

JOINT EVALUATION

UNFPA-UNICEF JOINT PROGRAMME ON FEMALE GENITAL MUTILATION/CUTTING: ACCELERATING CHANGE

2008 – 2012

COUNTRY CASE STUDY: BURKINA FASO

In 2012-2013, in its fifth year of implementation, an evaluation of the United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) joint programme entitled "Female Genital Mutilation/Cutting (FGM/C): Accelerating Change" was undertaken. This evaluation was conducted by Universalia under the supervision and guidance of a joint evaluation management group composed by members of the evaluation offices of UNFPA and UNICEF.

Executive Summary

Purpose of the evaluation and the country case study

The purpose of the evaluation is to assess the extent to which and under what circumstances the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries during the period 2008-2012.



The evaluation includes a total of four country case studies conducted in Kenya, Burkina Faso, Senegal and Sudan. The purpose of the country case studies is to explore and illustrate key issues, while taking into account specific national and local contexts in which the joint programme was implemented. Each country case study is intended both as a stand-alone document, and as an input to the evaluation report.

Burkina Faso was selected as it is a francophone country in West Africa, which was added to the joint programme in 2009. Under the joint programme,

various interventions were implemented at national and community levels, in a context that was marked by the existence of a law banning female circumcision, as well as by strong political will and commitment to ending the practice.

Methodology

The case study employs mixed methods of data collection, emphasizing participatory approaches. Key sources of data and methods of data collection used for the case study were: review of programme and related documents; consultations with stakeholders at national and community levels; and observations at the community level.

| Types of respondents | People consulted |
|--|------------------|
| UNFPA/UNICEF | 11 |
| Central government | 21 |
| Decentralized government | 18 |
| UN agencies / Development partners | 9 |
| Civil society organizations/ faith-based organizations | 69 |
| Final beneficiaries | 204 |
| Total | 332 |

Key methods of data analysis were descriptive, content and contribution analysis. The case study involved three stages: i) preparation and planning, including logistical preparations for the country visit and document review; ii) data collection in Burkina Faso and iii) data analysis and writing of the country case study report.

Findings

The joint programme has been relevant with regard to the national guidelines and priorities for the abandonment of FGM/C, as outlined in legal instruments and international commitments of the government of Burkina Faso. At the local level, the joint programme has addressed identified community needs, especially in the geographic areas of intervention. The activities of the joint programme were aligned with the respective mandates of UNFPA and UNICEF, as well as with the work of other partners working towards the abandonment of FGM/C in Burkina Faso.

The design of the joint programme in Burkina Faso reflected, with some modifications, the orientations of the overall (global) joint programme. It was strategic and catalytic, holistic, and culturally-sensitive, and well-adapted to the cultural context in Burkina Faso. An important feature of the design of the joint programme in Burkina Faso was that, as of 2011, it concentrated its interventions in two geographic areas of focus (Sanmatenga province in the North Central region, and the province of Ganzourgou, in the Central Plateau), which resulted in positive effects. However, the main weakness in the design of the joint programme was the gap between the ambitious objectives of the programme goal and the current means, duration, and geographic extent of its implementation.

The joint programme has helped to further strengthen an already favourable national environment for the abandonment of FGM/C, particularly by: enhancing the coordination among and the capacities of national actors; promoting political and institutional commitment for FGM/C abandonment; facilitating law enforcement; and supporting efforts to address the negative health consequences of FGM/C. The joint programme also supported the leadership roles of the government of Burkina Faso and the First Lady in the process that led to the UN General Assembly adopting a resolution on FGM/C in December 2012.

The joint programme has also contributed to strengthening the involvement of local authorities in efforts to abandon FGM/C; to demystifying reasons for the continuation of the practice; to changing the attitudes of target populations as regards FGM/C; and to accelerating the dynamics of abandonment in both geographic areas of focus. These results were achieved by using a variety

of intervention strategies at the community level and the involvement of several partners in the field. In particular, the joint programme: supported the establishment and operation of networks of local actors involved in the abandonment of FGM/C; helped strengthen the capacity of different actors; contributed to intensifying and diversifying efforts to provide information, education and communication for social change at the community level; supported community engagement processes leading to public declarations of abandonment; and increased media involvement, especially use of community radio in local languages.

Major challenges exist regarding the sustainability of results, particularly in relation to monitoring and follow-up of community commitments; supporting actors at the community level; and mobilizing resources to deepen and extend the existing dynamics for FGM/C abandonment.

Both in its design and implementation, the joint programme integrated the principles of gender equality, cultural sensitivity, and human rights as well as the principle of equity and a focus on youth, albeit to a lesser extent. While cultural sensitivity and gender equality were (at least partially) also reflected in the monitoring and reporting of the joint programme, this was not the case for the other horizontal dimensions.

UNFPA, UNICEF and their partners in Burkina Faso have strategically managed the limited resources made available by the joint programme. However, delays in the provision of funds and the short-term cycle of planning, implementation and budget monitoring procedures imposed on UNFPA partners have negatively affected the ability of partners to engage in longer-term planning and implementation.

Management of the joint programme and coordination between UNFPA and UNICEF have worked well, albeit with some limitations. At the global level, the joint programme coordination team provided valuable guidance and technical support to UNICEF and UNFPA in Burkina Faso. The only noted limitation relates to the level of involvement of national partners in cross-country coordination and exchange. At the national level, management of the joint programme by the agencies benefited from robust and participatory mechanisms for planning and implementation, as well as from the contributions of dedicated and competent focal points. UNFPA and UNICEF have been able to communicate the notion of a truly joint programme to

their partners in terms of shared priorities, concerns and envisaged results. However, there were a number of weaknesses including: a lack of joint strategic thinking between UNFPA, UNICEF and partners; poor monitoring and reporting, particularly as regards the availability of tools adapted to the national context; low capacity of implementing partners, and weak alignment of joint programme monitoring and reporting systems with those of the UNFPA and UNICEF country programmes. However, especially since 2011, efforts have been undertaken to improve these areas.

The joint programme in Burkina Faso has **not contributed significantly to the production and use of reliable data on FGM/C. A further weakness is that it has not participated in strengthening regional dynamics for change.**

Conclusions

Conclusion 1: In Burkina Faso, the joint programme has helped strengthen the already widespread institutional, political, and organizational support for the abandonment of FGM/C at the national level, and in the two geographic areas of focus. The joint programme has made limited contributions to the production of data, and to the fight against FGM/C across national boundaries.

The joint programme in Burkina Faso helped strengthen the existing political and institutional frameworks for the abandonment of FGM/C, in alignment with national commitments and priorities. This was achieved by working in close partnership with existing structures in government (in particular the Permanent Secretariat of the National Council against the practice of Female Circumcision, SP-CNLPE) and within civil society. Under the leadership of SP-CNLPE, the joint programme also contributed to mobilizing and bringing together a variety of actors working for the abandonment of FGM/C as well as to strengthening their capacity and networking coordination. Furthermore, the joint programme helped to strengthen the commitment to FGM/C abandonment by actors in the legal sector, and contributed to strengthening the available healthcare provisions for dealing with the effects of FGM/C.

Conclusion 2: The joint programme has helped to strengthen local commitment for the abandonment of FGM/C in both geographic areas of focus, but the implementation period was too short to produce lasting changes in behaviours.

Challenges remain with regard to the sustainability of joint programme achievements.

The joint programme helped to strengthen the commitment of administrative, traditional and religious authorities in favour of abandoning the practice of female circumcision in the areas of focus. It contributed to an increase in knowledge on FGM/C and its adverse effects among the target populations and their leaders, thereby facilitating changes in attitudes towards supporting the abandonment of the practice. The joint programme contributed to accelerating the dynamics of abandonment in the areas of focus, as evidenced by the numerous public declarations made in the targeted communities. While the joint programme has helped create favourable conditions for behaviour changes to occur, the actual time of its implementation was too short to document such changes. Challenges also remain as regards the sustainability of joint programme achievements.

Conclusion 3: In light of its limited resources, the joint programme made strategic choices, including the decision to focus its interventions at the community level in two geographic areas only. Nevertheless, challenges remain in view of replicating this experience in other parts of the country.

Focusing community-level initiatives in two areas allowed the joint programme to help expand the efforts of partners in those areas, implement a variety of innovative strategies, and improve existing approaches. The limited geographic scope of the joint programme was, however, not aligned with its ambition to contribute to the reduction of the practice on a national scale. To date, with the exception of efforts for the abandonment of FGM/C included in the country programmes of UNICEF and UNFPA, there are no clear strategies and resources available for the multiplication and extension of existing initiatives.

Conclusion 4: The design and implementation of the joint programme in Burkina Faso reflected and validated the theoretical assumptions and programming principles of the overall (global) joint programme. Challenges remain, however, as regards the future geographic scope of interventions, and with regard to adapting strategies to the specific local context.

The joint programme in Burkina Faso was strategic and catalytic as it aligned with an existing institutional framework, and focused on strengthening and supporting organizations that

were already active on this issue. Its approach has been holistic: it focused on both national and community levels, and demonstrated the benefits of working simultaneously at both levels. The joint programme addressed a number of different issues and involved a variety of stakeholders, demonstrating the need to take into account the many aspects of such a complex issue. However, this holistic approach has proved difficult to implement and sustain over time due to limited resources. The joint programme also helped to highlight the fact that the abandonment of the practice of female circumcision is linked to collective decision-making within networks. For this reason, it devoted special attention to the involvement of traditional and religious leaders and the mobilization of all sectors of society, and ensuring due attention to respecting cultural differences and human rights. While this holistic approach is generating results, awareness of the approach by change agents at the national and community levels varies.

Conclusion 5: The coordination between UNFPA and UNICEF was appropriate, with the exception of the monitoring and evaluation component. Furthermore, the potential added value of the partnership was limited by a lack of common strategic thinking, as well as by the challenges of the existing mechanisms for joint planning and implementation, and delays in the allocation of funds.

The coordination between UNFPA and UNICEF in Burkina Faso benefitted from a clear division of roles and responsibilities; personal commitment and good communication between the focal points in the two agencies; and a common coordination framework under the leadership of SP-CNLPE. This allowed the two agencies to combine their mandates and comparative advantages, and maximise some synergies in the process of implementation. However, at the same time, there was a lack of joint strategic thinking as regards the direction and monitoring of the joint programme. As a result, the joint programme consisted only of a compilation of the individual contributions of each agency and its respective partners, and did not facilitate the sharing of experiences among these partners.

Recommendations

Recommendation 1: UNFPA and UNICEF should continue their joint work for the abandonment of FGM/C in Burkina Faso. This should include incorporating this work in their respective

country programmes, and deepening their common strategic thinking.

UNICEF and UNFPA should pursue common strategic thinking as regards the future directions of their joint programming in the specific context of Burkina Faso. This should include: giving due consideration to their respective resources, capabilities, and experiences, as well as those of other actors involved; identifying the most pressing needs for the abandonment of FGM/C in Burkina Faso; identifying realistic goals in the context of Burkina Faso; and sharing experiences between partners. It is important that this should aim for a more advanced integration of FGM/C abandonment within the country programmes of the two agencies and does not lead to a separate strategy on FGM/C conducted in parallel to agencies' country programme activities.

Recommendation 2: UNFPA and UNICEF should continue their holistic approach, while prioritizing interventions on the basis of their respective comparative advantages and those of other actors.

UNFPA and UNICEF should further prioritize their interventions within the combined and coordinated efforts of different stakeholders in Burkina Faso to accelerate the abandonment of FGM/C. The process for the development of new National Action Plan to promote the elimination of FGM/C has just begun, which is an ideal framework for this type of strategic exercise. UNFPA and UNICEF should therefore be prepared to prioritise intervention areas, and explore partnerships with other technical and financial partners. The two agencies should also work to further enhance the production and use of reliable data on FGM/C in Burkina Faso. UNFPA and UNICEF should also place greater emphasis on cross-border and sub-regional efforts to abandon FGM/C, and take advantage of the similar experiences of other countries in the sub-region.

Recommendation 3: UNICEF and UNFPA should continue efforts in the two geographic areas of focus in order to facilitate the sustainability of achievements and replication of positive experiences.

UNFPA, UNICEF and their partners should continue to support local actors in implementing their activities at the community level in order to consolidate recent gains, targeting pockets of resistance, and ensuring that public declarations to abandon FGM/C are the result of locally-owned processes of changing awareness and attitudes. Both agencies should also

support the establishment and functioning of systems to monitor community commitments for the abandonment of FGM/C. Through the SP-CNLPE, UNFPA and UNICEF should continue to provide support for coordination bodies at the decentralized level. Another priority should be to strengthen systems for monitoring and data collection in order to obtain more reliable information on what strategies work, how and why. Based on these data, the two agencies should consider how to apply additional promising strategies in the context of their respective country programmes, the implementation of the National Action Plan, and as part of technical and financial coordination among partners in Burkina Faso.

Recommendation 4: UNFPA should explore options to mitigate the negative effects of its management procedures on the effectiveness and efficiency of its partners' initiatives for the abandonment of FGM/C.

While existing agency management procedures cannot be changed by the country office, UNFPA in Burkina Faso and the SP-CNLPE should make efforts to: (i) streamline and simplify the application of the required administrative processes to the greatest extent possible, especially at the decentralized level (ii) strengthen the capacity of implementing partners so that they can better meet the administrative requirements of UNFPA.



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The full country case study report can be obtained from the Evaluation Office of UNFPA webpage at: <http://www.unfpa.org/public/home/about/Evaluation/EBIER> or from the Evaluation Office of UNICEF webpage at: http://www.unicef.org/evaluation/index_69673.html