EVALUATION REPORT

Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change

Phase III (2018-2021)

Volume 2

Evaluation Offices of UNFPA and UNICEF

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Annex 1: Evaluation Terms of Reference

1. Introduction

The Evaluation Offices of United Nations Population Fund (UNFPA - lead agency) and the United Nations Children's Fund (UNICEF) will jointly conduct an independent evaluation of Phase III of the UNFPA/UNICEF joint programme on the abandonment of Female Genital Mutilation (FGM).

In September 2017, the Director of the UNFPA Evaluation Office presented to the UNFPA and UNICEF Joint Programme Steering Committee two options for the evaluation of Phase III: option I: focus on accountability (summative Evaluation); option II: focus on learning (formative evaluation). The Steering Committee passed a decision in favour of a formative evaluation.[1] The formative evaluation is planned to commence in the fourth quarter of 2020.

An external, multidisciplinary team comprised of evaluation and thematic experts, will support the UNFPA and UNICEF Evaluation Offices carrying out the evaluation. The selected evaluation team is expected to conduct the evaluation in conformity with the present terms of reference and under the overall leadership from the lead evaluation manager.

Due to the impact of the current global COVID19 pandemic and travel restrictions that derive from it, the evaluation will not include in-country missions and will base its methodological approach on document review and analysis and remote interviews with global, regional and country-level stakeholders.

2. Users of the evaluation

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

As the joint programme moves into its last year of implementation of phase III, it will seek to build on the lessons learned from the implementation of the current phase, whereby this evaluation will play a critical role in its realization. Hence, it is expected that the evaluation will provide useful lessons and recommendations that will feed into the design of a potential fourth phase of the Programme.

1 Minutes of UNFPA and UNICEF Joint Programme Steering Committee meeting, September 19 2017.

3. Global context and UNFPA and UNICEF support to the abandonment of FGM

3.1 Global context of FGM

Globally, it is estimated at least 200 million girls and women have undergone some form of FGM in 31 countries.[2] FGM refers to all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. The age at which FGM is performed varies. In some communities it is carried out during infancy, while in others it may occur during childhood, at the time of marriage, during a woman's first pregnancy or after the birth of her first child. The most typical age is 7 to 10 years old or just before puberty, although reports suggest that the age is dropping in some areas.

FGM has both immediate and long-term consequences to the health and wellbeing of girls and women, negatively impacts maternal and neonatal outcomes, and also increases the risk of HIV/AIDS transmission.[3] FGM also has negative economic consequences, due in part to the financial cost of healthcare for women living with conditions caused by the practice. The total cost amounts to USD 1.4 billion annually.[4]

In the 30 countries with nationally representative FGM prevalence data, around one in three girls aged 15–19 today have undergone the practice.[5] In the last three decades, some countries have seen a decline in overall prevalence, even in countries with high levels of FGM prevalence. Progress, however, is uneven, and the pace of decline is insufficient to keep up with population growth: an estimated 4.6 million girls annually, or a total of 68 million girls, will be at risk of FGM between now and 2030.[6] However, opposition to the practice is also growing, particularly among adolescent girls: in high-prevalence countries, where over 50 percent of girls and women have undergone FGM, over 60 percent of girls aged 15-19 years have heard of FGM and think the practice should stop. In addition, in 12 out of 19 countries with data on the attitudes of boys and men, more than 50 percent of those surveyed think the practice should stop.[7]

3.2 Global normative framework

Female genital mutilation is internationally recognized as a harmful practice often resulting in serious injury, disability and death. It is also a violation of the rights of women and girls to bodily integrity and freedom from injury and coercion. There is a growing awareness of the profound challenges of addressing the complex, context responsive, and enduring set of drivers which sustain the practice of FGM. Efforts to

2 UNFPA, State of the World Population 2020, "Against my will – Defying the practices that harm women and girls and undermine equality", June 2020, page 66. Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2020_EN_State_of_World_Population.pdf

3 World Health Organization, "Health risks of female genital mutilation (FGM)", available at https://www.who.int/sexual-and-reproductive-health/health-risks-of-female-genital-mutilation

4 World Health Organization, "The economic cost of female genital mutilation", February 2020. See https://www.who.int/news-room/detail/06-02-2020-economic-cost-of-female-genital-mutilation

5 UNFPA, State of the World Population 2020, "Against my will – Defying the practices that harm women and girls and undermine equality", June 2020, page 78

6 UNFPA, "Accountability for eliminating female genital mutilation – a focus on the third cycle of the Universal Periodic Review", June 2020, page 1. Available at https://www.unfpa.org/sites/default/files/resource-pdf/FGM_factsheet_13-online.pdf

7 UNFPA, State of the World Population 2020, "Against my will – Defying the practices that harm women and girls and undermine equality", June 2020, pages 80-81.

end FGM have increasingly been framed within the wider agenda of addressing gender equality and fostering gender transformative strategies.

The first international instrument explicitly addressing violence and other harmful practices against women, with specific reference to female genital mutilation and other harmful practices, was the Declaration on the Elimination of Violence against Women (1993). The Africa region has been at the forefront of the global normative efforts reflected in the signing in 2003 by most of the countries in the African Union to "The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa", known as the Maputo Protocol, which includes an article on the Elimination of Harmful Practices, calling for the prohibition of all forms of female genital mutilation. Subsequent statements and resolutions from UN entities and member states have led to the United Nations General Assembly adopting a Resolution to ban female genital mutilation worldwide in 2012. The Resolution [A/RES/67/146] was cosponsored by two thirds of the General Assembly, including the entire African Group, and was adopted by consensus by all UN members. Ensuing resolutions have called for the intensification of efforts for the elimination of FGM.

The elimination of violence against women has been taken up by the 2030 Agenda for Sustainable Development. Violence against women is addressed explicitly in Goal 5, Target 5.3, which calls for the elimination of harmful practices, such as "child, early and forced marriage and female genital mutilation", by 2030.[8]

At the 2019 Nairobi Summit on ICPD25, representatives from governments, grassroots organizations, development agencies and the private sector moved beyond pledges and resolutions, and committed to ending harmful practices. By June 2020, participants had made a total of 226 commitments towards addressing gender-based violence and harmful practices, including ending female genital mutilation.[9]

3.3 UNFPA and UNICEF Strategic Framework

Putting an end to gender-based violence and all harmful practices, including female genital mutilation, is one of the three transformative and people-centered results that UNFPA has put at the center of its strategic plan for 2018-2021. UNFPA targets the elimination of FGM in two of the four outcomes of the strategic plan. In Outcome 2[10], the Strategic Plan recognizes that a focus on girls during early adolescence is critical to stop harmful practices that directly threaten the human rights, health and wellbeing of girls and aims to promote youth-oriented, multisectoral policies and programmes to address issues affecting young girls. In Outcome 3[11], prevention and response to gender-based violence, and the elimination of harmful practices, are at the basis of UNFPA's strategic approach to support gender equality and the empowerment of women, which includes strengthening policy, legal and accountability frameworks. Under Outcome 3, UNFPA's Strategic Plan recognizes that work on eliminating harmful practices is built on Joint Programmes, including with UNICEF to address FGM.

8 See: https://sustainabledevelopment.un.org/sdg5

9 The Nairobi Summit on ICPD25 was held from 12-14 November 2019, and co-convened by the governments of Kenya, Denmark and by UNFPA. The summit led to a total of 1379 commitments, 21% (226) of which address gender-based violence and harmful practices, including female genital mutilation. See https://www.nairobisummiticpd.org/commitments

10 Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

11 Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

FGM is also recognized in UNICEF's 2018-2021 Strategic Plan as a harmful practice that undermines children's safety and well-being. The strategic plan's Goal Area 3[12] is based on the premise that every child has the right to be protected from violence, exploitation and abuse. In the Results Framework of the strategic plan, UNICEF tracks progress on addressing harmful practices through several indicators, counting the prevalence of FGM (Impact indicator), and measuring progress in strengthening prevention and protection services through UNICEF-supported programmes (outcome indicators).

UNFPA's strategic focus on FGM is further illustrated by the theme of its annual flagship report, the State of World Population, which in 2020 addressed different forms of harmful practices that affect women and young girls.[13] In a specific section on FGM[14], the report provides an overview of the global context for this harmful practice, gives voice to survivors, and analyses its root causes. The report also gives an updated overview of prevalence rates across the world.

3.4 UNFPA and UNICEF Joint Programme on FGM: Accelerating Change

In 2007, UNFPA organised a Global Consultation on FGM which led to the creation of the UNFPA - UNICEF Joint Programme on Eliminating Female Genital Mutilation. Since its launch, the joint programme has given greater prominence to the issue, mobilized substantial additional resources, and provided new impetus to the global movement to end the practice.

The Joint Programme is the world's largest and most comprehensive effort seeking to eliminate FGM, and plays an important role in achieving Sustainable Development Goal 5, Target 5.3.

3.4.1 Phase I and II (2008-2017)

The **first phase of the Joint Programme** was implemented from 2008 to 2013. It began operating in 8 countries, but by the conclusion of the first phase, the joint programme was operating in 15 countries.[15] The objective of the first phase of the joint programme was "*to contribute to a 40 percent reduction of the practice among girls aged 0-15 years, with at least one country declared free of FGM/C by 2012*". The total expenditures of the JP between 2008 and 2013 amounted to 31.6 million USD.[16]

In 2013, a joint evaluation of the first phase concluded that the Joint Programme showed significant strengths and results of the first phase were overall positive, albeit with varying degrees of progress in strengthening countries' legal and policy frameworks, raising awareness and knowledge of FGM by key actors and the general public, and increasing commitments by community leaders towards the abandonment of FGM.[17] The evaluation led the Joint Programme to increase its focus on social norms

12 Outcome Statement 3: Girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices.

13 UNFPA, State of the World Population 2020, "Against my will – Defying the practices that harm women and girls and undermine equality", June 2020. Available at https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2020_EN_State_of_World_Population.pdf

14 UNFPA, State of the World Population 2020, "Against my will – Defying the practices that harm women and girls and undermine equality", June 2020, page 64.

15 Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia, Sudan and Uganda.

16 Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017), page 49

17 The Joint evaluation of Phase I is available at https://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital

work and strengthen monitoring systems and tools, capacities and resources available for longer-term data collection and analysis.

Phase II of the Joint Programme began in 2014 and ended in 2017. The objective of the programme 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% 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 operation of the programme was expanded to 17 countries, with the addition in 2014 of Nigeria and Yemen. In four years of implementation, the reported total expenditures of the Joint Programme were 60.3 million USD, close to double that of Phase I.[18]

The 2019 evaluation of Phase I and Phase II found that the Joint Programme had contributed to notable achievements, including at the global level by ensuring a continued presence of FGM on the international development agenda, and by strengthening legal frameworks and coordination at the national level.[19] It also emphasized on the long-term investments needed for social norms changes that support FGM abandonment. The evaluation recommended that the Joint Programme place itself strategically within a gender-responsive framework to support a wider transformative agenda, using long-term approaches that strengthen systems and encourage long-term changes and national ownership.

The evolution of the results framework across phase 1, 2 and 3, including changes in outcomes and outputs, is presented in annex 4.

3.4.1 Phase III (2018-2021)

Phase III of the Joint Programme on Female Genital Mutilation 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 interventions targeting accountability mechanisms for governments' obligations to eliminate FGM (**Outcome 1**), and 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**), also targeting service provision for FGM prevention, protection and care, including access to technical expertise and legal representation (**Outcome 3**). Phase III also focuses on 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**).[20] Table 1 presents the resource allocation by outcome areas.

With the key goal of challenging and changing social norms, the Joint Programme's approach consists of community dialogues and human rights education, reaching commitments to FGM abandonment through organized diffusion of knowledge to larger portions of the community, and to other communities and localities. This approach relies on support in the four outcome areas and on the engagement of

18 Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017), page 49. Available at: https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation

19 Ibid, pages VIII-IX.

20 Proposal for Phase III of the UNFPA-UNICEF joint programme Elimination of Female Genital Mutilation: Accelerating Change, page 7.

community leaders, religious leaders and youth, including using innovative tools and social media for knowledge sharing mechanisms.

Strategic partnerships of the Joint programme include UN Women and WHO at the global level, with additional partnerships with key global players on innovation, data generation and advocacy. At the regional level, the JP continues to support and engage with the African Union Commission, the League of Arab States, the Organization of Islamic Cooperation and other relevant sub-regional political and economical structures. Country-level partnerships focus on work with sectoral ministries and government coordination bodies. Finally, at the local level the Joint Programme partners with local actors and stakeholders to engage with girls, women and communities.

Table 1: Joint Programme Phase III - Resource allocation by outcome areas (USD)

JP Outcome	Resource allocation 2018-2021	% of total allocation
Outcome 1: Countries have an **enabling environment** for the elimination of FGM practices at all levels and in line with human right standards.	18,346,768	24%
Outcome 2: **Girls and women are empowered** to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM.	44,338,022	58%
Outcome 3: **Girls and women have access to appropriate, quality and systemic services** for FGM prevention, protection and care.	9,937,833	13%
Outcome 4: Countries have better capacity **to generate and use evidence** and data for policy-making and improving programming.	3,822,243	5%

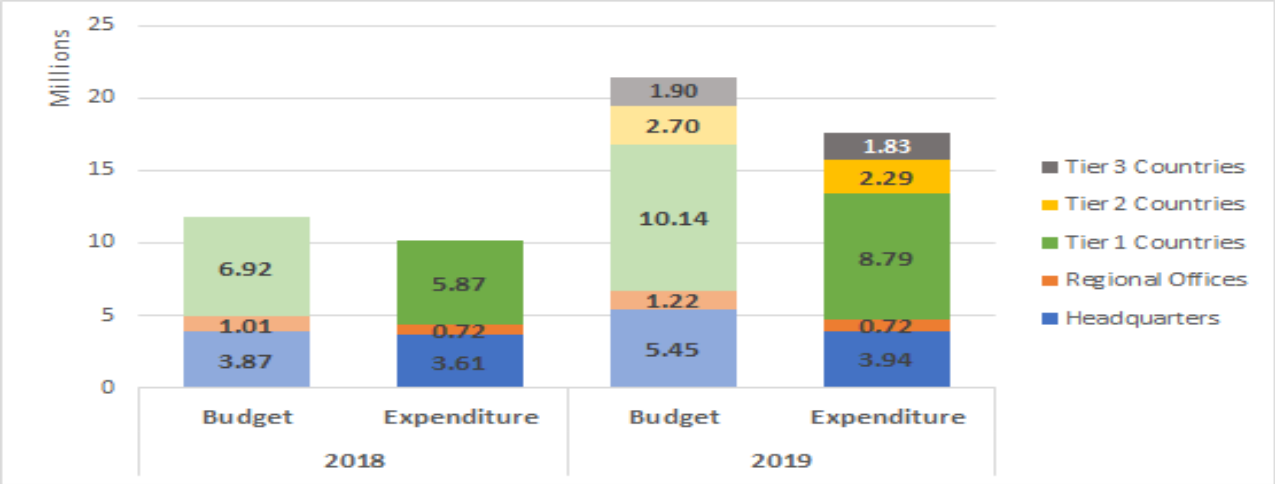
Source: Programme Proposal for Phase III of the UNFPA-UNICEF joint programme Elimination of Female Genital Mutilation: Accelerating Change, page 46

The planned distribution of funds by outcome reflects that of the implemented previous phases, as found by the joint evaluation of Phases I and II, where 56% of expenditures were allocated to the "Accepting the norm of eliminating FGM" outcome, while 26% were spent on activities related to legal and policy frameworks and 18% to service provision[21]. For the first year of implementation of Phase III, the 2018 Annual report of the Joint Programme presents a more equal distribution of expenditures between outcomes 1 and 2, with 36% allocated to each. However, the report notes that investment levels will be higher in Outcome 2, starting from 2019, as this Outcome area represents the primary focus of the programme's approach.[22]

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

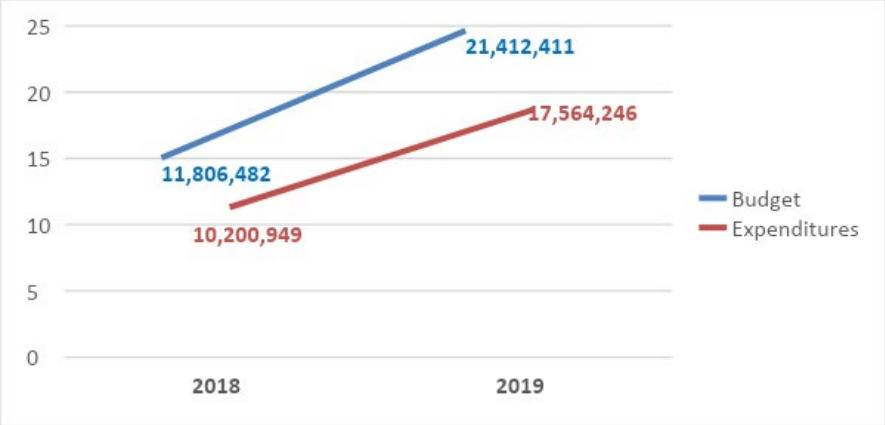
22 UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation – Annual Report 2018, page 106. Available here: https://www.unfpa.org/fgm-annual-report

Figure 1: 2018 and 2019 Budget and expenditures by implementation level (USD)



Source: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation – Annual Report 2018 - page 107, and Annual Report 2019 - page 68

Figure 2: Budget and Expenditure, 2018-2019 (USD)



Source: UNFPA – UNICEF Joint Programme data

For the period 2018-19, the total expenditures of the Joint Programme amounted to $ 27,765,195, while the total budgeted amount was $33,218,893. Complete financial data for 2020 is not yet available.

Table 2: Budget and Expenditures by Country (2018-2019)

COUNTRY OFFICES	2018 BUDGET (USD)	2018 EXPENDITURE (USD)	2019 BUDGET (USD)	2019 EXPENDITURE (USD)
Burkina Faso	1,000,000	888,459	1,200,000	1,157,015
Djibouti	400,000	259,467	700,000	636,962
Egypt	800,000	593,871	1,500,000	1,328,419
Eritrea			418,057	309,322
Ethiopia	1,000,000	838,908	1,313,282	1,217,406
Gambia			721,400	515,704

Guinea			865,259	810,277
Guinea-Bissau			401,751	386,650
Kenya	1,042,184	1,032,611	2,026,350	1,793,612
Mali			500,000	464,831
Mauritania			700,000	653,550
Nigeria	1,038,635	1,035,677	1,200,000	1,012,277
Senegal	1,000,000	749,089	1,200,000	856,865
Somalia			500,000	480,333
Sudan	642,800	473,431	1,000,000	782,833
Uganda			500,000	498,499
Total country level	**11,806,482**	**10,200,949**	**14,746,099**	**12,904,554**

Source: UNFPA – UNICEF Joint Programme data

Phase III of the Joint Programme is supported by a range of donors, including Austria, the European Union, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden and the United Kingdom. For the years 2008 to 2017, contributions from the three largest donors (Norway, the United Kingdom and Italy) represented over 72% of the total contribution. While the consistency of support from key donors is an indication of confidence in the Joint Programme,[23] the Proposal for Phase III also recognizes that expanding the donor base is necessary to mitigate certain financial risks.[24]

Donor contributions to the joint programme received in 2019 ($25.7m) are significantly higher than in 2018 ($14.3m), mainly due to the increase of funds from Norway and Sweden, and the addition of Austria and France to the donor pool.

Table 3: Joint Programme Phase III - Donor funds (USD)

Donor	2018	2019
Austria		1,111,111
France		148,515
Iceland	200,000	200,000
Italy	2,122,642	1,969,365
Luxemburg	119,474	109,890
Norway	2,927,058	10,899,183
Spain	455,063	550,055
Sweden	8,243,570	10,463,304

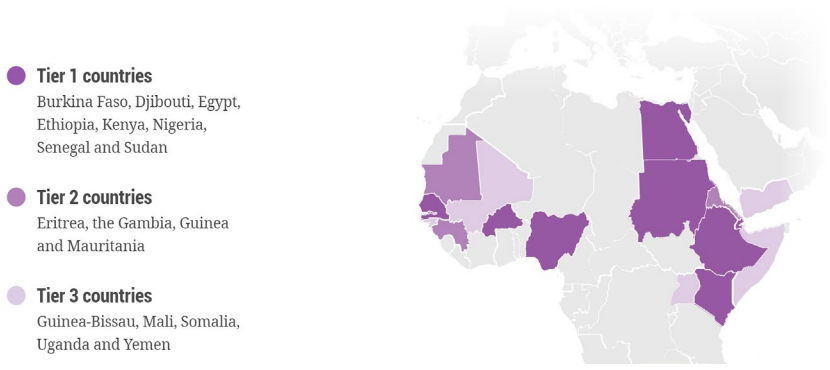
23 Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change Phase I and II (2008–2017), page 47.

24 Proposal for Phase III of the UNFPA-UNICEF joint programme Elimination of Female Genital Mutilation: Accelerating Change, page 49

United Kingdom	319,285	327,225
Total	**14,387,091**	**25,778,648**

Source: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation – 2018 and 2019 Annual Reports

Figure 3: Geographic coverage of the Joint Programme



The Programme works in 17 countries. They are divided into three tiers according to needs and priorities. [25] The tier system represents the Programme's approach for prioritizing investments and interventions, built on the underlying principles of the 2030 Agenda.

Source: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation – Annual Report 2018

Since early 2020, the Joint Programme supports the development of preparedness and response plans addressing the impact of the COVID-19 pandemic on girls and women at risk of and affected by female genital mutilation. A Technical Note published by the Joint Programme highlights the critical importance of understanding how the pandemic increases girls' and women's vulnerability and marginalization, while also recognizing some potential opportunities presented by the pandemic in ending FGM. Overall, restricted movement and confinement due to the pandemic can limit access to prevention, protection and care services for girls at risk of and affected by female genital mutilation, especially in hard-to-reach areas. This situation will disrupt meeting the SDGs, including SDG Target 5.3, for the elimination of female genital mutilation by 2030, and calls for integrated FGM risk mitigation and response within GBV and child protection COVID-19 preparedness and response plans. [26]

3.4.2 Governance of the Joint Programme

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

The role of the Joint Programme Steering Committee is to:

- Facilitate the effective and efficient collaboration between participating UN Agencies and

25 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.

26 COVID-19 DISRUPTING SDG 5.3: ELIMINATING FEMALE GENITAL MUTILATION. Technical Note, April 2020. Available at https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Disrupting_SDG.3_Eliminating_Female_Genital_Mutilation.pdf

donors for the implementation of the joint programme;
- Review and approve the Joint Programme Document and any subsequent revisions;
- Approve the consolidated joint work plan and consolidated budget on an annual basis;
- Instruct the Administrative Agent (UNFPA) to disburse funds, as per the approved budget;
- Review the implementation of the Joint Programme;
- Review and approve consolidated financial and narrative reports;
- Review evaluation findings for appropriate communication and future planning;
- Support advocacy and resource mobilization efforts.

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

In the programme countries, UNFPA and UNICEF Country Representatives develop a plan of action in line which serves as the basis for budget allocations. Approval of country-specific allocations is done by the Joint Programme Steering Committee based on consolidated UNFPA and UNICEF work plans agreed at country level and based on fund availability. Similarly, in Regional Offices where the programme operates, UNFPA and UNICEF offices also develop a plan of action to support sub-regional and country efforts. The Joint Programme continues to use the pass-through fund management mechanism, whereby UNFPA continues to be the Administrative Agent (AA).[27]

4. Evaluation purpose, objectives and scope

The joint evaluation will be forward-looking and strategic in nature and will aim to inform a planned phase IV of the Joint Programme including the strategic direction, gaps and opportunities for UNFPA and UNICEF joint programme in addressing gender and social norms change. It will provide an opportunity to produce evaluative evidence on the joint programme's performance in achieving results, to support evidence-based decision-making, and to contribute to the learning and sharing of good practice. Finally, the evaluation will also provide input to inform the strategic positioning of UNFPA and UNICEF joint programme within a gender-responsive agenda, reflecting the changing environment and alignment with the 2030 development agenda.

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

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 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, to inform the design of phase IV; including identifying what packages of strategies and interventions to continue and/or discontinue and in what context, and providing corrective actions on the gaps and opportunities.
- To assess the extent to which UNFPA and UNICEF, through the Joint Programme, have effectively positioned themselves as key players, including at regional level, in contributing to the broader 2030 development agenda, in particular Goal 5, Target 5.3 relating to FGM.

Scope

Temporal scope - The evaluation will cover the implementation and the results of the UNFPA/UNICEF joint programme support during the period 2018-2021 (May) with particular emphasis on the 3 first years.

> *An evaluation of Phase I and II of the joint programme was finalized in 2019, initially covering the implementation of the joint programme from 2008 to 2017. 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 will build on results from the previous evaluation and will carefully review and follow-up the implementation of the 2019 evaluation recommendations.*

Thematic scope – given the results of the previous evaluation and the focus of phase III on the gender transformative aspects of the joint programme the evaluation will focus on the following aspects:

- Gender transformative element: the extent to which the Joint Programme has integrated a gender responsive approach;
- Regional level support: assess the benefit of having regional offices supporting country offices and contributing to building a conducive environment to accelerate the abandonment of FGM in the 3 regions;
- Response to Covid 19: the extent to which the Joint Programme has timely responded to the pandemic.

Its scope will focus on the more explicit gender-responsive approaches taken by the Joint Programme in Phase III, as well as the strategic placement of the Joint Programme within a gender-responsive framework. To this end, findings, conclusions and recommendations from evaluations on Gender-Based Violence and harmful practices (2018) and Gender Equality and Women's Empowerment (2021) conducted by UNFPA, as well as, the Gender equality evaluation conducted (2019) by UNICEF, will also be used as building blocks for the evaluation.

Geographic scope: while the evaluation will cover 3 programme levels – global, regional and national – and their interconnections, attention will be paid particularly to the programme's regional level positioning, including its partnership with the African Union and other regional bodies. The evaluation scope will not explicitly cover the sub-national level/community level.

5. Evaluation approach and methodology

The evaluation will be both backward-looking to review the performance of the joint programme (phase III) as well as forward-looking to identify lessons learned to inform the design of phase IV. The evaluation will apply an adaptive learning and utilisation-focused approach. This approach calls for a hybrid exercise comprising of a backward-looking assessing phase III programme contribution to outputs and outcomes at global, regional and country level, as well as, a learning-focused, forward-looking providing real time insights for the design of phase IV.

5.1 Evaluation criteria and indicative areas for investigation

The proposed evaluation criteria are selected from the 2019 Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) criteria, as defined below:

Relevance	to national needs, the needs of affected populations, government priorities and UNFPA and UNICEF policies and strategies, and how they address different and changing national contexts
Coherence	Joint Programme's consistency and synergies with national and partner FGM interventions
Effectiveness	the extent to which Joint Programme's intended results (contribution to outputs and progress towards outcomes) were achieved (or are likely to be achieved)
Sustainability	the extent to which the benefits from the joint programme are likely to continue, after it has been completed

To narrow down the scope of the evaluation, efficiency and coordination [28]are not explicitly considered as criteria in this evaluation – although some of their dimensions may be assessed through other criteria.

The evaluation criteria have been translated into areas of inquiry (see table 4). These will be used as a starting point for developing the specific set of evaluation questions, assumptions and respective indicators. The indicative areas for investigation are intended to give a more precise form to the evaluation criteria and to articulate the key areas of interest that have emerged from document review as well as from consultations with key stakeholders, thereby optimizing utility of the evaluation.

The indicative areas of inquiry will be further consolidated and refined within the inception report (when the evaluation team will have a clearer understanding of data availability and methodological feasibility and evaluability). Following broader consultations and detailed documentary review, final evaluation questions will be agreed upon by the evaluation reference group. The evaluation questions will be integrated into an evaluation matrix. The matrix is intended as a framework for the collection and analysis of data as well as reporting. The evaluation matrix shall present the evaluation questions and break them

28 Both criteria have been extensively used on the evaluation of phase I and II in addition data and findings from EQs covering efficiency and coordination are still relevant.

down into assumptions, indicators associated to these assumptions, sources and tools for data collection. The column on sources of information should link the evaluation questions with the stakeholder mapping and pave the way for the production of the interview protocols per type of stakeholder, the tool that links the evaluation matrix with data collection (see annex 1- Evaluation Matrix template).

Table 4. Indicative areas of inquiry (Evaluation Questions)	Evaluation criteria
1 - The extent to which the Joint Programme phase III support is aligned with and responds to: (i) partner government priorities, national needs and the needs of affected populations; (ii) global priorities (SDG, GA, HR Council Resolutions, African Union and other regional bodies commitments); and (iii) UNFPA and UNICEF policies and strategies in line with human rights standards: - supporting girls and women receiving appropriate, quality and systemic services for FGM prevention, protection and care.	Relevance
2 - The extent to which the Joint Programme phase III is gender responsive to contribute to accelerating the abandonment of FGM at the national level, including cross-border regions: - Integrating a systemic perspective including institutional and political dimensions of gender transformative approach; - Integrating community engagement approaches including use of innovative tools and digital platforms (in addition to mechanisms to ensure feedback on quality and accessibility of approaches and services, enabling of scale up of gender responsive and transformative issues).	
3 - How well the joint programme created linkages with other streams of work (such as: child marriage and GBV) to create opportunities for empowering girls and women; how well the programme is strengthening systems to provide linkages and referrals to girls and women for services including leveraging on resources	Coherence
4 - The extent to which the Joint Programme has effectively partnered with regional intergovernmental organizations, CSOs including community-based organization to create mechanisms for holding governments (at national and sub national levels) accountable for meeting their obligations to eliminate FGM: - strengthening regional accountability mechanisms for ensuring increased national commitment to end FGM - accountability should include developing and implementing evidence-based policy and legislative framework	Effectiveness
5 - The extent to which the Joint Programme has contributed to strengthening national policies and legislative frameworks on the elimination of FGM through integration of evidence-based analysis on FGM emerging issues namely: - rising trends on the medicalization of FGM (performed by a health-care provider)	Effectiveness and Sustainability

- cross-border FGM (girls and women undergo FGM in neighbouring countries to avoid prosecution at home).	
6 - The extent to which the Joint Programme has contributed (or is likely to contribute) to the acceptance of a new social norm to keep girls intact in targeted populations, through: - Strengthening the rights, needs and agency of girls and women; - Expanding the engagement of men and boys in promoting and achieving gender equality and the elimination of FGM; - Creating opportunities for young people to proactively engage with governments to inform FGM policies and programmes.	
7 - The extent to which the Joint Programme phase III has put in place a space, across countries and regions, for knowledge sharing and learning including on: - Identifying field-level key contextual factors relevant to accelerate FGM abandonment - Measuring changes in social norms and gender norms transformation.	Effectiveness
8 - The extent to which the Joint Programme phase III has responded and adapted programming to respond to challenges resulting from humanitarian crisis including during the COVID-19 pandemic, comprising reduced access to services and support. - Implementing an adaptive approach in times of crisis (active conflict, natural disaster including during the recent pandemic). - Integrating FGM risk mitigation and response within GBV and child protection COVID-19 preparedness and response plans	Effectiveness

5.2 Methods for data collection

UNFPA and UNICEF draw attention to the uncertainty of the COVID-19 pandemic and evolving of the response at global, regional and national levels. The implementation of the evaluation should minimize its potential impact on the overall national health response to COVID-19. Furthermore, in view of the evolution of COVID-19 response worldwide, national response, measures and relevant restriction in border control and physical distancing must be respected and taken into account, as UNFPA and UNICEF are placing priority on health and wellbeing of its personnel, including external consultants data collection will be conducted remotely (unless the security situation changes). [29]

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

a) Document/ data review constitutes one of the most important data sources for the evaluation which includes:

29 Given the pandemic and the limitations regarding traveling data collection will be conducted remotely through virtual interviews, phone interviews and a survey.

- Structured review of strategic and planning documents, progress reports, monitoring data, financial data, reviews and evaluations, research on FGM and other relevant reports and existing quantitative data sources at country, regional and global levels.

b) Relevant websites and social media platforms (e.g. covid 19 and FGM; global and regional advocacy campaigns on FGM abandonment and social and gender norms change). One option is to consider is using social media analytics to capture sentiment trends (in programme countries with high social media penetration). Examples of tools are: Crimson Hexagon; python or other tools.

c) ***Semi-structured*** (remote) ***key informant interviews and group discussions*** will be undertaken at:

a. country (16 programme countries – implementing partners, government partners, CSOs and academia, other UN agencies and donors among other key stakeholders and partners, including stakeholders who are not participating in the implementation of the Joint Programme);

b. regional (UNFPA and UNICEF regional offices and regional partners and stakeholders in the 3 regions: MENA/ Arab States; and the two African regions) and

c. global levels (UNFPA and UNICEF headquarters, other UN agencies, partners and donors).

d) ***Online survey,*** the survey will complement the data collected from the case studies. The content of the questionnaire will be determined at the inception phase. A web-based tool such as SurveyMonkey® will be used to roll out the survey which should be available in English and French.

e) ***Rapid mobile surveys*** using U-Report or a similar tool will be used to obtain viewpoints of adolescents in Joint Programme countries and determine knowledge, attitudes and practices regarding FGM. This assessment can also act as a baseline for a potential Phase IV.

5.3 Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation.

UNFPA and UNICEF welcomes the use of diverse and innovative evaluation methods and this will be considered in the selection of evaluation proposals. QCA or process tracing, for instance, could be considered. This said, the following methods of data analysis and synthesis are encouraged to be used:

- **Contribution analysis** - to assess the extent to which the joint programme contributed to (or is likely to) expected outputs and outcomes of phase III. The team is encouraged to gather evidence to confirm the validity of the theory of change in different contexts, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; teste assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.
- **Descriptive analysis** - to identify and understand the contexts in which the joint programme has evolved, and to describe the types of interventions and other characteristics of the programme.
- **Content analysis -** to analyze documents, interviews, group discussions and focus groups notes and qualitative data from the survey to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight

diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.

- **Quantitative analysis -** to interpret quantitative data, in particular data emerging from the survey, as well as from the joint programme annual reports, and included descriptive statistical analysis.

6. Evaluation process

6.1 Inception phase

The exercise will commence with the preparation of an Inception report. Drawing on the ToR, the evaluation team will:

- review all documents housed in the document repository provided by the UNFPA-UNICEF offices and any other documentation outside of this which may be relevant to the evaluation.
- review the ToR areas for investigation and prepare the evaluation matrix (evaluation questions, assumptions and indictors – see annex 1)
- review and further develop the methods and tools for data collection and analysis including interview protocols, questionnaire for online survey, and a tool to record and organize all data collected,
- prepare the work plan for the evaluation.

Finally, the inception report should include comments on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.

6.2 Data collection (remote)

The data collection will open with a half-day remote **induction workshop** bringing together the evaluation team and the evaluation managers to prepare for the data collection.

Guided by the inception report and finalized work plan, the evaluation team will continue an in-depth documentary review, conduct remote interviews and e-focus group discussions (phone and skype/ zoom), and undertake a survey.

The evaluation team will be expected to present the results of the data collection including the results of the survey to the evaluation reference group (see calendar).

6.3 Reporting phase

The reporting phase will open with half a day **analysis workshop** (remote) bringing together the evaluation team and the evaluation management group to discuss the results of the data collection. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings. The evaluation team then proceeds with the drafting of the findings of the report.

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

Prior to the submission the second draft final evaluation report, a **half a day workshop** (remote) will be organized with the evaluation team and evaluation management group to agree on the conclusions, and discuss elements of the recommendations.

The evaluation team will then present the **second draft report** (including conclusions and recommendations) to the evaluation reference group.

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

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

The **evaluation report** along with the management response, will be published on the UNFPA/UNICEF evaluation webpage.

7. Indicative time schedule

The evaluation will be conducted from October 2020 – May 2021

Phase	Task	Date
Inception phase	Initial documentary review and inception interviews	October 2020
	Submission of draft inception report	End October
	Comments from the Evaluation Management Group (EMG) on the draft inception report	Nov
	Submission of the revised draft (including the outline for the survey).	Mid Nov
	First Evaluation Reference Group meeting (virtual) - Presentation of the methodological approach and work plan	End of Nov
	Submission of the final inception report	Early December
	Evaluation team and EMG induction workshop (half day)	Early December
	Remote interviews and documentary review – Global and regional levels	December – January 2021
	Remote interviews - Country level	Jan - March

Data collection	Survey (Country and regional)	February /March
	Second Evaluation Reference Group Meeting (virtual) Presentation of preliminary findings stemming from the data collection	Mid March
Reporting	Evaluation team and evaluation managers data analysis workshop (half day - virtual)	
	Submission of the draft Evaluation Report – introduction and findings chapters	Early April
	Comments from the Evaluation Management Group (EMG) and the ERG on the first draft Evaluation Report	April
	Evaluation team (core team) and evaluation managers conclusions and recommendation workshop (half day - virtual)	Mid April
	Working session with the JP coordination team for the finalization of the recommendations (virtual)	Mid April
	Review and address comments from evaluation management group and reference group members. Submission of the final evaluation report + Submission of Audit Trail (responses to comments) + Power Point Presentation	May
	Third Evaluation Reference Group Meeting Presentation of the final report focusing on the conclusions and recommendations (team leader) (virtual)	Mid May
Dissemination	Presentation of the final report to JP Steering committee meeting (team leader and chair of the EMG) (virtual)	(tbc)
	Professional copy editing of the evaluation report provided by the company	May
	Production of an evaluation brief in English (two pages) and translation in Spanish, Arabic, Portuguese and French	May/June

Legend:

Deliverables to be produced and submitted by the evaluation team	Meetings/ evaluation team workshops (remote/ virtual)

8. Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the **evaluation management group** (EMG) chaired by the UNFPA EO lead evaluation manager. The evaluation management group will be composed of senior staff members of the UNFPA and UNICEF Evaluation Offices supported by a research evaluation assistant. The evaluation management group will have overall responsibility for the management of the evaluation process, including the hiring and managing the team of external consultants. The evaluation management group are responsible for ensuring the quality and independence of the evaluation in line with UNEG Norms and Standards and Ethical Guidelines.[30] The

30 See: http://www.unevaluation.org/document/guidance-documents

chair of the EMG is responsible for day to day aspects of the evaluation process; acting as the main interlocutor with the evaluation team and relevant stakeholders.

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of members of UNFPA/UNICEF relevant units. The reference group will support the evaluation at key moments of the evaluation process.

For further details on the roles and responsibilities of the EMG and ERG, please refer to the governance and management note – see annex 6.

9. The evaluation team

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

The team must also demonstrate a clear understanding of the UN system and ensure that the evaluation is conducted in line with the UNEG Norms and Standards for Evaluation in the UN System and abides by UNEG Ethical Guidelines and Code of Conduct (see annex 5) as well as any other relevant ethical codes UNEG Guidelines. UNEG guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.[31]

Knowledge and Expertise

The evaluation team should be able to carry out all the work and deliver all deliverables listed in these Terms of Reference to the necessary quality standards

The evaluation team will collectively bring the below expertise and experience:

- Extensive experience in conducting complex evaluations for international development organizations with a specific focus on gender equality, harmful practices including FGM and social norms change.
- Demonstrable experience conducting gender responsive evaluations (ensuring a human rights-based approach to evaluation), as evidenced by previous assignments
- In-depth knowledge of evaluation methodologies and mixed-method approaches
- In-depth knowledge of and thematic expertise in the following areas: (i) FGM; (ii) social and gender norms change; (ii) gender equality and the rights of women and girls with a specific focus on sexual reproductive health and reproductive rights; (iii) community based development and movement building for social norm change and FGM abandonment.
- Strong ability to interact with a wide range of stakeholders, particularly on issues that are politically sensitive
- Knowledge of the UN system and UN programming at the country level, will bring additional points.
- Demonstrable analytical, communication and drafting writing skills in English.

31 See: http://www.unevaluation.org/document/guidance-documents

- Fluency in French (past work experience in French) will be required for the team members leading on the Francophone region/countries remote interviews
- Fluency in Arabic (or use of interpreters) will be required for key remote interviews in the Arab region.

The **core** evaluation team is to be drawn mostly from the profiles and from the approved experts included in the respective Long Term Agreement with UNFPA and is expected to be composed **of three members**: A team leader and senior evaluator with experience leading gender responsive evaluations; a senior gender and social norms expert; a medium level gender responsive evaluation expert

A junior evaluation assistant will provide administrative support to the work of the team.

A) The team leader (senior evaluator: 10 + years)

The team leader must possess the following:

- An advanced degree (Master or PHD) in social sciences or related fields
- A minimum of 10 years of experience working in international development
- Out of this 10 years, a minimum of 8 years experience specifically conducting gender responsive evaluations for international organizations or development agencies
- Conducting, as team leader, a minimum of 4 evaluations of similar size and complexity.
- In-depth knowledge of and long-standing experience in developing and implementing evaluation methodologies and methods best able to comprehensively assess complex shifts in power and social, political and economic change.
- Experience working with the United Nations, particularly UNFPA and UNICEF.
- Demonstrable analytical and writing/drafting skills in English.
- Fluency in French (past work experience in French) will bring additional points.

Main responsibilities:

- The team leader is expected to lead and contribute to the large majority of her/his time to the implementation of the evaluation, across all phases and respective deliverables. Specifically she/he is expected to:
    - Develop the work plan and ensure adherence to timelines and deliverables among the team
    - draft the inception report (with inputs from the other team members),
    - review and analyse documentation, websites, social media platforms
    - lead the design of the surveys
    - conduct remote interviews at global and regional levels of key stakeholders such as: UNFPA/UNICEF and other UN staff, donors, other development partners, civil society and academia and implementing partners.
    - conduct selected interviews at country level
    - lead the drafting of the evaluation report (with inputs from the other team members)
    - lead the preparation of the powerpoint presentation with the evaluation results.
    - attend events and present the evaluation results as requested
    - the team leader is ultimately responsible for assuring the quality, internal consistency and soundness of all evaluation deliverables, including the final evaluation report.

B) Senior thematic expert - gender equality and on social norm change (8 + years)

The thematic expert should possess the following:

- An advanced degree (Master or PHD) in social sciences or related fields
- A minimum of 8 years of experience in girl/women's human rights and gender equality with a specific focus on FGM, social norm change, gender norms, sexual and reproductive health and reproductive rights; child rights; child protection.
- Previous direct experience working with a range of groups and movements to advance gender equality and tackle underlying drivers of discrimination.
- Experience contributing to and/or exposure to gender responsive evaluations is preferred will bring additional points.
- Demonstrable analytical and writing/drafting skills in English.
- Fluency in French (past work experience in French) will bring additional points.

Main responsibilities:

- The **gender and social norms expert** is responsible for contributing a significant amount of time to each phase of the evaluation and respective deliverables to ensure solid thematic focus and expertise throughout the process. The thematic expert is expected to:
    - review and analyse documentation, websites, social media platforms
    - conduct remote interviews at global, regional and country levels of key stakeholders such as UNFPA/UNICEF and other UN staff, donors, civil society and academia and implementing partners.
    - contribute to the design of the survey
    - contribute to the drafting of the evaluation report,
    - contribute to the power point presentation with the evaluation results.

C) Medium level gender responsive evaluation expert (6 + years)

The medium level expert should possess the following:

- An advanced degree (Master) in social sciences or related fields.
- A minimum of 6 years of experience working in international development
- Experience conducting/contributing to programme level evaluations – including specifically gender responsive evaluations.
- Extensive previous experience in data collection and analysis, including designing and analysing data from surveys, documentary review and interviews.
- Capable of organizing and analysing large sets of data is a requirement.
- Strong statistical skills and advanced user of Excel and Stata, SPSS, R and/or Python;
- Strong skills in conducting financial analysis;
- Demonstrable analytical and writing/drafting skills in English.
- Fluency in French will bring additional points.

Main responsibilities:

- **The medium level gender responsive evaluation expert** is expected to conduct desk data collection & analysis, including:
    - conducting documentary review and remote interviews at country level of key stakeholders such as UNFPA and other UN staff, donors, civil society and academia, and implementing partners).

- building excel workbooks containing quantitative and qualitative information from UNFPA/UNICEF reporting and monitoring systems;
- supporting the team leader in designing a survey.
- administrating the survey, analysing the data generated and reporting back to the team leader
- contribute to the drafting of the evaluation report.

D) Evaluation assistant (junior expert):

The evaluation assistant should possess the following:

- A degree in social sciences or related fields.
- A minimum of 2 years of experience working in international development
- Experience contributing to evaluations/ research projects will bring additional points.
- Capable of organizing large sets of documents/ data is a requirement.
- Excellent computer skills
- Experience with PowerPoint, infographics and other presentation tools.
- Demonstrable administrative and organizational skills
- Excellent drafting skills in English.
- Fluency in French will bring additional points.

Main responsibilities:

- **The evaluation assistant** is expected to provide administrative and organizational support, including:
  - collecting and uploading documentation on the evaluation google drive, ensuring the evaluation google drive is well organized and updated
  - organizing (including zoom links, calendar invitations) and scheduling interviews with all key informants (at country, regional and global levels) and for all members of the evaluation team
  - keeping track of the key informants list and interviews completed
  - taking notes; drafting letters, formatting documents/ presentations, etc.

Table 5: evaluation team expected level of effort:

Core team	Inception	Data Collection	Analyses and Reporting
Team Leader (senior evaluator)	50%	30%	40%
Gender and social norms expert (senior thematic expert)	30%	30%	30%
Gender responsive evaluation specialist (medium evaluator)	10%	20%	20%
Other relevant profiles			
Evaluation assistant (junior expert)	5%	10%	5%

Quality Assurance Adviser (senior evaluator)	5%	NA	5%
Total team level of effort per phase	100%	100%	100%

As reflected in the table the Evaluation Office expects the team leader, in particular, to be fully engaged and available throughout the evaluation process. An adequate number of days should be allocated to this role within the evaluation budget and planning, in order to fulfil the requirements of the role and the tight timeline.

The evaluation core team members should not have been involved in the design, implementation or monitoring of UNFPA UNICEF Joint Programme on the elimination of FGM during the period under review, nor will they have other conflict of interest or bias on the subject (see annex 3).

10. Quality assurance and assessment

The contractor, will conduct **quality control of all outputs (including drafts)** prior to submission to the chair of the evaluation management group.

Levels of quality assurance:

- The first level of quality assurance of all evaluation deliverables (including drafts) will be conducted by the **contractor** prior to submitting the deliverables to the review of the evaluation management group.
- The second level of quality assurance of the evaluation deliverables will be conducted by the **evaluation management group.**
- The third level of quality assurance of the evaluation report will be conducted by the evaluation reference group.

Finally, the final evaluation report will be subject to assessment by an independent evaluation quality assessment provider using UNFPA Evaluation Office quality assessment grid.[32] The evaluation quality assessment grid will be published along with the evaluation report on the UNFPA Evaluation Office website. For more details on the quality assurance and assessment, please refer to the Long-term agreement terms of reference.

11. Cost of the evaluation and payment modalities

The budget range for the overall cost of the evaluation is **USD 220,000 - 270,000**. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference (including expenses associated with the copy editing and translation)

32 The grid is available here: https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance

LTA holders should not include travel costs in the financial offer. No travel is expected to happen given the pandemic.

Deliverables

- Inception report
- Evaluation report and PowerPoint presentation of the evaluation results (written in English; professionally designed and printed)
- Evaluation brief in English (two pages); translated in Arabic, Spanish, Portuguese and French[33]

Payment Modalities

The payment modalities shall be as follow:

- 30% on acceptance of the draft inception report
- 40% on acceptance of the draft final evaluation report
- 20% on acceptance of the final joint evaluation report
- 10% on acceptance of the translation of the evaluation brief in Spanish, Arabic, Portuguese and French

The production of each evaluation deliverables may entail several revisions until the chair of the evaluation management group and lead evaluation manager considers the deliverable final. It is the responsibility of the contractor that all deliverables meet UNFPA evaluation quality standards, minimum UN editorial standards (see Annex 3: Editing guidelines), including formatting and presentation. The UNFPA Evaluation Office will reject any deliverables that do not meet these standards.

The final evaluation report and the evaluation brief should be professionally copy edited by the contractor.

No payment will be processed until the corresponding deliverables are formally approved by the chair of the evaluation management group and lead evaluation manager.

33 This brief is separate from the executive summary.

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Annexes of the Terms of reference

Annex 1: Evaluation Matrix (template)

Evaluation Question 1: To what extent is the programme design responsive … **Criteria:** *Relevance and effectiveness*		
Assumptions to be assessed	**Indicators**	**Data Collection Sources and Tools**
Assumption 1.1 Joint programme interventions at the national and sub-national level are based …	• Evidence of contextualization of strategies and interventions, … •	*Documents* • Minutes of country/regional level coordination meetings • … • *Interviews/Discussions* • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • …. •
Assumption 1.2 The combination of approaches and strategies is appropriate to address FGM in …	• Evidence of ownership of community level programme interventions by civil society and other partners/stakeholders • …	*Documents* • Country work plans • … *Interviews/Discussions* • Implementing partners (INGOs, local NGOs) • …
Evaluation Question 2: To what extent the …		
Assumptions to be assessed	**Indicators**	**Data Collection Sources and Tools**
Assumption 2.1 The programme has …	• Number of … • ..	*Documents* • … *Interviews/Discussions* • … •
Assumption 2.2 Joint Programme acted as a catalyst …	Evidence of ..	*Documents* • … *Interviews/Discussions* • …

Annex 2: Structure for the evaluation report

I. Final report

Number of pages: 70-80 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 5 pages**:** objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA/UNICEF support …

2 Methodology

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

3 Main findings and analysis

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

Should include: evaluation matrix; portfolio of interventions; methodological instruments used (survey, focus groups, interview guides etc.); bibliography; list of people interviewed; terms of reference; minutes of the ERG meetings.

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

Cover for the Final Evaluation Report

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

Title of the evaluation:

Evaluation Office

Date

The following information should appear on page 2:

- Name of the evaluation manager(s)
- Names of the evaluation team
- Names of the members of the reference group

Any enquiries about this report should be addressed to:

Evaluation Office, United Nations Population Fund, e-mail: evb@unfpa.org

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

http://www.unfpa.org/evaluation

Editing: xxxx
Design: XXX
Cover photos provided by: XXXX

Annex 3: Editing guidelines

Evaluation reports formal documents. Therefore they shall be drafted in a language and style which is appropriate and consistent and which follows UN editing rules:

Acronyms: In each section of the report, words shall be spelt out followed by the corresponding acronym between parentheses. Acronyms should be used only when mentioned repeatedly throughout the text. The authors must refrain from using too many acronyms. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of…, a two-thirds majority). Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Use % symbol in tables and "per cent" in the text

Terminology: Use "UN organizations" not "sister agencies." Do *not* use possessive for innate objects (UNFPA's, the Government's, the country's, etc.). Instead, use: the UNFPA programme, the government programme, the UNFPA intervention, etc.

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.

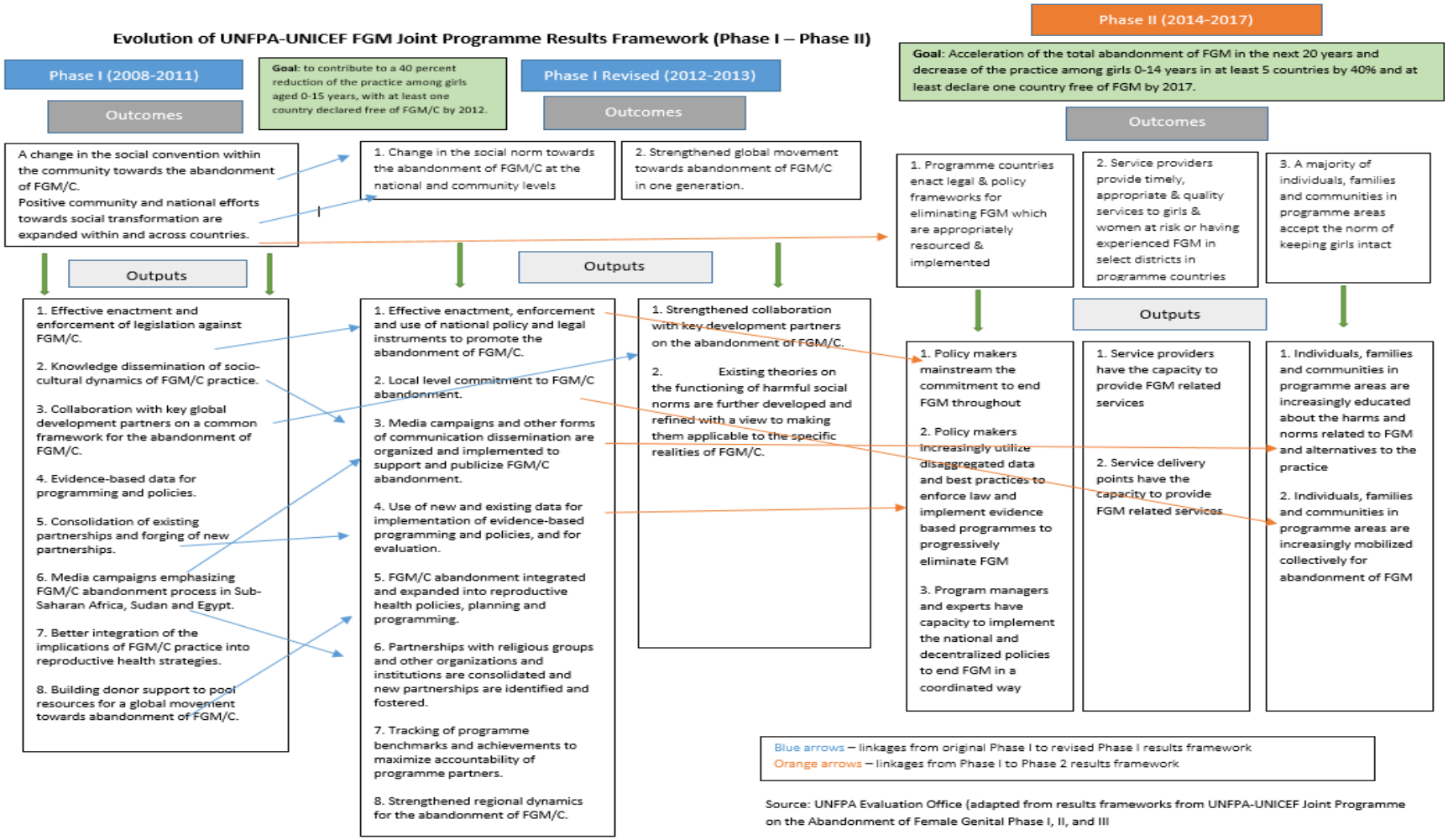
Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address), author (or item's name, if mentioned), date.

List of people consulted: should include the full name and title of people interviewed as well as the organization should be organized in alphabetical order (English version) with last name first; should be structured by type of organization

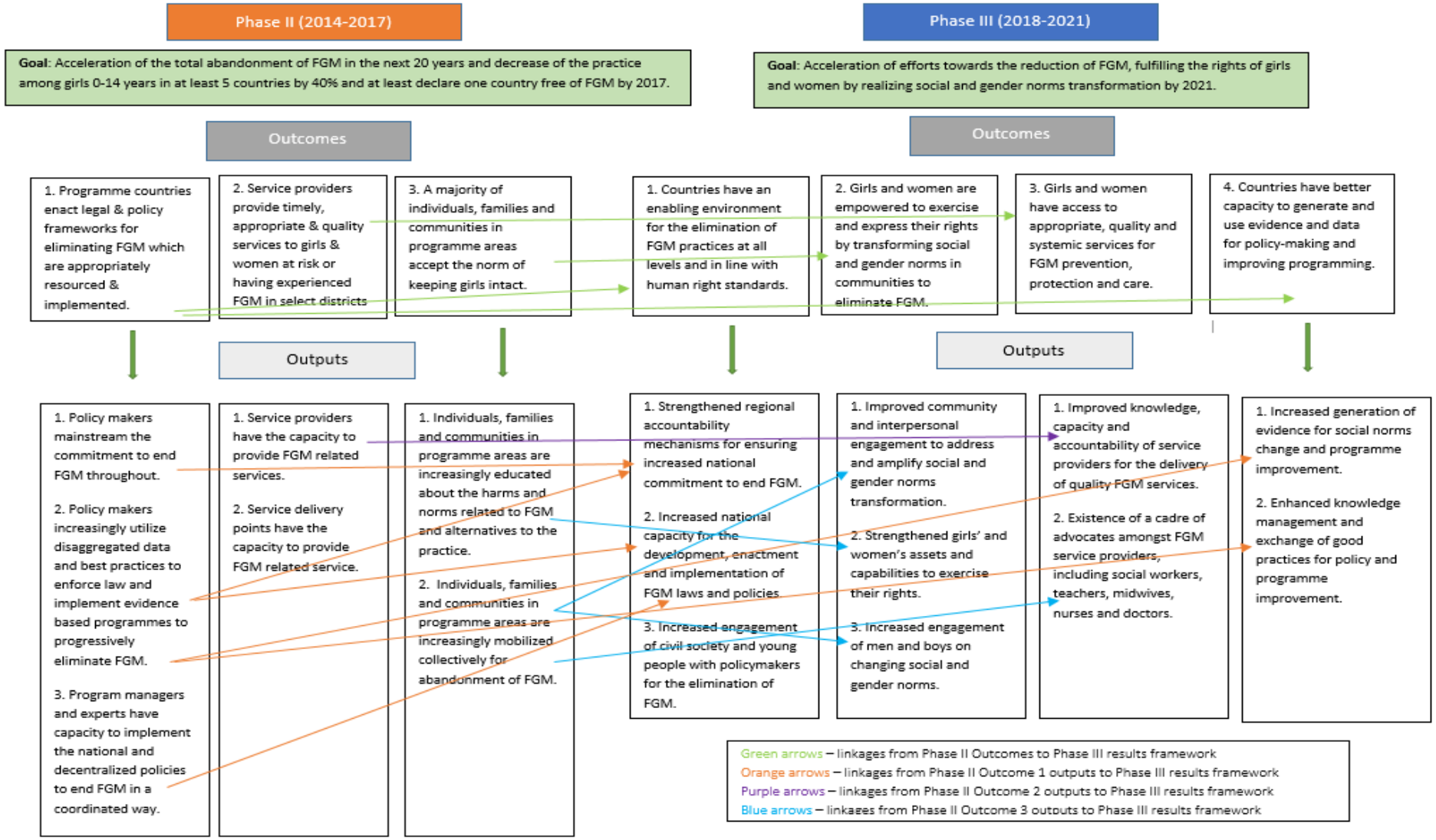
See United Nations Editorial Manual Online at: http://dd.dgacm.org/editorialman

Annex 4: Evolution of the results frameworks



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

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



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

Annex 5: Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent.** The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer.** No team member should have participated in the preparation, programming or implementation of UNFPA /UNICEF interventions on FGM during the period under evaluation.

Annex 6: Governance and management note

The evaluation will be conducted jointly by UNFPA (lead agency) and UNICEF.

1- A **joint evaluation management group (EMG)** composed by the members of the UNICEF and UNFPA evaluation offices will be the main decision-making body for the evaluation and have overall responsibility for management of the evaluation process including hiring and managing the team of external consultants. UNFPA Evaluation Office will chair the EMG.

The joint EMG is responsible for ensuring the quality and independence of the evaluation and to guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines.

Key roles and responsibilities of the joint EMG include:

- To prepare the terms of reference for the joint evaluation in coordination with the joint ERG
- To liaise with the joint ERG and convene review meetings with the evaluation team
- To lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team.
- To supervise and guide the evaluation team in each step of the evaluation process
- To identify and ensure the participation of relevant stakeholders in coordination with the joint ERG throughout the evaluation process.
- To participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases.
- To review, provide substantive comments and approve the inception report, including the workplan, analytical framework, methodology.
- To review and provide substantive feedback on the draft and final evaluation reports, for quality assurance purposes. To approve the final evaluation report and all evaluation deliverables.
- To contribute to learning, knowledge sharing, the dissemination of the evaluation findings, conclusions and recommendations.

2 - A **joint evaluation reference group** (ERG) will be established to support the evaluation at key moments and ensure broad participation in the conceptualization of the exercise, access to information, high technical quality of the evaluation products as well as learning and knowledge generation. UNFPA Evaluation Office will chair the ERG.

The joint ERG will be consulted by the EMG on key aspects of the evaluation process. The joint ERG will consist of technical staff from relevant business units in the two agencies in both headquarters and in the regional offices. The ERG will have a balance of expertise in FGM, gender and other related areas as deemed relevant. The ERG will provide substantive technical inputs during the evaluation process as well as feedback on the evaluation results and recommendations.

Key roles and responsibilities of joint ERG members include:

- To contribute to the conceptualization, preparation, and design of the evaluation including providing feedback on the terms of reference and comments on the inception report.
- To provide comments and substantive feedback to ensure the quality – from a technical point of view - of the draft and final evaluation reports, including providing inputs to draft recommendations ensuring they are relevant and actionable
- To act as a source of knowledge for the evaluation and coordinate feedback from other UNFPA and UNICEF services from headquarters, the regions and from the field, in particular to facilitate access to information and documentation.
- To assist in identifying both internal and external stakeholders to be consulted during the process.
- To participate in review meetings of the joint EMG and with the evaluation team as required.
- To play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

3 - The joint programme **Steering Committee** will be informed by the EMG chair of progress at key stages of the evaluation: inception; preliminary findings from data collection; final report.

Last page of the evaluation terms of reference

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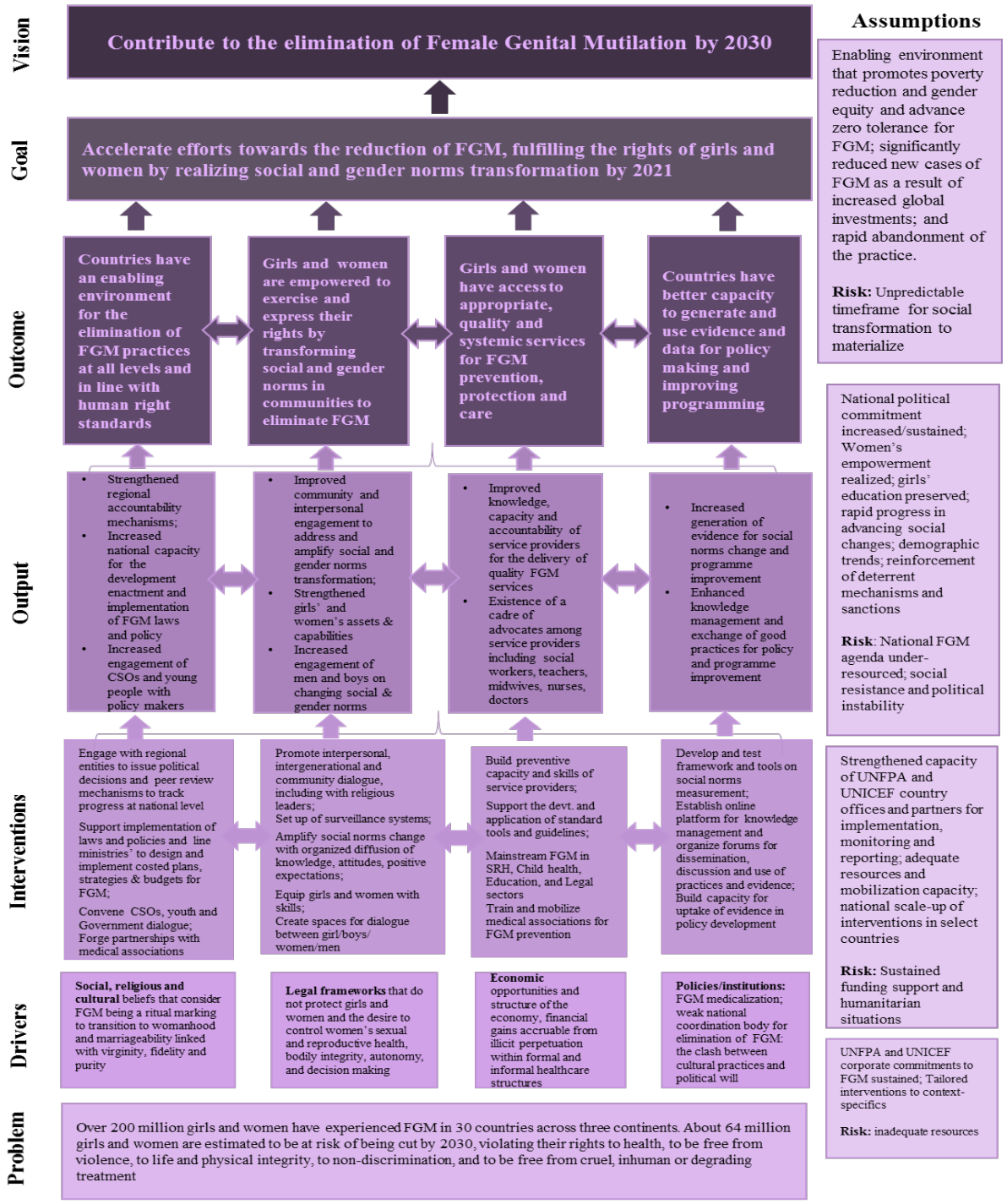
Annex 2: Joint Programme Theory of Change



About the Joint Programme on FGM

The Joint Programme has been implemented since 2008 and it is currently on its 3rd Phase of implementation.

Phase I (2008-13)

The first phase of the Joint Programme piloted a holistic approach to 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 FGM/C by 2012*'. It began with 8 countries, but by the end of the first phase was operating in 15 countries. It 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 JP during Phase I amounted to $31.6 million.

Phase II (2013-17)

The second phase of the JP was launched with the expansion to two further countries (the currently 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% 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*'.

Two notable strategies were introduced in Phase II, drawing on the lessons learned from the findings of the Phase I evaluation (see below).

i. 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, CSOs and staff members in using a social norms approach.
ii. An enhanced focus on strengthened systems, tools, capacities for longer-term data collection and analysis to provide monitoring data.

The total expenditure of the JP during Phase II was $60.3 million.

Phase III (2018-21)

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. The Joint Programme's hypothesis remains that: if policies and legislation are in place and appropriately resourced for the elimination of FGM, and women and girls at risk of and affected by FGM access comprehensive service s, and individuals, families and communities accept the norms of keeping girls intact, then there will be elimination of FGM at the household, community and society levels by 2030.

Recognizing the interlinkages between its areas of interventions, Phase III is built around:

- 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**).

With the key goal of challenging and changing social norms, the Joint Programme's approach consists of community dialogues and human rights education, reaching commitments to FGM abandonment through organized diffusion of knowledge to larger portions of the community, and to other communities and localities. This approach relies on support in the four outcome areas and on the engagement of community leaders, religious leaders and youth, including using innovative tools and social media for knowledge sharing mechanisms.

Strategic partnerships of the Joint programme include UN Women and WHO at the global level, with additional partnerships with key global players on innovation, data generation and advocacy. At the regional level, the JP continues to support and engage with the African Union Commission, the League of Arab States, the Organization of Islamic Cooperation and other relevant sub-regional political and economic structures. Country-level partnerships focus on work with sectoral ministries and government coordination bodies. Finally, at the local level the Joint Programme partners with local actors and stakeholders to engage with girls, women and communities.

The programme is aware that with current high levels of population growth, the challenge to ensure declining rates is becoming more difficult. The 2018 report on the Joint Programme highlights:

> *Decline in FGM among girls aged 15–19 has occurred across countries with various levels of FGM prevalence, including Burkina Faso, Egypt and Kenya. However, with population growth rates being especially high in Africa, and an estimated 50 million girls are therefore at risk of FGM in Africa between now and 2030, concerted efforts are required to ensure that FGM rates continue to decline to counter this trend.*

Funding Phase III of the Joint Programme

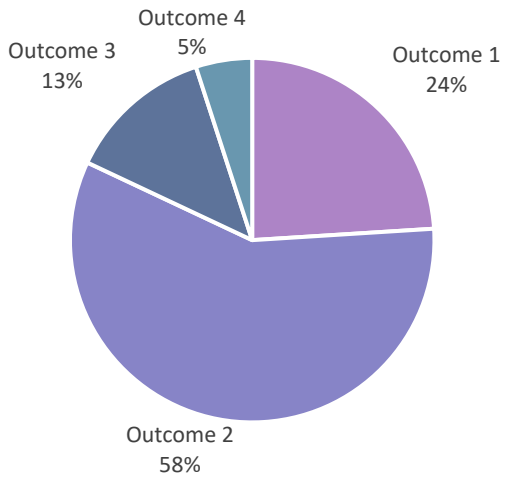
Phase III of the Joint Programme is supported by a range of donors, including Austria, the European Union, France, Iceland, Italy, Luxembourg, Norway, Spain, Sweden and the United Kingdom. For the years 2008 to 2017, contributions from the three largest donors (Norway, the United Kingdom and Italy) represented over 72% of the total contribution. While the consistency of support from key donors is an indication of confidence in the Joint Programme, the Proposal for Phase III also recognizes that expanding the donor base is necessary to mitigate certain financial risks.

Donor contributions to the joint programme received in 2019 ($25.7m) are significantly higher than in 2018 ($14.3m), mainly due to the increase of funds from Norway and Sweden, and the addition of Austria and France to the donor pool.

For the period 2018-19, the total expenditures of the Joint Programme amounted to $ 27,765,195, while the total budgeted amount was $33,218,893. Complete financial data for 2020 is not yet available.

The resource allocation by programme area is shared in Figure 9. The planned distribution of funds by outcome reflects that of the implemented previous phases, as found by the joint evaluation of Phases I and II, where 56% of expenditures were allocated to the "Accepting the norm of eliminating FGM" outcome, while 26% were spent on activities related to legal and policy frameworks and 18% to service provision. For the first year of implementation of Phase III, the 2018 Annual report of the Joint Programme presents a more equal distribution of expenditures between outcomes 1 and 2, with 36% allocated to each. However, the report notes that investment levels will be higher in Outcome 2, starting from 2019, as this Outcome area represents the primary focus of the programme's approach.

Figure 1: Joint Programme Phase III - Resource allocation by outcome areas

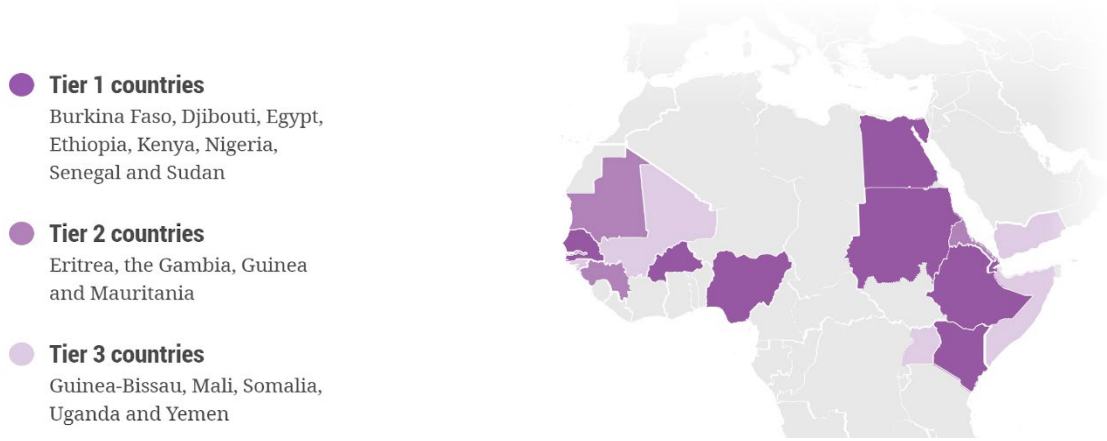


Source: Programme Proposal for Phase III of the UNFPA-UNICEF joint programme Elimination of Female Genital Mutilation: Accelerating Change, page 46

Geographic coverage of the Joint Programme

The Programme works in 17 countries. They are divided into three tiers according to 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. The tier system represents the Programme's approach for prioritizing investments and interventions, built on the underlying principles of the 2030 Agenda.

Figure 2: The geographical coverage of the Joint Programme.



Source: UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation – Annual Report 2018

The COVID-19 Pandemic and FGM

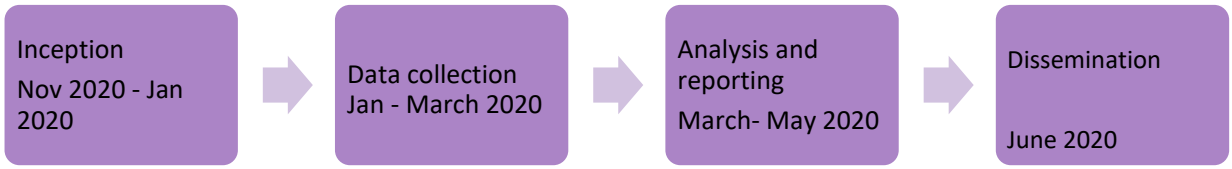
5.3, for the elimination of female genital mutilation by 2030, and calls for integrated FGM risk mitigation and response within GBV and child protection COVID-19 preparedness and response plans.

Annex 3: Evaluation Methodology

Overview of the Evaluation Process

The evaluation consisted of four phases, subdivided into subsequent methodological stages and related deliverables.

Figure 3: Overview of the evaluation process



The four stages refer to those set out in the ToRs. The key methodological stages, and associated deliverables of the three phases are set out below.

Table 1: Key stages and evaluation deliverables

Stage	Methodological stages	Deliverables
Inception	Structuring of the evaluation	Presentation of the methodological approach and work plan including the consolidation and refinement of the evaluation matrix Inception report
Data collection and fieldwork	Data collection, verification of hypotheses	Presentation of preliminary findings from the results of data collection
Analysis and reporting	Analysis and findings Judgements on conclusions Recommendations	Presentation of final report (primarily conclusions and recommendations) Final report, including three six-page thematic briefs

Data collection methods

Areas of focus for data collection

Based on the areas of interest set out in the ToRs, as well as the interest and expectations shared within scoping interviews, the data collection was organised around three 'levels' of the Joint Programme.

Global Level	At the global programme level, the evaluation assessed: • The performance of the global programme against the monitoring indicators of the results-based framework to reflect upon progress to date (EQ4, EQ5, EQ6, EQ7); • International positioning in relation to creating policy space for a gender responsive and/ or transformative approach to FGM (EQ 6); • The support provided by the HQ to facilitate effective FGM programming at the country level (EQ3, EQ 5, EQ6, EQ7, EQ8).
Regional Level	Each of the three regions were reviewed particularly looking at:

	• The partnering with regional intergovernmental organisations and strengthening of regional accountability mechanisms to facilitate enhanced national commitment to end FGM (EQ 4) • The scope, nature and degree of support provided to COs by ROs in order to support effective FGM programming at the country level (EQ3, EQ 5, EQ6, EQ7, EQ8)
Country Office Level: Thematic 'deep dives'	The evaluation focused on three thematic areas of interest for the evaluation: • How and to what extent the JP programme countries are integrating a gender responsive and/or gender transformative approach within their design, implementation and partnering (EQ 1, 2, EQ3, EQ6, EQ7); • How COs are adapting to FGM programming within humanitarian crises, including COVID 19 and lessons learnt (EQ 8); • Complex context-specific issues: How and the extent to which the JP has contributed to strengthening national policies and legislative frameworks on the elimination of FGM, specifically to address medicalisation or cross-border issues (EQ 5). For the thematic 'deep dives', six Joint Programme counties (namely Ethiopia, Guinea, Kenya, Mali, Nigeria, Sudan) , were used as primary sources for qualitative data collection.

Table 2: levels of data collection to address the areas of interest of the evaluation.

Data Collection Tools

For data collection, a mixed-method approach was used that combined both qualitative and quantitative methods. This approach allowed gathering broad background data from the most relevant documentary sources, against which to situate finer granular data from semi-structured interviews with key informants. This data was then triangulated with larger datasets from the surveys of staff members and implementing partners. This kind of triangulation of quantitative and qualitative data collected using multiple tools and from multiple sources was applied to answer all evaluation questions (see the Evaluation Matrix in Annex 13).

Given the COVID-19-related restrictions on travel movements, primary data was entirely collected remotely through the use of video-conferencing platforms (mostly Zoom) for the semi-structured interviews, digital data collection tools such as online surveys to access programme staff and implementing partners, and the UNICEF U-Report to target populations within selected programme countries . The limitations encountered due to the remote nature of the data collection are described at the end of this Section.

Desk-based documents and data review were the primary data sources for the evaluation as they provided background information on the programme, as well as useful information from which to design the other data collection tools such as key-informants' interviews, surveys and the U-Report questionnaire. Relevant documentation also provided the analytical frameworks for the data analysis, as well as complementary information to the data collected from other sources. The desk review started prior to the primary data collection, at the inception phase, and continued beyond the data collection phase to address further information needs that emerged during the data analysis. Over 196 documents were reviewed by the evaluation team.

The desk review relied on different sources: the documentation made available by the EMG in the evaluation in Google Drive; relevant documents accessible on the UNFPA intranet; the UNFPA-UNICEF FGM Joint Programme Data for All online platform for result-based planning, monitoring and reporting (fgmjp.org); and, independently conducted web-based research of documents (such as academic

papers, grey literature, previous evaluative works etc.) regarding FGM and social norm change. The review looked at strategic and programmatic documents, progress reports, steering committee meetings notes, monitoring data, past reviews and evaluations, technical reports and publications on FGM and social norm change at the global level, and other relevant documents at country and regional levels (e.g., annual reports and work plans, previous and current evaluative work, monitoring data, case studies). The complete list of the reviewed documents is provided as Annex 7.

Semi-structured interviews to individuals or group of people were conducted to pursue particular areas of knowledge, experience and insights from key informants, as well as probe information gathered through the desk review. Interviewees were selected amongst the different groups of stakeholders:

f) UNFPA and UNICEF headquarters, other UN agencies, partners and donors at the global level;

g) UNFPA and UNICEF regional offices, and regional partners and stakeholders in the 3 regions (MENA/ Arab States; and the two African regions) at the regional level;

h) In-country JP staff, implementing partners, government partners, CSOs and academia, other UN agencies and donors among other key stakeholders and partners, in Ethiopia, Guinea, Kenya, Mali, Nigeria, and Sudan, to inform the thematic 'deep dives'.

Given the tight timeline for the data collection, in some instances the interviewees were selected with the support of the Joint Programme staff amongst longer lists of potential key informants. The selection was based on their knowledge of the Joint Programme and/or the context of FGM, interest and influence in the Joint Programme, geographic representativeness, stakeholder inclusion, learning opportunities, and coverage of the three programme tiers. In other cases, group interviews were conducted to facilitate inclusion when there was sufficient commonality and the presence of different interviewees at the same time was not felt to limit their expression of views. For some group interviews, the evaluation team used the Doodle online platform to facilitate identifying convenient date and time for the participants[3].

All interviews were conducted in English or French. Specific questions based on the stakeholder type were developed drawing on the evaluation matrix to guide the interviews (see Annex 3). The interview notes were captured in standard logbooks developed in Word templates (see Inception Report) and stored on a SharePoint account accessible only by the evaluation team.

Two web-based surveys targeted (i) all UNFPA/UNICEF Joint Programme staff and (ii) implementing partners across all JP Countries, to collect their perceptions on the performance of the programme in terms of relevance and effectiveness, as well as their insight on social and gender norms change, and their recommendations to the programme for the future . Both surveys were developed and rolled out with Survey Monkey, an online platform for creating and administering online surveys.

The JP staff survey targeted 36 UNFPA and 66 UNICEF staff working on the Joint Programme with different roles, drawing their contacts from the UNFPA and UNICEF COs and ROs focal points contact lists 2020. It drew from the list of Joint Programme focal points shared by the EMG. The staff survey was developed in English and French, and piloted to ensure that it was functioning correctly. The link to the online survey was circulated via email by the EMG.

The implementing partner survey targeted 285 partner organizations from government and civil society, based on a stakeholder list collated by the COs. The IPs survey was developed in English, French and Arabic, and piloted to ensure it was running properly. The evaluation team reached out to

the implementing partners directly by sending them accompanying emails in the three languages, with the link to the online survey.

Both surveys asked respondents' perceptions on the relevance and effectiveness of the programme by using Likert scales, while the section on social norm change was articulated in multiple choice questions. The survey also included open-ended questions to allow respondents to provide more articulated feedback and suggestions for future programming and implementation.

The **U-Report** tool was utilized in coordination with the UNICEF staff to reach out to the targeted population in four Joint Programme countries that were conversant with the tool, namely Burkina Faso, Mali, Nigeria, and Uganda . Given the evaluation team's inability to conduct field visits due to the COVID-19 pandemic travel restrictions, the U-Report provided the opportunity to collect feedback from the target population, in particular the youths, with regard to their attitude towards FGM abandonment as well as their perception on the community attitude towards it.

The number of people targeted with the U-Report varied per country based on the targeted areas (e.g., Nigeria and Uganda targeted only the states and districts where FGM is prevalent) and the number of registered U-Reporters (e.g., Nigeria has overall more than 3 million registered U-Reporters, while Mali has about 68 thousand U-Reporters) . The actual responses were around 47,000 in total, with the response rates that varied from 4% in Nigeria to 92% in Mali .

Respondent's perceptions were collected using a 12-question survey, mainly with 'yes/no' answers and few multiple-choice questions. Questions focused not only on own attitudes, but also on the respondents' perception of community attitudes and behaviours as a proxy to collect perceived changes at the community level (e.g., Do you believe in your community the FGM practice is reducing? Do you think that others in your community would judge you negatively if you do not cut your daughters / future daughters?). The U-Report questions were designed by drawing on past polls on FGM, as well as on the outcome indicators to measure social norms change as presented in the Joint Programme results framework (see Annex 12).

The U-Report questionnaire was developed by the evaluation team and translated into English for Nigeria and Uganda, and French for Burkina Faso and Mali. The polls were administered with the support of the UNICEF EMG member and the U-Report specialists at HQ level and in country. The M&E UNICEF staff in the selected countries were in charge of deploying the poll via *SMS* using the phone network amongst an agreed sample of people (7,000 per country), drawing on the UNICEF database of U-Reporters' list of phone contacts at the country office level.

The collected data were shared by the UNICEF staff with the UNICEF EMG member and the evaluation team for the data analysis. The results of the U-Report polls were also published on the U-Report website for access of the wider public .

While the U-Report allowed to reach out to target populations, the evaluation team is aware that limitations are inherent to digital data collection tools, 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 (the surveys were developed in English and French, but not in other local languages). Moreover, most U-Reporters were generally concentrated in the age group between 20 and 30.

Given all these limitations, the U-Report was conducted with the intention to add additional layers of understanding to findings identified and triangulated from other sources, as well as investigate the presence of new issues not found through other methods, rather than collect representative data.

Social media data was collected to conduct social media data analysis in order to paint a 'richer picture' of the operating context, and to explore underlying assumptions that are present in the theory of change (including geographical coverage). Social media data gathering focused around two elements of enquiry: (i) to what extent the JP was leveraging social media (programme-wide); and (ii) the coverage and content of social media (at the global level).

i) Data was collected through the Joint Programme monitoring system and semi-structured interviews to understand how social media was used as part of campaigns, dissemination strategies and other uses, including the JP response and adaptation to the challenges resulting from humanitarian crisis, especially during the COVID-19 pandemic.

ii) Social media data to assess the HQ role to create international awareness and advocate for the abandonment of FGM was collected from the UNICEF and UNFPA websites, Twitter and Facebook at the global level. The focus on the global level allowed to address the language limitation, i.e., access to social posts and communications in English or French.

The data collection methods were applied to the three levels of the evaluation (global, regional, country) and mapped to specific evaluation questions as indicated in the table below:

Table 3: The data collection tools used for each of the Evaluation Questions.

Evaluation questions	Main level of analysis	Data collection methods
EQ1 policy alignment **EQ3 programme linkages**	Global	• HQ Case • Desk review • Key informant interviews • Social media data
EQ4 regional partnering	Regional	• Regional cases • Desk review • Key informant interviews
EQ7 knowledge exchange	Regional/Country	• Desk review • Key informant interviews
EQ2 gender responsive **EQ5 national frameworks** **EQ6 social norms** **EQ8 COVID-19**	Country	• Results/M&E reports • Thematic 'deep dives' • Desk review • Key informant interviews • U-Report • Surveys

Sampling

All Joint Programme countries were considered in the data collection at the global level. However, a sample of the six countries, namely Kenya, Mali, Nigeria, Sudan, Guinea and Ethiopia, were subject to more intensive data collection to gather qualitative data with which to inform the thematic 'deep dives'. These six countries were purposively selected (as per the ToRs) to represent contrasting implementing contexts as well as strategies and approaches. Kenya, Mali, Nigeria, and Sudan were proposed by the Joint Programme, while Guinea and Ethiopia were proposed by the ET given that the ACT framework had been piloted there (respectively the French and English versions) and were expected to provide social norms data to inform the evaluation.

The criteria by which the countries were selected were as follows:
As a 'set', they offered the opportunity to understand and reflect upon how gender transformative approaches have been applied in different country programme contexts with differing degrees and nature of underlying gender inequalities as well as programme approaches.

They provided a mix of humanitarian situations (conflicts, displacements, food shortages, climate shocks and COVID-19) to understand how the programme has been responding to humanitarian crises (including COVID-19).
They were across different tiers of the programme and across all of the three regions of the programme.
They represented countries with different FGM prevalence levels and acceleration required for elimination by 2030.
Three of the six selected countries, namely Guinea, Nigeria, and Mali, potentially provided the possibility of accessing perception-based data using U-Report.
Guinea and Ethiopia were the two pilot countries for the application of the ACT framework and therefore were expected to provide relevant in-depth data around social and gender norm change.

A more detailed table which sets out each country against the different evaluation criteria is shared in Annex 3.

Within each 'deep dive' country case, stakeholders were purposefully sampled to provide a diversity of voices ranging from government officials to local CSOs. The sampling strategy for each case study was developed by the evaluation team and applied in collaboration with the COs JP focal points.

Details of data processing and analysis

The evaluation employed a number of different data analysis methods or tools.

Approaches to data analysis

Primary and secondary data, quantitative and qualitative, were considered against the evaluation matrix with the support of different analytical methods and tools.

Qualitative content analysis was applied to the data collected through the documentary review. The review was guided by the evaluation matrix, and the qualitative data were coded based on the evaluation assumptions and indicators with the support either of the online software Dedoose, a web-based application that assists qualitative methods research analysis, or Word.

Qualitative content analysis was also applied to data collected from interviews with the different kind of stakeholders to pull out key trends, issues and patterns across the different evaluation questions. From each interview, a synthesis of the key points linked to the evaluation areas of inquiry was developed and relevant quotes were highlighted from interviews, so that they could be used to support findings.

Descriptive statistics was applied to analyze quantitative data collected through the web-based survey administered to the JP staff and the implementing partners, and through the U-Report circulated amongst the targeted populations of the four selected countries (Burkina Faso, Mali, Nigeria, and Uganda). This kind of data were processed with the support of Excel to identify trends and frequency distributions.

Quantitative data collected through the desk review such as national statistics, programme monitoring data from COs, programme financial data when relevant, and data from previous surveys, were also looked at against the evaluation matrix and analyzed mainly using descriptive statistics such as distribution and frequencies, or making comparisons.

An adapted version of **process tracing (PT)**, a qualitative analysis methodology whose main purpose is to establish whether, how and why a potential cause or causes influenced a specific change or set of changes, was applied to assess the contribution of the JP in strengthening national policies and

legislative frameworks on the elimination of FGM and the related emerging issues of medicalization and cross-border practice (EQ 5). It relied on data collected through desk review of relevant documentation and interviews with key informants.

PT works by first identifying the change or changes to be explained, and then working backwards to assess contribution through a five-step process: (i) identify the change or changes to be explained; (ii) establish the evidence for the change; (iii) document the process leading to the change; (iv) establish alternative causal explanations; (v) assess the evidence for each causal explanation. The last step usually requires the development of multiple hypotheses or explanations that then are verified as sufficient and/or necessary to establish causation, with the help of a set of formal tests.

During the data collection phase, the evaluation team decided to apply a lighter version of PT that included the first three steps of the methodology. The decision to limit the application of the methodology was led by the fact that the role played by the JP in strengthening the policy and legislative framework was emerging strongly in all the 'deep dive' country cases, as well as due to the time constraints in both data collection (especially for the key informant interviews) and data analysis.

Realist evaluation (RE), a theory-based approach to evaluation whose purpose is to answer to the questions 'what works, for whom, in which circumstances, and why', was applied to assess the extent to which the JP contributed to the acceptance of a new social norm to keep girls intact in the targeted populations (EQ 6). Data was disaggregated according to different target population groups (i.e., women and girls, men and boys, youths, elderly, traditional and religious leaders), looking for differential effects based on the assumption that programmes outcomes are influenced by the ways in which different stakeholders respond to them.

At the core of RE, there is the context-mechanism-outcome (CMO) hypothesis, according to which the results of the intervention depend on the interactions between the contexts (such as the socio-economic and political environment, organisational context, local history and culture) and the mechanisms (i.e., the combination of the stakeholders' reasoning and the resources they have available). In the context of this programme, the evaluation team adopted the ACT framework as its CMO configuration, i.e., as the analytical tool to help explore and test the programme theory specifically with regard to changes in social norm to keep girls intact.

Figure 4: Key assumption at the basis of the realist evaluation approach

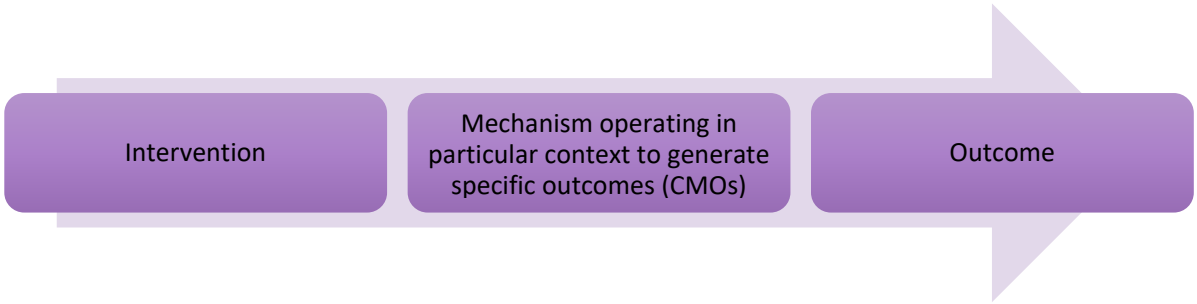
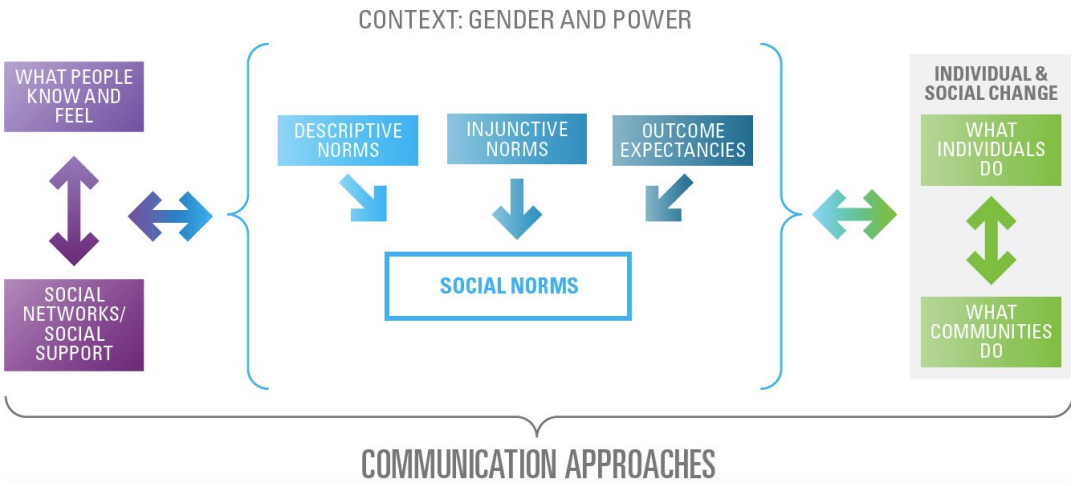


Figure 5: Conceptual model behind the ACT framework, that will be at the heart of the Realist Evaluation approach



Source: The ACT Framework. Towards a New M&E Model for Measuring Social Norms Change Around Female Genital Mutilation, page 2.

Social media analysis was applied to analyze social media data making reference to UNFPA and UNICEF communication about FGM abandonment. The analysis was conducted with the support of Mention, a software that helps tracking relevant terms through both online media monitoring and social media listening. In this case, Mention helped tracking terms relevant to FGM. The analysis looked at the reach, sentiment, and volume of posts across different platforms with a view to answering questions about engagement and discourse around FGM.

Being aware that the theoretical potential of social media analysis approaches is often hard to fully realize in practice due to various biases that affect social media data , the information emerged from this kind of analysis was considered as a supplementary source to provide insight on how social media have been used by the JP to create international awareness and advocate for the abandonment of FGM at the global level. It was also referred to in assessing the JP response and adaptation to challenges resulting from the COVID-19 pandemic.

The table below sets out the EQs and the different analytical methods that were applied to respond each one.

Table 4: Data analysis methods applied to each Evaluation Question.

Evaluation questions	Data Analysis methods
EQ1 policy alignment	• Qualitative content analysis
EQ2 gender responsive	• Qualitative content analysis • Gender results effectiveness scale analysis • Descriptive statistics
EQ3 programme linkages	• Qualitative content analysis
EQ4 regional partnering	• Qualitative content analysis
EQ5 national frameworks	• Process tracing • Qualitative content analysis • Descriptive statistics
EQ6 social norms	• Qualitative content analysis • Descriptive statistics • Realist evaluation • Social media analysis
EQ7 knowledge exchange	• Qualitative content analysis

EQ8 COVID-19	• Qualitative content analysis

Data Processing and Synthesis

The data collected from global, regional and country desk review, key-informant interviews, and the surveys were carefully processed and synthesised to allow development of findings and conclusions for each of the key evaluation questions. Synthesis logbooks were developed for the global, HQ, regional and country 'deep dives' to provide key data products or 'building blocks' for developing findings (see Inception Report). The logbooks included key evidence, sources (both documentary sources and interviews), findings and considerations that were used as elements of the final report.

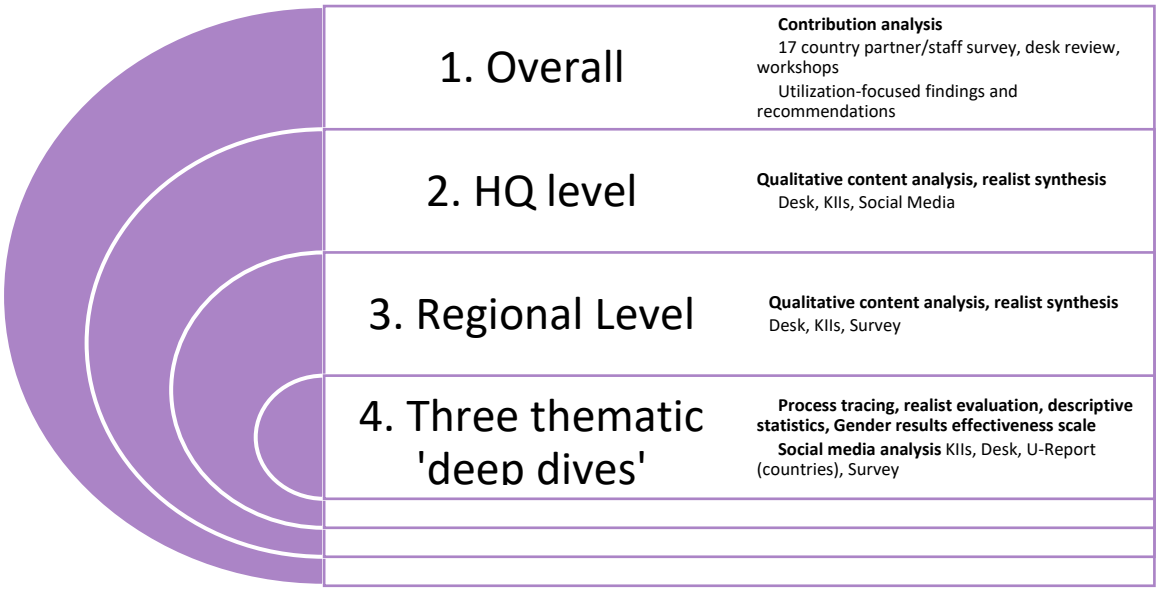
Four levels of synthesis were developed, as described in the table below. Level 1, 2 and 3 were used to test and triangulate the assumptions in the evaluation matrix, while Level 4 was used to combine these sources to answer specific evaluation questions in more depth and developing major findings and conclusions.

Figure 6: Levels of synthesis and data analysis approaches applied.

Level 1: Global synthesis	The synthesis was drawn on the interview notes from the key informant interviews with global, regional and country key stakeholders, on documentary evidence (in particular from annual reports and the results framework), and on the online surveys, which were all reviewed and collated. The focus was upon (i) progress against the intended outputs and outcomes; and (ii) responding to relevant EQs. Developing a synthesis helped guiding the integration of data and insights gathered with different methods and by different members of the team. A 'logbook' structured around the relevant elements of the evaluation matrix was used to collate and present data for the global synthesis.
Level 2: HQ Level synthesis	This synthesis was drawn on interview notes from key informant interviews with HQ key stakeholders and documentary evidence from the desk review of global and regional documentation. It was developed using Content Analysis to pull out key themes, trends and patterns for each relevant key evaluation questions (including indicators and assumptions), as well as to identify any divergent views.
Level 3: Regional Level synthesis	This synthesis was drawn on interview notes from key informant interviews with regional key stakeholders and documentary evidence from the review of global and regional documentation, which were all reviewed and collated. It was developed using Content Analysis to pull out key themes, trends and patterns for each relevant key evaluation questions (including indicators and assumptions) and identify any divergent views. This approach allowed the integration of data and insights gathered with different methods and by different members of the team, ensuring coherence of analysis.
Level 4: Three Thematic Deep Dives	This synthesis was drawn on data collected from the six sampled countries, and focused upon key thematic areas of interest of the evaluation as stated earlier: (i) gender responsive and/ or transformative approaches; (ii) adapting programming to different humanitarian situations; and iii) FGM within complex situations (cross-border and medicalization).

The diagram below shows the building blocks that were developed and brought together, and the levels at which the data analysis was applied.

Figure 7: Levels of analysis and synthesis



Assessing Contribution

Contribution analysis (CA) was the overarching approach that provided the overall framework for the evaluation. CA 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 reduces uncertainty in the analysis of whether a development intervention has contributed to change. It is particularly useful for programmes where 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.

To assess the contribution of the Joint Programme to each evaluation question, synthesized data from country cases, regional and global interviews, desk analysis and the surveys was combined and compared to provide verified evidence to support the development of findings and conclusions.

Validation of Key Findings and Development of Conclusions and Recommendations

Key findings were validated through a consultative approach, that involved the ERG and EMG, who were also involved in the development of the conclusions and recommendations.

The preliminary findings were validated through a meeting conducted remotely via Zoom and involving the ERG members in a consultative way. The evaluation team shared the preliminary findings with a Power Point presentation and used it as a basis to discuss and feeding back on questions and comments.

Preliminary conclusions and recommendations were developed by the evaluation team and then discussed and validated through a workshop with the EMG. Another ERG meeting was held to discuss the recommendations in a participatory way before completing the final evaluation report.
Figure 8: validation process of key findings, conclusions and recommendations


ERG Meeting May 4th, 2021
Recommendations workshop, June 2021
ERG Meeting, July 2021
Finalevaluation report, End of July 2021

Detailed Sampling Framework

	Kenya	Mali	Nigeria	Sudan	Guinea	Ethiopia
Demonstrate characteristics related to thematic 'deep dives'						
Gender responsive and/ or gender transformative approach	x	x	x	x	x	x
Medicalisation	x		X (high)	x	x	
Cross-border issues	x					x
Humanitarian Crises (in addition to COVID 19)	X COVID 19	Humanitarian crises: armed conflicts, inter-community clashes and food shortages	Humanitarian crisis in NE Nigeria (conflict, displacements) COVID 19	Humanitarian crisis (following decades of conflict)	X COVID 19	X Humanitarian crisis (inter-communal and ethnic conflicts, and climate shocks)
Prevalence levels						
FGM Prevalence aged 0-14 (in %)	2.8	76	16.9	31.5	45.5	15.7
Expected number of girls at risk of FGM aged 0-15 years by 2030	337,708	4,803,960	9,778,679	3,308,130	1,638,910	3,898,938
Ranking in programme regarding expected number of girls at risk in 2030	16/17	2/17	1/17	4/17	7/17	3/17
Acceleration required for elimination by 2030						
Acceleration required	4	1309	5	43	75	12
Ranking in programme	17/17	1/16	16/17	8/17	6/17	12/17
Funding Levels						
Funding level by $million (2018 and 2019 budget levels)	3.02	0.5	2.24	1.642	0.87	2.3
Ranking in programme	1/16	12/16 (with two other countries)	4/16	7/16	9/16	2/16

National policy and legislative environment						
Legislation on FGM	X	?	x	x	X	X
National budget line	X	X	?	X	X	X
National co-ordination mechanism	X	X	x	x	x	x
Tier						
Tier Level	Tier 1	Tier 3	Tier 1	Tier 1	Tier 2	Tier 1
Regional Affiliation	ESARO	WCARO	WCARO	ASRO/ MENA	WCARO	ESARO
Data Collection Considerations						
U-report data base		x	x		x	
ACT M&E Framework Pilot Country					x	x
Case study for Phase II evaluation	x					x

Kenya, Mali, Nigeria and Sudan were proposed by the JP Team.

Annex 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 summarised in the table below.

Table: JP FGM Phase III. Challenges/ Limitations and Mitigation Measures

Limitation	Description	Mitigation strategy
Limitations in accessing reliable and informative quantitative data and measuring reductions in programme outcomes	There are significant sector-wide challenges around statistically measuring the reduction of FGM. JP monitoring data is available for 2018 and 2019, and only at country level for 2020.	The evaluation team have used a primarily theory-based qualitative approach to assess the logical coherence of the 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 as to whether or not the programme is *likely contributing* to a reduction of FGM.
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 have been unable to conduct in-person case study visits to countries where programming was implemented.	The evaluation conducted desk review and remote interviews with a range of stakeholders (including government, UN staff, IPs) in six countries to gain as much understanding of the contexts as possible. In addition, interviews were held with Representatives in six other JP countries.
The lack of in country visits has meant that it has not been possible to engage directly with beneficiaries	The inability to visit countries and to conduct field visits meant that direct access to beneficiaries was not possible. FGDs were not conducted on a remote basis given the sensitivity of the issue, and also that many of those affected are children.	Sources of data that include beneficiary / end user feedback have been sought (but limited) from other evaluations/ evaluative processes. Interviews were conducted with IPs in six countries, and a survey was targeted to 278 IPs across all JP countries (with a response rate of 50%). Data about perceived needs and benefits were collected. In addition, the U-Report collected data from about 7,000 people in four countries (Burkina Faso, Nigeria, Mali, Uganda) about changing perceptions and attitudes to FGM.
The risk of evaluation and interview fatigue	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., UNFPA's Gender Equality and Women's empowerment evaluation for which Mali was also a case study) there are also other evaluation processes.	The evaluation has 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 has been used as an evidence base for the evaluation, rather than evaluating the programme comprehensively. Thematic case studies are a focus so that there is an opportunity to learn, rather than being a comprehensive assessment.
Remote working and challenges of arranging interviews	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	The evaluation team tried to be as accommodating and timely as possible. Of those staff who were unavailable for interview, their colleagues were approached and requested for interview.

Limitation	Description	Mitigation strategy
	were unavailable for interviews, or for the global/regional interviews.	
Potential bias from stakeholder interviewees	In qualitative data-collection interviews, there was an inherent risk that stakeholders might filter information or try to present information under a specific light.	The evaluation organized, facilitated, and engaged in conducting interviews with strategies to put interviewees at ease.
Potential bias in selecting stakeholders to participate in interviews and group discussions	As with most evaluations, a potential bias existed in working with country offices to select interview and group discussion participants.	The evaluation team provided guidance[34] to focal points about stakeholders to be interviewed, and the COs proposed stakeholders which were discussed before the list was finalised.
Potential analytical bias from the evaluation team	As with all qualitative interview exercises, humans have the tendency to be easily influenced by the factors surrounding information.	Interviewers from the evaluation team took detailed notes that were validated with the rest of the evaluation team.
Potential bias in using remote digital data collection tools – U-Report	The use of remote digital data collection tools such as the U-Report have 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., males-females; youth-older people), the quality of the device available to the user, the education level of respondents.	The U-Report was developed with the support of the CO 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.
Potential access limitations for web-based surveys	For the web-surveys (particularly to implementing partners), foreseen constraints were limited access to a stable internet connection, and the inability to ask for clarifications to questions and answer options.	The evaluation kept the web-based survey format as simple as possible, to facilitate its use also when internet connections are not strong. The survey language was refined with the support of CO staff, and also translated (English and French for the staff survey; English, French and Arabic for the survey for Implementing Partners). The surveys were piloted to ensure that they were functioning and accessible. Respondents had the possibility to contact the evaluation team to request for clarifications.
Remote working and tight time pressures have constrained opportunities for collective reflection	The evaluation timeline and remote nature of the evaluation has been such that the process has been highly intensive for a small team, and thus the report has been developed under tight time pressure with limited time for reflection.	The team have tried to work together remotely where possible and ensure knowledge exchange and opportunities for reflection.

34 Given the tight timeframe, for those COs with more than 10 partners, the focal points were requested to prioritise the stakeholders and indicate 10 or 12 stakeholders to be interviewed, based on their knoweldge of the programme and their possibility to contribute to the data collection of the evaluation.

Annex 5: Joint Programme Results Framework and Performance

The table below shows the progress of the Joint Programme against the Phase III results framework. Data are drawn on the Data for All platform (fgmjp.org), updated on March 15th, 2021, and last accessed on May 19th, 2021.

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Goal - Accelerate efforts towards the reduction of FGM, fulfilling the rights of girls and women by realizing social and gender norms transformation by 2021						
Goal Indicator 1 - Prevalence of FGM among girls aged 0 to 14 years old, Percent, Total	Planned					
	Actual					
Goal Indicator 2 - Prevalence of FGM among girls aged 15 to 19 years old, Percent, Total	Planned					
	Actual					
Goal Indicator 3 - Prevalence of FGM among girls and women aged 15 to 49 years old, Percent, Total	Planned					

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
	Actual					
Outcome 1 - Countries have an enabling environment for the elimination of FGM practices at all levels and in line with human rights standards						
Indicator 1.1 - Proportion of countries having in existence features of an enabling environment for FGM elimination: Existence of legislation criminalizing FGM, Yes/No, Total	Planned	13	13	14	15	16
	Actual		14	14	14	
Indicator 1.2 - Proportion of countries having in existence features of an enabling environment for FGM elimination: Enforced legislation criminalizing FGM: # arrests, Number, Total	Planned	255	282	308	321	367
	Actual		166	207	154	
Indicator 1.3 - Proportion of countries having in existence features of an enabling environment for FGM elimination: Enforced legislation criminalizing FGM: # cases brought to court, Number, Total	Planned	267	243	266	289	298
	Actual		154	175	100	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 1.4 - Proportion of countries having in existence features of an enabling environment for FGM elimination: Enforced legislation criminalizing FGM: # convictions and sanctions, Number, Total	Planned	182	159	158	135	171
	Actual		34	41	47	
Indicator 1.5 - Evidence-based costed national action plan to end FGM under implementation by all government sectors, CSOs, faith-based organizations, and other actors, Yes/No, Total	Planned	5	11	13	16	16
	Actual		8	10	12	
Indicator 1.6 - National budget line for FGM, Yes/No, Total	Planned	9	10	12	14	16
	Actual		9	10	11	
Indicator 1.7 - Existence of budget line in the Ministry of Justice to support mobile courts, Yes/No, Total	Planned	2	2	2	3	3
	Actual		2	2	3	
Indicator 1.8 - At least 50 per cent of the national government budget line for FGM is utilized, Yes/No, Total	Planned	8	8	11	13	15
	Actual		8	10	9	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 1.9 - Existence of a functional national FGM monitoring mechanism characterized by: National FGM administrative data, Yes/No, Total	Planned	4	10	14	15	15
	Actual		8	13	13	
Indicator 1.10 - Existence of a functional national FGM monitoring mechanism characterized by: National coordination body/committee for FGM, Yes/No, Total	Planned	10	11	15	16	15
	Actual		12	15	15	
Indicator 1.11 - Existence of a functional national FGM monitoring mechanism characterized by: Annual implementation review system, Yes/No, Total	Planned	9	11	15	16	16
	Actual		11	12	14	
Output 1.1 - Strengthened regional accountability mechanisms for ensuring increased national commitment to end FGM						
Indicator 1.1.1 - Existence of African Union, League of Arab States and regional economic communities' political decisions on FGM elimination in line with the SDGs, Yes/No, Total	Planned					
	Actual				1	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 1.1.2 - Number of peer review processes of relevant African Union, League of Arab States, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component, Number, Total	Planned				20	
	Actual				40	
Output 1.2 - Increased national capacity for the development, enactment and implementation of FGM laws and policies						
Indicator 1.2.1 - Existence of a costed national action plan addressing FGM, Yes/No, Total	Planned	7	8	13	16	16
	Actual		6	11	11	
Indicator 1.2.2 - Proportion of law enforcement staff (police, prosecutors, judges) competent to apply the FGM law, Yes/No, Total	Planned	2675	595	1638	1187	1988
	Actual		1096	2612	1433	
Indicator 1.2.3 - Proportion of countries using FGM tracking tool for monitoring the	Planned				6	1

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
implementation of laws and policies, Yes/No, Total	Actual					
Output 1.3 - Increased engagement of civil society and young people with policymakers for the elimination of FGM						
Indicator 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, Number, Total	Planned	23	15	26	19	25
	Actual		18	21	19	
Indicator 1.3.2 - Proportion of medical and paramedical associations declaring FGM performed by health professional an unethical practice, Number, Total	Planned	6	4	14	16	18
	Actual		16	20	170	
Outcome 2 - Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM						

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 2.1 - Proportion of communities that made public declaration of abandonment of FGM, Number, Total	Planned	2960	2960	3426	3108	4600
	Actual		2950	3362	2156	
Indicator 2.2 - Number of people engaged in public declaration that they will abandon the practice of FGM, Number, Total	Planned	6180223	6358233	8787588	6584806	10189328
	Actual		2815365	2804813	2220937	
Indicator 2.3 - Proportion of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance with commitments made during public declarations, including addressing the medicalization of FGM, Number, Total	Planned	892	1046	2864	2872	3711
	Actual		1519	2832	1792	
Indicator 2.4 - Proportion of communities where enablers of social norm change are in place: Girls become change agents after completing a capacity development package, Number, Total	Planned	1213	1475	1588	1570	1937
	Actual		2751	7696	3622	
Indicator 2.5 - Proportion of communities where enablers of social norm change are in	Planned	7343	3182	1594	1752	2348

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
place: Religious leaders' public statements delinking FGM from religious requirements, Number, Total	Actual		3516	3890	5943	
Indicator 2.6 - Proportion of communities where enablers of social norm change are in place: Community/traditional rulers publicly denounce FGM practices, Number, Total	Planned	2397	2611	1585	1784	2507
	Actual		2711	3852	17615	
Indicator 2.7 - Number of girls saved from FGM, Number, Total	Planned	11178	1446	164734	390523	562246
	Actual		16251	213774	120605	
Output 2.1 - Improved community and interpersonal engagement to address and amplify social and gender norms transformation						
Indicator 2.1.1 - Number of people who participate actively in education/sensitization/social mobilization sessions promoting the elimination of FGM, Number, Total	Planned	2643867	1769717	4522818	1193100	4803000
	Actual		2514310	5469599	25127798	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 2.1.2 - Number of listeners to radio/TV programmes on FGM in Joint Programme target areas, Number, Total	Planned	2031735	10000558	7136204	18494823	20509823
	Actual		4939864	10600652	51989863	
Indicator 2.1.3 - Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme, Number, Total	Planned	7681526	1078883	2564722	3732918	3968604
	Actual		3813746	11804035	9767221	
Indicator 2.1.4 - Number of community-to-community dialogues on abandonment of FGM (within the country / cross-border), Number, Total	Planned	62338	11078	10959	13144	8700
	Actual		25592	13131	3683	
Output 2.2 - Strengthened girls' and women's assets and capabilities to exercise their rights						
Indicator 2.2.1 - Proportion of communities implementing a capacity package for girls related to FGM elimination, Number, Total	Planned	1176	1293	1002	2332	2582
	Actual		1619	3724	2258	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 2.2.2 - Number of girls graduated from a capacity development package, Number, Total	Planned	52990	66592	77439	122263	154880
	Actual		80478	109951	90302	
Output 2.3 - Increased engagement of men and boys on changing social and gender norms						
Indicator 2.3.1 - Proportion of Joint Programme intervention areas where men and boy's networks /coalitions actively advocate for the elimination of FGM, Number, Total	Planned	7	109	145	405	566
	Actual		108	483	801	
Outcome 3 - Girls and women receive appropriate, quality and systemic services for FGM prevention, protection and care						
Indicator 3.1 - Number of girls and women who have received health services related to FGM, Number, Total	Planned	919901	402431	459289	459046	479318
	Actual		578481	552306	430748	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 3.2 - Number of girls and women who have received social services related to FGM, Number, Total	Planned	193913	214587	273027	287836	298236
	Actual		233837	86228	129531	
Indicator 3.3 - Number of girls and women who have received legal services related to FGM, Number, Total	Planned	25730	51496	64865	80417	125493
	Actual		84220	4886	16380	
Indicator 3.4 - Proportion of countries where FGM is mainstreamed into the curricula of medical and paramedical schools, Yes/No, Total	Planned	10	12	13	13	15
	Actual		12	13	14	
Output 3.1 - Improved availability and quality of FGM services in Joint Programme intervention areas						
Indicator 3.1.1 - Proportion of health service delivery points in Joint Programme intervention areas: that provide FGM-related services to girls and women, Number, Total	Planned	1267	464	1288	1110	981
	Actual		499	1914	1125	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 3.1.2 - Proportion of health service delivery points in Joint Programme intervention areas where health care staff apply FGM case management protocols, Number, Total	Planned		298	891	857	1020
	Actual		346	642	924	
Indicator 3.1.3 - Proportion of health service delivery points in Joint Programme intervention areas: where at least one health care staff member is trained on FGM prevention, protection and care services, Number, Total	Planned	1458	844	1680	1059	1053
	Actual		639	1244	1490	
Indicator 3.1-4 - Proportion of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide social services to girls and women, Number, Total	Planned	482	789	1025	309	350
	Actual		318	673	760	
Indicator 3.1.5 - Proportion of organizations (government/non-governmental organizations/private sector) in Joint Programme intervention areas that provide legal services to girls and women, Number, Total	Planned	864	321	774	288	320
	Actual		437	1423	284	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Output 3.2 - Existence of a cadre of advocates amongst FGM service providers, including social workers, teachers, midwives, nurses and doctors						
Indicator 3.2.1 - Number of doctors and midwives who sign up to become members and support the cause of the 'Doctors and Midwives against FGM Initiatives', Number, Total	Planned		1233	561	962	3245
	Actual		956	1219	991	
Outcome 4 - Countries have better capacity to generate and use evidence and data for policymaking and improving programming						
Indicator 4.1 - Proportion of countries using data and evidence to improve policies and programmes targeting FGM elimination, Yes/No, Total	Planned	10	14	15	16	16
	Actual		13	15	16	
Output 4.1 - Increased generation of evidence for social norms change and programme improvement						
Indicator 4.1.1 - Existence of a global-level framework and related data collection tools for	Planned					

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
the measurement of social norms change related to FGM, Yes/No, Total	Actual				1	
Indicator 4.1.2 - The global framework for measurement of social norms change adapted and applied at country level, Yes/No, Total	Planned	1	1	2	3	3
	Actual		1	1	1	
Indicator 4.1.3 - Research, studies, in-depth analyses and evaluations that fill key knowledge gaps conducted and disseminated to inform policy making and programming for the abandonment of FGM, Number, Total	Planned	9	9	10	11	17
	Actual		10	11	11	
Output 4.2 - Enhanced knowledge management and exchange of good practices for policy and programme improvement						
Indicator 4.2.1 - Existence of a functional knowledge management mechanism on FGM, Yes/No, Total	Planned				1	1
	Actual				1	
Indicator 4.2.2 - Number of virtual thematic discussions taking place through the FGM online knowledge hub, Number, Total	Planned				2	

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
	Actual					
Outcome 5 - Programme Management						
Indicator 5.1 - The extent to which the Joint Programme interventions include those areas “left behind” (vulnerable and marginalized) where FGM is prevalent (EQUITY), Yes/No, Total	Planned	9	13	14	15	15
	Actual		13	14	15	
Indicator 5.2 - Number of countries where there is joint planning, monitoring, review and reporting between UNFPA, UNICEF and other FGM stakeholders (EFFECTIVENESS), Yes/No, Total	Planned	9	10	11	14	14
	Actual		11	13	13	
Indicator 5.3 - Funds are timely disbursed from HQ to Regional / Country Offices and from all Offices to implementing partners (EFFICIENCY), Yes/No, Total	Planned	4	5	9	7	7
	Actual		4	5	7	
Indicator 5.4 - Budget implementation rate: proportion of funds out of the allocated budget spent by global, regional and country levels (EFFICIENCY)., Number, Total	Planned	1200000	100	190	190	190
	Actual		50.7			

Goal / Outcome / Output / Indicator	Status	Baseline	2018	2019	2020	2021
Indicator 5.5 - Expenses by outcomes and outputs (EFFECTIVENESS)., Number, Total	Planned	142203.98				
	Actual					

Annex 6: Consulted stakeholders

Stakeholders consulted by Gender

	Male	Female	Total
UNFPA and UNICEF Staff – Global Level	6	9	15
UNFPA and UNICEF Staff – Regional Level	6	13	19
UNFPA and UNICEF Staff – Country Level	28	49	77
Other UN Agency staff	0	6	6
Regional inter-agency institutions	1	3	4
Government Institutions	13	21	34
NGOs/CSOs	17	30	47
Donors	0	7	7
Total	71	138	209

UNFPA and UNICEF Staff – Global Level

	Name	Position	Institution	Gender
1	Agduk Meltem	Gender and GBV Technical Specialist/ Spotlight / Links to AU	UNFPA HQ, Technical Division, Gender and Human Rights Branch	F
2	Ahmed Haithar	Child Protection Specialist	UNICEF Kenya	M
3	Akullu Harriet	Child Protection Specialist	UNICEF HQ, Child Protection	F
4	Baric Stephanie	Child Protection Consultant	External consultant for UNICEF HQ	F
5	Barragues Alfonso	Deputy Chief	UNFPA Office in Geneva	M
6	Bayoh Isatu Sesay	Capacity Development Consultant	UNFPA HQ, Technical Division, Gender and Human Rights Branch	F
7	Cappa Claudia	Senior Adviser, Statistics, Child Protection and Development	UNICEF HQ Data Analysis Planning and Monitoring Division (DAPM)	F
8	Diouf Thierno	Monitoring and Evaluation Specialist	UNFPA HQ, Technical Division, Gender and Human Rights Branch	M
9	Legesse Berhanu	Technical Specialist	UNFPA HQ, Technical Division, Gender and Human Rights Branch	M
10	Mabirizi Joseph	Monitoring and Evaluation Specialist	UNICEF HQ, FGM and CM Joint Programmes	M
11	Maksud Nankali	Senior Adviser, Prevention of Harmful Practices	UNICEF HQ, Child Protection	F

	Name	Position	Institution	Gender
12	Ngonze Caroline	Chief, ad interim and Officer-In-Charge	UNFPA Liaison Office to the AUC and ECA	F
13	Radice Alessia	Communications for Development Specialist	UNICEF HQ	F
14	Tushiminina Mireille	Global Joint Programme Coordinator	UNFPA HQ, FGM JP	F
15	Williams Cornelius	Head, Child Protection	UNICEF HQ, Child Protection	M

UNFPA and UNICEF Staff – Regional Level

	Name	Position	Institution	Gender
1	Aguilar Javier	Chief of Child Protection	UNICEF MENARO	M
2	Aika Mona	Child Protection Specialist	UNICEF ESARO	F
3	Atteya Rania	Program associate	UNFPA ASRO	F
4	Bangali Agnes	FGM Technical Specialist	UNFPA WCARO	F
5	Ben Yahia Chokri	Youth specialist	UNFPA ASRO	M
6	Diallo Julie	Programme Specialist, gender	UNFPA ESARO	F
7	Dr. Elkholy Mohammed	YPEER International coordinator	YPEER	M
8	Dr. Shabaneh Luay	Regional Director	UNFPA ASRO	M
9	Elshiwy Shadia	Regional Programme Analyst-Harmful Practices	UNFPA ASRO	F
10	Joergensen Sunita Palekar	GBV Specialist	UNICEF MENARO	F
11	Kapil Neha	Regional Advisor- Communication for Development	UNICEF MENARO	F
12	Mahon Jacqueline	Representative	UNFPA Tanzania	F
13	Nersesyan Karina	Deputy Regional Director	UNFPA ASRO	F
14	Olajide Demola	Resident Representative	UNFPA Kenya	M
15	Onabanjo Julitta	Regional Director	UNFPA ESARO	F
16	Rabbani Hanan	Regional Gender Advisor	UNFPA ASRO	F
17	Sani Massimiliano	Regional C4D Specialist	UNICEF ESARO	M
18	Sarkar Indrani	Child Protection Specialist (Harmful Practices & Social Norms)	UNICEF MENARO	F
19	Toure Ramatou	Regional Senior Child Protection Specialist	UNICEF WCARO	F

UNFPA and UNICEF Staff – Country Level

	Name	Position	Institution	Gender
1	Abdi Mohamed Mursal	Programme specialist	UNFPA Somalia	M
2	Adeniyi Kunle	Representative	UNFPA Gambia	M
3	Aderonke Olutayo	Programme Consultant (Ekiti, Osun and Oyo)	UNICEF Nigeria	F
4	Ahmed Hussen Ali	Regional Programme Officer (Afar FO)	UNFPA Ethiopia	M

	Name	Position	Institution	Gender
5	Atuchukwu Victor	CP Specialist – Enugu Field Office (managing FGM programme in Imo and Ebonyi states)	UNICEF Nigeria	M
6	Dr. Ayoya Mohamed	Representative	UNICEF Somalia	M
7	Badri Howida	M&E officer	UNICEF Sudan	F
8	Balde Abdoulaye	Child Protection Specialist, JP-FGM Focal Point	UNICEF Guinea	M
9	Bewketu Ambachew Teferi	Child Protection Officer (SNNP FO)	UNICEF Ethiopia	M
10	Blute Ednilson	Gender Programme Analyst	UNFPA Guinea-Bissau	M
11	Bollinger Amandine	Child Protection Systems Strengthening Manager – Abuja	UNICEF Nigeria	F
12	Conteh Ibrahim	Chief, Enugu Field Office	UNICEF Nigeria	M
13	David Dekha	Child Protection Specialist	UNICEF Djibouti	F
14	Dembi Babo Lelise	Planning and monitoring specialist	UNICEF Ethiopia	F
15	Dicko Sangare Aminata	Child Protection Specialist	UNICEF Mali	F
16	Djama Aicha	Assistant Representative	UNFPA Djibouti	F
17	Duamelle Philippe	Representative	UNICEF Yemen	M
18	El Mubashir Tahani	CP specialist	UNICEF Sudan	F
19	Fageer Samah	Reporting Analyst	UNFPA Sudan	F
20	Fall Cheikh	Representative	UNFPA Guinea-Bissau	M
21	Germain Maxime	Child Protection Specialist	UNICEF Gambia	M
22	Getinet Fikerselam	Child Protection Officer	UNICEF Ethiopia	F
23	Gette Tsehay	Programme Analyst, Gender and HP and Focal Person for the progamme	UNFPA Ethiopia	F
24	Goldson Erika	Deputy Representative	UNFPA Nigeria	F
25	Heissler Karin	Chief Child Protection	UNICEF Ethiopia	F
26	Herbiet Celine	Child Protection Specialist	UNICEF Ethiopia	F
27	Igbokwe Nkiru	GBV Specialist	UNFPA Somalia	F
28	Kalivogui Pascal	M&E Officer	UNFPA Guinea	M
29	Kane Safiatou	Child Protection, GBV and PSEA Specialist	UNICEF Somalia	F
30	Kefetew Konjit	Child Protection Officer (Oromia FO)	UNICEF Ethiopia	F
31	Khalid Tamador Ahmed	FP/CP specialist	UNICEF Sudan	F
32	Khanal Sundar	Child protection specialist	UNICEF Eritrea	M
33	Khodr Adele	Country Director	UNICEF Ethiopia	F
34	Kobayashi Yoko	Child Protection Specialist	UNICEF Kenya	F
35	Lewis Jonathan	Representative	UNICEF Gambia	M
36	Luciani Daniela	Chief, Child Protection Specialist	UNICEF Mali	F
37	Maduechesi Nkiru	CP Specialist - Abuja (formerly managing FGM programme in Imo and Ebonyi)	UNICEF Nigeria	F
38	Maiga Aliou	Chief Child Protection	UNICEF Guinea	M
39	Makin Musaab	White Nile – TL	UNFPA Sudan	M

	Name	Position	Institution	Gender
40	Mariam Tadesse H.	Regional Progamme Officer (SNNP FO)	UNFPA Ethiopia	M
41	Masale Sarah	Deputy Rep	UNFPA Ethiopia	F
42	Mbakwem Benjamin	Programme Consultant (Imo and Ebonyi Programme)	UNICEF Nigeria	M
43	Mehari Yordanos	Assistant Representative	UNFPA Eritrea	F
44	Merghany Mohaned	Blue Nile – TL	UNFPA Sudan	M
45	Michael Joy	Gender and GBV	UNFPA Gambia	F
46	Millimono Saa Victor	M&E Officer	UNFPA Guinea	M
47	Mohamed Soufrane	Youth and Gender Programme Assistant	UNFPA Djibouti	F
48	Mohammed Sahar Ahmed	C4D Officer	UNICEF Sudan	F
49	Mueller Ulla	Resident Representative	UNFPA Nigeria	F
50	Muller Caroline	Coordinatrice Projets SR & VBG	UNFPA Mali	F
51	Murgor Caroline	Programme Associate – GBV/Gender Specialist	UNFPA Kenya	F
52	Murtaza Rushnan	Deputy Representative	UNICEF Nigeria	F
53	Mutemi-Wangahu Roselyne	Communication Specialist	UNICEF Kenya	F
54	Naib Fatma	Chief Communication	UNICEF Sudan	F
55	Nilofer Shaheen	Representative	UNICEF Eritrea	F
56	Omosehin Omolaso	Head of LLO	UNFPA Nigeria	M
57	Owomuhangi Nestor	Representative	UNFPA Yemen	M
58	Paulsoon-Jandl Julia	SFFGM Programme Manager	UNFPA Sudan	F
60	Perrault Nadine	Representative	UNICEF Guinea Bissau	F
61	Polonio Sonia	Child Protection Manager / JP FGM Focal point	UNICEF Guinea Bissau	F
62	Rane Tushar	Chief, Akure Field Office	UNICEF Nigeria	M
63	Saad Mona	M&E Officer	UNFPA Sudan	F
64	Salih Amel	CP Officer	UNICEF Sudan	F
65	Sandvik-Nylund Monika	Chief CP	UNICEF Kenya	F
66	Mme. Sankara Olga	Deputy Representative	UNFPA Guinea	F
67	Seid Yayo Mohammed	Child Protection Officer (Afar FO)	UNICEF Ethiopia	M
68	Shikur Zemzem	Social Mobilization and Development Specialist	UNICEF Ethiopia	F
69	Skovgaard Sara	Education cluster coordinator	UNICEF Eritrea	F
70	Dr. Somefun Esther	Gender/RH Officer/ Oyo State focal point	UNFPA Nigeria	F
71	Dr. Sow Ibrahim	Gender Officer, Regional Office for Labé and Mamou	UNFPA Guinea	M
72	Suarnet Cecilia	CP Specialist / Harmful Practices	UNICEF Mali	F
73	Takahashi Toshiko	Deputy Representative	UNICEF Gambia	F
74	Thomsen Anders	Representative	UNFPA Somalia	M
75	Touré Faye Nana Mouneissa	FGM Programme Coordinator	UNFPA Mali	F
76	Mme. Wagué Fanta	Gender Programme Officer	UNFPA Guinea	F

	Name	Position	Institution	Gender
77	Williams Karen	Gender and Human Rights Programme Analyst	UNFPA Ethiopia	F

Other UN Agency Staff

	Name	Position	Institution	Gender
1	Befekadu Addisalem	Program specialist	UN Women Ethiopia	F
2	El Amin Maison	Program officer	WHO Sudan	F
3	Kenny Erin	Senior Advisor & Head of Technical Unit	UN Women HQ Spotlight Initiative	F
4	Mathiu Philomena	In charge of COTLA portfolio (Traditional Leader FP)	UN Women ESARO	F
5	Meenagh Caroline	Policy Specialist, Policy Division	UN Women HQ	F
6	Dr. Pallitto Christina Catherine	Dept. of Sexual and Reproductive Health and Research	WHO HQ	F

Regional inter-agency institutions

	Name	Position	Institution	Gender
1	Addi Soraya	Communication Officer	UNFPA Liaison Office to the AU and ECA	F
2	Douay Dina	Director of Women, Family and Childhood Directorate, Social Affairs Sector	League of Arab States	F
3	Kasenene Robert	Advocacy and communication specialist	AU related colleagues	M
4	Thiam Salimata	Principle Programme Officer - Gender	ECOWAS	F

Government institutions

	Name	Position	Institution	Gender	Country
1	Loloju Bernadette	Anti-FGM Board	Chief Executive Officer	F	Kenya
2	Akinley Olukemi	RH Coordinator	Ekiti State MoH	F	Nigeria
3	Dr. Azhary Amira	Protection Coordinator	NCCW	F	Sudan
4	Dr. Azubuike Blessing Oby	Director Women Affairs	Imo State MoWAVG	F	Nigeria
5	Balde Ibrahima Kaba	Municipality of Kollet, Tougué country	Mayor	M	Guinea
6	Camara Souleymane	National Directorate of Gender and Equality (DNGE)		M	Guinea
7	Denge Annamaria	Marsabit County government	Director	F	Kenya
8	Ekeocha Vitus	State Director	NOA	M	Nigeria
9	Eleyinmi Toyosi	Gender Desk Officer	Ekiti State NOA	F	Nigeria

	Name	Position	Institution	Gender	Country
10	Ezeka Juliana	Gender Officer	Imo State MoWAVG,	F	Nigeria
11	Galmo Grace	Marsabit County government	County Chief Officer, Tourism, Culture and Gender Department	F	Kenya
12	Guindo Aoua	Directrice Régionale	Direction Régionale Promotion Femme Enfant et Famille (DRPFEF) de Koulikoro	F	Mali
13	Ikimire Kulamo	Marsabit County government	CC	F	Kenya
14	Keita Yiraba Keita	Permanent Secretary of National Gender Policy (SP / PNG)	Ministry for the Promotion of the Woman, the Child and the Family (MPFEF)	F	Mali
15	Lar Kane Victoria	Deputy Director	Federal Ministry of Women Affairs	F	Nigeria
16	Nabé Aboubakar Sidi ki	General Secretariat for Religious Affairs	Secretary General of Religious Affairs	M	Guinea
17	Njagi Carol	Office of Director Prosecution (ODPP)	Programme Coordinator-Anti-FGM Programme	F	Kenya
18	Nyambura Tabitha	Senior Programme Officer – Gender and Women	National Gender and Equality Commission (NGEC)	F	Kenya
19	Odinya John	Migori County	County Children's Coordination	M	Kenya
20	Odinya John	Migori County	County Children's Coordination	M	Kenya
21	Ojiaku Chigozie	UNICEF programme officer	NOA	M	Nigeria
22	Okorie Ngozi	Assistant Director	National Human Rights Commission	F	Nigeria
23	Olalekan Aladejobi Prince	State Director	NOA	M	Nigeria
24	Ononose Judith	Gender Focal	Federal Ministry of Health	F	Nigeria
25	Opati Emily	Gender Secretary Office	Ministry of Public Service and Gender	F	Kenya
26	Pastor Akosile Peter	State Coordinator	Ekiti State Child Protection Network	M	Nigeria

	Name	Position	Institution	Gender	Country
27	Professeur Baldé Ma madou Diouldé	Cellule Guinéenne de la Recherche en Santé de la Reproduction (CEREDI)	Coordinateur	M	Guinea
28	Shaiba Osman	General Secretary	NCCW	M	Sudan
29	Dr. Shendi Sawsan	High Court Judge	Judiciary Training Institute Sudan	F	Sudan
30	Dr. Tall Fadima	National Director	National Programme for GBV Abandonment	F	Mali
31	Traoré Philifer	M&E Officer	Direction Régionale Promotion Femme Enfant et Famille (DRPFEF) de Koulikoro	M	Mali
32	Dr. Ugboko Chris	Deputy Director	Federal Ministry of Health	M	Nigeria
33	Ukaegbu Stella	FGM Focal Person and Secretary of End FGM National Committee	Imo State MOH	F	Nigeria
34	Dr. Walker Ebunlomo	State Coordinator	Oyo State Child Protection Network	F	Nigeria

NGO / CSO Staff

	Name	Position	Institution	Gender	Country
1	Laban Robert	Communications and Advocacy Officer	Network of Africa Human Rights Institutions (NANHRI)	M	ESARO
2	Ombono Richard	Senior Programme manager	Child Helpline International	M	ESARO
3	Otieno Jimmy	Programme Manager Communication and Developement	African Council of Religious Leaders	M	ESARO
4	Belayneh Kidist	Progamme Manager	Norwegian Church Aid (NCA)	F	Ethiopia
5	Browning Valerie	Programme Manager	Afar Pastoralist Development Association	F	Ethiopia
6	Dr. Eshete Hailegnaw	Resident Representative	Population Media Center	M	Ethiopia
7	Legesse Metasebia	Project Manager	CARE Ethiopia	F	Ethiopia
8	Yimenu Zemed	Program and operation manager	CARE Ethiopia	M	Ethiopia
9	Caldera Clara	Program Officer	AIDOS - Italian Association for Women in Development	F	Global
10	Casey Jean	Project manager	Girls Not Brides	F	Global
11	Dr. Mwangi-Powell Faith	Chief Executive Officer	Girls Not Brides	F	Global
12	Kifle Wossenyelesh		FORWARD UK	F	Global

	Name	Position	Institution	Gender	Country
13	Kwateng Kluvitse Adwoa	Head: Global Advocacy and Partnerships	FORWARD UK	F	Global
14	Lwanga Esther	Associate - Business Development	Population Council	F	Global
15	Matanda Dennis	Deputy Lead on the FCDO funded FGM Data Hub	Population Council	M	Global
16	O'Kane Maggie	Executive Director	Global Media Campaign	F	Global
17	Otoo-Oyortey Naana	Executive Director	FORWARD UK	F	Global
18	Uwizeye Grace	End Harmful Practices Consultant	Equality Now	F	Global
19	Kaba Bintou Mady	Executive Director	Association des Amis de la Solidarité Sociale et du Développement (ASD)	M	Guinea
20	Kamano Fara Djiba	Executive Director	Accompagnement de Forces d'Actions Sociocommunautaires (AFASCO)	M	Guinea
21	Konaté Kadiatou	Présidente a.i.	Club des Jeunes Filles Leaders de Guinée (CJFLG)	F	Guinea
22	Abdulrahman Maryam H.	Womankind Kenya	Womankind Kenya	F	Kenya
23	Ireri Ann	Federation of Women Layers, Kenya (FIDA-K)	Federation of Women Layers, Kenya (FIDA-K)	F	Kenya
24	Kiio Gladis	Africa Gender and Media Initiative Trust	Africa Gender and Media Initiative Trust	F	Kenya
25	Kwamboka Mary	Adventist Development and Relief Aid Kenya	Adventist Development and Relief Aid Kenya	F	Kenya
26	Mwebia Tony	Men End FGM Foundation	Men End FGM Foundation	M	Kenya
27	Ndugu George	World Vision Kenya	World Vision Kenya	M	Kenya
28	Ballo Bréhima	Programme Manager	AMSOPT	M	Mali
29	Diallo Moussa	Coordinateur National	TOSTAN	M	Mali
30	Mariko Paul Damien	Chargé de Programme	TAGNE	M	Mali
31	Traore Siaka	Président de Sini Sanuman	Sini Sanuman	M	Mali
32	AbdulRasheed Nuriyat	FGM programme assistant	Action Health Incorporated (AHI)	F	Nigeria
33	Aderigbibe Costly	Executive Director	Value Female Network	F	Nigeria
34	Chukwuma Evangelist Elom	Programme Manager	Family Succor and Upliftment Foundation Ebonyi State	M	Nigeria
35	Esiet Adenike	Executive Director	Action Health Incorporated (AHI)	F	Nigeria
36	Medupin Olusegun	Programme Manager	Youth Hub Africa	M	Nigeria
37	Mrs. Obelawo	FGM consultant/FGM champion	Inter-African Committee	F	Nigeria

	Name	Position	Institution	Gender	Country
38	Mumuni Tolu	Program Manager	CPRH	F	Nigeria
39	Ogun Millicent	Senior Project Coordinator	CPRH	F	Nigeria
40	Okaah Onyingye	Executive Director	CIRRDOC Enugu	F	Nigeria
41	Oyeniran Agnes	Programme Coordinator	CPRH	F	Nigeria
42	Prof Ojengbede	Director	CPRH	M	Nigeria
43	Williams Buky	Executive Director	Education as a Vaccine	F	Nigeria
44	Halo Manal	Project Coordinator	Al Aalag Media Centre	F	Sudan
45	Tagir Samia Nihar	Gender Unit Coordinator	DSRI	F	Sudan
46	Branchat Julia	Programme specialist; Ex Community Specialist for NGO RAES	UNFPA; Ex NGO RAES	F	WCARO
47	Lavabre Louise	NGO RAES	Producer of C'est La Vie TV series	F	WCARO

Donors

	Name	Position	Institution	Gender
1	Ekberg Hillevi	Counsellor	Sweden, Regional Team for Sexual and Reproductive Health and Rights (SRHR), Embassy of Sweden, Lusaka	F
2	Hodvei Dana Ingrid	Senior Adviser	Norwegian Ministry of Foreign Affairs	F
3	Holst Salvesen Camilla	Senior Adviser, Department for Health, Education and Human Rights	Norwegian Agency for Development Cooperation	F
4	Magni Loredana	Senior Development Co-op Advisor	Italy, Ministry of Foreign Affairs and International Cooperation	F
5	Pennetier Patricia	Programme Manager	EU – gender equality, human rights and good governance	F
6	Pröll Corinna	Junior Advisor, Gender and Development, Austrian Development Cooperation	Austrian Development Cooperation	F
7	Þorbjörnsdóttir Guðrún	Adviser, International Affairs and Development Cooperation	Ministry of Foreign Affairs, Iceland	F

Annex 7: Documents reviewed

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4. Ministère de l’Action Sociale, de la Promotion Féminine et de l’Enfance (MASPFE), UNFPA, UNICEF. “Feuille de Route pour la Promotion de l’Abandon des MGF/E (2016-2018) pour la mise en œuvre du Plan Stratégique National 2012-2016 étendu jusqu’en 2018,” Conakry, Avril 2016.
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Annex 8: Summary of previous evaluations

Since its start in 2008, the UNFPA-UNICEF Joint Programme on Eliminating Female Genital Mutilation has been evaluated twice, at the end of the first phase and at the end of the second phase. Both evaluations have been conducted independently by external consultancy teams[35] under the supervision and guidance of a joint evaluation management group composed of members of the evaluation offices of UNFPA and UNICEF.

Phase I Evaluation

The first evaluation was conducted between 2012 and 2013 with the purpose to assess the extent to which, and under what circumstances, the Joint Programme had accelerated the abandonment of FGM in programme countries[36] over the five-year implementation period of Phase I[37].

The evaluation of Phase I concluded that overall, the Joint Programme helped expand or accelerate existing change processes towards FGM abandonment at national, sub-national and community levels, and contributed to strengthening the momentum for change at the global level. However, varying degrees of progress were reported in strengthening countries' legal and policy frameworks, raising awareness and knowledge of FGM by key actors and the general public, and increasing commitments by community leaders towards the abandonment of FGM.[38] UNFPA and UNICEF were therefore recommended to invest in more in-depth research on social norms change and its linkages to changes in individual and collective behaviours. It was also recommended to strengthen the monitoring systems and tools, and the capacities and resources available for longer-term data collection and analysis.

Phase II Evaluation

The second evaluation was conducted in 2018/2019 to look at the period from 2008 to January 2019, with particular emphasis on Phase II[39]. The purpose of this evaluation was to assess the extent to which, and under what circumstances, the Joint Programme had contributed to accelerating the abandonment of FGM in its ten years of implementation, in order to inform the development of Phase III as well as UNFPA and UNICEF support beyond 2021.

The evaluation concluded that the Joint Programme had made notable contributions towards accelerating the elimination of FGM, including at the global level by ensuring a continued presence of FGM on the international development agenda, and by strengthening legal frameworks and co-ordination at the national level.

The Joint Programme's sustained commitment to social norms change around FGM abandonment was considered appropriate to drive long-term change. However, expectations, results, targets and the budgeting cycle were not compatible with the timeframe required by a long-term change in social norms.

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[35] The first evaluation was conducted by Universalia, a management consulting firm specialising in monitoring and evaluation, strategic management, results-based management, institutional and organisational performance assessment, capacity building, and project management. The second evaluation was conducted by Impact Ready LLP, a UK-registered professional partnership that provides evaluation services, design and facilitation in international development, social enterprise, and in fragile states, and offers training and strategic support for business leaders.

[36] The programme countries in 2008 were Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan. In 2009 the programme was extended to Burkina Faso, Gambia, Uganda and Somalia. Eritrea, Mali and Mauritania joined in 2011.

[37] The duration of the joint programme was originally planned to be five years (2008-2012), but in 2011 the programme was extended until 2013.

[38] The Joint evaluation of Phase I is available at https://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital

[39] The joint evaluation of Phase I and II is available at https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation

The evaluation recommended that the Joint Programme continued to further sustain the positive momentum for change towards FGM abandonment at all implementation levels within a long-term vision, given that actual behaviour change may take one or two generations. It was recommended that a systems-strengthening approach be continued to encourage long-term change and national ownership, focusing on effective law enforcement, service provision, educational awareness, data collection, and the development of multi-sectoral action plans to support governments with operationalization and the implementation of legal frameworks.

The report also found that the programme supported important research on FGM, primarily at the country level. However, the evaluation highlighted limited harnessing of implementing partners' wealth of knowledge in a formalised way, and gaps in evidence regarding changes in FGM practices such as executing FGM in secret, FGM medicalization and the cross-border evasion, that the programme acknowledged yet struggled to address.

The programme was recommended to clearly define its strategic placement within a gender-responsive framework, establishing clearly marked boundaries and strategic entry points. Emphasis was also put on the adoption of an advocacy messaging more explicitly framed within a gender equality narrative, as well as the development of a formal communications strategy that placed behaviour-change messaging within a Communication for Development framework.

Given the scope and complexity of the work, the Joint Programme was encouraged to place a stronger focus on using targets and indicators that capture important intermediate progress towards full FGM abandonment, and to explore innovative research solutions through the establishment and/or institutionalization of existing strategic partnerships.

During Phase II the regional level expanded staff and increased responsibilities, but the evaluation found that there was scope for the regional level to be further strengthened in order to better facilitate synergies across levels.

Annex 9: Staff survey results and analysis

Methodology

The staff survey targeted all UNFPA and UNICEF JP staff in the country and regional offices. The survey was developed in English and French to collect data on the perceived programme performance, as well as data around how best to address the practice of FGM.

The survey included 15 questions, mainly close-ended and two-open ended questions, articulated under three sections:

(i) respondent's background data;
(ii) respondents' feedback on the relevance and effectiveness of the JP, using a series of statements accompanied by Likert scales;
(iii) respondent's knowledge and experience on how best to address the FGM practice in their country or region of work.

The open-ended questions allowed respondents to provide more articulated feedback and suggestions for future programming and implementation.

The survey was developed and rolled out using Survey Monkey and data analysed with the support of Microsoft Excel. Both English and French versions of the survey were piloted to ensure that it was functioning and accessible, and to further refine some questions.

In terms of the administration, the survey link was sent to the JP staff by the Evaluation Management Group with an accompanying email that explained the purpose and use of the survey to 36 UNFPA staff and 66 UNICEF staff, drawing on the contact list of the JP focal points available in the Evaluation Google Drive.

Section 1: Respondents' Background

The staff survey was completed by 32 JP staff, of which 31 surveys were fully completed, one was completed only in the first section regarding the respondent's background. This represents a response rate of the 30%.

From the country offices of Burkina Faso, Ethiopia, and Gambia, three JP staff completed the survey. In the Regional ESARO Office, in Guinea, Guinea-Bissau, Mauritania, and Senegal, two JP staff completed the survey. Only one JP staff completed the survey in the ASRO/MENA and in the WCARO regional offices, and in the country offices of Djibouti, Egypt, Eritrea, Nigeria, Somalia, Uganda, and Yemen. No JP staff from Kenya, Mali and Sudan completed the staff survey.

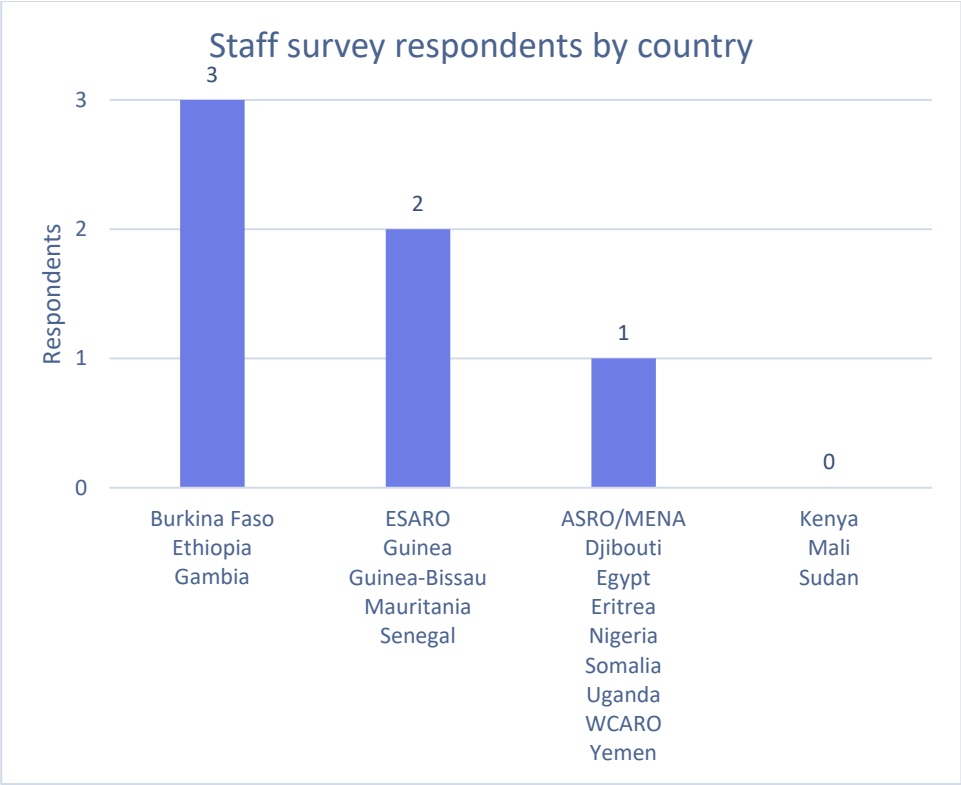


Figure 9: Number of respondents by country office and regional office.

The majority of respondents worked for UNICEF (59%), while 41% worked for UNFPA. Half of them started working on the Joint Programme between the beginning Phase I in 2008 and the beginning of the current Phase III, while half of them started working on the programme after 2018, i.e., during the current Phase III.

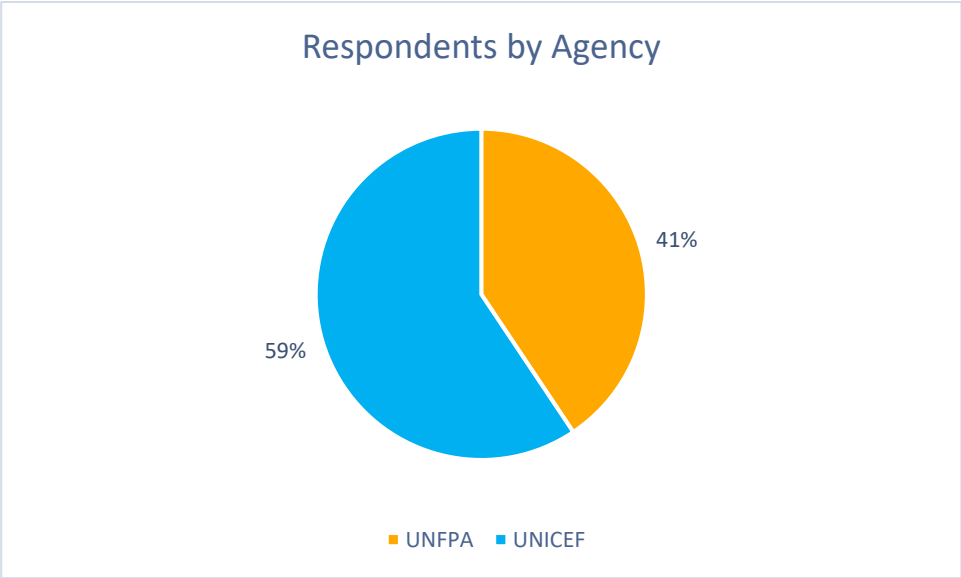


Figure 10: Percentages of respondents working in UNFPA or UNICEF.

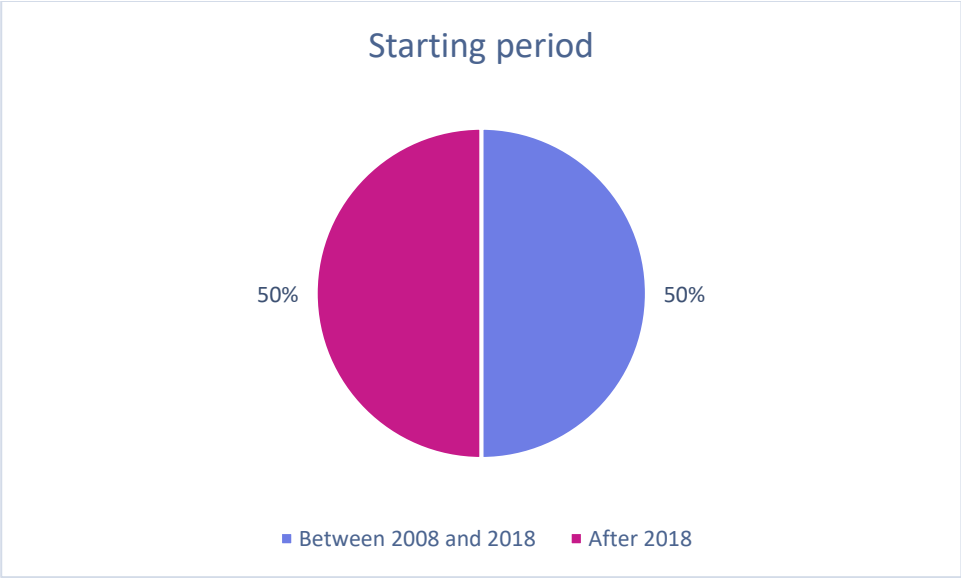


Figure 11: Percentages of respondents by starting period working on the JP.

The majority of the respondents identified themselves as woman (69%), and about one third identified themselves as man (31%).

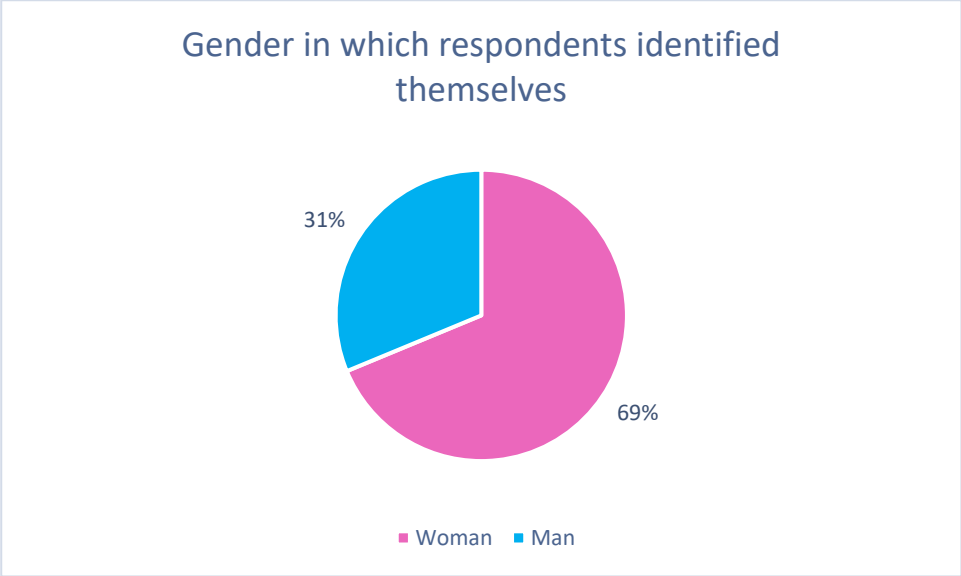


Figure 12: Percentages of respondents by gender they identify with.

The last question of Section 1 inquired whether respondents had completed the Gender-Pro or other gender equality training courses. About two thirds of the respondents affirmed that they had completed them, while about one third had not yet completed them at the time of the survey.

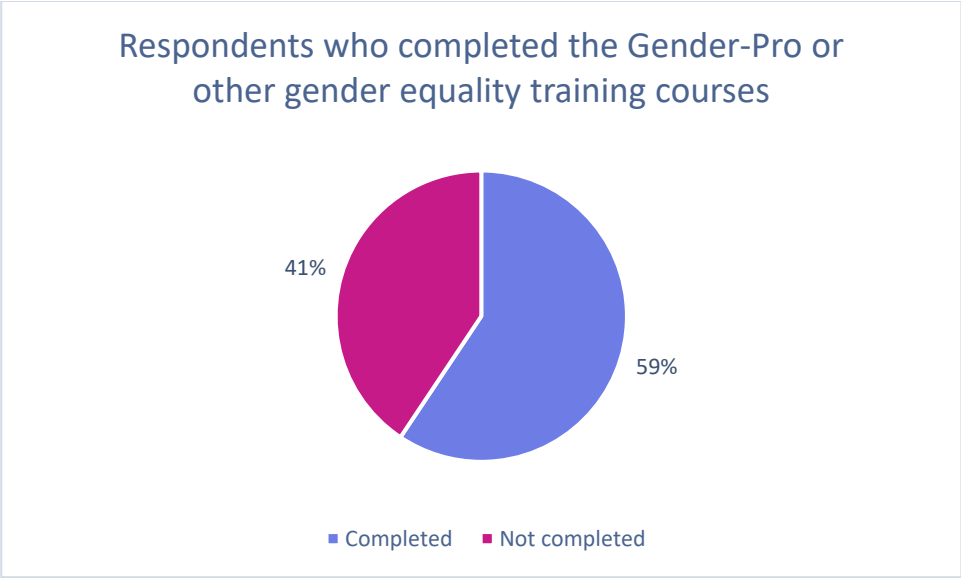


Figure 13: Percentages of respondents by completion of gender equality trainings.

Section 2: Relevance and effectiveness of the Joint Programme

Respondents were invited to provide their views around the relevance and effectiveness of the Joint Programme, by answering to five questions that included a list of statements to which select a response ranging from 'strongly disagree' to 'strongly agree', or N/A if they were not sure or did not have an opinion. The last question of this section was open-ended, allowing the respondents to provide further feedback on how relevant and effective they though the programme had been so far.

Firstly, respondents were asked to what extent they thought that the JP was aligned with and responded to the relevant policy frameworks and needs of the affected populations (EQ1, assumption 1.4).

About two thirds of them strongly agreed with the statement according to which the JP is aligned with the national and regional priorities and frameworks of their country or region. One third reported that they agreed with it. No one strongly disagreed or disagreed with that statement, or had no opinion.

With regards to the JP alignment with the needs of affected populations including, specifically, the needs of women and girls, based upon available research and evidence, the majority of the respondents answered that they strongly agree with that statement, while 39% of them agreed with it. The 3% declared being unsure or having no opinion, while no one either disagreed or strongly disagreed with the statement.

With regard to the JP strategies and interventions being contextualized to the national or regional context, the respondents provided more diverse feedback. The majority (55%) strongly agreed or agreed (32%) that the programme is contextualized, while 10% didn't agree with it, and 3% strongly disagreed with it. No one thought to have no opinion on this statement.

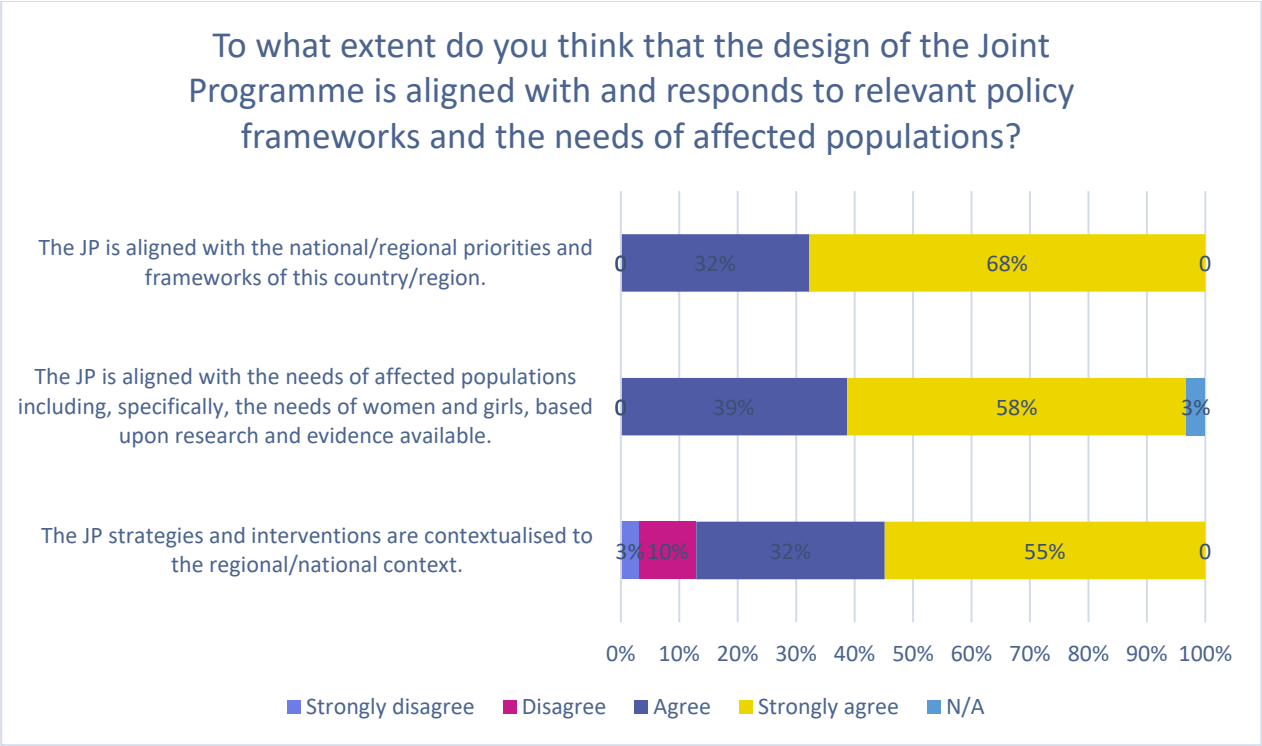


Figure 14: Percentages of respondents who strongly disagree, disagree, agree, strongly agree, or have no opinion yet, around the listed statements. The total number of responses were 31 per statement.

The survey asked respondents to what extent they thought that the Joint Programme was contributing to the transformation of social and gender norms to abandon FGM (EQ2, EQ3 and EQ6).

Everyone agreed that the JP is engaging women and girls to strengthen their awareness and agency in relation to their rights of body integrity, against FGM, with 61% who strongly agreed with the statement, and 39% who agreed with it (assumption 6.1).

The majority of respondents also thought that the JP engages women and girls in programme design, so that the programme is responsive to gender barriers perceived by women and girls themselves, with 65% who agreed with the statement, and 16% who strongly agreed with it. However, 16% of respondents disagreed with the statement, and 3% had no opinion or was unsure about it (assumption 6.1).

With regard to the engagement of men and boys in promoting and achieving gender equality and the elimination of FGM, about half of the respondents (52%) agreed that the programme is doing that, and over one third of them (35%) strongly agreed with it. However, 10% of respondents disagreed with the statement, and 3% had no opinion or was unsure about it (assumption 6.2).

With regard to the engagement of the youths, the majority of respondents strongly agreed that the JP created opportunities for young people to proactively engage with governments to inform FGM policies and programmes (assumption 6.3).

The vast majority of respondents think that the JP tries to gender-transformative by addressing the gender inequality behind FGM as well as working towards the abandonment of the practice, with 48% strongly agreeing with this statement, and 45% agreeing with it. However, 3% of the respondents don't agree with this statement and 3% also don't have an opinion or were unsure about that (assumption 2.1).

Respondents provided similar feedback about the JP advocating for and providing technical assistance for ensuring gender responsiveness to countries. 48% of respondents strongly agreed with this statement, and

42% agreed with it. However, 6% don't agree with this statement and 3% don't have an opinion or were unsure (assumption ??).

Lastly, respondents were requested to provide their opinion as to whether the JP had linked FGM programming to other sectors, e.g., child marriage, early pregnancies, GBV, access to services, conflicts etc. Over half of them (55%) strongly agreed with this statement, and over one third (35%) agreed with that. However, 6% of the respondents disagreed with this statement and 3% had no opinion or were unsure (assumption 3.1).

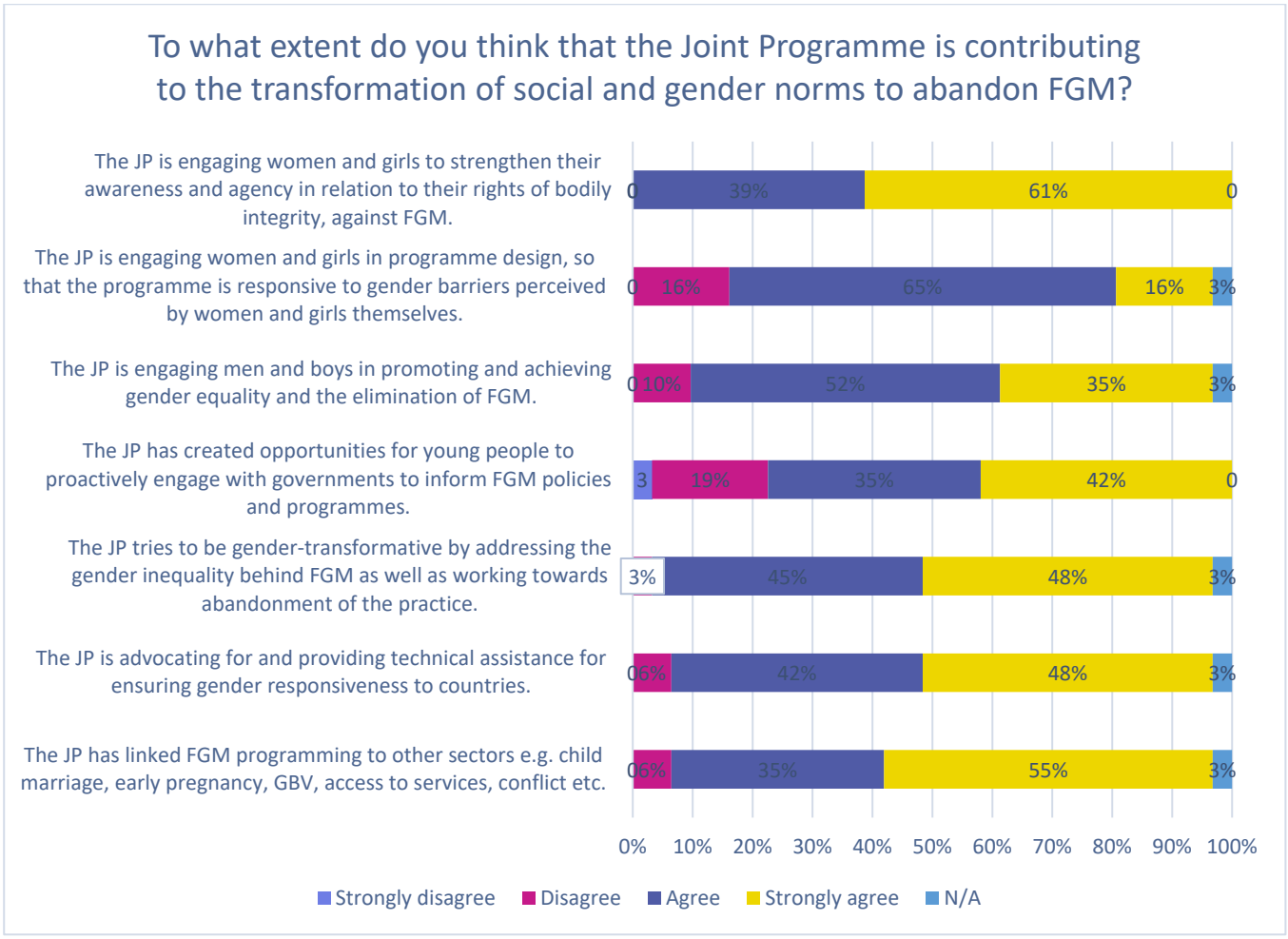


Figure 15: Percentages of respondents who agree or disagree or had no opinion with regard to the listed statements. The total number of responses were 31 per statement.

The survey inquired to what extent respondents thought that the Joint Programme had created a space for knowledge sharing and learning (EQ 7)

Almost half of the respondents (48%) strongly agreed that the JP had provided them with new research on FGM produced in the country they worked or in other countries, and 42% agreed with that as well. However, 6% of the respondents don't agree that the programme provided them with new research, and 3% didn't have an opinion or were not sure (assumption 7.1).

About two thirds of the respondents (65%) strongly agreed that JP shares timely information on good practices in reducing FGM from other parts of the country or from other countries, and 29% agreed with that. However, 6% of the respondents did not agree with this statement. No one reported to strongly disagree with it, or had no opinion (assumption 7.1).

Over a half of the respondents (55%) agreed that the JP has data collection tools in place for the measurement of social norm change related to FGM, and almost a third (32%) strongly agreed with that. However, 10% disagreed with it, and 3% responded not to have an opinion or be unsure (assumption 7.2).

The opinions around the clarity and usefulness of the data collection tools for measuring social norms change are more mixed. 45% of the respondents agreed that those tools are clear and useful, and 23% strongly agreed with that. However, 13% disagreed and 6% strongly disagreed with the statement. 13% of the respondents reported not to be sure or not to have an opinion yet (assumption 7.2).

Over half of the respondents (52%) thought that the JP provided appropriate support to identify data gaps and generate evidence on FGM at the community level (e.g., research on social norms, causes of FGM, trends, etc.), and 26% strongly agreed with that. However, 13% disagreed with this statement, and 3% strongly disagreed with it. 6% of the respondents replied to have no opinion or not to be sure (assumptions 7.1 and 7.2).

The vast majority of respondents thought that the JP provided them with sufficient opportunities to share knowledge with other programme staff, with 58% of them agreeing with this statement, and 35% strongly agreeing with it. The 6% of the respondents did not agree with this, and no one reported to strongly disagree or have no opinion/be unsure (assumption 7.1).

With regard to specifically social norm change, however, feedback is more varied. The 39% of the respondents agreed with the statement that the JP provided sufficient opportunities to share knowledge about how social norms are changing, and 26% strongly agreed with that. However, on the contrary 23% did not agree with this statement, and 13% did not have an opinion or was not sure (assumption 7.2).

Lastly, almost everyone reported that the JP had organized opportunities for knowledge exchange (e.g., conferences, meetings, workshops, communities of practices, etc.), with over a half of the respondents (55%) strongly agreeing with this statement, and over a third (35%) agreeing with that. The 10% of the respondents, however, answered not to be sure or have no opinion (assumption 7.1).

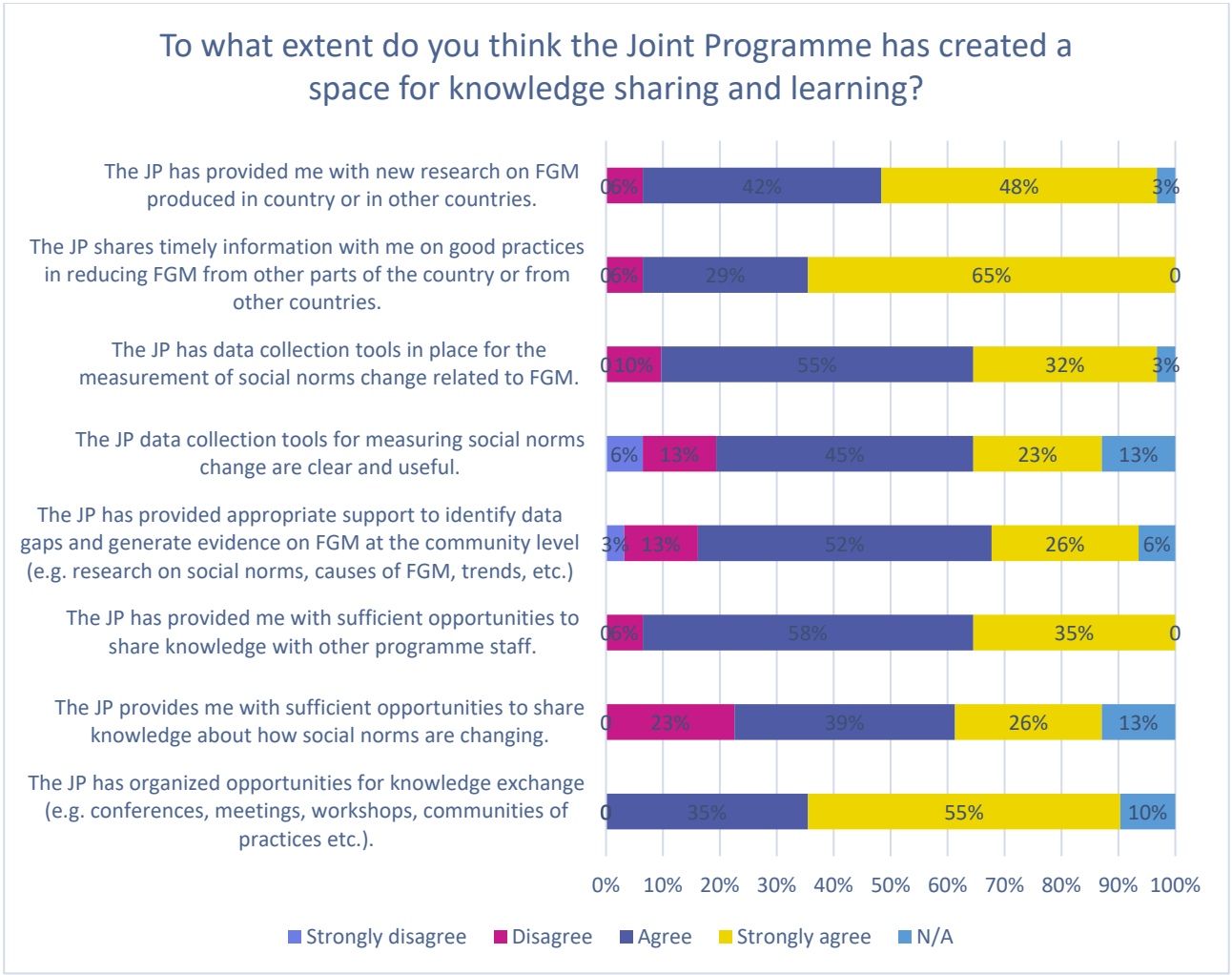


Figure 16: Percentages of respondents who disagreed, agreed or had no opinion about the listed statements. The total number of responses were 31 for each statement.

The survey inquired to what extent respondents thought that the Joint Programme had responded and adapted to the challenges resulting from humanitarian crisis, including the COVID-19 pandemics (EQ 8).

The 42% of respondents agreed that the programme had shown an adaptive approach in times of crisis, including active conflict, natural disaster, health pandemic (such as the COVID-19), by adjusting its strategies and programme approaches, and the 35% strongly agreed with that. However, 13% disagreed with this statement, and 3% strongly disagreed. The 6% reported not to have an opinion or be unsure (assumption 8.1).

The 48% of respondents strongly agreed that the programme had pro-actively adapted its work plan to changed circumstances in time of crisis, and 32% agreed with that. However, 10% disagreed and 3% strongly disagreed with this statement. The 6% had no opinion or were not sure (assumption 8.1).

When asked whether the programme had pro-actively adapted its work plan to changed circumstances based on global and regional offices guidance, the 45% of respondents agreed, and 38% strongly agreed with that. On the other hand, the 7% of respondents did not agree, and the 3% strongly disagreed. The 7% answered not to be sure or not to have an opinion (assumption 8.1)[40].

40 The total number of responses to this statement was 29 instead of 31 because this statment was added after the piloting. The two surveys collected during the piloting, one in English and one in French, did not include this statement.

With regard to effectively consulting across programme staff and partners to facilitate and coordinate adaptive management, the 42% agreed that the JP had implemented effective consultations, and the same number of respondents strongly agreed with that. However, 10% disagreed with this statement, and 3% strongly disagreed with it. 3% also had no opinion or was unsure about that.

Over a third of the respondents (39%) agreed that the JP facilitated linkages with humanitarian actors to monitor the impact of the crisis on FGM prevalence rates, and 19% strongly agreed with that. However, over a fourth (26%) disagreed with this statement instead, and 3% strongly disagreed with it. The 13% of respondents reported not to have an opinion or be unsure (assumption 8.3).

Lastly, feedback to the statement 'the Joint Programme has facilitated complementary and synergistic linkages with humanitarian actors to support women and girls who have undergone FGM to access appropriate SRHR and GBV services' was similar to the previous one. 45% of respondents agreed with it, and 19% strongly agreed with it. However, 19% disagreed, and 3% strongly disagreed with it. Again, 13% answered to have no opinion or be unsure (assumption 8.3).

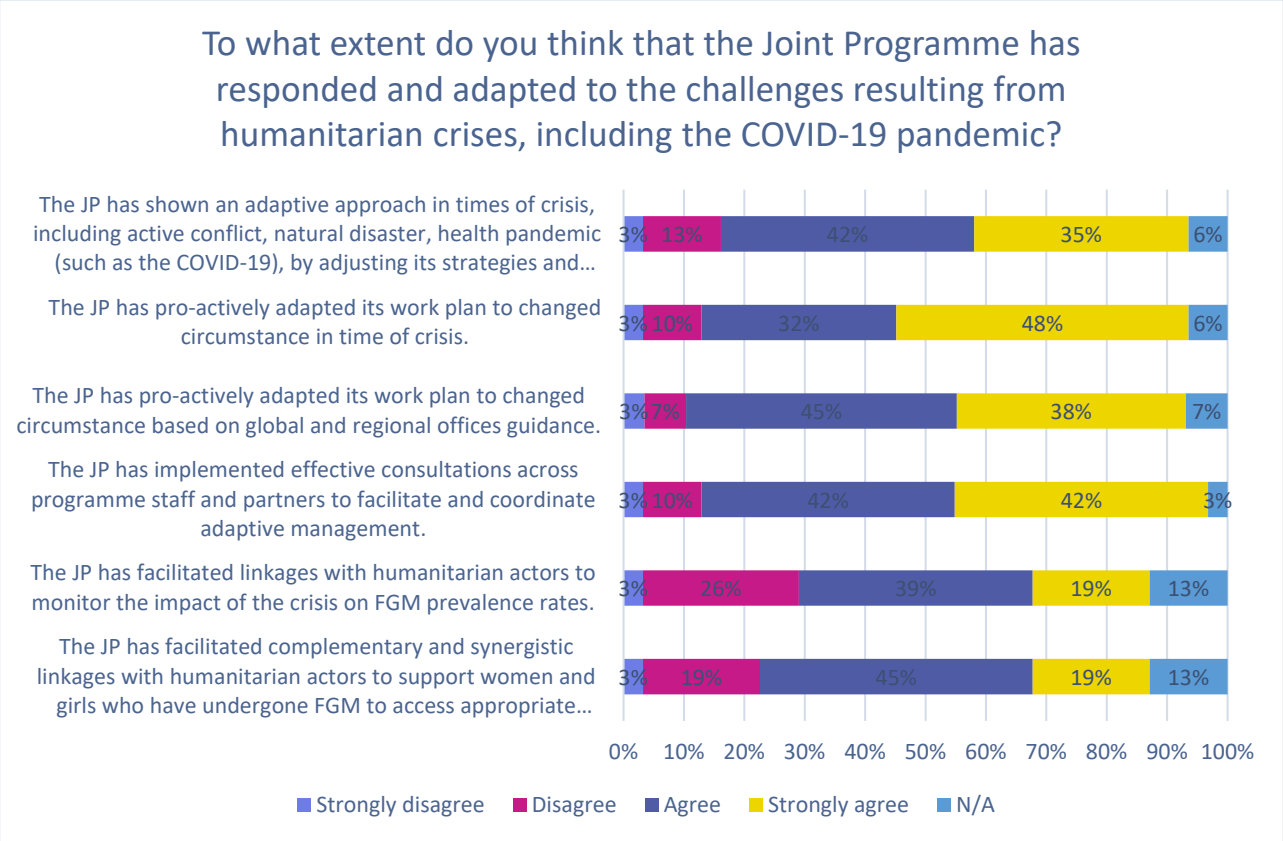


Figure 17: Percentages of respondents who agreed, disagreed, or had no opinion with regard to the listed statements. The number of respondents was 31 for all the statements but the third statement was 29.

The last scaling question around the effectiveness of the Joint Programme inquired to what extent the regional offices had been supporting country offices and contributed to building a conducive environment to accelerate the abandonment of FGM in the three regions (EQ 4, EQ 5 and EQ 7).

The 42% thought that regional accountability mechanisms for holding national governments accountable had been strengthened in their region, and 19% strongly agreed with that. However, the 29% of respondents disagreed with this statement, and 10% answered to be unsure or have no opinion (assumption 4.1).

Over a half of the respondents (58%) agreed that the regional offices provided appropriate and effective technical support to country offices, and 35% strongly agreed with that. However, 6% did not agree with this statement. While no one strongly disagreed, or had no opinion.

Specifically with regard to cross-border FGM, over a third of respondents (35%) agreed that relevant regional policies and legislative frameworks had been enhanced to address the cross-border FGM, and the 16% strongly agreed with that. However, about a fourth of the respondents reported to either disagree with it (23%) or to have no opinion / be unsure (26%) (assumption 5.3).

Lastly, almost a half of the respondents (48%) agreed that regional offices provided appropriate and effective support to relevant research to generate knowledge and evidence on cross-border FGM, and 29% strongly agreed with that. However, 19% of the respondents disagreed, and the 3% did not have an opinion or was unsure (assumption 5.3, and assumption 7.1).

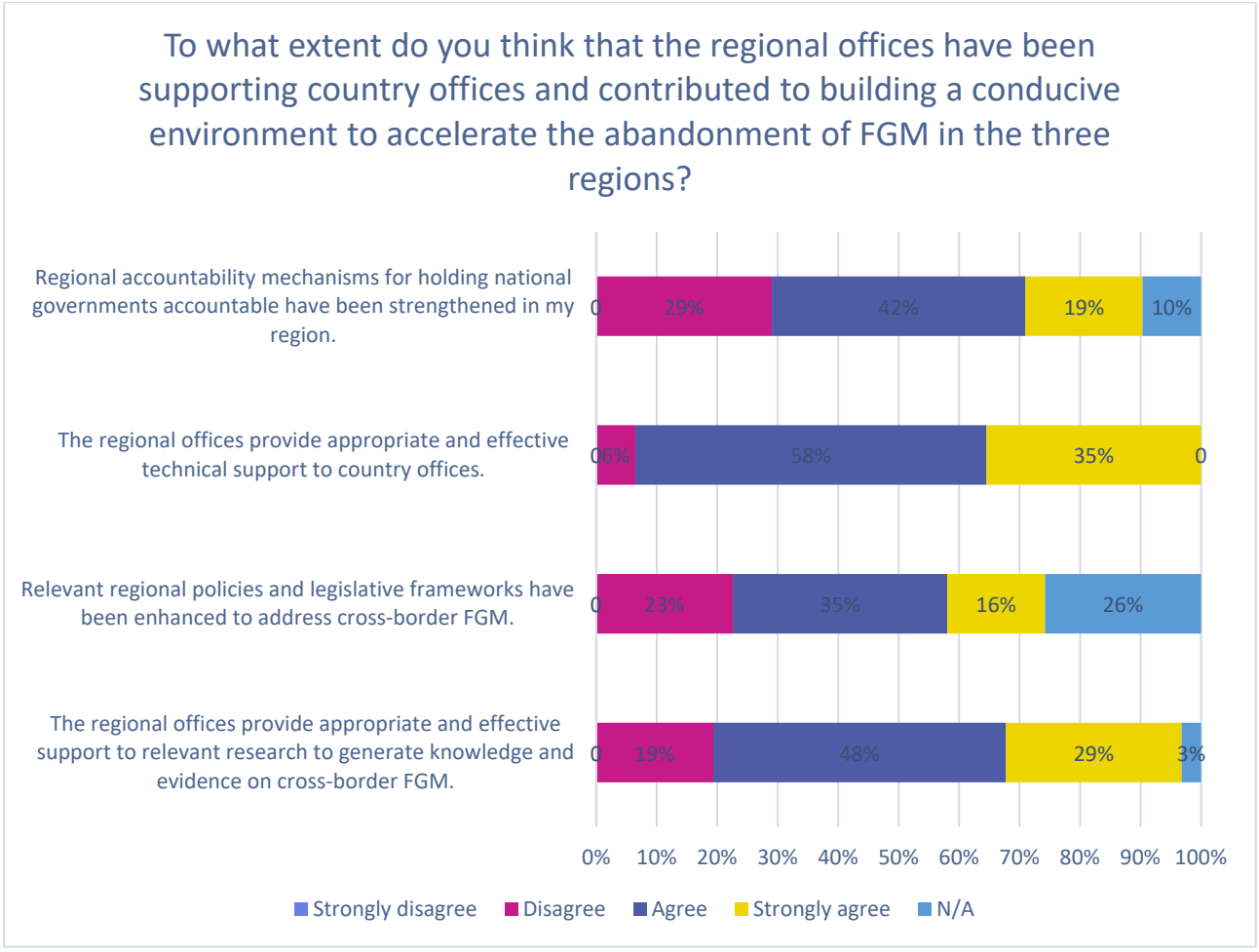


Figure 18: Percentages of respondents who disagreed, agreed or had no opinion about the listed statements. The number of respondents was 31 for every statement.

The last question of section two offered respondents the opportunity to provide further feedback on how relevant and effective they thought the JP-FGM programme had been that far, through an open-ended response. 14 respondents provided their open feedback. Most responses were composed by a sentence on the performance of the programme, followed by the indication of areas for improvement.

With regard to the performance of the programme, five respondents mentioned its relevance to the country and regional contexts and needs. Four respondents reported its effectiveness, one of which especially referring to the areas of intervention of the programme. Further feedback referred to the capacity of the programme to create a community of practice at the regional level, as well as to create momentum for the

elimination of FGM. A response congratulated the HQ and ROs support to COs during the COVID-19 pandemic, through continuous exchange of communication. Critical comments refereed to the rigidity of the results framework that boxes in activities and doesn't match data availability at country level; and budget of the programme being too small to claim to change gender norms.

With regard to the areas of improvement, five respondents mentioned data collection, three of which specifically referring to measuring social norm change, one referring more broadly to strengthening the M&E system through capacity building, and one suggesting the use of indicators in line with data availability. Other aspects indicated were: need more innovative approaches; strengthen the multi-sectoral approach; provide further guidance on the gender transformative approach; strengthen the support of regional and global offices; generate evidence at community level; strengthen the gender equality and positive masculinity aspect; strengthen services for women and girls already cut.

Section 3: Strategies to Reduce FGM

The third and last section of the survey requested respondents to share their knowledge and experience around how best to address the practice of FGM within their country or region. To answer this section's questions, respondents were invited to select what they considered the top three options for each answer. However, several respondents indicated more than three answer options to all the questions, therefore the number of answers collected is higher than expected.

With regard to the barriers to reducing FGM practices within communities, the top three barriers indicated by the majority of respondents were: traditional beliefs and customs (apart from religion), indicated by 84% of respondents; followed by ongoing gender-based discrimination and the community's desire to control the reproduction of women and girls (i.e. patriarchy), selected by 71% of respondents; and the fear of negative repercussions from other community members or neighbouring communities who continue to practice FGM, selected by 58% of respondents. Religious beliefs were indicated as the fourth barrier to reducing FGM, selected by 45% of respondents.

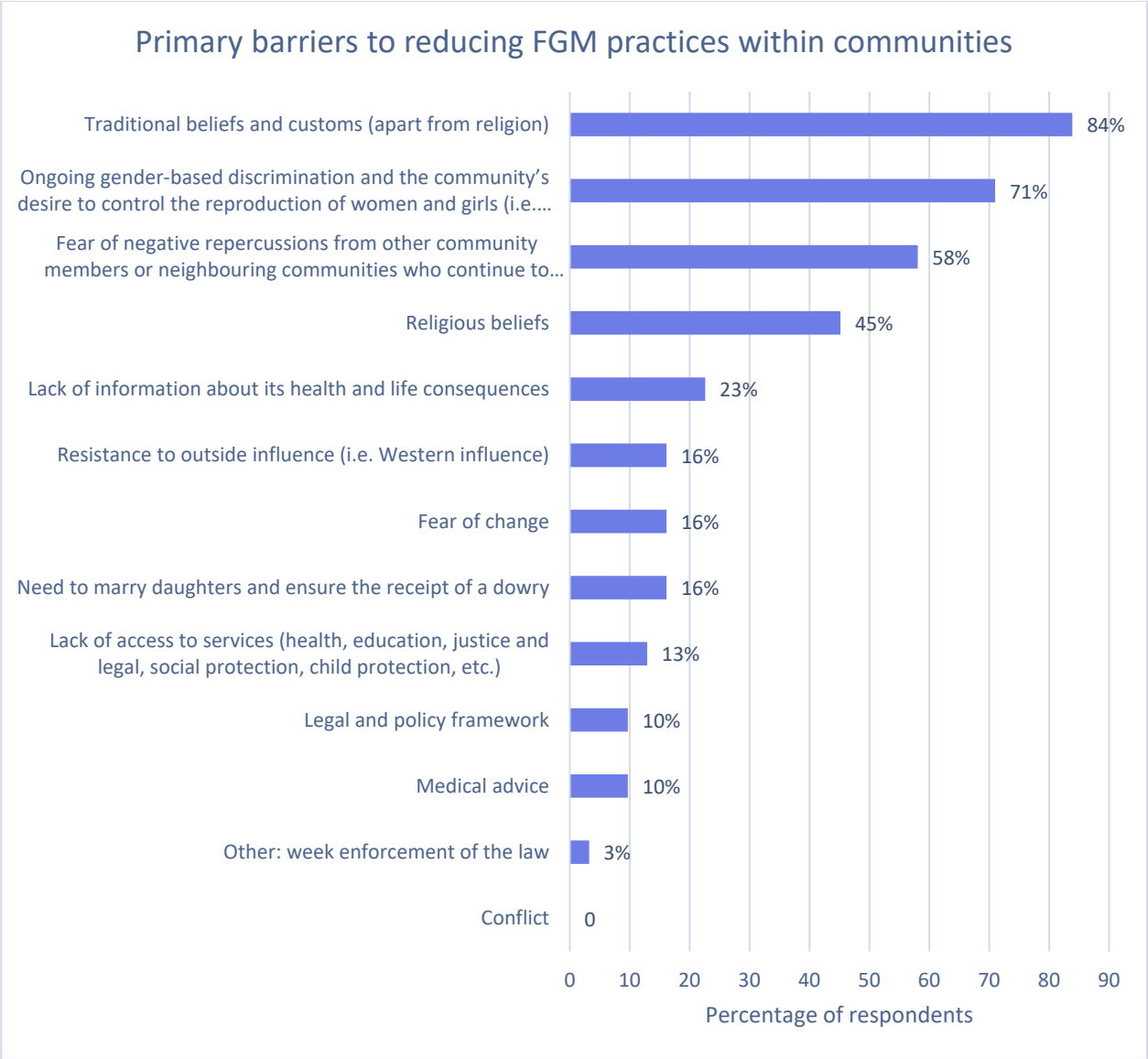


Figure 19: Percentages of respondents who indicated the listed options as primary barriers to reducing FGM practices within communities. The total number of respondents was 31; some respondents selected more than three options.

The top three most effective strategies to reduce FGM were: fostering community dialogue about FGM and its effects, indicated by over a half of the respondents (55%); followed by engaging men and boys, and empowering women and girls to say no to being cut and providing them with safe spaces or rescue shelters to be protected from the pressures of community members and parents, both selected by 48% of respondents. The fourth strategy, strengthening access and linkages to systems that provide protection and prevention services, was also indicated by more than 40% of the respondents.

The other options indicated were:

- Engaging formal (schools) and informal(madrassas) education system/Engaging ministries of Education and Religious affairs to get National policies.
- Involve law enforcement, police and gendarmerie in FGM elimination activities using intelligence, encouraging the reporting of cases and border surveillance.
- Identification and protection of girls, including the participation of female mentors and community protection mechanisms for children and women.

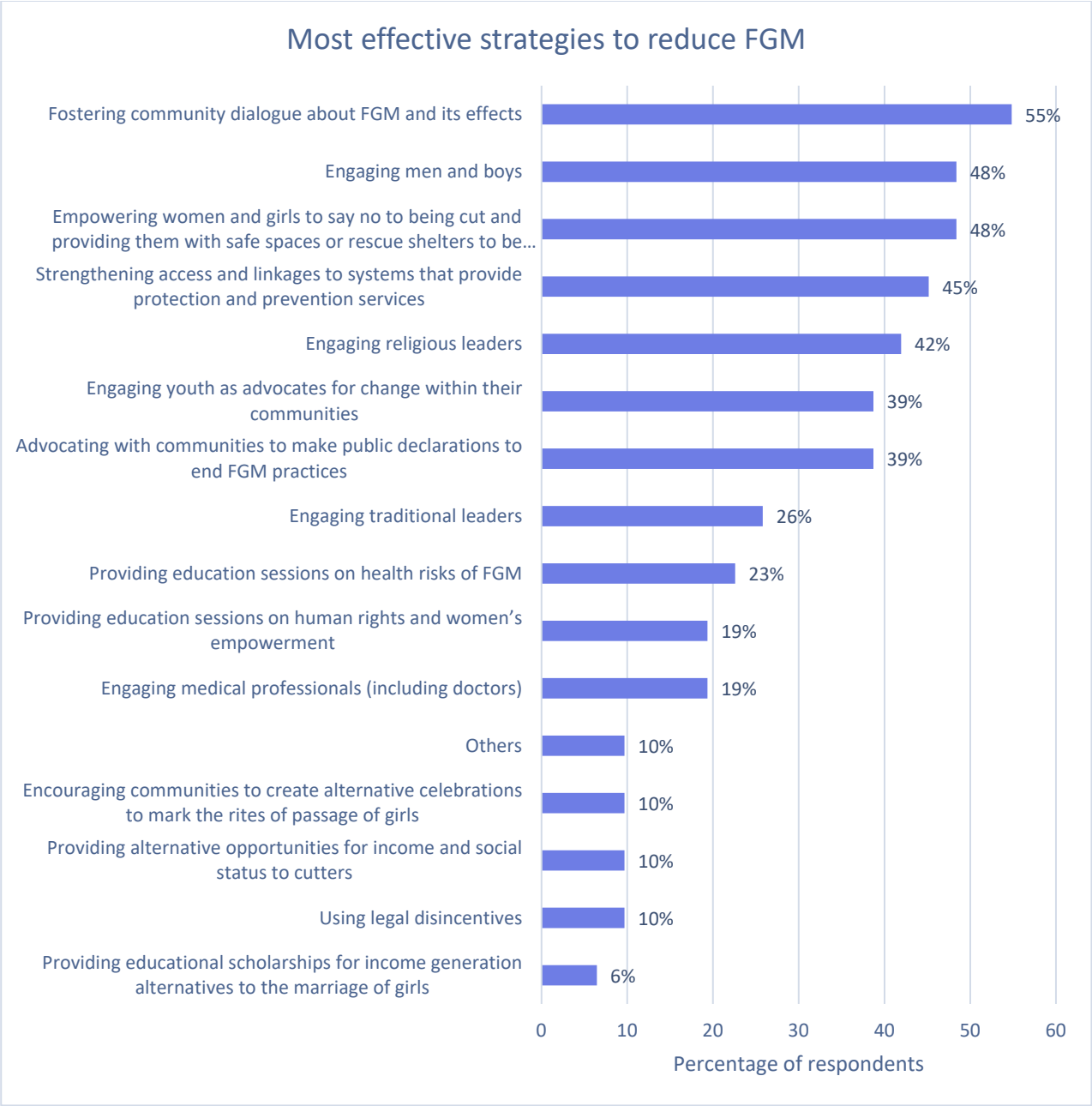


Figure 20: Percentages of respondents who indicated the listed options as most effective strategies to reduce FGM. The total number of respondents were 31; several respondents selected more than three options.

The top three most effective ways to change social norms were all indicated by over half of the respondents: the first one was foster community dialogue, selected by 61% of respondents; secondly empower women and girls to defend their rights, indicated by 58% of the respondents; and third, create buy-in from community decision-makers, selected by 55%.

The other options indicated:

- Education, generational change, access to information, role models similar to the girls/communities likely to be affected.
- Development of alternative rites program with the use of mentoring from respected women leaders in communities.
- Strengthening political commitment is one of the best ways to change social norms.

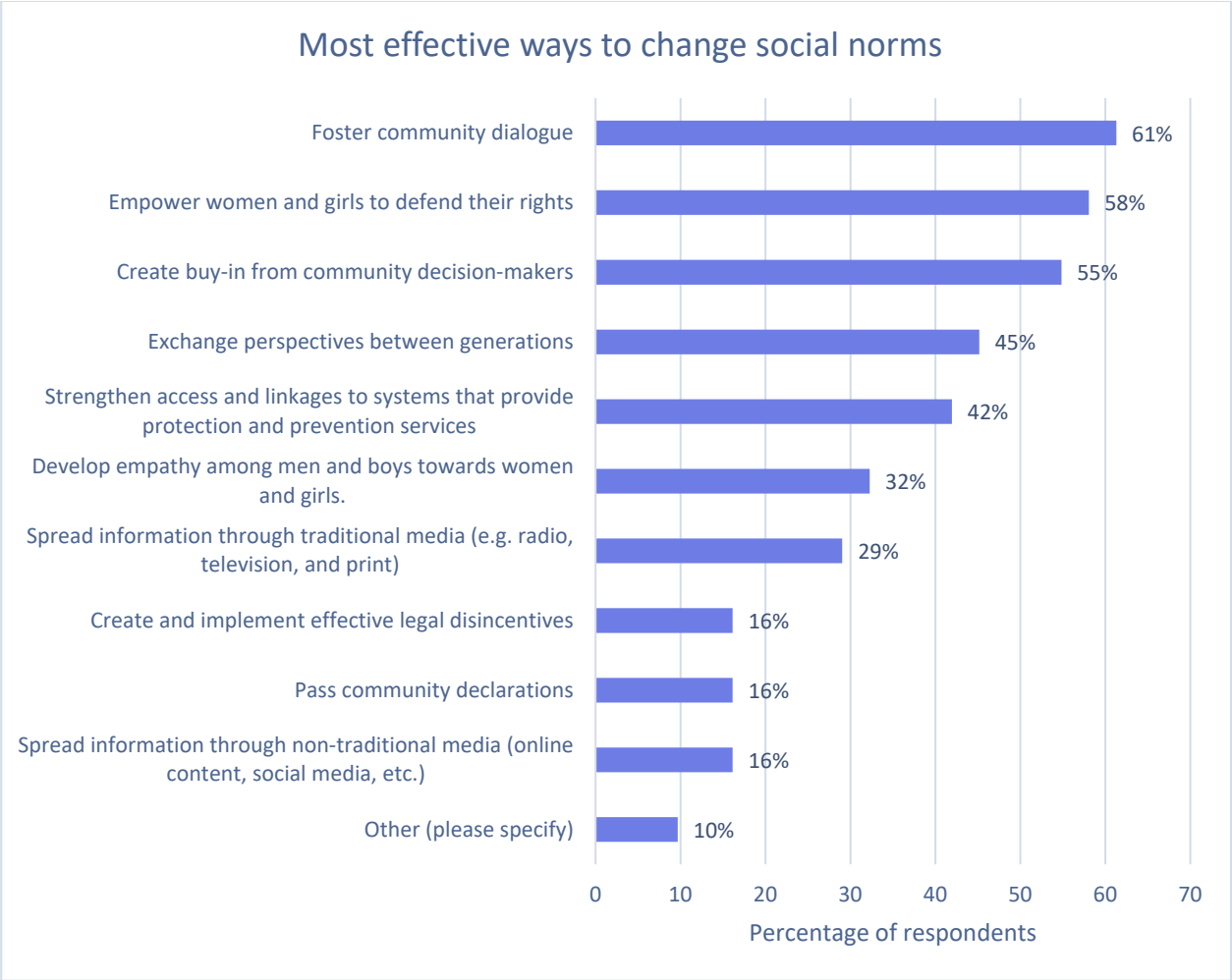


Figure 21: Percentages of respondents who indicated the listed options as the most effective ways to change social norms. The total number of respondents was 31; several respondents selected more than three options.

The final survey question was an open-ended question that offered respondents the opportunity to write their top three recommendations to the Joint Programme to strengthen its work to accelerate the reduction of FGM. 21 respondents provided recommendations to the programme.

Six recommendations entailed women and girls' empowerment to say 'no' to the practice and exercise their rights, two of them specifically focusing on uncut girls who rejected the practice, to support others in their communities and demonstrate alternative lifestyles. Five recommendations mentioned the importance of involving leaders, either traditional, community, religious, or political leaders and authorities, while other five referred to the importance of investing in a measurement of social norm change.

Four recommendations mentioned the involvement of men and boys, while three focused on the involvement of youth, one of which specifically targeting girls under 15 instead of the 15 to 49 age group. Three recommendations addressed more broadly the importance of community involvement, and other three focused on the work on social norm change.

The recommendations mentioned by two respondents addressed: advocacy; scaling up the programme; improving data collection; informing programme design on research; strengthening the communication strategy (including the use of social media); strengthening the political and legal framework.

Other recommendations, yet at times similar, were indicated by one respondent only: provision of bi-annual finds; intervention implemented throughout the year; clearer division of work between the two agencies; cross-regional coordination and campaigns; South-South collaboration; law enforcement.

Annex 10: Implementing Partner survey results and analysis

Methodology

The IPs survey targeted UNFPA and UNICEF JP external stakeholders, including government offices at national and local level, civil society organizations, university and institutions, that partner with the JP in the programme countries. The survey was developed in English, French and Arabic to collect data on the perceived programme performance, as well as data around how best to address the practice of FGM.

Similar to the staff survey, the IPs survey included 19 questions, mainly close-ended and two-open ended questions, articulated under three sections:

(iv) respondent's background data;
(v) respondents' feedback on the relevance and effectiveness of the JP, using a series of statements accompanied by Likert scales;
(vi) respondent's knowledge and experience on how best to address the FGM practice in their country or region of work.

The open-ended questions allowed respondents to provide more articulated feedback and suggestions for future programming and implementation.

The survey was developed and rolled out using Survey Monkey and data analysed with the support of Microsoft Excel. Both English, French and Arabic versions of the survey were piloted to ensure that it was functioning and accessible, and to further refine some questions.

In terms of the administration, the survey link was sent from the evaluation team to 285 stakeholders, drawing on the stakeholder contact list developed on purpose by the HQ with the support of the COs. The stakeholders were reached out through emails either in English, French or Arabic explaining the purpose and use of the survey, and including the link to the Survey Monkey online form.

The survey links have remained active for three weeks, during which three gentle reminders have been sent to the same stakeholders.

Of the 285 emails sent, 7 emails failed to be delivered. Therefore, the target population considered to calculate the response rate was of 278 stakeholders. The IPs survey was completed by 138 respondents, which represents 50% of response rate[41]. Not all the 138 surveys were fully completed; some of them presented missing answers as answers were not compulsory to progress in the survey form. The sample size used for analyzing results was 138 responses. In case of missing answers, they have been accounted for.

JP Country	N. contacted partners	Language
Burkina Faso	60	French
Djibouti	5	French
Egypt	9	Arabic
Eritrea	5	English
Ethiopia	10	English
Gambia	5	English
Guinea	15	French
Guinea-Bissau	14	English
Kenya	15	English

41 The total number of returned surveys was 148; of them, one respondent denied their consent to have their data gathered, and nine respondents returned blank forms despite having provided their consent. These nine forms have not been included in the survey statistics, as they were fully blank.

Mali	11	French
Mauritania	14	Arabic
Nigeria	39	English
Senegal	13	French
Somalia	37	Arabic
Sudan	14	Arabic
Uganda	17	English
Yemen	2	English & Arabic
Total	**285**	
Email delivery failed	6	
Tot. Received	279	

Table 5: Summary of the stakeholders reached with the survey link by JP country and language.

Section 1: Respondents' Background

The survey has been completed by stakeholders from all JP countries, except from Djibouti. The highest number of respondents were from Nigeria and Burkina Faso, respectively 22% and 19% of the total responses. Seven respondents, which corresponds to the 5%, did not indicate any country of work. On average, the percentage of respondents from the other programme countries was of 4%, excluding Nigeria, Burkina Faso, and Djibouti as considered outliers.

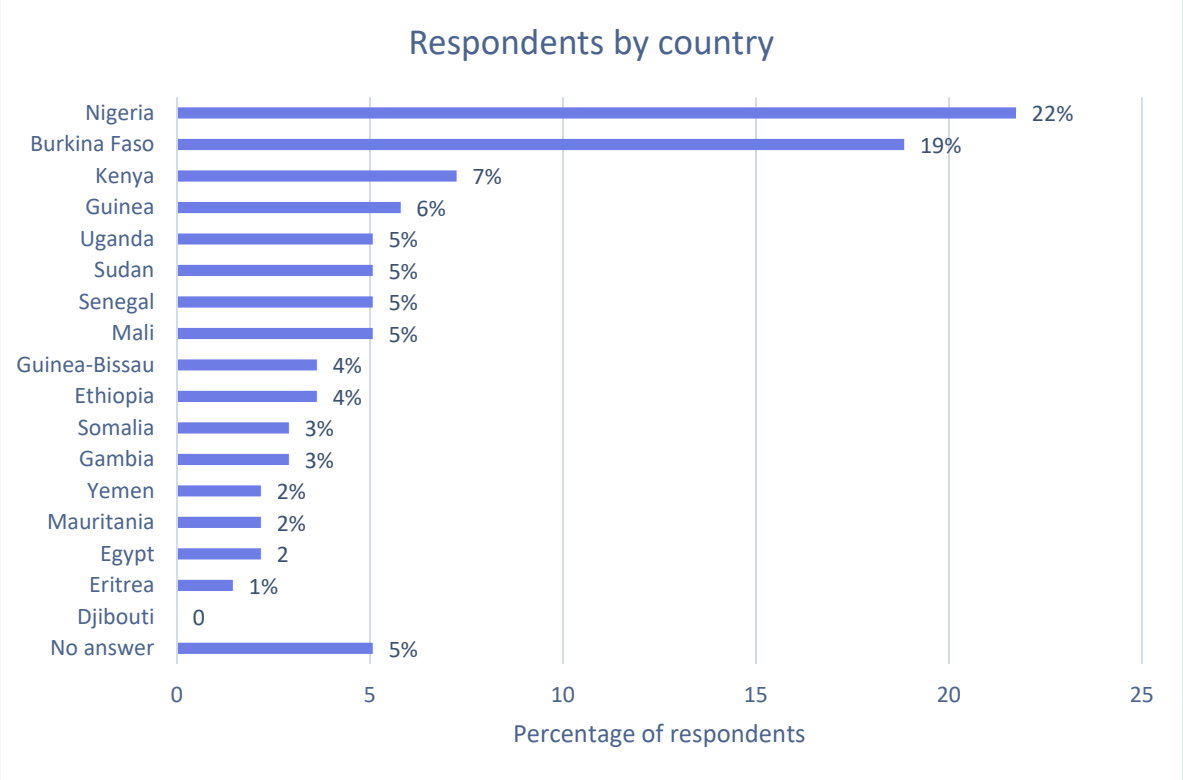


Figure 22: Percentage of respondents by country.

With regard to their partnership with the JP, most respondents reported to be partnering with both UNFPA and UNICEF (36%), while 31% partnered with UNFPA only, and 28% with UNICEF only. Six respondents (4%) did not provide any answer. The majority reported to have started working with the Joint Programme between the beginning Phase I in 2008 and the beginning of the current Phase III in 2018 (88%), while the 78% started working with it after 2018, i.e., during the current Phase III. The 18% respondent to have started

prior to 2008, and the 6% did not provide a reply. The 80% of the respondents felt to be familiar with the JP beyond their own project, while 17% felt they were not, and 2% did not reply.

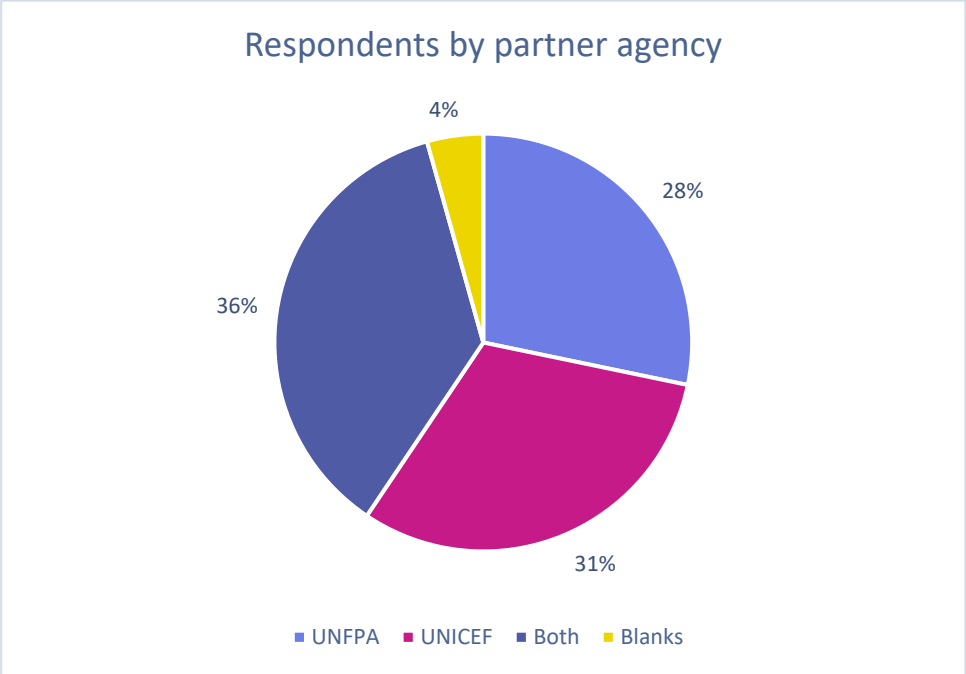


Figure 23: Percentages of respondents working with UNFPA or UNICEF, or both.

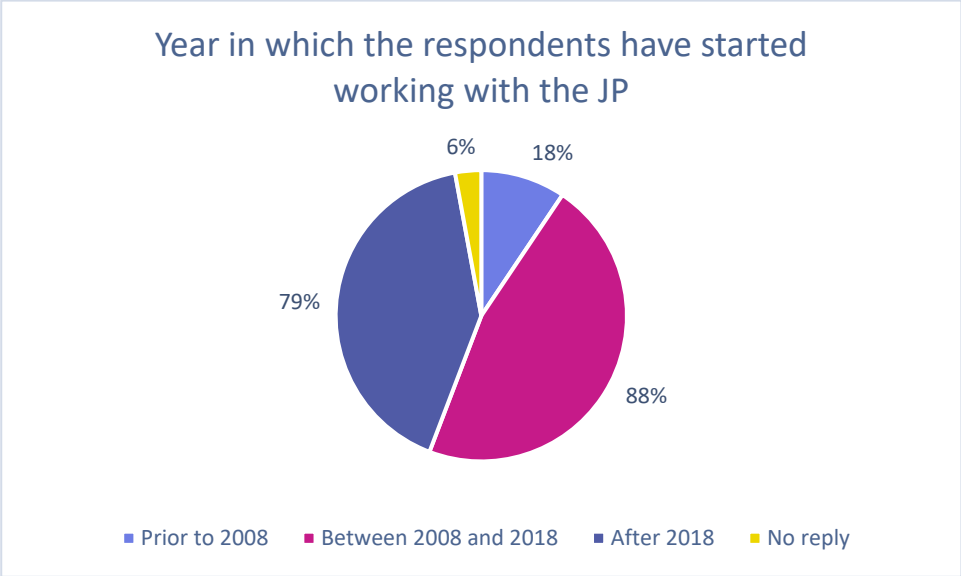


Figure 24: Percentages of respondents by starting period working with the JP.

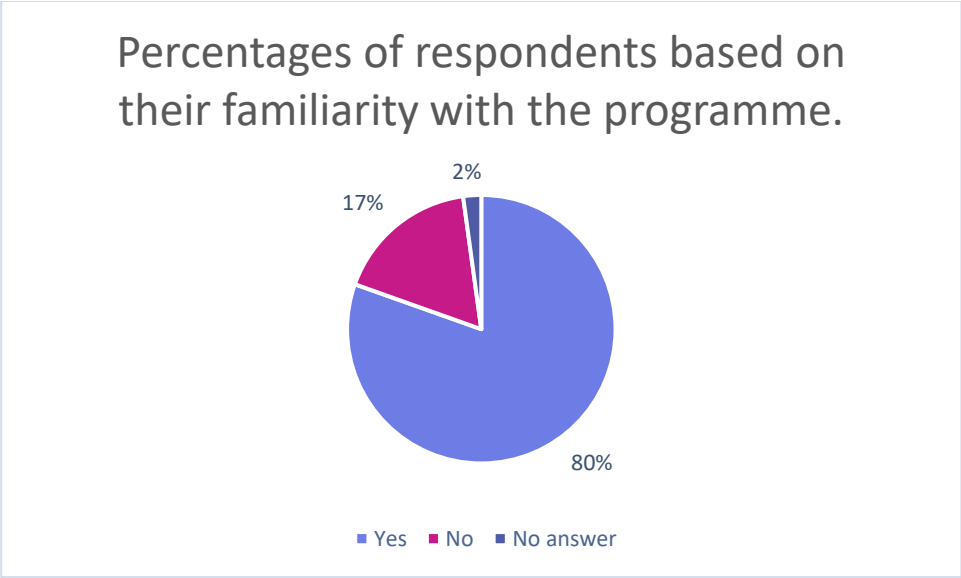


Figure 25: Percentages of respondents by their familiarity with the JP beyond their own project or initiative.

With regard to the respondents' kind of organization, most respondents were working with civil society organizations / national NGOs (38%) and government bodies such as ministries, secretariats, or coordinating bodies (31%). The 9% was working with either a service provider from the government, or international NGOs. The 5% of the respondents were working in the media or journalism sector, and 2% with the academia and other research organizations. The 3% of the respondents didn't identify the organization they were working in with any of the options provided by the survey, and indicated Women's Organization, Local government, UNICEF Trained Social Media Advocate (SMA).

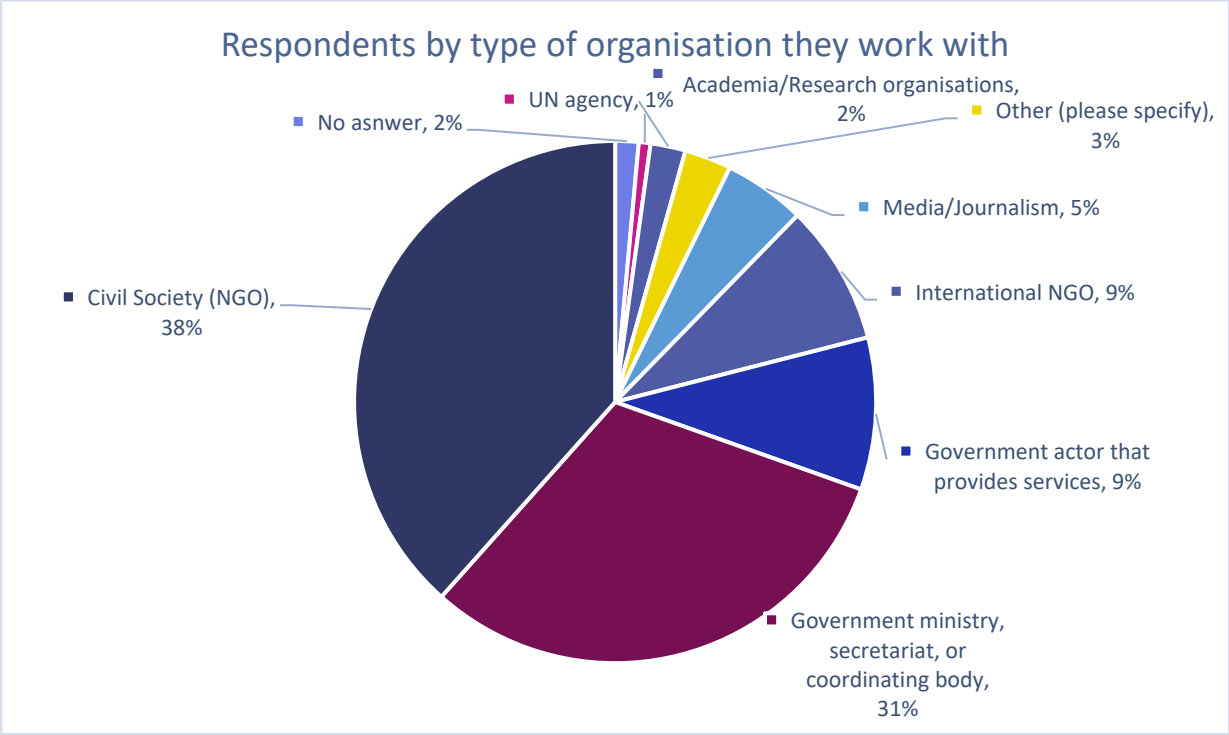


Figure 26: Percentages of respondents by type of organization they were working with.

Most of the partners worked at the national level (64%), about half of them at sub-national level (53% working at state, district, regional level), while 44% worked at village level. One percent of respondents did not indicate their area of work.

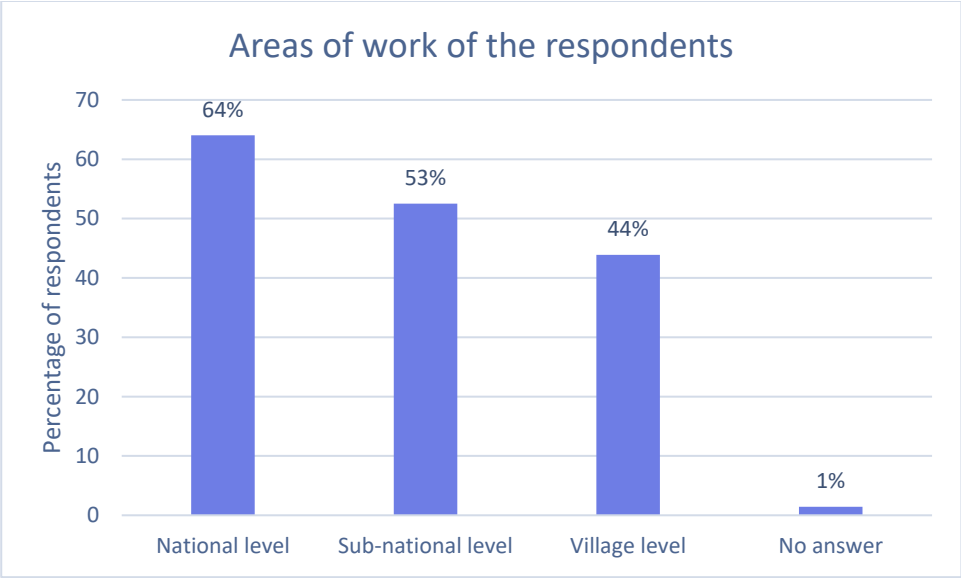


Figure 27: Percentage of respondents based on their target area(s) of work. Respondents could select as many answer options as appropriate.

With regard to their field of focus, the vast majority of the respondents were working in the field of community engagement (81%), engaging religious leaders on FGM abandonment (78%), as well as traditional leaders (77%). The 71% of respondents indicated that they were working with youths, and/or on empowering women and girls.

Around two thirds of the respondents were working in the sectors of child protection (68%), information dissemination through media (67%), advocating for human rights (62%).

Around one third were working in the area of provision of health services related to FGM (34%) and designing or implementing laws related to FGM (32%).

Slightly over than a fourth were working on cross-border FGM (28%).

Amongst the other options (13%), respondents indicated:

- Community social norm change;
- Developing out of school girls' life skill manual and implementation guideline. And also for men and boys' engagement;
- I engage local and international NGOs;
- Surveillance and support system;
- Coordinating activities;
- Engaging parents;
- Building the capacity of the health sector and law enforcement agency on prevention of FGM;
- School sensitization, coordinate all activities pertaining to FGM elimination in my state;
- Training midwives on the consequences of FGM;
- Advocate for the introduction of FGM modules in the education system;
- The empowerment of families and the sectors of education, health, justice, security for a synergy of action in the promotion of the abandonment of FGM;
- Psychosocial care, legal aid, shelter to save girls and women who do not want to be cut;
- Involved local authorities for their ownership of programs and projects;
- Intergenerational change in practice;
- Participate in fundraising. Advise the Governor for the organization of Regional, Prefectural and Communal consultation meetings;
- Promote the coordination of interventions on FGM issues;

- Creating awareness among the sectors in the rural milieu to give up this profession and directing them to other activities that benefit them;
- Promote positive social values and norms to abandon FGM in families and grassroots communities.

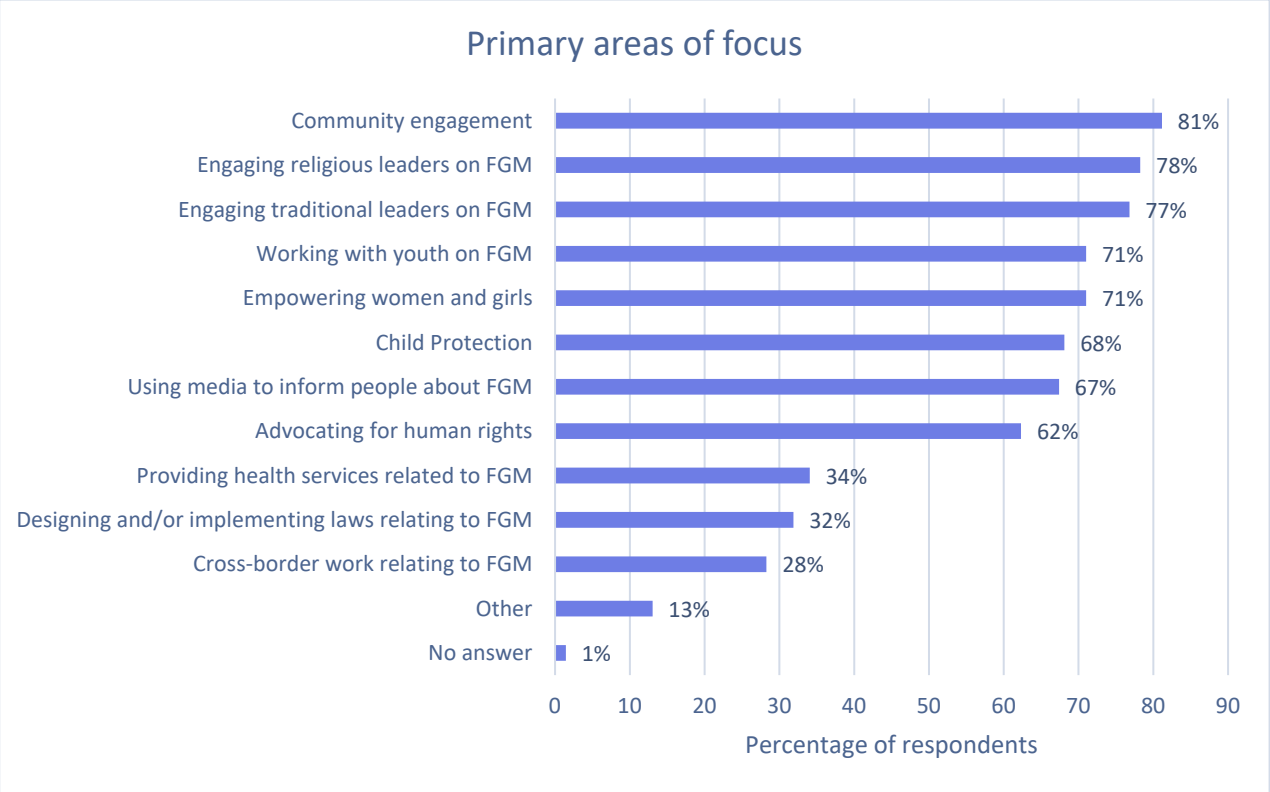


Figure 28: Percentage of respondents based on their field of work. Respondents could select as many options as appropriate.

The main population groups targeted by the JP partners were girls aged 15 to 19 years old (88%) and women aged 20 years and above (86%), followed by religious leaders (84%) and traditional leaders (80%). At a lower extent, IPs involved men 20 years old and above (70%), girls aged between 0 and 14 years (67%), and boys aged between 0 and 19 years (64%). The least involved population group was the people aged 50 years and above, however involved by 61% of the IPs.

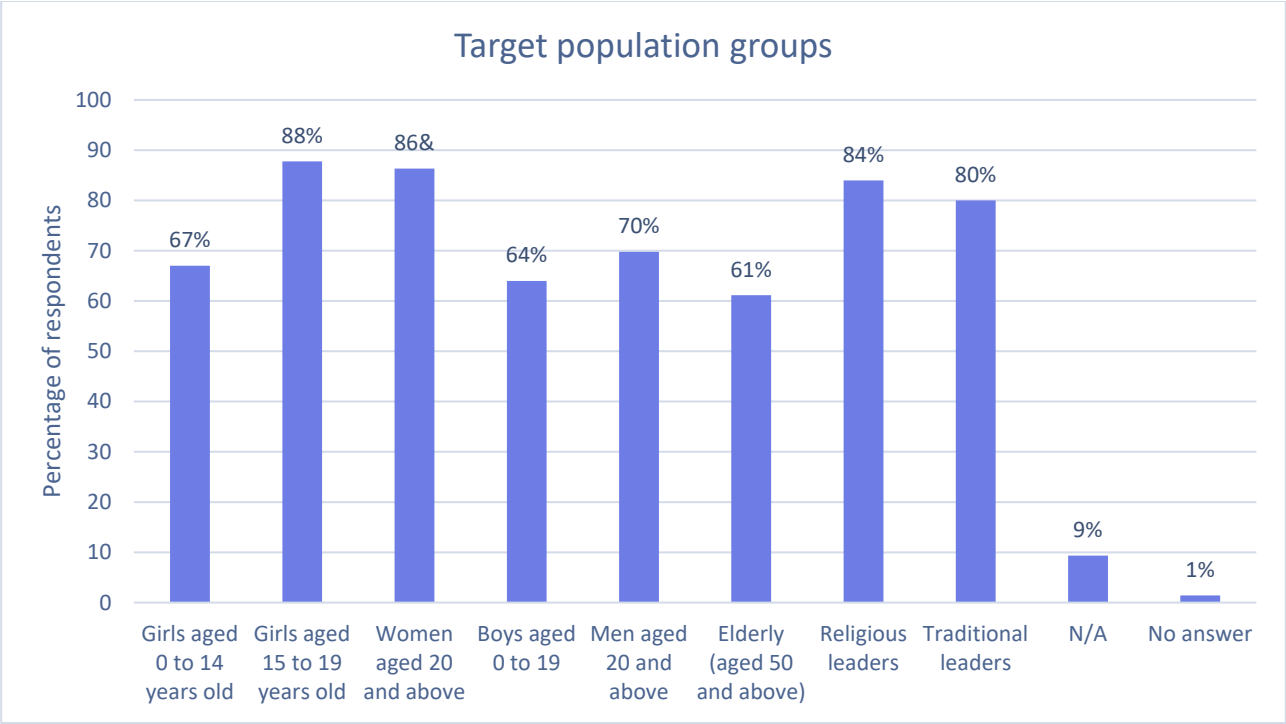


Figure 29: percentage of respondents based on the population groups (by age) they targeted. Respondents could select as many options as appropriate.

The vast majority of respondents were working in rural areas (91%), about two thirds in urban areas (65%), and over half of them in towns or peri-urban or residential areas (57%). The 39% were working in slums.

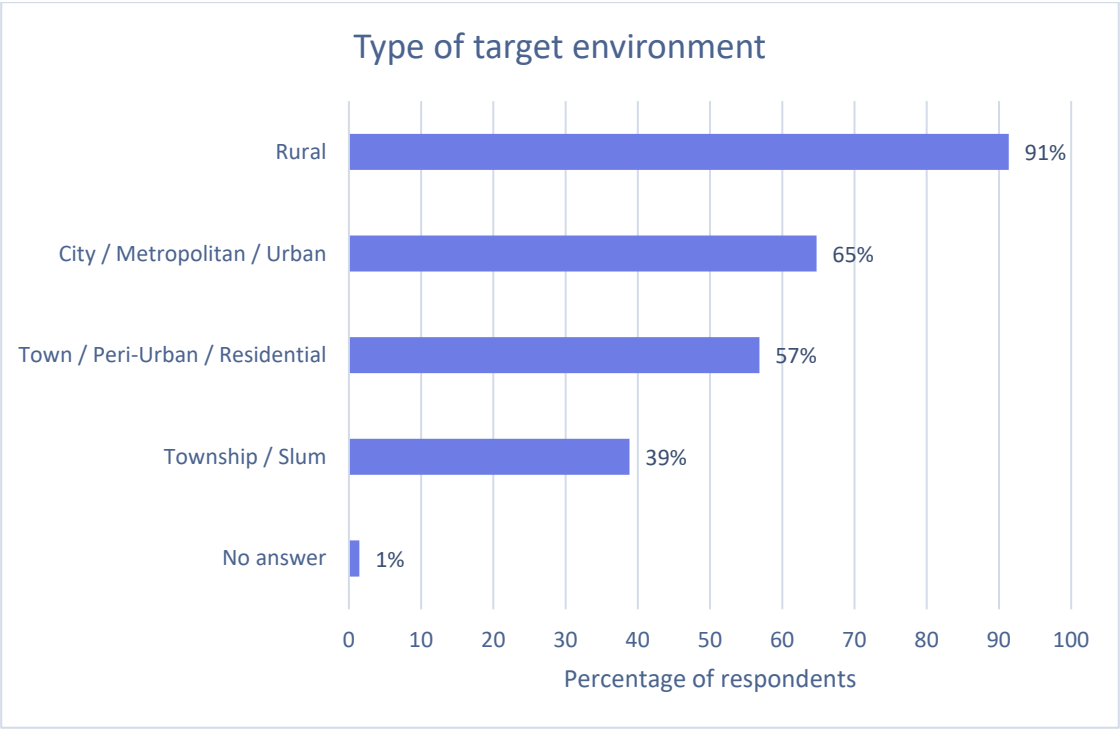


Figure 30: percentage of respondents based on the kind of environment they work in or target. Respondents could select more than one answer option.

Section 2: Relevance and effectiveness of the Joint Programme

Respondents were invited to provide their views around the relevance and effectiveness of the Joint Programme, by answering to five questions that included a list of statements to which select a response ranging from 'strongly disagree' to 'strongly agree', or N/A if they were not sure or did not have an opinion. The last question of this section was open-ended, allowing the respondents to provide further feedback on how relevant and effective they though the programme had been so far.

Firstly, respondents were asked to what extent they thought that the JP was aligned with and responded to the relevant policy frameworks and needs of the affected populations (EQ1, assumption 1.4). Overall, the vast majority of the respondents provided a positive feedback (on average 85% agreed or strongly agreed with the statements), while on average the 3% provided a negative feedback. For all three statements, one percent of the respondents had no opinion and the 11% did not select any answer option.

The majority of the respondents strongly agreed with the statement according to which the JP is aligned with the national priorities and frameworks of their country (57%), and 29% reported that they agreed with it. The 2% disagreed with that statement, while no one strongly disagreed with it.

With regard to the JP alignment with the needs of affected populations including, specifically, the needs of women and girls, more than half of respondents answered that they strongly agree with that statement (54%), while about a third of them (33%) agreed with it. One percent indicated to disagree or strongly disagree with the statement.

With regard to the JP strategies and interventions being contextualized to the national context, the 46% strongly agreed or agreed (38%) that the programme is contextualized, while 4% didn't agree with it, and no one strongly disagreed with it.

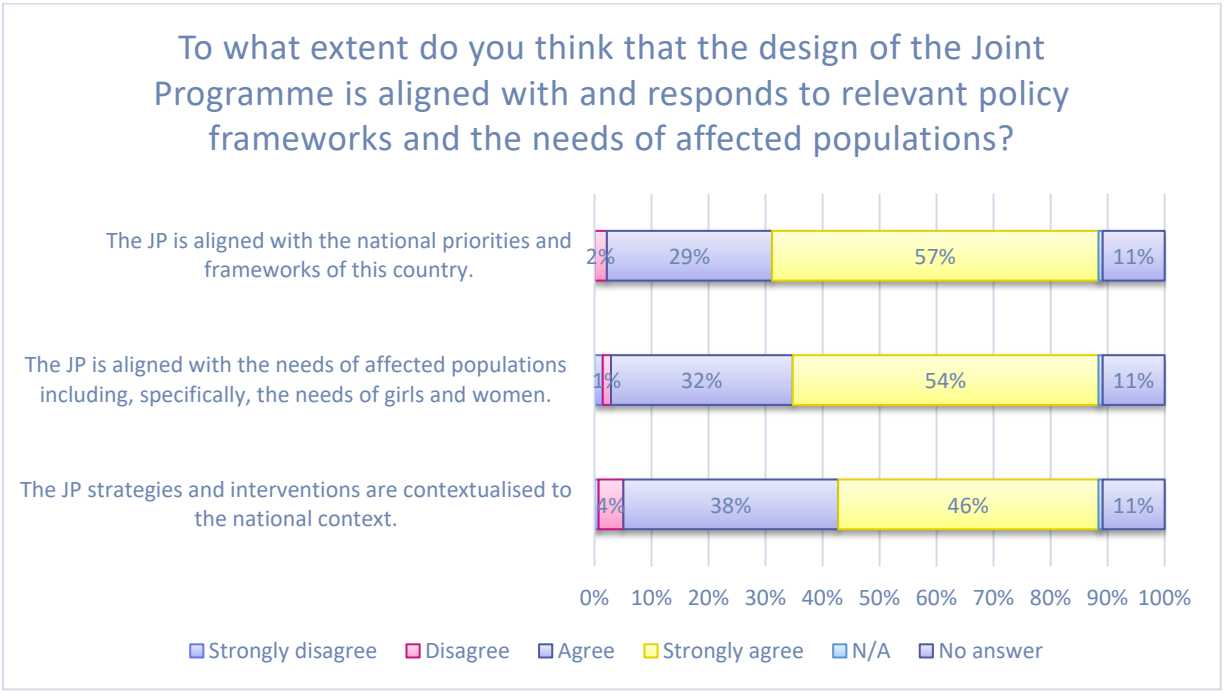


Figure 31: Percentages of respondents who strongly disagree, disagree, agree, strongly agree, or have no opinion yet, around the listed statements.

The survey asked respondents to what extent they thought that the Joint Programme was contributing to the transformation of social and gender norms to abandon FGM (EQ2, EQ3 and EQ6). Overall, the majority of respondents provided a positive response either agreeing (33% on average) or strongly agreeing (44% on average) with the statements, while on average 5% of them provided a negative feedback (either disagreeing

or strongly disagreeing with them). On average, 2% of respondents selected N/A, and 11% did not select any answer option.

The majority of respondents strongly agreed that the JP is engaging women and girls to strengthen their awareness and agency in relation to their rights of body integrity against FGM (58%), and a fourth of them (25%) agreed with the statement. The 3% of respondents disagreed with it, and 1% strongly disagreed with it. Compared to the other statements under this question, this assertion has received the highest consensus (83%), and the lowest disagreement (4%) (assumption 6.1).

The 44% of respondents strongly agreed with the statement according to which the JP engages women and girls in programme design, so that the programme is responsive to gender barriers perceived by women and girls themselves, and one third (33%) agreed with it. The 10% of respondents disagreed with the statement, and 1% strongly disagreed with it (assumption 6.1).

With regard to the engagement of men and boys in promoting and achieving gender equality and the elimination of FGM, 46% of respondents strongly agreed that the programme is doing that, and 32% agreed with it. However, 9% of respondents disagreed with the statement, and 1% strongly disagreed with it (assumption 6.2).

With regard to the engagement of the youths, over a third of respondents strongly agreed that the JP created opportunities for young people to proactively engage with governments to inform FGM policies and programmes (37%), and about another third strongly agreed with it (31%) (assumption 6.3). However, 15% of the respondents did not agree with this, and 6% had no opinion. Compared to the other statements under this question, this was the assertion with the lower consensus of people who strongly agreed with it, and the highest percentage of people who did not provide a positive feedback.

Exactly half of the respondents strongly agreed that the JP tries to be gender-transformative by addressing the gender inequality behind FGM as well as working towards the abandonment of the practice (50%), and 31% agreed with this statement. The 4% did not agree, 1% strongly disagreed and did not provide an opinion, and 12% did not reply (assumption 2.1).

With regard to the JP advocating for and providing technical assistance for ensuring gender responsiveness to countries, 40% of respondents agreed with this statement, and 36% strongly agreed with it. The 8% didn't agree, 1% strongly disagreed, and 3 did not have an opinion or were unsure (assumption ??).

Lastly, respondents were requested to provide their opinion as to whether the JP had linked FGM programming to other sectors, e.g., child marriage, early pregnancies, GBV, access to services, conflicts etc. Almost half of them (48%) strongly agreed with this statement, and over one third (35%) agreed with that. However, 5% of the respondents disagreed with this statement, 1% strongly disagreed, and another 1% had no opinion or were unsure (assumption 3.1).

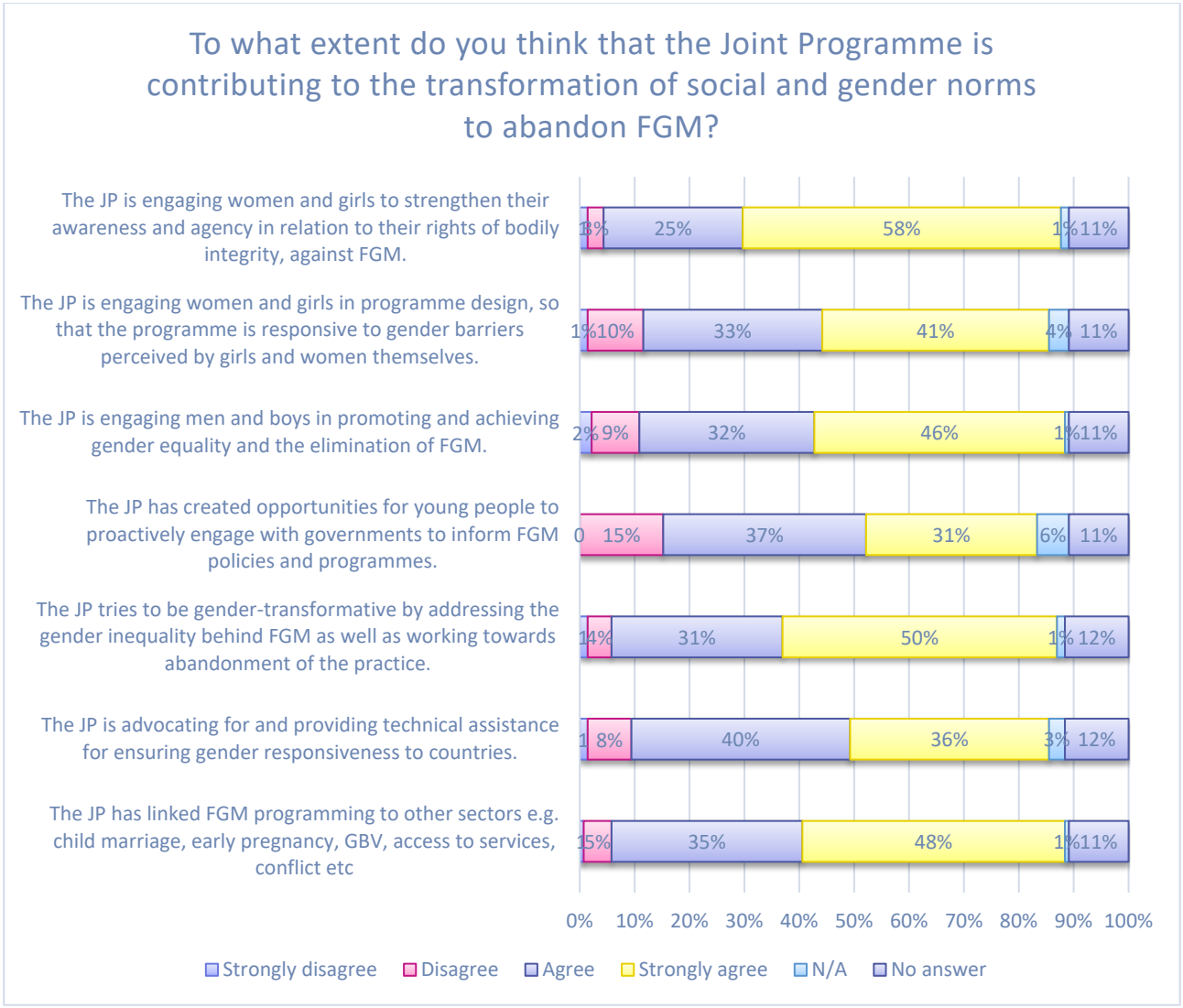


Figure 32: Percentages of respondents who agree or disagree or had no opinion with regard to the listed statements.

The survey inquired to what extent respondents thought that the Joint Programme had created a space for knowledge sharing and learning (EQ 7). Overall, most respondents provided a positive feedback (on average 36% agreed, 28% strongly agreed). However, compared to the other questions under Section 2, regarding the performance of the programme, this is the question with the highest percentage of negative feedback (on average 15% disagree, and 2% strongly disagree). On average, the 12% did not provide any answer and skipped this question.

Over one third of the respondents (37%) agreed that the JP had provided them with new research on FGM produced in the country they were working or in other countries, and a bit less than a third (31%) strongly agreed with that as well. The 12% didn't agree that the programme had provided them with new research, 1% strongly disagreed, and 7% didn't have an opinion or were not sure (assumption 7.1).

Similar to the previous question, over a third of the respondents (36%) agreed that the JP shares timely information on good practices in reducing FGM from other parts of the country or from other countries, and a third (33%) strongly agreed with that. The 12% didn't agree with that statement, 3% strongly disagreed with that, and 5% didn't have an opinion or were not sure (assumption 7.1).

Again, the 36% of the respondents agreed that the JP has data collection tools in place for the measurement of social norm change related to FGM, and a quarter (25%) strongly agreed, while 17% disagreed with this statement, and 9% responded not to have an opinion or be unsure (assumption 7.2).

The opinions around the clarity and usefulness of the data collection tools for measuring social norms change are more mixed. The 38% of the respondents agreed that those tools are clear and useful, and 17% strongly agreed with that. However, 18% disagreed and 1% strongly disagreed with the statement. 13% of the respondents reported not to be sure or not to have an opinion yet (assumption 7.2).

About a third of the respondents (34%) thought that the JP provided appropriate support to identify data gaps and generate evidence on FGM at the community level (e.g., research on social norms, causes of FGM, trends, etc.), and one fifth (20%) strongly agreed with that. However, 22% disagreed with this statement, 1% strongly disagreed with it, and 10% of the respondents replied to have no opinion or not to be sure. Amongst all the statements under this question, this assertion received the highest percentage of negative feedback (assumptions 7.1 and 7.2).

The 37% of respondents thought that the JP provided them with sufficient opportunities to share knowledge with other implementing partners, and 30% of them strongly agreed with this statement. The 13% of the respondents did not agree with this, 2% strongly disagreed, and 4% selected N/A (assumption 7.1).

Compared to the previous statement, the positive feedback is slightly lower with regard to opportunities to share knowledge about social norms change. One third (34%) of the respondents agreed that the JP provided sufficient opportunities, and a quarter (25%) strongly agreed with that. However, on the contrary 17% did not agree with this statement, 3% strongly disagreed, and 8% did not have an opinion or was not sure (assumption 7.2).

Lastly, most respondents reported that the JP had organized opportunities for knowledge exchange (e.g., conferences, meetings, workshops, communities of practices, etc.), with 39% agreeing with this statement, and 36% agreeing with that. The 8% did not agree with this statement, 1% strongly disagreed, and 3% answered not to be sure or have no opinion (assumption 7.1).

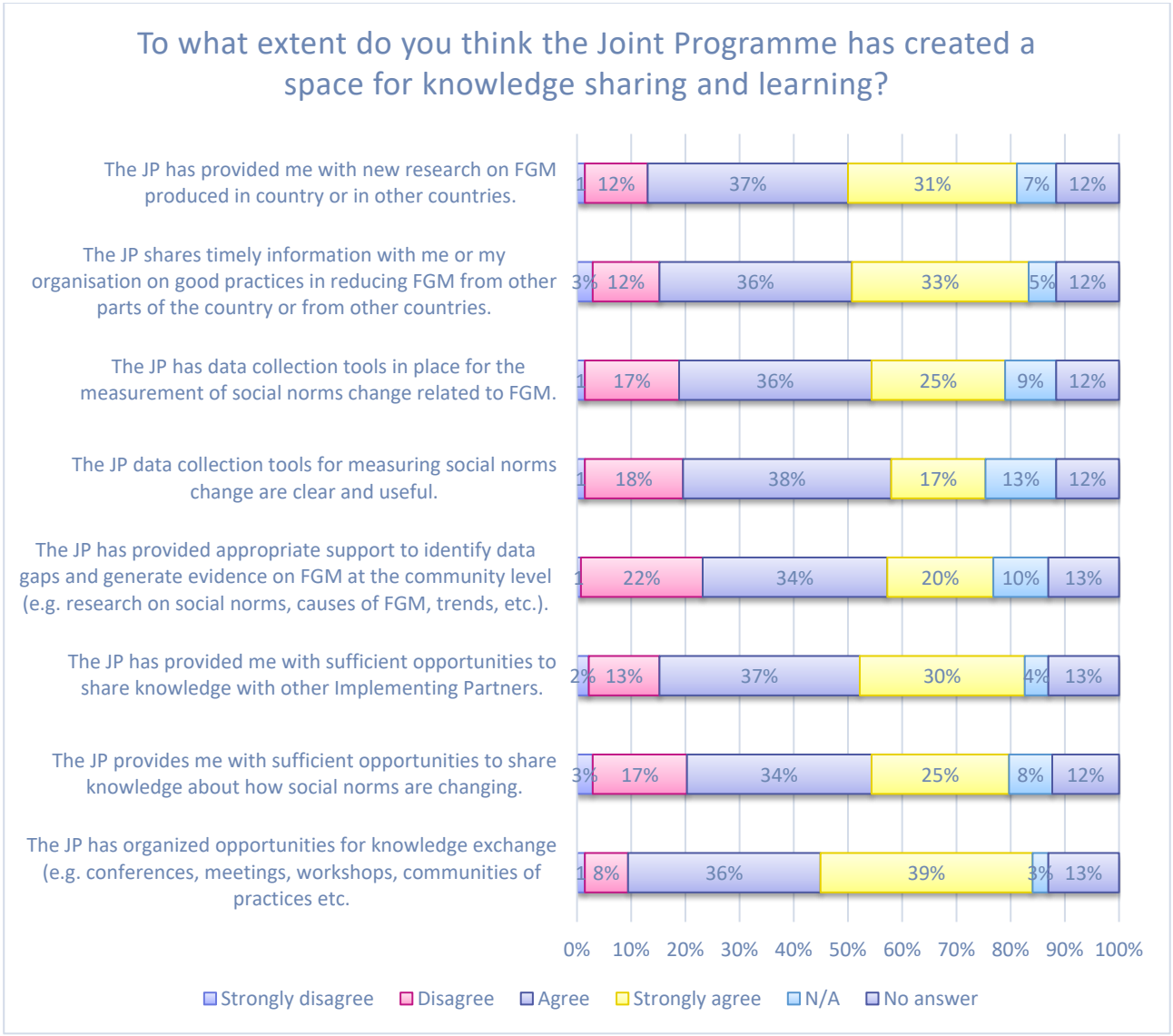


Figure 33: Percentages of respondents who disagreed, agreed or had no opinion about the listed statements. The total number of responses were 31 for each statement.

The survey inquired to what extent respondents thought that the Joint Programme had responded and adapted to the challenges resulting from humanitarian crisis, including the COVID-19 pandemics (EQ 8). Overall, respondents provided a positive feedback. The 12% of the respondents skipped this question without selecting any answer option.

The 36% of respondents agreed that the programme had shown an adaptive approach in times of crisis, including active conflict, natural disaster, health pandemic (such as the COVID-19), by adjusting its strategies and programme approaches, and the 31% strongly agreed with that. However, 11% disagreed with this statement, and 1% strongly disagreed. The 9% reported not to have an opinion or be unsure (assumption 8.1).

The 39% of respondents agreed that the programme had pro-actively adapted its work plan to changed circumstances in time of crisis, and 32% strongly agreed with that. However, 10% disagreed with this statement, 1% strongly disagreed, and 12% had no opinion or were not sure (assumption 8.1).

The 42% of respondents agreed that the JP had implemented effective consultations across programme partners to facilitate and coordinate adaptive management, and the 21% strongly agreed with that. However, 14% disagreed with this statement, and 10% had no opinion or was unsure about that.

Over a third of the respondents (36%) agreed that the JP facilitated linkages with humanitarian actors to monitor the impact of the crisis on FGM prevalence rates, and 19% strongly agreed with that. However, 15% disagreed with this statement instead, 1% strongly disagreed with it, and 17% of respondents reported not to have an opinion or be unsure. Compared with the other statements under the same survey question, this statement received the highest level of disagreement and respondents who did not provide any opinion (assumption 8.3).

Lastly, 40% of respondents agreed with that the Joint Programme had facilitated complementary and synergistic linkages with humanitarian actors to support women and girls who have undergone FGM to access appropriate SRHR and GBV services, and 19% strongly agreed with it. However, 13% disagreed with this statement, 1% strongly disagreed with it, and 16% answered to have no opinion or be unsure (assumption 8.3).

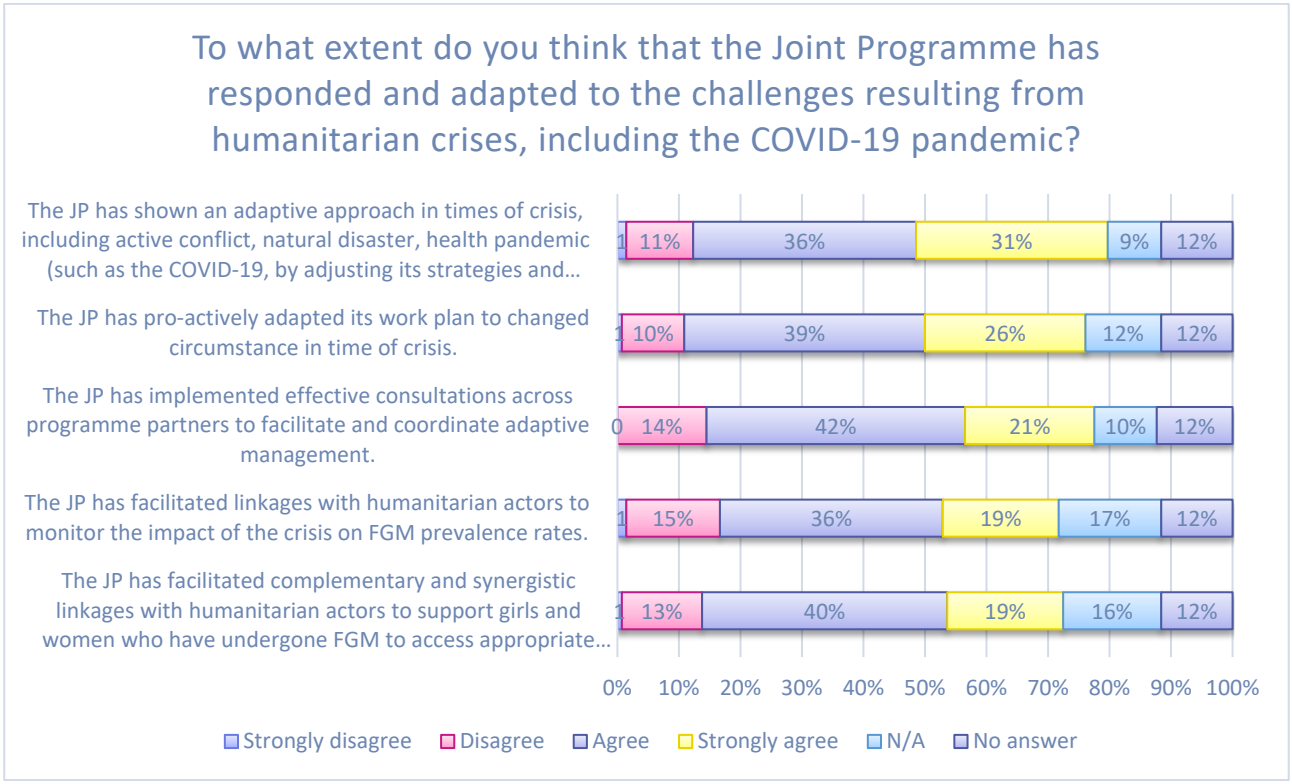


Figure 34: Percentages of respondents who agreed, disagreed, or had no opinion with regard to the listed statements. The number of respondents was 31 for all the statements but the third statement was 29.

The last question of section two offered respondents the opportunity to provide further feedback on how relevant and effective they thought the JP-FGM programme had been that far, through an open-ended response. 63 respondents provided their open feedback. Similar to the Staff survey results, most responses were composed by a sentence on the performance of the programme, followed by the indication of areas for improvement.

Ass. Nr.	Assumption area	Feedback on JP performance	Suggestions for the future
1.3, 1.4	Programme aligned with human rights standards, govt policies	Aligned with SDGs and national policies	
1.4	Programme aligned with govt priorities, national needs, girls and women's needs	Very relevant; Relevant, effective; Relevant to country needs; Relevant to social norm change; Major programme in remote area; Well-conceived; Relevant, effective; Relevant;	
2.1	Systemic approach in place	General public knowledge on FGM enhanced	Holistic approach, including RSH services; community ownership of agenda and speed of change; stop economic incentives to promote change; Invest more in holistic intervention in the communities (community capacity building, awareness raising, social mobilization)
2.2	Community engagement approaches	Increased community engagement; use of social media platforms (x2)	
3.1	Linkages with other streams of work	Able to link with other programmes	Engage county departments (sub-national level) for synergies
3.2	Access to services enhanced	More responsive than preventive programme	
4.1	Regional accountability mechanisms	Collaboration through international panels	
5.1	National policies and legislative framework strengthened	Boosted the national effort and contributed to the country leadership in the region; women friendly legislative framework	
6.1	Rights of girls and women strengthened	Saved millions of girls from FGM, raising awareness on FGM effects, human rights	Need for sustainability of norm change; Design ARPs; Interest of girls in learning SRHR

Ass. Nr.	Assumption area	Feedback on JP performance	Suggestions for the future
		protection; PDAs, women and girls aware of their rights; Awareness of negative consequence, PDAs; FGM reduction; Knowledge sharing and awareness for social norm change and rights over their body; Relevant to social norm change; Empowered women and girls (x2); Enhanced awareness of negative consequence; Awareness creation and social norm change; Women and girls as mentors; Use of male role models and female mentors; Effective in create awareness	
6.2	Expanded engagement of men and boys	Positive change of attitude through male engagement; Use of male role models and female mentors	Target the right people for prevention: elders, cultural leaders, parents, men, departments for culture and family
6.3	Opportunities for young people created	Youth involvement, use of social media platforms	Involve youth in planning
7.1	Key contextual factors identified	Provided evidence for decision making through research; Data collection platform just in pilot phase; Experience-exchange meetings limited	Use state apparatus for information sharing; Multisectoral and programme-based planning, implementation, M&E, information sharing, jointly with all sectors; Experience exchange, joint follow up visits; Focus on data more
7.2	Social and gender norms changes measured	Gap in measuring social norm change	Collect data on social norm change; Suggest not to link social norm change with national indicators, rather look at contextual, local quality indicators
8.1	Programme adapted in time of crisis	COVID-19 adaptation: jingles to advocate against FGM	Adapt activities to conflict
8.3	Linkages with humanitarian actors		Strengthen the link with humanitarian aid and learning

Ass. Nr.	Assumption area	Feedback on JP performance	Suggestions for the future
Coordination			Strengthen coordination at local level
IPs			Need for further capacity building of JP IPs; Support the empowerment of local organisations

Section 3: Strategies to Reduce FGM

The third and last section of the survey requested respondents to share their knowledge and experience around how best to address the practice of FGM within their country of work. To answer this section's questions, respondents were invited to select what they considered the top three options for each answer. However, several respondents indicated more than three answer options to all the questions, while on average 23 respondents did not indicate any answer option.

With regard to the barriers to reducing FGM practices within communities, the top three barriers indicated by the majority of respondents were: traditional beliefs and customs (apart from religion), indicated by 72% of respondents; followed by ongoing gender-based discrimination and the community's desire to control the reproduction of women and girls (i.e. patriarchy), selected by 46% of respondents; and the lack of information about its health and life consequences, selected by 37% of respondents. Religious beliefs were indicated as the fourth barrier to reducing FGM, selected by 32% of respondents, followed by the fear of negative repercussions from other community members or neighbouring communities who continue to practice FGM (30%).

Four respondents indicated other options, namely:

- Weak implementation and enforcement of Laws;
- Lack of targeting the right people such as parents and elders or cultural leaders who take decisions;
- The weak support of the promotion actors for the assumption of responsibility. The non-continuity of awareness-raising activities and the low involvement of male role models and female mentors;
- Doctors are direct beneficiaries of performing FGMs, so they encourage it rather than fight it.

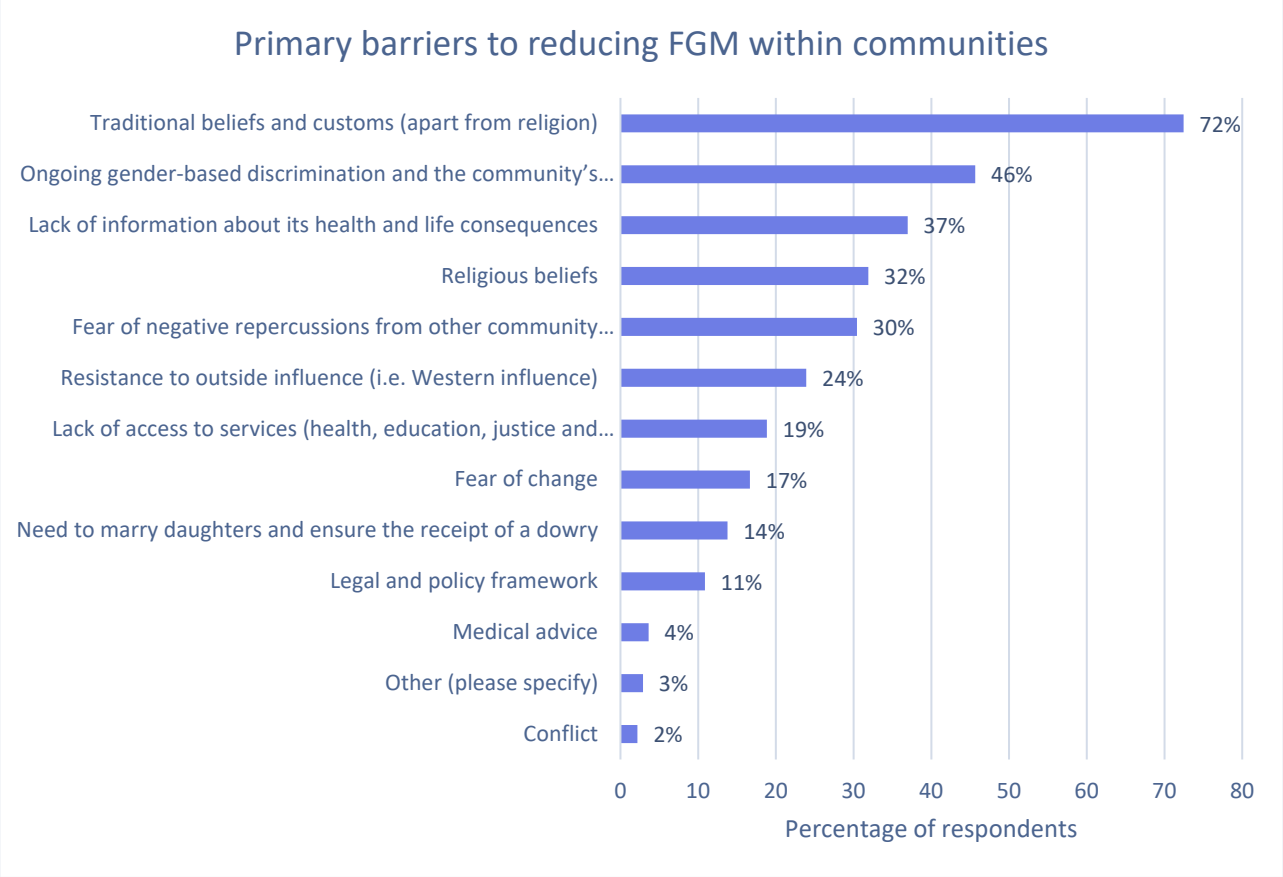


Figure 35: Percentages of respondents who indicated the listed options as primary barriers to reducing FGM practices within communities. Several respondents indicated more than three options; 22 respondents did not select any.

The top three strategies considered to be the most effective to reduce FGM were: fostering community dialogue about FGM and its effects, indicated by over a half of the respondents (58%); followed by empowering women and girls to say no to being cut and providing them with safe spaces or rescue shelters to be protected from the pressures of community members and parents, both selected by 46% of respondents; and advocating with communities to make public declarations to end FGM practices (41%).

The other strategies indicated by more than one third of the respondents were: engaging religious leaders (37%) and traditional leaders (35%), and engaging youths as advocates for change within their communities (35%).

The 4% indicated other options, namely:

- Considering diverse traditions in Ethiopia, some solutions work in some places not in others. For example, engaging men and boys is effective in Somali but not in some areas;
- Identify Champions and Satisfied colleagues like Advocacy done by women from the same cultural group who were not cut but are successful;
- Engage parents other than seeing them as negative;
- Strengthen the new deal program with leading young girls' clubs;
- Strengthen coordination meetings;
- Providing data and information in an attractive manner and relying on non-traditional means of raising awareness and changing society's values.

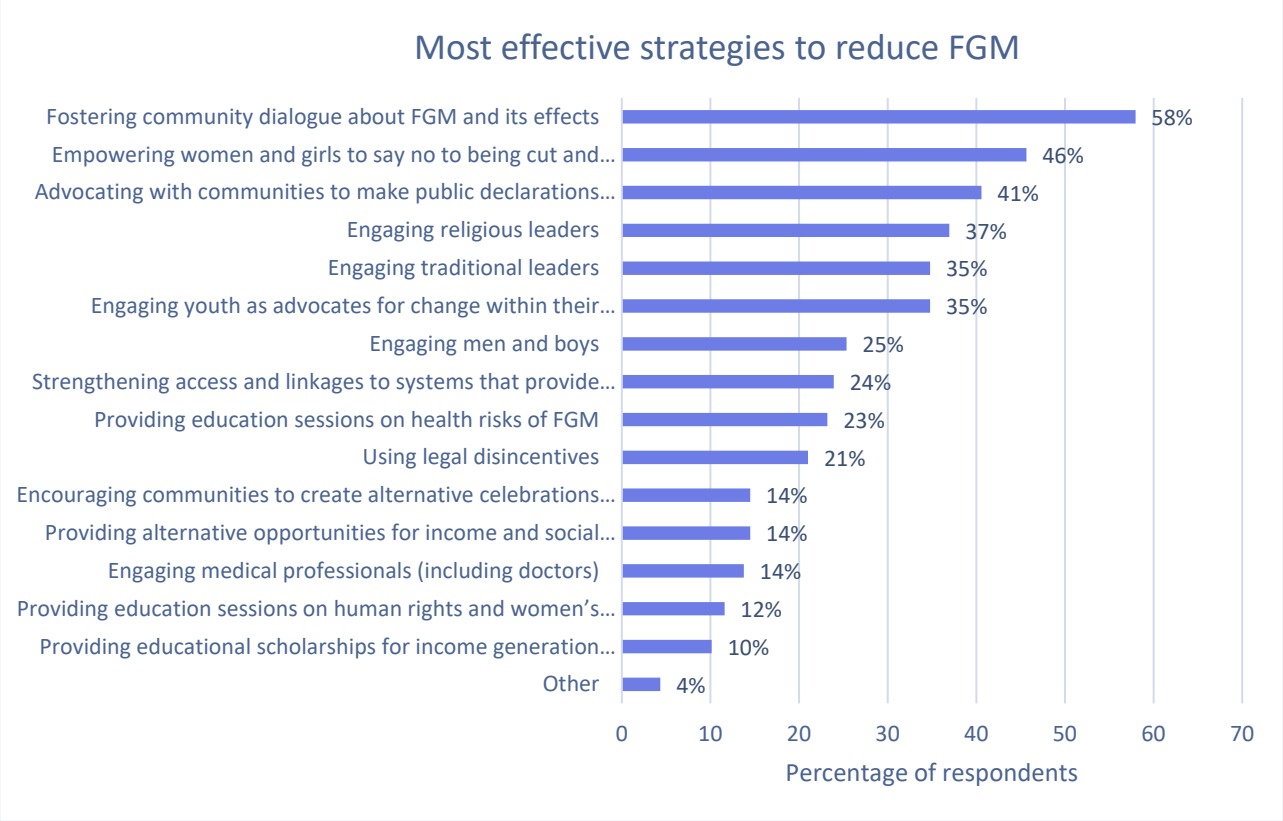


Figure 36: Percentages of respondents who indicated the listed options as most effective strategies to reduce FGM. Several respondents selected more than three options; 24 respondents did not select any option.

The top three ways to change social norms indicated as the most effective were foster community dialogue, selected by 61% of respondents; secondly empower women and girls to defend their rights, indicated by 48% respondents; and third, create buy-in from community decision-makers, selected by 45%. The fourth way, selected by over a third of the respondents was to spread information through traditional media (e.g., radio, television, and print), indicated by 37% of respondents.

Three respondents indicated other options, namely:

- Involving decision makers at every level and it should be responsibility to be accountable for;
- Engage cultural leaders, elders and parents other than seeing them as negative;
- Organize communication sessions through interactive broadcasts, round tables, social mobilizations, public statements through public and private radio stations.

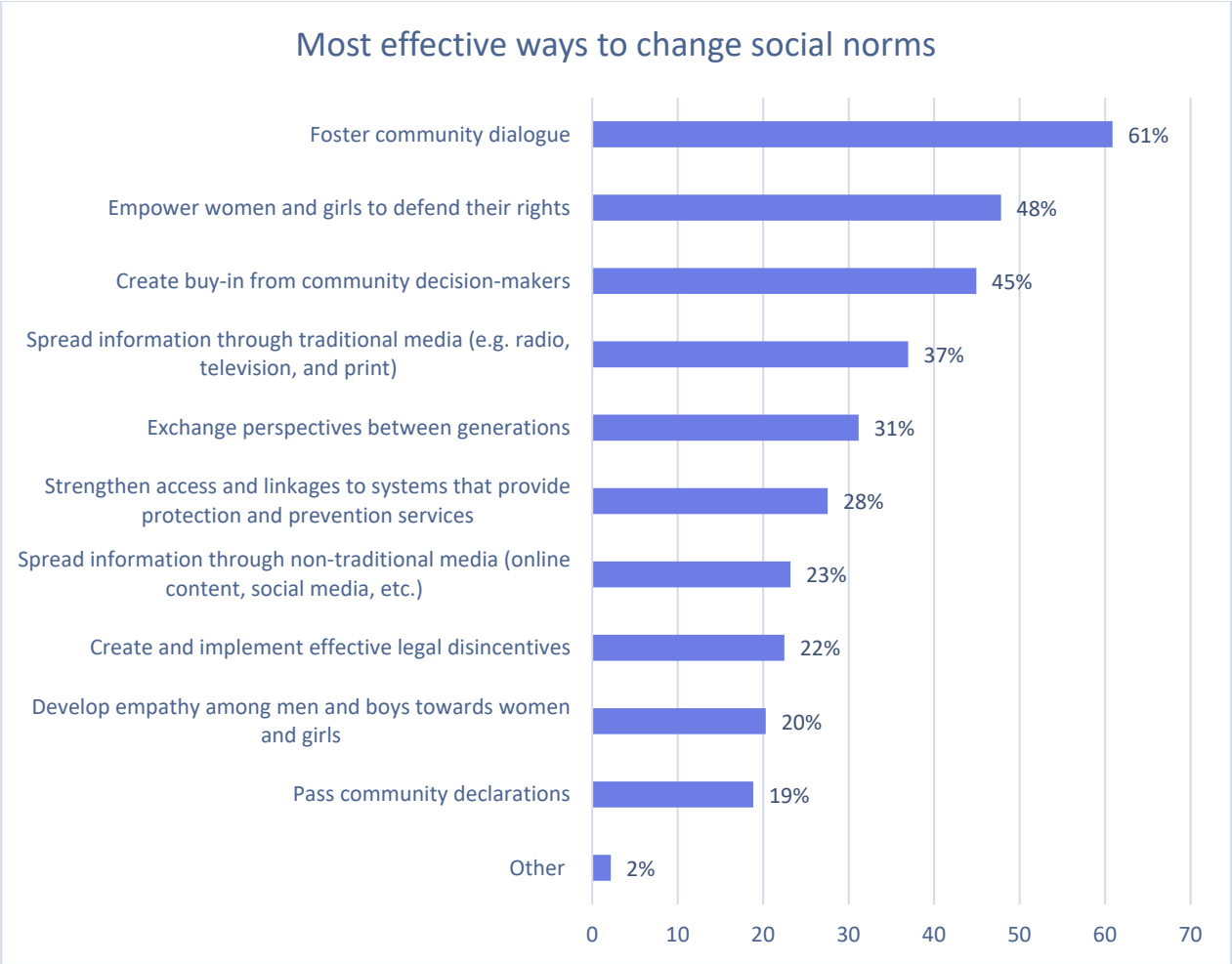


Figure 37: Percentages of respondents who indicated the listed options as the most effective ways to change social norms. Several respondents selected more than three options; 23 respondents did not provide any.

The final survey question was an open-ended question that offered respondents the opportunity to write their top three recommendations to the Joint Programme to strengthen its work to accelerate the reduction of FGM. 98 respondents provided three recommendations each to the programme.

Answers have been processed around major areas recommendations and key words, as shown in the following tables. Whilst coding around key words, the evaluator has tried to maintain the wording as close as possible to the original answers as well as maintain differences across answers.

Area of recommendation: Engagement / Involvement of specific groups

Key word	Number of times	Response areas
Leaders	25	Involve religious leaders; Engagement of elders, cultural and traditional leaders; Emphasize dialogue with religious leaders; Involve customary & religious leaders; Focus on religious leaders; Advocacy with customary, religious and traditional leaders; Engage traditional / tribal leaders; Involve traditional & religious leaders; Identify champions amongst community and religious leaders; Advocacy through religious and traditional leaders; Involve traditional & religious leaders & cutters; Engage religious leaders; Engage traditional & cultural leaders;

Key word	Number of times	Response areas
		Engage traditional and religious leaders; Engage community leaders; Involve community leaders; Involve religious & customary leaders; Facilitate religious leaders peer exchange; Involve religious leaders; Convince leaders and religious leaders; Engagement of tribal leaders and scholars; Involve traditional leaders; Involve traditional & religious leaders; Involve religious and opinion leaders; Capacity building of community leaders.
Of which **Religious leaders**	13	Involve religious leaders; Emphasize dialogue with religious leaders; Involve customary & religious leaders; Focus on religious leaders; Involve traditional & religious leaders; Identify champions amongst community and religious leaders; Involve traditional & religious leaders & cutters; Engage religious leaders; Engage traditional and religious leaders; Facilitate religious leaders peer exchange; Involve religious leaders; Convince leaders and religious leaders; Involve traditional & religious leaders.
Youths' engagement	8	Involve youths; More resources to youths; Youths' voice; Involve youths; Involve youths; Sensitisation of youths; Empower youths as advocates; Involve men and youths; Engage young couples; Involve young people (through cultural centres).
Men & boys	8	Engagement of men (x2); Engage men and boys (x5); Increase girls' and boys' involvement.
Customary leaders	3	Involve customary & religious leaders (x2); Advocacy with customary, religious and traditional leaders
Grandmothers	2	Train grandmothers (x2)

Area of recommendation: **Strengthen the legal and policy framework**

Key word	Number of times	Response areas
Law enforcement	16	Law enforcement (x14); Legal framework and law enforcement; Law enforcement (sanction).
Legal framework	7	Legal policy framework strengthening; Legal framework (x4); Legal policy framework VAW; Legal framework and law enforcement.
Government and institutions	7	Synergy with govt; Increase govt involvement; Strengthen govt & coordination; Govt ownership of programme; Traditional institutions; Involve institutions and society; Work with parliament.
Law (others)	3	Law dissemination (x2), Adoption of a law.

Area of recommendation: **Programme approaches and strategies**

Key word	Number of times	Response areas
Use of media (all)	15	Advocacy through media; Media campaign; Use media, TV & radio; Sensitization through media; Engage media (x2); Youth engagement through social media; Use of local media; Use of media; Use of social media (x4); Use of mass media; Use local media (radio and TV).
Awareness raising	12	Continue awareness creation; Increase awareness of effects; Strengthen awareness sessions; Strengthen awareness; Awareness raising through journalist associations; Awareness campaigns; Increase awareness creation/raising (x5); Gadget distribution for awareness creation.
Education / School	10	Education on discrimination with drama; Girls' education (x4); Early education of girls; Women and girls' education and IGA; Sensitisations through schools; FGM in school curriculum; School.
Advocacy	8	Advocacy through media; Advocacy (x3); Advocacy with customary, religious and traditional leaders; Advocacy through religious and traditional leaders; Advocacy for law; Advocacy; Advocacy with decision-makers.
Traditional media (radio & TV)	6	Jingles on radio and TV (x2); Use media, TV & radio; Drama on radio; Use of radio; Use local media (radio and TV)
Intergenerational dialogues	6	Intergenerational dialogue (x6)
Social media	5	Youth engagement through social media; Use of social media (x3); Engage social media (massive).
Health	5	Inclusion of health response; Health argument; Training of health workers; Train health providers; Consider SRH services.
Ownership	4	Community ownership (x3); Govt ownership of programme

Area of recommendation: **Women's empowerment**

Key word	**Number of times**	**Response areas**
Income Generating Activities (IGA)	7	IGAs for cutters (x2); IGA; Women and girls' education and IGA; IGA for women and girls; IGAs provision; IGA for traditional cutters.
Women's empowerment	5	Women and girls' empowerment (x2); Women empowerment (x2); Economic women empowerment; Strengthen women mentors; Encourage women and girls; Involve women
Rights	4	Women and girls' rights (x3); Women & children's rights.
ARPs	2	ARPs (x2)

Area of recommendation: **Programme coordination and management**

Key word	Nr. of times	Response areas
Coverage	10	Expand target communities (x2); Expand coverage (x8).
Coordination & Collaboration	5	Improve coordination; Strengthen govt & coordination; Coordination frameworks at different levels; Collaboration amongst stakeholders; Strengthen collaboration with state services.
Funds	4	Increase funds (x3); Financial resources.
Experience exchange	4	Experience exchange between countries; Experience exchange and lessons learnt; Facilitate religious leaders peer exchange; Experience exchange.
M&E / monitoring	3	Improve monitoring; Timely monitoring; Increase M&E and research.
Length	2	Extend length (2)
IPs	2	Strengthen IPs synergies; Involve youth & IPs.

The original answers to Question 19 'What top three recommendations would you provide to the JP to strengthen its work to accelerate the reduction of FGM?' were also collated into a word cloud to display the key words used by respondents. The size of the words illustrates the frequency with which the word has been used (i.e., the bigger, the more frequent)[42].

Figure 38: Word cloud of the open-ended responses to the survey question 19 on the top three recommendations to the Joint Programme to strengthen its work to accelerate the reduction of FGM.

42 The word cloud was generated with the online generator https://www.wordclouds.com/.

The word FGM, which appeared as the most frequent at a first analysis, was removed to allow for other words to emerge. The table below displays the first 100 words and the number of times they were used by the survey respondents in answering Q19, on a total number of 802 different words detected by the word cloud software.

weight	word	weight	word	weight	word	weight	word	weight	word
33	Community	8	advocacy	6	local	5	surveillance	4	policies
23	girls	8	Increase	6	order	5	within	4	protection
23	leaders	8	laws	6	people	5	Work	4	sensitization
20	women	8	practice	6	reach	4	actors	4	skills
16	religious	8	program	6	well	4	amp	4	Women
14	awareness	8	Support	5	abandonment	4	better	4	work
14	social	8	will	5	boys	4	can	4	youth
13	engagement	7	intervention	5	circumcision	4	changes	3	abandon
13	Strengthen	7	levels	5	cross	4	coordination	3	access
12	level	7	men	5	health	4	creation	3	actions
11	activities	7	radio	5	information	4	different	3	adoption
11	media	7	strengthen	5	intergenerational	4	drama	3	alternative
11	young	6	child	5	interventions	4	Empowering	3	application
10	change	6	country	5	involve	4	end	3	children
10	communities	6	education	5	norms	4	female	3	collaboration
10	dialogue	6	Engage	5	programs	4	Involve	3	Continue
10	fight	6	GBV	5	resources	4	jingles	3	Continuous
10	support	6	government	5	rights	4	law	3	countries
10	traditional	6	joint	5	services	4	Media	3	customary
9	involvement	6	legal	5	State	4	monitoring	3	cutters

Annex 11: Social media analysis

Background

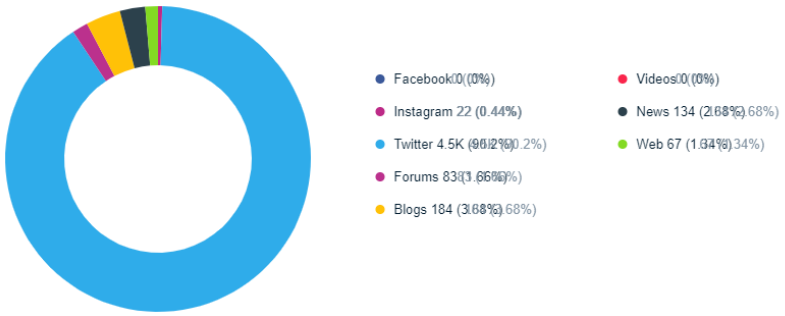
The purpose of this analysis is not to directly assess the Joint Programme performance, but to paint a 'richer picture' of the operating context, and to explore underlying assumptions that are present in the theory of change (including geographical coverage).

During the evaluation process, the social media 'listening' tool Mention was used to identify and track specific 'mentions' on social media of search terms relating to the Joint Programme. The actual search terms that were 'listened' for were adapted based on the emerging instances that were identified by the software. Eventually, the searches that were conducted included:

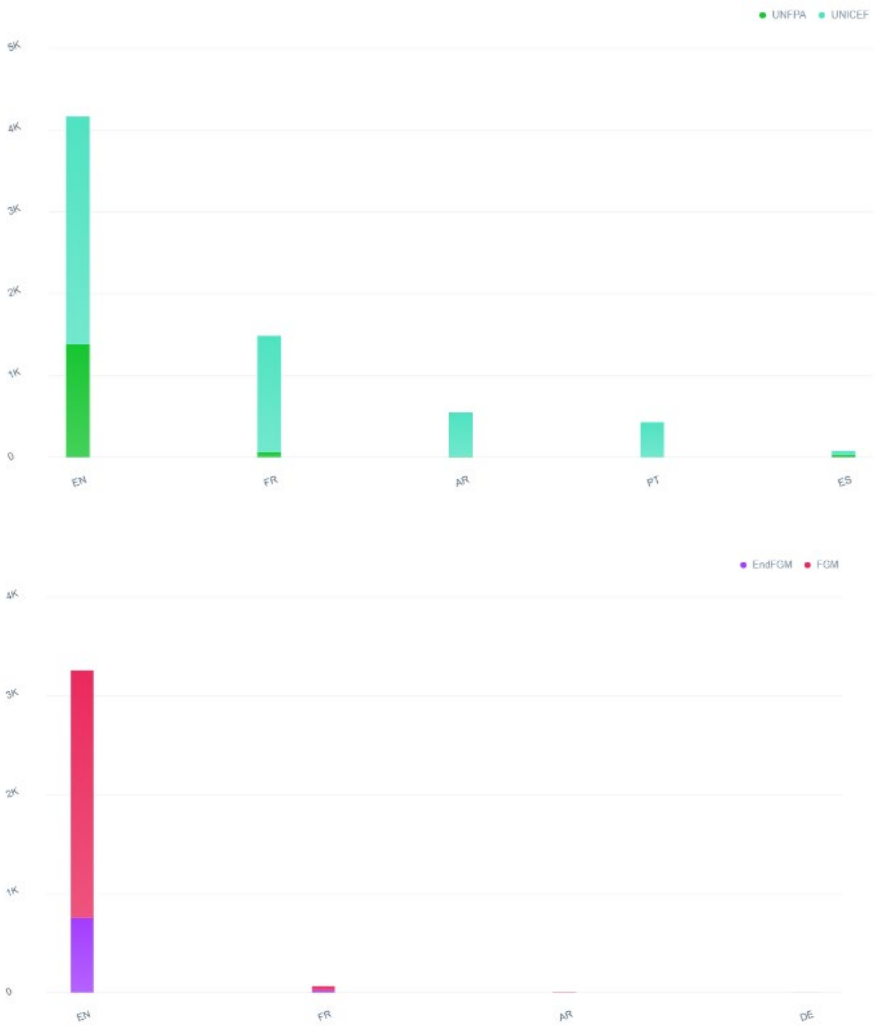
(i) Use of the keyword "FGM"
(ii) Use of the tag #EndFGM
(iii) Combination of the keywords UNFPA and FGM, or UNICEF and FGM
(iv) Use of the user handle @GPtoEndFGM

In total, **17,205 individual mentions** were identified, covering November 2020-May 2021. A limitation of the software was the inability to conduct a historical search for periods before the evaluation process began. Since the search terms were improved with experience, the sample is not even across the period of the evaluation and is biased towards more recent social media activity. These limitations aside, however, the 'harvested' social media mentions do provide a usefully large set of data and meta data.

As foreseen in the Inception Report, the overall distribution of social media evidence is uneven. For the longest search terms that were tracked (5 months) 90% of detected activity was on Twitter, with 'Blogs' and 'News sites' the next most common mentions. The way that search was conducted (of the public domain) meant that Facebook and other social media (such as WhatsApp) were not included in the harvest because of the way these platforms restrict global search. To partially mitigate this, the Evaluation Team manually trawled Facebook and Instagram through the entry point of the Joint Programme and Spotlight profiles.



Furthermore, as expected, a significant majority of social media traffic was in English, with French in a distant second place for frequency. However, as an interesting side note, the social media traffic relating to FGM from the two Joint Programme entities represented a much wider distribution of languages than the generic social media traffic relating to the terms FGM or EndFGM. This indicates that the Joint Programme is a leader in expanding access to social media content in non-English languages (see comparison of graphs below).



The extent to which the JP is leveraging social media (programme-wide)

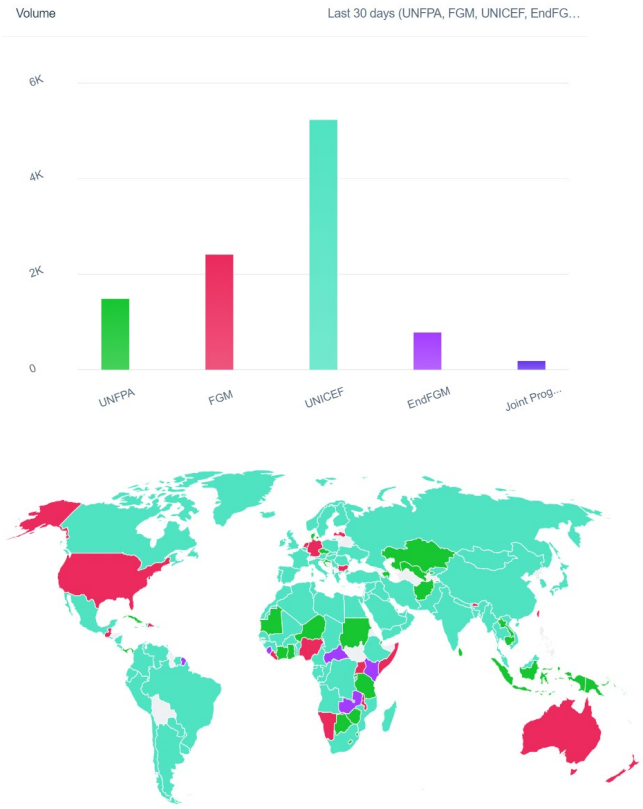
> "Theories and analyses have long proven the influence of mass and social media on many aspects of people's lives, but views and beliefs are also conditioned by other sources such as movies, songs, or word on the street." (UNICEF, 2020, Gender Transformative Approaches for the Elimination of Female Genital Mutilation. Technical Note).

The Joint Programme implements social media engagement under Output 2.1: Improved Community and interpersonal engagement to address and amplify social and gender norms transformation. More specifically, it tracks the indicator:

	Year	**Target**	**Actual**	**Performance**
Number of interactions on social media activities related to FGM that are initiated with the support of the Joint Programme	2017		7,681,526	N/A
	2018	1,078,883	3,813,746	345%
	2019	2,546,722	11,804,035	472%
	2020	3,732,918	9,800,000	265%

This consistent and significant overachievement raises the question of how the target was set, and whether the results of this effort are having an outsized contribution towards the overall output (or not).

Overall, however, the Joint Programme directly accounts for a lower volume of social media traffic than the other sources being tracked. In a sample month, posts that referenced UNICEF or UNFPA with the term FGM, or the term FGM alone, were much higher in volume. The map below, using the same colour coding as the chart (also below), indicates that one or other of the Joint Programme partners may have a comparative strength in social media engagement in a particular programme country. For example, UNFPA in Sudan, or UNICEF in Ethiopia. Once again, however, this is illustrative and not definitive.



Currently, the **@GPtoEndFGM** Twitter handle has 3,541 followers. These are important allies, but it does mean that the Joint Programme relies on tweets or retweets by partners to reach the scale of audience that is intended. The Top Influencer for #EndFGM in the past 30 days was Dr Tedros Adhanom Ghebreyesus [@DrTedros], reaching 1.45 million followers with a tweet on FGM. By comparison, the Joint Programme Twitter account was in 91st place as an influencer, but this was as a result of being more active than others with larger followings. Indeed, UNFPA Kenya, Somalia and Nigeria all appear higher in terms of reach, as does UNICEF Child Protection.

Overall, various reports that can be run on 'top influencers' indicate that the Joint Programme media strategy has leveraged the UN system well, with some of the biggest influencers (in terms of social media reach and activity) to share posts on FGM and the Joint Programme partners being the UN Secretariat (English and French), UN Women (English and French) UN DESA, UNESCO (Arabic), and the EU Mission to the UN. Similarly, Country Offices have also been very active in terms of social media engagement, and this has accelerated during the COVID-19 pandemic.

"During the COVID-19 crisis, UNICEF Nigeria used #endcuttinggirls to support social media advocacy to end FGM, reaching over a quarter of a million users. They also used sponsored ads to encourage people to act on issues related to child protection, including a campaign to end violence against girls which reached 1.1 million users."

"The Girl Generation aimed to strengthen the Africa-led movement to catalyze social norm change and eliminate FGM using digital technology as a means of collaboration and co-creation. As part of this, the "I Will End FGM" campaign was launched across youth networks, which invited young people to share their videos on how they would end FGM. The campaign exceeded all targets, reaching 20 million people via social media and other channels."

"UNICEF Egypt presented "Dawwie", which means "a loud voice with impact" in Arabic. This initiative to empower adolescent girls uses digital engagement to raise awareness about harmful practices and the gendered impacts of COVID-19."

(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/)

Many of the social media profiles in the top influencer lists belong to women activists. There is evidence that the Joint Programme is supporting new and existing activists as a strategic response to the constraints of the pandemic. For example, a "#EndFGM media campaigns under COVID-19 training" was undertaken, with webinars attended by 324 activists in English and 57 in French. Key lessons that have been documented by the Joint Programme include:

(i) "With growing opposition to FGM, digital platforms not only spark critical thinking about harmful practices but can also support collective action to end FGM.
(ii) Co-creation with young people and partners is crucial to ensure context-responsive digital youth engagement.
(iii) While digital engagement is showing promising results in shifting social norms and building youth agency, it should be combined with interpersonal, community level interventions.
(iv) The evidence base around digital engagement for social norms change is limited. More research and impact evaluations are needed.
(v) Ethics and "do no harm" are essential, including creating a risk mitigation strategy to protect vulnerable youth and address online risks.
(vi) Digital engagement has the potential to drive youth participation and civic engagement more than traditional civic spaces, while supporting social change for future generations." (Ibid.)

Coverage and content of social media (at the global level).

Evidence from wider social media analysis can be used to examine two assumptions under Evaluation Question 6.

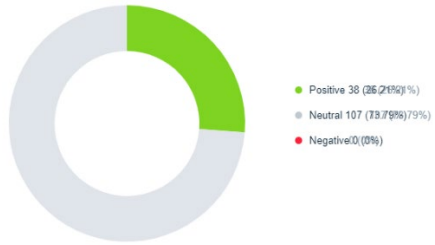
Evaluation Question 6. To what extent has the JP contributed (or is likely to contribute) to transforming social norms, not just for communities to abandon the practice of FGM but for communities to abandon the root cause gender inequality motivation behind the practice of FGM?

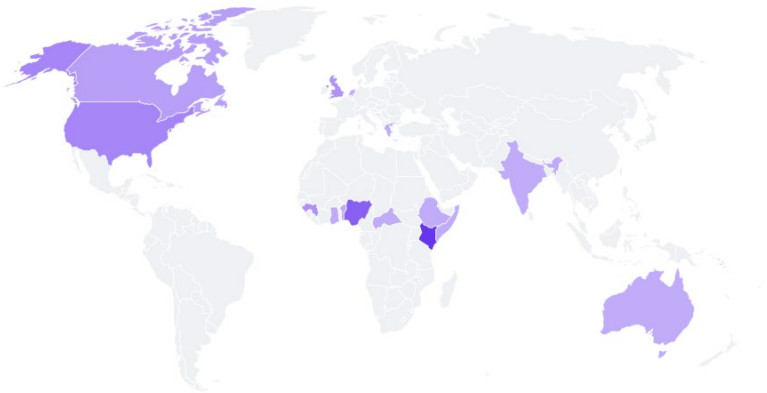
- **Assumption 6.3.** Opportunities for young people have been created to proactively engage with governments to inform FGM policies and programmes.

- **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 addressing underlying gender inequalities.

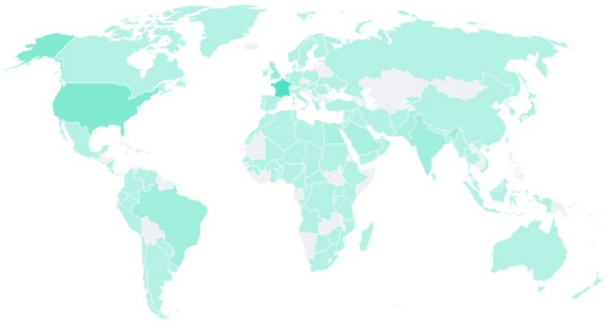
Analysis of more than 17,000 social media posts is a significant challenge and can be considered as more than an art than a science in terms of evaluative evidence. Nevertheless, juxtaposing analysis of coverage meta-data with automated sentiment analysis (whether the tone of posts is positive, negative, or neutral) can give a starting point for reflection and further exploration.

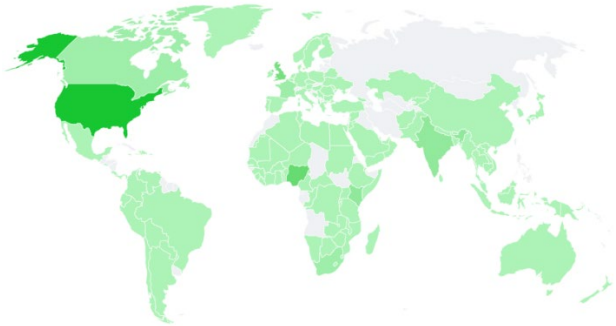
Within an illustrative one-month sample window (necessary due to restriction in the software), social media traffic specifically citing the Joint Programme twitter handle is – as expected – constrained to a limited geographic coverage (largely programme countries and donor countries) and either positive or informative (neutral) in tone. This is typical of analyses that have been undertaken of other similar programme accounts and implies that the social media presence of the Joint Programme itself is being used primarily for information broadcast, and not as a tool of engagement, debate, or direct persuasion.



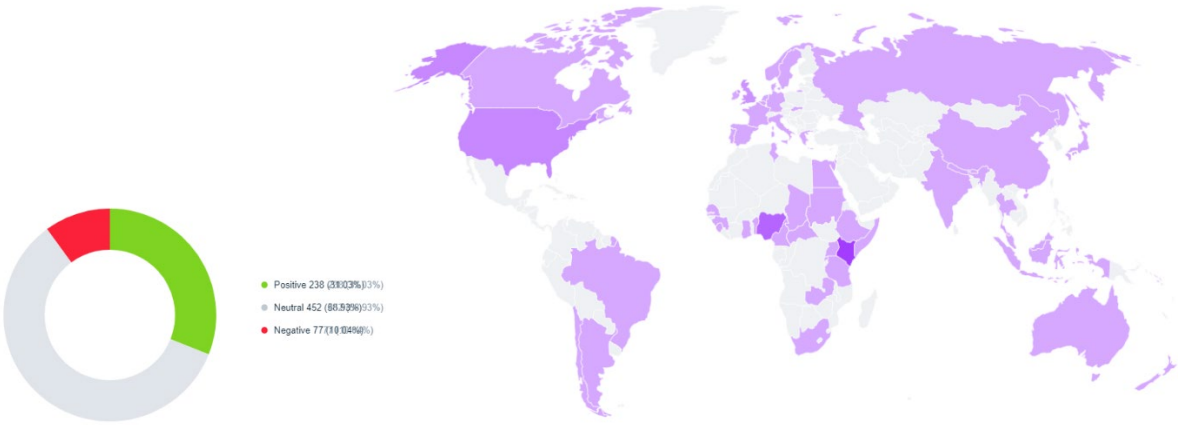


By comparison, social media posts on FGM relating to UNICEF (in blue) and UNFPA (in green) have a far wider coverage, as well as complementary patterns. For example, UNFPA is more present in social media in Nigeria, Kenya, and the UK, while UNICEF is more present in Chad, Egypt and France. Much of this traffic emanates from Country Office accounts and engagement. Overall, it suggests that the Joint Programme gains substantially in expanding its social media footprint because it can draw on the capacities of its partner entities – including Country Offices.



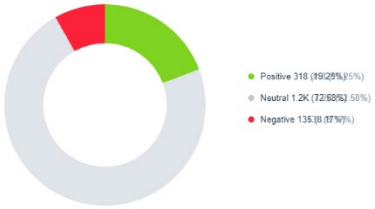


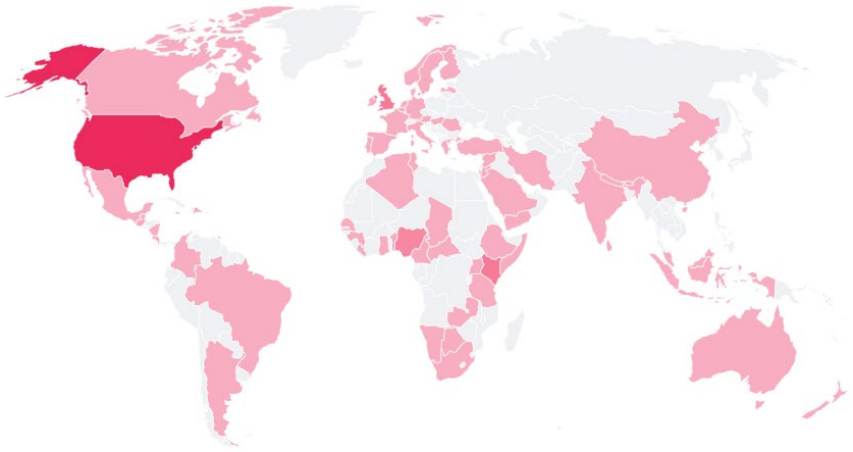
An analysis of the #EndFGM hashtag, a campaign tool that was supported by the Joint Programme during COVID-19, reveals a more dynamic range of sentiment than the official Joint Programme social media accounts. This implies it is being used to express both negative (about 10% of posts) and positive (about 30% of posts) sentiment – more indicative of engagement and conversation. There is an interesting concentration of activity in Nigeria and Kenya, suggesting these countries were more highly engaged, at least in terms of volume.



Text analysis of the posts that used the #EndFGM reveals the most frequently used terms. These are illustrated in the word cloud, below. It is worth noting that @gptoendfgm (the Joint Programme twitter handle) is one of the terms to most frequently appear in these posts. This might imply that the Joint Programme is at least seen as an influential or notable stakeholder on social media and could even be evidence that the Joint Programme has had an influence on the #EndFGM campaign.

More broadly, beyond the Joint Programme social media presence and supported campaigns, mapping general social media mentions of the generic keywords “FGM” or “Female Genital Mutilation” reveals uneven distribution of social media volume and activity. Unfortunately, it is not possible to extend the search to use the French term “MGF”, since this is also the name of a popular classic car – which distorts the search results. However, this map is indicative of a wider issue of concern that increasingly appears in learning papers relating to COVID-19 (including within the Joint Programme): the digital divide.





Even if, as the social media evidence implies, the Joint Programme is achieving success in influencing engagement and coverage of FGM messages, 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’s 2017 State of the World’s Children, around 60% of African youth are not online, compared to just 4% 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, but must also 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". (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/).

Annex 12: U-Report analysis

The U-Report tool was utilized in coordination with the UNICEF staff to reach out to the targeted population in four Joint Programme countries that were conversant with the tool, namely Burkina Faso, Mali, Nigeria, and Uganda[43]. The aim of the U-Report was to collect feedback from the target population, in particular the youths, with regard to their attitude towards FGM abandonment as well as their perception on the community attitude towards it, with the intention to add additional layers of understanding to findings identified and triangulated from other sources.

The number of people targeted with the U-Report varied per country based on the targeted areas (e.g., Nigeria and Uganda targeted only the states and districts where FGM is prevalent) and the number of registered U-Reporters (e.g., Nigeria has overall more than 3 million registered U-Reporters, while Mali has about 68 thousand U-Reporters)[44]. The actual responses to the initial consent question were over 47,900 in total, with the response rates that varied from 4% in Nigeria to 92% in Mali[45].

Initial number of respondents	Yes consent	No consent	Total number of responses to the Consent question (Q1 in Uganda)
Burkina Faso	85%	15%	13626
Mali	92%	8%	3438
Nigeria	91%	9%	29998
Uganda	80%	19%	855

Respondent's perceptions were collected using a 12-question survey, mainly with 'yes/no' answers and few multiple-choice questions. Questions focused not only on own attitudes, but also on the respondents' perception of community attitudes and behaviours as a proxy to collect perceived changes at the community level (e.g., Do you believe in your community the FGM practice is reducing? Do you think that others in your community would judge you negatively if you do not cut your daughters / future daughters?).

The polls in Burkina Faso, Mali and Nigeria asked respondents for their initial consent to participate in the survey, whilst the poll in Uganda used the answers to Q1 as a form of consent to participate in the poll. Throughout the poll, the number of responses has reduced of about 870 units at every following question[46]

Total number of responses	Question
47917	Consent Question
41989	Q1 ('NO' answers were led to the end of the poll)
13674	Q2 (Not asked in Nigeria)
24783	Q3
23276	Q4

43 Compared to what planned at the inception phase, the U-Report was not administered in Guinea and Senegal as that was not possible for the COs staff.

44 The number of registered U-Reports are drawn from the U-Report website, last access on May 26th 2021.

45 Response rates were drawn on the U-Report website.

46 This average was calculated considering the questions from Q3 to Q11. Q2 and Q3 were not included in the calculation because they were not asked respectively in Nigeria and in Mali. The Consent question and Q1 were also not included in the calculation as they were considered outliers.

Total number of responses	Question
21145	Q5
20575	Q6
19879	Q7
19253	Q8
18674	Q9
18116	Q10
16882	Q11
14884	Q12 (Not asked in Mali)

Demographics of the respondents

Sex of the respondents who provided consent to the initial question	Male	Female	Blank
Burkina Faso	54%	33%	13%
Mali	64%	32%	4%
Nigeria	57%	33%	10%
Uganda	65%	25%	10%

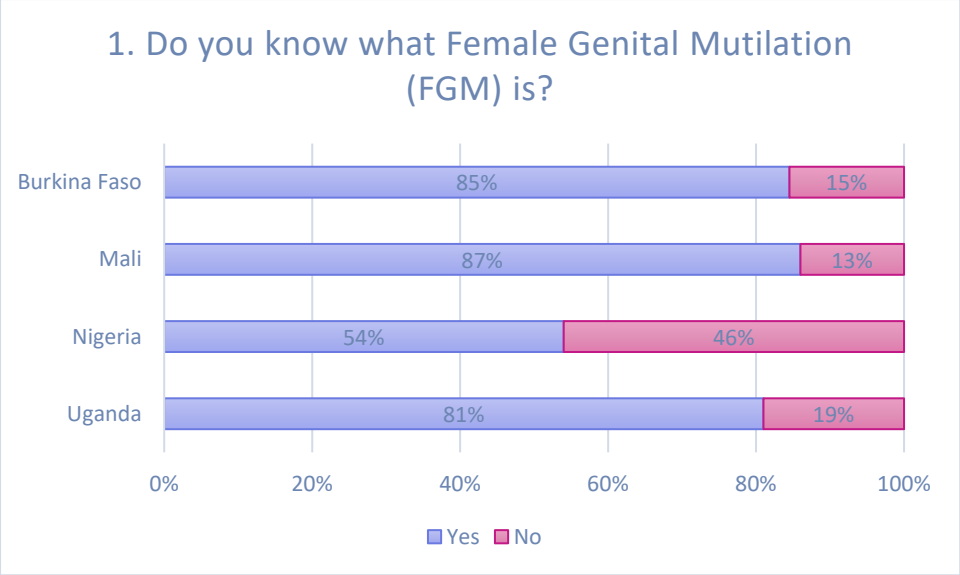
Age groups	18-19	20-24	25-30	31-34	35+	Blanks
Burkina Faso	35%	39%	9%	2%	1%	14%
Mali	26%	37%	18%	3%	3%	13%
Nigeria	3%	15%	37%	21%	24%	
Uganda	3%	15%	25%	13%	20%	23%

U-Report poll results

The U-Report results were calculated from raw data[47].

1. Do you know what Female Genital Mutilation (FGM) is?	Yes	No	Responses
Burkina Faso	85%	15%	13626
Mali	87%	13%	2914
Nigeria	54%	46%	24605
Uganda	81%	19%	844

47 For Mali, Nigeria, and Uganda, results are also available on the U-Report websites at the following links: https://mali.ureport.in/opinion/5007/ for Mali; https://nigeria.ureport.in/opinion/4954/ for Nigeria; https://ureport.ug/opinion/4995/ for Uganda. The results published online also include the responses from below 18 respondents.



2. Do you think that FGM is safe and necessary for girls?	Yes	No	Responses
Burkina Faso	31%	69%	10509
Mali	49%	51%	2527
Nigeria	Not asked in Nigeria		
Uganda	20%	80%	638

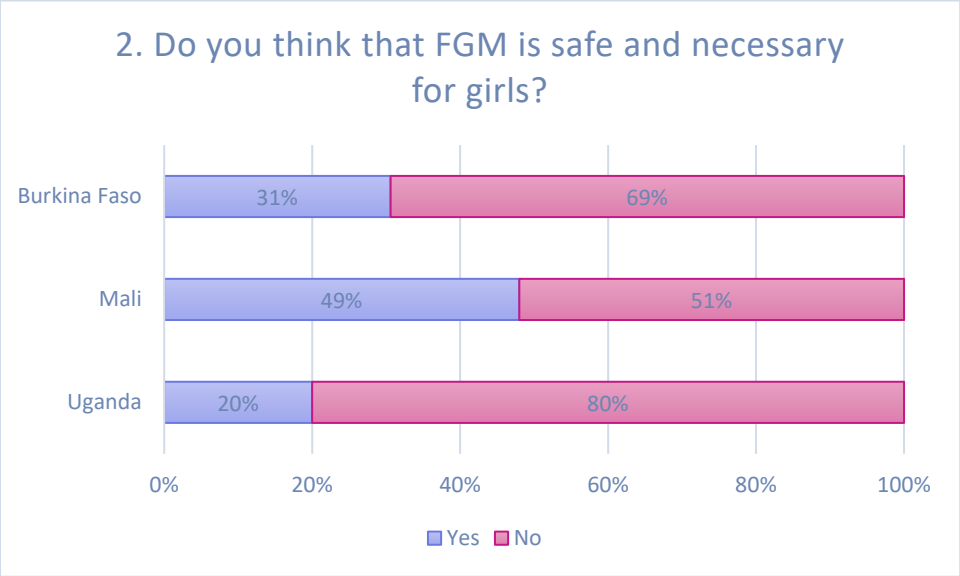
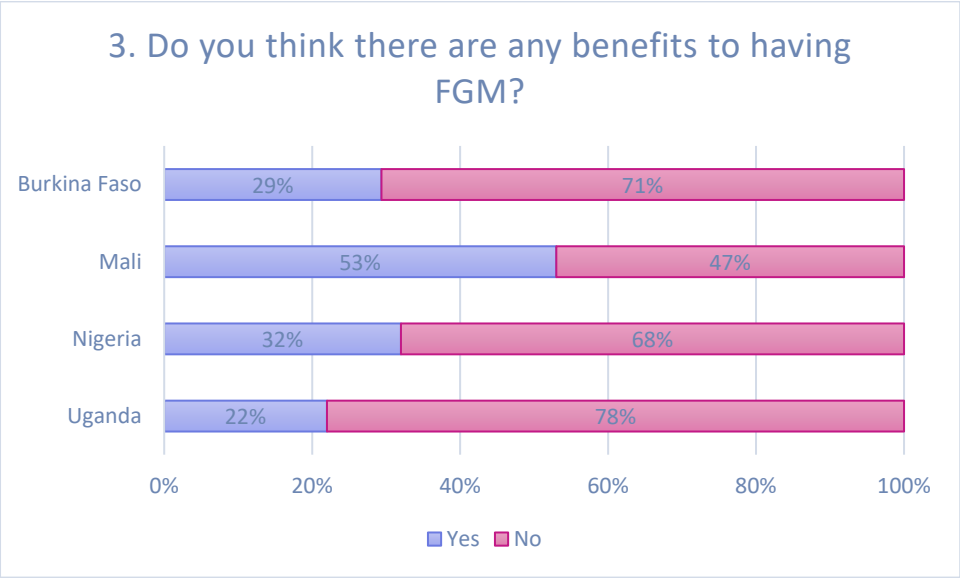


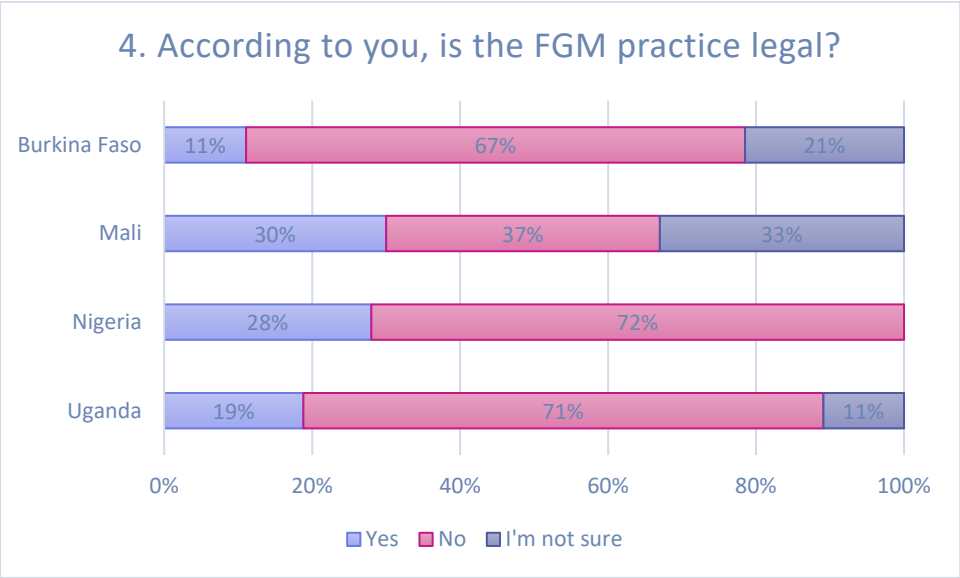
Figure 39: question not asked in Nigeria

3. Do you think there are any benefits to having FGM?	Yes	No	Responses
Burkina Faso	29%	71%	9276
Mali	53%	47%	2501
Nigeria	32%	68%	12412

Uganda	22%	78%	594

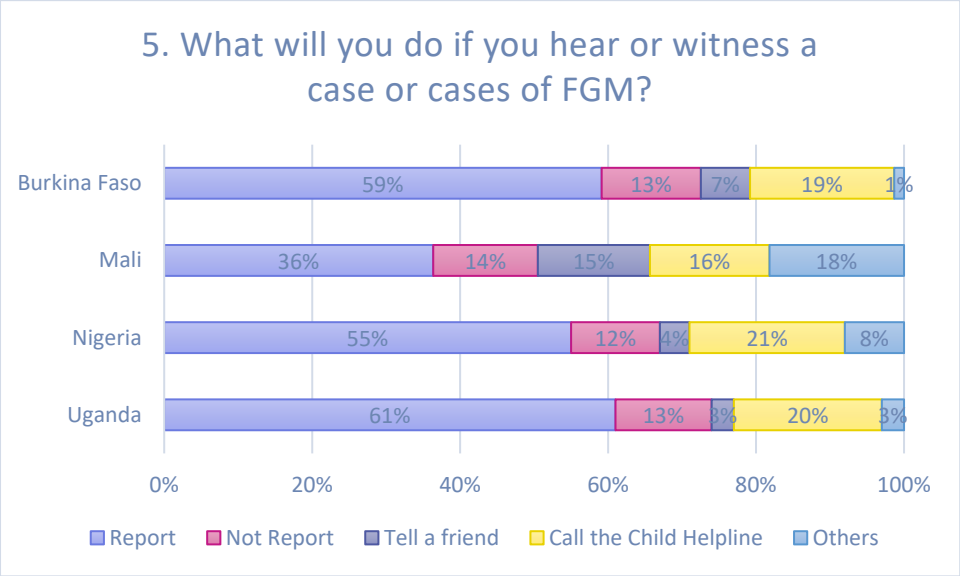


4. According to you, is the FGM practice legal?	Yes	No	I'm not sure	Responses
Burkina Faso	11%	67%	21%	8391
Mali	30%	37%	33%	2475
Nigeria	28%	72%		11838
Uganda	19%	71%	11%	572

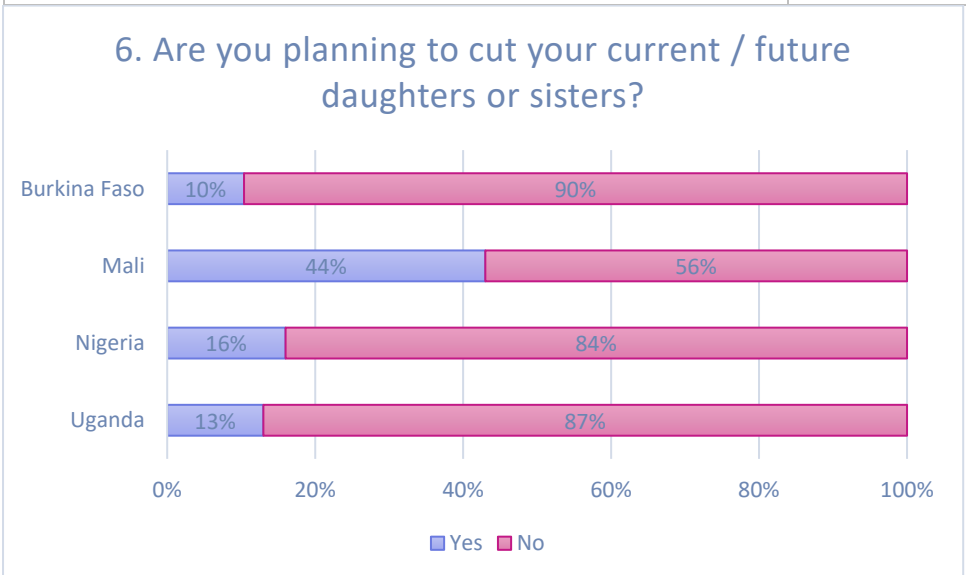


5. What will you do if you hear or witness a	Report	Not Report	Tell a friend	Call the Child Helpline	Others	Responses

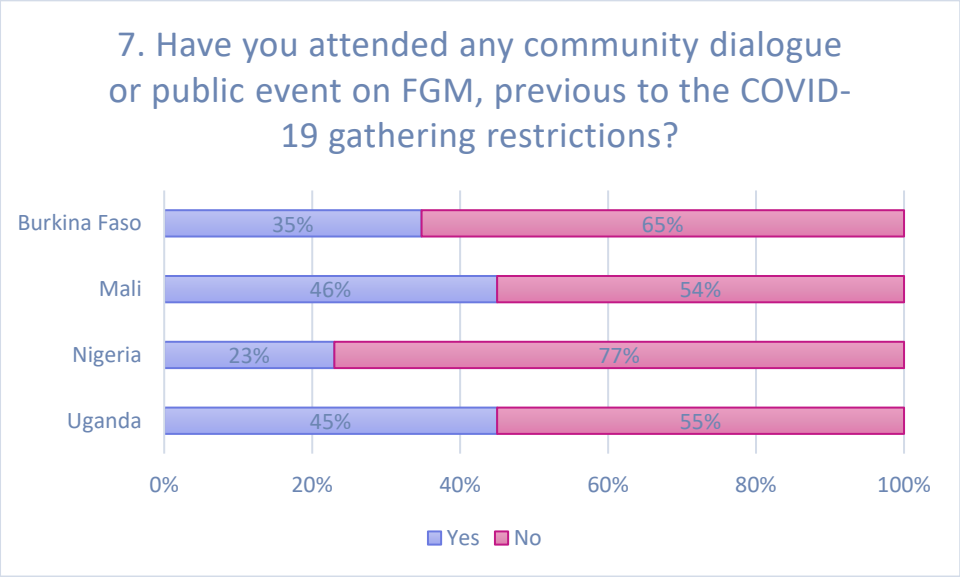
case or cases of FGM?						
Burkina Faso	59%	13%	7%	19%	1%	7010
Mali	36%	14%	15%	16%	18%	2346
Nigeria	55%	12%	4%	21%	8%	11247
Uganda	61%	13%	3%	20%	3%	542



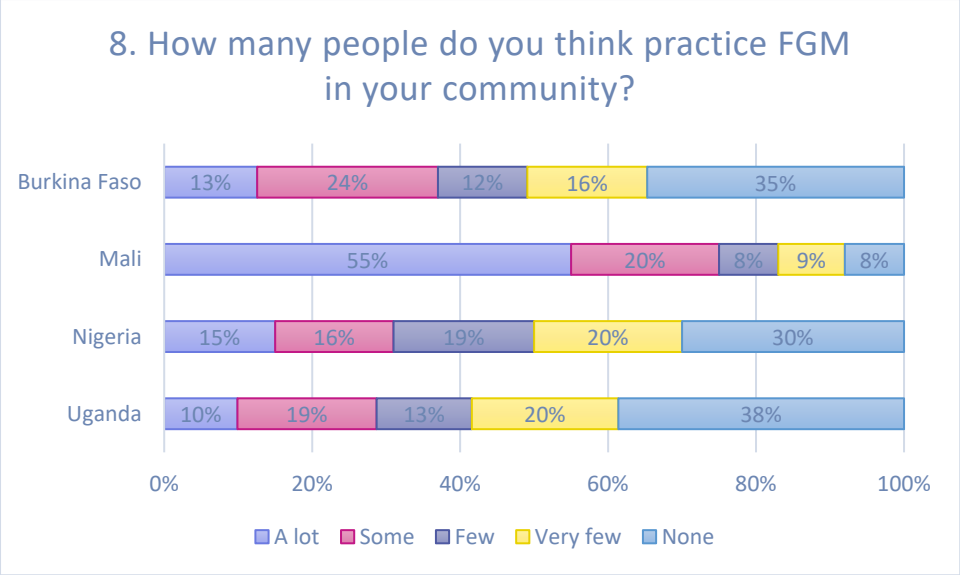
6. Are you planning to cut your current / future daughters or sisters?	Yes	No	Responses
Burkina Faso	10%	90%	6904
Mali	44%	56%	2367
Nigeria	16%	84%	10776
Uganda	13%	87%	528



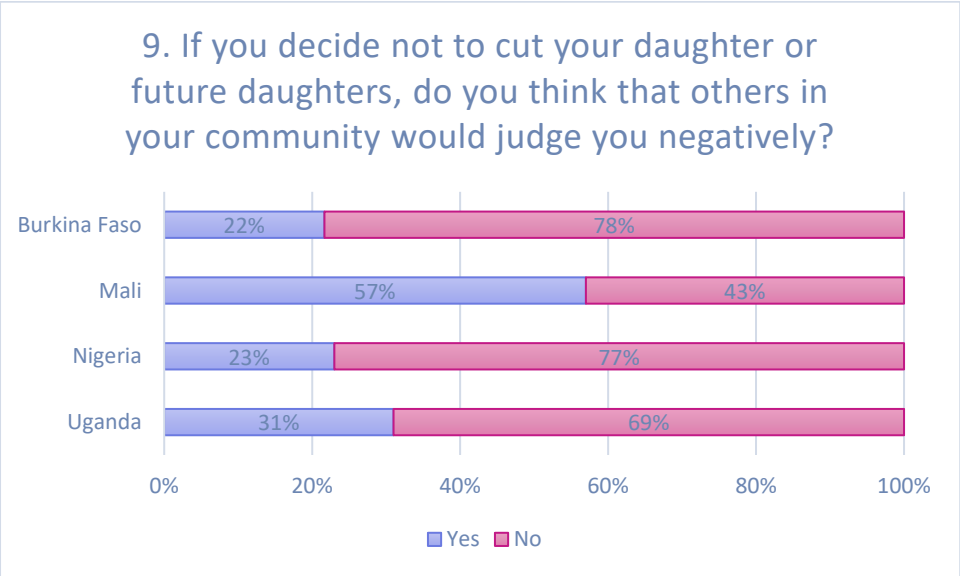
7. Have you attended any community dialogue or public event on FGM, previous to the COVID-19 gathering restrictions?	Yes	No	Responses
Burkina Faso	35%	65%	6505
Mali	46%	54%	2368
Nigeria	23%	77%	10490
Uganda	45%	55%	516



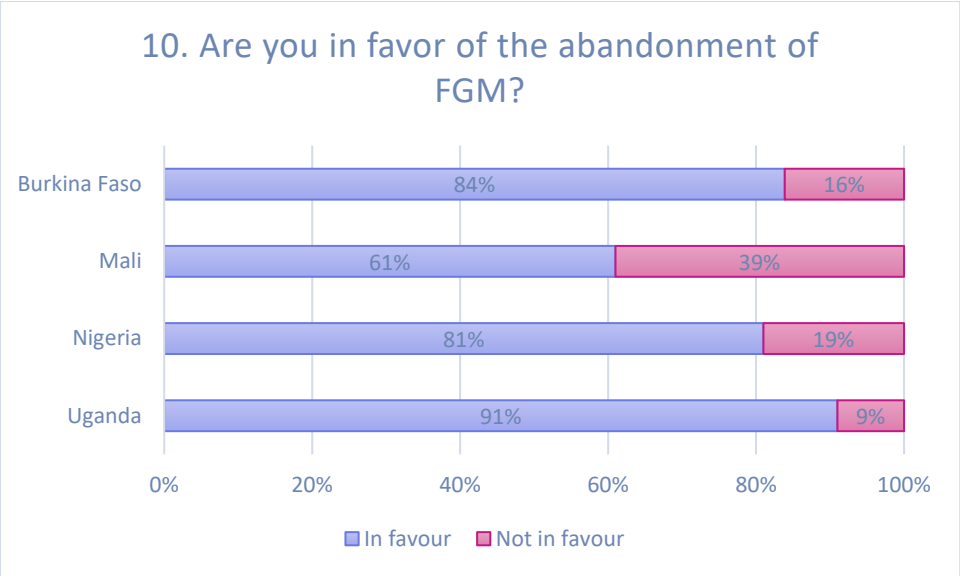
8. How many people do you think practice FGM in your community?	A lot	Some	Few	Very few	None	Responses
Burkina Faso	13%	24%	12%	16%	35%	6159
Mali	56%	20%	8%	9%	8%	2392
Nigeria	15%	16%	19%	20%	30%	10204
Uganda	10%	19%	13%	20%	38%	498



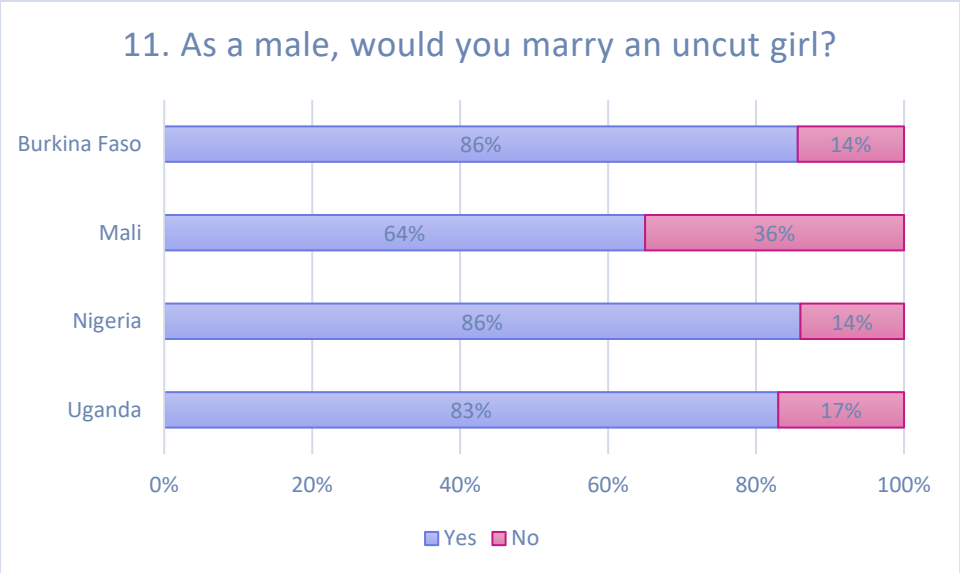
9. If you decide not to cut your daughter or future daughters, do you think that others in your community would judge you negatively?	Yes	No	Responses
Burkina Faso	22%	78%	5891
Mali	57%	43%	2390
Nigeria	23%	77%	9907
Uganda	31%	69%	486



10. Are you in favour of the abandonment of FGM?	In favour	Not in favour	Responses
Burkina Faso	84%	16%	5688
Mali	61%	39%	2370
Nigeria	81%	19%	9587
Uganda	91%	9%	471

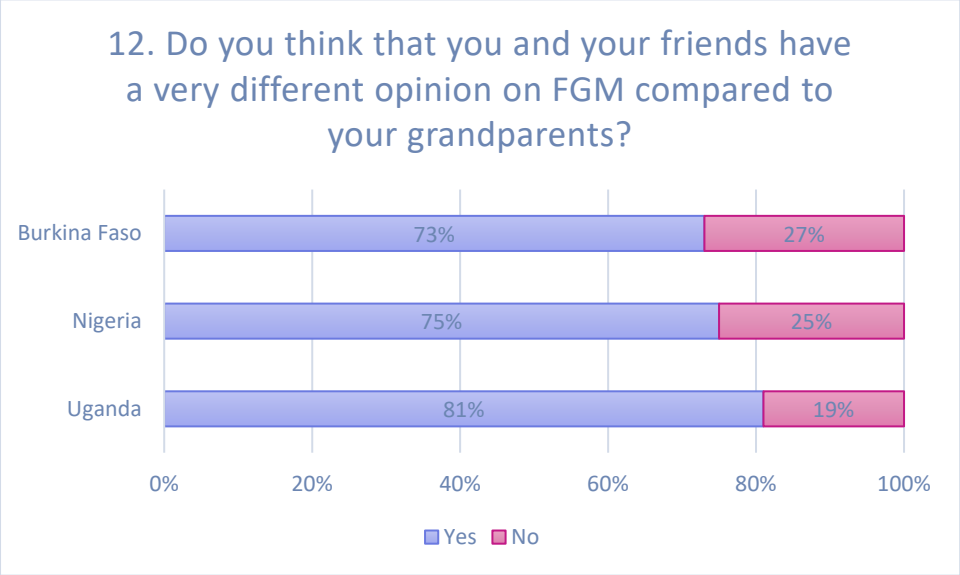


11. As a male, would you marry an uncut girl?	Yes	No	Responses
Burkina Faso	86%	14%	5561
Mali	64%	36%	1628
Nigeria	86%	14%	9384
Uganda	83%	17%	309



12. Do you think that you and your friends have a very different opinion on FGM compared to your grandparents?	Yes	No	Responses
Burkina Faso	73%	27%	5341

Mali	Not asked in Mali		
Nigeria	75%	25%	9134
Uganda	81%	19%	409



Annex 13: Evaluation matrix

The evaluation comprises eight evaluation questions. Consistent with the provisions of the ToR and the aims of the evaluation, the evaluation will adhere to the OECD-DAC criteria - **relevance, coherence, effectiveness, and sustainability,** in conducting the evaluation. Sustainability and effectiveness are interwoven within one evaluation question. Furthermore, efficiency is not included given that the evaluation is forward-looking and strategic in nature, and that a significant body of evidence already exists from the Phase II evaluation.

The evaluation questions follow closely those set out in the ToRs but have been slightly modified to capture not only the gender responsive elements but also the gender transformative aspirations of Phase III of the programme (particularly EQ2 and EQ6).

Table 6: Evaluation criteria and questions

Evaluation Criteria	Evaluation Questions
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 JP 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 programme created synergies and linkages with other related streams of work to contribute to programme goals
Effectiveness	EQ4. To what extent has the JP 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 JP contributed to strengthening national policies and legislative frameworks on the elimination of FGM through integration of evidence-based analysis on FGM emerging issues (specifically or including?) medicalisation and cross-border issues
Effectiveness	EQ6. To what extent has the JP 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 JP put in place a space, across countries and regions, for knowledge sharing and learning
	EQ 8. To what extent has the JP responded and adapted programming to respond to challenges resulting from humanitarian crisis including during the COVID-19 pandemic, comprising reduced access to services and support.

An evaluation matrix is included in Annex 3 which sets out the evaluation criteria, evaluation questions, assumptions, indicators and related data collection and data analysis tools that will be used.

Evaluation Matrix

Evaluation Question 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? *Criteria: Relevance*		
Assumption to be assessed	Indicators	Data Collection Sources and Tools
Assumption 1.1 The Joint Programme is aligned with global and regional policy frameworks on FGM.	• Alignment of the JP with global/ regional frameworks addressing FGM (SDG, GA, HR Council Resolutions, African Union and other regional bodies commitments) • References to global and regional frameworks within programme documents	Documents: Global and regional policy documents Programme documents Interviews: Joint Programme co-ordinators UNFPA/ UNICEF Management teams External agencies
Assumption 1.2 The programme is aligned with UNFPA and UNICEF policies and strategies in the area of supporting girls and women for receiving appropriate, quality and systemic services for FGM prevention, protection and care.	• Evidence that the JP draws on the priorities and frameworks of UNFPA and UNICEF and human rights standards •	Documents: UNFPA and UNICEF Policy Documents Human rights (FGM-related) documents

		Programme documents Interviews: Joint Programme co-ordinators UNFPA/ UNICEF Management teams External agencies
Assumption 1.3 The programme is both aligned with human rights standards and seeks to promote transformative action by positioning FGM as a rights violation motivated by underlying gender inequality as well as a practice with health and socio-economic consequences.	• Evidence of programme design alignment with human rights standards and standards related to gender inequality •	Desk review: Programme design documents Human rights literature Interviews: Human rights and gender specialist staff
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.	• Alignment of the JP with national priorities and frameworks • Evidence that the JP is aligned with national needs based upon research and evidence available • Evidence of contextualisation of strategies and interventions to the national contexts	Documents (Country deep dives): National policy documents (country deep dives) National statistical documents Research and evidence

		(academic, NGOs, other) Interviews (country deep dives): Joint Programme co-ordinators and other relevant UNFPA/ UNICEF staff External agencies Survey (Programme-wide)
Evaluation Question 2. To what extent is the JP design gender responsive and/ or transformative to contribute to accelerating the abandonment of FGM at the national level (including cross-border regions)? ***Criteria: Relevance***		
Assumption 2.1 A systematic approach is in place to ensure a minimum of a gender-responsive approach and aspiring to a gender-transformative approach (addressing the underlying root cause of FGM) at household, community, institutional, and policy levels).	• Evidence that the programme design was informed and adapted where necessary by a comprehensive analysis of what a gender transformative systemic approach implies in the FGM context (including institutional and political dimensions) • Evidence that the JP considers the context and specifically pays special attention to the dimensions of gender and power.	Desk review: Programme document Country programme design documents Interviews: Joint Programme co-ordinators CO and RO staff Gender specialists within UNFPA and

		UNICEF External agencies
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 of scale up of gender responsive and transformative issues).	• Evidence that the programme includes interventions with design components that are intended to target underlying causes of gender inequality and discrimination at the community level that often drive FGM, or develop synergies/ links with other actors to do so • Evidence that the programme has built-in design features for feedback mechanisms and for specific analysis of what people *know*, *feel* and *do* • Evidence that the programme design includes mechanisms for collecting data around the lessons learned of applying gender responsive and transformative issues, that will provide an evidence base for scaling up effective interventions.	Desk review: Programme document Country programme design documents Interviews: Joint Programme co-ordinators RO and CO focal points Other relevant staff within UNFPA and UNICEF (Comms and others) External agencies Implementing partners
Evaluation Question 3. To what extent has the programme created synergies and linkages with other related streams of work to contribute to programme goals? ***Evaluation Criteria: Coherence***		
Assumption 3.1 Linkages with other streams of work (such as child marriage and GBV) have created opportunities for empowering girls and women?	• Evidence of co-ordination and synergies in programming between the JP and other relevant streams of work (at global, regional and national levels)	Desk review: Global, regional and country workplans

		Interviews: JP co-ordinators RO and CO Focal points
Assumption 3.2 Systems and linkages for girls and women to access services have been enhanced.	• At the national and subnational levels, evidence of partnerships and -systems that contribute to more efficient referral systems for girls and women	Desk review: Country programme documents Interviews: CO Focal points Implementing partners Other related partners
Evaluation Question 4. To what extent has the JP effectively partnered at the regional, national and subnational level to hold governments to account for meeting their obligations to eliminate FGM? ***Criteria: Effectiveness***		
Assumption 4.1 Regional accountability mechanisms for holding national governments accountable have been strengthened.	• Existence of African Union, League of Arab States and regional economic communities' political decisions on FGM elimination in line with the SDGs • Number of peer review processes of relevant African Union, League of Arab States, ministerial-level specialized technical committees and regional economic communities' technical specialized committees that incorporate an FGM elimination progress component	Desk review: Regional programme documents National programme documents Interviews: ROs focal points Regional Inter-governmental organisations CO focal points

Assumption 4.2 Strong partnerships with CSOs developed and/ or maintained with community-based organizations for holding governments accountable for meeting their obligations to eliminate FGM?	• Evidence of strategic and sustained partnerships with CSOs that are engaged in creating/ supporting mechanisms for holding governments to account	Desk review: Regional and national programme documents Interviews: CO focal points Implementing partners Government stakeholders
Evaluation Question 5. To what extent has the JP contributed to strengthening national policies and legislative frameworks on the elimination of FGM through integration of evidence-based analysis on FGM emerging issues, including medicalisation and cross-border issues? ***Criteria: Effectiveness and Sustainability***		
Assumption 5.1 National policies and legislative frameworks on the elimination of FGM have been strengthened and dedicated national budget lines are in place.	• **P**roportion of countries having in existence features of an enabling environment for FGM elimination: • • Enforced legislation criminalizing FGM: # arrests, # cases brought to court, # convictions and sanctions • • Evidence-based, costed national action plan to end FGM developed with all government sectors, CSOs, faith-based organizations, and other actors • National budget line for FGM • At least 50 per cent of the national government budget line for FGM is utilized • Existence of a national FGM monitoring mechanism characterized by: National FGM administrative data;	Desk review: Annual reports (programme and country level) Semi-structured interviews: CO focal points, government stakeholders and implementing partners

	National coordination body/committee for FGM; Annual implementation review system	
Assumption 5.2 National policies and legislative frameworks responding to the rising trends on the medicalization of FGM have been strengthened.	• Proportion of medical and paramedical associations declaring FGM performed by health professional an unethical practice • Number of doctors and midwives who sign up to become members and support the cause of the 'Doctors and Midwives against FGM Initiatives' in the six focus countries of the Joint Programme with high prevalence of medicalization of FGM • Evidence that that has contributed to changes in policy and legislative processes to address the issue of the medicalisation of FGM • Evidence of cases of enforcement related to medicalisation	Desk review: Relevant national policy and legislative documents Relevant research and evidence generated/ utilised Relevant JP monitoring evidence Interviews: CO focal points Implementing partners Medical professional bodies Government stakeholders
Assumption 5.3 Policies and legislative frameworks have been enhanced to address cross-border FGM.	• Development of FGM cross-border policies (or national policies that integrate cross-border issues in a coherent and consistent way • Evidence of national budget allocation towards cross-border related FGM • Evidence of cross-border work to address barriers to end FGM	Desk review: Relevant regional and national policy and legislative documents (including ministerial agreements between countries) Relevant research and

		evidence generated/ utilised Programme documents Relevant JP monitoring evidence Interviews: CO focal points Implementing partners Government stakeholders
Evaluation Question 6. To what extent has the JP 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? ***Criteria: Effectiveness and Sustainability***		
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.	• Proportion of communities implementing a capacity package for girls related to FGM elimination • Percentage of girls and women demonstrating knowledge and capacity on FGM and gender issues to influence and protect the next generation from FGM • Percentage of women (15 to 49 years old) who exercise agency in making decisions in the household jointly with male household members • Percentage of women (15 to 49 years old) who exercise agency in influencing decisions regarding keeping their daughters intact	Desk Review (Country cases): JP Monitoring data Interviews: CO focal points Implementing partners Survey questions U-report

	• Percentage of women (15 to 49 years old) who exercise agency in regularly attending or participating in women's group/mentorship or leadership programmes • Percentage of people who believe that others cut their daughters • Percentage of people who think others will judge them negatively if they do not cut their daughters • Percentage of people who do not support the continuation of FGM • Percentage of individuals from the target population who believe that people in their community approve of FGM abandonment • Percentage of individuals who can identify benefits (rewards) associated with FGM abandonment • Evidence that the JP continually ascertains and promotes positive changes in normative factors, with specific analysis of what people *know*, *feel* and *do* • *Number of communities making a public declaration or formal statement that they will abandon the practice of FGM* • Number of people making a public declaration that they will abandon the practice of FGM • Proportion of communities that made a public declaration to abandon FGM that have established a community-led surveillance system to monitor compliance with commitments made during public declarations, including addressing the medicalisation of FGM	

	• Proportion of communities where enablers of social norm change are in place: (i) girls graduate after completing a capacity development package; (ii) religious leaders' public statements delinking FGM from religious requirements; (iii) community/ traditional rules publicly denounce FGM practices	
Assumption 6.2 Engagement of men and boys in promoting and achieving gender equality and the elimination of FGM has been expanded.	• Number and type of events showing increased mobilisation and engagement of men and boys in JP interventions • Evidence of links between increased agency of men and boys as advocates of change and JP interventions • Proportion of countries where 'Men Engage Alliances' are actively advocating for the elimination of FGM • Percentage of young men and boys who express readiness to marry uncut girls • Evidence that the JP collects data and analyses positive changes in contextualised social norms, specifically focusing on the dimensions of gender and power.	Desk Review (Country cases): JP Monitoring data Interviews: CO focal points Implementing partners Survey questions U-report
Assumption 6.3 Opportunities for young people have been created to proactively engage with governments to inform FGM policies and programmes.	• Number and types of opportunities for young people to interact with government on FGM issues • Number of annual progress reports with recommendations on FGM elimination produced by young people's networks and presented to policymakers to influence policy directions and implementation • Evidence that government policies and programmes have listened to and responded to their views	Desk Review (Country cases): JP Monitoring data Media coverage Social media accounts Interviews:

		CO focal points Implementing partners Government stakeholders Survey questions U-report
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 addressing underlying gender inequalities.	Advocacy efforts at the global and regional level demonstrate a gender transformative approach and linking into wider gender equality debates Partnership reflects synergies in tackling FGM, and addressing underling gender inequalities	Desk review: Programme documents Interviews: HQ, regional Partners Social media analysis
Evaluation Question 7. To what extent has the JP put in place a space, across countries and regions, for knowledge sharing and learning? ***Criteria: Effectiveness***		
Assumption 7.1 The Joint Programme has identified field-level key contextual factors relevant to accelerate FGM abandonment.	Evidence that the programme has analysed and documented contextual factors relevant to FGM abandonment	Desk review (global and country cases, research studies) Interviews COs focal points
Assumption 7.2	Existence of a global-level framework and related data collection tools for the measurement of social norms change related to FGM	Desk review: Social norms and gender transformative

Changes in social norms and gender norms transformation have been identified, measured and utilised within decision-making.	Evidence that social norm behavioural drivers of FGM are being identified and measured Evidence that 'users' are applying the framework and tools, and are satisfied with them Evidence that data is being collected that measures changes in social norms Evidence that the social norms data generated is being used in decision-making Evidence that the JP tracks individual and social change over time and triangulates data sources.	framework/s and tools Programme documents that show utilisation of the tool/s Interviews: CO focal points Implementing partners Survey
Evaluation Question 8. To what extent has the JP responded and adapted programming to respond to challenges resulting from humanitarian crisis including during the COVID-19 pandemic, comprising reduced access to services and support? ***Criteria: Effectiveness***		
Assumption 8.1 An adaptive approach has been taken to FGM programming in times of crisis (active conflict, natural disaster including during the recent pandemic).	Evidence of guidance and support at the international and/ or regional levels to country offices to respond adaptively to COVID 19 and other crises Evidence of pro-active adaptation of work plans to changed circumstances in times of crisis at the country level Effective consultations across programme levels and UN system to facilitate and coordinate adaptive management /approach Extent to which the COs are about to contextualise COVID guidance from the international and regional level	Desk review: Programme documents (work plans) Interviews: JP staff and other partner UN agencies Implementing partners Survey

Assumption 8.2 FGM risk mitigation and response integrated within GBV and child protection COVID-19 preparedness and response plans.	Evidence base developed of the links between FGM and GBV, FGM and child protection in the context of COVID 19 Evidence that the JP is pro-actively engaging in the integration of FGM within the development of COs risk assessments and response plans	Desk review: Programme documents (work plans)
Assumption 8.3 Linkages with humanitarian actors to monitor impact of crises on FGM prevalence rates, ensure women and girls who have undergone FGM are able to access appropriate SRHR and GBV services, and identify any windows of opportunity to work within the crisis to accelerate social norm and behaviour change.	Evidence of complementary and synergistic partnerships/ linkages with humanitarian actors to support girls and women who have undergone FGM to access appropriate services Evidence of engagements that support long term social norm change	Desk review: Programme documents Interviews: HQ, RO and CO interviews Implementing partners Other humanitarian actors Survey

Annex 14: Areas for further research

Amongst the research planned by the fellowship programme to be conducted between 2021 and 2022, there are areas of research also identified by the evaluation as key field of further research, such as:

- Linkages between FGM and other Harmful Practices
- FGM and Women's Empowerment
- Cross Border Study on FGM and Child Marriage
- Trends in medicalization behaviours and factors contributing to shift in practice
- trends in FGM opposition and the practice of FGM
- FGM prevalence and trends in humanitarian/conflict settings.

The evaluation identified the need for further research in specific areas.

- 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 assumption 1.4);
- to better respond to the issue of medicalization, research would be needed to understand the weight of the incentives for health-care providers to practice FGM, as well as the key drivers of FGM medicalization from the demand side, including the issue of adult women consent to female genital mutilation in medical settings (see conclusion 5.2 medicalization);
- local drivers to FGM in countries like Nigeria**,** where JP staff confirmed that drivers are different across different states[48]. While drivers are linked by the underlying gender inequality and power dynamics at play, Nigeria JP staff claimed that: "*we need more research on drivers to really be gender-transformative"*[49] (see assumption 6.1);
- the consequence of FGM on communities and households
- Conduct longitudinal studies of communities that have declared abandonment, capturing the lesson of what works well and what works less well (see assumptions 7.1 and 7.2 on PDAs).

[48] Nigeria key informants

[49] Nigeria key informant.

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