



This action is funded by the European Union

ANNEX 4

of the Commission implementing Decision on the Annual Action Programme 2015
of the DCI Pan-African Programme

Action Document for the “Contribution to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation (FGM) – Phase 2”

1. Title/basic act/ CRIS number	<p>“Contribution to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation (FGM) – Phase 2” CRIS number: DCI/PANAF/038-221 Financed under the Development Cooperation Instrument</p>			
2. Zone benefiting from the action/ location	<p>Africa – Multi countries The action shall be carried out in 16 African countries where the practice prevails: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan and Uganda; as well as in Yemen.</p>			
3. Programming document	<p>Pan-African Programme Multi-annual Indicative Programme 2014-2017</p>			
4. Sector of concentration/ thematic area	<p>Strategic area 2 “Democracy, Good governance and Human Rights”</p>			
5. Amounts concerned	<p>Total estimated cost: EUR 26 650 000 Total amount of EU budget contribution EUR 5 000 000 from the general budget of the European Union for 2015 This action is co-financed in joint co-financing by: – United Kingdom: EUR 15 220 000 – Norway: 4 730 000 – Italy: EUR 1 500 000 – Germany: EUR 200 000</p>			
6. Aid modality and implementation modality	<p>Project Modality Indirect management with UNFPA (United Nations Population Fund)</p>			
7. DAC code(s)	<p>Main DAC codes : 15160 (human rights) and 15170 (gender equality)</p>			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality (including Women)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	In Development)			
	Trade Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Global Public Goods and Challenges (GPGC) thematic flagships	N/A			

SUMMARY

This action will support efforts to bring about the abandonment of female genital mutilation (FGM), a harmful practice which persists in a number of African countries using a comprehensive, human rights-based approach that has been shown to also generate results in decreasing child marriage and other practices that are manifestations of gender inequality. Under this action, the European Union (EU) will provide a contribution to the UNFPA-UNICEF Joint Programme phase 2 which aims at accelerating the abandonment of FGM. The Joint Programme (JP) focuses on 16 African countries and Yemen (including its African population). The action is pursuant to, and consistent with, the Roadmap 2014-17 adopted at the 4th EU-Africa Summit in April 2014 (§ 20).

The JP approach has a major focus on prevention of FGM/C by encouraging its abandonment, while also being attentive to the needs of girls and women who suffer the consequences of the practice. It therefore includes legal and policy reforms, community-based education and dialogue, linkages to sexual and reproductive health-care services and child protection systems, and national-scale communication efforts to change the societal expectations around FGM. Technical exchanges with governments and non-governmental organisations (NGOs) working in the field, as well as with services providers (health and education), local leaders and communities at all levels are facilitated and structured as part of the activities of the Joint Programme. Through this action, the Joint Programme will include new initiatives to promote successful initiatives and link them up with continental policy frameworks in Africa. It will support the African Union institutions' (African Union Commission (AUC) and the African Commission on Human and Peoples' Rights (ACHPR) ongoing efforts to monitor and report on relevant continental, regional and sub-regional level commitments on FGM.

The Action will be implemented through a delegation agreement with UNFPA.

1 CONTEXT

On average over 2005-2015, Africa has experienced impressive growth, with an annual real Gross Domestic Product (GDP) increase of 5.6%. This has not only been driven by favourable commodity prices but also extended to countries that do not possess significant natural resources. This dynamism should continue since Africa's GDP is expected to double by 2030. With 30 million km² of land, making Africa the second biggest continent, the subsoil is a tremendous asset. Demography is also dynamic. Today, 16% of the world's population lives in Africa. Around 2030, 1 person out of 4 will be African and at the end of the 21st century, 4 out of 10. In the long run, only Africa will be capable of satisfying the global need for a young and cheap labour force, with an economically active population (15-64 years) that will

almost double. The population will not only be increasingly younger but also urbanised: Sub-Saharan Africa's urban population is thus projected to double by 2030.

Africa's growth is not generating the jobs that its people need. In 2013, approximately 27.2% of young people in the labour force were without work compared to 26.6% in 2012. Although the proportion of people living in extreme poverty (i.e. on less than USD 1.25 a day) in Sub-Saharan Africa decreased from 53% in 1981 to 47 percent in 2011, almost one out of every two Africans lives in extreme poverty . If Africa fails to create the jobs its growing population needs, unemployed urban youth could become a source of potential future instability and irregular migration. Out of 33 fragile states identified in 2015, 18 are African. There is room for more progress in the areas of inclusion, gender equality and environmental sustainability which are needed to further promote sustainable human development.

1.1 Thematic area

In July 2013, UNICEF released a study (*Female Genital Mutilation and Cutting: A statistical overview and an exploration of the dynamics of change*) in which data from surveys undertaken in the 29 countries where FGM is concentrated were analysed to examine prevalence and attitudes as well as other characteristics surrounding the practice and trends over the past 20 years. The study indicates that the main reasons for women to continue practicing FGM on their daughters is that it is perceived to be a social obligation, intertwined with tradition and religion. The analysis also indicates that the practice is changing and that, in many countries, prevalence has decreased and in the majority of countries - including some of the high prevalence countries - support for FGM is declining.

The increasing data as well as the analysis available provide knowledge and additional insights, which serve to inform policies and programmes aimed at the elimination of the practice. A greater understanding now exists of the social dynamics that contribute to the perpetuation of FGM which helps in designing strategies to disrupt these dynamics through collective approaches targeting the underlying social norms.

UNFPA and UNICEF have undertaken a process of identifying countries, using several criteria, where efforts to eliminate FGM could benefit from a strategic and catalytic injection of agency support, resulting in 8 countries being selected to join the Joint Programme in 2008, expanding to 11 by 2009 and 15 by 2013. Two additional countries, Nigeria and Yemen, which were poised to take their national efforts to another level, joined the programme in 2014. With Yemen experiencing recent conflict, it is being closely monitored. Of the 17 countries currently in the programme, 8 have been identified as 'Acceleration Countries' thanks to their high-level Government commitment and policy framework, history of social movements in favour of abandonment of the practice, a series of public declarations over the past 5-8 years, some evidence of decline in the past 15 years, and promising systems for data collection, tracking and monitoring. By 2017, it is envisioned that these countries will show the strongest rates of decline in prevalence and among them, at least one country will declare nationally its total abandonment of the practice

1.1.1 Public Policy Assessment and EU Policy Framework

In the framework of the Joint Africa-EU Strategy (JAES) adopted in Lisbon in 2007, EU and African Heads of States and governments agreed to “*work towards the abandonment of female genital mutilation and cutting (FGM/C) and other harmful traditional practices, as set out in the Beijing Platform for Action and the AU Solemn Declaration on Gender Equality*”. The Roadmap adopted at the 4th Africa-EU Summit in April 2014 specifies that “*cooperation in the framework of the JAES should complement our actions at national level to improve (...) access for all to (...) health care, including Sexual and Reproductive Health*”. The Multi-annual Indicative Programme (2014-2017) of the Pan-African programme aims to strengthen

the implementation of African policies and standards in the area of human rights by reinforcing the capabilities of the pan-African institutions with a specific mandate and supporting their coordination. This action will address that priority by linking up initiatives at country level with policy frameworks at continental level.

The African Union (AU) has several conventions and protocols on human rights, in particular the African Charter on Human and People's Rights. Within that framework, the Rights of the Women are covered by the Protocol to the African Charter on Human and People's Rights on the Rights of Women (thereafter the Maputo Protocol) adopted in 2003, which is to date, the most comprehensive and innovative women's rights instrument at continental level - if not internationally. The Protocol creates an obligation on state parties to respect and protect women's rights and explicitly targets FGM, among other harmful traditional practices. Its Article 5 requires State Parties to prohibit and condemn all forms of female genital mutilation through legislative measures enforced by sanctions.

Over the last years, there has been a significant political commitment and a widespread agreement at international level on the need to intensify efforts toward the elimination of the practice. This translated into numerous resolutions taken at AU and United Nations levels:

- An AU decision (2011) denounced FGM as a violation of human rights of women and girls in Africa, recalled the African Charter on Human and Peoples' Rights and the Maputo Protocol;
- Under the leadership of the African group and with strong EU support, the General Assembly of the United Nations (UNGA) adopted a landmark resolution in 2012: ("Intensifying global efforts for the elimination of female genital mutilations"), which calls for a common coordinated approach promoting positive social change at community, national, regional and international levels and calling for the international community to strongly support a second phase of the UNFPA-UNICEF Joint Programme (first phase 2008-2013);
- A follow-up declaration by the African group in the UN Human Rights Council in June 2013, supported by EU Member States, focused on the challenges to be addressed to achieve zero tolerance for FGM;
- The 57th UN Commission on the Status of Women (March 2013) focused on preventing and responding to violence against women and girls and further drew attention to actions to end FGM;
- A second resolution 69/150 adopted in December 2014 during the 69th session of the General Assembly of the United Nations. The resolution reiterates the need to support the UNFPA-UNICEF Joint Programme on FGM/C Phase II;
- The African Union declared 2015 the "Year of Women empowerment and development".

In addition, a partnership strategy was developed in 2013 among the AU Commission, the African Committee of Experts on the Rights and Welfare of the Child, the UN Economic Commission for Africa (UNECA), UNICEF and UNFPA and the Inter-African Committee on Traditional Practices towards the Elimination of all Harmful Social and Cultural Practices. The objectives included 1) to encourage AU Member States to review and strengthen existing policies and programmes aimed at the elimination of Harmful Traditional Practices (HTPs) in general and FGM in particular; 2) to encourage AU Member States to pass and enforce enabling legislation to protect women particularly girls and children as well as implement and domesticate relevant Africa and international commitments including the UNGA Resolution on FGM; 3) to ensure evidence-based information and action-oriented research to further strengthen action and monitor its impact; 4) and to support the development and utilisation of efficient and reliable monitoring and evaluation (M&E) systems on the elimination of HTPs,

particularly FGM and early marriage at the national level in order to track progress made by the Member States.

At the level of the countries where the practice is most common, political commitment has increased with 5 new national laws on FGM being passed in the past 5 years (Somalia, Guinea Bissau, Kenya, Uganda and Nigeria) and, in Sudan, several State laws. In addition, 19 African countries (including the 15 countries supported by the JP) adopted national policies and plans to eliminate the practice.

As far as the European Union is concerned, fundamental rights and gender equality are among its core values. The EU has long been committed to eliminating gender-based violence and violence against children, as stated in its “Strategy for equality between women and men 2010-2015”, and in the EU Agenda for the rights of the child. More specifically, in its external relations, the Council adopted in 2008 the “EU Guidelines on Violence against Women and Girls and Combating All Forms of Discrimination against them” which are the basis for EU intensified action to combat violence and discrimination against women and girls in the world.

More recently (2013), a specific Communication on FGM has been adopted to stop FGM not only in countries where it is practiced but also in Europe, where migrants girls originating from countries where FGM is practised, or who were born to one or both parents from those countries may be considered at risk (they are estimated to be around 500 000). This Communication develops a holistic, integrated approach, with particular emphasis on prevention.

1.1.2 Stakeholder analysis

The **target groups** of the Joint Programme are the Governments at both national and sub-national level, academic institutions, international and national NGOs, community-based organisations, religious communities and faith-based organisations and the media. Through this action, target groups will extend to the AU Commission and the ACHPR.

The **final beneficiaries** of the proposed action are the girls and young women who could become or have already been subjected to female genital mutilation.

1.1.3 Priority areas for support/problem analysis

According to UNFPA/UNICEF, over 140 million girls and women have undergone some form of FGM, and if current trends continue, about 86 million additional girls will be subjected to it by 2030. In Africa, more than 3 million girls are estimated to be at risk for FGM annually, with the practice being most common in the western, eastern, and north-eastern regions.

Female genital mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is recognised internationally as a violation of the human rights of girls and women. It is nearly always carried out on minors and therefore also constitutes a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, and the right to be free from torture and cruel, inhuman or degrading treatment.

The causes of FGM include a mix of cultural, religious and social factors within families and communities. In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation. Where FGM is a social convention, the pressure to conform to what others do is a strong motivation to perpetuate the practice. Local structures of power

and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel, can contribute to upholding the practice.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities. However, the trend towards medicalisation is increasing with more than 18% of all FGM worldwide being performed by healthcare providers.

The action should build on the programmatic recommendations resulting from the research and evidence gathering efforts that have been carried out over recent years:

1. Entire communities should be addressed so as to decrease – and eventually eliminate - social expectations to perform FGM;
2. Visibility of hidden attitudes that favour the abandonment of the practice should be promoted and given greater resonance/exposure by society;
3. The engagement by boys and men in ending FGM and empower girls should be increased;
4. Practicing communities should be made aware that many others, similar to themselves, do not practice FGM either because they never did or because they have abandoned the practice;
5. The elimination of FGM should be pursued by favouring collective abandonment rather than the progressive reduction of the degree of cutting;
6. Regional dynamics conducive to ending the practice should be strengthened through increased south-south collaboration and cross-border interventions among the African countries. Regional bodies such as the AUC and ACHPR can play an important role.

It is estimated that some 6-8 million girls and their communities can be reached in ways that are supportive of girls’ empowerment, education, health/reproductive health, human rights and skills acquisition, and thus conducive to preventing those practices.

The consistent and systemic violations of girls’ and women’s human rights that exist in some countries require a continental response, which should draw from the African continental legal framework, and mainly the Maputo Protocol, and seek to encourage the domestication of women’s rights and children’s rights in national laws.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Political will of Members States where the Joint Programme is being implemented and which participate in regional dynamics in the form of financial and human resources is lacking, thereby hampering positive changes	M	Strong working relationships with the AU authorities and national Ministries will be maintained to build a sense of common purpose and enhance national ownership of the process; coordination mechanisms utilised and key advocacy moments observed to build goodwill and foster mutual accountability to girls and women affected by FGM

Political shifts (new governments, changes in personnel) affect effectiveness and sustainability of ongoing positive change processes	M	The international organisations (UN and AU) support institutionalisation of action also at decentralised and local levels, rendering the actions self-sustaining until prevalence is reduced
Risk of cultural sensitivity of the topic, risk of conservative backlash from within the communities	M	It is crucial that the programme is not perceived as imparting a particular agenda or ideological framework, which is not in the best interests of the community. The issues will be framed as a matter of respecting and promoting positive African cultures by leaving behind harmful practices and in some cases reframing the rationale for the practice. A particular strategy of this element will be cross-border/South-South Cooperation mechanisms that give visibility to shifts taking place in other countries and role models drawn from efforts in other, culturally-sensitive countries
At management level, UNFPA and UNICEF face some challenges in implementing the continental dimension of this action	M	Coordination mechanisms have been put in place during the First Phase of the Joint Programme. These will be reinforced in the second phase by developing a stronger regional coordination mechanism.
The UN Joint Programme does not attract sufficient funding to deliver all objectives	L/M	Continued advocacy by the agencies as well as by the members of the Steering Committee (donors)
Assumptions		
<ul style="list-style-type: none"> • The AU continues to support the abandonment of harmful practices; • The 17 countries involved in the action (Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda and Yemen) continue to be committed to the implementation of their legislation, policy and action plans on the abandonment of harmful practices; • The 8 ‘acceleration’ countries identified by the Joint Programme are in a position to successfully scale-up programmatic interventions to bring about a faster change in 4 years than in the previous 10 years; • The international community, and in particular donors, continue to support the UN Joint Programme. 		

Sustainability and Exit Strategy

By the end of 2017, UNFPA and UNICEF expect that each country will have a comprehensive legal and policy framework in place, including costed and funded national plans of action, whereby governments take leadership in efforts to eliminate the practice of FGM forever.

In addition, it is expected that at least one country can demonstrate that there has been a complete national commitment to the abandonment of the practice, thus serving as a model for other countries.

UNFPA and UNICEF recognise there will be unfinished business in the FGM agenda by 2017. While the efforts may not continue as a global vertical programme, the agencies will have fully integrated the work on the practice into Country Programmes and United Nations Development Action Frameworks (UNDAFs) for future work – together and independently – to end FGM. The commitment of the Strategic Plans and the proposal of the Open Working Group on the Sustainable Development Goals (SDGs) have provided a strong basis for this mainstreaming of the issue.

Finally, it is assumed that through efforts to support, accelerate and strengthen continental efforts that the continental bodies will assume increasing levels of ownership and resourcing of continental efforts going forward.

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

In 2007, UNFPA and UNICEF launched a Joint Programme aiming at supporting governments, communities, girls and women concerned towards the abandonment of FGM and focusing on a selected number of countries. The specific objective was to contribute to the accelerated abandonment of Female Genital Mutilation (FGM) in one generation, with demonstrated success in 15 countries in Africa, by 2012. The European Commission, through its Programme "Investing in People", contributed through a parallel funding to the results achieved under the Joint Programme.

The Joint Programme has used a human rights-based and culturally sensitive approach to change the social and cultural norms that hold the practice of female genital mutilation/cutting in place. The approach consists of a combination of evidence-informed strategies that include activities in the legal and policy realm, in stimulating and supporting social dialogue and mobilisation, in strengthening the provision of relevant preventive and curative services and in strengthening the evidence base and its application.

Throughout Phase I (2008-2013), the approach was further refined at national level through collaboration with governments, civil society organisations and academic institutions. The Joint Programme contributed to increasing the awareness of key national actors and their ownership of, and commitment to, abandonment of FGM. While strengthening legal and policy frameworks, it supported the development of policies, plans and programmes, as well as enforcement of national and decentralised laws. Strategic action plans were established to respond to legislative developments and this process has often been coordinated through national committees composed of key stakeholders.

By 2013, more than 3 000 judges, prosecutors, lawyers, magistrates, local leaders and members of civil society organisations in 8 countries were informed about laws prohibiting FGM/C. Across 5 countries, 704 cases of violations of national laws against FGM/C were prosecuted in court during 2008-2013.

The medicalisation of FGM has emerged as a great threat to abandonment. It is estimated that one in five girls cut have been cut by a trained health-care provider. In some countries, this can reach as high as three in four girls. UN programmes on the ground report that health workers sometimes do not use medical facilities for fear of being caught.

According to DHS (Demographic and Health Surveys) and MICS (Multiple Indicator Cluster Surveys) estimates, countries where the majority of FGM cases are performed by health workers are Egypt (77%), Sudan (55%) and Kenya (41%) (Nigeria, 29%) (Guinea, 27%). The Joint Programme supports countries' efforts to prevent and stop medicalisation closely

collaborating with WHO (World Health Organization), the International Federation of Gynaecology and Obstetrics, the International Confederation of Midwives and national ministries of health through a number of strategies: mobilising political will, strengthen the understanding and knowledge of health providers, create supporting legislative and regulatory frameworks and strengthen monitoring and accountability.

Many countries now have adequate health policies that address FGM. In some countries, the integration of FGM/C prevention and care into antenatal and neonatal services has been prioritised.

In all countries supported by the Joint Programme, health workers have participated in training to understand the consequences of FGM and, in many cases, treat medical complications that arise from it. More than 100 000 doctors, midwives and nurses have participated in training on integrating FGM prevention, response and care into their services, and during 2008-2013, more than 5 500 health facilities integrated FGM in their antenatal and postnatal care. This has contributed to improved capacities for FGM-related prevention, response and tracking in the health sector. Progress has also been made in integrating prevention activities into school curricula.

Educational activities and community dialogue created a non-threatening space where people could re-evaluate their own beliefs and values regarding FGM. More than 250 000 community education sessions were held between 2008 and 2013 in the programme countries. Nearly 21 000 religious and traditional leaders made public declarations delinking FGM from religion, and more than 2 800 edicts were issued in support of abandoning the practice. The Joint Programme and its implementing partners also engaged with traditional leaders, such as community elders, to secure their support. In Burkina Faso, Egypt, Kenya and Mali, these activities were complemented by home visits, counselling, theatre/films and an alternative rite of passage for girls.

A broad strategy used in all countries consisted of facilitating collective discussions that explored issues relating to health and led to public declarations of collective commitment to abandon FGM. They incorporated a range of processes for community engagement, education and outreach. About 12 700 communities, representing more than 10 million people across the 15 countries, made public declarations to abandon FGM. Programme monitoring and experiences indicate that where they co-existed, FGM and child marriage were being addressed simultaneously at the community level and in the discussions about gender equality. More than 26 000 newspaper articles and television/radio programmes discussed the benefits of ending the practice, and helped shape the ongoing public discourse on FGM.

The conclusions of the evaluation of the Programme carried out in 2013 are as follows:

- The design of the Joint Programme showed significant strengths, including its emphasis on pursuing a holistic and culturally sensitive approach to addressing FGM, and its emphasis on addressing global, national, and local levels simultaneously. At the same time, UNFPA and UNICEF faced some challenges in operationalising this design, especially in relation to the envisaged regional dimension.
- The Programme is based on a theory of change but knowledge and evidence gaps remain as regards the assumed transition from changes in FGM-related social norms to visible changes in individual and collective behaviours and, eventually, changes in FGM prevalence.
- Varying degrees of progress have been made in the different countries. In all programming countries, the Programme contributed to strengthening legal and policy

frameworks at national and sub-national levels (national policy and legislation on FGM was extended to cover 12 of the 15 countries, services were strengthened to offer prevention of FGM, protection against FGM, care and justice to victims); awareness and knowledge of FGM of national actors and community members was improved and community leaders and members are increasingly committed to the abandonment of FGM with noticeable changes in the public discourse.

The findings of the evaluation pointed out that the Phase 1 of the Programme did not strongly contribute to nor draw on continental, regional and sub-regional dynamics favouring the elimination of FGM. This was partly because a sufficient degree of national commitment to end the practice needed to be assured before continental, regional and sub-regional strategies could be developed.

In addition, the mixed results of previous projects indicated that in order to eliminate FGM at continental level, it is necessary to adopt a holistic response grounded in the relevant regional human rights instruments. In particular, the “Harmful Traditional Practices” Programme placed under the Culture Division of the Department of Social Affairs of the AUC in 2011 shows the limitations of a programme conceptualised without a human rights-based approach, without reference to the Maputo Protocol and working with the Ministries of Culture as sole national counterparts.

3.2 Complementarity, synergy and donor coordination

The Joint Programme brings together several donors, including EU Member States and non EU countries, which decided to pool resources at country and global level. The joint management reduces risk of duplication, facilitates synergies and avoids dispersions of human and financial resources.

Many of the same donors, as well as both UNICEF and UNFPA, are also engaged in a complementary global programme on accelerating action to eliminate child marriage. The programme was recently established in 2014 and is currently in an inception phase. It covers 12 countries, of which 8 in sub-Saharan Africa, and 3 regions, including West and Central Africa and East and Southern Africa. The emerging new global programme draws heavily from the experience developed thanks to the UNFPA-UNICEF Joint Programme on FGM abandonment on addressing harmful practices embedded in social norms and at fostering positive social change that improves gender equality and its results framework follows a similar structure that incorporates various strategies. Thus, especially where the two programmes will be operating simultaneously, their co-existence will strengthen the effort to support a comprehensive approach that addresses multiple manifestations of gender inequality through a mix of interventions.

At Pan-African level, there are relevant AU organs such as the Inter-African Committee, ACHPR and its Special Rapporteur on Rights of Women, as well as well-established regional civil society organisations (CSOs) networks such as the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), and SOAWR (Solidarity for African Women's Rights) which tackle the issue of FGM. All these stakeholders will also be consulted and involved in order to further enhance policy coherence and coordination at continental level.

In addition, the Joint Programme has already linked to the African Union Campaign to End Child Marriage which was launched by the AUC in 2014 and is expected to run for four years, bringing focus to the topic of child marriage in the context of the AUC's broader efforts to eliminate harmful practices on the African continent. The linkage is essential both because FGM and child marriage are often driven by the same socio-economic factors and because

they co-exist in some African contexts. Synergies between the Joint Programme and the AU's Campaign will be explored.

FGM is a key priority of the thematic programme DCI Global Public Good and Challenges, covered both by the gender equality and the children's wellbeing thematic priorities. In 2015, the budget will be dedicated to child rights and well-being: the effort to eliminate harmful practices like FGM will certainly be one of its foci, together with child forced and early marriage and the preference for sons (linked with female infanticide or selective abortion).

3.3 Cross-cutting issues

Focusing on the promotion and protection of human rights and gender equality, the action tackles these cross-cutting issues in priority. The action will also contribute to fight other traditional harmful and discriminatory practices such as child marriage, gender based violence. It will also positively affect health and education indicators.

4 DESCRIPTION OF THE ACTION

4.1 Objectives and results

The overall **objective** of the action is to contribute to the complete abandonment of female genital mutilation, a violation of girls and women rights.

During the second phase of the Joint Programme, the specific objective is to contribute to an estimated 40% reduction of the practice among girls aged 0-14 years¹ in at least 5 countries of the 8 acceleration countries² with at least one country declaring total abandonment of FGM by the end of the programme. The other countries supported by the Joint Programme will work towards the creation of the conditions necessary to accelerate the elimination of the practice.

In line with the Multi-annual Indicative Programme of the Pan-African Programme for 2014-2017, this action should contribute to improving the respect by African countries of continental legal instruments in the area of human rights.

The Joint Programme is structured around three outcomes:

- Enhanced policy environment for FGM elimination at global, continental, regional and national level;
- Increased use of quality FGM-related health and protection including legal and social services;
- Increased acceptance of elimination of the social norm upholding FGM; It envisages the process of change as illustrated in the diagram below. The Joint Programme will continue to refine the Theory of Change, to better articulate how the process of individual and collective behaviours change takes place.

Geographic area

The Programme will work at continental/regional level and target African communities from within 16 African countries and Yemen³.

¹ This will contribute to the global goal set out in the United Nations Joint Statement (2008) and recalled in the UNGA resolution (2012 and 2014) to eliminate FGM in one generation. Given the time lag in data collection and the characteristics of the practice, it is unlikely that this reduction in prevalence will appear in the data before the 2015-2020 rounds of Demographic and Health Surveys and Multiple Indicator Cluster Surveys.

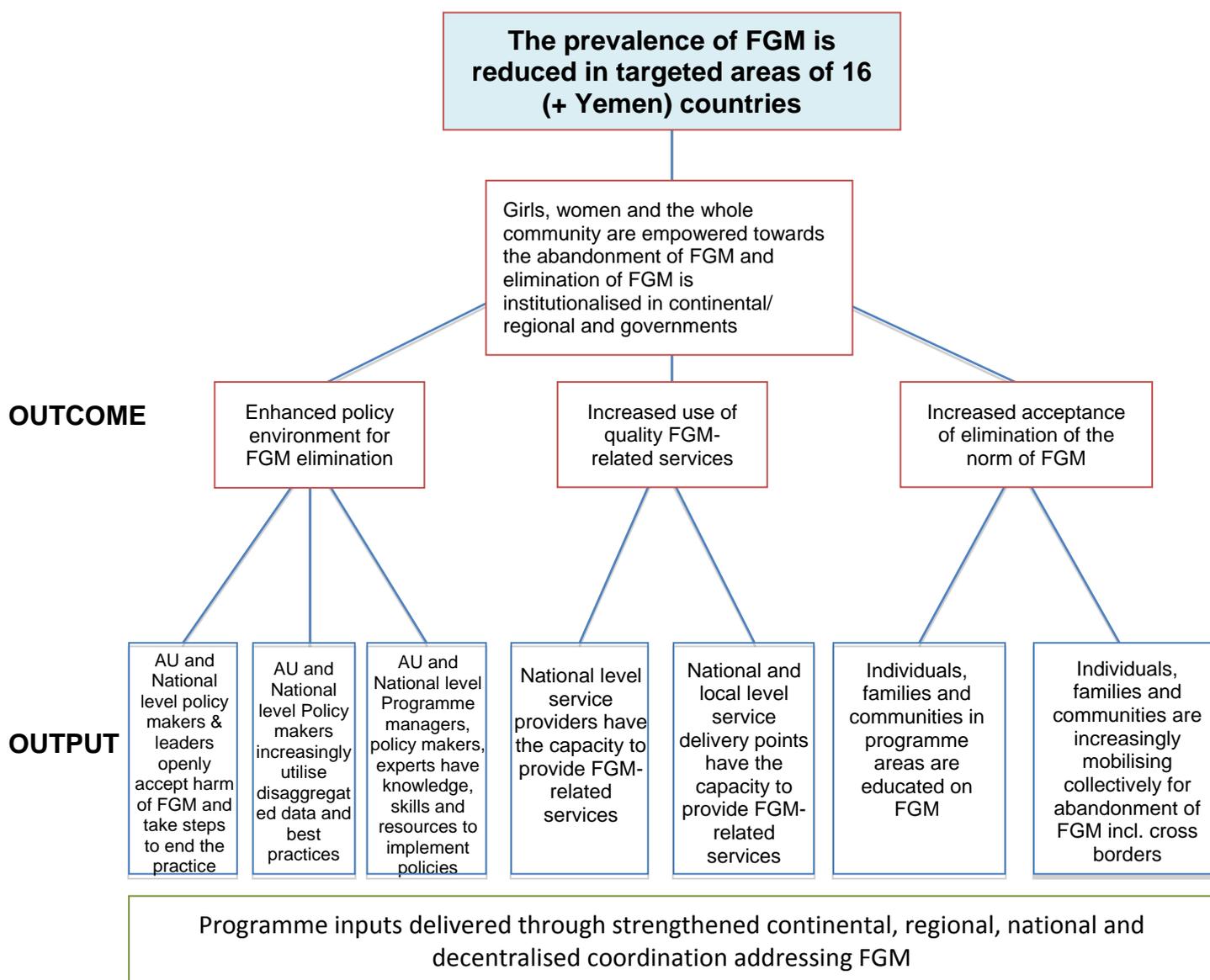
² These correspond to 5 among the 8 countries where significant acceleration in the fight against FGM is deemed probable.

³ This action will support those beneficiaries eligible under the terms of the Pan-African Programme.

West and Central Africa Region	Eastern and Southern Africa and related countries	North Africa
Burkina Faso , Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal (8)	Djibouti, Eritrea , Ethiopia , Kenya , Somalia, Sudan , Uganda , Yemen (8)	Egypt (1)

(* In bold, the 8 "Acceleration Countries")

The countries were selected progressively during Phase 1 and at the inception of Phase 2 and approved by the JP Steering Committee according to the following criteria: Prevalence of FGM, discrepancy between attitude toward the practice and prevalence, history of abandonment, regional/ethnic connection and enabling legal and policy environment.



Activities

Activities will include the continuation of *existing* initiatives of the Joint Programme at national and community level and the launch of *new* initiatives at pan-African level.

i) Continental and regional level

- Strengthening of AUC's capacities in monitoring the progress in the abandonment of FGM in the countries involved in the programme;
- Strengthening of AUC's capacity to ensure fulfilment of reporting obligations of Member States;
- Knowledge sharing and awareness among stakeholders (continental, regional, national and local) on risks related to FGM and evidenced-based approaches to address FGM;
- Production and publication of knowledge products and encouraging research and policy analysis;
- Development of cross-border actions between countries sharing ethnic connections, through international media and diaspora communities;
- AU organs' technical assistance missions to countries to support their effort to accelerate the elimination of FGM;
- Support to high level advocacy events on FGM during the AU summits.

ii) Country and community level

- Support to the capacities of national and decentralised systems and services (health, legal and social protection, child protection);
- Activities aimed at increasing social support for ending FGM through engagement of religious leaders and professionals such as teachers, health practitioners, police, collective discussions and dialogue, etc;
- Empowerment activities for girls, adolescents and women by facilitating access to life skills and livelihood activities and microfinance initiatives;
- Engagement activities with boys and men;
- Multi-channel communications initiatives.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement with the partner country, referred to in Article 184(2)(b) of Regulation (EU, Euratom) No 966/2012.

5.2 Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 will be carried out and the corresponding contracts and agreements implemented is 60 months from the adoption of the Commission of this Action Document

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute technical amendments in the sense of point (i) of Article 2(3)(c) of Regulation (EU) No 236/2014.

5.3 Implementation of the budget support component

Not applicable.

5.4 Implementation modalities

5.4.1 Indirect management with an international organisation

This action may be implemented in indirect management with UNFPA in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012.

This implementation entails a) coordination of the work undertaken by UNFPA and UNICEF regional and country offices on FGM-related activities at national, regional and continental level; b) capacity building activities for AU organs in monitoring and reporting progress in the abandonment of FGM; c) knowledge sharing (production of research and policy analysis) and awareness raising on risks associated with FGM and evidence-based approaches; d) promotion of cross-borders actions in collaboration with media, diaspora and line ministries.

This implementation is justified because the UNFPA has the mandate of “Administrative Agent” of the phase 2 Joint Programme on FGM. As such, it is responsible for signing the Memorandum of Understanding with UNICEF, negotiating and signing a Standard Administrative Arrangement with donors contributing to the Joint Programme, receiving contributions and disbursing funds to UNICEF, in accordance with annual work plans, budget availability and decisions of the Joint Programme Steering Committee, preparing consolidated narrative progress and financial reports for submission to the Steering Committee. Besides, UNFPA grant mechanism is compliant with the EU pillar for grants.

The entrusted entity would carry out the following budget-implementation tasks: award and management of grants to NGOs and INGOs which will receive funding through either UNFPA or UNICEF at country or global level. The objective of the grants will be to carry out the activities at national and community level, in particular with regards i) efforts to engage leaders, families, and girls themselves with information and skills to resist FGM practices in their communities and families and ii) strategies to increase social acceptance at community and national level for eliminating the norm of FGM.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply in accordance with Article 9(2)(a) of Regulation (EU) No 236/2014.

The Commission’s authorising officer responsible may extend the geographical eligibility in accordance with Article 9(2)(b) of Regulation (EU) No 236/2014] on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

5.6 Indicative budget

	EU contribution (EUR)	Indicative third party contribution, in EUR
5.4.1 Contribution to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation – Phase 2	5 000 000	21 650 000
Total	5 000 000	21 650 000

The above figures only refer to the contributions to the Trust Fund which have been committed as part of this action. Additional contributions to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation – Phase 2 may be made available by other donors.

5.7 Organisational set-up and responsibilities

Governance Structure and Programme Administration

The governance and programme modalities of Phase 2 will fundamentally reflect those of Phase I, characterized by **UNFPA and UNICEF co-management** at global, regional and country levels:

- Global and country plans of action will be developed jointly by the **UNFPA and UNICEF** offices with government and other relevant partners, with each agency accountable for their respective share of the programme in line with a rational strategic framework.
- Technical and management oversight will be provided from UN Headquarters through a full-time programme coordinator (P5), supported by a full-time assistant (P3) a research/finance associate (G7) located at UNFPA and a programme specialist (P3) for communication and monitoring and evaluation responsibilities located at UNICEF. Their responsibilities include knowledge management of the joint programme, encompassing the production of annual reports, conference reports, best practices, brochures, dissemination of relevant material to regional, sub-regional and country offices; capacity development and technical assistance to regional and country offices. Activities will be undertaken in collaboration with the UNICEF Senior Child Protection Specialist and the UNFPA Chief of the Gender Human Rights and Culture Branch.

This joint programme is the only large-scale multi-country programme tackling FGM at a global and pan-African level. Working through a joint programme with UNFPA since 2008, UNFPA and other UN agencies have built up a specific pan-African network of expertise, operations and influence on FGM.

As noted by the Joint Evaluation, during Phase I, this management structure proved efficient for overall programme performance, as well as inter-agency coordination both globally and at country level and has enabled strong coordination, integration and synergies between global efforts and country-level activities. The arrangement allows for the dissemination of programme guidance incorporating the latest advances in research. The technical assistance provided by Headquarters in collaboration with regional offices has supported country offices to incorporate programmatic advances into work plans and national strategies for the abandonment of FGM.

At Headquarters level, a Steering Committee composed of UNICEF, UNFPA and donors that are contributing to the programme will meet at least once a year the results of which will be shared with the African Union.

The role of the Steering Committee is to:

- Facilitate the effective and efficient collaboration between participating UN Agencies and donors for the implementation of the joint programme;
- Review and approve the Joint Programme Document, including M&E framework & implementation plan, and any subsequent revisions;
- Approve the joint work plan and consolidated budget on an annual basis;
- Instruct the Administrative Agent to disburse funds, as per the approved budget;
- Review the implementation of the Joint Programme;
- Review and approve consolidated financial and narrative reports;

- Review evaluation findings related to impact and effectiveness of the Joint Programme for appropriate communication and future planning;
- Support advocacy and resource mobilisation efforts.

In the programme countries, UNFPA and UNICEF Country Representatives will develop a plan of action in line with respective comparative advantages of each agency which will serve as the basis for budget allocations. Approval of country-specific allocations will be made by the Steering Committee based on consolidated UNICEF and UNFPA work plans agreed at country level and based on fund availability. Regional Offices will develop a plan of action to support regional and country efforts.

Accountability

Accountability rests with the implementing unit (Country Office, Regional Office or global implementing partner).

UNFPA and UNICEF Country Representatives will be responsible for the implementation of the programme country activities (under the system of the Resident Coordinator). Upon transfer of funds to each agency country office, the Country Representatives will be accountable for the overall programmatic and financial management within that country.

- Each programme country will submit a joint agency workplan and budget. Workplans will be reviewed by the coordination team, feedback provided and resubmitted if necessary;
- The programmatic and financial performance will be monitored closely during the year through mid-year reports, tracking progress of outputs; field visits by the Coordinator or relevant Headquarters and Regional Offices staff; virtual meetings and annual consultations;
- Annual reporting, including both narrative and financial will be submitted jointly by each programme country.

A Global Annual Workplan will be submitted to the Steering Committee for review and approval.

- Global, regional and sub-regional partners, including INGOs will submit annual workplans for approval to the coordination team;
- INGOs will provide quarterly financial statements and progress reports to UNFPA coordination;
- A consolidated mid-year progress report, including a financial overview will be provided to the Steering Committee;
- A comprehensive consolidated annual report based on the joint annual reports submitted by each programme country will be submitted to the Steering Committee.

5.8 Performance monitoring and reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the importance and nature of the action, a mid-term and a final evaluation may be carried out for this action or its components via independent consultants contracted by the Commission.

The mid-term evaluation will be carried out for problem solving and learning purposes.

The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision).

The Commission shall inform the implementing partner at least 1 month in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

The financing of the evaluations made by the Commission shall be covered by another measure constituting a financing decision.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing decision.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

APPENDIX - INDICATIVE LOGFRAME MATRIX

The activities, the expected outputs and all the indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the action without an amendment to the financing decision. Where targets are listed 'To Be Confirmed (TBC)' it can be expected that data will be confirmed and reported at the end of 2015. The indicative logframe matrix will evolve during the lifetime of the action: new lines will be added for listing the activities as well as new columns for intermediary targets (milestones) when it is relevant and for reporting purpose on the achievement of results as measured by indicators.

	Project Description (Intervention Logic)	Objectively Verifiable Indicators of Achievement	Baselines (incl. reference year)	Targets (incl. reference year)	Sources and means of verification
Overall objective: Impact	To eliminate FGM in one generation Prevalence of FGM is reduced in targeted areas of 17 countries by the end of 2017 in line with UNGA Resolution 69/150	Prevalence rate among girls 0-14 years	UNFPA UNICEF report on FGM 2014 containing data disaggregated at national level	40% decrease in prevalence among girls 0-14 years in at least 5 countries & one country declaring total abandonment by the end of 2017	Demographic and Health Surveys; MICS Country
		One country declaring total abandonment by the end of 2017	0	1 country	Annual reports; Joint programme consolidated annual report
Specific objective: Outcome 1	Programme countries enact legal and policy frameworks for eliminating FGM which are appropriately resourced and implemented (in line with AU and UN Resolutions)	Number of countries implementing a comprehensive legal and policy framework to address FGM	13 for law 5 for enforcement	15 for law 10 for enforcement	Joint Programme annual reports; Government reports to regional and international monitoring bodies
		Number of countries with budget line to implement legislation and policies to eliminate FGM	5	8 countries have budget lines dedicated to FGM	National Budget
Specific objective: Outcome 2	Service providers provide timely, appropriate and quality services to girls and women at risk of or having experienced FGM in select districts in programme countries	Number of girls and women receiving services related to FGM prevention or response	124,345	TBC	Joint Programme annual reports, Government reports, service provision evaluations

Specific objective: Outcome 3	A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM	Number of communities making public declarations of abandonment of FGM	13,760	Increase by 20% per year	Joint Programme annual reports
		Degree of shift in the social norm upholding FGM in programme areas (composite indicator composed of: 1. % of individuals not supporting continuation, 2. % of individuals who believe others will cut and 3. % of individuals who believe they will be sanctioned if they do not cut.)	Measures are currently under development		Population-based survey in areas of programme implementation.
Output 1.1	AU and policy makers mainstream the commitment to end FGM throughout AUC and Members States	Number of public policy statements (including bills, policies, plans of action) on record by policy makers, politicians, and traditional leaders at continental/regional, national and decentralised levels	51	At least 10 additional per year	Documents of the statements
Output 1.2	AU and policy makers at continental, regional and national levels increasingly utilise disaggregated data and best practices to enforce law and implement evidence based programmes to progressively eliminate FGM	Number of reports available and disseminated to policy makers and leaders on evidence, policy, costing related to programmes (including disaggregated data analysis) and number of periodic reports submitted to the AU	21	6 additional per year	Minutes of policy and coordination meetings AU report
		Number of cases of enforcement of the FGM law (sub-indicators: # of arrests, # cases brought to court, # convictions and sanctions)	838	No specific targets as either an increase or a decrease of cases can be an indicator of success	Police and judicial system reports

Output 1.3	AU and national program managers and experts (continental/ regional, national and local) have capacity to implement policies to end FGM in a coordinated way	Number of programme managers and experts trained in evidenced based programming on FGM (continental/regional, national & local)	101,153	TBC	Training reports
		Number per month of continental/regional, national and decentralised coordination meetings that address efforts to eliminate FGM (or other responsible committees)	127	TBC	Meeting minutes
Output 2.1	Service providers have the capacity to provide FGM-related services	Number of service delivery points with at least 1 provider trained by the Joint Programme: a. Prevention services b. Protection services c. Provision of care services	5,571	Increase by 100%	Training records
Output 2.2	Service delivery points have the capacity to provide FGM-related services	Number of service delivery points that are applying tools (curricula, modules, guidance, guidelines supervision/case management forms) developed by the Joint Programme	TBC	TBC	Service provider registers, personnel profiles, supervision reports
		Number of management information systems reporting FGM	20	8	System reports
Output 3.1	Individuals, families and communities in programme areas increasingly educated about harms and norms related to FGM and alternatives to the practice	Proportion of population [girls/boys/women/men] in targeted areas who participate regularly in educational dialogues promoting abandonment of FGM in school, out of school, in adult learning programmes	0	50% of the programme area population	Reports of implementing partners and monitoring mission reports

Output 3.2	Individuals, families and communities are increasingly mobilising collectively to abandon FGM (including through cross-border initiatives)	Number per month of community-to-community outreach events in programme areas to expand the abandonment of FGM (including cross-border)	At least once a quarter in community groups supported; At least once a year for cross borders communities		Reports of implementing partners; meeting minutes/ summaries
		Number per month of outreach events conducted by service providers in the community about prevention, protection and care services	0	2,700	Reports of implementing partners; meeting minutes/ summaries
		Number and types of media coverage of FGM elimination efforts (including regional media)	26,147	Increase by 100%	Articles, multi-media programmes
		Number of consensus-building activities with continental/regional, national, traditional, religious and community leaders towards organising a public declaration	0	500	AUC reports, implementing partner reports