UNFPA

unicef

Funding Proposal
UNFPA-UNICEF
Joint Programme
and Trust Fund

Female Genital Mutilation/Cutting:

Accelerating Change

Contents

1. Summary

UNFPA and UNICEF will work jointly towards actively contributing to the accelerated abandonment of FGM/C, in specific areas of implementation within 17 countries, by 2012. The focus of this joint proposal is to leverage social dynamics towards abandonment within selected communities that practice FGM/C. The main strategic approach is to gain the support of an initial core group, which decides to abandon FGM/C and mobilises a sufficient number of people to facilitate a tipping point and thereby create a rapid social shift of the cutting social convention norm. A core feature of implementation would be fostering partnerships with government authorities both at decentralised and national levels, religious authorities and local religious leaders, the media, civil society organisations and the education and reproductive health sectors. These partnerships will serve to disseminate acquired knowledge and foster an enabling environment for collective social change towards an FGM/C social convention shift. Further, it may contribute to an improvement in the well-being of girls and women in societies, where the FGM/C is practiced.

Objective

To contribute to the accelerated abandonment of Female Genital Mutilation/ Cutting (FGM/C) in one generation, with demonstrated success in 17 countries in Africa by 2012.[1]

Expected Outcomes

- The process of abandonment of FGM/C is accelerated in the 17 countries covered by the programme, with at least one country declared FGM/C free by the end of the programme.
- Community and national efforts already identified as promising for leading to positive social transformation are expanded and constitute a large-scale movement, within and across national boundaries.

[1] *Demonstrated success refers to 40 percent reduction in prevalence among daughters (0-15 years) over a five year period, in specific areas of programming implementation, and cannot be extrapolated to the entire country or region. This 40 percent estimate is based on evidence from specific field experiences where community-led approaches were implemented. Egypt and Senegal are good examples of demonstrated success.*

Expected Outputs

- Effective enactment and enforcement of legislation against FGM/C.
- Knowledge dissemination of socio-cultural dynamics of FGM/C practice.
- Collaboration with key global development partners on a common framework for the abandonment of FGM/C.
- Evidence-based data for programming and policies.
- Consolidation of existing partnerships and forging of new partnerships.
- Expanding networks of religious leaders advocating abandonment of FGM/C.
- Media campaigns emphasising FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt.
- Better integration of implications of FGM/C practice into reproductive health strategies.
- Building donor support to pool resources for a global movement towards abandonment of FGM/C.

Partnerships

UN Agencies, UN Country Teams, national and decentralized Governments, donors and grant-making foundations, academic institutions and specialised consulting organisations, NGOs, community-based organizations, faith-based organizations, and the media.

Programme Duration

January 2008- December 2012.

Fund Management Option

Pass Through (UNFPA as Administrative Agent).

Estimated Budget

UNFPA: $21,051,813
UNICEF: $22,520,591
Total programme costs: $43,572,405
(For details, please refer to paragraph 12, below)

2. Rationale

FGM/C affects between 100 and 140 million women and girls worldwide and three million girls are at risk of being cut annually. In terms of the Millennium Development Goals (MGD), it is increasingly clear that, when perceived as a manifestation of gender inequalities, progress towards abandonment of FGM/C will contribute to the empowerment of women (MDG 3); improvement of maternal health (MDG 5) and reduction in child mortality (MDG 4). The Secretary General's (2005) report Map Towards the Implementation of the United Nation's Millennium Declaration, reiterated the negative consequences of FGM/C. It stated, that the practice of FGM/C transcends cultural, racial, socio-economic and age factors and undermine individuals, families, and societies worldwide.

An increasing number of international instruments underscore the commitments of many nation-states to end harmful practices, including FGM/C. Some of the major instruments include the Universal Declaration of Human Rights; the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. A commitment towards ending harmful practices is also included in the plans of action emanating from the International Conference on Population and Development, the Fourth World Conference on Women and the UN Special Session on Children, as well as a number of UN General Assembly Resolutions. African States have also made a concerted commitment to take all appropriate measures to eliminate harmful social and cultural practices, as outlined in the African Charter on the Rights and Welfare of the Child and in the Protocol on the Rights of Women in Africa ('Maputo Protocol') and the African Charter on Human and Peoples' Rights.

Further, in the Paris Declaration on Aid Effectiveness the international community committed itself to undertake wide-ranging and monitored actions to reform how aid is delivered and managed. It also reinforces the centrality of a development model based on national ownership; mutual accountability and partnerships between donors and partner countries, but also the involvement of civil society and communities themselves at grass-roots level. At the same time, the demand is for new policies, tools and partnerships where different actors need to ensure complementarities, mutual accountability, policy coherence and alignment with nationally led development strategies and processes. In addition, the principle of managing for results and achieving the aims of the Millennium Declaration and Millennium Development Goals and other internationally agreed development goals should be the driver for aid effectiveness and related actions in clearly measurable ways.

3. Lessons Learnt

UNFPA and UNICEF have over the past five years refocused attention on harmful traditional practices, with specific reference to FGM/C, using the human-rights based programming approach and other culturally sensitive approaches. UNFPA and UNICEF's approach towards FGM/C is based on experiences of governmental and non-governmental organizations, as well as the latest theoretical developments within academia.

Drawing on important studies measuring FGM/C prevalence, as well as in-depth analysis of FGM/C practice by the Demographic and Health Surveys (DHS); the UNICEF Multiple Cluster Indicator Survey (MICS) and UNFPA's Global Survey in 2003, a significant database has been generated. This has contributed to an innovative understanding of the problem and of the requisite elements required for FGM/C abandonment. Of

particular importance is the UNICEF Innocenti Digest from 2005, Changing a harmful social convention, female genital mutilation/cutting, which utilises Thomas C. Shelling's (1960) theoretical understanding of FGM/C, as a social convention. A companion UNICEF publication to the afore-mentioned Digest, A Coordinated Strategy for the Abandonment of FGM/C in Africa and Yemen has also contributed to current understandings of FGM/C.

This proposal is informed by UNICEF's Technical Note: Coordinated Strategy To Abandon Female Genital Mutilation/Cutting in One Generation, which utilises a country segmentation approach. UNICEF also worked closely with a number of international NGOs to bring the Maputo Protocol on women' rights in Africa into effect, by funding and co-organizing two international high level conferences between February and September 2005 in Djibouti and Bamako respectively Ratifications were accelerated during this period and the Maputo Protocol subsequently came into effect on the 20th of November 2005.

This proposal is also informed by UNFPA's joint action with local human rights groups and national governments to develop legislation, prohibiting FGM/C, in an effort to eliminate the practice. Towards this end, UNFPA has been instrumental in persuading governments to pass legislation banning FGM/C with an overwhelming percentage of 151 countries responding to UNFPA's Global Survey in 2003, indicating that they had adopted policies, laws or constitutional provisions aimed at protecting the rights of girls and women.

UNFPA and UNICEF address the issue of FGM/C not only because of its harmful impact on the reproductive and sexual health of women, but also because of its violation of women and girls' fundamental human rights. The rights-based approach affirms that well-being, bodily integrity and health are influenced by the way a human being is valued, respected and given the choice to decide one's direction in life without discrimination, coercion or neglect. In a bid to accelerate the abandonment process UNFPA and UNICEF have combined the right-based based approach with culturally sensitive approaches to sustain behaviour change towards FGM/C practice. Both agencies recognize that since FGM/C has a strong cultural value in many contexts, it is imperative to initiate dialogues with communities on the preservation of positive cultural values, whilst a policy of abandonment is pursued. Staff involved in FGM/C abandonment programmes must communicate effectively with religious and cultural leaders to ensure that the goals of the programme are not misinterpreted, as being a value judgment on the society or its culture. UNFPA also mobilizes people through culturally sensitive approaches that enable community members, including adolescents, women, teachers and parents, to become involved in Behaviour Change Communication activities at grassroots level and hence contribute to change in attitudes towards the practice. In addition, UNICEF has developed an innovative approach on collective social change that is shared with UNFPA and other

partners and aims at a "convention" shift towards involving mass abandonment of the practice.

UNFPA and UNICEF's programmes are designed holistically within the specific cultural and religious context of the particular community. The most innovative insights for policy and programmes have resulted from the convergence in understanding between social scientific theory and field-based experiences. The use of culturally sensitive approaches and the social convention model in particular, provided important insights for structuring the analyses of FGM/C social convention and other self-enforcing social conventions that are harmful to children and women. Social convention theory focuses on the interdependence of decision-making, i.e. that the decision of one individual is dependent on the decision of others, therefore making it very difficult for one individual or family to stop the practice, even if they recognize the harmful consequences of FGM/C. By highlighting the collective nature of FGM/C practice, social convention theory explains why a collective is an imperative for the promotion of abandonment on a large-scale.

The convergence of theory, programmatic experiences and partnerships with supportive networks of human rights activists and religious leaders has enabled a concerted focus on the elements that promote positive collective social change. Programmatic experiences have demonstrated effectiveness in stimulating and empowering communities towards the abandonment of FGM/C Programmatic activities have included non-formal education to provide new knowledge and skills, as well as non-directive dialogue amongst women, men and across generations. In addition to promoting human rights, these activities have encouraged communities to raise problems and define solutions, and in the process stimulate positive social change.

Social change at community level may be hindered or enhanced by activities at national and cross-national levels. Positive activities may include the review, reform and enforcement of effective policies and legislation, as well as stimulating dialogue at national level, especially when the harmful practices are a matter of taboo. The media can also play a crucial role in disseminating accurate information to households and in creating awareness about positive social changes occurring within communities. It is imperative that activities engage various sectors of the society, including traditional, religious and government leaders. Moreover, it is critical to mobilize young people, so as to effect a change in perceptions of FGM/C and promote gender equality at an earlier age.

Although effective legislation and law enforcement are crucial in highlighting the position of the state towards FGM/C practice and supporting change at the community level, UNFPA and UNICEF are cognizant of the fact that legal action by itself is insufficient to bring about a change in this social convention. Indeed, important programmatic lessons and evaluations of FGM/C interventions indicate the following:

a) A comprehensive understanding of the community's mental map and culture, which determines why FGM/C practice has persisted, is a

prerequisite for the development of effective and results-oriented FGM/C interventions.

b) Building partnerships and coordinated campaigns among a critical mass of organizations are useful strategies towards the elimination of FGM/C.

c) Well-designed Behaviour Change Communication programmes raise awareness and promote attitude change, but are insufficient by themselves, in changing complex behaviour and practices like FGM/C, and require other bases in order for a programme to be successful.

d) New insights on the social dynamics of FGM/C provided by the latest development in the social sciences.

e) The abandonment of FGM/C may be accelerated by an innovative programming and communication approach that aims at leveraging community-led, collective social convention change.

f) Regional, national and local institutions with knowledge, skills and experiences to plan and implement culturally-sensitive FGM/C interventions, as well as to influence strategic partnership building for policy formulation and implementation of FGM/C interventions. These institutions must operate in partnership and in coordination with each other.

g) A committed government that supports elimination of FGM/C with positive policies, effective enforcement of legislation and provision of resources.

h) Mainstreaming of FGM/C issues into national policies, plans and programmes on reproductive health care and poverty eradication.

i) Trained staff that can recognize and manage the physical, sexual and psychological consequences of FGM/C.

j) Coordination among governmental and non-governmental agencies.

k) A network that advocates for positive policies, effective legal environment and increased support for programmes and public education.

Empirical evidence and experiences drawn from best practices indicate the importance of linking legal framework reform and holistic community-led programming with poverty reduction initiatives, including micro-credit components.

4. Sub-regional / Segmentation Approach of the Programme

In view of the dimensions described above, a sub-regional approach build upon current approaches with demonstrated success and foster coordinated action among countries with similar characteristics.

The characteristics under evaluation include the following:

- **Status of the practice**

  Type/severity of practice; prevalence of FGM/C; number of people within population who practice, location in the DHS region.

- **Attitude**

  Discrepancy between attitude towards the practice (opposition) and practising behaviour according to DHS and MICS.

- **History of abandonment**

  Previous demonstrations of abandonment within specific areas in the country, as well as previous demonstrations in the country and in the neighbouring vicinity.

- **Regional/ethnic connections**

  Shared ethnic groups with neighbouring countries that continue to have FGM/C practice; shared ethnic groups with neighbouring countries that have already abandoned FGM/C practice; influence on other countries through shared ethnic groupings and languages.

- **Enabling environment**

  Attitude of communities, governments and policymakers at the national and local levels, and international, non-governmental and community-based organizations (commitment towards abandonment); attitude of the traditional and religious leadership, and intellectual/educational community; media environment and presence of potentially supportive actors and resources.

In order to maximize acceleration of abandonment efforts, programme planning, focus and resources considerations should strategically account for the following key elements:

- Abandonment or explicit intention of abandonment through any form of public pledge is unfolding on a large-scale.

- An evolving community context leads to increasingly widespread opposition to the practice, resulting in a collective decision to abandon FGM/C and this may create rapid and sustainable social change towards FGM/C.

- Ethnicity, which is the most aggregating variable across a given sub-region and other common perpetrating and perpetuating factors, such as religious command, honour and modesty codes, secret societies and rites of passage.

- A history of abandonment.

Using a segmentation approach based on FGM/C prevalence in Africa at the sub-national level (please refer to the map below), six sub-regions/ blocks of countries have been identified for immediate acceleration:

a) **Block One:** The Gambia, Guinea, Guinea-Bissau, Mali, Mauritania and Senegal, where abandonment is unfolding on a large-scale.

Rationale: The abandonment process occurring in Senegal has reached a critical point in its development. Senegal's progress indicates the likelihood of wide-spread abandonment to all regions where FGM/C is practiced, provided that adequate resources are devoted to allow for a scaling-up towards acceleration of the abandonment process. The Senegal experience is being replicated in the Gambia and Guinea and is being adapted for the Mauritanian context.

b) **Block Two:** Burkina Faso and northern Ghana, where there is increasingly widespread opposition to the practice, as well as effective law enforcement.

Rationale: Burkina Faso is one country where the law against FGM/C is systematically enforced, and the pace of implementation is unique in sub-Saharan Africa. A high discrepancy between prevalence and attitudes also suggests a receptive population. Burkina Faso shares ethnic groups with the northern region of Ghana, where FGM/C prevalence is estimated at 80 percent, whilst the national prevalence of FGM/C for Ghana is estimated to be 5 percent (DHS 2003). Further, Ghana has enforced legislation against FGM/C practice. A positive association between law enforcement and application of the afore-mentioned elements for abandonment at the community level may enable Burkina Faso and Ghana to realize a major acceleration of the abandonment process by 2012.

c) **Block Three:** Eritrea, which has an increasingly widespread opposition to the practice, and where a law prohibiting FGM/C was enacted on 20th March 2007.

Rationale: DHS 2002 results indicate that Eritrea experienced a high discrepancy between the rate of prevalence (89 percent), and opposition to the practice (49 per cent). Eritrea is a high-priority country, as the ability

to spearhead an accelerated process of abandonment with relative ease is possible. Evidence suggests that a critical mass of the population is willing to abandon or has already silently abandoned FGM/C in Eritrea; it is therefore envisaged that further community intervention may create a tipping point and establish a permanent shift in the social convention.

d) **Block Four:** Djibouti, Ethiopia (Afar and Somali regions), Kenya (Somali), Somalia and Sudan, identified along shared ethnic lines and additional shared perpetrating factors.

Rationale: A religious movement is unfolding in Sudan to 'de-link' FGM/C from religious teachings, which may have an overall impact in the East African region as well as within this particular block of countries. Given that religious duty is a separate causal factor, supporting the religious authorities is a key element towards accelerating the process of abandonment. Moreover, Djibouti, Kenya (Somali population) and Somalia share the same ethnicity, culture and language. Moreover, they share an honour and modesty code. It may thus be possible to use the existing Sudanese religious movement and some initiatives already unfolding, such as Entishar in Sudan and/or adaptation of the Deir el Barsha initiative in Egypt, to accelerate the movement for abandonment in this specific block of countries.

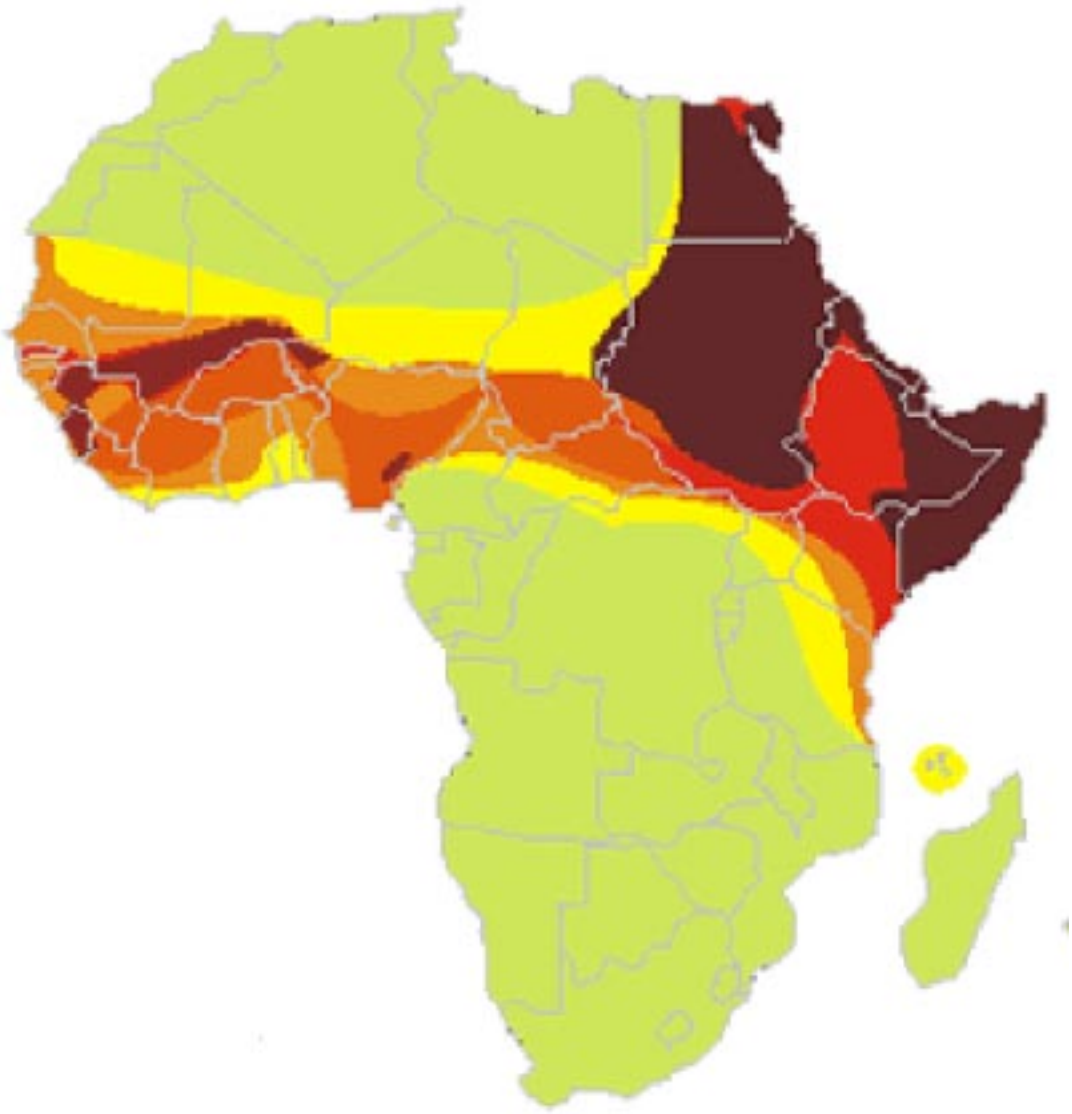
e) **Block Five:** Egypt, due to its history of abandonment

Rationale: Egypt has reported a decrease in the number of adolescent girls subjected to FGM/C; The 2005 DHS indicated 77 percent prevalence for girls aged 15-17 compared to 96 percent for ever-married women aged 15-49. Further, the 2005 DHS showed a decrease in support by 14 points compared to 1995 DHS data, and may attest to a social change in FGM/C practice. Whilst, this is a slow decrease compared to Burkina Faso and Eritrea, it is also an indicator of an unfolding abandonment trend.

f) **Block Six:** Kenya (non-Somali), Uganda, the United Republic of Tanzania, due to history of abandonment.

Rationale: Similar to other countries with FGM/C prevalence, below 40 percent, the younger age groups in non-Somali Kenya consistently reveal lower prevalence rates. This may be attributed to pockets of practicing groups living in close contact with non-practicing groups. Further the decrease amongst the younger generation is associated with specific FGM/C interventions, along with the overall modernization of the country. Similar characteristics are found in Uganda and the United Republic of Tanzania, where there is shared ethnicity amongst certain groups. It is possible to address certain weaknesses of the rite-of-passage approach and transform it into a powerful social movement towards abandonment of FGM/C across these three countries.

Additional countries may be considered and added to the six sub-regions/blocks of countries already identified above.



MAP: FGM/C PREVALENCE IN AFRICA AT THE SUB-NATIONAL LEVEL

This map is a DevInfo application showing prevalence at the sub-national level and cross-border similarities and segmentation of high-prevalence areas. The six sub-regions/blocks of countries have been identified based on information from the above map (DHS, MICS and other national surveys, 1997-2005).

5. Objectives of the Programme

The main international objective as set by the 2002 Special Session for Children was formulated as follows: to end harmful practices such as female genital mutilation by 2010. This objective is currently missed. UNICEF, UNFPA and other UN agencies are currently revising this objective, and it is likely to be realigned with 2015, which is the expected year of the MDGs. This revised objective will be discussed further at the forthcoming session on children in December 10-12 2007.

Therefore, the specific objective of this proposal is to contribute to an accelerated process of abandonment of FGM/C in 17 countries, within the 5 year time-frame (i.e. 2012) of the proposed programme.

Using the segmentation approach, the six sub-regions/blocks comprise the following countries, namely, Burkina Faso Djibouti, Egypt, Eritrea, Ethiopia, Gambia, northern Ghana, Guinea, Guinea Bissau, Kenya (Somali) non-Somali Kenya, Mali, Mauritania, Senegal, Somalia, the Sudan, United Republic of Tanzania and Uganda.

The strategic focus for this joint proposal is to improve and accelerate efforts by UNFPA and UNICEF and its partners to work with communities within these 17 countries towards the abandonment of FGM/C. Drawing on new developments in the social sciences and from empirical evidence, an innovative human rights based and community engagement approach will be utilised to enhance complementary measures, such as effective legislation, strengthening the reproductive health care services and youth education initiatives.

6. Expected Outcomes

The outcomes that will help achieve the specific objective of this programme are:

- The process of abandonment of FGM/C is accelerated in the 17 countries covered by the programme, with at least one country declared FGM/C free by the end of the programme.
- Community and national efforts already identified as promising for leading to positive social transformation are expanded and constitute a large-scale movement, within and across national boundaries.

7. Expected Outputs

- Effective enactment and enforcement of legislation against FGM/C.
- Knowledge dissemination of socio-cultural dynamics of FGM/C practice.
- Collaboration with key global development partners on a common framework for the abandonment of FGM/C.
- Evidence-based data for programming and policies.
- Consolidation of existing partnerships and forging of new partnerships.
- Expanding networks of religious leaders advocating abandonment of FGM/C.
- Media campaigns emphasising FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt.
- Better integration of the implications of FGM/C practice into reproductive health strategies.
- Building donor support to pool resources for a global movement towards abandonment of FGM/C.

8. Governance Structure and Programme Administration

The proposed formula utilised for this joint programme is the so-called pass through mechanism. UNFPA will be the Administrative Agent (AA) of the joint programme and as such will be responsible for the following:

- Developing and signing a Memorandum of Understanding with UNICEF.
- Negotiating and signing a Letter of Agreement with donors willing to collaborate in the Joint Programme.
- Receiving contributions and disbursing funds to UNICEF, in accordance with decisions of the Joint Programme Steering Committee that also take into account the budget, as set out in the Joint Programme Document.
- Preparing a consolidated narrative progress and financial reports based on reports submitted by UNICEF.

A Joint Steering Committee will be set up, comprising all agencies and donors that are signatories to the Joint Programme. Committee members may invite observers to take part in committee activities as required.

The role of the Joint Steering Committee is to:

- Facilitate the effective and efficient collaboration between participating UN Agencies and Donors for implementation of the Joint Programme.
- Approve the joint work plan and consolidated budget.
- Instruct the Administrative Agent to disburse funds, as per the approved budget.
- Agree on modification/s to the Joint Programme.
- Review the implementation of the Joint Programme.

An Advisory Board will also be established and will be chaired by the Coordinator of the programme. The Advisory Board will monitor the results of the Joint Program and provide guidance whenever needed with a minimum input biannually. The Advisory Board will report to the Joint Steering Committee. The Coordinator and Secretariat of the programme will be located at UNFPA. The Coordinator will be jointly appointed by UNICEF and UNFPA.

In each of the 17 countries, UNICEF and UNFPA Country Representatives will be responsible for the implementation of the programme activities,

under the system of the Resident Coordinator. Country Representatives will develop a plan of action and budget allocations will be made, according to the respective comparative advantages of each agency.

NGOs will be eligible to apply for funds within the framework of the programme. NGOs may have their own administrative and operational support costs. Such costs are reported as part of programme expenditures.

In line with UNDG Guidance Notes on Joint Programming the following indirect costs will apply:

- As Administrative Agent, UNFPA will charge a 1% fee on funds received into the Joint Programme Account.
- As participating agency responsible for one component of the Joint Programme and in accordance with its Executive Board decisions on support costs, UNFPA will recover 7% in indirect costs against expenditures incurred under its component.
- As participating agency responsible for one component of the Joint Programme and in accordance with its Executive Board decisions on support costs, UNICEF will recover 7% in indirect costs against expenditures incurred under its component.

9. Performance Monitoring

Baseline surveys will be conducted in selected localities, which will assist in the final assessment and evaluation of the programme outcomes.

- Indicators at the community level will evaluate the following:
- Attitudes in terms of opposition to or support for FGM/C amongst members of the community, including women, men and community leaders (formal and informal).
- Status of daughters who have either undergone FGM/C or who have not undergone the practice. This is defined as the circumcision status of at least one living daughter (the most recently circumcised), as referred by mothers
- Women's empowerment in terms of ability to voice their concerns in public, as well as seeking reproductive health services.
- Public pledges by communities to abandon FGM/C practice.

Indicators at the global level will include Governments commitment, political will and policies towards the following:

- Existence and enforcement of legislation.
- National plan of action.
- Resources allocated for FGM/C prevention activities.

10. Stakeholders

The most important stakeholders within the community, who are simultaneously beneficiaries, are the girls and women who suffer from harmful practices that are regarded as traditions within their particular context. Therefore, supporting processes of change within these communities will entail working with development NGOs that are active at community level, as well as with national, regional and local government authorities. Moreover, implementation activities will have to ensure engagement of traditional, religious and government leaders.

At the international level, stakeholders would include governmental and non-governmental organizations and private foundations that are committed to supporting the achievement of the MDGs, with specific reference to empowerment and ensuring the rights of young girls and women. In this regard, since 2000, the Donors Working Group (DWG) on Female Genital Mutilation/Cutting has served as a facilitation mechanism for development agencies and foundations to coordinate their efforts to bring an end to this harmful practice. Currently, the DWG includes UNFIP; UNFPA; UNICEF; WHO; European Commission; World Bank; Development Cooperation of Germany (GTZ); Finland; Italy; Sweden (SIDA); United Kingdom (DFID); United States (USAID); Ford Foundation; Public Welfare Foundation and the Wallace Global Fund. In December 2006 the DWG committed to elaborate on a common framework of action towards the abandonment of FGM/C.

11. Assumptions and Risks

In view of UNICEF and UNFPA's refocused attention on harmful social practices that affect young girls and women, this proposed project on FGM/C is founded on strong conceptual clarity and empirical evidence.

Whilst empirical evidence indicates that significant progress can be made in accelerating the process of abandonment, it is nevertheless important to consider that decrease in prevalence may be difficult to measure within five years time from the commencement of an intervention

In terms of cultural sensitivity, it will be necessary to anticipate and identify some of the risks associated with the different phases of the programme. Further, it would also be helpful to anticipate how different sectors of the community and society may react to the intervention. In this instance, it would be imperative to be aware of the possibility of a conservative backlash from the community.

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

12. Estimated Budget and Calendar 2008-2012

	2008		2009		2010		2011		2012		Total
	UNFPA	UNICEF	UNFPA	UNICEF	UNFPA	UNICEF	UNFPA	UNICEF	UNFPA	UNICEF	
Support to country activities											
Block 1: Gambia, Guinea, Guinea-Bissau, Mali,	421,000	1,704,000	349,000	1,466,000	330,000	1,380,000	106,000	494,000	121,000	489,000	6,860,000
Block 2: Burkina Faso and northern Ghana	854,000	-	723,000	-	680,000	-	220,000	-	230,000	-	2,707,000
Block 3: Eritrea	-	412,000	-	364,000	-	340,000	-	120,000	-	120,000	1,356,000
Block 4: Djibouti, Ethiopia (Afar and Somali	-	2,140,000	-	1,840,000	-	1,720,000	-	615,000		620,000	6,935,000
Block 5: Egypt	1,010,000	1,060,000	845,000	980,000	720,000	980,000	21,000	21,000	230,000	240,000	6,107,000
Block 6: Kenya (non-Somali), Uganda, the	852,000	411,000	721,000	363,000	670,000	330,000	230,000	105,000	230,000	120,000	4,032,000
Sub-total	3,137,000	5,727,000	2,638,000	5,013,000	2,400,000	4,750,000	577,000	1,355,000	811,000	1,589,000	27,997,000
Reproductive health services Strengthening reproductive health services	450,000	-	450,000	-	450,000	-	450,000	-	450,000	-	2,250,000
Sub-total	450,000	-	450,000	-	450,000	-	450,000	-	450,000	-	2,250,000
Knowledge development Researches	244,660	244,660	243,326	443,480	243,479	143,480	193,480	193,480	193,480	193,480	2,337,005
Sub-total	244,660	244,660	243,326	443,480	243,479	143,480	193,480	193,480	193,480	193,480	2,337,005
Capacity building and advocacy											
Capacity building on laws reform, partnership	675,000	-	675,000	-	675,000	-	475,000	-	-	-	2,500,000
Training at regional level	-	275,000	-	275,000	-	275,000	-	275,000	-	-	1,100,000
Sub-total	675,000	275,000	675,000	275,000	675,000	275,000	475,000	275,000	-	-	3,600,000
Monitoring and evaluation											
Long-term impact evaluation of an Egyptian	-	195,074	-	99,628	-	-	-	-	-	-	294,702
Baselines surveys	395,102	-	399,630	-	199,230	-	199,205	-	-	-	1,193,167
Sub-total	395,102	195,074	399,630	99,628	199,230		199,205		-	-	1,487,869
Staff and management											
Coordinator (P5)	250,000	-	250,000	-	250,000	-	250,000	-	250,000	-	1,250,000
Specialist (P4)	200,000	-	200,000	-	200,000	-	200,000	-	200,000	-	1,000,000
Admin Assistant	100,000	-	100,000	-	100,000	-	100,000	-	100,000	-	500,000
Programme monitoring consultancies	60,000	-	60,000	-	60,000	-	60,000	-	60,000	-	300,000
Sub-total	610,000	-	610,000	-	610,000	-	610,000	-	610,000	-	3,050,000
Total UNFPA direct costs	5,511,762		5,015,956		4,577,709		2,504,685		2,064,480		19,674,592
Total UNICEF direct costs		6,441,734		5,831,108		5,168,480		1,823,480		1,782,480	21,047,282
Total direct costs											**40,721,874**
7% indirect costs of UNFPA component	385,823		351,117		320,440		175,328		144,514		1,377,221
7% indirect costs of UNICEF component		450,921		408,178		361,794		127,644		124,774	1,473,310
Total indirect costs											**2,850,531**
Total UNFPA costs (direct+indirect)	5,897,585		5,367,073		4,898,149		2,680,013		2,208,994		21,051,813
Total UNICEF costs (direct+indirect)		6,892,655		6,239,286		5,530,274		1,951,124		1,907,254	22,520,592
Total agency costs											**43,572,405**
Administrative Agent fee 1%											440,125
Total budget											**44,012,530**

Annex 1 Best Practices

UNFPA and UNICEF have provided specific support to initiatives, whose positive results have been confirmed by formal assessments and long-term impact evaluations. Amongst the most successful are those initiatives that offer alternative safe rituals to serve as rites of passage. For example, in Uganda, it was possible to create change in practices without compromising cultural values. Another successful intervention is the inclusion and participation of local leaders, including religious leaders, who thoroughly understand the existing norms, attitudes and social dynamics of the community, and who are the most acceptable and credible persons to disseminate information as agents of change. In Cote d'Ivoire, support to a women's rights group enabled policy-makers to become sensitized for the need for legislation and this helped in adopting legislation against FGM/C.

Specific examples of successful initiatives include the following:

1. Djibouti

In cooperation with the Ministries of Health, Education and the Promotion of Women, as well as the National Union of Djibouti women, the UN system supported activities that aimed at elimination of FGM/C. Sensitizing the various key players in Djibouti involved in eliminating FGM/C formed a major part of the undertaking. Work has also been geared towards religious groups, teachers, medical personnel and women who perform the FGM/C procedure.

The programme for the abandonment of FGM/C has become part of the National Strategy, and is an integral part of the office for Women and Development.

Three main issues identified in the fight against FGM/C are:

- Promotion of Women's health within the community.
- Integration of the life cycle within reproductive health.
- Institutionalization programmes for the abandonment of harmful practices, such as FGM/C.

2. East Africa North (Arabic), Upper Egypt

Coptic Evangelical Organization for Social Services covering the villages of Al Bayadya, Al Tayeba, Beni Ghani and Deir el Barsha in the governorate of Minya.

Community initiatives include capacity-building, enhancement of leaders, and a gender-sensitive, responsibility-based integrated approach.

External evaluation

It Is Not Going Back: The experience of an Egyptian village in combating female circumcision, Cairo Centre for Human Rights Studies, 1998.

This evaluation found a sharp decrease in FGM/C prevalence over a period of five years (specific time- frame), which was sustainable over time. The process of abandonment comprised five stages. During the fourth stage ('action' stage), groups within communities were convinced of the harmful consequences of FGM/C. These groups developed a concept that was strong enough to declare and insist on. In other words, their behaviour changed publicly. Leaders signed a public statement as well as public lists for subscription to reject FGM/C for their own daughters, which were circulated by women's committees amongst families willing to abandon the practice.

3. East Africa (highlands), Kenya

Alternative rites of passage, Maendeleo Ya Wanawake in the districts of Gucha, Narok and Tharaka.

This approach influences families and individuals within communities to adopt alternative rituals that exclude genital cutting, but maintain other essential components of the traditional ritual, such as education for girls on family life and the role of women, exchange of gifts, eating good food and a public declaration for community recognition.

External evaluation

An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya, Frontiers in Reproductive Health, Population Council, 2001.

According to this evaluation, the contribution that an alternative rite intervention can make depends on the socio-cultural context in which FGM/C is practiced. The successful replication of this approach in other situations will require a good understanding of the role of public ceremonies (as opposed to familial) in that culture, as well as careful consideration of which ritual format can be most appropriately utilised to help those who have decided to abandon the practice.

4. West Africa North, Senegal

Tostan in the following regions: Fatick, Kaolack, Kolda, Matam, Saint-Louis, Tambacounda, Thies and Zinguishor.

Tostan is a non-formal, learner-centred education programme with a human rights foundation. Key elements of Tostan's strategy to end FGM/C include community-led social mobilization, public declarations and organized diffusion strategy.

External evaluation

The Tostan Program: Evaluation of a community–based education program in Senegal, Frontiers in Reproductive Health, Population Council, GTZ, Tostan, 2004.

This evaluation states that "(t)he impact of the Tostan program on women and men's well being has been substantial. The program has been able to bring about a social change within the community and to mobilize the villagers for better environmental hygiene, respect for human rights and improvement of health, as well as specifically reducing support for the practice of FGC. Extending the Tostan program to other areas of Senegal and to other African countries could make a difference to the well-being of women and of the community as a whole."

The above-mentioned list of successful initiatives is not exhaustive. Rather, it exemplifies the existence of community-led initiatives with demonstrated results that are available at the time of writing this proposal. These initiatives are consistent with social convention theory, which informs this joint strategy and provides insights on way forward. All four initiatives mentioned above utilise an integrated development approach and contain an element of public pledge, as a major step towards abandonment of FGM/C.

Annex 2 Logical Framework UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting[1]

TABLE 1: MAIN OBJECTIVE

Objective	Intervention Logic/Activities	Verifiable Indicators	Sources of Information	Assumptions/ Risks
■ Abandonment of FGM/C in one generation with demonstrated success in 17 countries by 2012.	■ Coordinated and systematic intervention strategy implemented within and across 17 countries. ■ Development of partnerships with key members of community; civil society organisations; and local and national governments. ■ Involvement of community members in implementation activities.	■ Collective decision by intra-marrying group to change FGM/C practice. ■ Baseline measures of prevalence of FGM/C among women, (defined as proportion of women aged 15-49) reporting incidence of FGM/C. ■ Prevalence of FGM/C among daughters (0-15 years) of women in community. ■ Attitudes towards FGM/C among women favouring continuation of the practice.	■ Village publicly declares intention of abandoning practice. ■ Department of Health Surveys (DHS) and Multiple Cluster Indicator Surveys (MICS).	■ Using Schelling's (1960) social convention theory, abandonment of FGM/C practice requires collective community dynamic. ■ Leveraging a tipping point will result in a shift in the social convention.

[1] This condensed logical framework comprises three tables outlining the objective, outcomes and outputs of the joint programme respectively. An extensive and detailed logical framework is available on request.

TABLE 2: EXPECTED OUTCOMES

Objective	Intervention Logic / Activities	Verifiable Indicators	Sources of Information	Assumptions / Risks
OUTCOME 1 ■ A change in the social convention within the community towards the abandonment of FGM/C.	■ Awareness through training of community management committees and elected locals using a non-judgemental official approach. ■ Adapting and utilising non-formal learning modules for community-led intervention. ■ Training of local NGOS and facilitators. ■ Provision of resources. ■ Measurement and evaluation of behavioral changes in post-declaration phase	■ Pre and post baseline measures of attitudes by women towards FGM/C. ■ Public Pledge and other forms of public statements towards abandonment. ■ Increased capacity of women to participate in public debates.	■ Baseline measures. ■ Interviews with women and other members of the community. ■ Feedback from reproductive health care sector. ■ Explicit public declaration by community to collectively commit to changing FGM/C practice. ■ Evaluation reports. ■ Long-term evaluation of successful interventions e.g. Tostan and Mynia in Upper Egypt.	■ Active participation by community and collaboration of local and national authority. ■ Diffusion of information guided through appropriate social networks. ■ Communities reject the programme, with possible counter-movement against FGM/C practice.
OUTCOME 2 ■ Positive community and national efforts towards social transformation are expanded within and across countries.	■ Inter-village meetings and travel to different locales to disseminate positive social change experiences. ■ Local radio talk shows. ■ Local public forums. ■ Organised diffusion of good practice through joint public pledges at local, national and transnational levels..	■ Expansion of promising social transformation efforts. ■ Attitudinal shift. ■ Number of villages accessed.	■ Information by local authorities. ■ Training workshop reports. ■ Progress reports from project staff. ■ Pre and post baseline measures through evaluation component of programme.	■ Diffusion process occurs within intra-marrying groups. ■ Decision to abandon FGM/C is not as widespread and proves unsustainable. ■ Resistance and rejection of process due to perceived value judgment against community.

TABLE 3: EXPECTED OUTPUTS

Objective	Intervention Logic/Activities	Verifiable Indicators	Sources of Information	Assumptions/ Risks
OUTPUT 1 ■ Effective enactment and enforcement of legislation against FGM/C.	■ Increased policing. ■ Educational campaigns linked to enforcement of legislation.	■ Increase in legal action and effective sentencing.	■ Evidence of ratified legal documentation. ■ Parliamentary records. ■ Legislative journals. ■ Tribunal reports.	■ Political will and Government commitment. ■ FGM/C may become clandestine.
OUTPUT 2 ■ Knowledge dissemination of social-cultural dynamics of FGM/C practice.	■ Collaboration with academia and community practitioners to enhance existing theories on implications of harmful social norms. ■ Support to INTACT for dissemination of knowledge generated by project.	■ New theoretical contributions generating greater understanding of FGM/C practice. ■ Contractual agreement with INTACT ensures synergy with rest of project's activities.	■ Publications and reports.	■ Effective collaboration with academia and selected partners. ■ Academic contribution may not by easily applicable to practical realities at grassroots level.
OUTPUT 3 ■ Collaboration with key global development partners on a common framework towards abandonment of FGM/C.	■ Consolidation within revised framework of successful programme experiences by national NGOs; social science theory and a human rights-based perspective.	■ Consensus and undersigning of common framework document by UN agencies. ■ Consensus by national governments and donors.	■ Signed joint UN documentation.	■ Considerable delay in releasing documents and lack of consensus on the way forward.

TABLE 3: EXPECTED OUTPUTS *(continued)*

Objective	Intervention Logic / Activities	Verifiable Indicators	Sources of Information	Assumptions / Risks
OUTPUT 4 ■ Evidence-based data for programming and policies.	■ Pre and post baseline measures of FGM/C prevalence by age cohort, status of daughters (0-15 years) and closed vs. open cases of FGM/C using DHS and MIC Survey data. ■ Expansion of data analysis includes six countries with inconclusive data namely: Sierra Leone; Togo; Guinea–Bissau; Democratic Republic of Congo; Uganda and Liberia.	■ Availability of prevalence data for these six countries. ■ Expanded analyses of countries under investigation.	■ Publications and surveys giving updated estimates of FGM/C prevalence. ■ Progress reports from UNFPA and UNICEF staff.	■ Publications and surveys may not use comparable methodologies. ■ Lack of control over DHS calendar.
OUTPUT 5 ■ Consolidation of existing partnerships and forging of new partnerships.	■ Existing partnerships enhanced through effective cooperation. ■ New partnerships actively fostered.	■ Increase in number of functioning coalitions.	■ Adoption of UN Joint Statement and a common framework with partners.	■ Partnerships will result in adherence to a common framework. ■ Ineffective collaboration and delays in outputs.
OUTPUT 6 ■ Media campaign emphasising FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt.	■ Strengthening capacity of media to given appropriate and effective media coverage to FGM/C abandonment. ■ Facilitation of press conferences and other media activities. ■ Specific activities to stimulate national dialogue on FGM/C.	■ Greater media coverage on FGM/C in terms number and quality of press releases on human rights and changes in attitude towards FGM/C practice. ■ Increase in initiatives to address harmful social norms at grassroots level.	■ Articles published by African and international media. ■ Specific web portals. ■ Analysis of press reviews.	■ Mass media programmes opens up space for community dialogue.

TABLE 3: EXPECTED OUTPUTS *(continued)*

Objective	Intervention Logic/Activities	Verifiable Indicators	Sources of Information	Assumptions/ Risks
OUTPUT 7 ■ Better integration of implications of FMG/C practice into reproductive health strategies.	■ Developing capacity of health care system, particularly reproductive health care services. ■ Training midwives regarding the complications of FGM/C. ■ Inclusion of 24 hour emergency hotline. ■ Educative components: including women and youth education initiatives.	■ Increase in the number of health care providers. ■ Inclusion of FGM/C in pre and post-natal care. ■ Inclusion of FGM/C into medical health training curricula. ■ Development of Reparations Capacities.	■ Interviews with primary health care workers. ■ Survey and interview data. ■ Training session reports.	■ Women readily accessing health care system. ■ Members of the community may continue FGM/C practice by seeking alternative practitioners.
OUTPUT 8 ■ Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation.	■ Analysis of anticipated global programme costs and possible benefits.	■ Increased sources of funding.	■ Financial reports.	■ Lack of donor funding.