful practices and gender equality, the programme will ensure flexibility in applying the comprehensive approach to specific contexts. Therefore, it will encourage and support country efforts to assess and analyse their current situation and to identify the critical elements needed to stimulate institutional and social change in their context.

a. Legal and policy reform: implementation and accountability

Throughout Phase I, countries participating in the Joint Programme made significant progress in legal and policy reforms to support the abandonment of FGM/C. Currently, two years into Phase II, 13 of the 17 Joint Programme countries have national legislation against the practice of FGM/C, while the remaining three countries have bills in process. Phase I experience indicated that enforcement of the law was a major challenge. Phase II is focused on the linkages between national and decentralized levels in the application of the law, including how the law can be a useful tool for social change in altering behaviour at the community level towards the abandonment of FGM/C. Countries will be encouraged to strengthen the capacities of security agents and to develop local surveillance systems. Accountability mechanisms will be developed and reporting to national human rights protection systems strengthened. The Joint Programme will also continue to provide financial and technical support to the Government's coordination mechanisms.

Building on lessons learned in Phase I, the Joint Programme continues to help strengthen the legal environment. In countries with no established legal measures against the practice of FGM/C the programme supports awareness-raising and advocacy campaigns for the provision of the necessary tools to lawmakers for the development of FGM/C legislation grounded in human rights. Obligations and commitments made by these countries through treaties and non-binding documents, such as ICPD, Beijing plan of action, resolutions, recommendations, guidelines, and principles provide platforms for this work. Social accountability mechanisms are being strengthened with a view to developing the capacities of civil society organizations to monitor public policies and budgets in order to advocate for social changes and assist aggrieved individuals to claim their rights.

b. National and decentralized systems and services

Linkages to national systems and services is an important evolution in Phase II Joint Programme strategies. At the outset of Phase I in 2007, there was a clear and necessary linkage to sexual and reproductive health services and to the need for increasing the capacity of SRH professionals to address FGM/C in the context of their services. This continues to be a focus in Phase II in order to ensure that the needs of girl and women affected by FGM/C are addressed and gender-responsiveness increased in the provision of SRH and HIV/AIDS services. Activities in this area include the institutionalization of FGM/C within UNFPA's sexual and reproductive health programmes, including enhancement of monitoring and reporting frameworks. In addition the role of health providers in the prevention on FGM/C through education and counselling of pregnant women, postnatal care, immunization and other opportunities on the harmful effect of FGM/C will be strengthened. Health providers' arguments to inform religious and traditional leaders on the harm of FGM/C and convince them to issue statements and proclamations in favor of ending the practice are key within the campaign.

Since the Joint Programme began, significant advances have been made in the establishment and strengthening of child protection systems, gender-based violence prevention and protection services, and legal and social protection systems led by national governments. The second phase of the Joint Programme is more explicitly making linkages to these emergent systems at national and decentralized levels.

c. Increasing social support for ending FGM/C

Recognizing the role of social expectations within communities of shared ethnic and cultural heritage in perpetuating the practice of FGM/C, Phase II continues to pursue a variety of strategies to increase social support at community and national level for eliminating FGM/C and other discriminatory harmful practices. As noted in Phase I and highlighted in the 2013 UNICEF data-driven report, within practicing communities there are both individuals who support the practice and individuals that do not support the practice but believe that most others still support and therefore continue to perform it to ensure that they and their daughters will be socially accepted. Thus, activities are undertaken to dissuade individuals from practicing by increasing awareness of the harms of the practices and, where relevant, of the fact that they are illegal. However, focus is also placed on making explicit the existing desire to end FGM/C and other harmful practices, thereby leveraging existing social forces.

The joint final evaluation of the Joint Programme Phase I found this to be an area of particular success across the 15 countries. Countries involved in Phase II engage religious leaders and other influential voices, organize collective discussions and dialogue to educate communities on human rights and health issues, engage professionals including teachers, sexual and reproductive health practitioners, child protection practitioners and military and police to speak out individually and as part of collective initiatives in favour of ending FGM/C and other practices that reflect existing gender inequality. Joint Programme activities also provide support to communities to organize public manifestations of commitment to end FGM/C and other harmful practices. These are effective ways to highlight the erosion in social support for the practice. They also clearly communicate that non-conformance will no longer elicit negative social consequences. Over time, as more and more families are able to act in a way that is consistent with their personal preferences to end FGM/C, actual cutting decreases, thereby further reducing the perception that engaging in the harmful practice is necessary for social acceptance and fuelling a virtuous dynamic toward the elimination of the practice. Countries also focus on initiatives to harmonize legal norms with social norms and moral norms through multiple channels of communication, dialogue and collective decision-making.

d. Empowerment of girls, adolescents and women

While Phase I included broad investments in the empowerment of girls and women, Phase II further intensifies and scales these activities to reach more girls, adolescents, and women. Their role is particularly important both because older women tend to be the custodians of cultural practices such as FGM/C and child marriage and because girls and younger women tend to support these practices to a lower degree than the older generations. Empowered girls, adolescents and women will be actors of change and contribute to educated, healthy, and skilled communities. In addition to contributing to girls' and women's capabilities to raise their voices to oppose harmful practices, such activities may contribute to breaking the intergenerational cycle of poverty and discrimination. While not engaging in them directly, the Joint Programme facilitates linkages by girls, adolescents and women to life skills and livelihood activities supported by the agencies and partners, such as social protection and microfinance initiatives.

e. Engaging boys and men

For the Joint Programme's efforts to sustainably influence social norms, boys and men must be engaged in discussions and collective decisions that promote the respect for the human rights of girls and women. Activities undertaken at sub-national level therefore seek to engage entire communities including the boys and men. As holders of power, influence and decision-making, men in particular are engaged to play a positive role toward the end of these practices that are often carried out in the belief that men require it. Programme activities take into account the recent analysis of data on FGM/C showing that in about half of the countries where FGM/C is prevalent, men outnumber women in their opposition to the continuation of the practice. In addition, girls and women consistently overestimate boys and men's support for the practice. The visible engagement of men is also sought in national level activities.

f. Multi-channel communications initiatives

Communications efforts link all of the components to ensure a cohesive and sustained stream of information about FGM/C and actions led by communities into the national conversation as well as regional and international conversations. Given the emergence of multiple possible channels of dissemination, communication has the potential to reach millions of families not only with new information about human rights and the harms of FGM/C and child marriage, but also to spread across the entire country the voices of communities, women and leaders who have publicly declared their support for ending harmful practices.

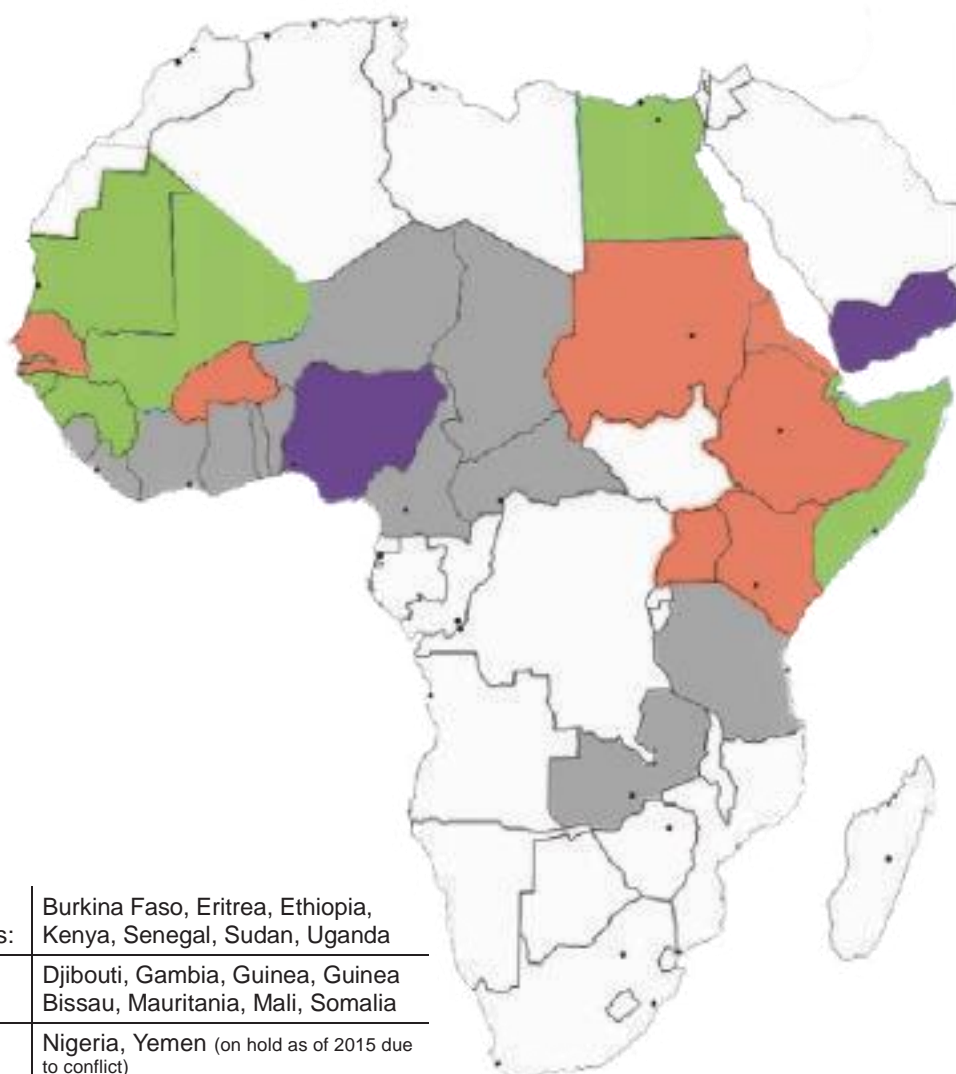
Ensuring open communication and freedom of information about the practice is a critical step in the process of social change. Often among practicing groups there is lack of transparent communication about individual doubts or concerns over the harmful practices. This leads key decision-makers to assume that everyone agrees the practices should continue. Communications initiatives aim to enable discussion on ways to address key concerns about family honour, social cohesion and cultural preservation that underlie both FGM/C and child marriage. These concerns include the fear that girls will become pregnant out of wedlock and bring dishonour to the family and the social obligation to ensure and preserve a girl's virginity and restrain sexual desire, thereby ensuring marital fidelity and preventing sexual behaviour considered deviant and immoral. Communications efforts address these concerns in sensitive and respectful ways.

In Phase II, communications initiatives are expanding nationally and further link the programme countries and their worldwide diaspora in order to reinforce a wider geographic movement toward the elimination of FGM/C. Initiatives use multiple reinforcing pathways to dissemination such as radio, print and online journalism, television, and other new technologies such as social media (Facebook and Twitter), blogging, and SMS text messaging. The Joint Programme taps into existing social media and innovations initiatives to provide them with targeted content that advance programmatic results. As in Phase I, the campaigns have mutually reinforcing local and national components, and engage with news media and new forums such as websites and social media increasingly used by young people and influential groups in programme countries. In this way, the national discussion is informed by local efforts and voices, and in turn gives further momentum to these efforts.

g. Geographic coverage

Phase II includes the set of 15 countries of Phase I from North, East and West Africa, namely Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan and Uganda and extends to an additional 2 countries, namely Nigeria and Yemen. A number of countries beyond the 17 and regional and international partners are part of the ‘community of practice’ of the Joint Programme and thereby benefit from the technical exchanges even if they are not receiving financial support. This will extend beyond the 29 countries where FGM/C has been documented in national household surveys to include Colombia, Indonesia and countries of immigration in Europe and North America where FGM/C exist among certain population groups.

A cluster approach is used based on a few criteria: Phase I results in term of policy and legislation, civil society capacity and acceleration of community ownership.



It is expected that the movement of abandonment of FGM/C will be accelerated at a different pace in these clusters.

At regional level

As noted in the findings of the Joint Evaluation, Phase I did not strongly contribute to nor draw on continental, regional and sub-regional⁸ dynamics favouring the elimination of FGM/C. This was partly because a sufficient degree of national commitment to end the practice needed to be assured before continental, regional and sub-regional strategies could be developed. In Phase II, an approach that capitalizes on continental, regional and sub-regional opportunities is being pursued more rigorously to ensure efforts are well articulated across all levels, linking the evidence base being generated at community and national level with political advocacy for sustainable change and commitment to FGM/C at higher levels. The UNGA Resolutions and the inclusion of FGM in the SDGs provide a particular rallying point for this advocacy; a concerted effort across all levels will be made to support and emphasize national-level ownership and accountability. As a step towards this strengthened collaboration, the Joint Programme is supporting the strategy agreed in 2013 by the AU Commission, the African Committee of Experts on the Rights and Welfare of the Child, the UN Economic Commission for Africa, UNICEF and UNFPA and the Inter-Africa Committee on Traditional Practices towards the elimination of all harmful social and cultural practices. Opportunities for collaboration will be explored also with the League of Arab States and the Organization of the Islamic Conference and relevant networks in the region that has not benefited from the same level of partnership so far.

The UNFPA and UNICEF Regional Offices have a more clearly defined role than in Phase I, as part of their overall oversight and technical support function to the Country Offices within their geographical area. Through the Regional Offices of UNICEF and UNFPA the Joint Programme, provide the following oversight and support to the concerned countries:

- Sub-regional analysis and facilitation of cross-border exchanges as part of development of bilateral agreements or/ and sub-regional Plans of Action;
- Engagement of Regional Economic Communities, as relevant, for advocacy and political support to national level and linkage with the continental level;
- Support to countries for the drafting of inputs the Secretary-General's report to the UN General Assembly on FGM/C and reports to treaty bodies, especially CEDAW and CRC Committees;
- Technical support in development and implementation of national Action Plans and ensuring integration into UN programs of cooperation with national Governments, such as Country Program Documents, United Nations Development Assistance Frameworks etc.;
- Identification of supporting technical partners in the given region;
- Support in resource mobilization for national, regional and continental Plans of Action.

⁸ The term "regional" refers to the representational offices of the UN and other international or civil society organizations as opposed to "sub-regional" which refers to economic communities, for example ECOWAS, at a lower level than the African Union, itself considered as a "regional" entity.

Likewise, the Joint Programme continues to collaborate with and galvanize the support of civil society, including international NGOs for strategic planning and synergistic interventions in geographic areas with the same ethnic groups living in cross-border communities.

At global level

The focus at global level is on ensuring political commitment and sustainability and on the provision of technical assistance to countries, devoting attention also to promoting the dissemination and up-take of programmatic innovation and positive lessons learned through the programme beyond the countries directly covered by the Joint Programme. Technical exchanges between governments and NGOs working with the diaspora from countries of practicing communities encourage the dissemination of the knowledge and experience beyond the regions directly covered by the programme.

a. Capacity strengthening

The structures put in place during Phase I to improve the capacity of all actors to address FGM/C using a holistic approach are being strengthened to facilitate regular South-South and South-North exchange, cooperation and joint learning. There continue to be annual meetings of programme managers from the programme as these were identified by the Joint Evaluation to be crucial forums for peer review and joint learning. However, greater investments are being undertaken in capacity building of government and civil society organisation, especially in tracking results so as to monitor progress toward the countries' commitment to end FGM/C. The development of tools, capacity building workshops and use of mechanisms of virtual communication, including technical exchanges and peer reviews organized through webinars and other internet-based mechanisms are being strengthened. Such mechanisms extend beyond the UNFPA and UNICEF technical staff and also serve to engage government and NGO partners within and across countries. Investment continues in the development of documentation and learning materials that can be adapted and used with partners at all levels to share latest knowledge on the dynamics of change of FGM/C and other harmful practices that perpetuate gender inequality.

b. Research and partnership with academic institutions

Phase I of the Joint Programme benefited from a number of research initiatives in the area of social norms and social norms measurement undertaken by UNICEF in association with the Joint Programme but using resources from other sources and engaging relevant academic partners. This collaboration continues in Phase II and is enhanced by promoting a greater role of academic institutions from the South. In particular, the Joint Programme in collaboration with WHO and other partners, supports the African Coordinating Centre for the Elimination of FGM/C, based within the University of Nairobi, so that it can serve as a centre of excellence aimed at knowledge development for accelerating the elimination of FGM/C.

c. Collaboration with development partners

During Phase I, the Joint Programme contributed to the Donors Working Group on FGM/C and engaged in specific collaboration with a number of its members. For example, it collaborated with WHO in the development of the Global strategy to stop health-care providers from performing

female genital mutilation (2010) and with USAID on major advocacy events that drew very large press coverage. It also provided support to the Inter-African Committee on Harmful Practices for the yearly celebration on 6 February of the “International Day of Zero Tolerance” used to promote the elimination of FGM/C. These partnerships will be continued and complemented with additional ones with a view to strengthening the global movement toward the elimination of FGM/C.

Close collaboration with WHO and the International Federation of Gynaecology and Obstetrics (FIGO) in stopping the medicalization of FGM/C continues during Phase II as an essential component for the abandonment of the practice. Protocols, manuals and guidelines are being disseminated in countries and training for various health-care providers on how to deal with issues related to FGM/C continues to be pursued, including how to care for complications and on how to resist the pressure to perform any form of FGM/C. The issue of reinfibulation is being addressed more systematically through education and dialogue with women many of whom request this procedure when giving birth at home or in health facilities. Desinfibulation is seen by practicing communities as a “disability” and the pressure to not stay “open” recreates additional suffering and sexual and reproductive health problems, among others, and increases the suffering of women and girls.

The adverse sexual and reproductive health consequences that girls and women have to suffer and endure due to FGM/C continue to be addressed. The UN Secretary-General’s Every Woman Every Child Strategy (2010) highlighted the need for “stronger health systems with sufficient health workers at their core”. Through the midwifery programme of UNFPA, collaboration with the International Confederation of Midwives (ICM) is ongoing in Phase II in building the capacities of midwives as a key health workforce in protecting and saving the lives of women, including the management of complications due to FGM/C during pregnancy, labour and delivery and during the postpartum period. The role of midwives as agents of change is being strengthened as they work closely with women and families, and can provide counselling and can testify on the suffering and increased complications that women with FGM/C face.

Collaboration with UN Women is enhanced in Phase II in view of the complementarity of purpose relating to preventing and addressing violence against women and girls. Based on consultations in 2013, and in line with commitments by all three agencies made in occasion of the 2013 session of the Commission on the Status of Women, collaboration with UN Women is serving to accelerate the application of the social norms perspective developed by the Joint Programme as the major programmatic innovation to other forms of violence against girls and women, beyond FGM/C. The collaboration thus serves to strengthen the gender equality and women’s empowerment’s component of the programme at global, regional and country levels.

d. Measuring programme performance

The Joint Programme Phase I marked an important shift in the monitoring and evaluation of programmes aimed at ending FGM/C by proposing common output indicators across the programme’s 3 outcome areas. While preserving the initial structure, in 2010-11, considerable progress was made to refine the outputs and indicators to better reflect human-rights and culturally-sensitive principles. Several focused monitoring and evaluation capacity-building efforts were also undertaken across both French-speaking and English-speaking countries in person and using webinars and online technical support. Throughout Phase I, the Joint Programme strengthened results-based monitoring and reporting including by supporting country office efforts to produce,

together with governments bi-annual updates on the key Joint Programme indicators.

The second phase results framework builds on the indicators of the first phase and streamlines indicators and outputs to simplify reporting and data collection for country offices and NGO partners. Accordingly, the Phase II logical framework maintains a global goal to which it contributes but recognizes that progress toward its achievement will also depend on many factors beyond the direct control of the Joint Programme. It also relates to the strategic plan goals of both agencies. The Phase II framework refers to the regional level, reflecting the expectation of action and results at this level which was only nascent during Phase I. Further attention is placed on indicators so that they are appropriate for countries based on their current stage of progress and development along the social change spectrum. The revised logical framework is attached in Annex 1.

At the outset of the Phase II, countries began an analysis of the situation of FGM/C in the country after the achievements of Phase I in order to establish a baseline. Reporting using the logical framework continues to be undertaken on an annual basis and includes reporting on financial expenditure.

Governance Structure and Programme Administration

The governance and programme modalities of Phase II fundamentally reflect those of Phase I, characterized by UNFPA and UNICEF co-management at global, regional and country levels:

- Global and country plans of action are developed jointly by the UNFPA and UNICEF offices with government and other relevant partners, with each agency accountable for their respective share of the programme in line with a rational strategic framework;
- Technical and management oversight is provided from NYHQ through a full-time programme coordinator (P5), a full-time Assistant (P3) and a research/finance associate (G7) located at UNFPA and a part-time Senior Specialist (P5) and full-time Programme Specialist (P3) for communication and monitoring and evaluation responsibilities located at UNICEF. Their responsibilities include administration and financial management, partnership, knowledge management of the joint programme, encompassing the production of annual reports, conference reports, best practices, brochures, dissemination of relevant material to regional, sub-regional and country offices; capacity development and technical assistance to regional and country offices. Activities are undertaken in collaboration with the UNICEF Programme Division - especially the Child Protection Section - and the UNFPA Gender Human Rights and Culture Branch.

As noted by the Joint Evaluation, during Phase I, this management structure proved efficient for overall programme performance, as well as inter-agency coordination both globally and at country level and has enabled strong coordination, integration and synergies between global efforts and country-level activities. The arrangement allows for the dissemination of programme guidance incorporating the latest advances in research. The technical assistance provided by HQ in collaboration with regional offices has supported country offices to incorporate programmatic advances into work plans and national strategies for the abandonment of FGM/C.

The Joint Programme continues to use the so-called pass-through fund management mechanism. UNFPA continues to be the Administrative Agent (AA) and as such is responsible for the following:

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

In line with UN Development Group guidance and procedures on UN joint programmes, the pass-through fund management structure is subject to the following fees and indirect costs:

- As Administrative Agent, UNFPA charges a 1% fee on funds received into the Joint Programme Account;
- As participating agencies, UNFPA and UNICEF recover 7% indirect costs against expenses incurred under their components.

At Headquarters level, a Steering Committee composed of UNICEF, UNFPA and donors that are contributing to the programme meets at least once a year.

The role of the Steering Committee is to:

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

In the programme countries, UNFPA and UNICEF Country Representatives develop a plan of action in line with respective comparative advantages of each agency which serves as the basis for budget allocations. Approval of country-specific allocations is done by the Steering Committee based on consolidated UNICEF and UNFPA work plans agreed at country level and based on fund availability. Regional Offices also develop a plan of action to support regional and country efforts.

NGOs and INGOs are eligible to apply for funds within the framework of the programme. NGOs and INGOs may have their own administrative and operational support costs. Such costs are reported as part of programme expenditures. The NGOs and INGOs can receive funding through either

UNFPA or UNICEF at country or global level.

Accountability

Accountability rests with the implementing unit (CO, RO or global implementing partner). UNFPA and UNICEF Country Representatives are responsible for the implementation of the programme country activities (under the system of the Resident Coordinator). Upon transfer of funds to each agency country office, the Country Representatives are accountable for the overall programmatic and financial management within that country.

a. Workplanning

- Each programme country submits a joint agency workplan and budget. Workplans are reviewed by the global coordination team with the regional office teams, feedback provided and resubmitted if necessary;
- Global, regional and sub-regional partners, including INGOs submit annual workplans for approval to the coordination team;
- A Global Annual Workplan is submitted to the Steering Committee for review and approval.

b. Monitoring and reporting

- The programmatic and financial performance is monitored closely during the year; field visits by the Coordinator or relevant HQ and RO staff; virtual meetings and annual consultations;
- Annual reporting, including both narrative and financial is submitted jointly by each programme country;
- INGOs provide quarterly financial statements and progress reports to the global coordination team;
- A comprehensive consolidated annual report based on the joint annual reports submitted by each programme country and regional offices is prepared by the global team and submitted to the Steering Committee.

Assumptions and risks

This proposal is founded on strong conceptual clarity and empirical evidence. While empirical evidence indicates that significant progress can be made in accelerating the process of abandonment, it is nevertheless important to consider that decrease in prevalence may be difficult to measure within four years.

Political will, in the form of financial and human resources is also necessary in order for positive change to occur. Political shifts (new governments, changes in personnel) can affect effectiveness and sustainability of any positive change process that is under way.

In terms of cultural sensitivity, it will be necessary to anticipate and identify some of the risks associated with the different phases of the programme. Further, it would also be helpful to anticipate

how different sectors of the community and society may react to the intervention. In particular, it would be imperative to be aware of the possibility of a conservative backlash from within the community.

While political changes, natural and man-made disasters or human conflicts can impact upon programme outputs, it is assumed that in such a scenario, the UN agencies will place more focus and resources on protecting girls and women.

It is assumed that the number of girls and women affected by FGM/C that receive health care services are those that have come forward to access such services. This number is not reflective of the percentage of FGM/C prevalence in that particular country, which may be higher.

The potential risks for UN agencies within particular contexts will be considered and measures will be taken to ensure that the credibility of the UN agencies and its partners is safeguarded. In this sense, it is crucial that the UN agencies are not perceived as imparting a particular agenda or ideological framework, which is not in the best interests of the community. Hence, careful consideration will be given to how issues are conceptualized and framed.

Budget and financial considerations

According to the 2013 evaluation of the Joint Programme, the limitations in funding represented one of the major constraints of Phase I. The overall estimated budget for the initial 2008-12 four year period amounted to US\$ 44 million of which US\$30.9 million were received over the four years and an additional US\$9.8 million were received during the course of the one-year extension, for a total of approximately US\$40,7 million over five years. As a result, the annual work plans developed by countries could only be funded at levels that covered 30-70% of their needs.

In spite of this past experience, the budget proposed in 2013 for Phase II of the Joint Programme is higher than for Phase I for three main reasons. First, because with the Joint Programme now firmly established, the implementation capacity is higher than in Phase I, reflecting also the potential of making greater progress in and time period of equivalent length. Secondly, because of the significantly higher international commitment and consensus for the goal of eliminating FGM/C and other harmful practices as reflected in UN resolutions as well as in engagements made by both programme and donor countries. Thirdly because of the expectation that the positive results of the evaluation of Phase I would encourage higher financial contributions.

In line with the above, when the proposal for Phase II was initially elaborated in 2013, it was expected that the budget would be US\$54 million for the four years. This estimate, illustrated by year in table 1 below, was derived from an analysis that took into account performance and capacity of the 15 countries and of regional and global partners. It included the consideration of differences among the countries, namely whether they can be considered to already be in a process of acceleration or emerging, whether they are in conflict, and whether they are new to the programme. The budget estimate also took into account the amount of past contributions and the financial commitments to date for Phase II.

TABLE 1

Category	2014	2015	2016	2017	Four Year Total
Total Support to Country Offices	\$ 8,700,000	\$ 9,600,000	\$ 10,400,000	\$ 9,700,000	\$ 38,400,000
Regional & Sub-Regional Activities	\$ 750,000	\$ 900,000	\$ 1,100,000	\$ 1,300,000	\$ 4,050,000
Global Activities	\$ 1,850,000	\$ 1,850,000	\$ 1,850,000	\$ 1,850,000	\$ 7,400,000
Sub-Total	\$11,300,000	\$ 12,350,000	\$ 13,350,000	\$12,850,000	\$ 49,850,000
Indirect Cost (7%)	\$ 791,000	\$ 864,500	\$ 934,500	\$ 899,500	\$ 3,490,000
AA Fee (1%)	\$ 113,000	\$ 123,500	\$ 133,500	\$ 128,500	\$ 498,000
Total budget	\$12,204,000	\$ 13,338,000	\$ 14,418,000	\$13,878,000	\$ 53,838,000

However, since 2013 the significant success by the Joint Programme, in collaboration with partners, the mobilization of support through major international events including the Girl Summit co-organized in 2014 by the UK and UNICEF and the one organized by the African Union in 2015 as well as the inclusion of bringing an end to FGM/C as a specific targets in the Sustainable Development goals has significantly further expanded global, regional and national commitment to end the practice. As of 2016, there are therefore many more opportunities and greater potential to act upon.

Accordingly, the budgets in 2014 and 2015 exceeded initial expectations and, in 2016, the workplans stemming from the countries represent a budget which is approximately twice the initial, conservative estimates. The new budget, as revised in 2016, is of \$94.9 million, as outlined in Table 2 below. It shows an increase throughout the 4 years with a perspective that the global effort will continue beyond the programme period. In fact, some funding has already been committed to the agencies beyond the time period of Phase II, including by new donor partners that joined during the course of Phase II.

TABLE 2

Category	2014	2015	2016	2017	Total 2014-17
Total Support to Country Offices	\$ 12,000,000	\$ 16,000,000	\$ 20,000,000	\$ 25,000,000	\$ 73,000,000
Regional & Sub-regional Activities	\$ 750,000	\$ 900,000	\$ 1,500,000	\$ 1,500,000	\$ 5,050,000
Global Activities	\$ 2,250,000	\$ 2,250,000	\$ 2,250,000	\$ 2,250,000	\$ 9,000,000

Sub-Total	\$ 15,000,000	\$ 19,150,000	\$ 23,750,000	\$ 29,150,000	\$ 87,050,000
Indirect Cost (8%)	\$ 1,200,000	\$ 1,532,000	\$ 1,900,000	\$ 2,332,000	\$ 6,946,000
AA Fee (1%)	\$ 150,000	\$ 191,500	\$ 237,500	\$ 291,500	\$ 870,500
Total budget	\$ 16,350,000	\$ 20,873,500	\$ 25,887,500	\$ 31,773,500	\$ 94,884,500

Grand Total Budget Summary	
Total Support to Country Offices	\$ 73,000,000
Regional & Sub-Regional Activities	\$ 5,050,000
Global Activities	\$ 9,000,000
Indirect Cost (7%)	\$ 6,946,000
AA Fee (1%)	\$ 870,500
Total budget	\$ 94,884,500

The budget will contribute to the logical framework outcomes and outputs including support to policy and legal reforms, community-based empowerment and education, systems strengthening, regional exchange, and research among others.

The country office support was based on a forecast of the situation of the 17 countries in terms of past performance, programme maturity and likelihood of acceleration and absorptive capacity. Following the categorization of countries mentioned in the programme approach section, different budget growth scenarios were calculated to arrive at total yearly estimates.

Throughout Phase II, the agencies will continue to pursue multi-year funding commitments from the Member States, where possible, thereby enabling multi-year planning and expenditure. This will directly address the second limitation identified in the evaluation that the annual planning and funding cycle led to difficulties in strategic planning, implementing contracts, and ensuring continuity in the work.

Annex 1: Joint Programme Phase II Results Framework. Revised

Goal	Prevalence of FGM/C is reduced in targeted areas of 17 countries by the end of 2017 in line with UNGA Resolution 69/150
	Indicators: 1. 40% decrease in prevalence among girls 0-14 years in at least 5 countries and 2. At least one country declaring total abandonment by the end of 2017.¹

Outcome 1	Key indicators
Programme countries enact legal and policy frameworks for eliminating FGM/C which are appropriately resourced and implemented (in line with AU and UN Resolutions)	1. Number of countries implementing a comprehensive legal and policy framework to address FGM/C
	2. Number of countries with budget line to implement legislation and policies to eliminate FGM/C

Outputs	Key indicators
1.1 Policy makers mainstream the commitment to end FGM/C throughout Government	a. Number of public policy statements on record to support the elimination of FGM/C
1.2 Policy makers increasingly utilize disaggregated data and best practices to enforce law and implement evidence based programmes to progressively eliminate FGM/C	a. Number of Joint Programme reports available and disseminated to policy makers and leaders on evidence, policy, costing related to programmes (including disaggregated data analysis)
	b. Number of cases of enforcement of the FGM/C law (sub-indicators: # of Arrests, # Cases brought to court, # convictions and sanctions)
1.3 Program managers and experts have capacity to implement the national and decentralized policies to end FGM/C in a coordinated way	a. Number of programme managers and experts trained in evidence based programming on FGM/C
	b. Number per month of national and decentralized coordination meetings that address efforts to eliminate FGM/C (or other responsible committees)

Outcome 2	Key indicators
Service providers provide timely, appropriate and quality services to girls and women at risk of or having experienced FGM/C in select districts in programme countries	1. Number of girls and women receiving services related to FGM/C prevention or response

Outputs	Key indicators
2.1 Service providers have the capacity to provide FGM/C-related services	a. Number of service delivery points with at least 1 provider trained by the Joint Programme a. Prevention services, b. Protection services, c. Provision of care services

¹ 1 years while giving social norms a more prominent place. The indicator would be composed of 3 sub-indicators for measurement: 1) - % of individuals not supporting continuation, 2) - % of individuals who believe others will cut and 3) - % of individuals who believe they will be sanctioned if they do not cut. Placing it at the outcome level gives countries time to develop the measure over the 4 years while giving social norms a more prominent place.

2.2 Service delivery points have the capacity to provide FGM/C-related services	a. Number of service delivery points that are applying tools (curricula, modules, guidance, guidelines supervision/case management forms) developed by the Joint Programme
	b. Number of management information systems reporting FGM/C related indicators

Outcome 3	Key indicators
A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM/C	1. Number of communities making public declarations of abandonment of FGM/C
	2. Degree of shift in the social norm upholding FGM/C in programme areas (composite indicator composed of: <ul style="list-style-type: none"> 1. % of individuals not supporting continuation, 2. % of individuals who believe others will cut and 3. % of individuals who believe they will be sanctioned if they do not cut.)

Outputs	Key indicators
3.1. Individuals, families and communities in programme areas are increasingly educated about the harms and norms related to FGM/C and alternatives to the practice	a. Proportion of population [girls/boys/women/men] in targeted areas who participate regularly in educational dialogues promoting abandonment of FGM/C in school, out of school, in adult learning programmes
3.2 Individuals, families and communities in programme areas are increasingly educated about the harms and norms related to FGM/C and alternatives the practice	a. Number of community-to-community outreach events in programme areas to expand the abandonment of FGM/C
	b. Number of outreach events conducted by service providers in the community about prevention, protection and care service
	c. Number and types of media coverage of FGM/C elimination efforts
	d. Number of consensus-building activities with traditional, religious and community leaders towards organizing a public declaration

NOTES: 1 This will contribute to the global goal set out in the United Nations Joint Statement (2008) and recalled in the UNGA 67/146 resolution (2012) to eliminate FGM/C in the next generation.



Because everyone counts

United Nations Population Fund 605 Third Avenue
New York, NY 10158 U.S.A.
www.unfpa.org



Unite for children

United Nations Plaza
New York, NY, 10017 U.S.A
www.unicef.org

