Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change (2008-2012)

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Joint Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting (FGM/C): Accelerating Change (2008 - 2012)

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 UNFPA DOS Evaluation Branch and UNICEF Evaluation Office.

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Acronyms

CEDAW	Convention for the Elimination of Discrimination against Women
CO	Country offices
CSO	Civil society organization
CSW	Commission on the Status of Women
DOS	Division for Oversight Services (UNFPA)
ECOWAS	Economic Community of West African States
EMG	Evaluation management group
EQA	Evaluation quality assessment
ERG	Evaluation reference group
EU	European Union
FGM/C	Female genital mutilation/cutting
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HQ	Headquarters
INGO	International non-governmental organization
JP	joint programme
M&E	Monitoring and evaluation
MDG	Millennium Development Goals
NGO	Non-governmental organization
ToC	Theory of change
TORs	Terms of reference
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNFPA/PSB	United Nations Population Fund Procurement Services Branch
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
VAW	Violence against women
WHO	World Health Organization

1. Introduction

1.1 Purpose and Objectives of the Joint Programme Evaluation

This is an evaluation of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) joint programme "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change." The purpose of the evaluation is to assess the extent to which and under what circumstances – for example in what specific country contexts – the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012). In addition to helping to ensure accountability to donors and other stakeholders, the evaluation is envisaged as a learning opportunity on a range of issues including joint programming and delivery. It combines *summative* with considerable *formative* components, and will inform future joint or separate work on FGM/C by UNFPA and UNICEF (see also sidebar).

> As indicated by UNFPA and UNICEF staff during the evaluation inception mission, both agencies, in consultation with donor agencies, are currently reviewing the possibility of a **second phase** of the joint programme. This information was not available when the evaluation TORs were finalized, and makes the formative dimension of the evaluation even more relevant.

The evaluation objectives as outlined in the Terms of Reference (TORs) are:

1) To assess the relevance, effectiveness, efficiency, and sustainability of the holistic approach adopted by the UNFPA-UNICEF joint programme for the acceleration of the abandonment of FGM/C.
2) To assess the adequacy and quality of the inter-agency coordination mechanisms that have been established at the global, regional and country levels to maximize the effectiveness of interventions.
3) To provide recommendations, identify lessons learned, capture good practices, and generate knowledge to inform the refinement of the joint programme model and approach at the global, regional and country levels as well as to inform the shape of future programming on FGM/C and related programme initiatives.

The TORs for the evaluation are presented in Annex 1.

Evaluation Users and (potential) Uses

The intended primary users of the evaluation[1] are UNFPA and UNICEF staff at headquarters (HQ) and in the field working on FGM/C-related issues, as well as direct programme partners at global, regional, and national levels and joint programme donors (Steering Committee members). Secondary users are other UNFPA and UNICEF managers and programme staff working to address harmful traditional practices (e.g. in the contexts of child protection, sexual and reproductive health, and gender equality and human rights), as well as members of the wider development community working on FGM/C and/or harmful traditional practices more generally.

Stakeholders consulted during the evaluation inception phase highlighted a number of (potential) uses of findings and recommendations deriving from this evaluation. Based on the evaluation purpose outlined above, its primary uses relate to issues of **accountability and learning**. In this context, several stakeholders highlighted in particular their hope that the evaluation would help to either validate or challenge the joint programme overall theory of change and intervention logic. Additional (potential) uses of the evaluation that were noted included informing and strengthening internal and external **advocacy efforts** and **transfer of knowledge**. This would help to promote closer linkages between UNFPA and UNICEF FGM/C-specific experiences and their other work, including in the areas of sexual and reproductive health and child protection; it would also help in the application of lessons learned from work on FGM/C to other work on harmful traditional practices. Furthermore, the evaluation can inform ongoing/upcoming **strategic planning** processes, for example in relation to the next UNFPA Strategic Plan (2014-2017) and the next UNICEF medium-term strategic plan (expected 2014-2017), as well as the ongoing organizational discourses on the concepts of equity and equality.

1.2 Scope of the Evaluation

The evaluation covers the period from 2008 to 2012. It addresses all four programme levels (global, national, regional and community) and their interconnections. The evaluation looks at programme results as well as implementation mechanisms and processes. It covers all 15 joint programme countries, and assesses four countries in more detail through in-depth case studies that will allow the evaluation team to gather and analyse information on the joint programme interventions aiming at accelerating the abandonment of FGM/C at the country level.

[1] As implied in the Terms of Reference and confirmed during the evaluation team's meeting with the evaluation reference group (ERG) in September, 2012.

1.3 Purpose and Structure of the Inception Report

This **final inception report** is the result of the evaluation design phase. It is based on information collected through inception meetings, consultations, and desk review (see textbox for more details). It takes into account feedback and suggestions on previous drafts from the joint evaluation management group (EMG) and the evaluation reference group (ERG). It was also revised based on lessons learned from the pilot field visit to Kenya. The final inception report outlines the evaluation team's understanding of the programme contexts and intervention logic. It details the evaluation approach and methodology, evaluation questions (based on the evaluation questions presented in the TORs), methods and tools for data collection and analysis, and a work plan. It also identifies possible challenges in conducting the evaluation, and proposes mitigation strategies.

This final inception report is submitted to the joint EMG and presented to the joint evaluation reference group (ERG). Once approved, this document will serve as the agreed-upon basis for the evaluation.

Evaluation design phase

In September 2011, UNFPA contracted Universalia Management Group to conduct this evaluation. The design phase of the evaluation has included:

- An inception mission to New York by the evaluation team leader and the knowledge management expert. This mission focused on: clarifying the expectations and information needs of the key stakeholders involved in the evaluation; collecting feedback on the draft methodology as outlined in the proposal; gaining a more in-depth understanding of the UNFPA, UNICEF, and programme contexts, as well as of the joint programme's theory of change; and identifying key/additional sources of data for the subsequent steps and phases. The evaluation team also participated in meetings of both the joint evaluation management group and the evaluation reference group (ERG) during the mission.
- An initial desk review, focused on capturing core information on the programme context(s), design, evolution, and financial data. It also assessed potential gaps/limitations regarding the availability and quality of data at the programme level.
- Additional telephone and Skype consultations with selected programme staff/stakeholders. These consultations focused on refining the evaluation foci and draft evaluation questions, identifying additional data sources, potential risks and challenges, and providing additional contextual information.
- Submission of three draft inception reports.
- A pilot field visit to Kenya (November 12 – 23) conducted by the evaluation team leader, the chair and one of the members of the EMG, and a national consultant. The field visit had two objectives: conducting data collection for the Kenya case study; and testing the methodology for the field visits (including data collection tools).
- Participation of the evaluation team in a meeting of the ERG in December 2012. This included a briefing on visit to Kenya (pilot case study) and the presentation / endorsement of the draft final inception report.

The list of people consulted during the design phase is provided in Annex 2, the list of documents reviewed in Annex 3, and the minutes of the joint ERG meetings in Annex 4.

Following this introduction, section 2 highlights key aspects of the global, regional and country contexts relevant to the joint programme. Section 3 provides a description of the joint programme, including a reconstructed theory of change. Section 4 outlines the evaluation methodology, and section 5 describes the evaluation process. Annexes to the inception report are presented in Volume II, and the joint programme's portfolio of interventions is presented in Volume III.

2. Global, Regional and Country Context of FGM/C

2.1 The Global Response to FGM/C

Between 100 and 140 million girls and women have undergone some form of FGM/C and live with its consequences, while at least three million girls are at risk of undergoing this practice every year.[2] The World Health Organization (WHO) estimates that 92 million African girls aged 10 and above have undergone FGM/C, a practice that is mostly carried out on girls between infancy and age 15.[3] While prevalence rates vary across regions, countries and age groups and also depend on the education level of the mother, FGM/C remains extremely prevalent in several African countries. In particular, national FGM/C prevalence among women/girls aged 15–49 is 98 per cent in Djibouti, 96 per cent in Egypt, 92 per cent in Guinea, and 92 per cent in Mali.[4][5]

Though it is difficult to trace the origins of the practice of FGM/C, it has taken place in many parts of Africa, and to a lesser extent in other parts of the world, for hundreds of years. However, it is only in the last 30 years that it has attracted attention from actors at the national, regional, and global levels (governments, non-governmental organizations (NGOs), and international organizations).

Demographic and Health Survey (DHS) Multiple Indicator Cluster Surveys (MICS) data on FGM/C

A module on FGM/C was first included in a Demographic and Health Survey (DHS) of northern Sudan in 1989-90, and by the end of 2003, a total of 17 countries (16 in Africa, plus Yemen) had included questions on FGM/C in their surveys. MICS with a module on FGM/C were carried out for the first time in three African countries in 2000. The respondents for these modules were women aged 15-49, and the surveys focused on two types of prevalence indicators: the first addresses FGM/C prevalence levels among women and represents the proportion of women aged 15-49 who have undergone FGM/C. The second type of indicator measures the FGM/C status of daughters (these estimates calculated the proportion of women aged 15-49 with at least one daughter who has undergone genital mutilation or cutting).

Recent studies and programme experiences have suggested that the age of cutting is decreasing in many countries. Since the survey population only covers women aged 15-49, in communities where girls are cut at a young age, DHS data does not necessarily reflect current prevalence. This led to the development of a new module implemented in DHS and MICS carried out since 2010 that also measures the prevalence of FGM/C among girls aged zero-14 years

Sources: http://www.childinfo.org/fgmc_methodology.html) and Innocenti Digest, Changing a Harmful Social Convention: FGM/C.

In particular, the last decade has seen important developments in the number and types of stakeholders contributing to the elimination of FGM/C practices. While they were initially largely addressed by non-

[2] Terms of Reference for the Evaluation of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C): Accelerating Change.

[3] WHO Female Genital Mutilation Fact Sheet, http://www.who.int/mediacentre/factsheets/fs241/en/

[4] These percentages are based on household survey data from MEASURE DHS+, which assists developing countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programmes. Demographic and Health Surveys (DHS)data is complemented by UNICEF Multiple Indicator Cluster Surveys (MICS). MICS have a similar structure to the DHS and are designed to provide an affordable, fast, and reliable household survey system in situations where there are no other reliable sources of data. The first round of MICS was conducted in 1990. Source: UNICEF, 'Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation,'. New York, NY, USA, 2008. Available at: http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC__in_One_Generation_eng.pdf

governmental organizations (NGOs)/civil society, actors at global and regional levels now include governmental technical and development agencies, UN organizations, intergovernmental organizations, private foundations, and other donors. The international feminist and women's rights movement has also proven to be a key stakeholder in the establishment of a global discourse on FGM/C. Feminist and women's rights organizations have been active (notably through major international conferences in the 1980s and 1990s) at all levels, and have contributed to framing FGM/C as a gender equality issue, the implications of which will be examined during this evaluation.

At the **national level**, non-governmental organizations have often played the role of pioneers in advocating for social change. In recent years, they have been joined by national governments who have worked towards the development of legislation, policies and plans of action, as well as by community and religious leaders who have sought to distance their communities and/or institutions from FGM/C practices. Many countries have passed legislation[6] but face constant challenges in implementation and in ensuring compliance, especially since many have not put adequate mechanisms in place to enforce the new laws concerning FGM/C. This has led to a realization that addressing FGM/C requires a concrete commitment at the local and community levels. In addition, African countries have relied heavily on donor funding as they have yet to direct a portion of their own national budgets toward addressing FGM/C issues. Whether the emergence of larger partnerships such as the UNFPA-UNICEF joint programme has had a positive or negative impact on the ability of NGOs to secure funding will be considered as part of this evaluation.

At the **regional level**, a key actor in the African movement for the abandonment of FGM/C has been the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), an international non-governmental organization which emerged from a seminar in Dakar in 1984 and has played a large role in advocating for the abandonment of FGM/C in Africa. To date, the organization has national committees in 29 African countries and affiliates in eight European countries, USA, Canada, Japan and New Zealand.[7] Most notably, the IAC was instrumental in adopting an official international Zero Tolerance Day on FGM/C (February 6) to draw attention at all levels to the efforts required to end the harmful practice.[8] On this day communication and media events, panels and conferences, and celebrations are organized around the world, and aim to act as a reminder to governments of their commitments towards accelerating actions to eliminate FGM/C.[9]

At the regional level, an important step in the campaign to end FGM/C is the Maputo Protocol, a regional instrument for the protection of women's human rights in Africa, which was appended to the African Charter on Human and Peoples' Rights by the 53 member countries of the African Union in 2003.[10] Relevant to FGM/C, the protocol is a protection from traditional practices that are harmful to health, and gives women the right to health and reproductive rights.[11] Another notable milestone has been the declaration made in 2011 by the African Union calling for the adoption at the 66th session of a UN General Assembly of a resolution banning FGM worldwide.

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[6] The 2003 UNFPA Global Survey established that a large proportion of countries surveyed had adopted policies, laws or constitutional provisions aimed at protecting girls and women, notably through banning FGM/C practices.

[7] http://www.iac-ciaf.net/

[8] Ibid.

[9] Ibid.

[10] German Federal Ministry for Economic Cooperation and Development. 'The Maputo Protocol of the African Union: An instrument for the rights of women in Africa,' Eschborn 2006.

[11] Ibid.

Initiatives toward the abandonment of the practice are also present at the sub-regional level. In North-eastern Africa, participants in the Afro-Arab Expert Consultation (Cairo, 2003) on "Legal Tools for the Prevention of Female Genital Mutilation" launched the Cairo Declaration for the Elimination of FGM, which calls upon governments to promote, protect, and ensure the human rights of women and children. In West Africa, First Ladies from seven West African countries organized a conference in 2008 to discuss the eradication of the practice. In 2010, the Dakar Inter-parliamentary Conference was held "to harmonize the legal instruments prohibiting FGM: consolidating the achievements, sharing the successes, pursuing the advancements." It concluded with the adoption of a final declaration which stressed the need to work for a universal ban on FGM and joins other voices in calling for the adoption of a resolution explicitly banning FGM worldwide as a violation of human rights of women and girls. However, a challenge faced by these sub-regional initiatives is that key sub-regional organizations such as the Economic Community of West African States (ECOWAS) have been largely focused on economic development, leaving little space to address FGM/C practices in their mandates. Donor-funded initiatives have mostly focused on the national and local/community level and have had limited influence on regional and sub-regional dynamics.

At the **global level**, there have recently been a number of important developments in the global response to FGM/C. These include:

- The resolution to Ending Female Genital Mutilation passed by the UN Commission on the Status of Women (the principle global policy-making body dedicated exclusively to gender equality and advancement of women) in 2007.
- The spearheading of the new International Day of the Girl Child (October 11, 2012) by UN Secretary General Ban Ki-Moon and the involvement of celebrities in the campaign, which has increased the status of FGM/C issues.
- Increased attention being given to the issue by the USA, the EU, its constituent countries, and their immigrant communities, alongside increased funding to help eliminate it. The increased attention by the immigrant communities is particularly important given that many of their community still practice FGM/C while residing in European and North American countries. The most important response to date has been a resolution adopted by the European Parliament in June 2012 calling for an end to FGM in Europe and globally through prevention, protection measures, and legislation.[12] This resolution was a result of campaigning by Amnesty International working in partnership with a number of organizations in European Union (EU) Member States to put elimination of FGM/C on the EU agenda.
- The adoption, in November 2012, by the U.N General Assembly Third Committee of a resolution presented by the African Union on "Intensifying global efforts for the elimination of female genital mutilations." The resolution was adopted by consensus.
- Planning by the international development community for the post-MDG 2015 period, which includes efforts to ensure that FGM/C continues to be focused upon.

2.1.1 Frameworks and approaches to address FGM/C

Several frameworks have been used to raise the issue of FGMC, including health perspectives, women's rights and human-rights, and community empowerment and development. Efforts and initiatives working towards the abandonment of FGM/C have used many different methods, including those based on information, education, and communication campaigns (IEC), communities-based education programmes, legal mechanisms, human rights-based approaches, reduction of health risks, alternative rites of passage,

[12] http://www.endfgm.eu/en/

conversion of excisers, positive deviants approaches, and comprehensive social development. In the last decade, two influential changes in how to approach FGM/C abandonment have been the diffusion of human-rights-based approaches and of social norm theory to explain the persistence of FGM/C and the possible dynamic of change. Systematic efforts have been made to document and evaluate the effectiveness of these approaches in several African countries, in particular by the Population Council[13] and by the Innocenti Research Center. Lessons learnt from this work have improved the understanding on what works and what does not work in view of the abandonment of FGM/C.

Human-rights-based approaches to FGM/C

Since the year 2000, the issue of FGM/C has increasingly been shaped within a human rights-based approach and perspective, providing a universal imperative to encourage the elimination of the practice. At the regional level, the Maputo Protocol has marked an important step in the diffusion of the human-rights-based approach.

In 2007, UNFPA organized the Global Consultation on Female Genital Mutilation/Cutting in Addis Ababa to bring together global experts and practitioners, NGOs, UN and international development agencies, academia and government representatives. The meeting was arranged to convey a global message of urgency on the abandonment of FGM/C, based on human-rights, health and development arguments. Participants took this occasion to review global progress towards the abandonment of FGM/C and emphasize the importance of commitment and action to accelerate abandonment within a generation.[14] The global consultation cleared the way forward in terms of strategies, mechanisms to build capacities and consensus on how to accelerate the abandonment of FGM/C in one generation.

An important building block for the human-rights-based approach to FGM/C abandonment was the 2008 UN inter-agency statement "Eliminating Female Genital Mutilation,"[15] which was signed by 10 UN agencies. This statement built on the evidence from positive results of human- rights-based programmes for the abandonment of FGM/C (supported by USAID and the Population Council and other donors). The statement conceptualized the practice as a human rights violation, elucidated its harmful consequences, described how socially embedded these damaging practices were, and outlined a human-rights-based approach to promote the abandonment of FGM/C. This statement influenced greater commitment for the overall FGM/C abandonment cause and more specifically for human-rights-based approaches.

Another important contributor to the recent global discourse and commitment to promote the abandonment of FGM/C is the 2008 Platform for Action on FGM/C developed by the Donors Working Group on Female Mutilation/Cutting.[16] The document expanded the consensus on the approach indicated in the UN Interagency Statement to non-UN development partners.

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[13] Population Council, FRONTIERS 'Legacy Document, female genital Mutilation/Cutting,' 2007

[14] UNFPA, 'Global Consultation on Female Genital Mutilation/Cutting: Technical Report,' 2007.

[15] OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO, 'Eliminating female genital mutilation: An interagency statement'. 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf

UNFPA, 'Global Consultation on Female Genital Mutilation/ Cutting. Technical Report,' 2007

http://www.unfpa.org/public/site/global/publications/pid/2188

[16] The Donors Working Group on Female Genital Mutilation/Cutting, 'Platform for Action. Towards the Abandonment of Female Genital Mutilation/Cutting,.'. 2010. Available at: http://www.fgm-cdonor.org/publications/dwg_platform_action.pdf

Amnesty International has also been an important champion of the human-rights-based approach to FGM/C abandonment. It has promoted, in partnership with a number of organizations in European Union (EU) Member States, the "END FGM" campaign. This campaign, based on and advocating for the principles of the human-rights-based approach, aims to put FGM/C on the agenda of the European Union (EU).[17] It has attracted the attention of the European Union and is shaping and enforcing the agenda towards the global elimination of FGM/C in Europe. The most important result of this campaign to date has been the adoption in June 2012 of a resolution on FGM/C by the European Parliament as mentioned above.[18]

Social convention/norm approach to FGM/C abandonment

Starting from approximately 2004, the discourse on FGM/C increasingly drew upon **social convention/norms theory**[19] to understand the social transformation needed to end FGM/C. Social convention/norms theory focuses on the interdependence of decision-making processes, i.e. that the decision of one individual is dependent on the actual or anticipated/expected decisions of others. Applying this theory to the practice of FGM/C explains why it is very difficult for one individual or family to stop the practice on their own, even if they recognize its harmful consequences.[20] The theory highlights the collective nature of the practice of FGM/C and explains why it is essential to focus on collective, rather than individual change alone to successfully achieve abandonment that is sustainable.

Social conventions and social norms

A **social convention** is a social rule of behaviour that members of a community follow based on the expectation that others will follow suit. Compliance with a social convention is in an individual's best interest.

A **social norm** is a social rule of behaviour that members of a community follow in the belief that others expect them to follow suit. Compliance with a social rule is motivated by expectations of social rewards for adherence to the rule and social sanctions for non-adherence.

Recent studies (Mackie and Le Jeune, 2009) have shown that FGM/C in practising communities is both a social convention and a social norm. Mackie and Le Jeune point out that despite the fact that FGM/C is often present as a social convention in communities (the marriageability of women, rites of passage for girls, etc.), it is its role as a social *norm* that better enables us to understand why it persists and how it can be abandoned. Simply put, the practice continues because individuals are concerned with how they will be perceived by others within the community- whether others will approve or disapprove of their actions, and whether there will be sanctions or consequences for those actions. Social norms, says Mackie, are all about expectations.

Source: Mackie and Le Jeune, 2009

[17] Amnesty International, 'Ending Female Genital Mutilation: A Strategy for the European Union Institutions," Brussels, Belgium, 2010.

[18] http://www.endfgm.eu/en/

[19] Based on Thomas Schelling's social convention theory (*The Strategy of Conflict*, Cambridge, Harvard University Press, 1960) and Christina Bicchieri's social norms theory (*The Grammar of Society: the Nature and Dynamics of Social Norms*, , Cambridge University Press, 2006.)

[20] See Mackie, Gerry, 'Ending Footbinding and Infibulation: A convention account,' *American Sociological Review*, vol. 61, no. 6, December 1996, pp. 999-1017; and Mackie, Gerry, and John LeJeune, 'Social Dynamics of Abandonment of Harmful Practices: A new look at the theory,' and UNICEF, *Innocenti Working Paper*, Innocenti Research Centre, Florence, May 2009.

The UNICEF Innocenti Research Center published an action-oriented document in 2005 titled "Changing a Harmful Social Convention: Female Genital Mutilation/Cutting," which explained the practice of FGM/C as a social convention, and indicated corresponding programming elements needed for abandonment of the practice. UNICEF then developed a technical note in 2008 to outline the social dynamics of FGM/C, shed light on the social convention approach, and introduced the use of a game-theory lens to explain choices made by community members in countries where FGM/C occurs. Building on its previous work, the UNICEF Innocenti Centre published a report in 2010 ("The Dynamics of Social Change") that explained how FGM/C is both a social convention and a social norm (see sidebar) and offered a methodological approach and examples from five countries on how to accelerate social change and contribute to the abandonment of FGM/C.

To complement this theoretical work, the Global Consultation on Female Genital Mutilation/Cutting organized by UNFPA in Addis Ababa in 2007 brought an important result: participants endorsed the idea that in order to be successful, initiatives for the abandonment of FGM/C must focus on changing social norms within the communities that practise FGM/C.[21] The conclusions and recommendations from this global consultation shaped the proposal for the UNFPA-UNICEF joint programme.

Together with the evolving academic theory that explained FGM/C as a social convention/norm, several organizations worked towards the abandonment of FGM/C, applying and testing this theory more or less explicitly and combining it with human-rights-based approaches.[22] Among them is the work of the non-governmental organization Tostan in Senegal,[23] which has been highly influential in shaping practical approaches to eliminating FGM/C at the community level and informing the understanding of FGM/C. Tostan's Community Empowerment Programme (CEP) involved a comprehensive community education program, originally implemented in Senegal, then in a number of different FGM/C-practising communities in a variety of African countries.[24] The work of Tostan, based on the evolving academic theory that explains FGM/C as a social convention/norm, has also illustrated how practical interventions can help to make linkages between various types of harmful traditional practices, for example between FGM/C and child marriage. A long-term evaluation of Tostan's programme in Senegal published in 2008 contributed to the discourse on FGM/C (and the formulation of the UNFPA-UNICEF joint programme) by providing qualitative and quantitative measures and evidence of the longer-term social impacts of its programming.[25]

[21] Ibid.

[22] For in-depth examples and analysis see: UNICEF Innocenti Digest. 'The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,' and USAID,'Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices,' December 2006 and USAID,'Abandoning Female Genital Mutilation/Cutting: An In-Depth Look at Promising Practices,' December 2006.

[23] In 2000, USAID invested in better understanding FGM/C, in particular on how to approach the issue, through operations research on several strategies. Tostan has benefitted from this investment in increased visibility and better evaluations.

[24] Tostan, 'Five-Year Strategic Plan 2006-2011,' December 2006.

[25] UNICEF, 'Long-Term Evaluation of the Tostan Programme in Senegal: Kolda, Thiès and Fatick Regions,'. 2008. Available at: http://www.unicef.org/evaldatabase/files/fgmc_tostan_eng_SENEGAL.pdf .

Other significant examples of initiatives that have used a combination of human-rights-based approaches and an understanding of FGM/C as a social convention/norm have been implemented in various other countries in North, East and West Africa by several NGOs.[26] The evaluation will further explore these initiatives, as they have influenced the design of the joint programme and also received support from the joint programme.

2.2 UNFPA/UNICEF Programmatic Response to FGM/C as a Component of the Global Response

UNFPA and UNICEF collaborated on the joint programme based on their own strengths and comparative advantages. With respect to FGM/C, the UNICEF mandate to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential is complemented by the mission of UNFPA to achieve universal access to sexual and reproductive health and to promote reproductive rights globally.

UNICEF sharpened its institutional focus on FGM/C in 2005 with the publication of the above-mentioned action-oriented report by its Innocenti Research Centre 'Changing a Harmful Social Convention: Female Genital Mutilation/Cutting.' This report provided UNICEF with data and analysis of the practices at that time and outlined a rights-based and social conventions-based approach to FGM/C abandonment. The UNICEF medium-term strategic plan for 2006-2013 includes an area of cooperation that requires country offices to "advocate for and support behaviour change communication to prevent/address FGC" as part of their work aimed at reducing social acceptance of practices harmful to children. UNICEF country offices have since internalized the information from Innocenti and the guidance from headquarters to inform and guide their work strengthening legislation, raising awareness, enhancing government ownership and strengthening community engagement in an effort to reduce the prevalence of FGM/C.

Beyond the Joint Programme

Both UNFPA and UNICEF participate in programming on FGM/C practices beyond their involvement in the UNFPA-UNICEF joint programme. For instance, UNICEF has been involved in a partnership with the European Commission (EC) aimed at furthering advanced research on FGM/C and on promoting abandonment more effectively through the application of the improved understanding of the social dynamics of the practice in six African countries (five of which are also covered by the joint programme). A portion of UNFPA's core resources are allocated to country offices for FGM/C programming. These are complemented by additional resources raised by the country offices themselves.

[26] UNICEF, Innocenti Digest, 'The Dynamics of Social Change Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries,' Florence, Italy, 2010.

UNFPA is mandated to promote the sexual and reproductive health of women and girls, as well as to promote gender equality. The UNFPA Strategic Plan for 2008-2013 includes three focus areas: population and development, reproductive health and rights, and gender equality and human rights. The third focus area includes a specific goal that underpins the agency's work to reduce FGM/C: "gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence."[27] UNFPA work has brought together 'agents of change' from within communities as a way of addressing FGM/C in culturally sensitive ways while strengthening both ownership and sustainability. UNFPA is also supporting legislation, government ownership, and strengthening professional and community engagement.

The individual agency work leading up to the development of this joint programme coincided with UN reform initiatives to increase harmonization and coherence among UN agencies.[28] The broader, system-wide emphasis on efficiencies through collaboration has served to create the conditions for increased partnership, particularly among agencies that have strong commitments to human-rights-based approaches.[29]

[27] These focus areas were revised in 2011, following the mid-term review of UNFPA Strategic Plan. The revised outcome 5 reads: "Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy."

[28] The Secretary-General launched the United Nations system's current effort to become more coherent, effective, and relevant in February 2006 with the establishment of a UN High-Level Panel on System-Wide Coherence. The Panel submitted its report, 'Delivering as One,' to Secretary-General Kofi Annan in November 2006. The General Assembly held consultations on the recommendations contained in the Report and the Secretary-General's response to it, and on this basis adopted two resolutions on system-wide coherence in 2008 and 2009. Building on these resolutions, the Secretary General issued a report in December 2009 on system-wide coherence related to operational activities for development. For more information, see the UNDG webpage on UN reform and Coherence: (http://www.undg.org/index.cfm?P=20) and the UN Reform webpage: (http://www.un.org/en/strengtheningtheun/index.shtml)

[29] The UN 'Statement of Common Understanding on Human Rights-Based Approaches to Development Cooperation and Programming' (the Common Understanding) was adopted by the United Nations Development Group (UNDG) in 2003. For more information, see the 'UNDG Programming Reference Guide' (http://www.undg.org/index.cfm?P=221). The purpose behind developing a common understanding was to ensure that UN agencies, funds, and programmes apply a consistent Human-Rights-Based Approach to common programming processes at global and regional levels, and especially at the country level in relation to the CCA and UNDAF. Both UNICEF and UNFPA are committed to this approach. See respectively http://www.unicef.org/policyanalysis/rights/index_62012.html and http://www.unfpa.org/rights/approaches.htm.

3. UNFPA-UNICEF Joint Programme

3.1 UNFPA/UNICEF Programmatic Response through the Joint Programme

3.1.1 Overview

In 2007, UNFPA and UNICEF launched a joint programme entitled "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change".

The UNFPA-UNICEF joint programme was established as the main UN instrument to promote acceleration of the abandonment of FGM/C, thus acting upon the UN Interagency Statement on Eliminating Female Genital Mutilation.[30]

Countries participating in the joint programme by entry date

2008: Djibouti, Egypt, Ethiopia, Guinea, Guinea-Bissau, Kenya, Senegal and Sudan

2009: Burkina Faso, Gambia, Uganda and Somalia

2011: Eritrea, Mali and Mauritania

The joint programme was to include 17 **countries**; however, budget shortfalls meant that by 2012, only 15 of the countries were actively participating in the joint programme, as shown in the textbox. The **duration** of the programme was originally planned to be five years (2008-2012), but was extended in 2011 for an additional year (until 2013).

3.1.2 Joint Programme Approach

The joint programme's approach is based on a combination of recent theoretical developments within social sciences, particularly in relation to the understanding of FGM/C, and lessons learned from past programming experiences of UNICEF, UNFPA and their partners. The overall approach of the joint programme is:

- **Strategic and catalytic:** The main orientation of the joint programme is to support and accelerate the efforts already being undertaken at country and regional levels through on-going programmes, and not to be a stand-alone initiative (see textbox). In doing so, UNFPA and UNICEF work in synergy with national governments. According to the evaluation TORs, the joint programme aims to build on past successes at country level, to generate additional understanding on the approach for the abandonment of the practice, and to provide additional coordination and support to country offices.

The notion of ''accelerating change'': The title of the joint programme was discussed during the design phase. According to programme stakeholders, the title was chosen to reflect the joint programme's aims to accelerate and scale up *existing* trends of decrease. Implicitly, the focus on 'accelerating' change also acknowledges that the programme can only make a *contribution* to the wider process of FGM/C abandonment.

- **Holistic:** the joint programme supports interventions at different levels (community, national, regional and global) and focuses on the different interconnected aspects of the processes that, based on available evidence, are assumed to lead to the abandonment of FGM/C - from fostering social change at the community level to building a supportive environment. In order to do so, the joint programme builds partnerships with multiple stakeholders, including government authorities at both decentralized and national levels, political and religious leaders, the media, civil society organizations and specialists in the education and reproductive health sectors.

[30] OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO, 'Eliminating female genital mutilation: An interagency statement,'. 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf

- **Human-rights-based and culturallysensitive:** The joint programme is based on the understanding that FGM/C is a violation of the human rights of women and girls and, thus, pursues its abandonment. In doing so, it supports governments to embrace their role as duty bearers fully, so that rights holders (in this case, women and girls who are subjected to the practice of FGM/C) are protected and their right to attain the highest attainable standard of health is achieved. However, the joint programme also recognizes that since FGM/C has a strong cultural value in many contexts, it is imperative to frame the dialogue with communities with a view to preserving positive cultural values, while eliminating harmful practices.
- **Based on a theoretical understanding of FGM/C as a social convention/norm**: As explained in the joint programme proposal, social norm theory focuses on the interdependence of decision-making processes, i.e. that the decision of one individual is dependent on the actual or anticipated/expected decisions of others. Adopting this theoretical approach, the joint programme focuses on accelerating collective, rather than individual, social change to successfully achieve FGM/C abandonment that is sustainable.
- **Sub-regional (based on country-segmentation):** Following the segmentation approach proposed in the 'Technical Note: Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation' (2008) by UNICEF, the joint programme has grouped participating countries into sub-regional blocks that share similar characteristics: status of the practice, attitude towards the practice, history of abandonment, regional/ethnic connections, and enabling environment. To accelerate the abandonment of FGM/C, this joint programme aims to cut across countries and address sub-regional groupings with common characteristics.

3.1.3 Joint Programme Objective and Expected Results

The **objective** of the joint programme[31] is to contribute to a 40 per cent reduction of the practice among girls aged zero–15 years, with at least one country declared free of FGM/C by 2012.

The **expected outcomes and outputs** of the joint programme were described in the original proposal (2007). These were revised in 2011 to better reflect the human-rights-based and culturally sensitive approach of the joint programme. Diagram 1 below shows a graphic representation of the objective, outcomes, and outputs of the joint programme based on the revised logframe. Table 1 presents the indicators for each output, as per revised logframe. A table listing the revised outcomes and outputs of the joint programme, and aligning them to the original version of the logframe, is presented in Annex 5.

[31] Joint programme proposal, 2007. This objective has remained the same in the revised logframe.

Diagram1 Joint Programme Objective, Outcomes, and Outputs as per Revised Logframe

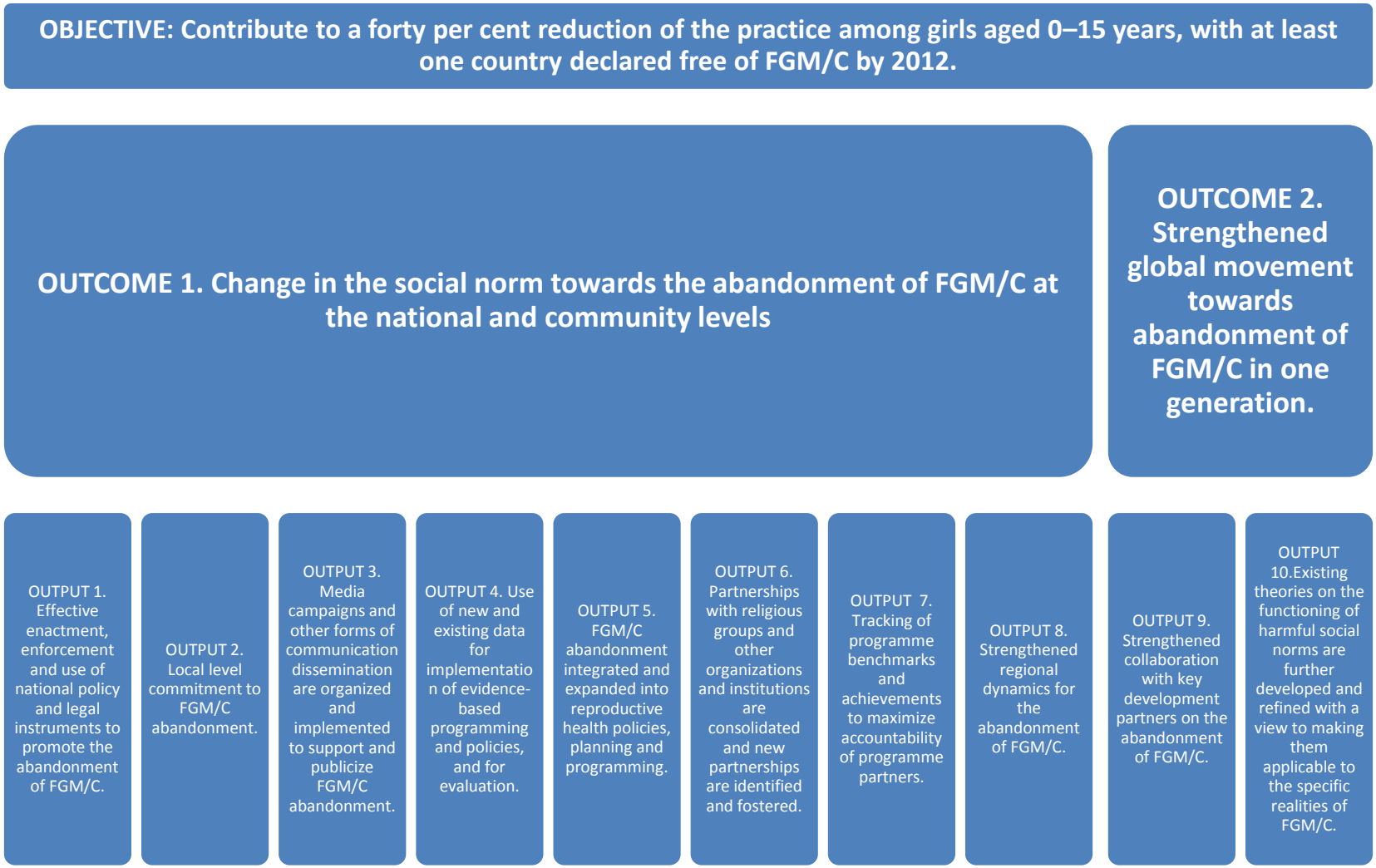


Table 1 Joint Programme Output Indicators

Outputs	Indicators
1. Effective enactment, enforcement, and use of national policy and legal instruments to promote abandonment of FGM/C.	1.1. Ratification of relevant international documents and notation of any reservations relevant to FGM/C. 1.2. Existence and content of national policies and laws relevant to FGM/C. 1.3. Enforcement of legislation relevant to FGM/C. 1.4. Number of women and men that are aware of the existence of laws against FGM/C and potential enforcement mechanisms. 1.5. Number of cases related to women's and girls' rights heard in local courts in the context of FGM/C, and their results.
2. Local level commitment to FGM/C abandonment.	2.1. Proportion of people aware of harmful effects of FGM/C. 2.2. Number of community discussions organized related to FGM/C abandonment activities. 2.3. Number of communities that committed to abandon FGM/C. 2.4. Degree to which the programme engages all community members in the implementation of programme activities. 2.5. Capacity of community members to lead actions towards the abandonment of FGM/C is strengthened. 2.6. Number and quality of other forms of public outreach to provide information, advocate, and build awareness towards the abandonment of FGM/C. 2.7. Number of community leaders and stakeholders committed to the abandonment of FGM/C. 2.8. Number of traditional communicators engaged in the process of abandonment of FGM/C.
3. Media campaigns and other forms of communication dissemination are organized and implemented to support and publicize FGM/C abandonment.	3.1. Number of press releases and TV and radio programmes supporting the abandonment of FGM/C. 3.2. Content of media coverage on the FGM/C abandonment process. 3.3. Capacity of media to publicize the movement towards abandonment of FGM/C is strengthened.
4. Use of new and existing data for implementation of evidence-based programming and policies, and for evaluation.	4.1. Existence of comprehensive data collection and analysis plans. 4.2. Existence of strategies for routinely incorporating evidence from data analysis into the joint programme activities and advocacy efforts. 4.3. Number of stakeholders and communities aware of new and existing data on FGM/C.
5. FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming.	5.1. Existence of adequate health policies and laws that address FGM/C. 5.2. Proportion of health facilities that include FGM/C prevention in antenatal and neonatal care and immunization services. 5.3. Number and quality of health care training programs/schools that include FGM/C issues into medical health training curricula. 5.4. Proportion of health care professionals that have undergone training on managing FGM/C complications. 5.5. Proportion of health care providers managing the complications of FGM/C and undertaking reparations. 5.6. Number of women and girls that received information on prevention and/or care and treatment for FGM/C.
6. Partnerships with religious and traditional groups and other organizations and institutions are consolidated and new partnerships are identified and fostered.	6.1. Number of religious and traditional leaders that make public declarations delinking FGM/C from religion. 6.2. Number and quality of religious edicts in support of abandonment of FGM/C. 6.3. Quality of nongovernmental and civil society organizations' partnerships with Government and UN Agencies for the abandonment of FGM/C at the national level. 6.4. Number of religious leaders including a discussion of FGM/C abandonment in their sermons.

Outputs	Indicators
7. Tracking of programme benchmarks and achievements to maximize accountability of programme partners.	7.1. Completion and submission of annual reports to the joint programme by implementing partners. 7.2 Quality of data presented in annual reports to the joint programme by implementing partners and UNFPA and UNICEF country offices. 7.3. Dissemination of monitoring and evaluation findings to key stakeholders and communities through steering committee meetings. 7.4. Existence of new and/or revised strategic plans based on lessons learned from M&E findings. 7.5. Number of joint monitoring visits.
8. Strengthened regional dynamics for the abandonment of FGM/C.	8.1. Number of joint declarations for the abandonment of FGM/C by regional communities or groups. 8.2. Number of joint consensus documents for the abandonment of FGM/C by regional stakeholder groups. 8.3. Number and quality of regional TV and radio programmes covering human rights and changes in attitudes and behaviors towards FGM/C 8.4. Engagement with international nongovernmental organizations (INGOs) in regional and global activities that contribute to the expansion of the understanding of the abandonment of FGM/C.
9. Strengthened collaboration with key development partners on the abandonment of FGM/C.	9.1. Number and quality of UN documents and development partners' literature that reflects understanding and support for the joint programme's approach. 9.2. Availability of consensus document by national governments and donors. 9.3. Level of financial resources for support to FGM/C abandonment. 9.4. Existence of a contractual agreement with INTACT.
10. Existing theories on the functioning of harmful social norms are further developed and refined with a view to making them applicable to the specific realities of FGM/C.	10.1. Existence of a comprehensive situational analysis of FGM/C in the world produced with available data. 10.2. Number of publications based on FGM/C abandonment studies. 10.3. Number of academic consultations to promote FGM/C abandonment. 10.4. Attendance at regional and international fora related to FGM/C.

3.1.4 Reconstructed Theory of Change

During the evaluation design phase, the EMG and ERG noted that the evaluation should contribute to validate (or challenge) the model and approach of the joint programme.[32] These have evolved slightly over time to respond to emerging theoretical and practical insights, as well as to changing contexts. This evolution is, for example, reflected in the revision of joint programme's logical framework mentioned above, as well as in the way the results of the joint programme are presented in annual global reports. In addition certain aspects of the joint programme model and approach, are explicit (i.e., described in the joint programme proposal and logframe), while others appear to be implicit (i.e., emerging from stakeholders' interviews and from documents such as annual reports)

What is a Theory of Change

A Theory of Change is the belief about how change occurs that is embedded in the intervention design and its logical framework. A Theory of Change may be explicit, but often it is not.

Source: Uneg, Integrating Human Rights and Gender Equality in Evaluation -Towards UNEG Guidance, 2011. p. 29

In accordance with the evaluation TORs that requested the evaluation to utilize a theory of change approach, the evaluation team has developed a draft reconstructed theory of change and intervention logic for the joint programme, based on joint programme documents[33] and stakeholders' views of how change happens in relation to FGM/C and how the joint programme intends to contribute to it. The reconstructed theory of change (ToC) is not an official joint programme, UNICEF, or UNFPA document. Instead, it captures the evaluation team's understanding of how the joint programme conceptualizes the change processes at global, regional, national, and community levels that it is aiming to influence. The TOC has been reviewed and revised based on feedback received from the evaluation management group (EMG) and the evaluation reference group (ERG), and further discussion during the ERG meeting in December 2012. It serves as a working tool for the evaluation team and will, as such, continue to be discussed, elaborated on, and (to the extent possible) validated with joint programme stakeholders throughout the evaluation.

Key elements of the joint programme theory of change

The joint programme is based on a set of **core assumptions** explaining what changes should happen (and why) in order to lead to the abandonment of FGM/C. The joint programme is further based on a number of assumptions explaining how the envisaged changes happen and how they can be accelerated, at each level (community, across communities, at the country, regional, and global level). These constitute the '**building blocks'** of the envisaged change processes. On the basis of this understanding of why, what, and how change happens in relation to FGM/C, the joint programme has devised its own **intervention logic**, which includes the types of strategies and activities that it intends to use to contribute to the envisaged process of change. This intervention logic is reflected in the joint programme revised logframe.

[32] i.e. to accelerate and help improve on-going efforts to reduce FGM/C bringing in a social norms perspective.

[33] Including the joint programme proposal, annual reports, and annual consultations documents.

Core assumptions

The joint programme is based on the following core assumptions. The numbering of the listed assumptions is based on the logic flow between the assumptions (i.e assumption 2 logically follows assumption 1, and so on). It is not hierarchical (i.e. assumption 1 is not more important than assumption 2).

1) FGM/C is a significant sexual and reproductive health concern as well as a violation of women's and girls' fundamental human rights. For these reasons, the practice of FGM/C has to end.

2) FGM/C is perpetuated because it is embedded in cultural norms and traditions that are social and collective in nature. Even when families are aware of the harm that this practice causes to their daughters, they decide to conform to it because not doing so would bring greater harm in terms of social exclusion and ostracism. The abandonment of FGM/C requires a change in this social norm.

3) As a consequence of its social and collective dimensions, the decision to end FGM/C rests within the community. Ending FGM/C is a process of collective social change led by informed and empowered communities. The decision to abandon FGM/C must be collective, explicit and widespread, so as to give each family the confidence that others are also abandoning the practice and that no single girl or family will be disadvantaged by the decision. When the social pressure to perform FGM/C is transformed into a collective commitment by the community to end the practice, abandonment becomes self-sustainable and once it reaches a 'tipping' point, change is expected to be rapid and universal.

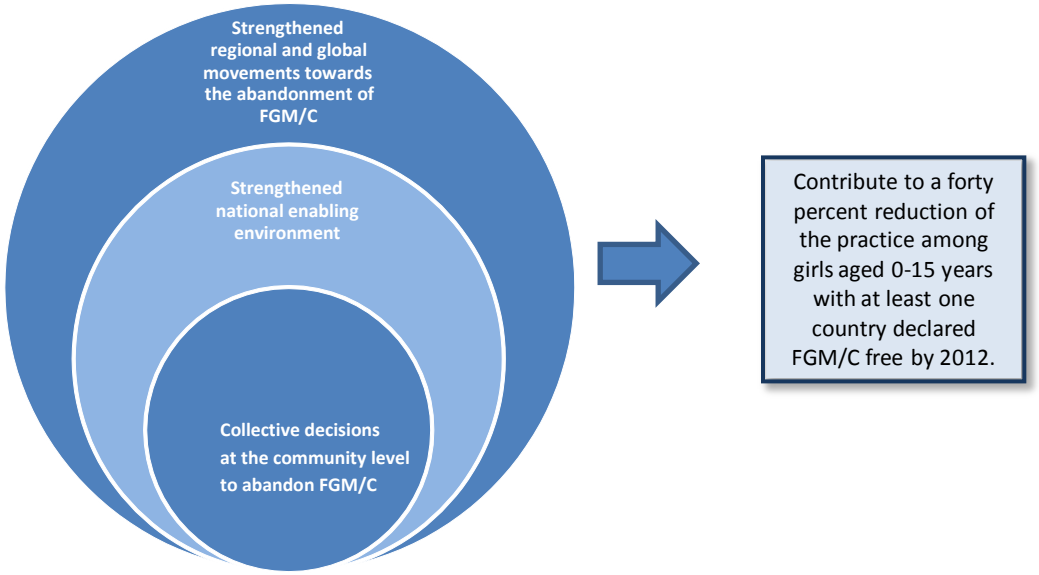
4) FGM/C is a cultural practice that is performed by communities belonging to the same ethnic group, often across borders. In order to become sustainable, the decision to abandon the practice has to be made by a critical mass of people among practising communities within and across borders.

5) The population scale shift to a new social norm of not performing FGM/C requires an enabling national environment, in which FGM/C is recognized as a violation of the human rights of women and girls and thus its abandonment is pursued by all duty-bearers. In particular, the government needs to embrace its role as duty bearer fully, so that rights holders are protected and their right to attain the highest attainable standard of health is achieved. Therefore an enabling national environment includes the existence and enforcement of a legal framework against FGM/C; the existence and implementation of evidence-based policies, strategies, programmes, and plans supporting the abandonment of FGM/C in relevant sectors (including education, health, child protection, etc.); the existence of a visible, well-informed empowered (capacities and resources) national movement for the abandonment of FGMC; a supportive public opinion (including opinion leaders).

6) An enabling global (and regional) environment can support efforts towards the abandonment of FGM/C at the community and national level. This includes a strengthened global movement towards the abandonment of FGM/C with adequate political commitment, resources, and knowledge**.**

In order to achieve its overall objective (based on assumption 1 above), **the joint programme's core approach is to accelerate change in social norms towards the abandonment of FGM/C.** This includes working within and across practising communities (based on assumptions 2, 3 and 4), while strengthening the enabling environment at the national level and the role of the government as main duty-bearer (based on assumption 5), and the regional and global movement towards the abandonment of FGM/C (based on assumption 6), as shown in Diagram 2 below.

Diagram 2 Core assumptions underlying the joint programme



Building blocks of the envisaged process of change

The joint programme is further based on a number of programme assumptions derived from social science theories and field evidence regarding how the envisaged changes happen and how they can be accelerated. The building blocks of the envisaged change processes at each level are the following:

- **Within communities,** key steps in the process of collective social change are:
  - **Community education, dialogue, and decision-making:** communities need to discuss, reflect, and decide on their own to abandon the practice on the basis of the positive values that are shared within their culture, such as the desire to ensure the well-being of all community members, including women and girls.
  - **Public declarations**: declaring the community's collective commitment to abandon FGM/C through an explicit public affirmation is a key step in the process of sustained change, because it increases an individual's confidence in the reality of the social shift and helps to encourage momentum.
  - **Engagement of traditional and religious leaders as agents of change:** traditional and religious leaders have the ability to influence decisions within families and to build consensus within communities. First convincing and then engaging religious leaders is essential since many of their followers erroneously believe that FGM/C is a religious obligation.
  - **Engagement of the media (**e.g. through community radio programmes) to educate and facilitate dialogue within and across communities.

  - **Engagement of reproductive health providers:** Health care providers are often respected individuals, who are available in remote areas. Their engagement in the campaign against FGM/C is crucial to achieve social change as they can play multiple roles in the communities: they can serve as resource persons in community education and dialogue, they can stimulate debate in the media, they can counsel women and couples, and they can manage sexual, psychological and physical complications related to FGM/C, thus saving lives of children and women. In addition, because of their knowledge and first-hand experience of treating complications, they can be champions of the health argument to abandon FGM/C, which is among the most persuasive to convince religious and traditional leaders and other decision-makers to take a stand against FGM/C.

- **Across communities**, collective social change is accelerated and sustained by:
  - **Organized diffusion** of the decision to abandon the practice among intermarrying and closely related or associated groups.
  - **Regional and sub-regional dialogue and exchange** across and beyond borders among practising communities and actors involved in the abandonment movement.
  - **Engagement of the media** to educate, facilitate dialogue and spread information across communities, within and across borders.
- **At the national level**, an enabling national environment for promoting and accelerating the abandonment of FGM/C is strengthened by:
  - A strong **coordinated and systematic intervention strategy** implemented within (among governmental and non-governmental agencies) and across countries
  - **Legal and policy reform:** Introducing, revising, and enforcing national legislation and policies that prohibit the practice of FGM/C on the basis of human rights sends out a clear message that the State disapproves of the practice and that it supports those who have renounced or wish to renounce it. This also includes mainstreaming FGM/C abandonment into key sector policies, such as health and education.
  - **Effective media campaigns and other forms of communication:** The media have considerable power to shape public opinion and attitudes and to disseminate accurate information both among decision- and policy-makers and among individuals in practising communities. Their involvement is critical for effective advocacy on the abandonment of FGM/C and for awareness-raising, including about the health and human rights aspects of FGM/C, and to publicize the fact that some – and eventually many – communities have made the decision to abandon the practice and to give them an opportunity to explain why, thereby helping to accelerate abandonment.
  - **Accurate data and relevant, culturally sensitive knowledge of the practice at the national and sub-national levels.** The availability of accurate data at the country level is crucial for evidence-based programmes and policies against FGM/C.
  - **Partnerships** among government authorities both at decentralised and national levels, religious leaders and other traditional leaders, parliamentarians and policy-makers, the media, civil society organizations and networks, community-based organizations, and academia. These partnerships serve to sustain a dialogue and to build consensus on the abandonment of FGM/C at the country level; to disseminate acquired knowledge and skills and share experiences; and to foster an enabling environment for collective social change, including evidence-based legal reform, policy making and implementation.

- At **the regional and global level**, an enabling environment is strengthened by:
  - Increased regional and global awareness and buy-in among regional and global stakeholders in favour of the abandonment of FGM/C.
  - Strengthened knowledge production and circulation on the issue of FGM/C and its abandonment.

Joint programme intervention logic

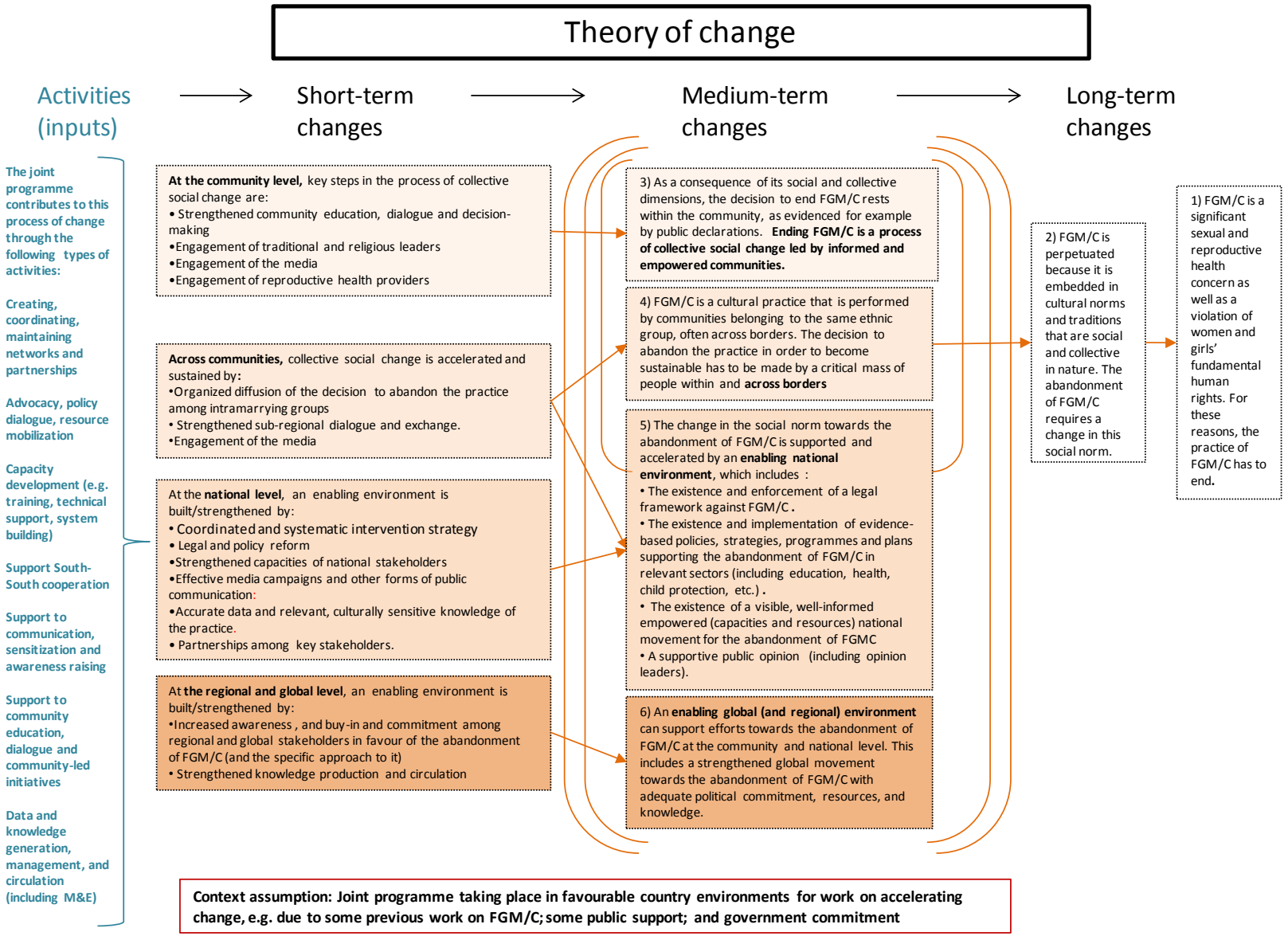
The joint programme aims to contribute to these processes of change by supporting interventions at five distinct levels with relevant partners and stakeholders: within the communities, across the communities, and at the national, regional and country levels. To do so, it employs diverse types of activities, including: creating, coordinating, maintaining networks and partnerships; advocacy, policy dialogue, and resource mobilization; capacity strengthening (training, technical support, system building); support to communication, sensitization and awareness-raising; support to community education, dialogue and community-led initiatives; data and knowledge generation, and circulation (including M&E). For more details on the types of activities utilized by the joint programme, please refer to Annex 6.

Graphic Representation

The following diagram summarizes the (draft) reconstructed theory of change of the joint programme including the core assumptions and building blocks of the process of change (including short-, medium- and long-term changes). The arrows show direct logic linkages (if/then) while the brackets represent more indirect logic linkages (influence). The diagram shows that ultimately FGM/C abandonment rests on behavioural changes within and across communities, but that related change processes are significantly influenced by the respective enabling environments at the national, regional, and global levels.

The types of joint programme activities noted in the left-most column are based on the intervention logic outlined in the revised joint programme logframe. During the course of the evaluation, the evaluation team will further elaborate the theory of change, and explore its alignment with the joint programme intervention logic as made explicit in the revised logframe.

Diagram 3 Reconstructed Joint Programme Theory of Change



3.1.5 Managing Structure

At the global level, programme management and coordination have been carried out jointly by UNFPA and UNICEF, including the review and approval of joint annual work plans, annual funding allocations, and reports. The global coordinator of the joint programme is a member of UNFPA programme staff who was jointly selected by UNICEF and UNFPA and works in collaboration with UNICEF. Since 2011, a consultant position – changed to a staff position in 2012 - was established in UNICEF HQ to ensure UNICEF's contribution to the joint programme management and coordination.

A Joint Steering Committee has been set up and meets twice a year. It comprises representatives from the two UN agencies and the donors that are contributors to the joint programme. The role of the Joint Steering Committee, as per its TORs, 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; and, review the implementation of the joint programme.

At the global level, UNFPA has acted as the Administrative Agent of the joint programme funding. The joint programme follows the pass-through fund management arrangement (see sidebar). UNFPA, in its capacity as Administrative Agent of the funding, negotiates and receives contributions from donors and disburses funds to UNICEF and UNFPA offices based on approval by the Steering Committee. The joint programme coordinator, together with UNICEF technical staff, also prepares the programme's consolidated narrative progress and financial reports.

Pass-through fund management arrangement

According to the 'UNDG Guidance Note on Joint Programmes,' there are three fund management options for joint programmes: a) parallel, b) pooled, and c) pass-through. Under the pass-through fund management option, two or more organizations develop a joint programme, identify funding gaps, submit a joint programme document to donor(s) and agree, through a Memorandum of Understanding (MOU), to channel the funds through one UN organization that is referred to as the Administrative Agent (AA). The AA subsequently signs a Standard Administrative Arrangement (SAA) with contributors/partners, and receives, administers, and transfers the funds to participating UN organizations in accordance with the MOU and SAA. The common work plan clearly indicates the activities to be supported by each of the participating UN organizations. The indirect costs to be charged by each organization are reflected in the respective budgets. The programmatic and financial accountability rests with the participating UN organizations and (sub-)national partners that will be managing their respective components of the joint programme.

Sources: 'UNDG Guidance Note on Joint Programmes,' 19 December 2003, p.9, and UNDP Multi-partner Trust Fund Office Gateway Website (http://mptf.undp.org/overview/funds)

At the country level, UNICEF and UNFPA Representatives are responsible for the implementation of programme activities. They each appoint one focal point for the joint programme. UNFPA and UNICEF country offices conduct joint annual work planning, both joint and separate implementation of activities, and joint reporting. At country level, greater role is sometimes taken by one or the other agency based primarily on local capacity.

An annual consultation has been organized each year to bring together colleagues from UNICEF and UNFPA offices to exchange experiences and develop their capacity based on new research results, and each other's programmatic and management experience.

3.2 Joint Programme Financial Structure

The original budget for the joint programme on FGM/C as per the 2007 funding proposal was approximately US$44 million, to be equally distributed between UNFPA and UNICEF. This was confirmed by the joint programme updated proposal (September 2012). However, the funding received did not reach the original targets. As of September 2012, the total contributions made by donors was approximately US$27 million, leaving a shortfall for the joint programme of almost US$17 million.[34]

Donors who have contributed to the joint programme are: Norway, Ireland, Austria, Italy, Switzerland, Luxembourg and Iceland. Norway is the major contributor (more than 60 per cent of the total, not including 2012 contributions), followed by Italy (approximately 21 per cent) and Luxembourg (approximately 11 per cent).

Table 2 Contributions by Donors

Donor	2007	2008	2009	2010	2011	2012	Total	% of the total
Ireland	737,463						737,463	2.74%
Norway	3,642,987	2,865,330	3,577,818	3,373,819	3,411,805		16,871,758	62.60%
Austria		155,763					155,763	0.58%
Italy		2,590,674		1,360,544	1,373,626	290,000	5,614,844	20.83%
Switzerland			101,850	103,306	108,578		313,733	1.16%
Luxembourg					937,712	2,105,978	3,043,690	11.29%
Iceland					210,146		210,146	0.78%
Private/individual			1,635	163	416	353	2,566	0.01%
Total	4,380,450	5,611,766	3,681,302	4,837,832	6,042,282	2,396,331	26,949,964	100.00%

Source of data: UNFPA, Contribution received for the joint programme on FGM/C (ZZJ29), 19 March 2012

[34] UNFPA-UNICEF. 'Updated Proposal,' Joint Programme on Female Genital Mutilation/Cutting, September 2012.

Approved budgets per country per year are shown in the table below. As of December 2012, the total budget for the joint programme was approximately US$ 30.8 million, of which US$ 18 million for UNFPA and US$ 12.8 million for UNICEF. Among the countries, Senegal, Sudan, Djibouti and Kenya have had the biggest budgets (more than US$ 2 million over 5 years).

Table 3 UNFPA/UNICEF Joint Programme Approved Budget per country per year (after indirect costs)[35]

COUNTRY OFFICES	2008	2009	2010	2011	2012	Total
Burkina Faso	N/A	290,190	473,451	586,922	441,694	1,792,257
Djibouti	411,552	467,128	472,833	518,525	341,411	2,211,449
Egypt	306,100	415,830	387,173	156,059	280,657	1,545,819
Eritrea	n/a	n/a	n/a	93,460	188,275	93,460
Ethiopia	400,000	450,968	315,519	304,684	238,653	1,709,824
Gambia	n/a	140,190	344,611	300,086	258,178	1,043,065
Guinea	413,995	326,904	320,957	290,000	226,854	1,578,710
Guinea-Bissau	400,000	389,595	353,133	327,717	239,061	1,709,506
Kenya	400,000	398,834	382,202	500,587	341,653	2,023,276
Mali	n/a	n/a	n/a	193,460	206,395	193,460
Mauritania	n/a	n/a	n/a	198,460	201,288	198,460
Senegal	386,111	394,368	819,021	760,299	522,884	2,882,683
Somalia	n/a	296,730	229,625	522,067	323,854	1,372,276
Sudan	400,000	546,956	478,871	700,859	566,377	2,693,063
Uganda	n/a	290,190	285,391	345,314	389,006	1,309,901
Subregional	n/a	211,138	1,203,785	751,756	290,649	2,457,328
Other	n/a	n/a	n/a	n/a	99,999	99,999
HQ	574,738	796,954	1,256,108	1,236,859	1,478,439	5,343,098
TOTAL	3,692,496	5,415,975	7,322,680	7,787,114	6,635,327	30,853,592

Source: revised financial information sent by joint programme - December 2012

As of December 2012, approximately US$24 million had been utilized by both agencies (approximately US$13 million by UNFPA and US$11 million by UNICEF). The total utilization rate has substantially increased since the beginning of the programme: it was 66 per cent in 2008,[36] and reached 82 per cent in 2011. All country offices but two had utilization rates higher than 80 per cent in 2011. Utilization rates of country offices, sub-regional initiatives and HQ of the UNFPA-UNICEF joint programme on FGM/C are shown in the table below.

[35] In line with 'UNDG Guidance Notes on Joint Programming' UNFPA, as administrative agent (AA), charges a one per cent fee on funds received into the Joint Programme Account. As participating agencies responsible for one component of the Joint Programme, UNFPA and UNICEF recover seven per cent each in indirect costs against expenditures incurred under their respective components.

[36] This lower implementation rate was due to the fact that most countries received funds late in 2008 because of administrative delays.

Table 4 Utilization Rates of country offices, sub-regional initiatives, and HQ in the UNFPA-UNICEF Joint Programme on FGM/C

UNFPA & UNICEF Country Offices	2008	2009	2010	2011	2012 (mid year)
Burkina Faso	n/a	80%	38%[37]	92%	68%
Djibouti	95%	88%	71%	86%	68%
Egypt	83%	92%	94%	94%	63%
Eritrea	n/a	n/a	n/a	99%	55%
Ethiopia	55%	69%	92%	93%	61%
The Gambia	n/a	63%[38]	94%	93%	86%
Guinea	35%	68%	91%	84%	62%
Guinea-Bissau	72%	92%	80%	94%	84%
Kenya	66%	102%	97%	81%	57%
Mali	n/a	n/a	n/a	89%	49%
Mauritania	n/a	n/a	n/a	94%	53%
Senegal	72%	72%	84%	85%	55%
Somalia	n/a	70%	65%	80%	73%
Sudan	94%	90%	84%	82%	53%
Uganda	n/a	69%	95%	53%[39]	59%
Sub-regional	n/a	n/a	81%	65%	50%
Other	n/a	n/a	n/a	n/a	44%
HQ	39%	76%	51%	78%	49%
Total	66%	78%	76%	82%	59%

Source: revised financial information sent by joint programme - December 2012

[37] Burkina Faso received a second allocation in November 2010 after the late arrival of funds from donors, which gave the appearance of a low implementation rate.

[38] The Gambia used core resources in 2009, lowering the implementation rate of the joint programme funding

[39] Funding from other expiring sources were used in lieu of joint programme funding which had a later expiration date

4. Evaluation Methodology and Approach

4.1 Evaluation Questions, Overall Approach, and Rationale for Answering the Evaluation Questions

4.1.1 Overall Evaluation Approach

The evaluation will use a utilization-focused, gender- and human-rights-responsive and culturally sensitive approach, integrating theory of change and contribution analysis, and results-focused progress analysis. The evaluation will also utilize a mixed-methods approach.

Utilization-focused: The evaluation team will deliberately shape the evaluation to make it maximally useful for its intended user(s). This is a well-tested and widely-used evaluation approach that increases the likelihood of uptake of evaluation recommendations. During the inception phase, the evaluation team and the evaluation management group (EMG), in consultation with the evaluation reference group (ERG), have validated the list of key users at global, regional and national levels outlined in the TORs, and what likely uses they will make of the evaluation findings and recommendations. The evaluation team has consulted with key users to develop the evaluation methodology, and (if/as feasible) these key users will also review evaluation progress at important points, and support the development of evaluation recommendations.

Gender- and human-rights responsive and culturally sensitive: The evaluation will follow UN Evaluation Group (UNEG) 'Norms and Standards for Evaluation in the UN System' and abide by UNEG Ethical Guidelines and its Code of Conduct. Other reference points are the UNEG guidance document on integrating human rights and gender equality perspectives in evaluations in the UN system, and the UNFPA guidance document 'Concept note on Integrating Gender, Human Rights and Culture in UNFPA programmes.'

Results-focused progress analysis: The evaluation team will analyze progress towards planned results as measured by indicators identified in the joint programme's logframe. Before conducting this type of assessment, the evaluation team will conduct a rapid logframe analysis looking at the existence, quality, and appropriateness of results statements, indicators, baselines, etc. For the four case study countries, this analysis will use a modified version of the UNFPA Indicator Quality Assessment Tool (see Annex 7).

Contribution analysis: Results-focused progress analysis will be complemented by a theory of change-based approach and contribution analysis, as requested in the TORs for the evaluation. The evaluation will take into account programme stakeholder views, as well as relevant joint programme and corporate documents from UNFPA and UNICEF (e.g. strategies and policy documents) to reconstruct the programme's **theory (or theories) of change**. The evaluation team has included a draft theory of change (ToC) in this inception report. The evaluation team will review and test the relevance and soundness of the ToC, and will use it to assess the ways in which the programme has contributed to, or is likely to contribute to, change. This will use a

Key Steps in Contribution Analysis[40]

1. Set out the cause-effect issue to be addressed;
2. Develop the postulated theory of change and risks to it, including rival explanations;
3. Gather the evidence on the theory of change;
4. Assemble and assess the contribution claim, and challenges to it;
5. Seek out additional evidence;
6. Revise and strengthen the contribution story.

[40] Mayne, J., 'Contribution Analysis: Coming of Age?' In *Evaluation*, 18(3), (Sage, 2012), pp 270-271.

contribution analysis model (see sidebar). In carrying out the contribution analysis, the evaluation team will also use concepts from the **outcome mapping** approach. Outcome mapping focuses on one specific type of result: outcomes as behavioural change. In this view, outcomes are defined as changes in the behaviour, relationships, activities, or actions of the people, groups, and organizations with whom a programme interacts directly and with whom a programme can anticipate opportunities for influence. These outcomes can be logically linked to a programme's activities, although they are not necessarily directly caused by them. The changes are aimed at contributing to specific aspects of human well-being by providing partners with new tools, techniques, and/or resources to contribute to the development process. Outcome mapping does not focus on attributing the achievement of development impacts to a specific programme, but rather focuses on programme contributions to outcomes.[41]

Mixed-methods: The evaluation team will utilize a mix of qualitative and quantitative data-collection and analysis methods. Qualitative data collection and analysis (including four country case studies) will allow for an in-depth understanding and illustration of key issues, while quantitative data collection and analysis (including a survey of the 11 non-visited countries) will help to identify overall trends and ensure the integration of a broader spectrum of information and data. Quantitative and qualitative methods will be used in parallel. The use of mixed methods enhances the quality and credibility of findings and conclusions through the convergence and overlapping of different data sources and methods of data collection (triangulation).

4.1.2 Evaluation Criteria and Foci

Following a review of the TORs and further discussions with key evaluation stakeholders, the evaluation team suggests structuring the assessment of the joint programme according to the following **criteria**:

- Relevance and programme design
- Effectiveness
- Efficiency
- Sustainability
- Coordination between UNFPA and UNICEF (including joint programme management)

The evaluation will also analyze the joint programme's relevant **contexts** (i.e., global, regional, national and community) in order to better situate and ground its findings and conclusions.

The evaluation criteria will be used to assess the programme's performance at these four levels (i.e., global, regional, national and community) and over time. However, in order to better respond to the evaluation stakeholders' needs and expectations, the evaluation will focus on specific issues at each level, as shown in the table below. These are reflected in the evaluation questions and sub-questions presented in the evaluation matrix (Annex 8).

[41] For further information please see: Sarah Earl, Fred Carden, Terry Smutylo, 'Outcome Mapping, Building Learning and Reflection into Development Programs,' International Development Research Centre, 2011, p. 1. Also available at: http://www.outcomemapping.ca/download.php?file=/resource/files/OM_English_final.pdf

Table 5 Evaluation foci

Level	Evaluation Foci
Global level	Relevance of the joint programme to the global discourse and agenda for the abandonment of FGM/C. The joint programme contribution, through its global initiatives, towards a strengthened global movement for the abandonment of FGM/C.
Regional and sub-regional levels	Relevance and appropriateness of the regional and sub-regional component in the overall programme design. Results achieved by the joint programme regional initiatives and their contribution to the programme objectives.
National level	Relevance and appropriateness of the joint programme objectives to the country's needs and priorities. Joint programme achievements over the last four years - specifically, the successes, missed opportunities, constraints, and intended/unintended effects on the respective national contexts for addressing FGM/C. Likelihood of joint programme results being sustained after the end of the programme.
Community level	Joint programme contributions, through the work of implementing partners on the ground, to change towards the abandonment of the practice. Unintended (positive and negative) effects. Relevance, appropriateness and usefulness of the joint programme core strategy of supporting collective, social change at the community level towards the abandonment of the practice.
Overarching (including all levels and their interactions)	Strengths and weakness of the overall programme design (including its overall approach) and management structure and mechanisms. Strengths, weakness and added value of the coordination among UNFPA and UNICEF and of the joint programme joint structure. Identify lessons learned, capture good practices, and provide specific recommendations to relevant evaluation users.

4.1.3 Evaluation Questions

The table below presents draft evaluation questions and related rationale. The evaluation questions have been developed on the basis of questions proposed in the evaluation TORs and revised following EMG comments and stakeholder consultations during the design phase.

A complete evaluation matrix including questions, sub-questions, indicators (what to check), sources of data, and methods of data collection is presented in Annex 8.

Table 6 Evaluation Questions and Rationale

Questions	Evaluation criteria	Rationale
EQ1: How relevant and responsive has the programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?	Relevance (including programme design)	This question and related sub-questions are meant to address the following: • Ensuring that programming serves the needs of target populations is a core principle of the Paris and Accra declarations on aid effectiveness, as is national ownership. The joint programme should thus support both of those principles. At the national level, governments that are signatories to international agreements relevant to ending FGM/C have an obligation to rights holders to implement related commitments. Ensuring that vulnerable groups (including women and girls) benefit from programming is an imperative of equity-focused programming. The joint programme should contribute to both UNICEF and UNFPA institutional objectives at the country, regional, and global levels. Finally, the principles of aid effectiveness require that development partners at the global and regional levels should support complementary programming to avoid duplication of efforts as well as to take advantage of potential synergies. • The appropriateness and validity of the programme design, including its internal coherence and its contextualization, can have important consequences for joint programme performance. In particular, programme design should be coherent with its expected results, and the theory of change adopted by the programme should be based on valid assumptions about the context of implementation, including available resources (financial and human), cultural receptivity of target audiences, willingness of partners to engage, and the political will of national counterparts.
EQ2: To what extent has the programme contributed to the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels (Outcome 1), and to strengthening the global movement towards abandonment of FGM/C in one generation (Outcome 2)?	Effectiveness and sustainability	The focus of this question and related sub-questions is on contributions to outcomes and achievement of development results. Effectiveness will be assessed by combining two approaches: • A results-based analysis of joint programme achievements in terms of contributions to outcomes (as far as possible given existing data) and realization of outputs, based as much as possible on the revised logframe's existing indicators. For the four case study countries, this analysis will use a modified version of the UNFPA Indicator Quality Assessment Tool (see Annex 7). • A contribution analysis based on the reconstructed ToC, that will explore to what extent the programme has contributed to positive change and how. This will include highlighting existing or missing linkages between different results levels and areas. The resulting assessment will be used to validate and/or critique the ToC of the joint programme.

Questions	Evaluation criteria	Rationale
EQ3: To what extent have the outputs of the joint programme been achieved or are likely to be achieved with the appropriate amount of resources/inputs (e.g., funds, expertise, time, procedures, rules and regulations, administrative costs, etc.)?	Efficiency	The purpose of this line of questioning is to elucidate the extent to which the joint programme design and implementation provide good value for money (in terms of results achieved given available resources) rather than simply whether they offer the lowest cost option. The analysis of the transferability of strategies and activities from an efficiency perspective among different contexts speaks to the potential for scaling up joint programme activities. Finally, the joint programme ability to benefit from and/or contribute to synergies can be used to assess its value-added to UNFPA/UNICEF and partners' strategic/global programming.
EQ4: To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended due to factors such as national ownership, scalability and use of partnerships for sustainability?	Sustainability	A core principle of joint programming in particular, and of effective aid more generally, is the intention of promoting national ownership and developing the capacity of country-level partners (rights holders and duty bearers alike), as this increases the likelihood of sustaining the gains and results of the programme beyond its end. This evaluation question and related sub-questions are meant to elucidate to what extent the joint programme has been able to do so, and what other (if any) factors are likely to influence the sustainability of changes achieved to date.
EQ 5: How efficient and effective was the coordination between UNFPA and UNICEF at the global and country levels in view of achieving joint programme results?	Effectiveness, efficiency and coordination between UNFPA and UNICEF (including programme management)	This line of questioning aims to shed light on the characteristic joint structure of this programme. The ability of a joint programme to achieve its objectives rests to a large extent on the quality of the coordination mechanisms in place, which in turn rests on clearly established roles and responsibilities as well as on good communication and the identification and use of synergies. The premise underlying the notion of joint programming is that such a mechanism adds some value compared to having separate programming.
EQ 6: How efficient and effective was the management of the joint programme at global, regional and country levels?	Effectiveness, efficiency, and coordination between UNFPA and UNICEF (including programme management)	The quality of management structures and processes, as well as to some extent the competence and engagement of individuals in management positions, are important contributing elements to the achievement of programme objectives.
EQ 7: To what extent and how has the joint programme integrated gender equality, human rights, cultural sensitivity, and equity in design, implementation, monitoring, and evaluation? To what extent is youth targeted as key population?	Relevance, effectiveness and coordination between UNFPA and UNICEF (including programme management)	Gender equality, human rights, cultural sensitivity, and equity are cross-cutting programming dimensions that are being promoted and applied by UNICEF and UNFPA globally throughout their programming from design to implementation, to monitoring and evaluation. The purpose of having a specific evaluation question about cross-cutting issues is to avoid having these dimensions 'lost' in other evaluation questions.

4.2 Overall Evaluation Design

The evaluation design will consist of the following components:

- **Global and regional assessment** focusing on the overarching programme relevance, design, and coordination, and on achievements at these levels. This assessment will result in specific global and regional level findings, as well as contribute to the overall evaluation findings and report.
- **Country case studies** providing in-depth information on joint programme relevance, effectiveness, efficiency, sustainability, design, management and implementation in four selected countries (at the national and community levels). Country case studies will result in independent case study findings that will be presented in individual country case study reports, and will contribute, in an illustrative manner, to the overall evaluation findings and report. Further detail on the country case studies is provided in section 4.4.
- **Overview of non-visited countries** in which data will be collected and analyzed in a cross-cutting manner for the remaining 11 non-visited countries, on the basis of the key evaluation criteria. This component will complement the information gathered through the four country case studies by providing additional breadth of information at the national level and additional examples to support the overall evaluation findings.

For each component, a specific mix of data collection methods will be employed (see section 4.3 below).

In accordance with the principles of gender- and human-rights-responsive evaluation, for each component the evaluation will pay particular attention to what extent and how the joint programme has benefited rights holders (particularly those most likely to have their rights violated), and how it has strengthened the capacity of duty bearers or other actors to fulfill obligations and responsibilities. It will also make a deliberate effort to identify inequalities, discriminatory practices, and unjust power relations that are central to the perpetuation of FGM/C in the programme countries, and how these are in turn affected by the joint programme.

Observations emerging from these three components will be combined to identify trends and differences across the countries and to develop overarching findings relative to the key evaluation foci and questions at all four levels of analysis. These will provide the basis for a set of overall programme-level conclusions and recommendations.

4.3 Methods for Data Collection and Analysis

4.3.1 Data Collection

Sources of Data

Key sources of data for the evaluation will be:

Documents, such as:

- Joint programme documents including the proposal and other preparatory documents, global and country annual and mid-term reports, global and country annual work plans, Steering Committee minutes, annual consultation reports; financial documents; communication materials, monitoring and evaluation (M&E) documents and tools, strategy papers, and previous evaluations;
- Secondary data, as available, in the joint programme's baseline studies and database;
- Relevant literature, studies and reports on FGM/C, the theoretical approach underlying the programme, its context, and other programming experiences in the field.

During the inception phase, the joint EMG has been sharing with the evaluation team electronic copies of relevant documents available at headquarters. Other relevant documents and literature – particularly in

relation to the global context of the joint programme – were identified by the evaluation team. Additional documents will be shared by the UNFPA and UNICEF country offices. The evaluation team will also collect further relevant country-level documents during the field missions. An indicative list of documents is presented in Annex 9. This will be expanded and refined throughout the evaluation. A final list of documents consulted will be presented in the final evaluation report.

Stakeholders: to complement the information available in the documents, the evaluation team will collect information and gather the views and perspectives of a variety of stakeholders at all levels, including technical and programme staff at HQ, regional, and country levels; other relevant UNICEF and UNFPA experts/advisors and staff at HQ, regional, and country levels (including country representatives); joint-programme donors; joint-programme global, regional, and national partners including national and sub-national government representatives, international and local NGOs, academic institutions, other UN agencies working on FGM/C and related issues; other stakeholders/beneficiaries such as policy-makers and parliamentarians; religious and traditional leaders, media representatives, community leaders/organizers; and men, women, boys, and girls in the targeted communities.

In addition, the evaluation will consult with recognized experts in the FGM/C abandonment movement at the global, regional, and country levels. The evaluation team, with the help of the EMG, has developed stakeholder mappings at the global and regional levels, and for each of the four case-study countries. These provide the basis for compiling the list of people to be consulted. A draft list of people to be consulted is provided in Annex 10. Initial versions of the stakeholder mappings for Kenya, Senegal, Burkina Faso, and Sudan are presented in Annex 11. These will be completed and refined during the preparation of the field visits.

Non-participant observation: the evaluation team will gather additional information from their direct observation of stakeholder interactions and behaviours and of the physical and social contexts during the field visits.

Methods of Data Collection

The evaluation team will use a variety of data-collection methods to gather information from the above-mentioned sources of data. The selection and the use of data-collection methods in this evaluation are informed by the key principles of human rights and gender equality responsive evaluation, as explained in the UNEG document 'Integrating Human Rights and Gender Equality in Evaluation -- Towards UNEG Guidance' (2011). The principles include stakeholder participation on the basis of fair power relations, inclusion of the most vulnerable, and use of mixed methods.

- **Document, file, and literature review:** the evaluation team will systematically review the documents and secondary data listed above, on the basis of the identified evaluation criteria, foci and questions. A document review matrix has been developed by the evaluation team as an internal working tool. It is presented in Annex 12.
- **Key informant interviews:** semi-structured key informant interviews with a variety of stakeholders will be used to collect information for all three evaluation components (see section 4.2 as well as table below). Interviews will be individual in so far as this is possible, but depending on the circumstances, small-group interviews (up to three people) will be acceptable. The evaluation team will conduct in-person interviews in New York at UNFPA and UNICEF HQs, and during the four field visits. Telephone or Skype interviews will be conducted with key stakeholders in the 11 non-visited countries, and with global and regional stakeholders who cannot be consulted face-to-face. When interviews are not possible because of the unavailability of the interviewee, the evaluation team will attempt to obtain written answers to key interview questions via e-mail. Interview protocols for data collection at the global, regional, country, and community levels are presented in Annex 13. All interview protocols were developed by the evaluation team and submitted to the EMG/ERG for comments and feedback. The country- and

community-level protocols were tested during the pilot field visit to Kenya, and revised as needed. The evaluation team is responsible for the translation of the protocols into French. Data collected through the interviews will be recorded, for internal use only, in an interview logbook like the one presented in Annex 14.

- **Community-level group discussions** or focus groups (four country case study field visits): group discussions (or more structured focus groups depending on the circumstances) will be organized in the visited communities in the four case study countries to elicit community members' views and perspectives on positive social change at the community level. The main purpose of the group discussions will be to collect data from the joint programme stakeholders, both rights holders and duty bearers, at the community level, based on a rapid ethnography method. This method incorporates, in addition to group discussions, brief, direct observations of social behaviours and events, as well as interviews and naturally occurring conversations, with the purpose of collecting in-depth qualitative data in selected communities (see Annex15 for more details). Because of the small number of communities that will be visited for the country case studies, this data will not be used to extrapolate conclusions applicable to all communities, but rather to collect significant stories and examples that can be used in an illustrative and learning-oriented manner.

Participants will include a variety of stakeholders in separate groups, including men and women, boys and girls, duty bearers and right holders, FGM-C community activists groups, teachers, and elders. Group conversations will follow agreed-upon discussion guidelines and centre on a limited number of previously identified broad topics rather than specific questions. This will allow for comparability across groups, while leaving sufficient room for contextual specificities and for participants to steer the conversation where it is most relevant to them. The conversations will focus on accounts of how things have changed in the lives of girls, boys, women, and men in the community since the joint programme started. When appropriate, the participants will also be asked about their views and experiences with any initiative supported by the joint programme that has taken place in their community. The conversations will also explore the participants' perceptions of changes in attitudes towards, and practice of FGM/C in their community. Special attention will be paid to addressing this topic in a culturally-sensitive, inclusive, and non-threatening way.

The number of group discussions per community and participants will be decided in collaboration with UNFPA/UNICEF country offices in the case-study countries, their implementing partners on the ground, and local researchers. Efforts will be made to ensure diversity of community members participating. In accordance with the principles of gender and human-rights-responsive and culturally sensitive evaluation, power dynamics and cultural norms at the community level will be given due consideration when planning and facilitating the meetings. Depending on the circumstances, a local researcher will collaborate with one international consultant and/or a national consultant. A list of topics and questions to be addressed during the group discussions is presented in Annex 16.

- **Additional consultations with key informants:** during the course of the evaluation, the evaluation team will have several opportunities to interact with key stakeholders (e.g., participation in ERG meetings, on-going interaction with EMG, initial meetings and debriefings with joint programme country focal points at the beginning and at the end of the field visits, and interaction with community-level stakeholders outside of formal focus group settings). Although these interactions do not have data collection as their primary purpose, they will provide the evaluation team with non-structured occasions for collecting information from stakeholders as required and as appropriate.
- **Web-based survey:** a short web-based survey will be administered to joint programme focal points in the 11 countries that will not be visited. The survey will focus on strengths and weaknesses of the programme design and implementation at the country level, including coordination between UNFPA and UNICEF, and the main achievements of the joint programme.

The draft survey questionnaire is presented in Annex 17. It will be finalized after testing with one selected country office and following feedback from the EMG.

- **Virtual focus groups:** one virtual focus group will be organized for each of the 11 non-visited countries. These will take the form of webinars, tele/videoconferences, or Skype group calls, depending on the available technology. UNICEF and UNFPA staff involved with the joint programme and representatives of selected implementing agencies and key stakeholders organizations will participate. The aim of the focus groups is to discuss distinctive/innovative characteristics of the joint programme (in terms of design, management and implementation), its key achievements and its perceived added value. Depending on the group dynamics, key challenges and constraints may also be addressed. Ideally, virtual focus groups will take place after the survey, to allow for in-depth discussion of some of the issues raised in the responses to the survey. The guide for the virtual focus groups will be developed by the evaluation team and shared with the EMT and ERG for comments and feedback after the finalization of the survey questionnaire.

The table below summarizes the methods that will be used for each of the three evaluation components (the global and regional assessment, the four country case studies, and the overview of the remaining 11 non-visited countries). Further details on the approach for the country case studies are provided in section 4.4.

Table 7 Methods of Data Collection by Evaluation Component

Data Collection Method	Global and Regional Assessment	4 Country Case Studies	Overview of 11 Non-Visited Countries
Document, file and literature review	Document, file and literature review	In-depth document, file and literature review	Document and file review (with focus on identifying trends and or 'outliers' across countries)
In person or telephone/Skype interviews	In person or telephone/Skype interviews with joint programme coordination team, other relevant UNFPA and UNICEF HQ staff, Steering Committee Members (donors), global and regional programme partners, selected global and regional experts on FGM/C. A total of 24 interviews are envisaged.	The following is a generic list of in-person interviews to be carried out during site visits – the list will be refined for each country in the field-visit plan: joint programme focal points in each country; UNFPA and UNICEF country representatives (or deputies); other relevant UNFPA and UNICEF staff in the country offices (and sub-national offices if relevant); government representatives in relevant government departments (national level and sub-national level, if relevant); NGOs and other implementing partners; other UN agencies and development partners working on FGM/C at the country level; other joint programme stakeholders/beneficiaries (e.g., members of the media, parliamentarians, academics, religious leaders, civil society organizations, community leaders or organizations), local experts on FGM/C. Follow-up Skype/telephone interviews as needed.	
Survey	Will not be used	Will not be used	Web-based survey with joint programme focal points in each country.

Data Collection Method	Global and Regional Assessment	4 Country Case Studies	Overview of 11 Non-Visited Countries
Group discussions and focus groups	Will not be used	Community-level group discussions.	Virtual focus groups with country programme staff and key partners including implementing partners (webinars, tele/videoconference or Skype group call, depending on the available technology). One per country. Follow-up Skype/telephone interviews as needed.
Additional methods	Additional consultations with key informants (if/as needed and appropriate)	Observation and additional (informal) conversations with key informants.	Additional consultations with key informants (if/as needed and appropriate)

4.3.2 Data Analysis

Overall Approach

Data analysis begins with data collection and continues throughout the evaluation process to the final evaluation report. This allows for early identification of emerging issues, integration of the updated information and confirmation of understandings, and feedback throughout the assignment, all of which inform the conclusions, suggestions, and recommendations as relevant. The evaluation matrix provides the guiding structure for data analysis. As data collection and analysis unfold, flexibility may be needed; data may not be available as expected, and analysis may bring to light issues not originally identified. An on-going dialogue between the evaluation team and the joint EMG/ERG on these issues will allow for adjustments as and when needed.

Levels of Analysis

Analysis will be structured according to the evaluation criteria identified in the evaluation matrix and narrowed according to the evaluation foci (see table 5) at the four levels that are part of this evaluation (global, regional, country, and community).

Each component of the evaluation (global and regional assessment; country case studies; remaining countries overview) will be used to inform findings at specific levels (see table below), while also contributing to the overarching[42] evaluation findings, conclusions, and recommendations. This will be achieved through a structured process of data-sharing, comparison, and synthesis among the different components.

[42] By overarching we mean that which refers to the joint programme as a whole, including all its levels and their interconnections. In line with the evaluation objectives, overarching evaluation findings, conclusions, and recommendations will focus on the validity, strengths and weaknesses, and overall performance of the approach adopted by the joint programme, as well as on the strengths, weakness, and added value of coordination between UNFPA, UNICEF, and of the joint programme management structure.

An in-depth analytical approach will be used for the four country case studies and will result in four sets of country-specific findings. The overview of the 11 non-visited countries will adopt a transversal approach, exploring commonalities and differences across all 11 countries. The information emerging from the overview, combined with the four sets of country-specific findings, will be aggregated to develop cross-cutting findings relative to the key evaluation questions at the country and (to the extent possible) community levels.

Following the completion of the data collection (including the field visits to case-study countries), the evaluation team will engage in at least one substantial workshop to share and jointly analyze emerging data, findings, trends, and to discuss differences between country-specific findings and any overarching programme-level observations.

Table 8 Evaluation components and levels of analysis

Evaluation components/ levels	Global	Regional	National	Community	Overarching
Global and regional assessment	X	X			X
Country case studies		X (if/as possible)	X	X	X
Remaining countries overview			X	X (if/as possible)	X
Synthesis	X	X	X	X	X

Methods of Analysis

The following methods of data analysis and synthesis will be employed:

- **Descriptive analysis** will be used to understand the contexts in which the joint programme has evolved, and to describe its various types of interventions and other characteristics.
- **Content analysis** will constitute the core of the qualitative analysis. Documents, consultation notes, and qualitative data emerging from the survey will be analyzed by the evaluation team to identify common trends, themes, and patterns for each of the key evaluation criteria. Content analysis will also be used to highlight diverging views and opposite trends. In such cases, further data collection may be needed. Emerging issues and trends will constitute the basis for developing preliminary observations and evaluation findings.
- **Comparative analysis** will be used to examine findings across different countries, themes, or other criteria; it will also be used to identify best practices, innovative approaches, and lessons learned. This type of analysis will be used throughout the process to examine information and data from stakeholder consultations and document and literature review.
- **Quantitative/statistical analysis** will be used to interpret quantitative data, in particular data emerging from the web-based survey. It will constitute a considerable part of the initial desk review, but will also be used in other ways(e.g., to assess the use of resources, and to quantitatively analyze different programme characteristics as categorized by geographic, thematic, or other criteria). Quantitative data emerging from the survey will be analyzed using descriptive statistics (counts, frequency, mean median and percentiles, standard deviation). Specific attention will be also given to common emerging trends and outliers.

4.4 Country Case Studies

The evaluation will include a total of four field visits to the case study countries: one pilot field visit during the design phase (to Kenya) and three field visits during the data collection and field phase (to Senegal, Burkina Faso, and Sudan).

4.4.1 Country Case Study Selection Process

The evaluation TORs envisaged four field visits, and a list of five possible countries was included in the TORs. The availability of information, the existence of different approaches, and the variety of joint programme interventions made Kenya the primary candidate for the pilot field visit. Three additional country case studies were proposed: Sudan, Senegal, and either Burkina Faso or Uganda. These countries were identified by the ERG on the basis of the existence of a variety of interventions; the implementation time span; the mix of Francophone and Anglophone national contexts; representation of different sub-regions; accessibility; and, feasibility.

The selection process was discussed at the ERG meeting held in September 2012 with the evaluation team. Kenya was confirmed as the pilot country, and Senegal and Sudan as country case studies. Burkina Faso was confirmed as the final country case study instead of Uganda due to accessibility challenges in the latter, as well as the similarity of some population groups between Burkina Faso and Kenya, which might allow for fruitful comparisons and related insights.

4.4.2 Approach for Country Case Study Field Visits

The main objective of the field visits will be to collect information to inform the respective country case studies, as well as data that will be useful for the overarching evaluation and report. The pilot field visit will be an opportunity to test the methodology for the case studies but will also result in a full-fledged country case study.

Each field visit will be conducted by a team consisting of:

- One international consultant;
- One or two national consultants with in-depth knowledge and understanding of the national context pertaining to FGM/C abandonment and of broader issues of gender equality and women's human rights. Selected individuals will also have experience in working with UN agencies and in the field of evaluation;
- One or two member(s) of the EMG who will be participating in the field visits in an active capacity.

The table below presents the dates and the team composition for each country case-study visit. For more details on roles and responsibilities of each team member, see section 5.3.

Table 9 Field Visits Dates and Participants

Country	Proposed Dates	Participants
Kenya (Pilot)	November 12 to 23, 2012	International consultant: Anette Wenderoth National consultant: Jane Kiragu EMG member: Alexandra Chambel (UNFPA) and Olivia Roberts (UNFPA)
Senegal	January 21 to February 1, 2013	International consultant: Monica Trevino National consultants: Hélène Benga and TBD EMG member: Alexandra Chambel (UNFPA)
Sudan	January 21 to February 1, 2013	International consultant: Ellen Gruenbaum National consultants: Samia Elnagar and TBD EMG member: Krishna Belbase (UNICEF)
Burkina Faso	February 4 to 15, 2013	International consultant: Silvia Grandi National consultants: Alimata Konate and TBD EMG member: Alexandra Chambel (UNFPA)

The approach to each of the field visits and related country case studies will involve the following steps:

- **Preparation:** the evaluation team will work with UNFPA and UNICEF staff at headquarters and in the national and/or regional offices to prepare for the visits. Lists of informants will be established and initial contacts will be made with support from UNFPA/UNICEF staff in the selected countries. Locations for additional visits will be determined, and initial contacts with the communities to be visited will be established via the appropriate implementing partners. As far as possible, local researchers will be identified with the help of UNFPA/UNICEF country offices and the implementing partners in the communities to be visited. Another essential part of preparatory activities will be to review available documents and other sources of information on programme implementation, as well as on the broader national context with regards to FGM/C. This will lay a solid foundation for in-depth data collection during the field visits. The preparation phase will culminate in the production, for internal use only, of country-specific evaluation plans.
- **Field work:** each field visit will last two weeks. An introductory meeting will be held with the respective UNFPA/UNICEF focal points, M&E officers, and national reference group members. Data collection will take place both in the capitals of each respective country, and at the community level. In the country capitals, the primary method of data collection will be interviews with key informants and programme stakeholders. At the community level, the evaluation will use a rapid-ethnography approach, as explained in Annex 15, including interviews, focus groups, and observations. It is suggested that the number of communities visited should be low to allow evaluation team members to spend at least two to three days in each community. As noted above, the evaluation team could split into two (the international and national consultants each accompanied by a local researcher) during the second week of field work, to make it possible to visit more communities. All the team members will reconvene in the capital at the end of the second week, for initial data-sharing, synthesis, and development of preliminary observations.
- **Sharing of preliminary findings**: At the end of each site visit, the evaluation team members will share preliminary observations and findings with the UNFPA/UNICEF team on the ground and the respective national reference group to validate emerging findings, elicit a first round of feedback, and identify potential areas for further inquiry.
- **Reporting**: The process of compiling the draft country case study reports will be led by the respective international consultant who conducted the site visit, with support from the respective national consultant. The reports will follow the report structure outlined in Annex 18. The country case study reports for the Francophone countries will be written in French. While drafting the

case-study reports, the evaluation team will come together for at least one joint working session facilitated by the team leader to share and compare emerging findings, ensure consistency of data analysis, and discuss emerging common themes among and differences between the visited countries. Evaluation team members will then proceed to complete first drafts of the country case studies. Each of these will be reviewed by the team leader and one other senior team member before submission to UNFPA/UNICEF. This will ensure quality control of the stand-alone country case study reports, and also facilitate the process of compiling the draft synthesis report. Final versions of the country case study reports will be compiled based on ERG feedback.

Role of national focal points: In each case study country, UNFPA and UNICEF will each nominate a member of their country office to coordinate the field visits. These focal points are expected to create and engage with the respective national reference group.The role of the national reference groups will be to ensure government involvement and national ownership; to expedite data collection and access to information and key informants; to provide comments to the draft country case-study reports; to facilitate the dissemination of the results of the evaluation at country level.

4.5 Data and Methodological Limitations and Risks

Some key stakeholders may not be available for consultations during field visits. Also, staff turnover may limit availability of organizational knowledge. *Mitigation strategy:* the evaluation team will work closely with UNFPA/UNICEF teams in case study countries to identify key stakeholders and request their participation in advance of the field visits. Individuals that are not available will be encouraged to contribute at another time via phone or email, and the respective national consultant may play a role in following-up with these individuals. Where it is not possible to consult with certain key stakeholders, this will be clearly identified as a limitation in the final evaluation report.

Difficulties in assessing cumulative progress results. Assessing cumulative results for the whole duration of the joint programme will be challenging because of the existence of two sets of expected results and indicators (pre- and post-2011). *Mitigation strategy:* as far as possible the evaluation team will aggregate results on the basis of the new logframe.

Data limitations at the regional level. From the initial desk review it appears that work at the regional level is the least documented, which will make it difficult to evaluate the performance of the joint programme at this level. The only available information pertains to specific work with partner NGOs, while there is no apparent available documentation on how the joint programme has affected change at the regional level in a broader sense. *Mitigation strategy:* the evaluation team will try to gather key informants' perspectives on this issue.

Sensitivity of FGM/C as an issue due to particular cultural context & traditions. *Mitigation strategy:* the evaluation team will closely consult with UNFPA/UNICEF and other relevant stakeholders involved in field visits to ensure that the suggested consultation methods, issues, and locations are appropriate and provide a safe environment for all stakeholders. Consultations will also be based on relevant guidance tools (e.g., related to ethical considerations for researching Violence Against Women).

Difficulties in accessing communities and engaging with them in the evaluation process: Due to geographic inaccessibility, language barriers, and security issues, it will sometimes be challenging for the evaluation team to engage fully with community members. *Mitigation strategy:* the involvement of local researchers in the site visits will help alleviate this challenge.

The negative impact of the security context in Sudan on the ability to collect data. *Mitigation strategy:* the evaluation team will be in on-going communication with UNFPA/UNICEF in the countries selected for field visits to closely monitor the national contexts and adjust the planned date and approach to the visits if and as needed. If the field visit is cancelled, the evaluation team will work with the EMG to develop alternative methods (e.g., select another country, or conduct phone/Skype interviews with key stakeholders in the originally selected country).

Identifying national consultants with relevant and comparable skills in all countries. The evaluation team has identified qualified national consultants in both Sudan and Kenya, but has not yet identified individuals in Burkina Faso or Senegal. *Mitigation strategy:* The evaluation team will consult with UNFPA/UNICEF as well as with other contacts in these countries to help identify qualified and available national consultants.

The evaluation team will only visit four of the 15 programming countries. In-depth data collection and analysis will only be possible for these four countries, while for the other 11 countries a cross-cutting approach will be utilized focusing on common trends and differences across countries. This is likely to result in less in-depth insights for the 11 countries. *Mitigation strategy:* the evaluation will try to gain as much information as possible on the 11 non-visited countries through a combination of different data sources and collection methods. Limitations to the available data and related analysis will be clearly indicated in the evaluation synthesis report.

There are no agreed-upon indicators and baselines to measure the quality and effectiveness of the coordination between UNFPA and UNICEF. *Mitigation strategy:* the evaluation will use UNFPA and UNICEF staff perceptions on coordination before and after the joint programme. The focus will not only be on describing coordination mechanisms (e.g., how many joint meetings, attended by whom), but on gaining a deeper understanding of how coordination has worked in the different programming phases and on what the added value of working together has been by relying on stakeholders' accounts.

5. Evaluation Process

5.1 Process Overview

The evaluation will include four phases: 1) Evaluation design phase; 2) Data collection and field phase; 3) Reporting phase; 4) Dissemination and follow-up. While these phases are sequential, there will be some overlap. Management, including quality assurance and client liaison, will be on-going throughout the evaluation.

Evaluation Design

The objectives of this phase are to develop an initial understanding of the joint programme and of its contexts; to validate with key stakeholders the evaluation purpose, scope, and expected uses; to develop, with the input of key stakeholders, the evaluation questions, methodology, and work plan; and to identify knowledge gaps and potential challenges to conducting the evaluation, and mitigation strategies.

The design phase has included an inception mission to New York by the evaluation team leader and the knowledge-management expert; an initial desk review; additional telephone and Skype consultations with selected programme staff/stakeholders; and a document review.

The evaluation design phase has also included a two-week pilot field visit to Kenya. The pilot field visit allowed for testing and, as needed, adjusting or improving the overall evaluation approach and methodology as well as specific data-collection approaches and/or data-collection tools

The design phase culminated in this final inception report. Once approved, the final inception report will guide the remaining phases of the evaluation.

Data Collection and Field Phase

Data collection will be conducted at several levels (global, regional, national, and community) and will include in-depth document and literature review; three country case-study field visits in addition to the pilot field visit; additional consultations with key stakeholders; a web-based survey; and virtual focus groups with stakeholders in the 11 non-visited countries. The approach to data collection and analysis is described in section 4.3 above, while the evaluation approach to field visits is described in section 4.4.

Reporting

This phase will focus on capturing and synthesizing evaluation findings, and formulating recommendations. Four country case-study reports will be prepared, as well as draft and final synthesis evaluation reports. There will not be separate reports on the findings of the global and regional assessment and of the non-visited countries overview. These findings will feed into the synthesis report, as explained below. For more information on the development of the four country case-study reports, please refer to section 4.4 above.

Following the submission of the case-study reports, the evaluation team will participate in a field phase debriefing with the ERG. The discussion will focus both on key findings and related recommendations at the country level, as well as on emerging overarching, programme-level findings, themes, or lessons. As such, the presentation and related discussion will feed into the process of data synthesis.

As outlined in the TORs, the synthesis report will bring together global, regional, national, and (to the extent applicable) community-level findings derived from the global and regional assessment, the country case studies, and the remaining countries overview. The report will further formulate overarching programme-level findings and conclusions, as well as forward looking, specific and utilization-focused recommendations addressing specific groups. The report will follow the draft structure presented in the TORs. The evaluation team will present and discuss the draft final evaluation report with the ERG in New York. In addition, the EMG will compile written feedback from the EMG and the national reference groups, and will share it with the evaluation team. On this basis, the evaluation team will revise the draft report and submit the final report. Two rounds of consolidated feedback and revisions to the report are planned.

Dissemination and Follow Up

Dissemination of (preliminary and final) evaluation findings will not be limited to the period following the submission of the final report, but will commence during the data collection and field phase and continue during the reporting phase. As mentioned above, field visits will culminate in a debriefing session with the national reference groups and national key stakeholders to share, discuss, and validate emerging observations from the field visit. In addition, the evaluation team will participate in the meetings of the joint EMG and ERG at significant moments in the evaluation process, to present and discuss the evaluation's key deliverables, specific findings for each phase, and next steps.

Following the submission of the final evaluation report, the team leader and another member of the evaluation team will participate in the **stakeholder workshop** (dates to be confirmed) and will share key findings, recommendations and lessons learned in a power-point presentation. Discussions between the evaluation team and the EMG are still under way regarding whether and how the evaluation team will support additional dissemination and follow-up.

5.2 Quality Assurance

Universalia uses the following systems to ensure quality of all deliverables, which will be applied throughout this evaluation:

- During the evaluation design phase, client needs and expectations are clarified. Data collection protocols are developed from the evaluation framework and discussed. These protocols are reviewed and tested to ensure appropriateness.
- The evaluation team meets regularly to review progress on the assignment. The team critiques all drafts and products, and seeks input from other in-house experts as required. The team leader circulates work to other professional staff/associates for review, and receives their suggestions to ensure that our deliverables meet our own internal standards. In this evaluation, the inclusion of a leading expert in FGM/C provides additional quality assurance.
- The team leader will provide regular status progress briefings to the EMG to share information on work completed, next steps, as well as any areas of concern such as difficulties, possible solutions, and important events affecting the evaluation.
- The timeline for the evaluation is designed to ensure that there is sufficient time for client review of all draft deliverables and for revisions to these deliverables to make sure that feedback is acted upon.
- Universalia also ensures that its work complies with standards set by professional associations as well as those set by our clients.

5.3 Team Composition and Distribution of Tasks

The envisaged roles and responsibilities of the proposed evaluation team members are outlined below.

Table 10 Team Composition and Distribution of Tasks

Team Member & Role	Key Responsibilities
Dr. Anette Wenderoth **Team Leader and Gender Expert**	Dr. Wenderoth will have overall responsibility and accountability for management and conduct of the assignment, including coordination of all consultants, quality assurance, and oversight regarding the evaluation process and deliverables. She will be responsible for regular client liaison and making presentations and debriefings to the client and other stakeholders (in particular the ERG) as required. Anette was actively involved in the design phase to ensure that the evaluation requirements and framework are clear and that the team creates high-quality tools and frameworks for the evaluation. She led the inception visit to New York, and led all data collection and reporting related to the design phase. She led the pilot field visit to Kenya as well as data analysis and writing of the related case-study report. She will lead the team in data collection and analysis at the global level. Furthermore, she will coordinate and lead the team in the preparation of the remaining country case studies, and ensure coherence and consistency of data collection, analysis, and writing. She will lead the process of data synthesis, and the formulation of overall evaluation findings, recommendations, and lessons learned, and manage working sessions with all team members at various points.
Dr. Ellen Gruenbaum **Senior Gender and FGM/C Expert**	Dr. Gruenbaum will provide our team with expert advice on gender, women's human rights, and in particular, FGM/C issues throughout the course of this assignment. She supported the team during the design phase in relation to designing the methodology for data collection at the community level and providing information on the global FGM/C context. She will support the team leader in presentations and debriefings with the EMG, ERG and other stakeholders as required. She will lead data collection, analysis, and writing for the Sudan country case study. Along with the other team members, Ellen will participate in data analysis, formulation of overarching findings, and compilation of the final evaluation report. She will also support the team leader in providing quality control for all deliverables.
Dr. Joëlle Palmieri **Knowledge Management Expert**	Dr. Palmieri was actively involved in the design phase of the evaluation. She participated alongside the team leader in the inception mission to New York, and supported the development of the evaluation methodology, in particular in relation to assessing issues related to communication and knowledge management.
Dr. Monica Trevino **Senior Evaluation Specialist**	Dr. Trevino will support the team leader in overseeing and conducting data collection and analysis at the global and regional level. She will lead the field visit to Senegal, as well as data analysis and writing of the related case study report. She will in addition support the team on methodological matters pertaining to data collection and analysis as needed, including developing common guidance for all national consultants involved in the assignment. She will participate in the process of overall data analysis, formulation of preliminary findings, and preparation of the draft and final evaluation synthesis reports.
Silvia Grandi (MA) and Emmanuel Trépanier (MA) **Evaluation Specialists**	Ms. Grandi and Mr. Trépanier will assist the team leader and the senior evaluation specialist in providing expert advice in evaluation throughout the course of this assignment as needed. They were actively involved in the design phase, in particular in the finalization of the evaluation methodology and tools. Ms. Grandi will lead and conduct the field visit to Burkina Faso and be responsible for the writing of the country case-study report. Both will participate in data collection and analysis at the global and regional levels, and will play a lead role in data collection and analysis of the 11 non-visited countries. Along with the other team members, they will participate in the process of overall data analysis, formulation of preliminary findings, and preparation of the draft and final evaluation synthesis reports.

Team Member & Role	Key Responsibilities
Carolyn Rumsey Others (tbd) **Research Assistants**	Under the leadership of the senior evaluation team members, research assistants Carolyn Rumsey and others (tbd) will assist in collecting and analyzing data at the global, regional, and national levels as required. This will include document and literature reviews, interviews, survey management, data analysis, and development of findings and conclusions. They will provide logistical support for the four site visits. Furthermore, they will support research and analysis pertaining to the drafting of the country case studies and the final evaluation report under the direction of the senior team members.
Jane Kiragu (Kenya) Samia Elnagar (Sudan) Hélène benga (Senegal) Alimata Konate (Burkina Faso) Others (tbd.) **National Consultants**	The national consultants will conduct the four field visits jointly with an international consultant. They will work closely with the designated international team member responsible for their country to ensure coordination, consistency, and quality of the process and of the deliverables. They will also provide the team with contextual advice as needed and support the preparation of presentations and the compilation of the country case studies.

5.4 Work Plan

This section presents the draft schedule for the evaluation.

Table 11 Draft Schedule

Phase	Activities	Deliverables and Meetings	Dates
Design and initial desk review	Initial telephone conversation with client		September 2012
	Inception visit to New York		September 2012
	Initial desk review		September 2012
	Consultations with key informants		September 2012
	Writing first draft inception report	Submission of draft inception report (first draft)	October 5, 2012
		Deadline for Evaluation Management Group comments	October 11, 2012
	Revising first draft inception report	Submission of draft inception report (second draft)	October 25, 2012
	Pilot mission to Kenya		November 12 to 23, 2012
	Writing draft final inception report	Submission of draft final inception report	December 3, 2012
	Preparing and delivering presentation to ERG meeting on draft final inception report.	Evaluation Reference Group meeting in New York	December 10, 2012

Phase	Activities	Deliverables and Meetings	Dates
	Revising and finalizing inception report	Submission of **final inception report**	December 19, 2012
	Writing Kenya pilot country case study report	Submission of Kenya pilot country case study report (first draft)	December 19, 2012
		Comments from ERG + COs on draft Kenya pilot country case study report (first draft)	January 15, 2013
	Revising Kenya pilot country case study report	Submission of **final Kenya pilot country case study report**	January 28, 2013
Data Collection and Field Visits	In-depth document, file and literature review		October 2012 to April 2013
	Telephone/Skype Interviews		Nov 2012 to Jan 2013
	Web-based survey		Nov and Dec 2012
	11 virtual focus groups		Dec 2012 and Jan 2013
	Three field visits to country case studies: Senegal Sudan Burkina Faso		 Jan 21 to Feb 1, 2013 Jan 21 to Feb 1, 2013 Feb 4 to Feb 15, 2013
	Team debriefing session/workshop		February 2013
	Writing country case studies	Submission of Senegal and Sudan country case study reports (first draft)	February 25, 2013
		Submission of Burkina Faso country case study report (first draft)	March 4, 2013
		Comments from ERG + COs on three draft country case study reports (first draft)	March 13, 2013
	Revising country case studies	Submission of three draft country case study reports (second draft)	March 22, 2013
	Preparing and delivering presentation to ERG meeting on field phase and case studies	Evaluation Reference Group meeting (Meeting with evaluation team - field phase debriefing, in New York)	March 27, 2013
	Participating in internal team validation workshop	Internal team validation workshop + EMG, in New York	March 28 to 29, 2013
	Finalizing country case studies	Submission of **three final country case-study reports**	April 9, 2013

Phase	Activities	Deliverables and Meetings	Dates
Reporting	Drafting final evaluation report	Submission of the draft final evaluation report (first draft)	April 29, 2013
		Comments from ERG to draft final evaluation report (first draft)	May 10, 2013
	Revising final evaluation report	Submission of the draft final evaluation report (second draft)	May 24, 2013
	Preparing and delivering presentation to ERG meeting on final evaluation report	Evaluation Reference Group meeting (meeting with evaluation team; presentation of draft final evaluation report in New York)	June 5, 2013
	Finalizing final evaluation report	Submission of the **final evaluation report**	June 19, 2013
Dissemination and follow-up	Preparing and participating in the Stakeholder workshop	Stakeholder workshop in New York	Dates to be confirmed