

JOINT EVALUATION OF THE UNFPA-UNICEF JOINT PROGRAMME ON THE ABANDONMENT OF FEMALE GENITAL MUTILATION: ACCELERATING CHANGE

PHASE I AND II: 2008–2017

Evaluation Offices

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Acronyms

CO	Country office
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
EO	Evaluation Office
FGM	Female Genital Mutilation
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
ICPD	International Conference on Population and Development
OECD-DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
RO	Regional Office
TOR	Terms of Reference
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
UN	United Nations

1. Introduction

The Evaluation Offices of UNFPA (lead agency) and UNICEF will jointly conduct an independent evaluation of the UNFPA/UNICEF joint programme on the abandonment of Female Genital Mutilation (FGM). The joint evaluation will commence in the first quarter of 2018. The present terms of reference (ToR) were based on an extensive document review and consultations with key stakeholders. The ToR aims to provide key information for the evaluation, including background of UNFPA and UNICEF support, the objectives and scope of the evaluation, the proposed methodological approach, including the sampling approach for the case studies, and the expected deliverables and indicative timeline.

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, under the overall leadership from the evaluation management group, chaired by the lead evaluation manager of the UNFPA Evaluation Office (for details on the management of the evaluation see section 7).

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

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

2.1 Global context of FGM

Globally, it is estimated at least 200 million girls and women have undergone some form of female genital mutilation in 30 countries.¹ Female genital mutilation 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.² 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 increase the risk of HIV/AIDS transmission. While some countries have seen a decline in overall prevalence in the last three decades, progress is uneven and the pace of decline is insufficient to keep up with population growth.³ Should trends continue, it is projected that the number of girls and women undergoing FGM will significantly increase by 2030.⁴

¹ UNICEF (2016) Female Genital Mutilation: A Global Concern.

The exact number of girls and women worldwide who have undergone FGM/C remains unknown. The primary sources of nationally representative data on FGM/C have been household surveys, and more data collection in countries where no such data currently exist is needed in order to present a more reliable and complete picture of the practice.

² For more information on FGM see <http://www.unfpa.org/female-genital-mutilation>

³ UNICEF (2016) Female Genital Mutilation: A Global Concern.

⁴ Ibid.

2.2 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 end FGM have increasingly been framed within the wider agenda of addressing gender equality and fostering gender transformative strategies. This is reinforced by specific reference to FGM in the recent 2030 Agenda for Sustainable Development.⁵ The global calls for the elimination of FGM are grounded in decades of work on the part of diverse initiatives including women, health providers, and religious leaders and human rights activists and have been codified in numerous declarations, conventions and agreements adopted by the international community.

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).⁶ The following year, the International Conference on Population and Development (ICPD) specifically addressed the importance of FGM and urged governments and communities to take steps to eliminate ‘the practice of female genital mutilation and protect women and girls from all similar unnecessary and dangerous practices.’⁷ During a General Assembly special session, in September 2014, governments reaffirmed their commitment to the ICPD and endorsed a new Framework for Action to intensify efforts for its full implementation in the 21st century.⁸

In 2008, the World Health Organisation (WHO) established an interagency statement on eliminating FGM. This statement calls for member states, international and national organizations, civil society and communities to develop, strengthen, and support specific actions to eliminate FGM.⁹

From 2006 -2016, several resolutions were passed shaping the work of UN entities today. In 2006, the General Assembly adopted a seminal resolution, calling on states to condemn all forms of violence against women, stressing the importance to intensify global efforts for the elimination of female genital mutilations. Following this, in 2012, the United Nations General Assembly adopted a Resolution to ban female genital mutilation worldwide. 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.

In 2014, the United Nations General Assembly adopted another Resolution on the elimination of female genital mutilation. The Resolution [A/69/150], was cosponsored by the Group of African States and an additional 71 Member States, and was adopted by consensus by all UN members.¹⁰ In 2016, the General Assembly adopted by consensus the [A/C.3/71/L.15] Resolution on intensifying global efforts for the elimination of female genital mutilation sponsored by the African Group.¹¹

Most recently, the elimination of violence against women has been taken up by the 2030 Agenda for Sustainable Development.¹² 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”.¹³

⁵ Violence against women is addressed explicitly in goal 5: target 5.3 discusses harmful practices, calling for the elimination of such practices, such as “child, early and forced marriage and female genital mutilation.”

⁶ Declaration on the Elimination of Violence against Women 1994. See at [Declaration on the Elimination of Violence against Women 1994](#)

⁷ Available at [Report of the ICPD \(A/CONF.171/13\)](#), paragraph 7.40.

⁸ Available at [ICPD Beyond 2014, International Conference on Human Rights](#)

⁹ Available at [Eliminating Female Genital Mutilation: An interagency statement](#)

¹⁰ Available at [Intensifying global efforts for the elimination of female genital mutilations. \(A/69/150\)](#)

¹¹ Available at [Intensifying global efforts for the elimination of female genital mutilation \[A/C.3/71/L.15\]](#)

¹² The newly negotiated international development agenda (operationalized in 17 sustainable development goals).

¹³ Available at transforming our world: the 2030 Agenda for Sustainable Development, target 5.3.

2.3 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. In line with the UN General Assembly Resolutions related to the abandonment of FGM as well as the adoption of the Sustainable Development Goals, the programme directly contributes to the achievement of Goal 5, related to gender equality. Notably, the Joint Programme has provided technical inputs to the Commission on the Status of Women and treaty bodies such as the Committee on the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child (CRC), while collaborating with WHO and UN Women ongoing policy and programmatic development.

2.3.1 Phase I (2008-2013)

The first phase of the Joint Programme was implemented over the course of six years (2008-2013),¹⁴ supported by multi-donor funds received by the governments of Austria, Iceland, Ireland, Italy, Luxembourg, Norway and Switzerland.¹⁵ In 2008, the programme began operating in Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan. The Joint Programme was then extended to Burkina Faso, the Gambia, Uganda and Somalia in 2009 and by 2011 also included Eritrea, Mali and Mauritania. By the conclusion of the first phase, the joint programme was operating in total of 15 countries.

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”*.¹⁶ The proposal also indicated that the Joint Programme was intended to be strategic and catalytic, holistic, cross border and sub-regional, human-rights-based and culturally sensitive, and based on a theoretical understanding of FGM as a social convention/norm.¹⁷

In 2012/2013, a joint evaluation was conducted on the implementation thus far on the first phase of the joint programme.¹⁸ The results and lessons learned that emerged from this exercise then informed the formulation of the second phase of the Joint Programme. The evaluation concluded that: (i) the joint programme showed significant strengths, including its emphasis on pursuing a holistic and culturally sensitive approach and addressing global, national and local levels simultaneously however with some challenges in operationalizing the regional dimension; (ii) the available evidence supports several of the key assumptions shaping the theory of change of the first phase, but also highlights a knowledge and evidence gap with regards to the linkages between changes in FGM social norms to changes in individual and collective behaviours to changes in FGM prevalence; (iii) the results for the first phase were overall positive, where the joint programme achieved varying degrees of progress in strengthening legal and policy frameworks at national and sub-national levels, enabling change in the awareness and knowledge of FGM by key actors and general public, and increasing the commitment of community leaders and members to FGM abandonment.

Drawing on lessons learned from the findings of the Phase I evaluation, the Joint Programme introduced the following strategies to enhance its effectiveness:

¹⁴ The Joint Programme was originally only to span four years (2008-2012), but was extended through 2013 to meet resource mobilisation targets and fulfil implementation obligations.

¹⁵ UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, Summary Report of Phase I 2008-2013

¹⁶ 2008 Annual Report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

¹⁷ For detailed information on the proposal for the Joint Programme, please see: <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change-original-proposal-2009>.

¹⁸ For more information on the Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change (2008-2012) please see: <http://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital>

- **Increased focus on addressing social norms that result in harmful practices** by supporting large-scale social transformation and positive social change at the household, community and society levels. The Joint Programme invested in more in-depth research on social norms and its linkages to changes in individual and collective behaviours. The Joint Programme provided capacity building to governments, civil society organizations, and UN staff members in the use of a social norms approach.
- **Strengthened systems and tools, capacities and resources available for longer-term data collection and analysis** to provide solid monitoring data on the effectiveness of the Joint Programme’s different strategies. Steps included developing 17 nested databases linked to a global database called DiMonitoring, training 1,260 data managers from governments, civil society, and UNFPA and UNICEF staff to roll out the database, and setting realistic programme targets and results-based management programming.

2.3.2 Phase II (2014-2017)

Phase II of the Joint Programme began in 2014 and will run through to the end of 2017. The objective, revised from Phase I¹⁹, is 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.”*²⁰

Building on the knowledge gained from the first phase, the second phase made revisions to its results framework, while maintaining a social norm perspective and including human rights and cultural sensitivity principles to guide the programming. For further details on the evolution of the results framework from Phase I to Phase II and from Phase II to Phase III please see Annex 7.

The second phase of the Joint Programme operates in 17 countries, which includes the original set of 15 countries from the first phase of implementation and the addition of Nigeria and Yemen in 2014.

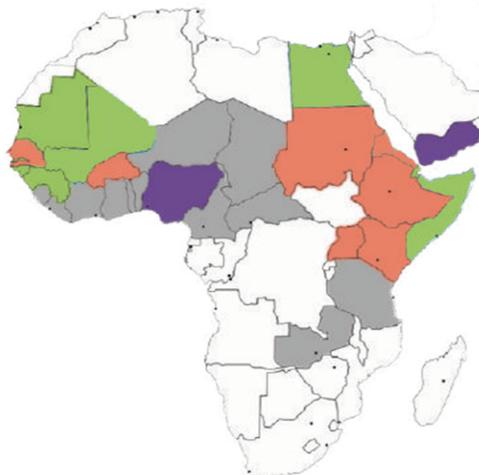
Table 1: Programme Countries for Joint Programme Phase II

2008	2009	2011	2014
<ul style="list-style-type: none"> •Djibouti •Egypt •Ethiopia •Guinea •Guinea Bissau •Kenya •Senegal •Sudan 	<ul style="list-style-type: none"> •Burkina Faso •Gambia •Uganda •Somalia 	<ul style="list-style-type: none"> •Eritrea •Mali •Mauritania 	<ul style="list-style-type: none"> •Yemen •Nigeria

¹⁹ For Phase 1, reaching a given level of abandonment within one generation was articulated as an outcome. Based in part on the judgment of the evaluation of phase 1 that this was an unrealistic outcome, a slight modification of that outcome was moved instead to the objective line.

²⁰ UNFPA-UNICEF Joint Program on the Abandonment of Female Genital Mutilation/Cutting: Accelerating Change Funding Proposal for a Phase II January 2014 – December 2017.

Figure 1: Joint programme phase II geographic coverage²¹



Based on the results of the evaluation of Phase I the joint programme the second phase introduced a cluster approach, where the countries have been grouped into three clusters: “accelerated,” “emergent,” or “new” countries.

The three clusters are intended to reflect the different pace of acceleration in the abandonment of FGM (with regards to policy and legislation, civil society capacity and community ownership) that is expected in these programme countries.

Table 2: Countries supported under the joint programme

	Cluster 1 – Acceleration countries	Burkina Faso, Eritrea, Ethiopia, Kenya, Senegal, Sudan, Uganda
	Cluster 2 – Emergent countries	Djibouti, Egypt, Gambia, Guinea, Guinea Bissau, Mauritania, Mali, Somalia
	Cluster 3 – New countries	Nigeria, Yemen (Yemen on hold as of 2015 due to conflict)

The intervention model pools international resources to enable existing national actors working on FGM elimination, such as the government, CSOs and NGOs, to progress in delivering interventions within each component (see annex for examples of interventions delivered).

2.3.3 Phase III (2018-2021)

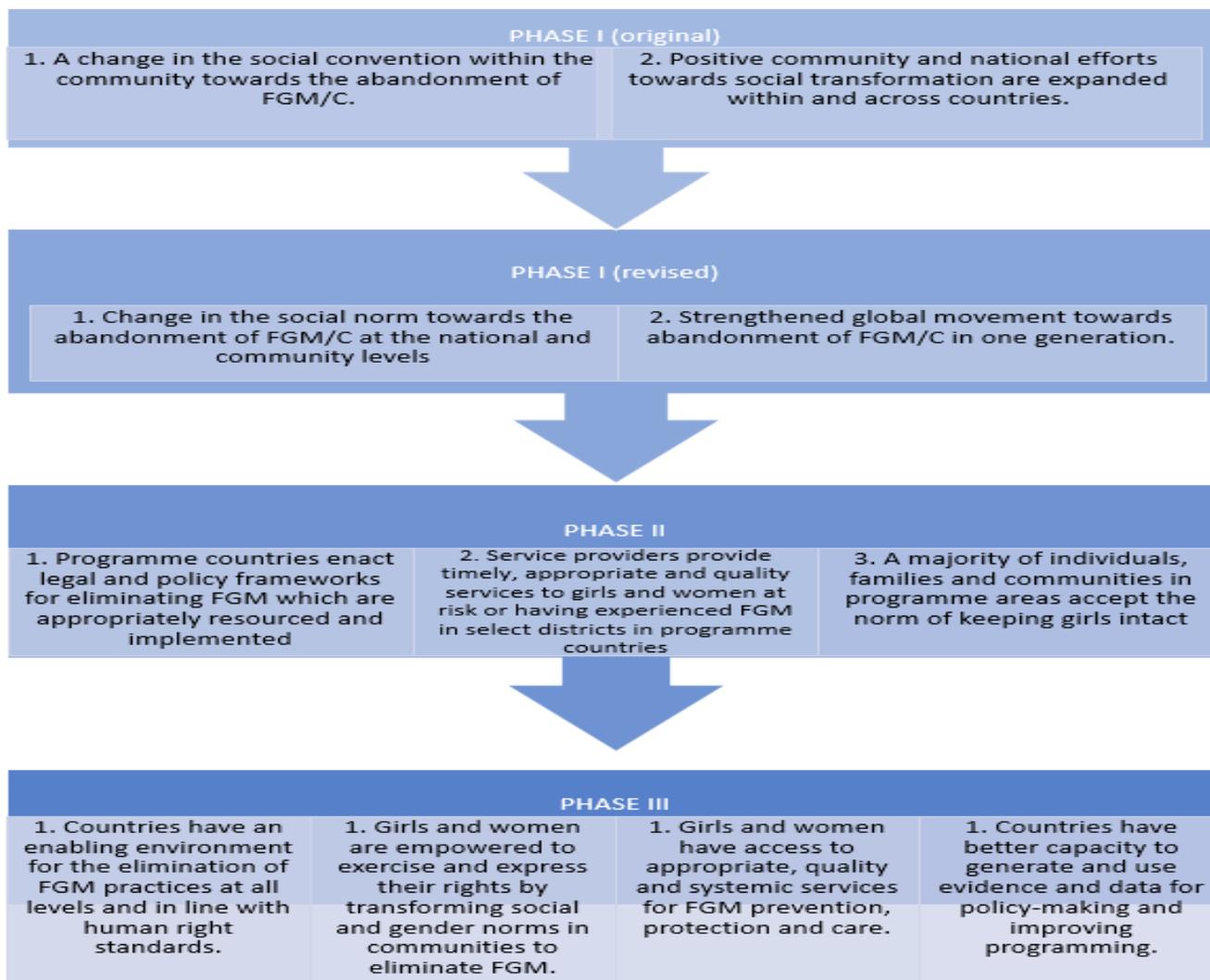
As the joint programme moves into its third phase of implementation, it will seek to build on the lessons learned from the implementation of the previous (and current) phases, whereby this evaluation will play a critical role in its realization. The third phase will continue to embrace a holistic and multi-sectoral approach to support the elimination of FGM at all levels (from household to global level). It will also introduce new elements to the programme in an effort to scale up interventions and further accelerate change. In Phase III, the joint programme will place a greater emphasis on gender norm transformation (versus just social norm change to keep girls intact) in order to address gender roles and power relations that often are underlying factors for FGM. To this end, the empowerment of girls and women and the engagement of boys and men will specifically be addressed.

Moreover, the third phase will also introduce a new outcome on evidence generation and data utilization for policy making and programme effectiveness, elevating an element of phase II that was previously embedded in outputs of its outcome 1. In this new outcome, however, the focus will broaden to the piloting a social norm measurement framework and establishing a global knowledge hub. Annex 7 provides an illustration of the results framework from the current phase to the proposed third phase to be launched in 2018.

²¹ For more information on the cluster approach, please reference the UNFPA-UNICEF Funding Proposal for Phase II of the Joint Programme on FGM.

Figure 2 provides an overview of the outcomes from the inception of the programme to the development of the third phase, illustrating how outcomes over time have evolved.

Figure 2: Outcomes from Phase I – Phase III of the UNFPA/UNICEF FGM Joint Programme



Source: adapted from results frameworks of joint programme

2.3.4 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 members of the programme and technical divisions of both UNFPA and UNICEF as well as donors that are contributing to the programme.

The role of the Joint Programme Steering Committee is to:

- Facilitate the effective and efficient collaboration between participating UN Agencies and donors for the implementation of the joint programme;
- Review and approve the Joint Programme Document, including M&E framework & implementation plan, and any subsequent revisions;
- Approve the consolidated joint work plan and consolidated budget on an annual basis;

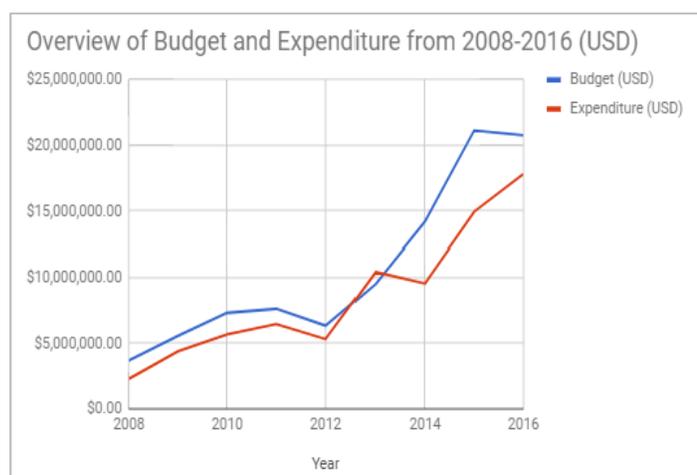
- Instruct the Administrative Agent to disburse funds, as per the approved budget;
- Review the implementation of the Joint Programme;
- Review and approve consolidated financial and narrative reports;
- Review evaluation findings for appropriate communication and future planning;
- Support advocacy 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 Section and the Data and Analytics Section, DRP and C4D) and the UNFPA Gender Human Rights and Culture 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).²²

2.3.5 Financial support to the Joint Programme

Figure 3: Budget and Expenditure for JP on FGM (2008-2016)



For the period 2008-2016, the total expenditures of the Joint Programme amounted to \$75,970,658, while the total budgeted amounted to \$96,200,204. Financial data for 2017 is not yet available.

For further information on the financial analysis see Annex 8.

Source: Annual Report of the UNFPA – UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change of 2008- 2016

²² 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.

3. Evaluation purpose, objectives and scope

The evaluation will provide an opportunity to demonstrate accountability to partner countries, donors and other key stakeholders 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.

The **purpose** of the evaluation is to assess the extent to which, and under what circumstances, the Joint Programme has contributed to accelerate the abandonment of FGM in the joint programme countries over the last 10 years (since the start of the joint programme in 2008); and provide recommendations on how to accelerate progress in ending FGM.

The **primary objectives** of the evaluation are:

- To assess the relevance (including programme design), effectiveness, efficiency, and sustainability of the UNFPA/UNICEF Joint Programme of the Abandonment of FGM, Phase I and Phase II;
- To assess the adequacy of the governance structure of the Joint Programme, including the quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels; identifying lesson to strengthen the management of the Joint Programme;
- To identify lessons learned, capture good practices and generate knowledge from phase I and II, to inform the implementation of phase III of the joint programme; 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 in contributing to the broader 2030 development agenda, in particular Goal 5, Target 5.3 relating to FGM.

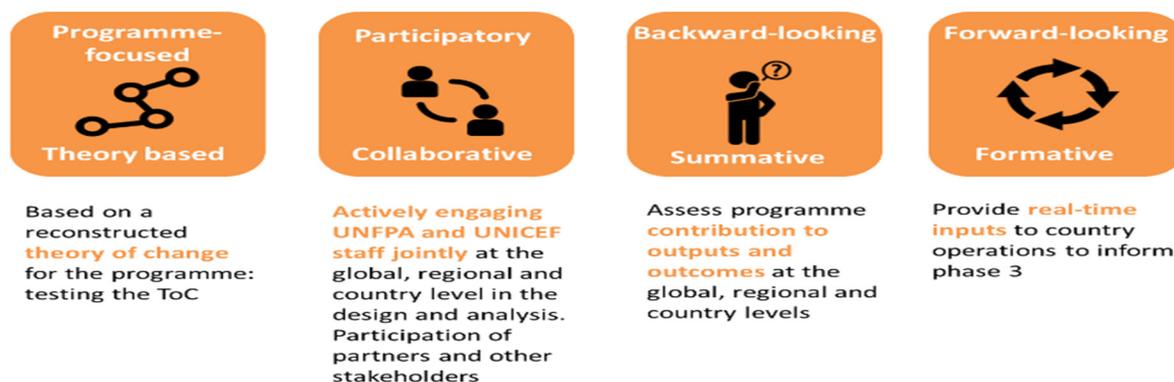
The evaluation will cover the implementation and the results of the UNFPA/UNICEF support during the period 2008-2017 with particular emphasis on Phase II of the joint programme, as Phase II has not been evaluated. The evaluation will carefully review follow-up to the Phase I evaluation recommendations.

The evaluation scope will addresses all four programme levels – global, regional, national and community – and their interconnections. The evaluation will cover all activities planned and/or implemented during the period under evaluation in all programme countries. The evaluation will focus primarily on the progress towards achieving outputs and contribution to outcomes in the results frameworks presented, while taking into account the evolution of the joint programme (see annexe 7).

4. Evaluation approach and methodology

The evaluation will be both backward-looking to review the performance and results of the joint programme (phase I and II) as well as forward-looking to identify lessons learned to inform the implementation of the third phase. The evaluation will apply an adaptive learning and utilisation-focused approach. This overall approach is depicted in the figure below which calls for a hybrid exercise comprising of a summative evaluation (backward-looking) and a formative evaluation (learning-focused, forward-looking) that is grounded in a reconstructed theory of change.

Figure 4: Evaluation design and approach



4.1 Theory-based approach

Using a theory-based approach to evaluations will allow the evaluation team to investigate in detail the expected pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain. For this purpose, the evaluation team will develop a theoretical model to validate the joint programme’s intervention logic and to provide an analytical framework to guide the evaluation. This reconstructed theory of change will be anchored in the joint programme’s results frameworks.

The evaluation team will review and take into account the following elements to develop the theory of change:

- Draft theory of change for phase III; Results frameworks for phase I and II
- Types of interventions strategies (types of activities)
- Type and level of expected change (as articulated in programme proposals and results frameworks)
- Contextual or external factors

The evaluation team will develop an initial reconstructed theory of change during the inception phase of the evaluation. During the pilot mission, the evaluation team will test and validate the assumptions and pathways of change as articulated in their model. The evaluation team will then **propose an updated model** to be used in the evaluation. During the evaluation process the evaluation team is expected to carefully assess whether the hypotheses hold true. Finally, based on the results of the evaluation, the evaluation team will **present an ex-post theory of change** in the final evaluation report in order to accurately reflect how change occurred in practice.

4.2 Evaluation criteria and questions

The evaluation is informed by evaluation criteria endorsed by the OECD-DAC:

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
Effectiveness	the extent to which intended results (outputs and outcomes) were achieved
Efficiency	in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results; how well inputs were combined
Sustainability	the extent to which the benefits from the joint programme are likely to continue, after it has been completed

These criteria have been translated into 8 evaluation questions and included in the Evaluation Matrix ([see Annex 1](#)).

4.3 Methods for data collection

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:

- **Document review** constitutes one of the most important data sources for the evaluation which includes strategic and planning documents, progress reports, monitoring data, financial data, reviews and evaluations, research on FGM and other relevant reports (Population Council, Drexel University, Columbia University), and existing quantitative data sources at country level.²³
- **Semi-structured key informant interviews and group discussions** (both remote and face to face) will be undertaken at country (during the field visits and the extended desk review countries), regional (UNFPA and UNICEF regional offices and regional partners and stakeholders) and global levels (UNFPA and UNICEF headquarters, other UN agencies, partners and donors).
- **Community level focus group discussion** will be conducted in countries visited.
- **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.
- **Site visits and observation** of joint programme implementation at national and community levels.

4.3.1: Case studies

Country case studies: 16 case studies will be conducted - 4 will undergo an in-country, comprehensive field-based review Egypt, Kenya, Senegal and Ethiopia, while the remaining 12 will be subject to a desk review and remote semi-structured interviews²⁴. Case studies will provide an in-depth view of implementation at the country level. Moreover in-country case studies will aim to maximize the breadth and depth of insights into the evaluation questions and provide a deeper understanding and analysis of the range of contexts (social, normative, institutional and political) that the programme is operating in and how it has responded to these varied contexts. For further information on the sampling approach for the selection of in-country case studies see annexe 9.

4.4 Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis.

The following methods of data analysis and synthesis are encouraged to be used:

- **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

²³ An initial document review has been undertaken during the scoping exercise and the result of this review will be provided to the evaluation team

²⁴ All programme countries except Yemen (put on hold due to limited implementation).

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

- **Comparative analysis** - to examine findings on specific themes or issues across different countries. It can be used to identify good practices, innovative approaches and lessons learned. This type of analysis allows for comparing findings emerging from the field country case studies and data collected through the web based survey.
- **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.
- **Contribution analysis** - to assess the extent to which the joint programme contributed to expected results. 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.

5. Evaluation process

5.1 Inception phase

In view of the extensive preparatory work, which included the development of evaluation design, the exercise will commence with the preparation of a **short methodological note** and work plan for the data collection.

Drawing on the ToR, the evaluation team will:

- develop a reconstructed theory of change
- review and refine the evaluation matrix (evaluation questions, assumptions and indicators)
- review and further develop the methods and tools for data analysis
- 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.

The draft methodological note should also include the reconstructed theory of change, key data collection tools, including interview protocols, questionnaire for online survey, a tool to record and organize all data collected, as well as a work plan for the data collection and field work for the pilot mission. Finally the note should include comments on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.

The **pilot mission** case study will be conducted over a course of 3 full weeks (15 working days), where the evaluation team is expected to test and validate the theory of change and the evaluation matrix (in particular, the evaluation questions, assumptions and indicators), assess the availability of data, and pilot the data collection tools.

On completion of the pilot mission, the evaluation team will be responsible for **finalizing the methodological note** building on the experience from the pilot mission. This includes refining the reconstructed theory of change and evaluation matrix and finalizing the data collection tools (e.g. interview protocols, survey questionnaire) to be used in the evaluation, making adjustments to the ToC as appropriate, and developing a concrete work plan for the remaining phases of the evaluation

5.2 Data collection and field phase

The data collection and field phase, will open with a three day induction workshop bringing together the evaluation team and the evaluation managers to prepare for the data collection and field phase.

Guided by the methodological note and finalized work plan, this phase will carry out the remaining three country case study missions as well as undertake desk-based reviews for the remaining 12 country case studies. The evaluation team will continue an in-depth documentary review, conduct in-person and remote interviews and undertake a survey.

Each **in-country mission** – Egypt, Senegal, Kenya (including cross boarder work with Uganda) and Ethiopia (including cross boarder work with Djibouti) - will last 3 full weeks (15 working days). At the end of each mission, the evaluation team will provide the country office and the national evaluation reference group with a debriefing presentation on the preliminary results of the case study, with a view to validate preliminary findings and test considerations to feed into the joint evaluation report. While conducting the country case studies in Egypt, Senegal, Kenya (and taking the opportunity that the team will be in-country) interviews will be conducted with the respective regional offices.

For each country case study (field and desk-based), the evaluation team will prepare a **case study evidence table** (16 tables in total). The tables should follow the structure set out in Annex 6. These tables will be internal documents used to inform the evaluation report.

The evaluation team will be expected to present the results of the data collection, including the case study findings (both field and desk-based), the results of the survey to the evaluation reference group (see calendar).

Drawing from the data collection, the evaluation team will prepare a **3-5 page action brief** that: (1) discusses the key emergent findings so far and (2) highlights priority areas that call for immediate attention and other operational suggestions to feed into the current and ongoing implementation of phase III of the joint programme.

5.3 Reporting phase

The reporting phase will open with a **3-days analysis workshop** bringing together the evaluation team and the evaluation managers to discuss the results of the data collection. The purpose of this analysis workshop is to generate substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. 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 evaluators will be required to produce a new version of the draft report.

Prior to the submission the second draft final evaluation report, a **4-days workshop** will be organized with the evaluation team and evaluation managers to review the findings, agree on the conclusions, and discuss elements of the recommendations.

The evaluation team will then present the **second draft report** 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** (executive summer in English, French and Spanish) along with the management response, will be published on the UNFPA/UNICEF evaluation webpage.

6. Indicative time schedule

The evaluation will be conducted from April 2018 - April 2019.

Phase	Task	Location	Date
Inception phase	Initial documentary review (Evaluation Team)	Remote	Mid-April 2018
	Kick off meetings with EOs and JP coordination team (team leader and FGM expert) (2 days)	New York	End of April (week of April 30 – May 4)
	Submission of draft methodological note and work plan (based on the ToR methodological approach)	Remote	May 2018
	Comments from the Evaluation Management Group (EMG) on the draft methodological note and work plan	Remote	May 2018
	Submission of the draft revised methodological note and work plan	Remote	End of May 2018
	Pilot field mission (3 full weeks – 15 working days not counting weekends)	Egypt (including interviews with the RO in Cairo)	June
	Refinement of data collection tools based on the pilot (including the outline for the survey). Finalization and submission of the final methodological note	Remote	End of June
	First Evaluation Reference Group meeting - Presentation of the methodological note + key findings from the pilot mission (evaluation team + EMG)	Remote	End of June
	Evaluation team and EMG induction workshop (3 days)	New York (or other location tbc)	End of June
Data Collection & Field	3 field missions (3 full weeks for each country case study)	Senegal (including interviews with the RO in Senegal), Kenya, Ethiopia	July - October
	12 extended desk review countries (remote interviews and documentary review)	Remote	June - October
	Global and regional interviews	Remote	May - October

Phase	Task	Location	Date
	Finalization of the survey		May
	Submission of the Draft Country Evidence Tables (16 countries)	Remote	July/ September
	Second Evaluation Reference Group Meeting (half a day + half and day interviews) - Presentation of preliminary findings stemming from the data collection (core team)	New York	October
Reporting	Evaluation team (core team) and evaluation managers data analysis workshop (3 days following the ERG meeting)	New York	October
	Submission of the 3-5 page action brief	Remote	October
	Submission of the first draft Evaluation Report – introduction and findings (word)	Remote	November
	Comments from the Evaluation Management Group (EMG) and the ERG on the first draft Evaluation Report	Remote	November
	Review and address comments from evaluation management group and reference group members. Submission of the second draft report + Submission of Audit Trail (responses to comments)	Remote	November
	Evaluation team (core team) and evaluation managers conclusions and recommendation workshop (3 days)	New York	December
	Submission of third draft Final Evaluation Report (word) and Submission of Audit Trail (responses to comments)	Remote	January 2019
	Third Evaluation Reference Group Meeting Presentation of the draft final report (focusing on the conclusions and recommendations) (team leader + FGM thematic expert)	New York	January
	Comments from the (EMG) and the ERG on the third draft Evaluation Report	Remote	February
	Review and address comments from the EMG and ERG. Submission of the final Evaluation Report (word) + Submission of Audit Trail (responses to comments) + Power Point/ Prezi Presentation		February
Dissemination	Presentation of the final report to JP Steering committee meeting (team leader)	New York	February (tbc)
	Translation of the executive summary in French and Spanish	Remote	February
	Professional copy editing, design and printing of the evaluation report provided by the company	Remote	March
	Professional design and printing of the executive summary in English, French and Spanish	Remote	March/ April

Legend:

Field Missions	Deliverables to be produced and submitted by the evaluation team	Meetings/ evaluation team workshops in New York
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7. Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the **evaluation management group** chaired by the UNFPA EO lead evaluation manager. The evaluation management group will be composed of staff members of the UNFPA and UNICEF EOs. 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.²⁵

The evaluation management group, with the support of a research evaluation associate, is expected to:

- lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team
- convene evaluation reference group meetings
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases, including in field missions
- review, provide substantive comments and approve all evaluation deliverables

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of members of UNFPA/UNICEF and other external stakeholders who are directly interested in the results of this evaluation. The reference group will support the evaluation at key moments of the evaluation process. The main responsibilities of the reference group are to:

- contribute to the scoping of the evaluation
- provide comments and substantive feedback from a technical expert perspective on the evaluation deliverables
- facilitate access to informants and documentation
- participate in meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response

8. 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 and 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 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.²⁶

The **core team** is expected to be composed **of three/four members**: A team leader or 2 co-team leaders (senior evaluator(s)); a Senior thematic expert in FGM and harmful practices; a senior thematic expert in social norm change and gender equality. Local consultants will complement the work of the team for the in-country case studies.

²⁵ See: <http://www.unevaluation.org/document/guidance-documents>

²⁶ See: <http://www.unevaluation.org/document/guidance-documents>

Knowledge and Expertise

The core 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 core evaluation team is to be drawn from the profiles and from the approved experts included in the respective Long Term Agreement with UNFPA. Local experts are to be proposed at this stage and the CVs provided.

Table 3: evaluation team expected level of effort:

	Inception	Field/Data Collection	Analyses and Reporting	Dissemination
Team Leader or co-team leader (senior evaluator (s))	60%	40%	50%	100%
Senior Thematic Expert on FGM and harmful practices	20%	30%	20%	NA
Senior Thematic Expert on social norm change and gender equality	10%	15%	15%	NA
Local consultants (two per mission)	5%	15%	10%	NA

- Other:

Other relevant profiles				
Quality Assurance activities	5%	NA	5%	NA
Total team level of effort per phase	100%	100%	100%	100%

- **Team Leader or co-team leaders:** is expected to contribute the large majority of time required to implement the evaluation.
- **Senior thematic experts in FGM and harmful practices and gender equality:** The senior thematic experts are responsible for contributing a significant amount of time to each phase of the evaluation.

Country teams:

- **Members of the core team** are expected to conduct the field missions at least one senior member of the team should be part of each mission.
- **Two local experts** should be selected for each in-country case study mission. They will support the core team on the preparation, conduct of the field missions as well as reporting. Given the importance and the length of the data collection and field work in particular the work with the communities' sufficient days should be allocated to each of the consultants (at least 10 days for desk review, stakeholder mapping and mission planning, including the mission agenda preparation; at least 15 working days for the field mission; at least 10 days for follow up interviews; interview/group discussion logbooks; contributions to country evidence tables and reporting).

- **Interpreters** of local languages should be recruited and previously briefed on the objectives and expectations of the data collection. Interpreters should be guided and supervised by the local consultant(s).

The evaluation 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).

9. Quality assurance

The company, 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.

For more details on the quality assurance please refer to the Long term agreement terms of reference.

10. Cost of the evaluation and payment modalities

The budget range for the overall cost of the evaluation is **USD 440,000 - 470,000**. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference (including expenses associated with the editing, design and translation of the evaluation report)
- The travel related costs for the participation in the reference group meetings, the evaluation team workshops (induction, analysis and conclusion workshops), the field missions, the joint programme steering committee presentation. Travel costs will be calculated by UNFPA as detailed in the Long Term Agreement, based on the number of travellers and the duration of each mission.
- Security costs as detailed in the LTA
- Interpretation costs per the LTA

Deliverables

- Methodological note and work plan
- 3-5 page action brief
- Evaluation report and PowerPoint/ Prezi presentation of the evaluation results (written in English; professionally designed and printed)
- Executive summary translated in Spanish and French (professionally designed and printed)

Payment Modalities

The payment modalities shall be as follow:

- 15% on acceptance of the draft methodological note and work plan
- 20% on acceptance of the final methodological note and work plan (after the pilot mission)

- 15% on acceptance of the 3-5 page action brief
- 30% on acceptance of the draft final joint evaluation report
- 20% on acceptance of the final joint evaluation report and executive summary translated in Spanish and French

It is the responsibility of the company that all deliverables meet UN editorial standards (see Annex 3: Editing guidelines). The final evaluation report should be professionally copy edited. The layout of the final evaluation report and the executive summary (in English, French and Spanish) should be professionally designed (using adobe InDesign software) for printing. No payment will be processed until the corresponding deliverables are formally approved by the chair of the evaluation management group.

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UNFPA Evaluation Reports

UNFPA-UNICEF Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change 2008 – 2012
<http://www.unfpa.org/admin-resource/unfpa-unicef-joint-evaluation-unfpa-unicef-joint-programme-female-genital>

UNFPA - Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at: <http://web2.unfpa.org/public/about/oversight/evaluations/>

Annexes

Annex 1: Evaluation Matrix

The matrix is intended as a framework for the collection and analysis of data as well as reporting. The evaluation matrix presents the evaluation questions and breaks them down into assumptions, indicators associated to these assumptions, sources and tools for data collection. The column on sources of information links the evaluation questions with the stakeholder mapping and paves the way for the production of the interview protocols, the tool that links the evaluation matrix with data collection.

Evaluation Question 1: To what extent is the programme design responsive and evidence-based to contribute to accelerating the abandonment of FGM within the specific national (including cross-border regions) and sub-national contexts? Criteria: <i>Relevance and effectiveness</i>		
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 on a comprehensive analysis of all available evidence (e.g. situation analysis, needs assessments, identification of drivers, stakeholder mapping) of the targeted populations in programme countries.	<ul style="list-style-type: none"> Evidence of contextualization of strategies and interventions, including through national and local level consultations, situation analysis, needs assessments, identification of drivers, stakeholder mapping assessments Evidence that country work plans are adjusted over time to respond to changes in needs, priorities, and context of targeted communities to address FGM. Number of countries where affected populations, including local partners, community/traditional leaders, local civil society actors, participate in the identification, prioritization and programmatic planning to address FGM. 	<u>Documents</u> <ul style="list-style-type: none"> Extended desk review Country case studies Minutes of country/regional level coordination meetings Administrative data from implementing partners; MIS; DHS and other surveys <u>Interviews/Discussions</u> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) National/sub-national authorities Sub-national community structures (religious, traditional) Implementing partners (INGOs, local NGOs)
Assumption 1.2 The combination of approaches and strategies is appropriate to address FGM in specific national/sub-national contexts.	<ul style="list-style-type: none"> Evidence of contextualization of strategies and interventions, including through national and local level consultations, situation analysis, needs assessments, identification of drivers, stakeholder mapping assessments as well as learning from past Joint Programme implementation and Phase I evaluation. Number of countries where affected populations, including local partners, community/traditional leaders, local civil society actors, participate in the identification, prioritization and programmatic planning to address FGM. Evidence of ownership of community level programme interventions by civil society and other partners/stakeholders 	<u>Documents</u> <ul style="list-style-type: none"> Extended desk review Country case studies Country work plans Minutes of country/regional level coordination meetings <u>Interviews/Discussions</u> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) National/sub-national authorities Sub-national community structures (religious, traditional) Implementing partners (INGOs, local NGOs)
Assumption 1.3 Joint Programme interventions been designed and implemented to address	<ul style="list-style-type: none"> Evidence of contextualization of strategies and interventions, including through national and local level consultations, situation analysis, needs assessments, identification of drivers, stakeholder mapping assessments 	<u>Documents</u> <ul style="list-style-type: none"> Extended desk review Country case studies Country work plans

<p>barriers to and promote drivers of change to end FGM.</p>	<ul style="list-style-type: none"> • Evidence of interventions that include a comprehensive gender analysis in the design phase, that address barriers and promote drivers of change to end FGM. • Evidence of interventions that include specific design components that are intended to target underlying causes of gender inequality and discrimination that often drive FGM. • Evidence of linkages/synergies of interventions with other UN agencies/partners working to address FGM and harmful practices more broadly (e.g. child marriage). • Evidence that the programme invested its considerable funding for the biggest change 	<p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams • National/sub-national authorities • Sub-national community structures (religious, traditional) • Implementing partners (INGOs, local NGOs) • Sister UN agencies working to address FGM
<p>Assumption 1.4 The Joint Programme has emphasized a holistic approach to cross-border work to improve the effectiveness of support.</p>	<ul style="list-style-type: none"> • Participation of relevant stakeholders in coordination meetings at regional, national levels • Country work plans, monitoring reports address coordination mechanisms and issues in cross-border regions. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • Minutes of country/regional level coordination meetings <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • Sub-national community structures (religious, traditional) • Implementing partners (INGOs, local NGOs)

Evaluation Question 2: To what extent has the joint programme integrated a human rights, gender equity and cultural sensitive approach in its programme design and implementation at all levels?

Criteria: *Relevance*

Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 2.1 Joint Programme interventions are aligned with international and regional human rights frameworks and are designed and implemented to reflect a human rights based approach.</p>	<ul style="list-style-type: none"> • Alignment of the Joint Programme with global/regional human rights frameworks addressing FGM (e.g. CEDAW, SDG Goal 5, relevant UN GA resolutions, Maputo Protocol, etc.) • Evidence that an analysis of gender norms was conducted and taken into account in the design of the Joint Programme. • Evidence that there is a link between achievement of the Joint Programme results and contribution to empowerment of girls and women • Evidence that Human Rights standards guide the formulation of measurable goals, targets and indicators in programming. • Evidence of elements of interventions aim to reduce disparities, address discrimination and power imbalances, and reach most marginalized segments of population. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • Results frameworks <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • Sub-national community structures (religious, traditional) • Implementing partners (INGOs, local NGOs)

Evaluation Question 3: To what extent do the Joint Programme systems and structures support/expedite programme implementation for efficiency at all levels?

Criteria: *Efficiency*

Assumptions to be assessed	Indicators	Data Collection Sources and Methods
<p>Assumption 3.1 Resources were in place and made available in a timely manner to achieve planned results.</p>	<ul style="list-style-type: none"> Trends in funds mobilized by Joint Programme over time. Expenditure rates at global, regional and national level. Identified funding gaps and time lags. Achievements of outputs vis-à-vis funds available and spent. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> FGM Joint Programme financial data: general ledger reports, Atlas/GPS reports Joint Programme Annual Reports Minutes of Steering Committee meetings <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) UNFPA/UNICEF programme staff (ROs/COs) Implementing partners (INGOs, local NGOs)
<p>Assumption 3.2 Joint monitoring and reporting systems are adequate and in place to measure progress towards expected results at all levels.</p>	<ul style="list-style-type: none"> Evidence of availability of trained personnel managing such systems in each programme country. Evidence of systematic monitoring and reporting of results across programme countries. Evidence of participation of national staff and in-country implementing partners in the design of such systems as well as in the collection and analysis of the data, and the dissemination of the results. Evidence that results were utilized to inform strategic programme decisions and steer programme implementation. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> Results frameworks Country work plans Minutes of country/regional level coordination meetings Minutes of Steering Committee meetings <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) UNFPA/UNICEF programme/M&E staff (ROs/COs) Implementing partners (INGOs, local NGOs)
<p>Assumption 3.4 Systems for learning and evidence-based programming are in place and learning is integrated into implementation at all levels.</p>	<ul style="list-style-type: none"> Evidence of availability of trained personnel managing such systems in each programme country. Evidence of systematic monitoring and reporting of results across programme countries. Evidence that results were utilized to inform strategic programme decisions and steer programme implementation. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> Results frameworks Country work plans Minutes of country/regional level coordination meetings Minutes of Steering Committee meetings <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) UNFPA/UNICEF programme/M&E staff (ROs/COs) and implementing partners
<p>Evaluation Question 4: To what extent the programme has leveraged strategic partnerships and collaborations to end FGM? <i>Criteria: Efficiency and Sustainability</i></p>		
Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 4.1 The programme has leveraged partnerships and collaborations with other development actors,</p>	<ul style="list-style-type: none"> Number of partnerships that have facilitated strategic or innovative guidance/support to the Joint Programme interventions. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> Extended desk review Country case studies

<p>particularly with regards to more in-depth research on social norms change and its linkages to changes in individual and collective behaviours.</p>		<ul style="list-style-type: none"> • Annual Reports <u>Interviews/Discussions</u> • Joint Programme coordinators • UNFPA/UNICEF management teams • National/sub-national authorities • Implementing partners
<p>Assumption 4.2 Joint Programme acted as a catalyst for established and emerging actors, including civil society and implementing partners, to strengthen the response to end FGM.</p>	<p>Evidence of achievement and/or acceleration of positive results due to strategic partnerships (that UNFPA/UNICEF would not have achieved directly or within the same time frame).</p>	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • Annual Reports <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams • National/sub-national authorities • Implementing partners
<p>Evaluation Question 5: To what extent have Programme interventions and approaches contributed (or are likely to contribute) to the acceptance of a new social norm to keep girls intact in targeted populations? Criteria: <i>Effectiveness</i></p>		
Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 5.1 Individuals, families and communities in programme areas were educated and mobilized about the harms and norms related to FGM and alternatives to the practice at the community, household and individual levels in targeted areas in programme countries.</p>	<ul style="list-style-type: none"> • Proportion of population (girls/boys/women/men) in targeted areas who participate regularly in education dialogues promoting the abandonment of FGM in and out of school, and in adult learning programmes . • Number of community to community outreach events in programme areas to expand the abandonment of FGM. • Number and types of media coverage of FGM abandonment efforts. • Number of consensus building activities with traditional, religious and community leaders toward organizing a public declaration. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Results frameworks • Country work plans • Annual Reports • Administrative data from implementing partners; MIS; DHS and other surveys <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs) • Sub-national structures (religious, traditional) • Targeted populations
<p>Assumption 5.2 Joint Programme interventions target driving factors of social norm change in targeted areas at country level.</p>	<ul style="list-style-type: none"> • Evidence of interventions that target underlying causes of gender inequality and discrimination that often drive FGM. • Evidence of interventions (e.g. supporting community services and laws/policies) that have contributed to or have the potential to contribute accelerate elimination of FGM • Evidence of linkages/synergies of interventions with other UN agencies/partners working to address FGM and harmful practices more broadly (e.g. child marriage). 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Results frameworks • Country work plans • Annual Reports <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs)

		<ul style="list-style-type: none"> • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs) • Sub-national structures (religious, traditional)
<p>Evaluation Question 6: To what extent has the Joint Programme contributed to improving the availability of quality and appropriate services for women and girls who are at risk of or have experienced FGM in the targeted areas of programme countries? Criteria: <i>Relevance, Effectiveness</i></p>		
Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 6.1 Joint Programme has contributed to an increased knowledge and use of the services by women and girls.</p>	<ul style="list-style-type: none"> • Attendance and use of services by affected populations. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Country case studies • Results frameworks • Country work plans • Reports from service delivery points • Administrative data from implementing partners; MIS; DHS and other surveys <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs) • Sub-national structures (religious, traditional) • Local service providers • Targeted populations
<p>Assumption 6.2 Joint Programme has contributed to availability of quality, appropriate and timely services at service delivery points.</p>	<ul style="list-style-type: none"> • Evidence that the programme has clearly conceptualized the nature of services for FGM prevention, protection and care and explored other services to be integrated into the service package. • Number of service delivery points with at least one service provider trained in prevention, protection, and provision of care services. • Number of service delivery points that apply tools developed by the Joint Programme. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Country case studies • Results frameworks • Country work plans • Administrative data from implementing partners; MIS; DHS and other surveys <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs) • Sub-national structures (religious, traditional) • Local service providers • Targeted populations

<p>Assumption 6.3 Management information systems are in place to monitor and report FGM related data.</p>	<ul style="list-style-type: none"> • Number of management information systems reporting FGM/C indicators. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Country case studies • Results frameworks • Country work plans • Administrative data from implementing partners; MIS; DHS and other surveys <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs) • Local service providers
<p>Evaluation Question 7: To what extent has the Joint Programme supported programme countries in creating an enabling environment where legal and policy frameworks are in place, appropriately resourced and implemented? Criteria: <i>Effectiveness and sustainability</i></p>		
Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 7.1 Joint Programme has contributed to promoting national ownership and uptake by governments, including policy makers mainstreaming the commitment to end FGM throughout legal and policy frameworks as well as the national budget.</p>	<ul style="list-style-type: none"> • Evidence of specific budget line allocations to activities related to the elimination of FGM • Number of public policy statements on record to support the elimination of FGM/C. • Evidence that UNFPA and UNICEF have effectively played a normative role in influencing policy and sector programming to abandon FGM. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • National legislation, policy documents, budgets <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs)
<p>Assumption 7.2 Joint Programme has contributed to the utilization of disaggregated data and best practices to enforce law and implement evidence-based programmes to progressively eliminate FGM.</p>	<ul style="list-style-type: none"> • Number of Joint Programme reports available and disseminated to policy makers, leaders on evidence, policy, costing related to programmes. • Number of cases of enforcement of the FGM law (sub indicators: number of arrests, cases brought to court, convictions, and sanctions). • Evidence that country work plans were adjusted to respond to challenges and best practices identified by data collected. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • National reports relating to enforcement of the FGM/C law • Country work plans <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs)

<p>Assumption 7.3</p> <p>Joint Programme has contributed to the development of the capacity of programme managers to implement national and decentralized policies to end FGM in a coordinated way.</p>	<ul style="list-style-type: none"> • Number of programme managers and experts trained in evidence-based programming on FGM. • Number of national and decentralized coordination meetings per month that address efforts to eliminate FGM. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • National reports relating to coordination of FGM/C law • Country work plans <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • UNFPA/UNICEF programme/M&E staff (ROs/COs) • Implementing partners (INGOs, local NGOs)
<p>Evaluation Question 8: To what extent has the governance structure of the Joint Programme facilitated an efficient and effective programme implementation, including the coordination and labour division between UNFPA and UNICEF?</p> <p>Criteria: <i>Coordination</i></p>		
Assumptions to be assessed	Indicators	Data Collection Sources and Tools
<p>Assumption 8.1</p> <p>Oversight by the Joint Programme Steering Committee to the Joint Programme have contributed to an efficient and effective implementation.</p>	<ul style="list-style-type: none"> • Clear guidance provided by the Joint Programme Steering Committee to the programme • Clear expectations among the Joint Programme Steering Committee members • Trends in expenditure/implementation rates across programme countries. 	<ul style="list-style-type: none"> • Implementing partners (INGOs, local NGOs)
<p>Assumption 8.2</p> <p>Management arrangements and coordination between UNFPA, UNICEF, national authorities and programme partners are optimal to create synergies and linkages for more effective and efficient programme implementation.</p>	<ul style="list-style-type: none"> • Evidence in work plans that UNFPA/UNICEF work in geographic and technical areas appropriate to their mandate, capacities and experience. • Evidence that programme interventions achieve strong synergies, address gaps, and avoid duplication between UNFPA and UNICEF and among other actors, especially national actors as well as UN entities and civil society. • Evidence of linkages/synergies between the Joint Programme and UNFPA/UNICEF other areas of work/interventions. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • Country work plans • Minutes of country/regional level coordination meetings <p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> • Joint Programme coordinators • UNFPA/UNICEF management teams (ROs/COs) • National/sub-national authorities • Sub-national community structures (religious, traditional) • Implementing partners (INGOs, local NGOs)
<p>Assumption 8.3</p> <p>Both agencies leverage their comparative advantages and capacities for more effective programme implementation.</p>	<ul style="list-style-type: none"> • Evidence in country work plans that UNFPA/UNICEF work in geographic and technical areas appropriate to their mandate, capacities and experience. • Evidence that programme interventions achieve strong synergies, address gaps, and avoid duplication between UNFPA and UNICEF and among other actors, especially UN entities and civil society. 	<p><u>Documents</u></p> <ul style="list-style-type: none"> • Extended desk review • Country case studies • Country work plans • Minutes of country/regional level coordination meetings

	<ul style="list-style-type: none"> Evidence of linkages/synergies between the Joint Programme and UNFPA/UNICEF other areas of work/interventions. 	<p><u>Interviews/Discussions</u></p> <ul style="list-style-type: none"> Joint Programme coordinators UNFPA/UNICEF management teams (ROs/COs) National/sub-national authorities Sub-national community structures (religious, traditional) Implementing partners (INGOs, local NGOs)
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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: 7- 8 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 elimination of FGM

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; case studies; 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; ex-post theory of change; portfolio of interventions; methodological instruments used (survey, focus groups, interviews 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.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company

should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA/UNICEF Evaluation Office in due course.

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

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The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund or the United Nations Children’s Fund. This is an independent publication by the Evaluation Office of UNFPA and UNICEF.

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/editorialmanual/>

Annex 4: 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 5: Stakeholder Mapping

Identification of stakeholders at global, regional, national and sub-national level

Level	Stakeholders
Sub-national	<p>UNFPA and UNICEF</p> <ul style="list-style-type: none"> • Sub-regional offices <p>Implementing Partners and sub-national offices (e.g. INGOs, local NGOs)</p> <p>Targeted groups</p> <ul style="list-style-type: none"> • Women – across the life cycle • Young women (20-30), adolescent girls (15-20), young adolescent girls (10-15) • Older women • Men-across the life cycle • Young men, adolescent boys, young adolescent boys • Older men • Religious and traditional leaders • Traditional birth attendants • Cutters and ceremonial participants <p>Household structures</p> <ul style="list-style-type: none"> • Female-headed (de jure, de facto) • Child-headed (de jure, de facto) • Grandparent-headed • Multi-generational household • Polygamous (formal, informal) • Extended household • Variable structure through migration <p>Local government</p> <ul style="list-style-type: none"> • Elected representatives including mayors and councils, Appointed leaders, Administrators, Service providers, Security • State level legislature, District or local level governance (e.g. LGAs, panchayats) <p>Security forces</p> <ul style="list-style-type: none"> • Police • Military (if relevant) <p>Community structures (apart from governmental structures)</p> <ul style="list-style-type: none"> • Religious institutions • Media • Traditional institutions (ROSCAs, cultural leaders, local councils)
National	<p>UNFPA and UNICEF</p> <ul style="list-style-type: none"> • Country Offices • Gender coordinating group <p>Other UN entities UNHCR, UN Women, WHO, UNAIDS, UNDP</p> <p>Global Coordination Mechanisms (AOR)</p> <p>Global Joint Programming mechanisms (Child Marriage)</p> <p>Central government</p> <ul style="list-style-type: none"> • Health (specialists, experts, focal points, coordinating officers) • Gender-Equality Mechanism (women’s affairs, women’s empowerment) • Secretariats (harmful and traditional practices) • Youth (in and out of school) • Education (public, private, religious sectors) • Community development • Department of Labour • Department of Justice

	<ul style="list-style-type: none"> • Department of Religious Affairs • Department of Communications • Department of Women and Children (or equivalent) • Bureau of the census (including demographic and health survey entity) • Regulatory oversight for education (national councils for public education, certification, training) • Regulatory oversight for health sector/systems • Judiciary • Lawyers • Police <p>Legislature (elected government)</p> <ul style="list-style-type: none"> • Centralized – parliamentarians • Technical review entities (guidelines for practice etc) <p>Civil Society</p> <ul style="list-style-type: none"> • Civil Society Advisory Groups • Civil Society Organisations (associations, non-governmental organizations, chapter organizations) • Professional Associations (doctors, midwives, nurses, health personnel, educators) • International Non-Governmental Organisations • Non-Governmental Organisations • Other implementing partners • Academic Institutions • Donors (with national offices)
Regional	<ul style="list-style-type: none"> • UNFPA and UNICEF Regional Offices (leadership, management, technical advisers, coordinating mechanisms) • African Union • Pan African Parliament • ECOWAS • East African Community (regional intergovernmental Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda) on Gender Bill • SADACC • FBO Network from Khartoum meeting • InterAfrican Committee, Mariam Lamizana, mlamizana@hotmail.com, voixde femmes@yahoo.fr • The Girl Generation • Equality Now Africa Office
Global	<p>Joint Programme</p> <ul style="list-style-type: none"> • UNFPA and UNICEF Head Quarters (executive board, leadership, management, technical advisers, evaluation offices, C4D, PD and data offices) • Related UN Agencies: UNFPA, UNICEF, UNHCR, UN Women, WHO, UNAIDS, UNDP • Global Coordination Mechanisms (AOR) • Global Joint Programming mechanisms (Child Marriage) • Secretariat/SG International Initiatives (PMNCH) • Supervisory bodies CEDAW, CRC, ICPD (Cairo), GREVIO/COP (Istanbul), CSW 2013 Agreed Conclusions, IASC, Review) Special Rapporteurs, Independent Experts, Working Groups <p>Donors</p> <ul style="list-style-type: none"> • United Kingdom (DFID), Austria, Iceland, Ireland, Italy, Luxembourg, Switzerland, Norway, Sweden, the European Union, Finland, Germany • Other Donors: Wallace Global Fund <p>Civil Society</p> <ul style="list-style-type: none"> • EndFGM, Liuska Sanna

	<ul style="list-style-type: none"> • Building Bridges between Africa and Europe to Tackle FGM/C AIDOS • Population Council • International Center for Research on Women • Human Rights Watch, Amnesty International, • Centre for Reproductive Rights, • Plan International (and affiliated groups e.g. Girls Count), Save the Children • International Planned Parenthood Federation, IPAS, EngenderHealth, CEDPA, • Promundo, MenEngage • The Orchid Fund <p>Global Movements</p> <ul style="list-style-type: none"> • EndFGM, Liuska Sanna • HERA • DAWN • WGNNR <p>Knowledge communities</p> <ul style="list-style-type: none"> • FP2020, Agenda 2030, Beijing Platform for Action, HABITAT III, Every Woman, Every Child, Every Adolescent; Independent Accountability Panel (linked with PMNCH); Population Reference Bureau (Charlotte Feldman Jacobs) <p>Individual specialists</p> <ul style="list-style-type: none"> • Academia • Columbia Group • Drexel University School of Public Health • Harvard University • University of Washington (Bettina Shell Duncan) • University of California San Diego (G Mackie) <p>Other</p> <ul style="list-style-type: none"> • Program and evaluation informants from participatory processes • National Human Rights Commission <p>Media</p> <ul style="list-style-type: none"> • The Guardian
<p>Country Specific National</p>	<p>Confirmed Implementing Partners in public and private sectors for <i>originally proposed</i> country case studies</p>

Annex 6: Country evidence table (for the 16 countries)

COUNTRY NAME

Context	Document	Evidence	Interviews Evi
<i>Interventions</i>			
<i>Expenditure</i>			
<i>Implementing partners delivering</i>			

EQ 1 – Relevance	Document	Evidence	Interview Ev
Assumption 1			
...			
EQ 2 – Relevance	Document	Evidence	Interview Ev
EQ 3 –Efficiency	Document	Evidence	Interview Ev
EQ 4 – Efficiency and sustainability	Document	Evidence	Interview Ev
EQ 5 – Effectiveness	Document	Evidence	Interview Ev
EQ 6 – Effectiveness	Document	Evidence	Interview Ev
EQ 7 – Effectiveness	Document	Evidence	Interview Ev

EQ 8 – Coordination	Document	Evidence	Interview Evidence

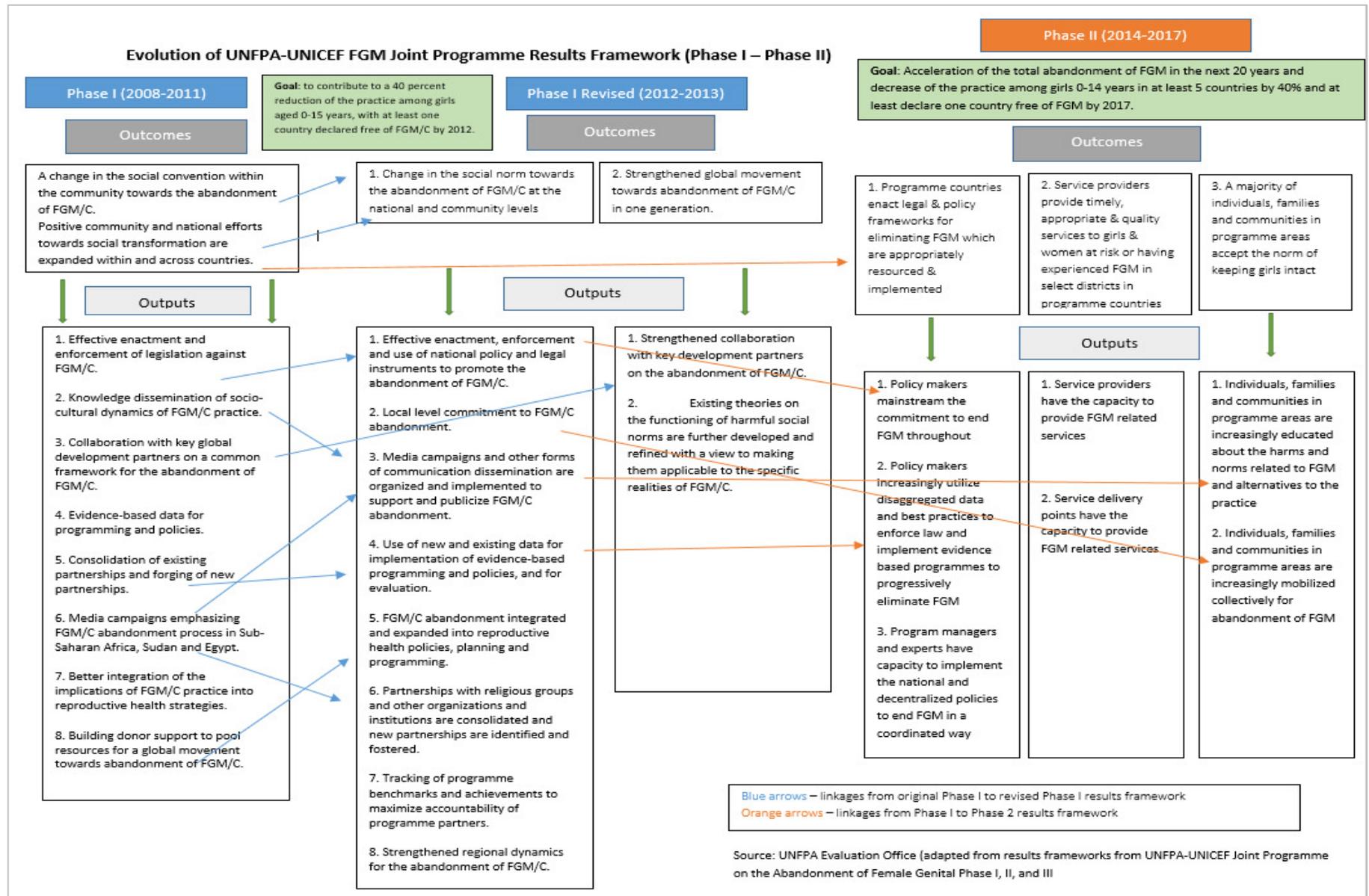
Important issues not included in the Assumptions	
1	.
2	
3	
...	

CONSIDERATIONS FOR THE OVERARCHING GLOBAL THEMATIC LEVEL

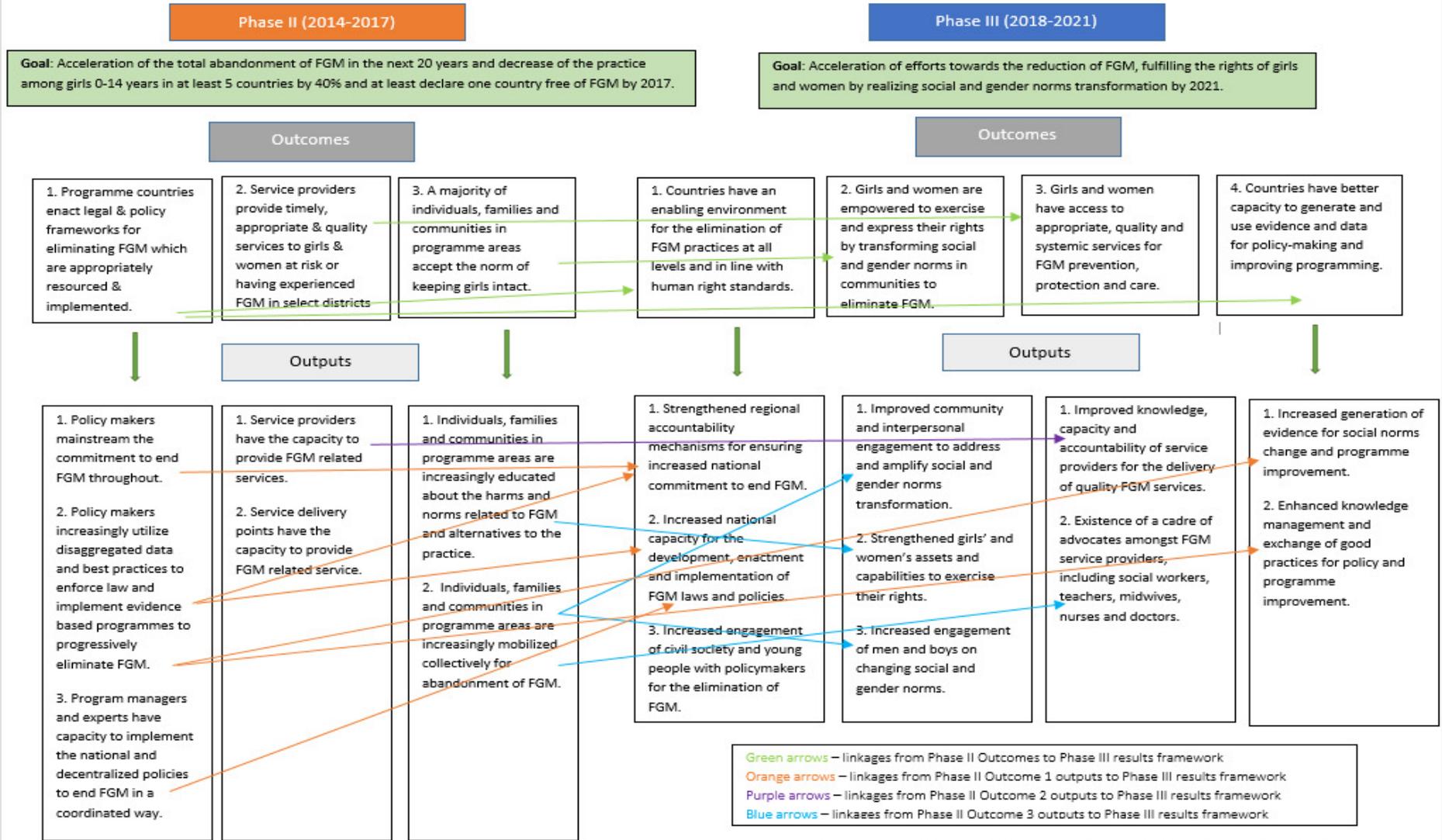
Consideration 1.
Consideration 2.
...

Interview respondents	
1	.
2	
3	
...	

Annex 7: Evolution of the results frameworks



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 8: Financial support to the Joint Programme

Budget and Expenditure for JP on FGM (2008-2016)

Year	Budget (USD)	Expenditure (USD)
2008	\$4,536,213.56	\$2,668,536.99
2009	\$5,010,907.40	\$4,194,697.67
2010	\$7,036,273.00	\$6,088,354.00
2011	\$7,631,055.00	\$6,538,558.00
2012	\$6,301,175.00	\$5,286,741.00
2013	\$9,524,830.00	\$10,429,916.00
2014	\$14,201,661.00	\$9,163,301.00
2015	\$21,140,495.00	\$14,941,380.16
2016	\$20,769,880.00	\$17,807,664.21
Total	\$96,152,489.96	\$77,119,149.03

Source: Annual Report of the UNFPA – UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change of 2008- 2016

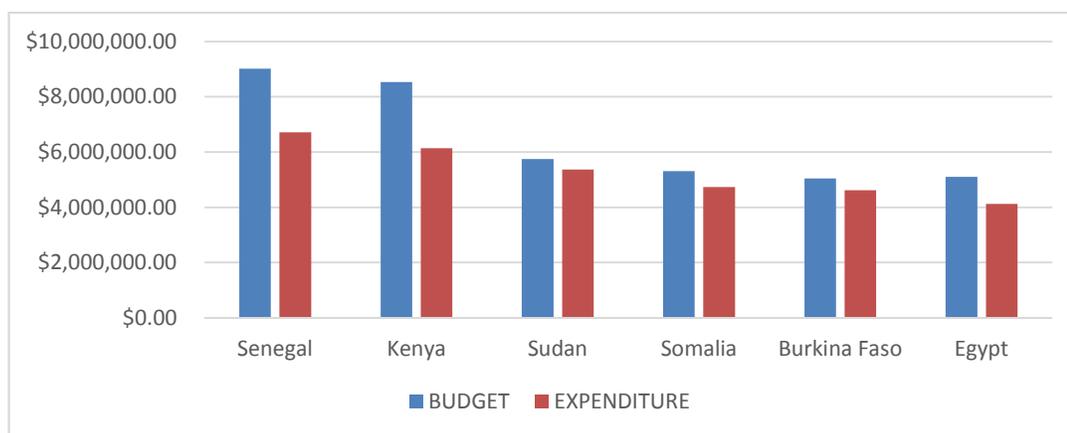
The following table presents the budget and expenditures broken out by country from 2008-2016 and the figure that follows illustrates the countries with the highest budgets and expenditures over the duration of the programme.

Budget and Expenditures by Country (2008-2016)

COUNTRY OFFICES	BUDGET (USD)	EXPENDITURE (USD)
Burkina Faso	\$5,047,009.00	\$4,617,429.00
Djibouti	\$3,933,917.00	\$3,435,239.00
Egypt	\$5,095,429.00	\$4,123,159.00
Eritrea	\$3,369,929.00	\$2,775,777.00
Ethiopia	\$4,536,544.00	\$3,683,540.00
Gambia	\$2,941,568.00	\$2,458,219.00
Guinea	\$3,496,064.00	\$3,085,451.00
Guinea-Bissau	\$3,296,279.00	\$2,860,952.00
Kenya	\$8,531,138.00	\$6,134,488.00
Mali	\$3,073,479.00	\$2,366,541.00
Mauritania	\$2,459,978.00	\$2,276,646.00
Nigeria	\$3,098,884.00	\$2,233,268.00
Senegal	\$9,020,455.00	\$6,708,542.00
Somalia	\$5,307,911.00	\$4,731,453.00
Sudan	\$5,742,632.00	\$5,363,770.00
Uganda	\$4,031,028.00	\$3,447,691.00
Yemen	\$871,539.00	\$259,150.00
Total	\$73,853,783.00	\$60,561,315.00

Source: Summary Report 2008-2013 (Phase I data) and Annual Reports for 2014, 2015, 2016 of the UNFPA – UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change.

Budget and Expenditure of top 6 countries (2008-2016)



Source: Summary Report 2008-2013 (Phase I data) and Annual Reports for 2014, 2015, 2016 of the UNFPA – UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change. ²⁷

Donors

The main donors for the Joint Programme include Austria, European Union, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Norway, Switzerland, Sweden, United Kingdom, and the private sector. The table below illustrates the donor contributions over the span of Phase I and Phase II of the joint programme.

²⁷ The total figures here represent the total budgets and expenditures by country over the lifetime of the programme (2008-2016), excluding totals for regional and global activities. It should also be noted that the totals by country are sourced from the Summary Report 2008-2013 for Phase I data and individual Annual Reports for Phase II data.

Donor Contributions to Joint Programme on FGM 2007-2017 (as of Nov 2017)

Donors	Contributions received per year in USD											
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Country Total
Austria	\$0.00	\$155,763.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155,763.24
EU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,976,368.51	\$0.00	\$6,976,368.51
Finland	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$328,227.57	\$0.00	\$328,227.57
Germany	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,183,063.52	\$224,971.88	\$0.00	\$0.00	\$1,408,035.40
Iceland	\$0.00	\$0.00	\$0.00	\$0.00	\$210,145.68	\$0.00	\$268,962.20	\$178,007.72	\$89,473.45	\$200,000.00	\$197,851.89	\$1,144,440.94
Ireland	\$737,463.13	\$0.00	\$0.00	\$0.00	\$164,207.00	\$168,831.17	\$135,869.57	\$174,007.24	\$0.00	\$265,392.78	\$0.00	\$1,645,770.89
Italy	\$0.00	\$2,590,673.58	\$0.00	\$1,360,544.22	\$1,314,060.44	\$422,802.12	\$1,963,350.79	\$2,038,043.48	\$1,633,986.93	\$1,997,780.24	\$2,047,781.57	\$15,369,023.37
Luxembourg	\$0.00	\$0.00	\$0.00	\$0.00	\$937,081.65	\$2,139,052.72	\$1,021,711.37	\$668,449.20	\$0.00	\$433,839.48	\$0.00	\$5,200,134.42
Norway	\$3,642,987.25	\$2,865,329.51	\$3,577,817.53	\$3,373,819.16	\$3,411,804.85	\$3,531,073.45	\$3,286,230.69	\$2,953,773.45	\$2,989,536.63	\$1,635,514.02	\$0.00	\$31,267,886.54
Sweden	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,408,328.83	\$0.00	\$0.00	\$0.00	\$5,408,328.83
Switzerland	\$0.00	\$0.00	\$101,849.84	\$103,305.79	\$110,424.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$315,579.94
United Kingdom	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,021,148.04	\$9,809,824.39	\$6,097,575.14	\$5,177,376.17	\$3,886,010.36	\$27,991,934.10
US Government*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000,000.00	\$5,000,000.00
Others	\$0.00	\$0.00	\$1,635.00	\$162.97	\$565.74	\$443.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,807.63
Annual Total	\$4,380,450.38	\$5,611,766.33	\$3,681,302.37	\$4,837,832.14	\$6,148,289.67	\$6,262,203.38	\$9,697,272.66	\$22,413,497.83	\$11,035,544.03	\$17,014,498.77	\$11,131,643.82	\$102,214,301.38

Source: Certified financial reports from 2007-2016. UNFPA and UNICEF Finance Offices for the year 2017.

* Fund directly received by UNICEF to be used for the Joint Programme in 2018.

Annexe 9: Sampling approach for in-country case studies

Purposive sampling strategy for in-country case studies: the selection was guided by a set of sampling criteria which emerged from consultations with key stakeholders, including joint programme staff. The sampling criteria looks at particular characteristics of the programme countries to help identify which would be the most information rich and yield the most opportunities for an in-depth investigation of the key evaluation questions.

Sampling criteria for country case study selection:

- **Phase I Evaluation:** In the evaluation for Phase I of the Joint Programme, country case studies were conducted in four countries. These countries can provide a baseline for comparison as well as leverage the learning from Phase I of the evaluation. Moreover, these countries may be able to demonstrate results, or insights, into how the programme has contributed to medium term to longer term.
 - For the purposes of selection, the countries will be scored as follows:
 - Yes, was a previous case study = 1, No, was not a previous case study = 0
- **The Joint Programme Phase II Cluster classification:** This criteria is based on the joint programme's classification of countries by cluster, where Cluster 1 – “Acceleration” countries (higher investment), Cluster 2 – “Emergent” countries, and Cluster 3 – “New” countries (refer to section 2.3 for more details). The countries are classified based on their ability to create an enabling environment, their demonstrated political and financial commitment, the strength of civil society, and the extent of community ownership. These clusters also have incidence on funding, where programme countries in the first cluster (“Acceleration” countries) have the most investment followed by those in the second cluster (Emergent” countries).
 - For the purposes of selection, the countries will be scored as follows:
 - Acceleration = 2, Emergent = 1, New = 0
- **Expenditures by country:** This criteria looks at the total expenditures by country for phase I and II of the joint programme (as seen in the annex).
 - For the purposes of selection, the countries will be scored as follows:
 - High (expenditures above USD 5 million) = 3, Medium (expenditures between USD 3 to USD 5 million), Low (expenditures below USD 3 million) = 1
- **Countries with new research programs and/or strong Joint Programme supported research efforts:** Several countries in the Joint Programme have existing or potential collaborative work with ongoing, future or recently completed rigorous research programs. The research is focused on testing assumptions regarding drivers of norms, practice and change; developing more effective tools to measure key intermediate and long-term outcomes; or mapping the change processes and/or networks/communications patterns which contribute to changes in norms and practice.²⁸
 - For the purposes of selection, the potential for linkages to research will be scored as follows:
 - High potential = 3, Medium potential = 2, Low potential = 1

²⁸ The resulting scoring of countries is based on the Scoping exercise of this evaluation. The exercise reviewed the presence of initiatives in each country, including Population Council field studies; planned joint Population Council and Joint Programme studies; Drexel tool testing; independent Joint Programme studies; planned multivariate analysis of DHS data.

Other criteria for consideration²⁹:

- **Regional distribution:** This criteria serves to ensure the sample is illustrative of the geographic coverage of the programme, so that countries from all regions in which the programme operates are included in the sample.
- **Security concerns:** If the evaluation team is not able to travel to the location due to security concerns, the country will not be considered for selection.

Table 3: Sample frame for country case study selection

Region	Country	Phase I Evaluation (Y=1, N=0)	Cluster Group (A=3, E=2, N=1)	Total Expenditures (H=3, M=2, L=1)	Research (H=3, M=2, L=1)	TOTAL
West and Central Africa	Burkina Faso	1	2	2	2	7
	Gambia	0	1	1	1	3
	Guinea	0	1	1	2	4
	Guinea Bissau	0	1	1	1	3
	Mali	0	1	1	1	3
	Mauritania	0	1	1	1	3
	Nigeria	0	0	1	2	3
	Senegal	1	2	3	3	9
Arab States	Djibouti	0	1	2	1	4
	Egypt	0	2	2	3	7
	Somalia					
	Sudan	1	2	3	2	8
	Yemen					
East and Southern Africa	Eritrea					
	Ethiopia	0	2	2	3	7
	Kenya	1	2	3	3	9
	Uganda	0	2	2	1	5

RED

Security/Travel issues

²⁹ These criteria will not be included in the scoring of the sample, but act as another filters for final selection.

Based on the scoring in the sample frame, the proposed in-country case studies are:

Country Case Studies included in Phase I Joint evaluation (both countries were case studies, and thus can serve as a basis for comparison):

- **Senegal:** is an “acceleration” country in the programme, possessing higher levels of expenditure (\$6,708,542) to address FGM in the Western and Central African region. Their profile of interventions reflect a holistic approach to end FGM which may provide rich insight into if and how the programme has contributed to shifts in attitudes and behaviour towards ending the practice.
- **Kenya:** is an “acceleration” country in Eastern and Southern Africa, marked by the second highest level of expenditure (\$6,134,488) in the Joint Programme. Kenya has been identified as a programme country with the greatest variation in approaches to addressing FGM (including a strong history of work with alternative rites approaches), which would provide insight into the effectiveness of a diversity of change strategies. **Kenya with Uganda** also provide a good case to analyse potential cross border work.

Country Case Studies (not included in Phase I Joint evaluation)

- **Egypt:** As an “Emergent” country, Egypt experienced a higher level of expenditure (\$4,123,159). The country works across many sectors to change attitudes and social norms regarding FGM because laws alone are not sufficient to change deeply entrenched cultural practices. Egypt is a good case to also look at the issue of medicalization of the practice of FGM as overwhelming majority of cases are done by medical providers. Moreover, it has a high potential for linkages to research efforts being undertaken in the country. Egypt provides a potential for learning in the evaluation, particularly, on how the joint programme operates in the Arab region.
- **Ethiopia:** is an “Emergent” country also in Eastern and Southern Africa, which possessed a substantial amount of expenditures (\$3,683,540). Unlike Kenya, it was not included as a case study in the joint evaluation of the first phase of the Joint Programme, and thus can provide a basis of comparison for change that has occurred, particularly to other countries in the region as well as among other “Emergent” countries. There is strong potential for synergies with research efforts being undertaken in the country, where Ethiopia has purposefully explored linkages between work on child marriage and on FGM. **Ethiopia with Djibouti** can also provide a good case to examine potential cross border work.

* All selected countries joined the programme in 2008 thus these case studies can provide an opportunity to capture medium and long term change that may have occurred in the past 10 years.

Annex 10: Examples of Phase II Joint Programme Interventions

Level of Engagement	Component	Selected Interventions
Global	Strengthened Coordination	<ul style="list-style-type: none"> • Increase engagement of the regional institutions and networks specifically the African Union • Support the engagement and mobilization of midwives and medical professional associations
	Technical Assistance	<ul style="list-style-type: none"> • Roll-out of several tools to strengthen country capacities, such as manual on social norms, medical guidelines for management of health complications • Provide technical assistance to the 17 countries in support to the regional offices particularly for scaling up sound interventions and to the strengthening of M&E systems.
	Advocacy	<ul style="list-style-type: none"> • Increase visibility on FGM through global advocacy, and participation in global initiatives such as: International Day of Zero Tolerance of FGM; CSW; UNGA; International Day of the Girl Child, Conferences, among others.
Regional / Sub-regional	Strengthened Coordination	<ul style="list-style-type: none"> • Strengthen South-South collaboration, provide support for cross-border initiatives and organize regional consultations and technical reviews on FGM
	Technical Assistance	<ul style="list-style-type: none"> • Technical support to country offices in the Joint Programme on FGM/C in programme management, data collection and reporting, and knowledge sharing • Contribute to knowledge development on: FGM, legal frameworks assessments, men and boys engagement, and evidence for programming
	Advocacy	<ul style="list-style-type: none"> • Develop regional advocacy materials on FGM (de-medicalization, data, etc.) to influence and engage with regional institutions and networks • Support CSOs, regional media and countries reporting and investigation on human rights and other harmful practices, and application of the laws
National	Policy and Legislation	<ul style="list-style-type: none"> • Policy dialogue, consultative forums and support of national/dec. coordination mechanisms. • Building capacity of parliamentarians, judges, medical staff and law enforcement to ensure knowledge on the link between FGM, HR and development. • Develop & sustain local surveillance systems to avoid the occurrence of FGM.
	Service Delivery	<ul style="list-style-type: none"> • Strengthen the capacity of service providers to deliver prevention services, protection interventions and care services. • Strengthen Service Delivery points for prevention, protection and provision of care: Assessments, reorganization of services, marketing of services, records, and referral. • Support anti-medicalization of FGM strategies.
	Community (targeted) work	<ul style="list-style-type: none"> • Support education and empowerment, through dialogue, social mobilization, inter-community meetings, and public declaration activities. • Involving national and local media (e.g. community radio, print media, billboards) to spread info regarding FGM abandonment. • Involving religious leaders and networks to secure abandonment of FGM and to inform people that it is not a religious obligation.

Source: UNFPA/UNICEF Annual Work Plans and Annual Reports (2008-2017)