

JOINT PROGRAMME DOCUMENT

Programme Title : UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise to End FGM by 2030

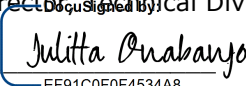
Joint Programme Vision : A world free from FGM, where every woman and girl has voice, choice, and agency

Joint Programme Goal : Contribute to ending FGM by 2030 through accelerated collective and multi-sectoral action by mobilizing a broad spectrum of actors at community, national, regional and global levels

Joint Programme long term outcome : Emergence of new and more equitable social norms transforming all harmful practices that drive FGM and gender inequality

Programme Duration: 9 years (108 months) Anticipated start/end dates: 1 January 2022 / 31 December 2030 Fund Management Option(s): <u>Pooled</u> (Parallel, pooled, pass-through, combination) Managing or Administrative Agent: <u>UNFPA</u>	Total estimated budget*: 334,545,455 Out of which: 1. Funded Budget: 0% 2. Unfunded budget: 100% * Total estimated budget includes both programme costs and indirect support costs
• Government _____ • UN Org.... _____ • UN Org... _____ • Donor ... -- -- • Donor ... _____ • NGO... _____	

Names and signatures of participating UN organizations

United Nations Population Fund (UNFPA)	United Nations Children's Fund (UNICEF)
Dr. Julitta Onabanjo Director, Technical Division  EF91C0F0F4534A8... 20 December 2021	Mr. Sanjay Wijesekera Director, Programme Division  20 December 2021



Global Promise

DELIVERING THE

END FGM BY 2030



UNFPA-UNICEF JOINT PROGRAMME ON THE
ELIMINATION OF FEMALE GENITAL MUTILATION:

DELIVERING THE GLOBAL PROMISE: END FGM BY 2030



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and **The European Union** through the Spotlight Initiative Africa Regional Programme.



Layout: *Laughing Gas Design*

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Acronyms

CSOs	Civil Society Organizations
DFA	Data-for-All
EMG	Evaluation Management Groups
FGM	Female Genital Mutilation
GTA	Gender Transformative Approach
HDI	Human Development Index
ICPD	International Conference on Population and Development
MSC	Most Significant Change
OECD/ DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
OH	Outcome Harvesting
OM	Outcome Mapping
SDG	Sustainable Development Goal
TOC	Theory of Change
UN	United Nations
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children’s Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

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Programme Summary

Title	UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Delivering the Global Promise to End FGM
Countries and Regions	Global
Total proposed budget	\$335 million
Programme duration	1 January 2022 – 31 December 2030
Vision	A world free from FGM, where every woman and girl has voice, choice, and agency
Goal	To contribute to ending FGM by 2030 through accelerated collective and multi-sectoral action by mobilizing a broad spectrum of actors at community, national, regional and global levels
Focus population	Girls and women, families, communities, and local and national institutions
Key Sustainable Development Goal (SDG) and targets	SDG Goal 5 Target 5.3: Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation
UNFPA and UNICEF Strategic Plan Outcome Areas	UNFPA Strategic Plan 2022-2025 Outcome: By 2025, the reduction in gender-based violence and harmful practices has accelerated. Output 3: By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women’s decision-making. UNICEF Strategic Plan 2022-2025 Goal 3: “Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices”. Result 3: “Children, including those affected by humanitarian crises, benefit from the prevention of harmful practices.”
Geographical Focus	Presently in over seventeen (17) countries across the continents of Africa and Asia. Phase IV of the Joint Programme will increase its influence presence beyond the current target countries.
Key Partners	Governments; African Union; Regional Economic Communities and regional bodies/institutions; civil society organisations; academia; development partners; United Nations agencies; and private sector and corporations.



Executive Summary

Background

There have been some positive changes in the field of eliminating female genital mutilation (FGM) over the last three decades. Actions by governments and communities have resulted in a growing opposition to FGM and a change in attitudes towards the practice. Today, a girl is about one-third less likely to undergo FGM than 30 years ago. In the 31 countries with available data, FGM has dropped by one quarter in the last 20 years.

Despite this critical progress being made in eliminating FGM, more than 200 million girls and women globally are estimated to have experienced FGM, with most girls being subjected to the practice before the age of 15. In those areas where progress has been made, a rapid scale up of evidence-based preventive interventions will be required to meet the Sustainable Development Goals (SDGs) by 2030.

Both UNFPA and UNICEF embrace the vision of the 2030 Agenda for Sustainable Development and commit to the United Nations development system reform, which promotes closer collaboration among UN agencies. The two agencies have been co-leading the largest UN Joint Programme on the elimination of FGM since 2008, and within this framework, have implemented programmes aimed at preventing and responding to FGM in 17 countries across Africa and the Middle East. Working in partnership with governments, civil society, development partners and communities, this Joint Programme has (i) positioned FGM front and centre on the global political agenda, boosting awareness of FGM issues through its global campaign; (ii) increased the political commitment to eliminating FGM, enhanced supportive policies at the global, regional and national levels, and galvanized a global movement to end FGM; (iii) supported the launch of the African Union Initiative on Eliminating Female Genital Mutilation (the Saleema Initiative), including its ongoing efforts to develop a regional accountability framework on harmful practices and other focus areas of the initiative; (iv) advanced knowledge, research and measurements, especially on social norms; and (v) technically supported the establishment of an inter-ministerial body on cross-border FGM in

Eastern Africa, leading to the adoption of the Mombasa Declaration of April 2019, which is currently offering Member States of the East African Community and their neighbours a cooperation framework to eliminate FGM across borders. Additionally, the Joint Programme has invested in innovation for scalability in countries with large populations and promoted a set of surveillance and protection systems for girls and women at the national and community levels.

Even with these achievements, challenges abound: rapid population growth, coupled with ongoing insecurity and humanitarian crises in some of the world's impoverished countries where FGM persists, as well as the medicalization of FGM and the declining age of cutting, all threaten to roll back progress. In addition, the global COVID-19 pandemic and the measures taken to contain it have exacerbated existing structural gender inequalities in programme countries. This resulted in serious setbacks in the efforts of social change actors who are working to ensure that the rights of women and girls are protected. UNFPA estimates that owing to the pandemic and the resulting delays in FGM programming, two million additional cases of FGM will need to be averted to ensure that the global promise of ending FGM by 2030 is delivered.

Mitigating the impact of the global crisis on efforts to eliminate FGM requires concerted and expanded action, both in speed and in scale. The Joint Programme realizes the urgent need to re-strategize its programmes to address the global realities and challenges to achieve its goals. This is expressed in its new programme framing: Delivering the Global Promise: End FGM. In launching Phase IV of the Joint Programme, UNFPA and UNICEF seek to leverage the new global realities to mobilize additional technical and financial resources for ending FGM, especially through expanding its global, regional and local partnerships and alliances.

Phase IV of the Joint Programme

The vision of the Joint Programme is a world free from FGM, where every woman and girl has a voice, choice and agency. The goal of the Joint Programme is to contribute to ending FGM by 2030 through accelerated collective and multisectoral action that mobilizes a broad spectrum of actors at the community, national, regional and global levels.



Shifting for a lasting impact

PROGRAMMATIC STRATEGIES AND APPROACHES:

The Joint Programme will (i) expand opportunities for women’s and girls’ agency; (ii) promote enabling family and community environments; (iii) build and expand a global youth movement grounded in adolescent girls’ leadership; (iv) strengthen governance to end FGM; (v) strengthen the capacity of rights holders and duty bearers; and (vi) bridge the gap between evidence generation and uptake of research to eliminate FGM.

POLITICAL AND GEOGRAPHICAL CONSIDERATIONS:

While the Joint Programme will maintain a global narrative, it will have a strong presence on the African continent. Its direct impact population remains girls and women at risk of or affected by FGM in 17 countries, especially in hard-to-reach areas. Furthermore, the Joint Programme will engage in the exchange of knowledge and tools with additional countries where FGM is prevalent. The programme will also strengthen its partnership and collaboration with the Spotlight Initiative Africa Regional Programme.

MOVEMENT + CONSTITUENCY:

The Join Programme is building a global youth movement grounded in adolescent girls’ leadership to disrupt the social systems that uphold FGM. This phase prioritizes global movement building of allies working towards eliminating the practice. The core of its implementation will support innovative and safe platforms and spaces, both offline and online, to build girls’ agency and capacities to lead, influence change and voice their opinions on issues related to FGM. The strategy will equally focus on expanding strategic alliances at the global, regional and local levels. The Joint Programme will engage in purposeful partnerships, fostering cooperation with national governments, and regional authorities, the private sector, civil society organizations, faith groups and leaders, development partners, youth groups, feminist movements, the media and community actors. The goal is to generate additional resources and capabilities and to achieve more sustainable solutions to address the challenge posed by FGM for the well-being of women and girls across continents.

GENDER-TRANSFORMATION AND MULTI-SECTORAL APPROACH:

The global Theory of Change continues to embrace a holistic, gender-transformative and multi-sectoral approach that aims to inspire a positive change at the individual, household, community, national, regional and global levels. It envisages that by engaging in purposeful partnerships, and with multi-layered actions, the Joint Programme can achieve its desired impact: to deliver the global promise of ending FGM by 2030. The desired long-term outcome of the Joint Programme is the emergence of new and more equitable social norms transforming all harmful practices that drive FGM and gender inequality.

SHIFTING FROM ATTITUDE CHANGE TO BEHAVIOUR CHANGE:

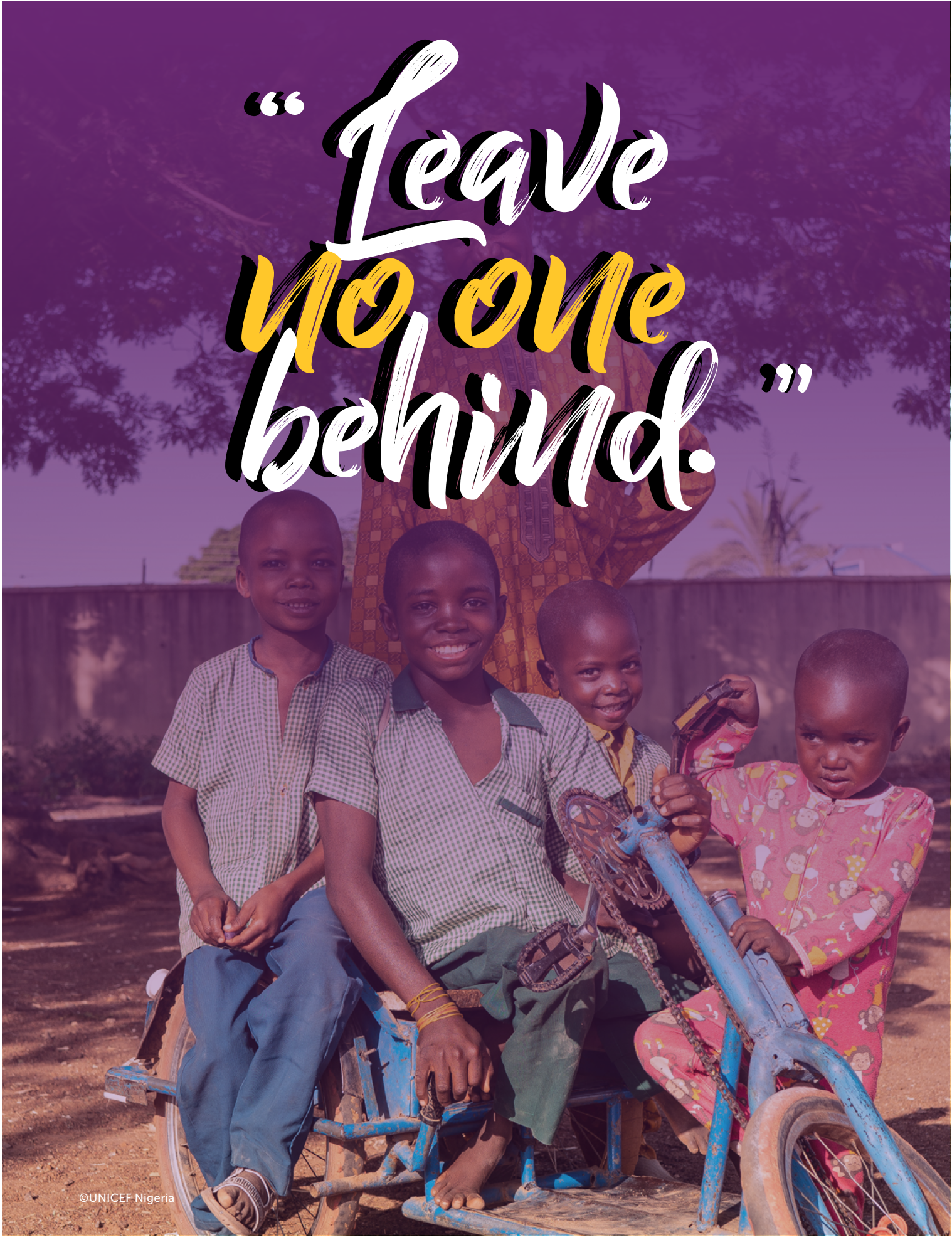
The shift in attitudes and the growing opposition to FGM, especially among young people, present a base for the Joint Programme to realize behaviour change.

Decade of Action to Deliver the Global Promise to End FGM

In 2020, the United Nations and the global community ushered in a Decade of Action to deliver the SDGs by 2030, aligning with the transformative promise of the 2030 Agenda for Sustainable Development of “leaving no one behind”. For the Joint Programme, this reinforces the urgency to intensify its efforts, as ending FGM would have transformative effects for girls and women, thereby accelerating progress towards the achievement, not only of SDG 5, but all global development goals by 2030.

Resource Requirement

Phase IV marks a critical opportunity to consolidate and grow the significant gains made by the Joint Programme in the last 12 years towards delivering the global promise to end FGM by 2030. To this end, UNFPA and UNICEF are seeking \$334,545,455 over nine years to help expand alliances, attention, resources and accountability for ending FGM, so that girls and women everywhere may fully realize their rights and fulfil their potential.



Introduction

UNFPA, the United Nations Population Fund and the United Nations Children's Fund (UNICEF), through the Joint Programme on the Elimination of Female Genital Mutilation (FGM): Accelerating Change, have over the past decade actively contributed to the accelerated elimination and abandonment of FGM globally. In this new phase, we present an ambitious, evidence-driven and rights-based programme, building on the successes of the previous phases and outlining bold, specific actions that we will deliver through strategic partnerships and coalitions for more impactful programmes to eliminate FGM by 2030. Going forward, the Joint Programme will continue to provide a blueprint on how the United Nations works to deliver cohesive and high-quality support towards the realization of national priorities. Drawing on the best practices and accumulated learning from over a decade of programme implementation, the fourth phase of the Joint Programme has been developed to create a global movement to end FGM by 2030.

Collaboratively created through consultations with UNFPA and UNICEF staff, governments, civil society organizations and young people, this phase prioritizes building a global movement of allies working towards eliminating FGM. The Joint Programme will engage in purposeful partnerships that foster cooperation with national and regional governments, the private sector, civil society organizations, faith groups and leaders, development partners, youth groups, feminist movements, the media and community actors. The goal is to generate additional resources and capabilities and to achieve more sustainable solutions in addressing the challenge posed by FGM for the well-being of women and girls across continents.

In detailing the sets of highly integrated services, resources and activities geared towards shaping this phase of the Joint Programme: 2022-2030, this programme document articulates the major shifts from previous phases and announces a new decade of action, with a commitment towards achieving SDG target 5.3, which aims to eliminate the practice by 2030.

The programme document is a result of a collaborative effort by UNFPA and UNICEF, based on wide consultations with stakeholders through various platforms established to inform the design of Phase IV of the Joint Programme. It provides solutions and responses generated with the UNFPA and UNICEF regional and country offices, implementing partners and members of the Joint Programme's Steering Committee.

The global promise to end FGM

Female genital mutilation is internationally recognized as a violation of human rights, a form of violence against girls and women with multiple negative consequences that hamper their medical, psychological and social well-being.

The global consensus remains that FGM should be eliminated, as expressed through different resolutions, declarations and agendas in which the Joint Programme anchors its mandates. These include United Nations General Assembly and Human Rights Council resolutions; the 1994 Programme of Action of the International Conference on Population and Development (ICPD) that promotes women's reproductive health, rights and empowerment; and the 1995 Beijing Declaration and Platform for Action that identified ending FGM as essential to realizing girls' fundamental human rights.

In 2003, the African Union equally adopted the Maputo Protocol that includes specific provisions banning FGM, and then, in 2014, launched its ‘Agenda 2063: The Africa We Want’, which calls for ending gender discrimination and all forms of gender-based violence, including FGM. The 2015 Sustainable Development Goals renewed this commitment by introducing target 5.3 that calls for the elimination of FGM and harmful practices under Goal 5 on achieving gender equality and women’s and girls’ empowerment. In 2020, the United States House of Representatives expressed its support for women’s empowerment and gender equality by endorsing the ‘strengthening the opposition to Female Genital Mutilation Act of 2020 or the STOP FGM Act of 2020’. It further recognized the cross-border protection of FGM victims in the United States.

Throughout the previous phases of the Joint Programme, UNFPA and UNICEF have aligned with existing global commitments, gaining support from governments, both at the national and decentralized levels, civil society organizations (CSOs), development partners and communities across countries and continents to achieve their mandate of

implementing collective social change in the practice of FGM. Throughout its years of implementation, the Joint Programme has made positive progress by leveraging support from political leadership and international and country-level governance structures who have advanced the rights of women and girls by providing an enabling policy and legislative environment. Owing to their interventions, social norm changes are evident at the institutional, policy and community levels across the globe.¹

Globally, girls today are 33 per cent less likely to undergo FGM than 30 years ago. Despite this gain, challenges abound as the relative progress recorded has been uneven across countries. In some countries, the practice remains as commonplace today as it was three decades ago.² Global changes in the last decade have resulted in significant reversals of the progress achieved. Humanitarian crises, including epidemics, have had a disproportionate impact on women and girls when viewed through a gender lens. The global COVID-19 pandemic and its containment measures have exacerbated the existing structural gender inequalities. UNFPA estimates that owing to the COVID-19 health crisis that has delayed FGM programming,

two million additional cases of FGM are likely to occur that would have been averted over the next decade³ to ensure that the global promise to end FGM is delivered. A previous estimate highlighted that without concrete actions, an estimated 68 million additional girls will be subjected to FGM by 2030.⁴

Whereas the new humanitarian emergencies have informed a shift in the global ecosystem, they also present an opportunity to “build back equal” post-pandemic.⁵ There are potentials for building alliances and partnerships at the global and regional levels, with national governments, policymakers and girls’ and women’s rights advocates to advance efforts towards ending FGM. As it shifts gears to deliver the global promise of ending FGM, the Joint Programme will leverage the new global realities to mobilize resources, especially through expanding its global, regional and local partnerships. With these approaches, it will ensure that FGM remains high on the global change agenda, while creating and implementing coordinated and comprehensive action across programme countries.



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¹Evaluation Offices of UNFPA and UNICEF, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change, Phase I and II (2008-2017), UNFPA, UNICEF, New York, 2019. <https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation>.
²UNICEF, Female Genital Mutilation: A New Generation Calls for Ending an Old Practice, UNICEF, New York, 2020. <https://data.unicef.org/resources/female-genital-mutilation-a-new-generation-calls-for-ending-an-old-practice/>.
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³UNFPA, Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, Interim Technical Note, April 2020a.
⁴UNFPA, Bending the curve: FGM trends we aim to change, UNFPA, New York, 2018. <https://www.unfpa.org/fr/node/17160>.
⁵UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, Resilience in Action: Lessons Learned from the Joint Programme During the COVID-19 Crisis, UNFPA, UNICEF, New York, 2020. <https://www.unfpa.org/resources/resilience-action-lessons-learned-joint-programme-during-covid-19-crisis>.

A Lasting Commitment to Ending FGM

In addition to implementing the Joint Programme on the Elimination of Female Genital Mutilation, UNFPA and UNICEF have continued to focus on FGM concurrently within different aspects of their general mandates, as highlighted in the table below:

UNFPA STRATEGIC PLAN 2022-2025 The Strategic Plan recognizes FGM as a priority for impact by listing it as one its transformative result areas (Outcome 3):	UNICEF PLAN 2022-2025 The strategic plan identifies FGM as a priority for impact through the following result areas:
By 2025, the reduction in gender-based violence and harmful practices has accelerated, through strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women’s decision-making (Outcome 3, Output 3)	Girls, including those affected by humanitarian crises, benefit from the prevention of harmful practices (strategic plan Goal area 3, result area 3).
Outcome 3 responds to SDG 5, target 5.2 and target 5.3 (eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation).	Girls, including those affected by humanitarian crises, benefit from the promotion of care, mental health and psychosocial well-being and justice (strategic plan Goal area 3, result area 2).
Strengthen the skills and capabilities of women of all ages to exercise their agency and rights, bodily autonomy, decision-making, leadership, and self-determination, including women and girls living in humanitarian, conflict and post-conflict contexts.	Expanded coverage and strengthened inclusive, gender-transformative and shock-responsive social-protection systems, including in humanitarian and fragile contexts (strategic plan Goal area 5, result area 2).
Continue to lead efforts to end ‘son preference’, gender-based sex selection and other harmful practices.	Equitable and inclusive access to learning opportunities, including in humanitarian and fragile contexts (strategic plan goal area 2, results area 1).
Make investments in the following critical pathways: (a) Strengthening policy, legal and accountability frameworks related to gender-based violence and harmful practices; and (b) Scale up access to high-quality and gender-transformative, survivor-centred essential services.	Improved learning, skills, participation and engagement for all little girls and adolescents, in development and humanitarian contexts (strategic plan goal area 2, results area 2).
Ensure women and girls have access to humanitarian response and life-saving services, including to mental health and psychosocial support services.	Girls and women have access to strengthened primary health care and high-impact interventions to accelerate the end of preventable maternal, neonatal and child deaths and stillbirths, in development and humanitarian contexts (strategic plan goal area 1, results area 1).



Table 1: Alignment of Phase IV with the Strategic Plans of UNFPA and UNICEF

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Scope and Approach



Overall approach

of the Joint Programme high 5s to deliver the global promise: END FGM

Consistent with the objectives of the UNFPA and UNICEF strategic plans, the following overarching principles are vital for scaling up operations in five priority areas in Phase IV of the Joint Programme:

‘BUSINESS UNUSUAL’

The Joint Programme’s efforts will seek to disrupt the status quo and kick-start change in contexts where minimal or no changes have been achieved. Investments will be applied to promote targeted actions to advance the leadership and well-being of adolescent girls, as girls are both disproportionately affected by gender inequality and have tremendous potential to be leaders of change.

GENDER TRANSFORMATIVE AND CULTURALLY SENSITIVE APPROACHES:

Combining upstream with downstream interventions at the individual, community, institutional and policy levels to challenge unequal gender power dynamics and social norms that reinforce FGM. This should also be accompanied by appreciating diversity and context-specific interventions across countries and regions.

Adopting gender transformative programming is critical to achieving the elimination of FGM, and gender equality at all levels. Effective implementation requires that government-sector personnel, service providers, programme staff and other implementing partners apply gender sensitivity and values that positively impact programme design and implementation. Service providers should be supported to understand that transforming harmful social and gender norms, roles and power relations is critical in addressing the root causes of gender inequalities that sustain FGM.

A gender transformative approach (GTA) prioritizes the agency of girls and women to exercise their rights and influence the decision-making processes to avoid FGM. The approach involves empowering women, girls and their communities to question and transform unfair power dynamics and inequitable gender norms into positive social values that enhance gender equality. Working across levels and within a web of support that involves families and communities, society and public structures, institutions, systems and services, a GTA ensures that social actors, especially men and boys who are often left out of traditional gender mainstreaming despite their vital roles in reinforcing gender inequality, are involved.

Tools developed by UNFPA and UNICEF in this field of work will be used to inform the actual operationalizing of gender transformative approach at the national and sub-national levels. Targeted capacity building and technical support will also be provided to enhance capacity at different levels.

ENSURING NO ONE IS LEFT BEHIND:

The Joint Programme remains committed to leaving no one behind, especially the furthest behind, and recognizes that gender intersects with multiple risks faced by the poorest and the most marginalized and excluded groups, including heightened risk of discrimination and neglect related to disability, ethnicity, urbanization, migration and displacement, natural disasters and armed conflict.

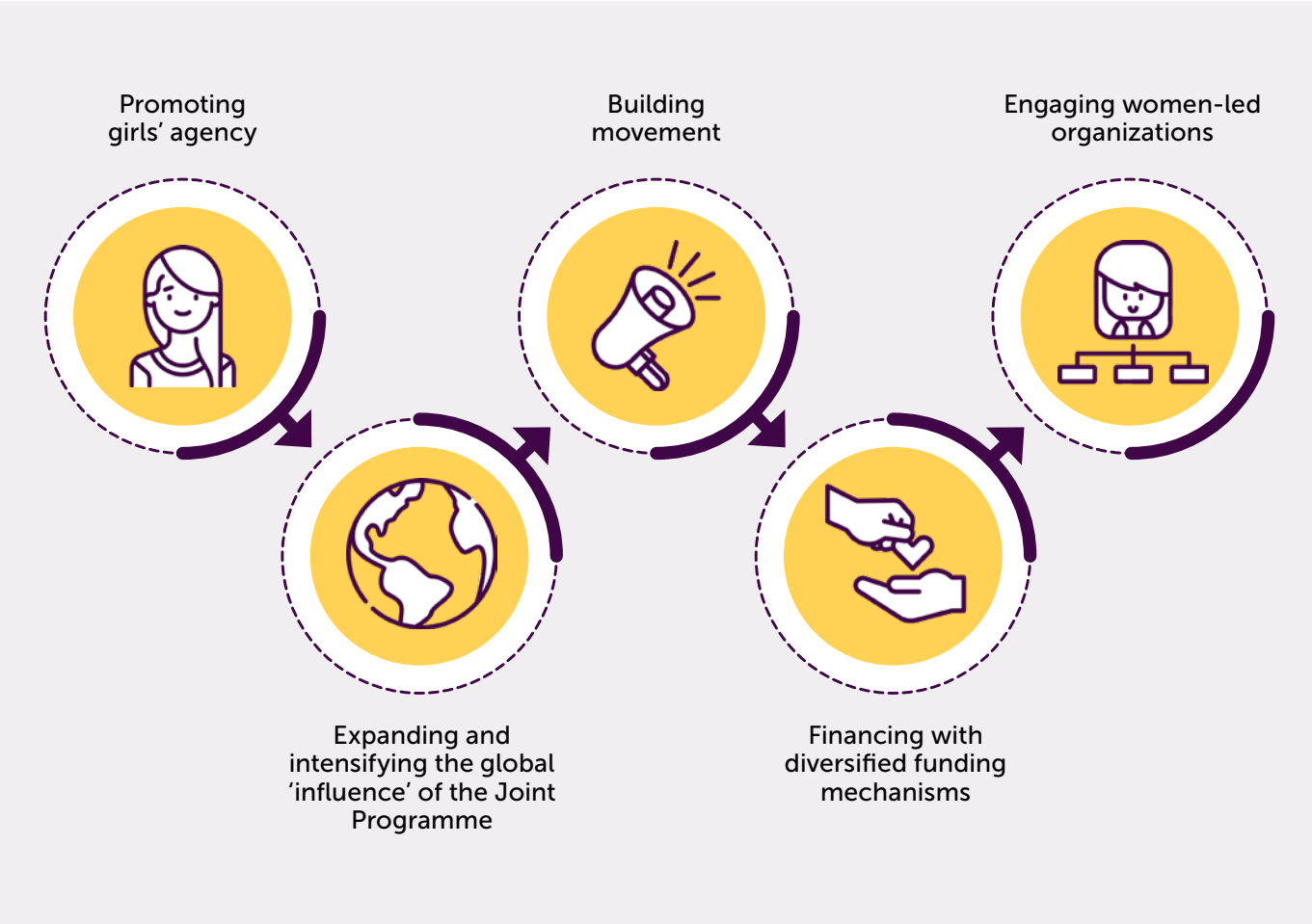
ACCOUNTABILITY:

Strengthen political and social accountability for supporting and monitoring progress towards ending FGM at all levels, both in development and humanitarian contexts. Efforts will be made to ensure ownership at all levels and sustainability of interventions for social and gender norms change by strengthening all relevant actors.

EVIDENCE-BASED PROGRAMMING:

Implementation of the Joint Programme will be evidence-driven. Together with governments, civil society and other partners, the Joint Programme will deepen and expand efforts to generate, analyze and use gender-related evidence and data to monitor outcomes for girls and women as they relate to FGM.

This phase of the Joint Programme includes a coherent set of high 5s designed to ensure timely abandonment of FGM, consistent with SDG 5.3 target.



■ **Promoting girls' agency**

This phase of the Joint Programme will promote girls' leadership voice and agency as a catalyst for their inclusion and participation across all sectors and contexts. This will include supporting innovative and safe platforms and spaces, both offline and online, to build girls' skills and capacities to lead, influence change, voice their opinions and be empowered on issues related to FGM. It will also promote accountability among adult stakeholders and institutions to develop and ensure opportunities for girls' systematic inclusion and participation in designing, advocating for, owning and implementing solutions towards ending FGM in their communities and their lives.

■ **Building movement**

The Joint Programme will focus on building strategic partnerships with purpose, deliberately focusing on collaborations that drive innovation and on the formation of other alliances that are vital to inclusivity and to ensuring that no one is left behind. Partnership efforts with reference groups at all levels will enable the strengthening of the Joint Programme and the measuring of its impact and effectiveness bottom-up.

This phase of the programme prioritizes collective and multisectoral actions towards addressing the practice of FGM. It will be establishing alliances, identifying new entities and generally mobilizing a broad spectrum of actors, including non-traditional partners, such as artists, who can use the arts and oral culture to strengthen behaviour change at all levels. Central to this will be harnessing youth capabilities, innovations and advantages to drive the anti-FGM campaign. For this purpose, the Joint Programme will build a global youth movement through digital youth engagement and diverse social innovations for increased positive outcomes for girls and women.

■ **Engaging women-led organizations and feminist-led movements**

Appreciating the value of women leading the movement to end FGM, the Joint Programme will pursue a strategic partnership with women-led organizations and feminist movements to leverage their influence, capabilities and contributions to the achievement of the programme goal. These organization will be mobilized as social change actors to support the processes of transformation in social and gender norms and promote gender equality. Women-led organizations, especially at the grassroots level, have in-depth understanding of the challenges that women and girls face and vital resources on how to advance their rights. These groups will inform key global and regional partnerships for increased effectiveness in promoting social and gender transformation and undertaking advocacy initiatives towards holding countries accountable for their commitments.

■ **Expanding and intensifying the global ‘influence’ of the Joint Programme**

Appreciating the geographical scale and dynamics of FGM, both in development and humanitarian contexts, the programme will be expanding and intensifying its global ‘influence’ by broadening its reach and influence beyond the 17⁶ countries that it currently supports. It will do so through knowledge sharing and scaling up of advocacy efforts through strategic partnerships, and advocacy and capacity building activities so that more influential advocates unify their voices against FGM.

■ **Financing with diversified funding mechanisms**

As it is a top priority, the Joint programme will strengthen its resource mobilization efforts to generate additional financial resources from multiple sources with alternative funding mechanisms. It will look beyond existing funding sources to explore diverse streams through partnerships with the private sector, foundations and others.

The JP will also actively, and in consultation with stakeholders, look into opportunities for catalytic use of its resources to leverage additional financing, innovative financing partnerships and modalities aligned to its desired outcomes.

Recent Trends in FGM

Global Situation

There are 31 countries where nationally representative data on FGM are available. In addition, the practice of FGM has been documented in at least 61 other countries either through indirect estimates and, small-scale studies, or from anecdotal evidence and media reports.⁷ A Cluster Analysis using FGM data from at least 57 countries was conducted to classify countries into 5 groups or clusters. For more details, see Annex 1 “Country Classification”.

Based on the analysis of global declines and subnational trends, the following points will be emphasized to inform the design and implementation of the next phase of the Joint Programme and its movement building approach:

⁶ Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen

⁷ Equality Now. 2018. Female genital mutilation/cutting: A call for a global response, <https://bit.ly/31dqpng>

ATTITUDES TOWARDS FGM ARE SHIFTING

In countries affected by FGM, seven in ten girls and women think the practice should end. Even among communities that practice FGM, there is a notable level of opposition. Among girls and women who themselves have been subjected to FGM, five in ten think the practice should end.

OPPOSITION IS BUILDING

Momentum is increasing to abandon FGM: in the last two decades, the proportion of girls and women in high prevalence countries who want the practice to stop has doubled.

ADOLESCENT GIRLS ARE MORE LIKELY THAN OLDER WOMEN TO OPPOSE FGM

In Egypt, Guinea and Sierra Leone, adolescent girls are at least 50 per cent more likely than older women to oppose the practice.

ENGAGEMENT OF BOYS AND YOUNG MEN:

It is critical to recognize that men and boys are visible partners and allies against FGM. Out of 11 countries supported by the Joint Programme, and where data are available, FGM opposition in nine countries is approximately the same among girls and women, and boys and men (Burkina Faso, Kenya, Mali, Nigeria and Senegal) or greater among men and boys (Eritrea, Ethiopia, Guinea and Sudan).⁸

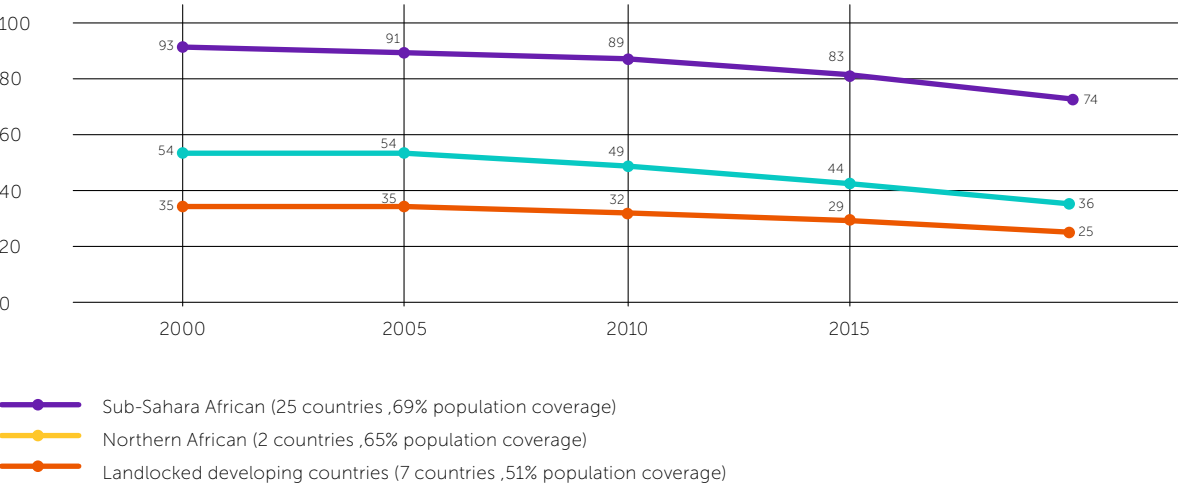
DIGITAL PENETRATION

Digital information technologies and social media platforms have become important means of communication (especially during the COVID-19 pandemic), but this digitalization must be coupled with continued face-to-face service delivery and engagement to reach the most vulnerable girls. In low and middle income countries, more than half of women are offline, and women are 20 per cent less likely than men to own a smartphone.

⁸ UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, 2020 Global Annual Report: Eliminating Female Genital Mutilation during COVID-19: Sustaining the momentum, UNFPA, UNICEF, New York, 2021.

Eliminating FGM remains on the global agenda, as significant numbers of girls and women across the world continue to be subjected to this practice. Owing to all the interventions and investments targeting its elimination, some laudable progress has been made. Representative data on the prevalence of FGM indicate a decline in the practice during the last three decades, although the pace of decline across countries has been uneven. Although this decline is not occurring in all segments of society, the fact that it is occurring increases the prospects of the eventual elimination of the practice.

Figure 1: Trend of the prevalence of female genital mutilation among girls aged 15-19 years by SDG region



Source: SDG Report, 2020.⁹

The decline in the prevalence of FGM is evidenced by some studies. An analysis of the practice in 29 countries across Africa and two countries in Western Asia showed a decline in the prevalence of FGM among children below the age of 14 in East Africa (from 71.4 per cent in 1995 to 8 per cent in 2016), in North Africa (from 57.7 per cent in 1990 to 14.1 per cent in 2015), and in West Africa (from 73.6 per cent in 1996 to 25.4 per cent in 2017).¹⁰ However, a recent analysis by UNICEF reported that “even in countries where the practice has become less common, progress would need to be at least 10 times faster to meet the global target of elimination by 2030”.¹¹

⁹ ECOSOC, Progress towards the Sustainable Development Goals Report of the Secretary-General, ECOSOC, New York, 2021. <https://unstats.un.org/sdgs/files/report/2021/secretary-general-sdg-report-2021--Statistical-Annex.pdf>.

¹⁰ Kandala N.B., Ezejimofor M.C., Uthman O.A., et al., Secular trends in the prevalence of female genital mutilation/cutting among girls: a systematic analysis, BMJ Global Health, 2018. <https://gh.bmj.com/content/3/5/e000549>.

¹¹ UNICEF, Female Genital Mutilation: A New Generation Calls for Ending an Old Practice, UNICEF, New York, 2020. <https://data.unicef.org/resources/female-genital-mutilation-a-new-generation-calls-for-ending-an-old-practice/>.

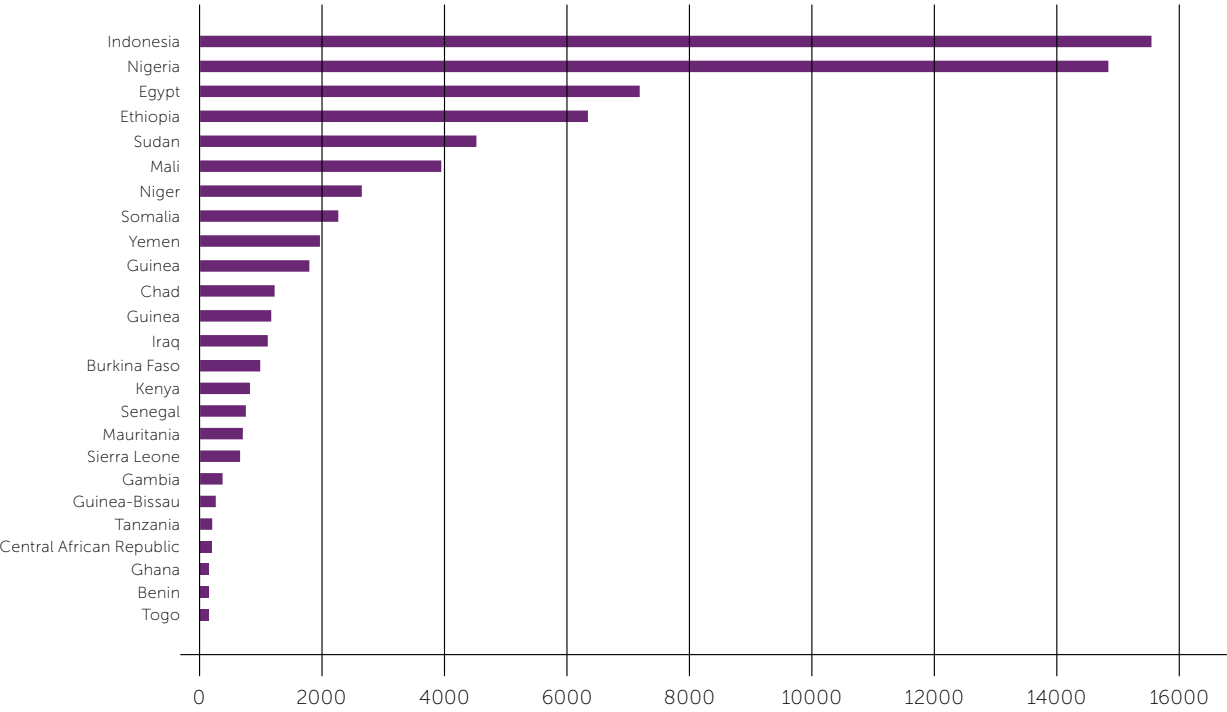
FGM has become less common in some countries where it was once universal, and also in countries where it only occurred in selected communities. In 2020, data from large-scale surveys covering 31 countries with nationally representative prevalence data indicated that one in three girls aged 15 to 19 today had undergone FGM, compared to one in two girls recorded 30 years ago.¹² Despite the overall decline in the prevalence of the practice, however, there remains a significant increase in the estimated number of women and girls who have undergone FGM.

FEMALE GENITAL MUTILATION INCIDENCES

While more than a quarter of the 68 million girls at risk of FGM between 2015 and 2030 live in six countries (Egypt, Ethiopia, Indonesia, Mali, Nigeria and Sudan), addressing the practice in all other countries remains a human rights obligation¹³ (figure 2).

The latest UNFPA estimates imply that even if the probability of FGM stays constant globally, more and more girls will be affected each year due to the underlying population growth in high-risk countries. This highlights the importance of factoring in underlying population dynamics when estimating FGM risk. It also demonstrates that increased efforts are required to halt this trend.

Figure 2: Number (thousands) of girls at risk of FGM by country



Source: UNFPA, 2018

¹² UNICEF, Female Genital Mutilation (FGM) Statistics, UNICEF Data, 2020. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

¹³ UNFPA, Bending the curve: FGM trends we aim to change, UNFPA, New York, 2018. <https://www.unfpa.org/tr/node/17160>.

TRENDS IN RISK OF FEMALE GENITAL MUTILATION

There is some notable variation in FGM risk for women and girls between countries as shown by survival curves for all cohorts in three countries with substantial decline in FGM (Ethiopia, Kenya and Mauritania) and three countries with little evidence of a decline in the practice (The Gambia, Guinea and Guinea-Bissau). These survival curves display differences in FGM with respect to 1) the overall, or lifetime, risk of experiencing FGM for women and girls, demonstrated by the height of the survival curves; 2) the existence and pace of FGM decline at the national level, portrayed by the relative height of survival curves for different cohorts; and 3) the age-pattern of the practice, depicted by the shape of the survival curves and how it was influenced by FGM decline.

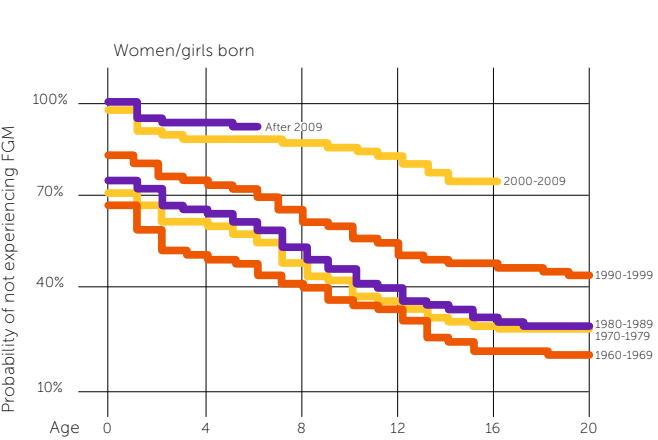
The Joint Programme has been periodically updating FGM incidence estimates as new data become available and, via the UNFPA Population Data Fellows Programme, is supporting FGM programmatic experts to use these estimates to inform policy and programmatic interventions.



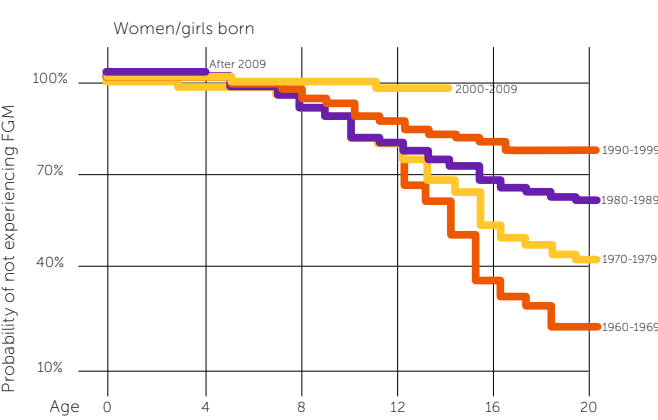
©UNFPA The Gambia

Figure 3: Survival curves for all cohorts in three countries with substantial decline in FGM (Ethiopia, Kenya and Mauritania)

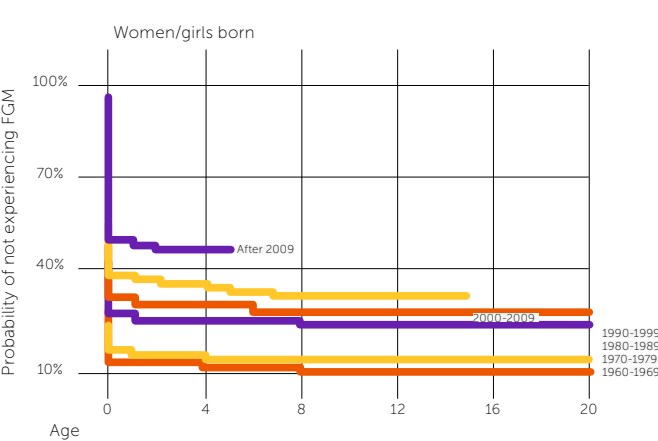
ETHIOPIA



KENYA



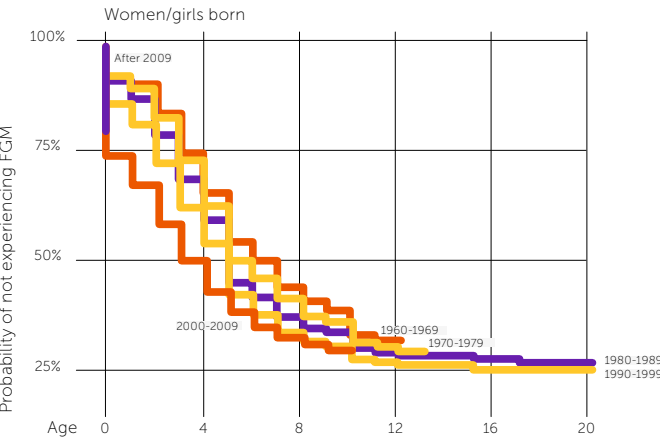
MAURITANIA



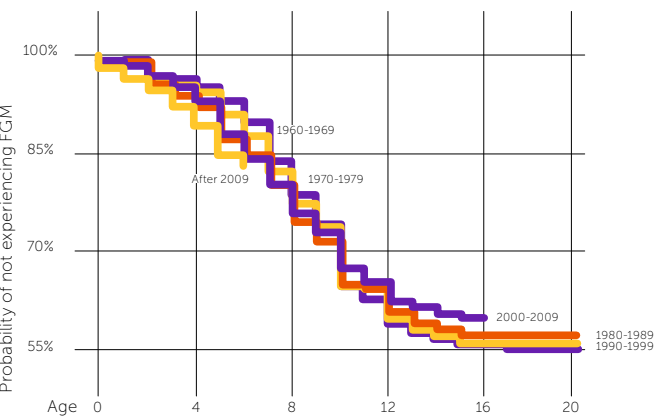
Source: UNFPA, 2019, based on available household survey

Figure 4: Survival curves for all cohorts in three countries with little evidence of a decline in the practice (Gambia, Guinea and Guinea-Bissau)

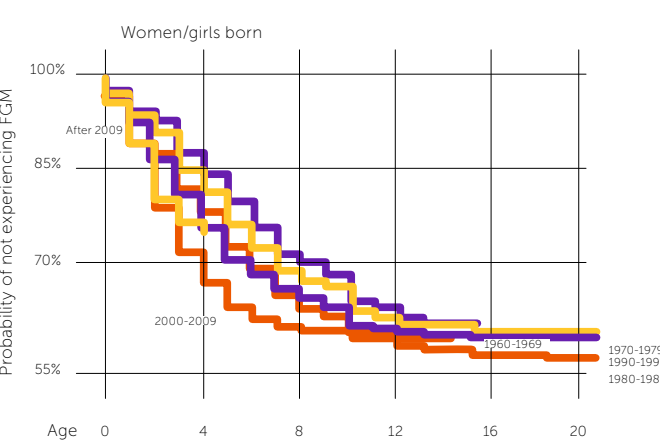
THE GAMBIA



GUINEA



GUINEA-BISSAU



GIRLS UNDERGOING FEMALE GENITAL MUTILATION AT YOUNGER AGES

In nearly half the countries with nationally representative survey data that include information on the age of female genital mutilation, the majority of girls were cut before age 5. Even in countries where girls undergo female genital mutilation at a later age, the age of cutting appears to be falling.

Tailoring steps to end female genital mutilation based on age points to the need to understand the age at which girls undergo the practice as one of the specific characteristics that shape the context for it. When girls are at a young age, parents and family are the target of the protection system. Adolescent girls can react in a different manner because of their age and interactions with family members, peers, a school community and the community at large.¹⁴

Figure 5: Grouping of countries by the age at which female genital mutilation occurs

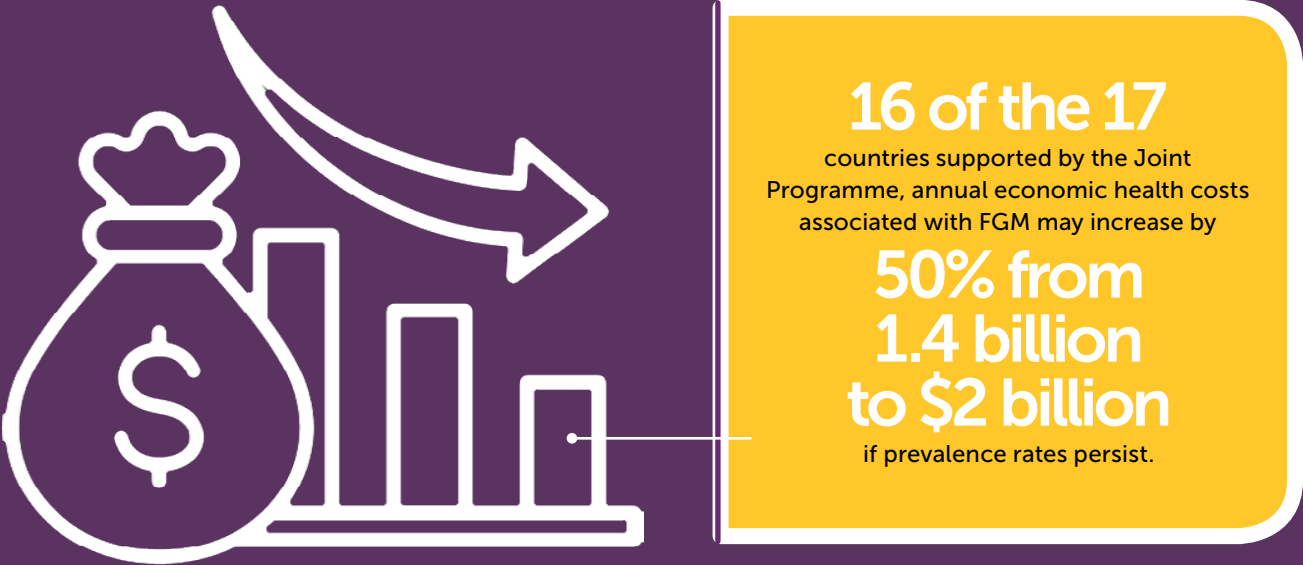


¹⁴ ECOSOC, Progress towards the Sustainable Development Goals Report of the Secretary-General, ECOSOC, New York, 2021. <https://unstats.un.org/sdgs/files/report/2021/secretary-general-sdg-report-2021--Statistical-Annex.pdf>.

Cost of Inaction

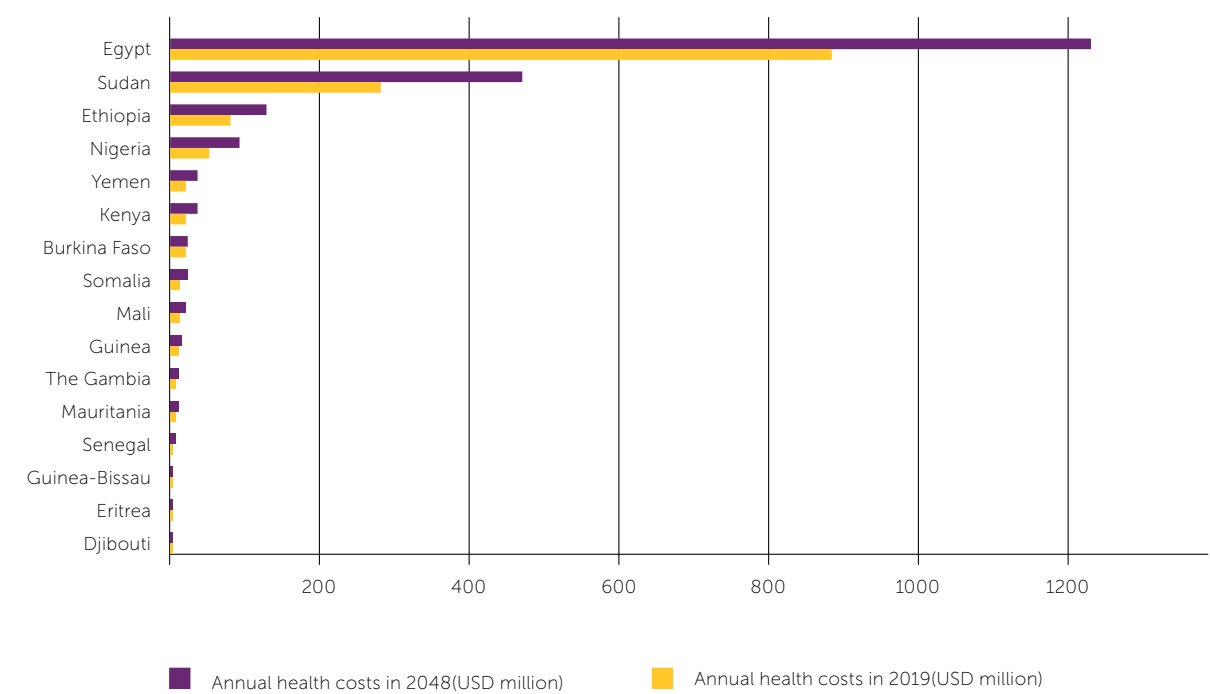
The consequences of FGM are manifold, with significant impact on women and girls. However, the health outcomes of this practice are the most measurable. The health cost of FGM is directly linked to the economic cost of the practice, as there are direct financial costs associated with providing care and treatment services for women and girls who have been subjected to FGM. Given the prevalence of the practice in many countries, this results in significant economic expenditure that impacts the national budget and the overall health care system.

The World Health Organization (WHO) FGM Cost Calculator¹⁵ analyzes the economic impact of treating FGM survivors on national healthcare systems by combining data on the health risk associated with FGM, health costs and national FGM prevalence. Estimates from the cost calculator from 2019 to 2048 show that in 16 of the 17 countries supported by the Joint Programme, annual economic health costs associated with FGM may increase by 50 per cent (from \$1.4 billion to \$2 billion) if prevalence rates persist. Figure 4 below details the annual economic cost of sustaining the FGM prevalence in programme countries.



¹⁵ WHO, Female Genital Mutilation Cost Calculator, WHO, 2020. <https://srhr.org/fgmcost/>.

Figure 6: Annual economic health costs associated with FGM from 2019 to 2048 if prevalence rates remain same

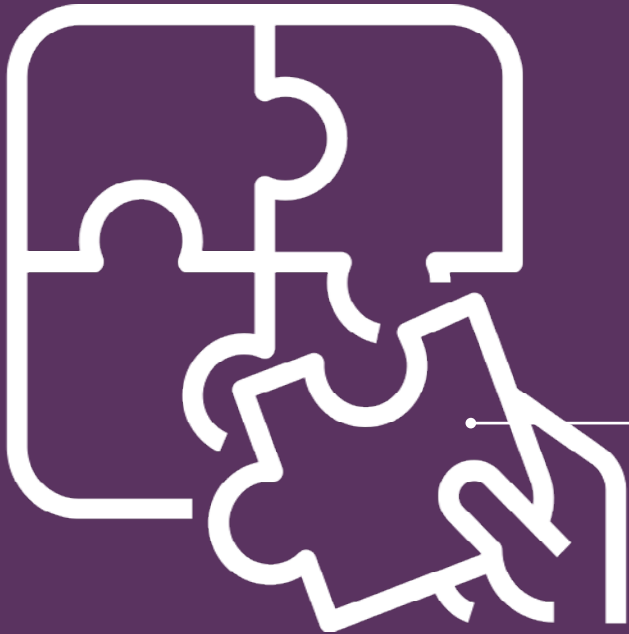


The financial burdens caused by the health implications of FGM and the extended fallouts on the educational, judiciary and child protection systems are avoidable expenditures that present a barrier to socioeconomic growth at all levels.

FGM prevention is crucial to attaining women’s rights, including those connected to their health and bodily integrity, all of which contribute to addressing gender inequality. Not achieving this threatens various global commitments. The SDGs remain a key milestone of human progress, making the achievement of gender equality critical to achieving all other goals. As articulated in SDG 5.3, the abandonment of FGM is paramount and time bound. Equally fundamental are global targets on good health and well-being, poverty, quality education, safe motherhood, child marriage, gender-based violence and other inter-related targets whose achievement is tied to the timely elimination of FGM. With a 2030 deadline that is less than a decade away, missing the mark of addressing this challenge afflicting millions of girls and women globally carries ominous implications suggesting that there is no time left for global inaction.

Global funding gap

In achieving elimination of FGM by 2030



\$3.3 billion¹⁶
Investment required to reach SDG target 5.3 of eliminating FGM by 2030 according to UNFPA projections

\$2.4 billion
Cost of ending FGM from 2020 to 2030
In 31
Priority countries
\$95¹⁷
cost of averting one case of FGM

Most of the FGM-affected countries lack resources and infrastructure to support access to comprehensive services and the implementation of policies and legislation.

¹⁶Katz I., Sanders R., Carvalho M.N., Friedman H.S., Legesse B., et al., Cost and impact of scaling up female genital mutilation prevention and care programs: Estimated resource requirements and impact on incidence and prevalence, PLOS ONE, 2021. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0244946>.
¹⁷Johns Hopkins University, Avenir Health, Victoria University, Institute of Health, Metrics and Evaluation at the University of Washington, UNFPA, Costing the Three Transformative Results, UNFPA, New York, 2020. <https://www.unfpa.org/featured-publication/costing-three-transformative-results>.

Taking Stock: Phases I-III of the Joint Programme

A solid track record in our performance:

- A political commitment at the highest level has been achieved at the continental, regional and national levels. This includes the African Union Continental Saleema Initiative to End Female Genital Mutilation that aims to save 50 million girls at risk, and the 2019 Kenyan presidential commitment to end FGM by 2022.
- The signing of the first multi-country declaration (the Mombasa Declaration) that committed Ethiopia, Kenya, Somalia, Tanzania and Uganda to ending cross-border FGM. The commitment is now being replicated in West Africa.
- Establishment of apps, like the Pasha app in Kenya, that will provide young people with a structured communication platform to communicate with each other, report cases of FGM, refer survivors to service delivery points and track the status of support provided by duty bearers.
- Significant progress has been achieved, with almost 52 million people reached by radio and TV programmes promoting FGM prevention, and more than 2.2 million people across 2,156 communities making public declarations of FGM abandonment.
- Contribution towards the development of measurement frameworks for tracking social norms change resulting from social and behaviour change interventions addressing FGM.
- Significant contribution to the knowledge base on what works to eliminate FGM across different countries and contexts through evaluations, research assessments and other means.

Gains of the Joint Programme during Phases I, II and III¹⁸

POLITICAL COMMITMENT AND OWNERSHIP TO END FGM

The Joint Programme has succeeded in creating global awareness and galvanizing a global movement to end FGM across its three different phases. The work of the Joint Programme has given FGM greater prominence to the positioning of FGM on the global political agenda, contributing to increased awareness of FGM issues through its global campaign.

The Joint Programme’s contributions to the increased political commitment to the elimination of FGM that has galvanized a global movement to end the practice are noteworthy. At the global level, the programme has successfully advanced the adoption of the 2012 United Nations General Assembly resolution on FGM and supported political and technical contributions for subsequent measures, including the integration of FGM elimination into the SDGs and the strategic plans of both UNFPA and UNICEF.

The Joint Programme has also supported the launch of The African Union Initiative on Eliminating Female Genital Mutilation (the Saleema Initiative), including its ongoing undertakings to develop a regional level accountability framework on harmful practices. Particularly at the national level, the Joint Programme has supported its 17 programme countries in adopting legal and policy frameworks banning FGM and putting in place national multi-stakeholder coordination mechanisms in each country. Presently, 15 of the 17 programme countries have legislation criminalizing FGM, 12 have an evidence-based costing national action plan to end FGM, while 11 countries have national budget lines for FGM. Furthermore, the capacities of the judiciary and law enforcement systems across programme countries have been developed.

SCALE OF THE PROGRAMME IMPLEMENTATION

Geographically, the Joint Programme has expanded its work from eight countries at its inception to 17 countries across two continents at present. The Joint Programme has been engaging with about 200 government and civil society organization partners across different regions and countries annually. This has allowed the programme to strengthen the

¹⁸ Evaluation Offices of UNFPA and UNICEF, Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Genital Mutilation: Accelerating Change, Phase I and II (2008-2017), UNFPA, UNICEF, New York, 2019.
<https://www.unfpa.org/admin-resource/joint-evaluation-unfpa-unicef-joint-programme-abandonment-female-genital-mutilation>.

capacity of these organizations and share technical expertise and programme experiences to better inform their initiatives towards the elimination of FGM. The Joint Programme participates in various forums to share more than a decade of experience in programming addressing FGM.

One key achievement of the Joint Programme is building partnerships across all levels of its interactions. Through its years of implementation, the programme has increasingly partnered with a diverse group of social change actors. At the community level, it is achieving inclusion by engaging men and boys, alongside other community gatekeepers, as advocates and agents of change to initiate action for the elimination of FGM. Owing to the Joint Programme’s interventions and partnerships, women and girls are enjoying increased access to appropriate and quality services for FGM-related prevention and care in education, sexual and reproductive health, law enforcement, judicial and social service sectors. Over the years, service delivery has improved tremendously in terms of quality and availability of FGM services and enhanced capacity in prevention and care, as seen in the increased number of women and girls reached by services.

Despite some service disruption, the Joint Programme has effectively managed the consequences of COVID-19, making efforts to mitigate its impact on FGM prevention, while generating lessons and best practices on addressing FGM in humanitarian settings.

ENHANCING KNOWLEDGE BASE AND TECHNICAL CONTRIBUTION TO THE FIELD

Working with its academic partners, the Joint Programme has significantly contributed to the global knowledge base regarding the prevalence, drivers and consequences of FGM, and to the concept of social norms and its implication on programmes addressing FGM. A comprehensive training manual on social norms has been developed, and the capacity of a critical mass of actors and partners at the regional, national and local levels has been built. The Joint Programme engaged a team of global experts from the fields of social norms and social and behaviour change communication to develop a macro-level monitoring and evaluation framework to track and measure social and behaviour change resulting from FGM interventions. The manual and the measurement framework on social norms can be also applied to other areas of interventions outside FGM, once they are properly adjusted.

Lessons learnt through the phases

The Joint Programme has successfully completed two phases of programming and is currently approaching the end of its third programming phase. Through a process of evaluation and re-evaluation and review of the latest evidence, it has drawn lessons from the implementation of each phase. The lessons learnt are employed to improve work processes, operations, service deliveries and overall programme decision-making.

In designing Phase IV of the Joint Programme, the programme team is building on experience and consolidated learnings from their project and that of other actors. Key lessons that are vital to programming this new phase of the Joint Programme include:

SUSTAINED FOCUS ON WOMEN’S AND GIRLS’ AGENCY IS ESSENTIAL:

There is a need for more interventions, with special emphasis on education, to explicitly focus on girls’ and women’s agency and decision-making for better impact in addressing gender inequality.¹⁹

SUSTAINABLE ELIMINATION OF FGM REQUIRES GENDER TRANSFORMATIVE APPROACHES:

FGM is driven by unequal norms, and even as attitudes change, the practice persists. This indicates the importance of adopting a gender transformative approaches, providing opportunities for dialogue that challenges dominant gender norms, promoting exchange between generations and between boys and girls/men and women, and actively engaging men and boys.

¹⁹UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, Accelerating Change: By the Numbers. 2016 Annual Report, UNFPA, UNICEF, New York, 2017. <https://www.unfpa.org/publications/accelerating-change-numbers>.

HOLISTIC COMMUNITY ENGAGEMENT APPROACHES ARE EFFECTIVE IN CHANGING ATTITUDES AND SOCIAL NORMS TOWARDS FGM:

Positive outcomes are more assured when all members of the community, including religious figures and traditional leaders, are meaningfully engaged in designing culturally and contextually appropriate interventions that address the beliefs and norms associated with the practice. The inclusion of men and boys as change agents can help challenge existing power dynamics and sustainably shift existing social and gender norms.

ENFORCEMENT OF POLICIES AND LEGISLATION FOR THE ELIMINATION OF FGM:

Political will, as well as additional interventions such as sensitization and locally appropriate enforcement and accountability mechanisms, are promising practices in reducing FGM. Enforcement of policies and legislation should be framed within the broader and holistic interventions addressing FGM.

SOCIAL MEDIA AND DIVERSE COMMUNICATION INITIATIVES HOLD POTENTIAL TO PROPEL SOCIAL NORMS CHANGE IN ABANDONING FGM:

The media remain effective in reinforcing positive and new social norms and attitudes toward reducing FGM, and, in some cases, abandoning the practice.

COORDINATED GENDER-RESPONSIVE SYSTEMS ACROSS SECTORS ARE VITAL TO SUSTAINING CHANGES TO THE PRACTICE OF FGM:

Creating an enabling environment for ending FGM requires women and girls to have equitable access to quality prevention, protection and care services across sectors. A coordinated multisectoral approach to capacity-building and overall service provision is critical for sustaining changes.

INCORPORATING FGM PROGRAMMING IN CONFLICT, HUMANITARIAN AND EMERGENCY RESPONSE PLANS IS CRUCIAL:

To ensure the inclusion of all women and girls at risk, FGM services must be included in the continuum of essential services for preventing and responding to gender-based violence in fragile contexts across the humanitarian-development-peace nexus.²⁰

DATA AVAILABILITY IS KEY TO EVIDENCE-BASED FGM PROGRAMMING:

The lack of data undermines advocacy efforts, decision-making, and overall planning towards the eradication of the FGM and the provision of services to women and girls.

ESTABLISHMENT OF THE CONCEPT OF COMMUNITY SURVEILLANCE SYSTEMS, which is a tangible measurement and reporting mechanism of whether the practice has ended following public declarations.

Finally, the programme has provided a blueprint of how United Nations agencies can leverage their mandates to work together to deliver on the SDGs.

Scope and geographical coverage

The Joint Programme will have the following scope and focus during Phase IV:

Global and Regional Level Initiatives:

Phase IV will include engaging with strategic partners to sustain and reinforce the political commitment to eliminate FGM and supporting inter-governmental initiatives in New York and Geneva through General Assembly and Human Rights Council resolutions, as well as the Commission on the Status of Women and the Commission on Population and Development. It will also engage diaspora communities in the global North, taking part or organizing different advocacy events on efforts needed to address FGM, organizing annual technical consultations that bring together all regions and countries in a forum to share emerging knowledge and evidence and deliberate on various issues of strategic importance in addressing FGM. The Joint Programme’s global influence will be achieved through its thought leadership in setting the theme of the International Day of Zero Tolerance for FGM, generating knowledge to be disseminated as public goods (technical guidance, capacity development tools, monitoring and evaluation and costing tools) and leading the FGM political agenda in support of Member States.

²⁰ UNICEF, The Humanitarian-Development Nexus: The Future of Protection in the Elimination of Female Genital Mutilation, UNICEF, New York, 2020. <https://www.unicef.org/documents/humanitarian-development-nexus-future-protection-elimination-female-genital-mutilation>.

National Level Initiatives:

Direct financial and technical support will primarily focus on the existing 17 countries (Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, The Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen). Supporting advocacy and key strategic initiatives in Indonesia will be considered, depending on funding availability.

In these countries, government institutions, CSOs and other partners will have a critical role as Implementing Partners for the Joint Programme. The Joint Programme emphasizes the central role that partnerships with women-led movements, organizations and initiatives have in achieving its vision. It recognizes the need to transform fundamentally unequal gender power structures while taking into account intersectionality, to ensure women and girls worldwide can exercise bodily autonomy, enjoy their rights and access opportunities free from discrimination, exclusion and harmful practices. Partnership with women-led organizations, particularly at the local level, will be critical for the implementation of Phase IV of the Joint Programme.

Considering that the 17 countries are at different levels of progress and diverse characteristics, the Joint Programme will conduct an in-depth contextualization exercise to be able to have context specific and context responsive programming during Phase IV. Engagement with the African Union and the Regional Economic Communities will also be used as an additional mechanism to continue to advocate for legislation criminalizing FGM in countries where it does not exist at the moment (Mali, Somalia and Yemen), while recognizing the difficult political contexts and humanitarian challenges in these countries. A map representing the priority countries for direct programmatic implementation, and where the Joint Programme will have a global influence, is presented in Annex 6.

Programme Theory of Change

Theory of Change Narrative

This phase of the Joint Programme Theory of Change (TOC) is predicated on its vision for a world free of FGM, where girls and women have voice, choice and agency. The TOC outlines pathways through which – given an enabling environment – a synergy of actors and actions can achieve the programme goal. It aligns with the realization of SDG 5: achieving gender equality and all its relevant targets, contributing to the elimination of FGM (SDG 5.3), and enabling universal access to sexual and reproductive health and rights (SDG 5.6). It also strengthens sound policies and enforceable legislation for the promotion of gender equality and the empowerment of women (SDG 5C) as well as the elimination of all forms of violence against women and girls (SDG 5.2).

Underscoring the key programme approach, it envisages that by engaging in purposeful partnerships, and with multi-layered actions built around eliminating FGM, the Joint Programme can achieve its desired impact: deliver the global promise of ending the practice by 2030. Foreseeable long-term outcomes are the transformation of all harmful norms that drive FGM and gender inequality and, ultimately, the emergence of new and more equitable social norms in societies where FGM currently prevails. This can be realized through fostering critical community-consciousness of women’s rights and access to reproductive health services, supporting community learnings, reflections and capacity to challenge complex social norms and power dynamics that enable inequality, and promoting collective accountability to FGM-related resources by governments and other duty bearers.

The Joint Programme’s Theory of Change is supported by six cross-cutting (groups of) programme strategies, including:

EXPAND OPPORTUNITIES FOR WOMEN’S AND GIRLS’ AGENCY:

Increase the reach and scale of initiatives to end FGM that are aimed at women and girls, including by replicating or scaling up proven evidence-based approaches, and by leveraging, coordinating and complementing other government, civil society and United Nations-led initiatives, in line with national priorities and action plans.

PROMOTE ENABLING FAMILY AND COMMUNITY ENVIRONMENTS:

Raise awareness, engage in and generate dialogue, build collective efficacy to eliminate FGM, and change underlying gender inequalities and their negative effects for women, men, adolescent girls and boys, communities and societies; strengthen positive parenting and gender transformative socialization of boys and girls; conduct social and gender norms change activities in communities to shift social norms and gender inequality and help women and girls to stay safe from FGM; and work with local influencers, authorities, leaders and local institutions (including schools and health, justice and social service institutions, as well as the media) to help create an enabling environment, shift negative social and gender norms, reinforce new and existing positive ones and build efficacy and motivation for desired changes.

MOVEMENT BUILDING:

Support the creation and/or strengthening of strategic partnerships and alliances around the elimination of FGM and the achievement of gender equality and foster movement building by facilitating exchange, collaboration and partnerships among actors across the humanitarian-development-peace nexus, leveraging additional resources and co-investments for ending FGM, and partnering with other programmes and initiatives addressing FGM and/or other harmful practices. Efforts will target a wide range of actors, including, but not limited to, women-led organizations, youth-led groups, civil society groups - including organizations of persons with disabilities, known Disabled Peoples’ Organizations and representative organizations - governments, multilateral organizations and other key advocates at the local, national, regional and global levels.

STRENGTHEN GOVERNANCE TO END FGM:

Foster an enabling legal and policy environment, strengthen political will, financing, and accountability towards efforts to end FGM. Promote collaboration by including voices of civil society, women and youth-led groups, the media, traditional and religious leaders and other key influencers.

Capacity strengthening for rights holders and duty bearers, including health and social services. This will employ social and behaviour change interventions, digital engagement and capacity building initiatives.

Strengthen data and evidence generation and knowledge sharing: Support governments and civil society organizations, including grassroots organizations and activists, in strengthening their capacity for knowledge co-creation and dissemination to inform evidence- and rights-based policies, laws and programmes addressing FGM and other harmful practices.

Generally, the Joint Programme’s Theory of Change is an illustration of the change it desires, highlighting the relationship between the programme’s desires and actions that can produce them. This TOC is anchored on interlinked different term-based outcomes with underlying hypotheses and related outputs, reflecting the main dimensions that the Joint Programme is working to influence. A detailed presentation can be found in table 3 below.



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Theory of Change of the Phase IV

IMPACT	The global promise of ending female genital mutilation is delivered by 2030.			
LONG-TERM OUTCOMES	Emergence of new and more equitable social norms transforming all harmful practices that drive FGM and gender inequality.			
MEDIUM-TERM OUTCOMES	Empowered girls and women know and claim rights to their bodily autonomy and, together with their families and communities, drive changes in social and gender norms.	Girls and women can access a comprehensive package of high-quality, gender-responsive, disability-inclusive, culturally and age-appropriate services from relevant sectoral systems and institutions.	Governments and other duty-bearers demonstrate increased accountability for resourcing and implementing multi-sectoral policies, laws and frameworks to provide prevention and response for women and girls at risk of, and affected by, FGM - even in hard-to-reach locations.	
SHORT-TERM OUTCOMES	Girls and women demonstrating increased assets, capabilities and agency in relation to their rights to bodily integrity, gender equitable roles and relationships.	Men, boys, families and communities increasingly supporting the access of women and girls to measures and services that prevent and protect them against FGM, gender inequalities and other harmful practices.	Health, education, social, legal and child protection systems providing integrated quality FGM services that are accessible and centred on women and girls, as well as families and communities.	A broad range of actors at the global, regional, national and local levels, amplifying their collective efforts to advocate, develop, implement, monitor and evaluate gender transformative multisectoral evidence-based FGM elimination policy and legal frameworks with adequate resourcing.
OUTPUTS	Girls’ and women empowerment	Movement building		Family and community engagement
	Girls and women in targeted communities have new or enhanced knowledge, skills, and critical awareness of their rights, accessing justice, and in relation to gender roles and relationships.	Global, Regional, national and local youth movement, feminist and women’s entrepreneurs, including grass roots and community-based organizations, government and non-governmental bodies and community members, are engaged by a common movement through multi-stakeholder platforms, coalitions, alliances and accountability mechanisms at the global, regional, national and local levels to advocate for and scale up commitments to inclusive FGM elimination, including for those furthest behind.		Gate keepers, parents and families, traditional and religious leaders, and other community influencers (M/F) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change.
	Systems transformation	Regional bodies engagement	Laws and policies	Data and evidence
	Education, health and sexual and reproductive health and rights and child protection systems and institutions have increased capacity to mainstream FGM and deliver coordinated and integrated quality services that prevent from and respond to FGM during development, humanitarian and peace building.	Regional accountability mechanisms for ensuring increased regional and national commitment to end FGM are strengthened.	Enhanced capacity of governments and local authorities to coordinate the enactment, implementation, including budgeting, and enforcement of legal frameworks to prevent FGM and provide protection to women and girls at risk and those who have survived FGM.	Governments and civil society, including grassroots, organizations, demonstrate increased capacity for knowledge co-creation and evidence generation to inform human-rights-based policies, laws and programmes that address gender inequalities and harmful practice.
STRATEGIES	■ Expanding opportunities for women’s and girls’ agency and decision-making by increasing programme reach to cover ungoverned spaces and hard-to-reach areas and scale up evidenced initiatives to ensure that no one is left behind. ■ Employing best practices by replicating/scaling up successful approaches and leveraging existing initiatives by state and non-state actors. ■ Scaling up social norms and behaviour change to engage communities, create enabling family and community environments, conduct social and behaviour change communication interventions, digital engagement and the promotion of positive masculinities. ■ Ensuring inclusion by enabling the participation of diverse actors, including men and boys, as critical actors in initiatives towards ending FGM by 2030. ■ Movement building to forge an ecosystem of solid strategic partnerships and alliances that generate context-specific, long-term solutions to and accountability for ending FGM. ■ Strengthen governance for ending FGM, including through advocacy at the global, regional, national and decentralized levels, and by compiling and disseminating data on ‘what works’ in ending FGM. ■ Capacity strengthening for sexual and reproductive health and social services, women leaders, rights holders and duty bearers at different levels through social and behaviour change communication campaigns and digital engagement. ■ Data and evidence generation and sharing to inform evidence-based planning, policies and programming. Increased capacity to generate and use quality data to inform evidence-based programming			
CAUSES	■ Social, cultural and gender inequitable norms and beliefs that perpetuate FGM are normalized, making women who continue to uphold practices that violate their rights to become enablers. ■ Unbalanced power dynamics limit the participation and representation of girls and women in decisions that affect them in private and in public. ■ Absence of political will limits the implementation and enforcement of policies and legislation that protect girls and women from FGM, including cross-border FGM. ■ Medicalization of FGM in formal health structures and the financial gains accruable from informal practices perpetuate the practice of FGM. ■ Growing humanitarian crises lead to the existence of ungoverned spaces where underground and cross-border FGM is practiced, limiting access to response or prevention initiatives. ■ Lockdown measures during the global COVID-19 crisis in some countries enable the undetected practice of FGM, impeding women’s and girls’ access to sexual and reproductive health care structures ■ Household poverty underpins the belief that FGM increases a girl’s marriageability, which thereby enhances her socioeconomic security. ■ Women’s and girls’ lack of knowledge about and access to quality services (such as protection, sexual and reproductive health, education and legal services) on prevention and response to FGM. ■ Women’s lack of bodily integrity, autonomy, and decision-making regarding their sexual and reproductive health.			
PROBLEM	In addition to over 200 million girls presently affected by FGM, by the year 2030, a minimum of 68 million girls remain at risk of being subjected to the harmful practice. The humanitarian health crisis, conflict situations and the shifting global realities impede progress towards achieving the global promise of ending FGM by 2030, and further exacerbates the incidence of FGM.			

Table 2: Theory of change

Considerations

for Programme Implementation

The Joint Programme will be implemented in countries with diverse characteristics, which will have direct implication on its programming. Some of these include the following:

- The trend in the level of progress in reducing FGM prevalence and having attitudes towards ending FGM varies significantly across countries. The level of acceleration required to realize the global vision of eliminating FGM by 2030 is at different stages for different countries.
- The level of government ownership and commitment for the initiatives to end FGM is another factor, where contexts are different. This could be reflected, among other things, in the existence of legislation criminalizing FGM, availability of a costed national action plan, budgetary allocation for programmes addressing FGM, and the existence of effective coordination mechanisms.
- The broader socioeconomic characteristics, particularly the level of education/literacy, have an important implication on the effort to end FGM. However, country context varies from country to country.

- Medicalization of FGM (i.e. performance of FGM by health care providers) is a main concern area in some countries, while this is not the case in some others.
- Some countries are seriously affected by humanitarian crisis, while others are in a somehow stable development context.
- The space and opportunity to use digital technology in FGM programme initiatives is different from one country to another.
- Cross border dynamics of FGM is affecting some of the countries, while this is not necessarily the case for some countries targeted by the Joint Programme.
- Influence of religious leaders is more pronounced in some of the countries, although this is a context that exists in almost all the regions and countries.

Hence, all these factors require the Joint Programme to be designed in a manner that best responds to the various national contexts and maintains some level of flexibility. This is why the Joint Programme will support countries to undertake a thorough contextualization process of the global Theory of Change before designing and implementing initiatives in its next phase.

The Joint Programme will closely work with the UNFPA-UNICEF Global Programme to End Child Marriage and other programmes and initiatives within UNFPA and UNICEF to create synergies, benefit from experiences and harmonize approaches, as appropriate.

Horizontal & Vertical Convergence and Multisectoral Programming

Addressing FGM can be complex, as drivers of the practice are grounded in discriminatory practices that are evident in the wider political, economic, social and legal environments. Protection and prevention initiatives equally require leveraging efforts from the health, education, social welfare, justice, policing and social protection sectors, among others. A multisectoral approach that is rights-based and gender-responsive, engaging action from diverse sectors to facilitate social and behaviour change interventions within communities, is required. The mutual commitment of UNFPA and UNICEF is to increase resource and technical efficiency through coordinated and integrated programming approaches.

In Phase IV, the Joint Programme has prioritized a strategic approach to identify and mainstream the work on FGM in the different sectors and programme units of both UNFPA and UNICEF, including in humanitarian contexts. The Strategic Plans of UNFPA and UNICEF (2022-2025) provide a space for the Joint Programme to mainstream its work on FGM. A number of technical guidance notes ,which have already been developed, will be used to inform programming and positioning of FGM across relevant sectors, including in humanitarian settings. Technical consultations will also be conducted with country offices to contextualize and ensure sectoral integration in alignment with national priorities.

Strategic Purposeful Partnerships

The key approach of the Joint Programme in meeting its goal is building purposeful partnerships through movement building and strategic alliances to contribute to efforts that address the resource gaps required by the programme.

The Joint Programme has witnessed an evolving funding environment marked by a dwindling funding stream with the reduction of official development assistance, and with some bilateral donors reviewing funding priorities. The consequences of the COVID-19 pandemic have further shifted donor priorities. UNFPA indicates that a total investment of \$2.4 billion is required to end FGM by 2030. The country-level development assistant is currently projected at \$275 million. A total of \$2.1 billion is therefore required in the current decade to deliver the time-bound promise

of ending FGM. The Joint Programme has a mandate to raise a part of this amount: at least \$334,545,455 by the end of Phase IV of its programme.

All of these inform the need for a progressive resource mobilization strategy, as well as strategies for expanding programme reach, visibility and impact. In light of the changing funding landscape, the core objective of the Joint Programme’s new partnership drive is resource mobilization.

To pursue that, the Joint Programme will strategically leverage existing and new partnerships in establishing multi-level alliances and engaging new target countries at the regional and country levels. Across all its levels of engagement, it will seek collaboration with special interests, such as youth and feminist movements. Partnership with youths encourages youth leadership, granting them the opportunity to shape programme activities in ways that they can sustain. The Joint Programme can also leverage the capabilities of feminist groups and women-led organizations that are locally rooted and possessing a multi-faceted approach to women’s empowerment. It is evident that eliminating FGM and achieving gender equality will not occur through any isolated programme efforts, but, rather, from robust multi-faceted approaches involving multiple sectors and stakeholders.

Recognizing the shifting global realities, the Joint Programme is taking into account a global context within which the COVID-19 pandemic, protracted crises and newly emerging challenges, such as those posed by climate change, are intensifying vulnerabilities. It appreciates the humanitarian-development-peace nexus and the requirement for development, humanitarian and peace actors to collaborate across diverse mandates. Aligning with this, the programme will pursue partnerships and coordination with other United Nations agencies and/or other joint or global programmes to offer women and girls development support that is sensitive to vulnerabilities, focused on their empowerment, and, more broadly, addressing all forms of gender inequality that drives the practice of FGM.

Comparative Advantages of UNFPA and UNICEF

UNFPA and UNICEF have been jointly managing the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation since 2008. The programme is an outstanding model of close collaboration, knowledge-sharing, mutual support and synergy in achieving results among agencies and leveraging attention and resources from a variety of partners. Through the Joint Programme, UNFPA and UNICEF have demonstrated how two United Nations agencies can work together effectively, bringing their expertise and resources as equal partners to form a powerful force for progress and achieve a shared goal.

Through the various phases of the Joint Programme, UNFPA and UNICEF have drawn from their comparative strengths, complementing each other technically in terms of their capacities and areas of expertise. Together, the two agencies cover the entire lifespan, including a dedicated focus across the critical spectrum of childhood and adolescence: child protection, education, adolescent health, gender equality and the empowerment of women and girls, violence against children, violence against women and girls, social protection, social policy and communication for social and behaviour change. The two agencies have influence on the large-scale implementation capacities of governments, playing significant roles in generating national data on health, education, violence against women and girls and child protection, in collaboration with governments and other key stakeholders, such as civil society. This complementary expertise is a strategic advantage of the Joint Programme over other programmes implemented by one single agency.

The collaboration between UNFPA and UNICEF is closely aligned with the United Nations reform process, especially in relation to strengthening mutual accountability in United Nations country teams; improving system-wide analysis and planning; supporting national governments with integrated SDG policy action; improving SDG data; strengthening approaches to pooled funding; raising joint funding for the SDGs; strengthening partnerships with the private sector and civil society; and mutual recognition and efficiencies in business operations.

In addition, both agencies are introducing some organizational restructuring to relocate the New York-based global coordination team of the Joint Programme to another location that would strengthen its presence in the field, maintain geographical proximity to countries supported by the Joint Programme and better provide the required technical support in a similar time zone.

Monitoring, Reporting, Research and Evaluation

Monitoring and Reporting, and Research and Evaluation



MONITORING AND REPORTING

During Phases I-III, the Joint Programme continued to develop and strengthen monitoring, evaluation and reporting systems and platforms at the global, regional and national levels. In many countries, the Joint Programme has supported the systems of government and civil society partners, with the latter helping to strengthen monitoring mechanisms at the community level. To mitigate the challenges posed to the monitoring systems in the context of the COVID-19 pandemic, the Joint Programme provided guidance to countries on adopting adaptive monitoring systems to track FGM cases.

During this phase, the Joint Programme will continue to provide rigorous data to show progress and its sustained effectiveness at the global, regional, country and local levels, based on the indicators in the results framework. A monitoring, evaluation, reporting and learning framework will be developed, and an assessment of existing measurement tools will inform what tools remain valid and the contexts of their utilization. Monitoring activities will include outcome and performance monitoring, using qualitative methods such as Outcome Mapping (OM),²¹ Outcome Harvesting (OH)²² and the Most Significant Change (MSC)²³ to reveal whether implementation is on track and if expected results are being achieved. Thereupon, outcome monitoring will be systematized to periodically measure the knowledge, behavioural drivers, behaviours and practices that the Joint Programme intends to change, in particular by building capacities through the Qualitative Monitoring, Evaluation and learning online training platform.

²¹USAID, A Guide to Complexity – Aware Monitoring Approaches for Momentum Projects, USAID, 2020. https://usaidmomentum.org/wp-content/uploads/2020/12/CAM-Guide-Final-2020_12_16_508.pdf.

²²Laytham W, Nordehn C, Outcome Harvesting Study of Global Fund for Children's Echidna Giving Portfolio, Global Fund for Children, 2019. <https://globalfundforchildren.org/wp-content/uploads/2020/01/Outcome-Harvesting-Study-of-GFC-Echidna-Giving-Portfolio.pdf>.

²³Dart J, Davies R, The 'Most Significant Change' (MSC) Technique. A Guide to Its Use, 2005. <https://www.participatorymethods.org/resource/most-significant-change-msc-technique-guide-its-use>.

COMPLEXITY MONITORING: MEASUREMENT OF SOCIAL NORM CHANGE

The causal pathways to social norm transformation aiming to change the beliefs, experience, attitude norms and/or behaviours of individuals and social groups are not linear, and multiple changes need to happen together to produce the intended outcomes. Monitoring an FGM elimination programme requires the adoption of complexity-aware approaches that are considerate of the inherently unpredictable, uncertain and volatile nature of these situations.

In framing FGM as a social norm, the need to track and understand the emerging changes is reflected in theory-based methods such as the ACT Framework for monitoring social norms change, currently supported and implemented by the Joint Programme.

THE ACT FRAMEWORK

ACT is a monitoring and evaluation framework designed to measure changes in FGM-related social norms, as well as in what people think, feel (attitudes) and do, and in context, such as gender. The Joint Programme has a monitoring and evaluation (M&E) framework that covers some ACT constructs. The ACT Framework aims to address some of the methodological challenges in measuring social norms change by providing new practical resources, including a menu of tested mixed-methods tools and indicators for measuring social norms change that can be adapted to local contexts. The Joint Programme will integrate relevant selected indicators of the ACT M&E framework into an existing M&E framework. Individual interventions can use the ACT Framework to build their own localized measurement frameworks, based on their programming focus and on-the-ground realities.

Reporting: The Data-For-All (DFA) platform

The Joint Programme uses the DFA (Data-for-All) portal for results-based planning, monitoring and reporting. The platform features results frameworks, where Joint Programme implementation countries input their programme cycle planning, annual milestones and annual reporting, both at the indicator and results levels (Outcome and Output narratives).

In 2020, the Joint Programme introduced a series of enhancements for the DFA, including an improved dashboard with key performance indicators, knowledge library, network sharing, a document repository and data stories for Joint Programme advocacy and communication. Enhancements to the DFA have also informed improvements in the quality of annual narrative reports.

In Phase IV, the Joint Programme will continue to support the use of the DFA by UNFPA, UNICEF and government and civil society organization partners and strengthen the accountability for the reporting at the country, regional and global levels.

Research and Evaluation



RESEARCH

The formative evaluation of Phase III of the Joint Programme highlights vital FGM programme research gaps that must be addressed for effective programming. As part of its interventions to address research gaps on the FGM practice, the Joint Programme supported a Rapid Evidence Assessment²² of the available literature on FGM interventions from 2008 to 2020. This study was conducted as part of the development of a global five-year research agenda and strategy. While it remains an on-going process, key thematic research areas have already been identified. Those include themes of cross-border FGM, FGM in conflict and emergency settings, multi-sectoral and intersectoral approaches of work FGM costing and scaling and measurement of incidences, among others. In Phase IV, the Joint Programme will strengthen partnerships with research and academic institutions to support the implementation of the global research strategy.

Taking advantage of the resources and initiatives, within UNFPA, the Joint Programme has introduced a Population data, FGM data and research fellowship initiative aimed at generating the most recent evidence to the Joint Programme on the Elimination of FGM; increasing technical capacity at the global, regional and country levels to conduct

²⁴ Matanda D, Groce-Galis M, Gay J, Hardee K, Effectiveness of interventions designed to prevent or respond to Female Genital Mutilation: A Review of Evidence, UNFPA, UNICEF, WHO, Population Council, 2021. <https://www.unicef.org/media/106831/file/FGM-State-of-Evidence.pdf>.

innovative research and data analysis; and harnessing the contribution of a cohort of young and dynamic professionals for UNFPA’s analytical work on FGM. The research focus areas of this fellowship initiative align with most of the thematic areas of the rapid evidence assessment highlighted above.



EVALUATION

The Joint Programme has so far conducted three programme evaluations: the first at the end of Phase I, the second at the end of Phase II and formative evaluation in Phase III. For Phase IV, the Joint Programme has developed an evaluation plan to ensure timely generation of evidence on what works, how, and at what cost. Proper documentation of these evidence will enable timely access for decision makers who manage FGM elimination policies and programmes.

The evaluation plan will include impact evaluations and (thematic) outcome evaluations to assess the net-effects of Joint Programme interventions. These evaluation activities will equally enable testing multiple ways of achieving the same result. This can help to identify the interventions that represent the greatest value for money, and the ones that are most scalable for replication. The evaluation plan will extensively use the programme evidence generated by the qualitative monitoring and evaluation approaches, such as OM, OH and MSC, for learning purposes and informed decision-making.

Based on the standards set by academics and the community of practice, particularly in areas identified as priorities, the Joint Programme has the potential to provide significant impact evaluation evidence. In Phase IV, it will leverage on this positioning and undertake a leadership role in developing innovative approaches in the area of impact evaluation of gender and social norms programmes. The Joint Programme will partner with institutions to expand the scope of both the evidence that is produced and how it is utilized to promote evidence-informed decision-making.

Knowledge Management, Evidence Uptake and Learning

Knowledge management

In Phase IV, the Joint Programme is designing a knowledge management strategy that will guide how it creates, shares, manages and utilizes the programme knowledge and information. The strategy will encourage an inter-agency, multi-country community of practice. It will enable the Joint Programme staff to engage in inter-agency technical knowledge sharing, as well as with stakeholders and key beneficiaries.

The strategy will also set forth principles, priorities and processes to ensure that knowledge management teams have a clear guideline on knowledge management expectations for the Joint Programme and, in extension, for programmes it supports - such as the Saleema Initiative and the Spotlight Initiative Africa Regional Programme. The knowledge management strategy will identify in detail the various channels/hubs and new/innovative learning platforms. It will set guidance and tools on existing knowledge products, learning exchange and dissemination strategies. The strategy will be anchored on the latest technology.

Phase IV of the Joint Programme will take advantage of existing resources, such as the knowledge library. This has been set up within the DFA platform to serve as a valuable document gateway available to internal and external members working on addressing FGM, and, more broadly, other practitioners addressing harmful practices and social norms change. The Joint Programme will promote the value of these resources by enabling access to materials in its custody, such as key programme documents produced at the global, regional or country levels, frameworks, research studies and analyses, evaluation reports, infographics, newsletters, research digests, policy briefs and more.

The Joint Programme will develop a strategy to support and benefit from South-South Cooperation initiatives as a modality of learning and knowledge sharing. Phase IV will implement innovative learning approaches and explore new learning platforms in addition to e-learning, long life learning, distance learning, different thematic training courses and professional internships according to the needs of the Joint Programme and its partners. It will also work on expanding spaces for learning and knowledge sharing on FGM.

Evidence uptake

Phase IV of the Joint Programme is making efforts to address research gaps, without ignoring the need to strengthen the practice of research uptake and the use of research evidence by policymakers and practitioners.²⁵ The Joint Programme is adopting specific approaches to ensure that gaps between existing evidence and its utilization in the policy and decision-making sphere are addressed. To ensure that research end-users are engaged from the onset, special attention will be paid to the formats in which research findings are presented. The programme will purposefully identify entry points and key knowledge brokers who will facilitate translation of research findings into action.

Building on a similar experience²⁶, the Joint Programme will facilitate the establishment of an evidence architecture to address the needs of government policymakers, non-governmental organization officials, development donors and researchers. In terms of knowledge products and events, summaries will be developed to highlight verified evidence impact, which will then be shared during discussions to project the importance of high-quality and relevant evaluation evidence on the effectiveness and impact of FGM elimination programmes.

Learning

The Joint Programme will build on its overall experiences to strengthen its learning approach. In Phase IV, the programme will take a leadership role in providing, facilitating and enhancing learning exchanges across global, regional and country offices. It will invest in capacity building of staff to ensure effective engagement occurs with partners and key stakeholders in knowledge exchange activities. These activities include the dissemination of knowledge generated by the Joint Programme, learning from the knowledge generated by programme partners and brokering access to knowledge generated by third parties.

Deliberate effort will also be made to explore various existing platforms to share knowledge and information, including building into kNOwVAWdata and other similar initiatives. In Phase IV, the Joint Programme will also strengthen documentation of learning on best practices and lessons

²⁵DFID, A guide for DFID-funded research programmes, DFID, 2016. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514977/Research_uptake_guidance.pdf.
²⁶International Initiative for Impact evaluation, 3ie strategy 2021-2023: Improving lives sustainably in low- and middle-income countries through evidence-informed decision-making, 3ie, 2021. <https://www.3ieimpact.org/sites/default/files/2021-02/3ie-strategy-2021-2023-web.pdf>.

learned on eliminating FGM in different contexts to enhance evidence base. This will include implementing a cohesive learning approach that draws together programming, data analytics, research and monitoring and evaluation for UNFPA and UNICEF. This will be done within a standard framework through an approach to synthesize and disseminate learning, and through a monitoring plan for learning and research.

Communication and Visibility

Communication remains an essential component of amplifying programme achievements, demonstrating value for money and giving visibility to the key programme message. Phase IV will dedicate efforts to developing a global communications strategy that will set the tone and direction for the programme, so that all communication activities at the global, regional and country levels work in harmony to achieve the elimination of FGM.

The Joint Programme has increasingly positioned the issue of FGM on the global change agenda through extensive communication initiatives and successful advocacy events. Quite notable are the International Day of Zero Tolerance for FGM, which generated a global movement to end FGM, and the initiatives implemented through political forums, such as the Human Rights Council, whereby the Joint Programme helped raise visibility of FGM and increased political commitment to ending it. Given the successes it has achieved in the previous phase, the Joint Programme will advance its strategies in Phase IV to amplify the achievements of UNFPA, UNICEF, donors, implementing partners and programme countries that have demonstrated commitment and successes more visibly within the global movement to eliminate FGM.

This phase of the Joint Programme will reinvigorate the #EndFGM brand through diverse strategies. It will support the development of a visual identity material to support offices and partners in streamlining communications from the programme on a global, regional and country levels. Phase IV will also elevate the profile of the agenda to end FGM through ongoing participation in advocacy days and forums, such as the International Day of Zero Tolerance for FGM, the International Day of the Girl Child, the United Nations General Assembly and the Commission on the Status of Women and others. Existing advocacy engagements and learning exchange will be supported, and the expansion of such activities will be encouraged.

The programme will leverage on its purposeful partnerships drive to enhance its visibility. Its expanding engagements with youth movements create an opportunity for it to benefit from the media presence and the creative skills and influence of the youth demography. With support from its partners, the Joint Programme will utilize diverse social media platforms, such as Twitter and Instagram, to reach global audiences with messages on FGM and its consequences. It will draw lessons from its past engagements with partners, such as Socialbakers, a platform that provides social media analytics that allows the Joint Programme to identify the capacity of reach, geographic coverage and engagements. It will also utilize insights gained to further enhance its use of social media to share contextualized content on FGM for specific audiences.

Programme Governance and Management

Governance Structure



STEERING COMMITTEE

The Joint Programme will have a Steering Committee with oversight responsibility for the overall management and functioning of the programme. Its members include one senior level technical staff member to be officially designated by all donors financially supporting the Joint Programme and Directors from UNFPA and UNICEF. A total of three government representatives from three countries supported by the Joint Programme (one country representative from each of the three regions (Arab States/Middle East and North Africa; East and Southern Africa; and West and Central Africa) will be members of the Steering Committee. The countries will be represented on a rotational basis, and there will be new nominations from respective regions annually. The Steering Committee will be co-chaired by the Director of the Technical Division of UNFPA and the Director of the Programme Division of UNICEF.

■ The role of the Steering Committee

The Steering Committee will facilitate the effective and efficient collaboration between participating United Nations agencies and donors for the implementation of the Joint Programme. The committee will review and approve the Joint Programme documents, including the monitoring and evaluation (M&E) framework and the overall implementation of the Joint Programme, on a semi-annual basis. In addition, the committee will review and approve annual consolidated narrative and financial reports, the terms of reference for the evaluation exercise and the evaluation findings and will follow up on the implementation status of accepted recommendations from the evaluation. Furthermore, it will support advocacy with regional political structures, national governments and civil society actors to enhance their commitments and accountability in order to eliminate the practice of FGM and mobilize resources for the Joint Programme.

The Steering Committee will hold bi-annual meetings. The first meeting will take place in April, when the coordination team would have received the Joint Programme annual report, while the second meeting will be in September to review the budget and approve allocation of funds for the next year. When necessary, additional technical meetings can be organized to have more detailed discussions on issues of strategic importance for the Joint Programme.

As much as possible, the Steering Committee will reach a decision by consensus as a preferred way of working. However, if a situation dictates it, decisions can also be reached by voting to adopt the option supported by the majority. Only one representative of any donor agency can cast a vote at a Steering Committee meeting.

An annual field visit to a country of implementation of the Joint Programme will be organized for all Steering Committee members, with programme countries being visited on a rotational basis. In this phase of the Joint Programme, the Steering Committee will have more opportunities to hear about the actual field work and experience, as countries will be invited to make presentations during its regular meetings.

The Chief of the Gender and Human Rights Branch (UNFPA), the Chief of the Child Protection Section (UNICEF), the Joint Programme Global Coordination Team, the Administrative Agent of the Joint Programme (UNFPA), the Resource Mobilization teams, and representatives of the evaluation finance and regional offices will attend the Steering Committee meetings as appropriate and needed.



JOINT GLOBAL PROGRAMME COORDINATION TEAM

Day-to-day programmes, financial management and administrative work will be handled by the Joint Programme Coordination Team at headquarters. As part of its tasks and responsibilities, the team will promote partnerships, undertake advocacy initiatives at the global level and support resource mobilization. In order to benefit from the institutional knowledge base and expertise of UNFPA and UNICEF, the headquarters will be soliciting technical inputs from relevant units. The team will develop knowledge on social change and emerging issues, facilitate documentation of best practices and knowledge management, and ensure timely preparation and submission of work plans at headquarters, regional and country office levels.

Additionally, the team will provide technical support, follow-up programme implementation and financial management. It will also implement capacity-building initiatives for the Joint Programme team and prepare its global annual report, based on inputs from regional and country offices.

The team will be responsible for organizing annual consultation meetings, facilitating the smooth conduct of Steering Committee meetings and responding to requests from the Steering Committee, donors and UNFPA and UNICEF senior management. The team will also facilitate evaluating the Joint Programme and representing the Joint Programme on various technical forums and at advocacy events.



ADVISORY GROUP

An advisory group will be established with membership that includes organizations working on various initiatives addressing FGM in the global South and North and in academia. The Joint Programme will finalize the selection and invite the CSOs and academia to be part of the advisory group. The group will serve as an institutional mechanism to have dialogue and consultation with the Joint Programme on issues critical to programming and, more importantly, to accelerating action to end FGM by 2030.

It will also serve as a space to share knowledge and experience in the field of FGM at large. From the Joint Programme’s side, it will also serve as a mechanism to share its vision of creating a global movement and sharing its technical expertise and knowledge in the field to inform initiatives undertaken by the CSOs at different levels. The group will hold an annual meeting; the specific structure of the meeting will be decided at the time of its convening.



THE FGM TECHNICAL COMMITTEE

Building on the existing initiative of the Joint Programme, a global FGM technical committee will be established to systematically create a space for regular reviews and real-time evaluations of FGM-related issues. The committee will perform the following tasks: facilitate critical discussions and reflections on programmatic issues; strategize to respond to emerging issues; facilitate global and South-South knowledge and experience sharing; and provide technical support and programmatic advice in the development of country work plans to make them evidence-based and relevant to local contexts.

Members of the committee will include the global coordination team, regional focal points and five country representatives from the Joint Programme regions (one each from the Arab States/Middle East and North Africa; Asia and the Pacific; and East and Southern Africa, and two from West and Central Africa. Country membership in the technical committee will be rotational, with new nominations from respective regions submitted on an annual basis. Where necessary, the committee can avail itself of the presence of an expert in a required field to enrich and inform some of its discussions.

A host country for the technical committee will be selected from the Global South on an annual basis. Host countries do not necessarily have to be Joint Programme countries. However, they must demonstrate strong commitment to eliminating FGM by committing technical and financial resources to the Joint Programme.



REGIONAL AND COUNTRY OFFICES

The regional offices of UNFPA and UNICEF will be directly responsible for the follow up on programme implementation at the country level, support monitoring and reporting on results, and provide specific technical support required by country offices. Regional offices will be required to take a lead in strongly engaging regional economic communities (RECs) in the next phase of the Joint Programme to leverage their political influence in ensuring accountability and accelerating national level efforts towards the elimination of FGM. RECs are expected to play an important role in operationalizing the regional accountability framework on harmful practices under finalization by the African Union. Regional offices will develop a plan of action to support regional and country efforts. The Joint Programme will fund specific posts at the regional offices, while benefiting from the existing senior advisors for gender, child protection and monitoring and evaluation that are funded by other resources of the regional offices.

To strengthen the partnership with the African Union, the Joint Programme will place consultants in Addis Ababa to ensure coordination among the African Union units, CSOs, and UNFPA and UNICEF.

Country offices will develop an annual work plan in a consultative process engaging national partners. All country offices will officially designate a focal person to follow up on the management and implementation of the Joint Programme. The Joint Programme will fund staff at the country office level, based on expressed need and availability of funding on a case-by-case basis.

Human Resources

The operations of the Joint Programme will be supported by the UNFPA and UNICEF offices, which will endeavour to engage and benefit from the expertise existing across their different units in supporting the programme. Relevant units at UNFPA include the Gender and Human Rights Branch, Population and Development Branch, and Sexual and Reproductive Health and Rights Branch. The relevant sections at UNICEF are the Child Protection, Gender, Communication for Development (C4D), Data and Analytics and Social Policy.

At the headquarters, regional and country offices, the Joint Programme will be funding a limited number of positions directly related to its work to ensure smooth operations. The positions to be funded by the Joint Programme will be determined by need and the availability of such funding. The Joint Programme can avail itself of short-term consultants to handle specific tasks at different levels of implementation. At the country and regional levels, human resource requirements will be negotiated with the Joint Programme Global Coordination Team at the beginning of Phase IV.

A programme coordinator at UNFPA will lead the Joint Programme Coordination Team, with close support from the joint technical team at both UNFPA and UNICEF. For UNFPA, the Joint Programme will be situated within the Gender and Human Rights Branch of the Technical Division (based in Addis Ababa), while it will be within the Child Protection Section under the Programme Division for UNICEF (based in New York). The governance and programme modalities will continue to be under UNFPA and UNICEF co-management at the global, regional and country levels.

Management structure of the Joint Programme is presented in the Annex.

Accountability

Accountability for programme implementation and financial management rests with the implementing units at different levels (country offices, regional offices and the global level). A significant proportion of the financial resources is expected to be utilized by the country office. At the country level, UNFPA and UNICEF country representatives have mandates for programme

implementation (ensuring the technical quality, relevance and timeliness in delivery/planned results) and financial management under the system of the United Nations Resident Coordinator. Similarly, at the regional level, regional directors are accountable for all regional level initiatives, in addition to overseeing in-region country level programme implementation.

Global-level responsibility entails following up on the overall programme implementation at the country and regional levels, in addition to leading global-level initiatives. In general, efforts will be made to enhance capacity and institutionalize results-based management throughout the implementation of the Joint Programme at different levels.

Governments, international organizations and non-governmental organizations (NGOs) will be eligible to apply for funding from the Joint Programme. Government partners and national CSOs may receive funding at the country level, while international CSOs can receive funding via their headquarters. CSOs will be key partners at the regional and country levels. International NGOs may have their own administrative and operational support costs, which are negotiable at the time of signing an agreement.

Fund Management

As the administrative lead of the Joint Programme, UNFPA continues to be responsible for signing a memorandum of understanding with UNICEF for Phase IV, while negotiating and signing a standard administrative arrangement with, and receiving financial contributions from, donors.

Funds will be disbursed to UNFPA and UNICEF for programme implementation, only upon instructions from the Steering Committee, after the approval of the annual budget indicating total fund allocations to headquarters and regional and country offices. Disaggregation of agency funds will be conducted through consultation by the Joint Programme Coordination Team, while agency fund allocations will be based on the contributions received from donors. UNFPA, as the programme Administrative Agent, will receive more funds at the headquarters level, and this will be considered in deciding agency level fund allocation. However, regional and country offices of both UNFPA and UNICEF will have similar budget allocations, unless in situations where unique initiatives by one of the offices can qualify it for additional budget allocations.

There is a possibility for two or more rounds of fund transfers in one single year, owing to the fact that donor contributions at the beginning of the year may be insufficient to fully cover the total approved annual budget. In such cases, the Global Coordinator of the Joint Programme will have to submit a formal request to UNFPA (as the Administrative Agent) to transfer funds to UNFPA and UNICEF for actual programme implementation. The request from the Global Coordinator of the Joint Programme must be considerate of the budget approved by the Steering Committee, the approved work plans from regional and country offices, and consensus reached between the headquarters of the partnering agencies on the specific amount to be transferred to each agency, based on the donor contributions available for allocation. Taking the above into account, it is sufficient for UNFPA to facilitate fund transfer to UNFPA and UNICEF, and no further instructions will be required from the Steering Committee to facilitate such a transfer. However, a written request from the Joint Programme Global Coordinator should be presented to the Administrative Agent whenever there is a need for additional rounds of fund transfers from the suspense account to both agencies. It is required that financial statements and reports incorporating submissions from UNFPA and UNICEF should be consolidated and presented to the Steering Committee.

In line with the United Nations Development Group’s guidance and procedures on United Nations joint programmes, UNFPA will charge a 1 per cent fee on funds received into the Joint Programme account. As participating agencies, UNFPA and UNICEF will recover 7 per cent indirect costs against expenses incurred under their components.

Resource Requirement & Allocation

In contrast to Phases I-III, Phase IV of the programme will cover a period of nine years to be implemented within the decade of action and this has implications on the level of resources required for the programme. The focus of the Joint Programme during Phase IV will be on the existing 17 countries currently supported by the programme, with Indonesia to be considered based on funding availability. Supporting new countries as part of expanding the global influence of the Joint Programme can be considered in a phased approach if resources are available to do so.

The Joint Programme will consider different financing mechanisms to fund initiatives in Phase IV and these can include the following: funding through the pooled fund; bilateral arrangements with potential donors outside the pooled fund; funding from corporations, private sector and individuals; and government budgetary allocations. The Joint Programme will develop a resource mobilization strategy and have a dedicated staff to focus on this area of work in Phase IV. Details on resource requirements and allocations are presented below in Table 3.

CLASSIFICATION	2022-2025	2026-2030	TOTAL
Country level interventions*	109,600,000	138,600,000	248,200,000
Regional level interventions	14,000,000	17,500,000	31,500,000
Global level interventions	21,500,000	30,000,000	51,500,000
Total (Including 7% indirect cost)	145,100,000	186,100,000	331,200,000
Grand total (Including 1% Admin fee)	146,565,657	187,979,798	334,545,455

Table 3: **Details on resource requirements and allocations (\$)**

*Countries include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen. Indonesia will be considered upon fund availability.



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Annexes

1. Country Clusters

A cluster analysis using FGM data from at least 57 countries was conducted to classify countries into five groups or clusters. The analysis included two separate groups of countries based on FGM data availability. The first group included 31 countries with nationally representative FGM data, such as FGM prevalence, while the second included 26 countries where there have been indirect estimates, small-scale research surveys and anecdotal evidence documenting the practice.

Variables used to group countries with FGM representative data included: FGM prevalence; FGM trend; Poverty Index; GINI index (income inequality), Human Development Index (HDI); female HDI; child marriage; Global Gender Gap Index (GGGI); economic participation of women; educational attainment; Health and Survival Index; political empowerment of women; FGM opposition among women and girls; the World Bank Classification of Fragile and Conflict-Affected Situations: Law Banning FGM; national strategic plan on FGM; and Humanitarian situations.

Variables used to group countries without a representative FGM related data included: FGM status (based on the presence or absence of FGM among specific ethnic groups or communities in a country, categorized as: no report of FGM prevalence endemic to a specific ethnic group or community; report of FGM prevalence among small numbers of specific ethic groups or communities; and FGM prevalence is high among one or more ethnic group or communities in the country); FGM legislation; HDI; child marriage; gender inequality; GGGI; economic participation; educational attainment; political empowerment; and female HDI.

COUNTRIES WITH FGM REPRESENTATIVE PREVALENCE DATA			COUNTRIES WITHOUT FGM REPRESENTATIVE BUT FGM RELATED DATA	
CLUSTER 1: Countries with high scores for health and survival, FGM opposition, Global Gender Gap Index (GGGI) and GINI Index	CLUSTER 2: Countries with mostly low FGM prevalence and high scores for health and survival, FGM opposition, GGGI, GINI, poverty index, economic participation, and political empowerment of women	CLUSTER 3: Countries with high FGM prevalence and child marriage and low scores for FGM opposition, female HDI, GGGI, health and survival, educational attainment, HDI, GINI and political empowerment	CLUSTER 4: Countries with relatively high values for GGI and child marriage. Also had no/very low report of FGM prevalence endemic to a specific ethnic group or community	CLUSTER 5: Countries with mostly no specific FGM legislation and high reported FGM prevalence among one or more ethnic communities. They also have high scores for female HDI and educational attainment.
Maldives	Uganda	Sudan	Zambia	Colombia
Iraq	Tanzania	Sierra Leone	India*	Kuwait
Mauritania	Ghana	The Gambia	Iran	Malaysia
Egypt	Kenya	Guinea	Pakistan*	Oman**
Indonesia	Côte D’Ivoire	Eritrea	South Sudan	Philippines
Djibouti	Senegal	Mali	Zimbabwe	Saudi Arabia
	Benin	Somalia	Democratic Republic of the Congo	Singapore
	Cameroon		Malawi*	Russia
	Yemen			Sri Lanka
	Chad			Thailand
	Niger			United Arab Emirates
	Togo			Bahrain
	Ethiopia			Georgia**
	Central African Republic			Brunei
	Liberia			Jordan
	Guinea-Bissau			Qatar
	Burkina Faso			South Africa**
	Nigeria			Syria

Note: This is a work in progress and the full analysis report will be shared once completed.

Table 1: **Country clusters** | * Have no specific FGM law | ** Have specific law banning FGM

2. Evaluation plan

BACKGROUND AND RATIONAL

Since its start in 2008, the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation has been evaluated three times. The first two took place at the end of the first and second phases (this evaluation covered a period of 11 years of implementation of the Joint Programme and included extensive work of in-country data collection on understanding drivers of changes and social norms). Both evaluations were conducted independently by external consultancy teams under the supervision and guidance of a joint evaluation management group composed of senior members of the Evaluation Offices of UNFPA and UNICEF. In line with its evaluation plan, Phase III of the Joint Programme also underwent a formative evaluation that is forward-looking in nature, to produce evaluative evidence on the performance in achieving results, contribute to the learning process, and support evidence-based decision-making about planning for post Phase III. The above-mentioned evaluations were at the programme level, with a focus on both learning and accountability.

In terms of impacts, the evaluations of Phases I, II and III concluded that overall, the Joint Programme helped expand or accelerate existing change processes towards FGM abandonment at the national, sub-national and community levels. The Joint Programme also made notable contributions towards accelerating the elimination of FGM by strengthening legal frameworks and coordination at the national level. The Joint Programme’s sustained commitment to social norms change around FGM abandonment was considered appropriate to drive long-term change. However, the evaluations also showed that “there is currently insufficient data and evidence available to inform programming, in particular around key areas”.

Based on recommendations of the evaluations and observed trends in the practice of FGM, it is expected that the post Phase III of the Joint Programme would ensure timely generation of evidence on what works and what doesn’t work. Besides, the Joint Programme, as the largest programme on FGM, can play a leadership role in developing innovative approaches in the area of FGM evaluation, particularly in areas identified as priorities. The Joint Programme has the potential to provide significant evaluation evidence based on the standards set by academics and the community of practice.

This evaluation plan is developed to create a shared understanding of the purpose(s), use and users of the evaluation results, foster programme transparency to stakeholders and decision makers, increase buy-in and acceptance of methods, and connect multiple evaluation, research and learning activities. The plan will also serve as an advocacy tool for evaluation and research resources based on negotiated priorities and established stakeholder’s and decision maker’s information needs.

PROGRAMME DESCRIPTION AND THEORY OF CHANGE

The UNFPA-UNICEF Joint Programme on the Elimination of FGM: Accelerating Change is a global programme that is currently being implemented in 17 countries. It links community-level transformation of social norms that often drive FGM with laws banning the practice and access to quality sexual and reproductive health and child protection services for girls and women at risk of and affected by FGM. The Joint Programme, which has been implemented since 2008, is currently in its 3rd phase.

For further details on the programme’s vision and its theory of change for Phase IV, please refer to the main document.

PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION PLAN

The purpose of the evaluation plan is to provide credible evidence on the net effects of the Joint Programme interventions that contribute to the abandonment of FGM. It is expected to lead to learning, knowledge building on effective interventions and improved programming and implementation decisions for the Joint Programme and its partners.

Specific objectives include:

- Identifying the most single or multisectoral cost-effective interventions within the health and legal sectors and community development, including gender empowerment, that strengthen systemwide efforts contributing to FGM abandonment;
- Determining which approaches work and which do not work, for whom, at what cost and under what circumstances;
- Analyzing the Joint Programme implementation and contextual related factors, and examining the short-term interventions’ outcomes in order to document programme implementation challenges, good practices and lessons learned; and
- Identifying gender and social norms changes that are associated with communities’ readiness to abandon the practice.

The evaluations will cover the three phases (I, II and III), as well as the first years of Phase IV of the Joint Programme. The impact evaluations will assess the contribution of the Joint Programme to ending FGM in supported countries.

EVALUATION QUESTIONS

As per the practice of evaluation within the United Nations system, the evaluations will apply the revised OECD/ DAC criteria¹: relevance, coherence, effectiveness, efficiency, impact and sustainability. In addition, principles-focused evaluation will be applied to ensure that the Joint Programme is adhering to core principles, in particular human rights and gender transformative approaches.

The evaluation terms of reference will propose certain questions for each evaluation. They may include the followings:

- To what extent the Joint Programme interventions are effective, in particular, community development (women’s and girls’ empowerment, men and boys and family support), system (health, legal and social) transformation, and social movement interventions, in leading to the abandonment of FGM?
- What are the most cost-effective interventions for sustaining the impact of community-based interventions?
- To what extent contextual factors affect changes that can be inferred to the Joint Programme at the individual, family, community, system and policy levels?

PROPOSED DESIGNS AND METHODOLOGIES

The evaluation plan will take a comprehensive approach that answers complementary evaluative questions, including programme level evaluations (mid-term and final evaluations managed by the Evaluation Offices – centralized evaluation) and an outcome evaluation (managed by the Joint Programme’s coordination team – decentralized evaluation), which may include a potential impact component. The aim is to identify and assess the net-effects of a particular well-defined intervention at the community level that contributes to the abandonment of FGM. The plan includes the following main activities and sub-activities:

Impact Evaluability Assessment

The objective of this exercise is to perform a diagnostic on the feasibility to conduct rigorous impact evaluation/s at the country and/or community level on key scalable interventions aiming to eliminate FGM as part of the Joint Programme. Taken as the first preparatory stage of the planning process, the feasibility study will include the mapping of key interventions across participating countries as part of

¹OECD. Evaluation Criteria. N.d.
<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> [8/27/2021]

Phase IV, their corresponding results frameworks and theory of change, as well as their geographic distribution and conditions for implementation. All these will be crucial to understanding the feasibility of constructing a counterfactual design (impact evaluation) to attribute effects to the interventions (either by experimental or, more likely, non-experimental methods). In addition, the feasibility study will conduct data diagnostics of available sources of data in candidate countries and assess the potential for a baseline survey. Finally, it will assess contextual factors, including COVID-19 rates, the political stability and the humanitarian situation, all of which will affect the decision on the feasibility of impact evaluation in specific country contexts.

Evaluations including an impact component

If deemed feasible by the above exercise, the mid-term and/or final programme evaluation may include assessments of impact among their methods and tools (such as the use of counterfactuals and control groups or any other relevant design). These Impact evaluations would assess the effects of well-defined FGM Joint Programme interventions, and whether these effects are intended or unintended. They seek to determine the extent to which FGM results can be attributed to Joint Programme specific interventions. The proper analysis of impact requires a counterfactual scenario of what those outcomes would have been in the absence of the intervention. For example, a community that has not received support from the Joint Programme (or even a non-Joint Programme country) could be used as a counterfactual.

The evaluability assessment would determine which impact methods and tools, if any, would be incorporated into any of the proposed evaluations.

Cost analysis

The impact evaluations will detail the approaches and methodology to be used, which may include costs analysis with rigorous estimates to allow for the comparison of two or more interventions with cost-effectiveness analysis, or for the comparison of the value of benefits generated by an intervention relative to its costs, using a cost-benefit analysis. Both cost-benefit and cost-effectiveness analyses should provide important insights for deciding what approaches are more cost-effective.

Data collection and analysis methods

Depending on the evaluation design of each evaluation activity, relevant data collection and analysis will be defined. Most evaluation activities may rely extensively on data generated by the monitoring and evaluation system of the Joint Programme, including a desk review of programme documents, research studies supplemented with additional data collected from surveys, focus groups, group discussions

and key informant interviews. Non-experimental approaches such as use of comparative case studies / deep dive studies may also be used. However, for the evaluations integrating an impact component, more data and analysis may be required. Impact evaluations typically involve experimental or quasi experimental designs that compare intervention effects between treatment and control groups at more than one point in time to determine causal attribution.

Management

Management of centralized evaluations

The evaluations managed by the Evaluation Offices will be integrated respectively in the UNFPA quadrennial budgeted evaluation plan approved by the Executive Board and on the UNICEF evaluation plan. The UNFPA and UNICEF Evaluation Offices will jointly manage the implementation of planned centralized evaluation (see table below). Evaluation management groups (EMG) will be set up for each evaluation. The EMG, composed of senior staff members of the UNFPA and UNICEF Evaluation Offices, will be responsible for ensuring the quality and independence of the evaluation, in line with the United Nations Evaluation Group (UNEG) Norms and Standards and Ethical Guidelines. UNFPA, as chair of the EMG, is responsible for overseeing the implementation of the evaluation process, guiding and supervising the work of the evaluation team and ensuring the quality and timely delivery of the evaluation deliverables.

An Evaluation Reference Group consisting of members of UNFPA/UNICEF relevant units and designated members of the Steering Committee will support the evaluations at key moments of the process.

The Joint Programme will partner with institutions to expand the scope, both of the evidence that is produced by the evaluation activities and how it is utilized to promote evidence-informed decision-making.

Management of decentralized joint evaluations / evaluative joint exercises

The evaluations/ evaluative joint exercises managed by the Joint Programme will be integrated in the programme’s yearly work plans. They will be jointly managed by the UNFPA M&E Specialist within the Joint Programme Coordination Team, who will be part of the EMGs for each evaluation. The Evaluation Manager will develop TOR for each evaluation, and the EMG will ensure their quality in line with UNEG Norms and Standards and Ethical Guidelines and monitor their smooth implementation. An Evaluation Reference Group will also be established with relevant agencies’ units and other stakeholders, including donors.

TENTATIVE TIMETABLE

EVALUATION TITLE AND TYPE	PURPOSE OF THE EVALUATION	TENTATIVE DATES	ESTIMATED COSTS (costs may have to be revised based on inclusion of an impact evaluation component)
Decentralized Joint Evaluations			
Impact Evaluability Assessment (managed by the Joint Programme)	Assess the feasibility of conducting an evaluation of impact and /or integrating an impact component on the mid-term and final evaluations.	2022-2023	\$250,000
Centralized Evaluations			
Joint Evaluation (managed by the Evaluation Offices)	Mid-term evaluation of the Joint Programme's phase IV	2024-2025	\$450,000
Joint Evaluation (managed by the Evaluation Offices)	Final evaluation of the Joint Programme's phase IV	2028-2029	\$550,000
TOTAL			\$1,250,000

Table 2: Tentative timetable

3. Critical Assumptions, Risks & Mitigation

In this phase, the Joint Programme will accelerate the global momentum towards the elimination of FGM by 2030. This entails transforming the deep-rooted gender and social norms, enhancing accountability of government and other duty-bearers, and strengthening systems at different levels of operation. Ending FGM also requires a broader favorable political, social and economic ecosystem at the global, regional and national levels. Hence, it is important to consider the complexity of this task and its potential ramifications on the achievements of the intended results during this phase of the Joint Programme.

Implementing the Joint Programme and measuring its results in an effective and timely manner presupposes the existence of a technical capacity, particularly at the national and local levels. Although the Joint Programme will implement different initiatives to mitigate these technical gaps, the task will be enormous, surpassing the capacity and reach of the Joint Programme. It will be important to expect some challenges and shortcomings due to inadequate capacity in various areas of programme implementation and monitoring and evaluation of initiatives.

The work of the Joint Programme will be directly affected by various humanitarian contexts and political instabilities in countries where the programme is operational. The Joint Programme will leverage its experiences from the past three phases (including the lessons learnt in addressing challenges resulting from the COVID-19 pandemic) to design appropriate strategies to address the challenges. Efforts will be made to adopt a Humanitarian-Development-Peace Nexus approach. However, the potential impact of these factors on programming needs to be taken into account.

Realizing the vision of the Joint Programme requires mobilizing adequate financial resources from different funding mechanisms. Cognizant of this fact, the Joint Programme will undertake strong resource mobilization efforts and put in place flexible funding modalities to attract funding from diverse sources. However, based on past experience, there could be a challenge to timely and fully fund the Joint Programme, which will have implications on the level of achievements to be realized at the end of the programme cycle.



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RISK	PROBABILITY	IMPACT	MITIGATION
Country risks (political, security and humanitarian crisis)			
Political will of Member States, including commitment to legal and legislative change and financial investments, is lacking, thereby hampering positive change.	Low	Medium	The Joint Programme has strategically selected countries where some amount of momentum exists against FGM. Strong working relationships with the authorities and national institutions exist and will be maintained to build a sense of common purpose and enhance national ownership of the process. The ongoing engagement with the African Union to put in place and strengthen the regional accountability and peer review mechanism is expected to sustain and strengthen the political will of Member States. The programme will also amplify civil society voices, including alliances and external funds, which tend to enhance government accountability.
Changes in the political context in countries, such as changes in leadership and shifts in national priorities (away from ending FGM) affect the continuation and sustainability of ongoing positive change processes.	Low to Medium	Medium	Country programmes are designed to implement strategic plans, in consultation with national governments and in alignment with national priorities. Both UNFPA and UNICEF have longstanding relationships with the legislative and executive arms of Member States which permits a high degree of continuity in work, with slight changes in direction as needed to align with any new priorities. The multi-sectoral nature of the Joint Programme permits continuity and sustainability of action through the most promising lead ministries in any given context. Country commitments enshrined in international declarations and conventions are also utilized as the basis for sustaining action.
Political unrest and security situations hamper or completely restrict implementation.	Medium	High	When strategic direction, performance management and delivery on results can no longer proceed as envisioned, agencies undertake a programme criticality exercise that scales back programming to the achievable minimum. To the extent possible, programme activities in unaffected regions will continue. Programme managers and leadership at the regional and headquarters levels will closely monitor the situation and implementation rate so that decisions can be made swiftly. Technical support will be increased to help countries redefine their deliverables and re-programme funds as needed to still meet the objectives of the programme. Funds will be reallocated to other programme countries if needed in consultation with the Steering Committee.
Humanitarian crises (including emergence of new and emerging infectious diseases such as COVID-19 affecting headquarters, region and country offices. Due to COVID-19, countries are experiencing partial to total lockdown hampering or completely restricting implementation of outreach and community mobilization activities.	Medium	High	Headquarters, regional and country offices of both UNFPA and UNICEF prioritize disaster and COVID-19 preparedness, and temporarily shift to emergency response in affected regions and countries – which tends to usually include children and adolescents at risk of or affected by FGM. In consultation with the Joint Programme Steering Committee, to the extent possible, programme activities will continue, and ending FGM activities will be revisited to take into consideration the restrictions and protection measures (both individual and collective).

Inadequate coordination between development partners working on FGM results in duplication of efforts.	Low to Medium	Low	Working jointly with multiple donors (The European Commission, Italy, Norway, Sweden, and the United Kingdom) the Joint Programme is already mitigating the risk. At country level, UNFPA and UNICEF are coordinating with governments to ensure that their ending child marriage strategies are aligned with national priorities, and supporting a unification of civil society efforts, in order to avoid duplication.
Inadequate coordination between UNFPA and UNICEF.	Low	Medium	The Joint Programme works within a formalized programme structure that both facilitates and mandates various coordination systems including through the Administrative Agent function and the Steering Committee. Standard Operating Procedure on roles and responsibilities for headquarters, regional and country offices have been developed to ensure effective coordination between the different offices.
Development/delivery risks			
Programme outcomes or outputs are not completed.	Low/Medium	Medium	The entire structure of the Joint Programme, from the governance down to the implementation arrangements, are focused on delivering results, primarily through delivery against programme outcomes and outputs. Both UNFPA and UNICEF have a strong reputation in-country as United Nations agencies with high technical and management capacity, as well as transparency and accountability. Regular monitoring at all levels and dynamic adjustments in programme delivery will ensure completion of programme outputs.
The programme does not reach the most at risk/vulnerable girls and women.	Low to Medium	Low	In designing the Joint Programme, UNFPA uses population data to conduct age, gender and geographically disaggregated analysis to estimate prevalence and burden. UNICEF applies a MoRES (Monitoring Results for Equity System) approach, which is an approach to equity- focused planning, programming and monitoring. This tool supports monitoring programmes and policies to ensure that an equity approach of reaching the most marginalized children is evidence-based and in support of the expected impact. At the core of both these approaches are: the identification and targeting of the most vulnerable, holding service providers accountable, and creating better access for the most disadvantaged communities, including girls and women who are at risk of or affected by FGM. Leaving no one behind will be one of the principles embraced by the Joint Programme to inform its work.
Partner risks			
Inadequate capacity of government partners, civil society or UNFPA/UNICEF staff lowers effectiveness, efficiency, relevance etc.	Low to Medium	Low to Medium	One of the key assumptions underlying the Joint Programme is the need for capacity building at country level of a variety of stakeholders. Capacity tends to vary across countries and financial support dedicated to boosting capacity will be adjusted accordingly. Technical support across the programme (from headquarters, and regional offices, between countries, and from external technical partners) will also be allocated as per capacity and needs. Where needed, external consultants and partners will be brought on board to bridge the capacity gaps. UNFPA and UNICEF will undertake continuous programmatic assessments to ascertain suitability of implementing partners to ensure they are working with the best partners who are suitably positioned to achieve results and have the mandate and competitive advantage on the ground

Financial risks			
The Joint Programme does not attract enough funding to deliver results at scale due to changes in partner priorities or other reasons.	Medium	High	The option of working jointly with other donors through the Joint Programme will go a long way to mitigate this risk. In addition, ensured Spotlight resources are complementary and reach areas of greatest need. Furthermore, the Joint Programme has focused only on 17 countries. Cognizant of this fact, the Joint Programme will have strong resource mobilization and partnership initiatives and will also put in place flexible funding modalities to attract funding from diverse sources including private funding. The Joint Programme encourages countries to have a bilateral engagement with donors at the national level to mobilize additional resources to end FGM. Advocacy initiatives will be undertaken to increase budgetary allocation to programmes addressing FGM by countries supported by the Joint Programme.
Reputational risks			
Risk of cultural sensitivity of the topic, or of conservative backlash from within the communities.	Low	Low to Medium	Agencies are implementing in a culturally sensitive manner at the country level. It is crucial that the programme is not perceived as imparting a particular agenda or ideological framework that is not in the best interests of the community. Hence, careful consideration will be given to how issues are conceptualized and framed in any given country and sub-national context with adherence to basic do-no-harm guidelines. Community leaders, parents and guardians will be involved from the start as per ethics protocols and cultural considerations. UNFPA and UNICEF have strong backgrounds in community-level work and are already successfully managing programmes to end child marriage programmes in many countries, demonstrating that it is indeed possible to avoid any reputational risks to the agencies or development partners.
Risk of human rights violations of government partners, civil society or UNFPA/UNICEF staff either directly, or through action (or omissions) or through business relationships or supply chain.	Low	Medium	The Joint Programme works within the UN Guiding Principles on Business and Human Rights. UNFPA and UNICEF are implementing the framework for protection from sexual exploitation and abuse in all countries, which covers some issues that the Child Safeguarding framework is not covering. Guidance on sexual exploitation and abuse is communicated to implementing partners for compliance and implementation.
Fiduciary risks			
Risk that funds are not used for the intended purposes; do not achieve value for money; and/or are not properly accounted for.	Medium	Medium to High	UNFPA and UNICEF policies on fraud and procurement are publicly available and strictly applied. Within the Joint Programme framework, the Steering Committee is the highest body for strategic guidance, fiduciary and management oversight and coordination. The Administrative Agent will be accountable for effective and impartial fiduciary management. Outside the direct Joint Programme framework is the United Nations Development Group (UNDG) Fiduciary Management Oversight Group, which will serve as the first point of contact in headquarters for fiduciary matters. It oversees the implementation of the fiduciary aspects of the UNDG policies on joint funding mechanisms and discusses any required departures from the standard Memorandum of Understanding, Letters of Agreements and Steering Committee Terms of Reference. Programme countries continuously apply assurance activities through external audit firms to support undertaking of spot checks, audits and micro-assessments.

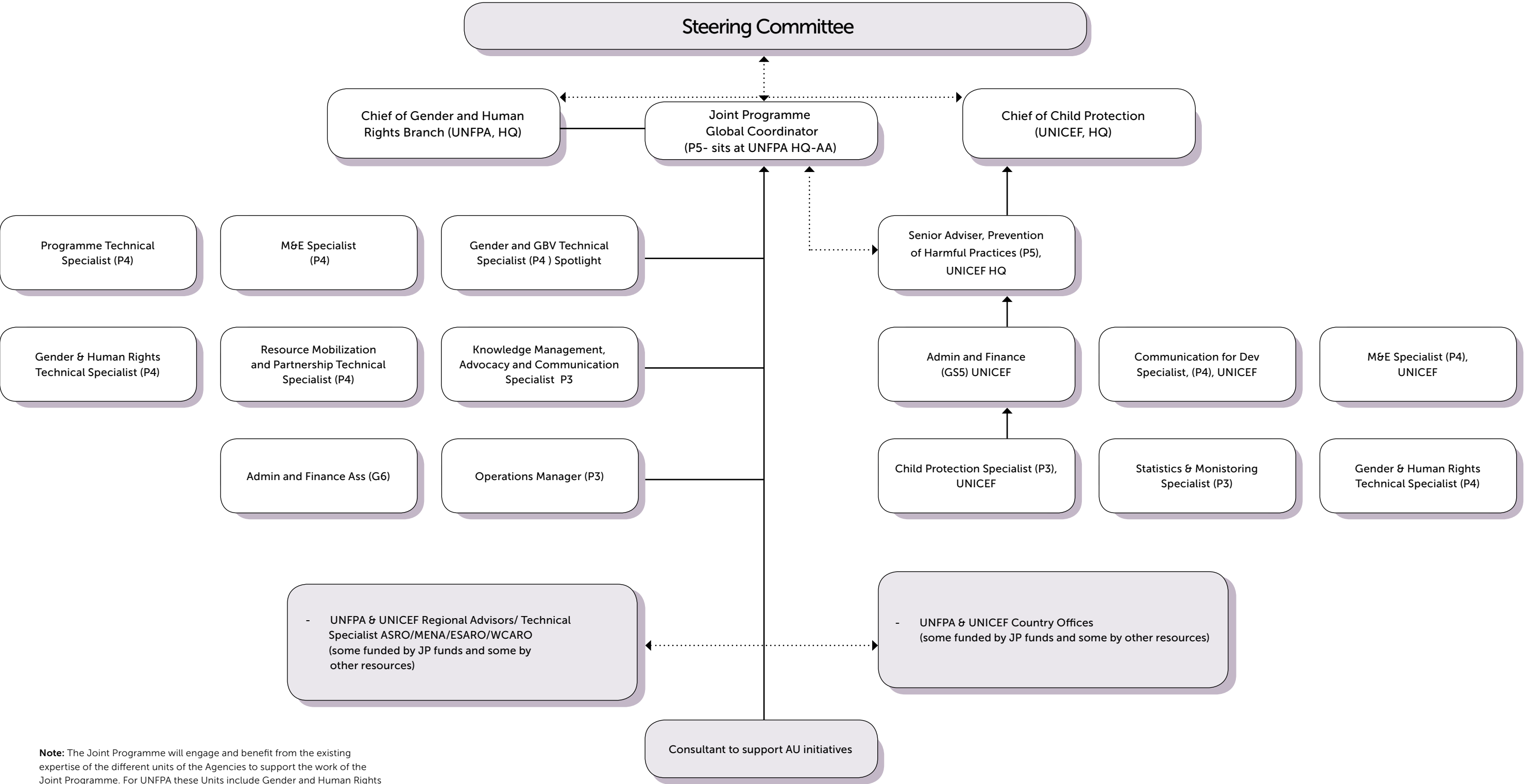
4. Results Framework

RESULTS LEVELS	RESULTS	INDICATORS	
IMPACT	Female genital mutilation eliminated by 2030 (contributing to SDG targets 5.3, 5.2, 5.6, and 5c)	Proportion of girls and women aged 15–49 years who have undergone FGM by age (SDG 5.3.2)	Rate of reduction of the annual incidents of FGM among girls aged under 10 (UNFPA SP - OC3)
LONG-TERM OUTCOME	Harmful gender roles, norms and power imbalances that drive FGM are transformed, and new, more equitable norms emerge	Proportion of communities that participated in the FGM Joint Programmes where new norms emerge that sanctions the practice of FGM: Traditional leaders sanction the practice of FGM using customary laws, b) Schools set rules to discipline those who verbally abuse girls who have not undergone FGM, and c) Cases of FGM are reported through community-level surveillance system supported by the Joint Programme to traditional and/or governmental authorities (Phase III indicators combined) (Compendium)	Percentage of the population (men or women) that holds egalitarian beliefs about men and women (composite indicator): a) Woman’s most role at home, take care of the children and cook for the family, b) If resources are scarce, it is more important to educate sons than daughters, and c) It is justifiable for a man to beat his partners in certain circumstances. (Compendium)
MEDIUM-TERM OUTCOMES	MEDIUM-TERM OUTCOME 1: Empowered girls and women know and claim their rights to their bodily autonomy and, together with their families and communities, contribute to social and gender norms change	Percentage of girls, boys, women and men aged 15 to 49 years who believe that FGM should be eliminated (UNICEF SP Goal Area 3 - OUTCOME)	
		Number of girls saved from FGM through the community-level surveillance system that monitor compliance supported by the Joint Programme (Phase III indicator)	
		Extent to which community members who participated in community dialogues act as change agents and reach out to others (Indicator to be reported through the qualitative M&E Approaches)	
	MEDIUM-TERM OUTCOME 2: Girls and women access a comprehensive package of high-quality, gender-responsive and age-appropriate services from relevant sectoral systems and institutions	Number of women, adolescents and youth, including women and young people with disabilities benefited from the high-quality services related to prevention and response from FGM. [To be disaggregated by Health, Social and Legal services]. (UNFPA SP OP2.11	
		Number of girls and women who receive prevention and response services on FGM during emergency crisis.	
	MEDIUM-TERM OUTCOME 3: Government and other duty-bearers demonstrate increased accountability for resourcing and implementing multi-sectoral policies, laws and frameworks to provide prevention and response for women and girls at risk of and affected by FGM	Percentage of the national budget allocated to the prevention and elimination of FGM. (Compendium)	
		Existence of a functional national FGM monitoring mechanism characterized by a) National FGM administrative data, b) National coordination body/committee for FGM, and c) Annual implementation review system. (Phase III indicator)	
		Extent to which government and other duty bearers are accountable to beneficiaries and other rights holders in the implementation, funding and achievement of results of programmes targeting FGM. (Indicator to be reported through the qualitative M&E Approaches)	
SHORT TERM OUTCOMES	SHORT-TERM OUTCOME 1: Girls and women demonstrate increased assets, capabilities and agency in relation to their rights to bodily integrity, gender equitable roles and relationships	Number of women and girls acting as change agents for equitable gender and social norms, including the elimination of FGM (Adapted Phase III indicator)	
		Extent to which (or number of) women and girls use their knowledge and capacity to promote and claim gender-equitable norms, including the elimination of FGM and associated attitudes and behaviours (Indicator can be reported through the qualitative M&E Approaches)	
	SHORT-TERM OUTCOME 2: Men and boys, families and communities increasingly support the access of women and girls to measures and services that prevent and protect them from FGM, gender inequalities and other harmful practices	Number of communities that made public declaration of abandonment of FGM that have established a community-level surveillance system to monitor compliance (Phase III Indicator)	
		Number of people engaged in public declaration that they will abandon the practice of FGM. (Phase III Indicator) OR Percent of individuals in the community who feel confident in their ability to choose not to practice FGM despite social pressures (ACT Framework)	
		Number of communities where religious leaders and community/traditional influencers publicly denounce FGM practices (Phase III indicator)	

SHORT TERM OUTCOMES	SHORT-TERM OUTCOME 3: Health, education, social, legal and child protection systems provide integrated quality FGM services that are accessible and centered on women and girls, as well as families and communities	Number of service delivery points in theJoint Programme intervention areas where at least half of the government-led health facilities provide gender responsive comprehensive package of sexual and reproductive health including FGM related services. (UNFPA SP OP2.9)
		Number of medical and paramedical schools (public and non-public?) supported by the Joint Programme that have mainstream FGM into the curricula training
		Number of health, education, social, legal and child protection systems that have established/strengthened social accountability mechanisms for women’ and girls’ access and use of preventive and response service that include community-based organization including women’s and youth (girls and boys) led organizations
	SHORT-TERM OUTCOME 4: A broad range of actors at global, regional, national and local levels amplify their collective efforts to advocate, develop, implement, monitor and evaluate gender transformative multisectoral evidence based FGM elimination policy and legal frameworks with adequate resourcing	Strengthening social movements: Existence (Number) of social movements, including women’s rights and youth led organizations, advocating and organizing support from different players to tackle harmful social and gender norms, discriminatory practices in support of the abandonment of FGM (Adapted form UNFPA SP OP3.4) (UNICEF, UN-Women)
		Extent to which (or Number of) social actors: (a) women-led and youth-led civil society organizations, (b) faith-based organizations, (c) men and boys; (d) people with disabilities; (e) indigenous populations; (f) young people; (g) parliamentarians, advocate for and scale up inclusive FGM elimination programmes. (Indicator can be reported through the qualitative M&E Approaches)
OUTPUTS	OUTPUT 1: GIRLS AND WOMEN EMPOWERMENT Girls and women in targeted communities have new or enhanced knowledge, skills, and critical awareness of their rights, accessing justice, and in relation to gender roles and relationships	Number of girls who have graduated from a capacity development package (including comprehensive sexuality education and life skills education) that promotes gender-equitable norms, including the elimination of FGM and associated attitudes and behaviours, and in relation to women’s and girls’ sexuality and reproduction (Phase III Indicator adapted - Compendium)
		Number of women in the programme areas that are engaged in group or dialogue sessions on women’s rights and gender equality to prevent and eliminate FGM (disaggregated by age)
		Number of communities supported by the Joint Programme to implement an alternative rites of passage programme for women and girls addressing FGM, violence against women and girls and sexual and reproductive health and rights (Phase III Indicator adapted - Compendium)
	OUTPUT 2: MOVEMENT BUILDING Regional, national and local youth global movement, feminist and women’s entrepreneurs, including grass roots and community-based organizations, government and non-governmental bodies and community members, are engaged by a common movement through multi-stakeholder platforms, coalitions, alliances and accountability mechanisms at the global, regional, national and local levels to advocate for and scale up commitments to inclusive FGM elimination, including for those furthest behind.	Supporting multi-stakeholder accountability mechanisms: Number of multiple stakeholder mechanisms at the global, regional or national levels that include (a) women-led and youth-led civil society organizations, (b) faith-based organizations, (c) men and boys; (d) people with disabilities; (e) indigenous populations; (f) young people; (g) parliamentarians, to advocate for and scale up inclusive FGM elimination programmes (UNFPA SP OP1.7)
		Availability of platform for dialogues: Existence of a functional diversity inclusive community platforms in reflective dialogue towards eliminating discriminatory social and gender norms, stereotypes and practices, as well as gender-based violence and harmful practices that affect girls and women (UNFPA SP OP3.3, UNICEF, UN WOMEN)
	OUTPUT 3: FAMILY AND COMMUNITY ENGAGEMENT Gate keepers, parents and families, traditional and religious leaders, and other community influencers (M/F) have increased awareness and in-depth understanding of the harmful effects of FGM and its role in perpetuating gender inequality. Communities demonstrate increased collective efficacy and motivation to shift the social norms perpetuating harmful practices and create an enabling environment for change	Number of communities where traditional and religious leaders, and other community influencers (M/F) participate actively in community, including intergenerational, dialogue for the abandonment of FGM and role in perpetuating gender inequality OR Number of people (women and girls, men and boys) engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and FGM
		Number of individuals (boys, girls, women and men) reached by mass media (disaggregated by traditional and social media) messaging on FGM, women’s and girls’ rights and gender equality (Adapted form GPECM)
		Proportion of communities in the Joint Programme intervention areas implementing a capacity package for women and girls that perpetuate gender-equitable norms, including the elimination of FGM and associated attitudes and behaviours, and in relation to women’s and girls’ sexuality and reproduction. (Phase III Indicator adapted - Compendium)
		Number of community to community dialogues (within or across country borders) on gender-equitable norms, girls and women’s rights for the elimination of FGM

OUTPUTS	OUTPUT 4: SYSTEMS TRANSFORMATION Education, health and sexual and reproductive health and rights and child protection systems and institutions have increased capacity to mainstream FGM and deliver coordinated and integrated quality services that prevent from and respond to FGM during development, humanitarian and peace building	Number of medical and paramedical schools (public and non-public?) supported by the Joint Programme to mainstream FGM into the curricula training
		Number of primary/secondary/formal and non-formal schools in programme areas providing quality gender-responsive education to eliminate FGM
		Number of relevant government sectors, institutions and systems that have integrated the prevention of and response to FGM into their policies and plans, and other relevant frameworks
		Number of health service delivery points in Joint Programme intervention areas where at least one health care staff member is trained on FGM prevention, protection and care services
	OUTPUT 5: REGIONAL BODIES ENGAGEMENT Regional accountability mechanisms for ensuring increased regional and national commitment to end FGM are strengthened	Number of outcome documents of global and regional intergovernmental (African Union, League of Arab States and regional economic communities, etc.) processes supported by the Joint Programme that integrate commitments related to the elimination of FGM
		Number of countries that have implemented the recommendations based on peer review processes of relevant African Union, League of Arab States, ministerial-level specialized technical committees and regional economic communities’ technical specialized committees that incorporate an FGM elimination progress component
		Number of initiatives (including regional studies, action plans, regional commitments, commitments and others) supported by the Joint Programme to address the cross-border practice of FGM within and between countries
	OUTPUT 6: LAWS AND POLICIES Enhanced capacity of governments and local authorities to coordinate the enactment, implementation, including budgeting, and enforcement of legal frameworks to prevent FGM and provide protection to women and girls at risk and those who have survived FGM	Existence of a multisectoral evidence-based, gender transformative FGM elimination policy or strategy that includes a plan of actions with targets, a budget and an M&E framework, in line with human rights and the leaving no one behind principles
		Number of follow up mechanisms/processes (plans of action, reviews, public inquiries) of accepted recommendations from international and regional human rights mechanisms that are related to discriminatory social/gender norms, and practices on FGM (UNFPA SP OP 3.6)
		Existence of a budgeted emergency preparedness and response and disaster risk reduction plans that integrate sexual and reproductive health (including the minimum initial service package), GBV and FGM/HP (UNFPA SP OP5.8) (UNDP)
	OUTPUT 7: DATA AND EVIDENCE Governments and civil society, including grassroots, organizations, demonstrate increased capacity for knowledge co-creation and evidence generation to inform human-rights-based policies, laws and programmes that address gender inequalities and harmful practices	Number of government personnel from different sectors, CSO and grassroot organizations with enhanced capacities on data collection, analysis, research and dissemination, including qualitative data on FGM, violence against women and girls, including sexual and gender-based violence and other harmful practices
		Number of in-depth analysis, research, studies and evaluations conducted to fill the evidence and knowledge gaps on FGM, gender and social norms, gender-based violence and harmful practices
		Number of established/strengthened platforms/architecture for data, including national data systems, evidence and knowledge product dissemination and discussions to address the needs of government policymakers, non-governmental organization officials, development donors and researchers in the elimination of FGM

5. Management structure of the Joint Programme



Note: The Joint Programme will engage and benefit from the existing expertise of the different units of the Agencies to support the work of the Joint Programme. For UNFPA these Units include Gender and Human Rights Branch, Population and Development Branch, Sexual and Reproductive Health and Rights and Evaluation Office. . For UNICEF the sections include Child Protection, Communication for Development (C4D), Gender, Data, Data Analysis and Social Policy and Evaluation Office.

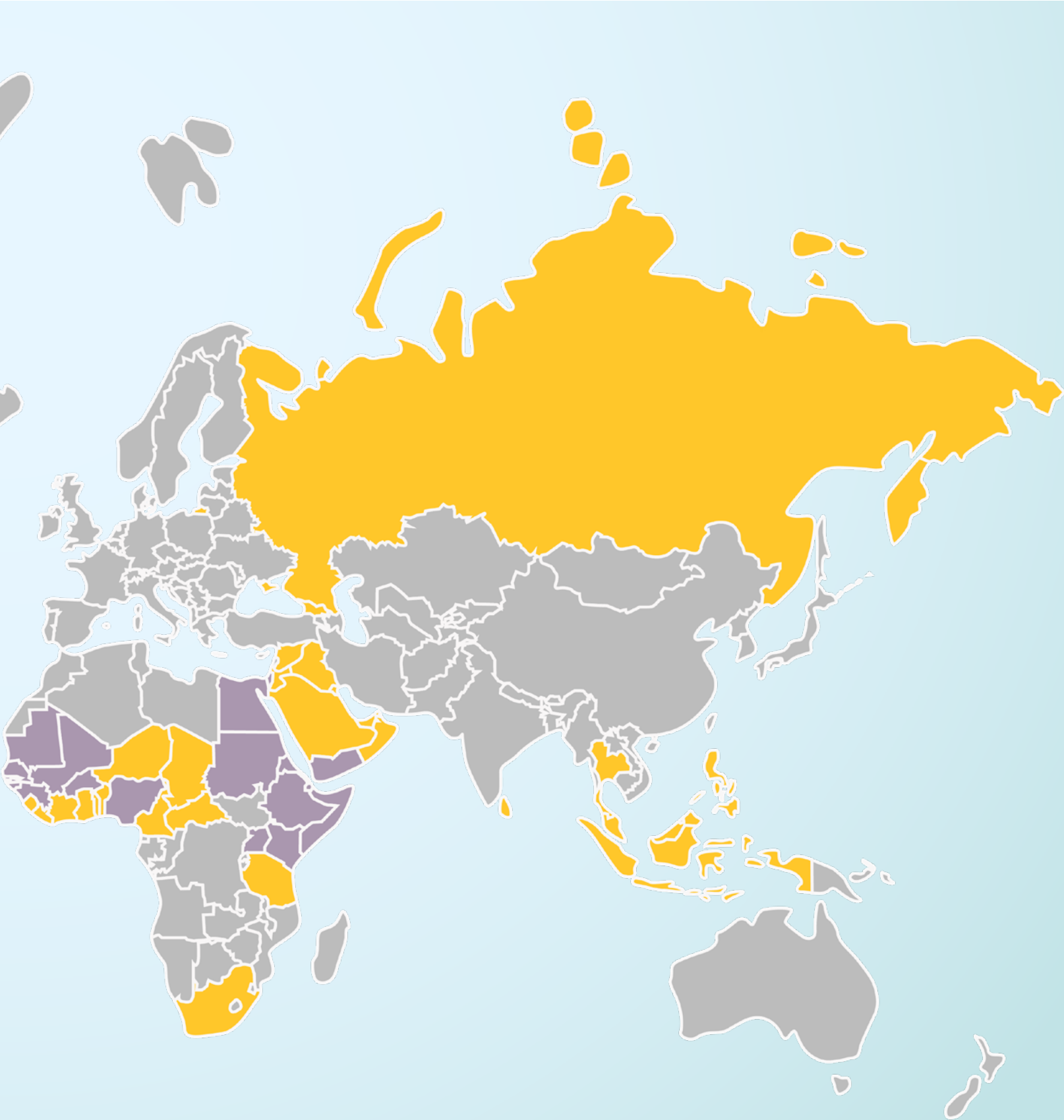
6. FGM JP supported countries and beyond

PHASE IV PRIORITY COUNTRIES

- Mauritania
- Egypt
- Djibouti
- Uganda
- Kenya
- Senegal
- Yemen
- Ethiopia
- Guinea Bissau
- Burkina Faso
- Nigeria
- Sudan
- Gambia
- Guinea
- Eritrea
- Mali
- Somalia

GLOBAL INFLUENCE

- Bahrain
- Benin
- Brunei
- Cameroon
- Central African Republic
- Chad
- Colombia
- Côte D'Ivoire
- Georgia
- Ghana
- Indonesia
- Iraq
- Jordan
- Kuwait
- Liberia
- Malaysia
- Maldives
- Niger
- Oman
- Philippines
- Qatar
- Russia
- Saudi Arabia
- Sierra Leone
- Singapore
- South Africa
- Sri Lanka
- Syria
- Tanzania
- Thailand
- Togo
- United Arab Emirates



DISCLAIMER: This map shows the countries where Joint Programme is implemented. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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