

JOINT EVALUATION
UNFPA-UNICEF JOINT
PROGRAMME ON FEMALE
GENITAL
MUTILATION/CUTTING:
ACCELERATING CHANGE
2008 – 2012

SUDAN

Evaluation Office, UNFPA
Evaluation Office, UNICEF

New York
July, 2013



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

COUNTRY CASE STUDY: SUDAN

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Acronyms

AUW	Ahfad University for Women
AWP	Annual work plan
BBSAWS	Babiker Badri Scientific Association for Women's Studies
CAFA	Community Animation Friend Association
CEDAW	Convention for the Elimination of Discrimination against Women
CO	Country office
COAR	Country office annual report
CPN	Child Protection Networks
CPWG	The Child Protection Working Group
CSO	Civil society organisation
CSW	Commission on the Status of Women
CVAW	‘Culturally-justified’ Violence Against Women
DFID	Department for International Development (United Kingdom)
DOS	Division for Oversight Services (UNFPA)
EMG	Evaluation management group
EQA	Evaluation quality assessment
ERG	Evaluation reference group
FCPU	Family and Child Protection Unit
FGM/C	Female genital mutilation/cutting
FMoH	Federal Ministry of Health
GE	Gender Equality
GoS	Government of Sudan
GDWFA	General Directorate of Women and Family Affairs
HQ	Headquarters
ICSCR	International Covenant on Economic, Social and Cultural Rights
IDP	Internally Displaced Person
INGO	International non-governmental organisation
JP	Joint programme
M&E	Monitoring and evaluation

Acronyms

MDG	Millennium Development Goals
MoWSS	Ministry of Welfare and Social Security
NCCW	National Council for Child Welfare
NGO	Non-governmental organisation
NERG	National evaluation reference group
ROCSS	Rapid Operational Care and Scientific Services
RH	Reproductive Health
SCCW	State Council of Child Welfare
SIDA	Swedish International Development Agency
SNCTP	Sudan National Committee on Traditional Practices
TORs	Terms of reference
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WE	Women's empowerment
WHO	World Health Organisation

Executive Summary

Purpose of the evaluation and the country case study

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” is being undertaken. The purpose of the evaluation is to assess the extent to which and under what circumstances (e.g. specific country contexts) 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 a contribution to the final evaluation report. Criteria for selecting Sudan as a case study country included: It is one of the eight initial countries in which the joint programme was implemented in 2008; it provides an example of a national context influenced by Islamic and Arab cultures and Anglophone heritage; it is a representative of the Eastern African sub-region; and several geographic areas in which the joint programme had worked in were accessible at the time of the evaluation.

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 including global and country annual and mid-term reports, global and country annual work plans, communication materials, monitoring and evaluation (M&E) documents and tools; consultations with stakeholders at national and community levels (key informant interviews and community-level group discussions); and observations at the community level.

In total, 391 individuals were consulted for the country case study.

Institutions	People consulted
UNFPA/UNICEF	18
Central government	26
District	56
Civil society organizations	25
Faith-based organizations	14
Final beneficiaries	252
Total	391

Key methods of data analysis were descriptive, content and contribution analysis.

The case study involved three stages: i) preparation and planning, including document review; ii) data collection in Sudan from January 20-31, 2013, as well as a separate data collection visit to the Blue Nile State from February 15-17, 2013, and iii) data analysis and writing of the country case study report.

Findings

The joint programme has been relevant in view of national commitments and priorities, as well as in relation to various international commitments of the government of Sudan. Its objectives and activities have been aligned with the respective country programmes of both UNICEF and UNFPA, as well as with the 2009-2012 United Nations Development Assistance Framework (UNDAF).

The design of the joint programme in Sudan has been appropriate in view of the specific needs and characteristics of the particular context(s) that it has been located in. The only design weakness relates to the extent to which the joint programme made provisions for the systematic monitoring and analysis of progress and influencing factors over time.

The joint programme has made significant contributions to strengthening the national environment for the abandonment of FGM/C in Sudan. In particular, it has contributed to strengthening coordination among national and international actors working towards the abandonment of FGM/C in Sudan; to strengthening the legal and policy framework; and to enhancing awareness, commitment and ownership by key national actors in efforts to abandon all forms of FGM/C.

The joint programme has been successful in fostering and strengthening local-level commitment to FGM/C abandonment. While many community-level achievements recorded in joint programme reports for Sudan focus on completed activities, evidence suggests that the joint programme has contributed to progress towards results. Consulted stakeholders widely agreed that the additional resources and enhanced coordination of actors brought in by the joint programme helped to accelerate changes in

FGM/C related attitudes and an increase in advocacy efforts by community members. Also, initiatives supported by the joint programme were seen to have contributed to breaking the silence surrounding the issue – a key condition for sustainably influencing the social norms underlying the practice.

The coordination between UNFPA and UNICEF and the chosen approaches to managing the joint programme have contributed to the adequate use of available resources. Other factors that supported the implementation of the joint programme in Sudan include partnerships with religious leaders, commitment from the government of Sudan to ending FGM/C, and effective use of media. A challenge that UNICEF and UNFPA faced in view of ensuring the effective and efficient use of resources derived from its annual funding and reporting cycle. Challenges were also posed by persistent reluctance to change in some communities, and by poverty and social displacement due to conflict.

The joint programme helped create a number of favourable conditions likely to support the sustainability of both national and local level achievements made to date. It did this by helping to strengthen national ownership of efforts to abandon FGM/C; as well as by enhancing partnerships and collaboration among key actors at national, state and community levels. The joint programme also contributed to leveraging additional donor funds for FGM/C work in Sudan. Continued efforts by national and international actors are, however, required to continue and expand achievements made to date and keep up the momentum for change.

The cross-cutting issues of gender equality, human rights, cultural sensitivity, and equity focus were strongly reflected in the design and implementation of the joint programme. At the same time,

existing progress reports provide only limited, if any, explicit reflection on these issues.

Conclusions

Conclusion 1: The joint programme has been highly relevant given the existing commitments and priorities of the Government of Sudan, and considering previous gaps in efforts to abandon FGM/C. The joint programme has helped accelerate existing change processes in social norms relating to FGM/C at national, state and community levels.

The joint programme has made important contributions to strengthening legal and policy commitments to ending FGM/C, e.g. in supporting the Federal Ministry of Health (FMoH) in intensifying its efforts on the training of midwives. The joint programme played a pivotal role in helping national and state-level actors maintain momentum for legal reforms after the removal of Article 13 of the Child Act, and channel energies into constructive alternatives leading to the enactment of five state-level laws on FGM/C abandonment.

Conclusion 2: The sustainability and longer-term impact of achievements to which the joint programme has contributed depend on the extent to which national and international actors in Sudan can maintain and expand the momentum for change created at national, state and local levels.

The joint programme has helped create several favourable conditions likely to support the sustainability of achievements. Nevertheless, continued efforts are required in relation to formulating and/or implementing FGM/C legislation at national and state levels, and in view of solidifying the position of the Task Force on FGM/C to ensure continued, effective coordination of

actors. At the local level, opportunities arising from community dialogue or public pledges need to be followed up in order to translate general commitments and willingness of actors into action and maintain the momentum for change.

Conclusion 3: The joint programme has supported the implementation and expansion of promising approaches to addressing FGM/C. More systematic and longer-term monitoring, in-depth evaluation and research are required, however, to produce evidence-based information on what factors foster or hinder success in different contexts.

The Saleema initiative is the most distinct approach to addressing FGM/C that has been supported by the joint programme in Sudan. Its approach of reframing the public discourse around uncut girls has the potential to address and influence the social norms underlying FGM/C. Other promising approaches are the integration of FGM/C education in maternal mortality reduction programs, as well as engagement with religious leaders and the Ministry of Guidance and Endowments.

Currently available data do not permit making an informed assessment of longer term results deriving from these approaches, and on the specific factors influencing success. This is partly due to the fact that the mechanisms and approaches for data collection, analysis and reporting used by joint programme implementing partners were not always systematic or coordinated.

Conclusion 4: Coordination efforts by UNICEF and UNFPA, and the management of the joint programme have been largely appropriate and contributed to the effective and efficient implementation of the programme in Sudan. The annual planning and

budgeting cycle was, however, a limitation to effective management.

The joint programme benefited from the complementary strengths of UNFPA and UNICEF, as well as from their established field presence and networks. The collaboration of the two partners created synergies that enhanced the visibility and perceived relevance of the joint programme. At the same time, the work of some implementing partners (e.g. their ability to engage in consistent and longer-term monitoring of their initiatives) was limited or even hindered by the annual planning and budgeting cycle of the joint programme.

Conclusion 5: In Sudan, the design and implementation of the joint programme reflected the key theoretical foundations underlying the overall joint programme and contributed to validating some of them.

Based on the conceptualization of FGM/C as a social norm, the joint programme reflected and validated the assumption that efforts for ending FGM/C need to focus on influencing collective rather than individual change. It demonstrated the benefits of working at national, state and community levels simultaneously, and of linking these levels, for example, in its work with religious leaders and their organisations and networks. UNFPA, UNICEF and their implementing partners conceptualized FGM/C as a violation of human rights, but used this understanding in culturally appropriate ways.

While the main theory of change assumptions underlying the joint programme are convincing, available data do not yet permit validation of all steps in the assumed change process. In particular there is a gap as regards evidence on the link between short-term programming successes and longer term changes in behaviours and, ultimately, in FGM/C prevalence.

Recommendations

Recommendation 1: UNFPA and UNICEF should explore how to support the national Task Force on FGM/C in fulfilling its mandate of coordinating national and state level efforts effectively and in a sustainable way.

The creation of the Task Force on FGM/C and the fact that the body is headed by a senior FMoH officer are widely considered a major achievement in strengthening the institutional framework for working towards the abandonment of the practice in Sudan. At the same time, the effectiveness of the relatively new body is still unproven. Continued technical and financial support from actors such as UNFPA and UNICEF can contribute to continuing the momentum created by the establishment of the Task Force.

Recommendation 2: UNFPA and UNICEF should continue to support national actors in efforts to strengthen the national legal frameworks to prohibit all forms of FGM/C. Also, both agencies should shape FGM/C programming to support the operationalization and implementation of existing FGM/C legislation at the state level.

The evaluation highlighted the important role of the joint programme in view of developing the proposed Article 13 of the Child Act, and in view of “rekindling” the momentum among national actors after the removal of this Article. In their future work, UNFPA and UNICEF should continue their efforts to support the pursuit of strengthening the national legal framework for FGM/C abandonment. In doing so, the agencies should capture and build upon lessons learned from the experience around Article 13, and on lessons derived from legislative processes in other relevant countries such as Kenya.

The agencies should also explore how their future work can support the operationalization, implementation and harmonization of existing legislation on FGM/C in different states of Sudan.

Recommendation 3: To sustain and expand the existing momentum for change, UNFPA and UNICEF should make efforts to support their national partners to systematically collect and analyse information on the results, strengths and gaps of promising approaches to addressing FGM/C at national, state and community levels.

The Saleema initiative has generated considerable interest from actors in other countries intending to replicate it or parts thereof. Limited data is, however, available on the specific mid- to longer term results of this and other promising approaches. This makes it difficult to develop replicable approaches based on evidence. UNFPA and UNICEF should therefore review their internal approaches to and capacity for systematic, longer-term monitoring of results, and for targeted research to capture specific combinations of factors influencing success or failure in different contexts. UNFPA and UNICEF should also explore how to further strengthen the capacity of their implementing partners to systematically apply some agreed upon indicators and align their respective mechanisms for monitoring and reporting.

Recommendation 4: UNICEF, in consultation with UNFPA and its national partners, should make efforts to further strengthen the linkages between the Saleema initiative and other efforts to end FGM/C in Sudan.

To expand the reach and enhance the likely sustainability of different efforts, UNICEF and its partners should strive to establish further systematic linkages between the

Saleema initiative and other ongoing efforts to end FGM/C in Sudan within the frameworks of maternal health, women's empowerment, and the rights of the girl child. This can include formalizing linkages between the Saleema initiative and the training of midwives and other healthcare professionals, as well as establishing systematic connections with actors such as educators relevant for ensuring the rights of the girl child.

Building on the strong foundations already established, UNICEF and UNFPA should also aim to further expand the reach of the Saleema initiative and of other promising approaches. This could include developing targeted materials appropriate for children and youth.

Recommendation 5: UNFPA and UNICEF should continue and expand their efforts to engage leaders from a variety of religious groups in discussions on the well-being of women and girls, in order to sustain the momentum of the FGM/C abandonment movement.

UNFPA and UNICEF should maintain and continuously broaden their existing efforts to systematically engage religious leaders in discussions not only on FGM/C but also on broader issues of the well-being of women and girls. If financially feasible, such dialogue could include religious authorities from other, non-circumcising Muslim countries.

This approach appears to be the most promising to ensure that likeminded (progressive) religious groups find confirmation and support from each other in the process of abandoning FGM/C. It also allows to increasingly minimize the influence of those religious groups who persistently resist social change when it comes to FGM/C.

1. Introduction

1.1 Purpose of the evaluation

In 2007, UNFPA and UNICEF launched the joint programme “Female Genital Mutilation/Cutting (FGM/C): Accelerating Change” with the objective of reducing FGM/C by 40 per cent among girls aged zero–15 years, with at least one country declared free of FGM/C by 2012. The joint programme comprises two UN agencies working together with the leadership of national governments to support community-based and national activities identified as leading to positive social change. The main aim of the joint programme is to support and accelerate efforts already being undertaken at country and regional level and not to be a stand-alone initiative. In 2008, eight countries were involved in the implementation of the joint programme, which increased to 12 countries in 2009. In 2011, three additional countries joined, bringing the total to 15 countries of the 17 originally envisioned in the funding proposal (2007). The original estimated budget for the joint programme (in the 2007 funding proposal) was 44 million dollars. However the received funding did not reach the original estimates and the current estimated budget for the six-year period is 33.9 million dollars with an additional estimated 6.1 million dollars pledged for 2013 (as of April 2013).

In 2012/2013, in its fifth year of implementation, an evaluation of the UNFPA-UNICEF joint programme on FGM/C is being undertaken. The purpose of the evaluation is to assess the extent to which and under what circumstances (e.g. specific country contexts) the UNFPA-UNICEF joint programme has accelerated the abandonment of FGM/C in programme countries over the last four years (2008-2012). Besides serving as an accountability tool for donors and other stakeholders, the evaluation is envisaged as a learning opportunity regarding joint programming and delivery. It combines *summative* with considerable *formative* components, and aims to inform future UNFPA and UNICEF (joint or separate) interventions on FGM/C.

The overall evaluation objectives as outlined in the terms of reference (TOR) are:

- To assess the relevance, effectiveness, efficiency and sustainability of the holistic approach adopted by the UNFPA-UNICEF joint programme to accelerate the abandonment of FGM/C.
- To assess the adequacy and quality of inter-agency coordination mechanisms established at the global and country levels to maximise the effectiveness of interventions.
- To provide recommendations, identify lessons learned, capture good practices and generate knowledge that can be used to refine the joint programme model and approach at the global, regional and country levels, and to shape future programming on FGM/C and related programme initiatives.

1.2 Purpose of the country case study

The evaluation includes a total of four country case studies conducted in Kenya, Burkina Faso, Senegal and Sudan. The country case study has the dual purpose of providing an assessment of the joint UNFPA/UNICEF programme in Sudan, while also informing the evaluation of the overall global programme. As such the country case study is intended both as a stand-alone document, and as a contribution to the final evaluation report.

1.3 Scope of the country case study

The Sudan country case study covers the years 2008-2012. It reviews the work of the joint programme at national, state and community levels and their interconnections, but also examines links with regional and global levels. Programme results and implementation mechanisms and processes of the joint programme in Sudan are the main concerns.

1.4 Reasons for selecting Sudan as a country case study

The four countries selected for case studies were identified by the joint evaluation management group (EMG) in consultation with the evaluation reference group (ERG) using the following criteria: the existence of a variety of interventions and contexts; implementation time span; a mix of French- and English-speaking countries; representation of different sub-regions; accessibility, and feasibility. Criteria for the selection of Sudan as a country case study include the following: it is one of the eight initial countries in which the joint programme was first implemented in 2008; it provides an example of a national context influenced by Islamic and Arab cultures and Anglophone heritage; it is a representative of the North African sub-region; many of the geographic areas in which the joint programme had worked in the country were anticipated to be accessible at the time of the evaluation.

1.5 Purpose and structure of the case study report

This country case study summarises evaluation findings and conclusions on the design, implementation and management of the joint programme in Sudan, and provides forward-looking recommendations to UNICEF and UNFPA. This draft version of the report will be revised on the basis of feedback from the Evaluation Management Group, the Evaluation Reference Group and the National Reference Group in Sudan.

Following this introduction, Section 2 briefly describes the country case study methodology. Section 3 provides an overview of the context of FGM/C in Sudan, and Section 4 describes UNFPA-UNICEF joint programme interventions in Sudan. Section 5 outlines the main findings for the evaluation questions. Section 6 lists the main conclusions and recommendations for UNFPA and UNICEF.

2. Methodology of the country case study

2.1 Case study design and questions

The case study employs mixed methods; emphasising participatory approaches in both data collection and analysis (see 2.2 and 2.3 below).

Key sources of data for the case study were: **programme documents**, including global and country annual and mid-term reports, global and country annual work plans, communication materials (e.g. brochures and education materials developed for the Saleema initiative), monitoring and evaluation (M&E) documents and tools; **interviews and group discussions with stakeholders** at national and community levels, and **observations** during the country visit.

The case study addresses the overarching question of whether and how the specific country context influenced implementation and achievements of the joint programme. Data collection at the country level was guided by the detailed **evaluation questions and sub-questions** outlined in the evaluation matrix included in the Final Inception Report, Volume II. These questions allowed exploration of issues of programme relevance; contributions to results; sustainability of achievements; appropriateness and efficient use of resources; coordination between UNFPA and UNICEF; programme management; and the integration of the cross-cutting dimensions of gender equality, human rights, cultural sensitivity, equity, and of youth as a key target group. The evaluation matrix is included in Annex 1 of this document. The evaluation team adapted the matrix for the country case study by excluding questions/sub-questions or aspects that focused solely on global aspects of the joint programme.

2.2 Case study process

The case study was conducted in three stages: i) preparation and planning, including logistical preparations for the country visit and document review; ii) data collection in Sudan from January 20-31, 2013, as well as a separate data collection visit to the Blue Nile State from February 15-17, 2013; and iii) data analysis and writing of the country case study report.

Box 1. Sudan country visit – Evaluation team members

Ellen Gruenbaum (Universalialia) – Team leader

Samia Elnagar (Universalialia) – National consultant

Akram Abbas (Universalialia) – National research assistant

Afaf Yahia (Universalialia) – National research assistant

Krishna Belbase (UNICEF) – EMG member

Data collection in Sudan was conducted by a team of four consultants from the external evaluation team (Universalialia), and one member of the evaluation management group (EMG) (see box 1). On the first day of the country visit, the evaluation team met with the national evaluation reference group (NERG) to provide the group with an overview of the evaluation purpose, objectives and approach; to clarify the role of the NERG, and to engage in an initial group discussion on the key evaluation questions. For the remainder of the first week of the country visit, the evaluation team consulted with joint programme staff and stakeholders in Khartoum.

During the second week, the evaluation team planned to split into two sub-teams, to visit communities in different geographic locations. However, a travel permit to the Blue Nile area could not be obtained for the team leader. She therefore remained in Khartoum and used the time to conduct additional interviews with UNFPA and UNICEF staff, and national partners. The

national consultant and one national research assistant conducted the visit to Blue Nile at a later date (February 15-17, 2013). On the last day of the country visit, the evaluation team met with members of the NERG and additional stakeholders to share preliminary observations from the country visit and to elicit feedback from the NERG. The list of participants attending this debriefing meeting is included in Annex 3.

2.3 Methods of data collection and data analysis

The evaluation team used a variety of data collection methods to gather information. The selection and use of these methods followed principles outlined in the evaluation inception report (section 4.3.1). Methods of data collection included:

- **Document review:** The evaluation team reviewed documents shared by UNFPA and UNICEF relevant to implementing the joint programme in Sudan. The team also reviewed additional documents shared or recommended by consulted stakeholders in Sudan. A list of reviewed documents is included as Annex 2.
- **Key informant interviews:** The evaluation team conducted individual and small-group interviews with staff and partners/stakeholders of the joint programme. This included consultations with representatives from government agencies, non-governmental organisations (both implementing partners and others working on FGM/C), donor agencies, and religious organisations. A small number of individual informant interviews were conducted at the community level (e.g. with midwives).
- **Community-level group discussions and observations:** The evaluation team visited eight communities, including both urban and rural neighbourhoods. In each community, the team conducted group discussions with different stakeholders. In most cases, discussions were held with relatively homogenous groups of stakeholders regarding attitudes towards FGM/C (e.g. young men, community elders, women, girls, youth, teachers and people involved in FGM/C abandonment networks).

Box 2. Stakeholders consulted during the Sudan country visit
UNPFA/UNICEF - 18
Central Government - 26
District Government - 56
Civil Society Organisations - 25
Faith-based Organisations - 14
Beneficiaries- 252
Total - 391

Box 2 shows the types and total number of stakeholders consulted during the Sudan country visit. Annex 3 lists all individuals consulted as part of the Sudan country case study. Interview and group discussion protocols are included in Annex 4.

Data analysis using descriptive and content analysis was structured by referring to the questions and indicators in the evaluation matrix. In addition, the evaluation team used contribution analysis based on the draft reconstructed Theory of Change for the overall joint programme as outlined in the evaluation inception report (December 2012). Contribution analysis aims to reduce uncertainty about the contribution an intervention is making to observed results through an increased

understanding of why results were or were not achieved, of the role played by the intervention and of other influencing factors.

2.4 Limitations and mitigation strategies

Table 1 lists a number of moderate limitations encountered. While the first limitation caused a delay, it did not adversely affect the scope or quality of the data collection process.

Table 1 Limitations and mitigation strategies

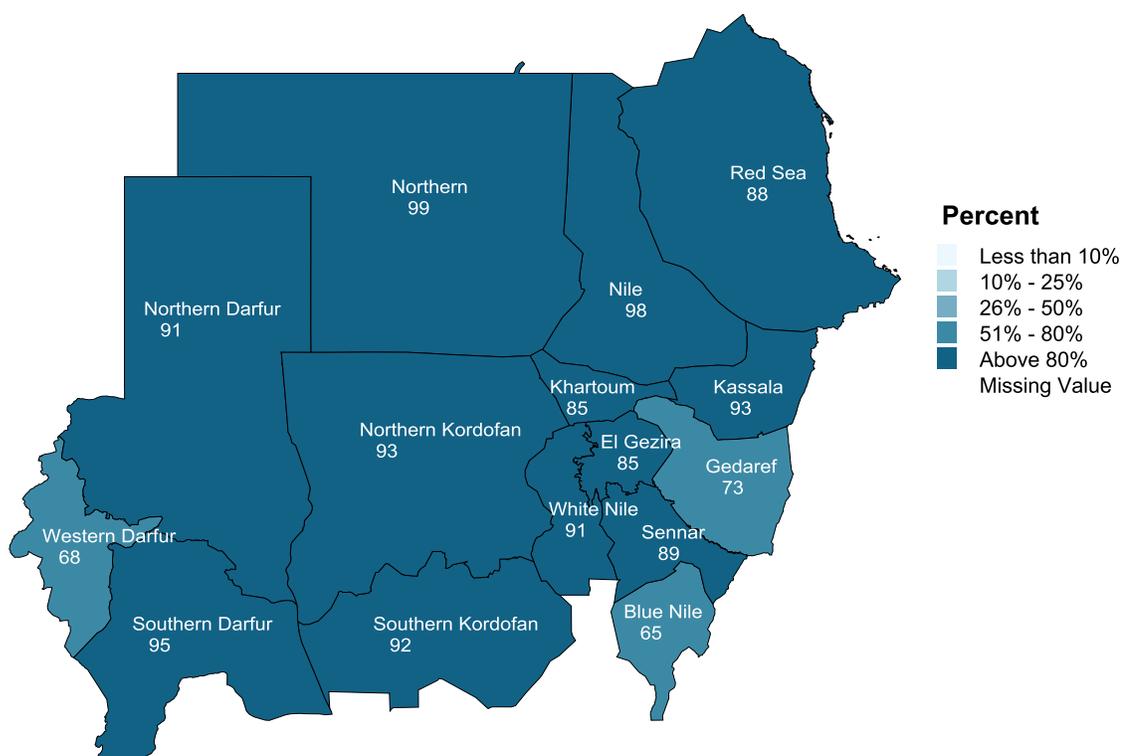
Limitation	Mitigation Strategy
<p>The on-going conflicts in the western and south-eastern regions of Sudan limited or prevented access to several geographic areas. This limited the ability of the evaluation team to gather first-hand information on implications of the conflict on issues such as the enforcement of FGM/C legislation. While visiting the Blue Nile region was possible, the security situation prevented the international team leader from travelling to this region as originally planned.</p>	<p>The national consultant and one national research assistant were able to visit communities in Blue Nile at a later date than originally scheduled. This allowed the team to collect data in one geographic area affected by conflict.</p> <p>For information on other parts of the country affected by conflict, the evaluation team relied on consultations with UNICEF and UNFPA staff, and on interviews with national and international stakeholders in Sudan knowledgeable of these areas.</p>
<p>In several villages it was difficult to arrange targeted focus group discussions (e.g. with women only) since custom dictates that all villagers collectively welcome visitors and engage in a public discussion. However in some places it is difficult to get women to speak in mixed groups (e.g. in some ethnic groups in Kassala) and they may prefer to meet separately. In mixed meetings men usually take the lead in discussion and women's voices are not generally heard. This is particularly an issue when topics such as gender based violence are discussed.</p>	<p>To mitigate this limitation, the evaluation team used these first general discussions as a preliminary dialogue to solicit views of participants. The team then invited community members to individual interviews or group discussions organised according to sex, age, and/or roles in the community of the respective participants. In situations where mixed meetings are not normative, approval from leaders was sought. In conflict situations (including Blue Nile State), mixed public meetings are reported to be emerging as more common and women more willing to speak up.</p>

3. The context of Female Genital Mutilation/Cutting in Sudan

3.1 The practice of FGM/C in Sudan

Sudan, together with Sierra Leone, ranks seventh among countries practicing FGM/C worldwide. The national prevalence rate among girls aged 15 to 49 is 88 per cent.¹ Within the country, prevalence varies geographically and depends on the custom of local ethnic groups. The 2010 Sudan Household Health Survey (SHHS) indicated considerable variations from one region to another: from 99.4 per cent in the Northern State compared to a rate of 68.4 per cent in Western Darfur. Diagram 1 illustrates the geographic distribution of FGM/C prevalence in Sudan in 2010.²

Diagram 1 Geographic distribution of FGM/C in Sudan (2010)



Note: The boundaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

Prevalence rates are relatively similar in urban and rural areas, as well as across levels of wealth. In terms of support for the practice, data from the 2006 SHHS indicated that fewer married women supported the practice than in 1990 (a difference of almost 30 per cent). Women who were

¹ UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York, 2013. Available at: http://www.unicef.org/media/files/FGCM_Lo_res.pdf. The 2010 Sudan Household Health Survey had indicated a prevalence rate of only 66 per cent.

² Map designed by UNICEF based on data from the Sudan Household Health Survey 2010.

wealthier and had higher education were also less likely to support the practice. By 2010, the rate of women aged 15-49 who supported continuing the practice was only 42.3 per cent. It is not possible to accurately assess whether there has been a change in the severity of the forms FGM/C, since the survey methodology was changed and respondents were not asked to identify the type (Type I or Type III, locally known as “Sunna” and “pharaonic” respectively) as they had been in past surveys.³

While traditional practitioners continue to play a role in conducting FGM/C, in a majority of cases the practice is conducted by health personnel.⁴

Although the beginning of efforts to stop FGM/C in Sudan can be traced to the 19th century and accelerated during the early 20th century, community awareness efforts became more intense only in the 1970s, led mostly by civil society and non-governmental organizations (NGO). Sudanese society overall was resistant to efforts at FGM/C abandonment, and medical and religious establishments offered little support.⁵

3.2 Legal and policy framework for the abandonment of FGM/C

Sudan is one of four focus countries of the joint programme with no national law prohibiting the three types of FGM/C or regulating medical and surgical procedures. Participants in the joint programme were in agreement from its inception that all forms of FGM/C should be banned by law. In Sudan, a national law existed since 1946 that criminalised the most severe type III (locally known as “pharaonic”) form of FGM/C (“infibulation”, or the removal of all external genitalia preceding the stitching or narrowing of the vaginal opening), but permitted type I (partial or total removal of the clitoris), locally known as the “Sunna” type.⁶ Attempts to enforce the 1946 law were extremely rare; and it was considered ineffective since it did not ban all forms of the practice, it was unenforceable, and was not widely supported socially. In 1983, when Sharia law was introduced, the article prohibiting FGM/C was removed from the penal code.⁷

Since then there have been several attempts to criminalise all forms of FGM/C but none have been successful. The most significant recent setback occurred in 2009, when the Council of Ministers

³ There are four forms of FGM/C: type I includes the removal of the prepuce (“hood” of the clitoris) as well as the clitoris itself; type II involves the removal of the prepuce, clitoris and part or all of the labia minora; type III, or infibulation, includes the removal of most or all of the external genitalia, then the stitching the vagina leaving only a small opening for urine and menstrual blood. (Source: Islam, M. Mazharul and Uddin, M. Mosleh, “Female Circumcision in Sudan: Future Prospects and Strategies for Eradication”, *International Family Planning Perspectives*, 27 (2): June 2001.)

⁴ UNICEF: Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York, 2013, p.44.

⁵ Bedri, Nafisa M., PhD, “Ending FGM/C through Evidence-Based Advocacy in Sudan”, Ahfad University for Women, March 2012.

⁶ Ibid.

⁷ Ahmed, Samira et al, “Sudan: An In-depth Analysis of the Social Dynamics of Abandonment of FGM/C”, Innocenti Research Centre Working Paper, May 2009.

decided to remove Article 13 of the 2009 Child Act, which would have prohibited FGM/C as a harmful practice and tradition affecting the health of children.

Despite limited progress made at the national level, several states in Sudan have managed to pass laws prohibiting all forms of FGM/C. An anti-FGM/C law was passed in the state of South Kordofan in 2008 and is now being used as a model for other states. In 2008/2009, Gedaref state ratified and enacted a Child Rights Act banning all forms of FGM/C.⁸ The states of South Kordofan, Gedaref and West Darfur endorsed state-wide child laws criminalising FGM/C, but these remain to be enforced.⁹ By 2011, state parliaments in Khartoum, Blue Nile, Kassala and White Nile had made commitments to issue laws criminalising FGM/C, and parliaments in South Darfur and Red Sea had passed related laws.¹⁰

At the national level, legislation exists that classifies FGM/C as a violation of professional medical standards. Medical Council Resolution Number 366 prohibits doctors from conducting FGM/C. Midwives and hospitals may be punished if caught performing infibulation.¹¹

In terms of national-level policies on FGM/C, the Federal Ministry of Health (FMoH) has shown considerable leadership and commitment. A National Plan of Action on FGM/C for 2002-2006 was endorsed by the FMoH in 2001,¹² and a chapter dedicated to eradicating the practice was included in the National Strategy for Reproductive Health (2006-2010), released by the Ministry in 2006.¹³ The National Council for Child Welfare (NCCW) led a review of the 2002 Plan of Action and subsequently developed the National Strategy for the Eradication of FGM/C in One Generation (2008-2018), which was incorporated into the Government Five-Year National Strategic Plan for Childhood for the period 2007-2011 and was endorsed by the National Council for Strategic Planning. The NCCW and branches of SCCW at the state level have been promoting comprehensive approaches to promoting abandonment of FGM/C, and the NCCW has engaged with a variety of other actors, including line ministries, legal experts and the Sudanese Network for Abolition of FGM/C (SUNAF), an advocacy body formed of NGOs and academic institutions.¹⁴ SCCWs coordinated efforts for state level legislation to prohibit FGM/C in the five states mentioned above. In addition, the Government of Sudan released a National Women Empowerment Policy (2007) that explicitly endorses FGM/C abandonment as a goal in the health area of concern.

⁸ UNFPA/UNICEF, Country Context Reports, Joint Programme on Female Genital Mutilation/ Cutting: Accelerating Change, Program on International Health and Human Rights, Harvard School of Public Health, December 2010.

⁹ UNFPA/UNICEF, Annual Report, Joint Programme on FGM/C, 2011.

¹⁰ UNFPA/UNICEF, "Annual Report", Joint Programme on FGM/C, 2011.

¹¹ UNFPA. "A Situational Assessment of Health Sector Role/Interventions in Female Genital Mutilation/Cutting in Khartoum State, Sudan: Final Report", 2011.

¹² Ibid.

¹³ Republic of Sudan Federal Ministry of Health, "The National Strategy for Reproductive Health 2006-2010", August, 2006.

¹⁴ Bedri, Nafisa M., "Ending FGM/C through Evidence-based Advocacy in Sudan", Ahfad University for Women, March 2012.

3.3 Key actors involved

Key actors involved in FGM/C activism at national and community levels in Sudan, (including during the period preceding the joint programme, i.e. before 2008) include:

Government actors: the FMoH, the NCCW, the Federal Ministry of Education (FMoE), the Federal Ministry of Welfare and Social Security (FMoWSS), and the General Directorate for Women and Family Affairs (GDWFA). This also includes the GDWFA's specialized Women Centre for Human Rights (WCHR), which works with UNFPA as an implementing partner in the area of legal reform and has developed a draft of a new law in collaboration with the NCCW, and the Women Parliamentarian Caucus.

Non-governmental actors and research organizations: various partner organizations working with the joint programme listed in Annex 5 of this document.

UN organizations: in particular UNICEF and UNFPA.

Other development partners, such as the Norwegian and Japanese embassies. The First Lady of Sudan, her Excellency Ms Widad Babiker, has also played an important role in publicly promoting and strengthening political commitment for the abandonment of FGM/C.¹⁵

3.4 Key challenges and opportunities for the abandonment of FGM/C

Challenges: Historically, one of the main factors contributing to the continuation of FGM/C in Sudan has been the widespread belief that it is permitted or even required by Islam. While some religious leaders have constituted a strong force for opposition to FGM/C abandonment in Sudan, others have emerged as advocates for its abandonment. Religious leaders of both views have engaged in debates on the link between the various types of FGM/C and Islam, whether any form of the practice should be considered a religious requirement, and whether it is morally acceptable.

FGM/C is deeply embedded in the culture of many communities in Sudan. As in many other countries where the practice is conducted, it is associated with family honour, morality, modesty, cleanliness and socially approved gender roles.¹⁶ Reasons given for continuing the practice of FGM/C include marriageability (in many communities uncut women are considered unfit for marriage), protecting daughters from peer pressure and bullying often directed at uncut girls (until recently, being uncut was associated with bad behaviour and even sexual promiscuity), and protection from sexual abuse/rape (this reason was given primarily by men in displaced camp settings).¹⁷

In recent years, the issue of medicalisation of FGM/C (cutting conducted by healthcare personnel in more hygienic, sterilized environments) has caused debate among medical professionals.

¹⁵ Ahmed, Samira et al, "Sudan: An In-depth Analysis of the Social Dynamics of Abandonment of FGM/C", Innocenti Research Centre Working Paper, May 2009.

¹⁶ Ibid.

¹⁷ UNFPA/UNICEF, Country Context Reports, Joint Programme on Female Genital Mutilation/ Cutting: Accelerating Change, Program on International Health and Human Rights, Harvard School of Public Health, December 2010

FGM/C is opposed by the Association of Gynaecologists and the Sudan Medical Council; however, while most cutting is performed by midwives (both formally trained and untrained), some are also carried out by healthcare providers employed by the Ministry of Health.¹⁸ By performing FGM/C, these medical personnel confer legitimacy upon it in the eyes of community members who believe that this makes the practice safe.¹⁹ Because of the high demand for these procedures, FGM/C has remained a lucrative industry for some poorly paid health workers as well as for midwives.²⁰

Sudan has been embroiled in conflict for much of its post-independence period. Struggles between northern and southern Sudan, rooted in economic, political and social domination by the north, culminated in the secession of South Sudan in 2011.²¹ A separate conflict broke out in the north-western region of Darfur in 2003. Because of these two conflicts, Sudan has the largest number of internally displaced persons (IDPs) in the world; six million, according to pre-secession estimates.²² This problem has also exacerbated the prevalence of harmful traditional practices such as FGM/C. In many cases, members of displaced communities that formerly did not carry out FGM/C have adopted the practice under pressure to integrate into their new areas of settlement,²³ such as is the case for increased prevalence in South Darfur.

Opportunities for the abandonment of FGM/C in Sudan include the following:

- Increasing political commitment to ending FGM/C both at national and state levels.
- The existence of a network of over 35 NGOs (mostly composed of female members) who are working openly against FGM/C and other harmful gender practices such as gender-based violence, violations of women's rights and of human rights in general.
- Increasing knowledge and awareness by the broader population in urban and rural areas on the harmful effects of FGM/C.

¹⁸ UNFPA. "A Situational Assessment of Health Sector Role/Interventions in Female Genital Mutilation/Cutting in Khartoum State, Sudan: Final Report", 2011.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ahmed, Dr, Amira, "Evaluation of Norwegian Church Aid (NCA)'s support to GBV projects implemented by SNCTP in Mayo Farm (2004-2010)", Final Report, December 2011.

²² Ibid.

²³ Ibid.

- Leaders from several religious communities have publicly stated their opposition against FGM/C, making efforts to de-link the practice from, for example, Islam.
- Donor interest and commitment to supporting efforts aiming to abandon FGM/C in Sudan.
- The positive concept of “Saleema” (see box 3), the idea of uncut girls, was promulgated by Sudan’s National Council on Child Welfare, supported by the joint programme, and endorsed by the National Strategic Planning Council following consultations with activists, communications experts, academicians, religious scholars, community members and development professionals.²⁶
- Expanded media coverage of the health hazards of FGM/C and calls for abandonment in newspapers, on radio and television in the various local languages.²⁷
- Visibility of Saleema messages in public outdoor locations (e.g. on billboards), as well as integration of “Born Saleema” efforts into reproductive health (RH) services.

Box 3: The word “Saleema”

“Saleema” is a word in Arabic meaning whole, healthy in body and mind, unharmed, intact, pristine and in a God-given condition. The Saleema Communication Initiative originated to address a critical language gap. In colloquial Sudanese Arabic, no positive term existed to describe uncut women and girls. They were referred to as “qulfa”, a pejorative label associated with slavery and prostitution, implying shame and exclusion.²⁴ Common usage of “qulfa” and the social stigma attached to this negative term encouraged the practice of FGM/C. The Saleema campaign is an attempt to reframe how people talk and think about FGM/C by promoting a new, positive word to value the female body in its natural state. The word “Saleema” can be used as an adjective, adverb, or name, giving it considerable flexibility for use in creative images and slogans.²⁵

²⁴ Ahmed, Samira et al. “Sudan: An In-depth Analysis of the Social Dynamics of Abandonment of FGM/C”, Innocenti Research Centre Working Paper, May 2009.

²⁵ Source: http://www.unicef.org/sudan/protection_6092.html; <https://www.unfpa.org/public/home/news/pid/11223>

²⁶ UNFPA, “In Sudan: Changing Labels, Changing Lives”, a Communication Note, 15 June 2012, available at: <https://www.unfpa.org/public/home/news/pid/11223>. See also section 5.2.3 of this report.

²⁷ UNFPA/UNICEF, “Annual Report, Joint Programme on FGM/C”, 2008.

4. The UNFPA-UNICEF Joint Programme in Sudan

4.1 FGM/C programme interventions in Sudan

The UNFPA-UNICEF joint programme in Sudan was launched in June 2008. That same year, FGM/C child protection committees and FGM/C task forces were established at both federal and state level (in Kassala, Gedaref, South Kordofan, Sennar, Red Sea, Blue Nile, White Nile, River Nile and Gezira).²⁸

Geographically, the joint programme has focused on the high-prevalence “heartland” of central riverain Sudan (along the Nile river) and eastern Sudan, inhabited by nomadic ethnic groups like the Hadendawa and Beni Amer, some of whom perform FGM/C on very young girls, even infants, and are influenced by conservative religious movements like Ansar Sunna that favour “Sunna” type I circumcision. Other communities exist, such as the Hausa ethnic group, that have been traditionally less inclined to cut, but that have been increasingly adopting the

Box 4: Social conventions and social norms

A social convention is a social rule of behaviour that members of a community follow based on the expectation that others will follow suit. A social norm is a social rule of behaviour that members of a community follow in the belief that others expect them to follow suit.

Recent studies (e.g. Mackie and Le Jeune, 2009) have shown that FGM/C in practising communities is both a social convention and a social norm. It is its role as a social *norm* that better enables us to understand why it persists and how it can be abandoned. Simply put, the practice continues because individuals are concerned with whether others will approve or disapprove of their actions, and whether there will be sanctions or consequences for those actions.²⁹

Gruenbaum (2013) adds that social norms are embedded in cultures, which are constantly in flux. Cultures are subject to internal dynamics of change as the needs and ideas of different groups interact, and are also subject to larger -even global -influences, including aesthetic, intellectual, technological, religious, and other trends and movements. It is these cultural dynamics that impact people’s behavioural habits and help to provide the context for new norms to take root.³⁰

practice in recent years. Under the joint programme, both UNICEF and UNFPA focused their activities on geographic areas where they had already been active with their respective regular country programmes. UNICEF has been active in all states including the Darfur region, with minor presence in White Nile and Sennar, while UNFPA focused on supporting initiatives in three states (Gedaref, South Kordofan and Kassala). The division of labour between UNFPA and UNICEF was also determined by the respective mandates and related experience and expertise of the two agencies as described in section 5.5. Both agencies worked jointly on policy development at the national level and capacity building, and they worked both together and separately at supporting coordinated initiatives at the community level.

²⁸ UNFPA/UNICEF, Annual Report, Joint Programme, 2008.

²⁹ Mackie, Gerry, and John LeJeune, ‘Social Dynamics of Abandonment of Harmful Practices: A new look at the theory,’ UNICEF, *Innocenti Working Paper*, Innocenti Research Centre, Florence, May 2009.

³⁰ Gruenbaum, Ellen, ‘Toward a theory of change for the era of intensified globalization processes.’ Unpublished essay, 2013. See also Gruenbaum, Ellen, in: Browner, Carole and Sargent, Carolyn (editors) ‘Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives’. Duke University Press, 2011.

In Sudan, the focus of joint programme activities has been on advocacy for legal reform, national awareness raising programmes and mainstreaming services to encourage collective abandonment. Support also went to training and working with various communities, media and government agencies on FGM/C abandonment. Tools were developed for positive social transformation based on the understanding of FGM/C as a social convention/norm using the National Strategy for the Eradication of FGM/C in One Generation (2008-2018) as a framework. (See box 4)

To this end, the most prominent strategy used has been the Saleema initiative (see section 5.2.3). Strong emphasis has also been placed on advocating with the government through the NCCW to modify national and state-level legislation to include FGM/C (e.g. in the Child Law and key policy documents).

Furthermore, the joint programme has focused on creating advocacy networks in various communities to spread awareness about FGM/C abandonment. Working with media and local NGOs and women's groups, collaborating with universities (especially Ahfad University for Women and Gedaref University), and utilizing non-formal learning at the community level (e.g. through Entishar and ROCSS classes) have all been important parts of joint programme activities. Advocacy has spread to the following states in Sudan: River Nile, Gedaref, Kassala, Blue Nile, White Nile, Red Sea, North Kordofan, Northern State, South Kordofan, Gezira, North Darfur, South Darfur, West Darfur, and Khartoum. The FGM/C work in the three Darfur states—areas that have suffered a great deal of conflict and population displacement—successfully used community conversations and awareness-raising sessions.

The main partner of the joint programme in Sudan was the Government of Sudan (GoS), represented by the National Council for Child Welfare (NCCW), the State Councils for Child Welfare (SCCWs), the Federal Ministry of Health (FMoH), and the Federal Ministry of Welfare and Social Security (FMoWSS). These departments received important cooperation from the Ministry of Guidance and Endowment. Outside of government, Ahfad and Gedaref Universities for Women were other key partners of the joint programme, as were a number of NGOs at the national and state levels. The private sector was also involved, through the production of communication and campaign materials and the participation and training of journalists. Annex 5 lists all implementing partners of the joint programme in Sudan. Annex 6 contains the portfolio of interventions of the joint programme in Sudan.

4.2 Financial overview

Table 2 below provides an overview of the (reconstructed) annual budgets and actual expenditures of the joint programme in Sudan for the years 2008 to 2012, based on financial data obtained from the financial systems of UNICEF and UNFPA. Annex 7 contains an overview of budgets and expenditures by agency and output, based on the data provided in the annual progress reports for Sudan. The budget figures in the progress reports differ slightly from the reconstructed data shown below. Consultations with the evaluation management group indicate that the data below are the more accurate, and therefore have been used for this country case study. The data shown below do not, however, provide a breakdown of budgets and expenditures by output.

Table 2 Sudan joint programme budgets and expenditures in USD

Year		Requested	Allocation	Budget	Actuals (Expenditures)	Implementation Rate
2008	UNFPA		200,000	200,000	194,476	97%
	UNICEF		213,995	200,000	180,739	90%
	Total		413,995	400,000	375,215	94%
2009	UNFPA		265,584	270,736	233,436	86%
	UNICEF		274,940	276,220	260,465	94%
	Total		540,524	546,956	493,901	90%
2010	UNFPA	537,600	173,000	204,232	201,365	99%
	UNICEF	769,690	277,000	274,639	200,433	73%
	Total	1,307,290	450,000	478,871	401,798	84%
2011	UNFPA	392,000	200,000	209,308	153,697	73%
	UNICEF	806,360	450,000	491,551	421,097	86%
	Total	1,198,360	650,000	700,859	574,794	82%
2012	UNFPA	436,000	150,000	205,610	139,461*	68%*
	UNICEF	1,020,000	300,000	360,767	159,550*	44%*
	Total	1,456,000	450,000	566,377	299,011*	53%*

*Data for 2012 = mid-year

Source: Reconstructed annual budgets and actual expenditures of the joint programme in Sudan for the years 2008 to 2012 based on the financial systems of UNICEF and UNFPA.

Table 2 illustrates that while implementation rates have generally been high, they have slightly decreased each year, from a total implementation rate of 94 per cent in 2008 to 82 per cent in 2011. Consultations with joint programme staff indicated that one of the main reasons for this development were delays in the release of funds which made it difficult for implementing partners to complete all anticipated activities and disburse all funds received within the respective year (see section 5.3). For the years 2010-2012 the table also illustrates that the amounts requested by UNFPA and UNICEF and those actually allocated to the joint programme differed considerably, in particular in 2012 when only about 31 percent of the requested amount were approved. Actual budgets were, however, usually higher than the annually allocated amount due to the fact that funds that had remained unspent in the previous year could be carried over.

5. Main Findings and Analysis

5.1 Relevance and responsiveness to national and community needs, priorities, and commitments

EVALUATION QUESTION 1

How appropriate and responsive has the joint programme been to national and community needs, priorities and commitments as well as to the global and regional priorities and commitments of UNFPA, UNICEF and key international stakeholders?

Evaluation criteria covered

Relevance

The joint programme has been relevant given national commitments and priorities laid out in the Interim National Constitution of the Republic of Sudan (2005), which recognizes the equality of women. Article 32 of the document addresses the Rights of Women and Children and states, among other commitments, that (3) “The State shall combat harmful customs and traditions which undermine the dignity and the status of women”, and that (5) “the State shall protect the rights of the child as provided in the international and regional conventions ratified by the Sudan”.

The joint programme has also been closely aligned with several national policies such as the Maternal, Neonatal and Reproductive Health Policy (2007) and its updated version (2009), the Reproductive Health Policy (2011); and the FGM/C National Strategy for the Abolition of FGM within One Generation (2008-2018). Similarly, the joint programme has been relevant to the objectives of the National Population Policy (2011) and the National Women’s Empowerment Policy (2007) and has also supported the targets for FGM/C reduction set in the latter, which calls for a 10 and 20 per cent decrease in the prevalence of FGM/C by 2011 and 2012 respectively. Both policies identify FGM/C as a harmful practice and target reduction of prevalence.

Furthermore, the objectives of the joint programme correspond to international commitments of the Government of Sudan. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Protocol to the African Charter on Human Rights and People’s Rights; the Protocol on the Rights of Women in Africa (The Maputo Protocol 2003), which contains a commitment to stop FGM/C; and the Convention on the Rights of Child (CRC), which establishes the rights of children to freedom from all forms of mental and physical violence and maltreatment and explicitly requires states to take all effective and appropriate measures to abolish traditional practices prejudicial to the health of children. Sudan is also signatory to two optional protocols to the CRC, which ensure a protective environment for children from violence, trafficking and militarization.

Furthermore, the joint programme helped push for and support the development of relevant legislation, which civil society organisations had been demanding, and addresses existing gaps in FGM/C programming identified in, for example, the 2011 situational assessment conducted by

UNFPA.³¹ The programme partnership with UNFPA and GDWFA is focused on socio-cultural and economic determinants of maternal mortality, offering a more comprehensive vision that places FGM/C in relation to issues gender, reproductive health, and maternal mortality; this vision takes into account the causalities and interconnectedness of childhood FGM/C, later reproductive health consequences for sexuality and childbirth, the harmful practice of re-circumcision in adulthood, and the role of mothers' and grandmothers' lifetime experiences that can affect their later decisions about continuing FGM/C on their daughters and granddaughters.

The joint programme also helped identify new areas requiring attention, e.g. by highlighting the fact that some communities displaced by conflict recently adopted FGM/C as a new practice due to cultural pressures in their new social environments.

Alignment with UNICEF/UNFPA and UN strategies and programming priorities in Sudan

- Evaluation sub-question 1.3 of the evaluation matrix

The objectives and activities of the joint programme in Sudan have been aligned with the respective country programs of both UNICEF and UNFPA.

In its past and current country programmes (2009-2012 and 2013-2016 respectively) UNICEF has included FGM/C abandonment as a major element of its Child Protection programme structure. Related efforts focus on interventions consonant with the National Strategy Approach to social norms and include the development of networks of civil society leaders and the design of the Saleema initiative—an anti-FGM/C social marketing campaign used especially in Khartoum state (see section 5.2.3). While the process of developing the Saleema initiative components predated the joint programme, it coincided with the implementation of annual work plans from 2008 onwards and has been integral to the joint programme. This entails further development of networks of civil society leaders, including religious scholars and celebrities, to support the positive concepts and become ambassadors for Saleema, thereby engaging them in the UNICEF/UNFPA joint programme activity.

The joint programme has also been aligned with previous and current UNFPA Sudan country programmes (2009-2012 and 2013-2016 respectively) both of which explicitly address FGM/C within their reproductive health and rights, maternal health, and gender equality components.

Alignment with the priorities of other development partners

- Evaluation sub-question 1.4. of the evaluation matrix

The joint programme has been relevant to the joint priorities and programming principles outlined in the 2009-2012 United Nations Development Assistance Framework (UNDAF) for Sudan, which was guided by the Five-Year Strategic Plan 2007-2011 of the National Council for Strategic Planning, among others. Output 2.4.3 of the UNDAF explicitly expresses the commitment to undertake advocacy “towards enhanced gender equality and response to and reduction in violence

³¹ UNFPA. “A Situational Assessment of Health Sector Role/Interventions in Female Genital Mutilation/Cutting in Khartoum State, Sudan: Final Report”, 2011

against women including early marriage, FGM/C and other harmful practices at the national and sub-national levels in legislation and practice”.³²

Appropriateness of programme design

➤ Evaluation sub-question 1.5 of the evaluation matrix

The design of the joint programme in Sudan has been appropriate given the specific needs and characteristics of the particular context(s) in which it was implemented, and also reflects the following principles outlined for the overall global joint programme:

- **Approaching FGM/C as a social convention/norm:** The activities of the joint programme conducted at national and community level conceptualised FGM/C as a social practice requiring collective and social, rather than individual change to ensure sustained abandonment (see box 4). The joint programme has given attention to promoting discussions of values about rights and protection that are rooted in local cultures, anticipating that this will assist communities as they shift their social norms on FGM/C toward abandonment.
- **Strategic and catalytic.** The joint programme in Sudan focused on supporting and strengthening national ownership and leadership for FGM/C abandonment, in particular by supporting existing efforts of national partners. The partnership with the Federal Ministry of Health around issues of reproductive health has been of particular strategic importance in addressing the medicalisation of FGM/C, and in engaging midwives and other health workers as potential agents of change. The partnership with NCCW improved advocacy efforts and capacity building for more protective environments for children utilizing legislation and supporting justice system development.
- **Holistic.** In Sudan, the joint programme included interventions at national, state, and community levels. Furthermore, UNFPA and UNICEF engaged with a wide range of stakeholders, including political and religious leaders, government representatives, and media, as well as CSOs. The joint programme also contributed to establishing connections with Islamic, welfare, and women’s movement leaders inside and outside Sudan, and provided opportunities for exchange of FGM/C abandonment experiences with the neighbouring countries (Somalia, Kenya, Yemen, Djibouti , Eritrea and Egypt) .
- **Human rights-based and culturally sensitive.** In Sudan, the practice of FGM/C is strongly linked to ideas of religious appropriateness, virtue and protecting virginity and chastity. While many Sudanese support the concept of human rights, they also feel that initiatives based on human rights are too heavily influenced by a pro-Western agenda, and that Muslims must respect Islamic rights and duties first and foremost. While remaining true to human rights values the joint programme devoted significant attention to these important perspectives and values, e.g. by mobilising the authority of culturally appropriate and more effective concepts such as “Islamic values” promoted by religious leaders, who have endorsed child rights to protection and women’s rights. Some religious scholars have

³² <http://countryoffice.unfpa.org/sudan/drive/Sudan2009-2012UNDAF.pdf> . Accessed April 8, 2013.

even openly spoken of the right of women to enjoy their marital sexual life equal to men, and the theme that Islam should protect against harm and injury has been used frequently, even saying that keeping a girl “saleema” is properly Islamic. In addition, some of the NGO’s have successfully utilized more explicit “human rights” language in their community empowerment and literacy work (e.g. Entishar and ROCSS), helping communities move toward acceptance of uncutting or saleema as a positive social norm for promoting rights.

The evaluation also found a number of additional strengths in the design of the joint programme in Sudan. These include the use of certain universities as academic coordinators of efforts related to FGM/C abandonment, and the recognition that different communities and states face different challenges and require different types of support for generating new norms for FGM/C abandonment. The joint programme, by providing technical support to universities and CBOs, helped improve the style of community engagement. In the past, students and volunteers on rural extension projects often utilized a style of work that was sometimes less effective when communities saw it as short training by “outsiders” who did not understand their lives. The joint programme technical support is helping students and volunteers to utilize the social norms approach in community engagement, utilize better skills of data collection and reporting, and establish links with community members who can continue dialogues into the future. Consultations with national stakeholders confirmed that the process of designing the joint programme in Sudan was participatory and inclusive in that it engaged a variety of government and non-government actors and organisations at national and community levels.

The joint programme was able to gain a broad geographic reach, addressing 14 out of the 17 states, and made efforts to engage with three challenging Darfur states using community based mechanisms and existing UNFPA structures. This broad reach was made possible by the strong presence of the UN agencies in the country, especially that of UNICEF. Within each state, intervention areas were deliberately selected by the joint programme to ensure that it addressed a variety of cultural backgrounds and levels of prevalence (both high and low). There was also a deliberate effort to focus on geographically displaced groups in conflict areas; many of these groups had not previously practiced FGM/C but were pressured into doing so by the dominant, indigenous groups.

One weakness in the design of the joint programme is that it included only limited provisions for ensuring the systematic monitoring and/or research of achievements and related contextual factors that had been supporting or hindering progress in different contexts. Many of the IPs are working in situations where there are systematic campaigns of pro-FGM/C activities that oppose efforts at abandonment, but the impact of such campaigns was not assessed to assure appropriate programme design, in particular in further testing, verifying, or, if needed, adjusting the Theory of Change guiding the joint programme in Sudan as well as at the global level.

Summary of Findings

The joint programme has been relevant in view of national commitments and priorities, as well as in relation to various international commitments of the government of Sudan. Its objectives and activities have been aligned with the respective country programmes of both UNICEF and UNFPA, as well as with the 2009-2012 United Nations Development Assistance Framework (UNDAF). The design of the joint programme in Sudan has been appropriate in view of the specific needs and characteristics of the particular context(s) that it has been located in. The only design weakness relates to the extent to which the joint programme made provisions for the systematic and in-depth monitoring and analysis of progress and influencing factors over longer periods of time.

5.2 Contributions to results

EVALUATION QUESTION 2

To what extent has the joint programme contributed to the creation of sustainable favourable conditions and changes in social norms leading to the abandonment of FGM/C at the national and community levels (Outcome 1)?³³

Evaluation criteria covered:

Effectiveness and sustainability

5.2.1 Overview

This section summarises evaluation findings on joint programme progress in achieving envisaged outputs and contributions towards outcome 1 in the revised overarching joint programme logframe

5.2.2 Creation of a more conducive national enabling environment for the abandonment of FGM/C

- Evaluation sub-question 2.2.1 of the evaluation matrix

Evaluation data show that **significant contributions** were made by the joint programme to strengthen the national environment for the abandonment of FGM/C in Sudan. In particular, the joint programme has contributed to strengthening coordination among national and international actors working towards the abandonment of FGM/C in Sudan; strengthening the legal and policy framework; and to enhancing awareness, commitment and ownership by key national actors in efforts to abandon all forms of FGM/C.

Coordination

The joint programme helped form coordination mechanisms among government units, non-governmental organisations, and UNICEF and UNFPA. There are two pillars for coordination, one by

Note 1

As one stakeholder explained, “The collaboration of partners has not only helped in sharing information, experiences and best practices for abandonment of FGM/C but also has enhanced our participation in each other’s activities”.

NCCW for policy and programme development and reporting to the Higher Council for Strategic Planning and to the Higher Council for Child Welfare headed by the president. Another pillar is led by the Federal Ministry of Health on implementation by all actors. The first is supported primarily by UNICEF and the second primarily by UNFPA. The joint programme contributes a key coordination linkage, through its coordination with the NCCW at the national and state levels.

³³ Outcome 2, which focuses on strengthening the global movement for FGM/C abandonment, was not addressed at the country level.

The joint programme funded the position of a technical advisor and a national coordinator situated at the NCCW to assist in coordinating FGM/C related efforts in collaboration with the Directorate of Women and Family Affairs.³⁴ Over the past five years there has been some turnover in the position of the coordinator, but this has not limited its ability to accomplish its goal of enhancing coordination among key actors. A retired senior NCCW staff took over the technical advisor role supported by a national coordinator and a four-member task force solely devoted to a section sector within NCCW entitled “The national programme for abandonment of FGM/C” to monitor and report on the status of implementation for the “National Strategy for Eradication of FGM/C Within a Generation,” which in turn reports to the Higher Council for Strategic Planning.

In addition, in 2012 the joint programme facilitated the creation of an FGM/C Task Force that is headed by an experienced senior official of the Ministry of Health. To accelerate sectoral implementation, the Task Force is responsible for coordination between all actors at the federal and state level, and includes representatives from all the relevant ministries and NGOs from all states. Stakeholders consulted during the evaluation noted that the Task Force had already helped reduce previous fragmentation of efforts by different actors (see note 1). At the same time it was noted that the Task Force is still relatively young, and that its leader, while being widely considered an excellent choice, has many other responsibilities to take care of given her senior position in the FMoH. Coordination among actors at the state and local levels was reported to have some gaps, partly due to a lack in related capacity. It was also noted that many local groups had not yet fully aligned their work with national level efforts.

National and state laws and policies on FGM/C

As noted in section 3.2, a number of efforts were made prior to 2008 to improve the existing legal and policy frameworks for addressing FGM/C. Since its inception, the joint programme in Sudan has contributed to intensifying these

Box 5: Revitalizing the momentum for a law after the removal of Article 13

One person interviewed noted that in the wake of the removal of Article 13 many of the key government and non-government actors felt “paralyzed and crippled”. Consulted stakeholders widely agreed that the joint programme helped to overcome this challenging situation by organising meetings to encourage key actors to keep the momentum for change, and to find ways to compensate for the exclusion of the Article.

efforts, in particular regarding the Child Law. Consulted stakeholders widely agreed that the joint programme played a key role in supporting the preparation of Article 13 of the Child Law, which prohibited all forms of FGM/C. Through meetings and advocacy initiatives, the joint programme supported a range of NGOs, academic institutions, media, the National Council on Child Welfare and the Medical Council in developing Article 13. Despite the fact that many legislators and key government ministers supported Article 13, they were told at the last minute that the Child Law would not receive executive endorsement unless Article 13 was eliminated, and legislators were also under pressure from some religious groups not to allow it. Consequently, Article 13 was removed and the Child Act was enacted in 2010 without incorporating a ban on FGM/C.

³⁴ Both the NCCW and the Directorate of Women and Family are located within the Ministry of Welfare and Social Security.

Although this development was a set-back, the joint programme played a key role in maintaining efforts to establish stronger legal frameworks regulating FGM/C (see box 5). These efforts led to the successful work of legislative councils and Wali committees in several states, culminating in the enactment of state-level laws against FGM/C in five Sudanese states. The joint programme played an important role in advocacy and coordination efforts by organisations financially supported by the joint programme which were involved in successful efforts to enact state laws. Leaders of organisations supported by the joint programme were involved in successful efforts to enact state-level laws. Similarly, women Parliamentarians who had been involved in efforts to pass Article 13 used their roles as political leaders to engage with and challenge their constituencies to bring about change at the state level.

At the national level, the women's caucus in the National Legislative Assembly, with support from the joint programme, has been continuing to discuss a revised national law banning FGM/C. Also, the joint programme has supported projects of the Ministry of Welfare and Social Security including an initiative of the Women Centre of Human Rights (WCHR), affiliated with the MWSS, which is reviewing existing Sudanese laws and policies to identify articles and laws discriminatory to women. At the time of the Sudan country visit, 88 articles had been identified as needing attention. The WCHR has also been developing a proposed new law against FGM/C to fill the gap caused by the loss of Article 13, and is discussing developing a model for a law that could be used by states wishing to develop and implement their own laws.

Enhancing awareness, commitment and ownership of key national actors

Evaluation data indicate that that the joint programme helped strengthen the awareness, commitment, and ownership of key national actors regarding FGM/C abandonment. Consulted stakeholders inside and outside of the Government of Sudan widely agreed that collaboration and partnerships among key actors in Sudan have been strengthened and overall awareness of and efforts to mainstream FGM/C abandonment work across government agencies have increased. It is noteworthy also that various government bodies have been strongly engaged in joint programme initiatives (see section 4.1 above).

With regards to developing a policy framework, the joint programme has played a highly significant role in eliciting commitment from the Federal Ministry of Health (FMoH) for better training of midwives. This training includes efforts to make midwives and other health professionals accountable for promoting the abandonment of FGM/C in their communities. The Reproductive Health Programme of the Federal Ministry of Health has been a leader in this regard. It has conducted research on midwife attitudes and practices, has strengthened efforts to supervise clinics, and has provided FGM/C educational materials for patients. The joint programme has supported the FMoH by funding the position of a focal point who has actively promoted FGM/C-related work. In addition, the evaluation team had an opportunity to see the Saleema initiative's presence in pilot hospitals and clinics and hear from health staff of their support for abandonment of FGM/C and their counseling with families to maintain commitments on deciding not to cut.

The joint programme has also supported the work of the NCCW in collaboration with the Ministry of the Interior, to expand justice services for children in all states. A hotline was open for public reporting of cases of violence, abuse and injury, and in 2010 started to receive calls about FGM/C. Despite the lack of a national prohibition of FGM/C, stakeholders consider the existing laws potentially useful for bringing cases against circumcisors when harm is established.

Finally, it is important to note that the social norms strategy requires broader social awareness, so that those who decide to discontinue FGM/C will have an expectation of social support for their decisions. The joint programme clearly has directed considerable effort to initiating and expanding broader public support for FGM/C abandonment through policies and documents from government and social leaders, social marketing, media coverage, and public events, all of which contributes to enhanced awareness, commitment, and ownership of the movement to abandon FGM/C.

Emerging questions and issues

The enactment of state-level laws on FGM/C is widely considered a success, and consulted stakeholders widely agreed that these laws may play an important role in view of sustained political pressure on the government to also legislate at the national level. At the same time, consulted stakeholders raised the following concerns related to the effective enforcement of existing legislation:

- Given that the existing state laws are relatively new, it is not yet clear how differences with existing national laws will be handled and whether gaps in national laws negatively influence the effectiveness of state-level provisions banning all forms of FGM/C
- In the absence of a national standard, states that developed their own laws have widely different consequences for violations. In Gedaref state, punishment is limited to the midwife, and is mild (suspending her right to practise for six months and recalling her to the midwifery school for additional training). The law in South Kordofan however incriminates a wider circle of people. The issue of punishing people for practising FGM/C is highly sensitive in Sudan. President Al-Bashir declared that his main objection to Article 13 was the idea of imprisoning violators as a punishment. Consulted stakeholders said this was also a concern of conservative religious leaders who were likely to challenge what they thought to be pro-western policies.³⁵
- Law enforcement agencies and courts lack training and commitment to enforce and apply the new laws effectively. Similarly, while monitoring mechanisms such as Child Protection Networks have been formed in some communities (e.g. in Sibidrat in Kassala State; Disa Arab in Blue Nile State, and in Dokka in Gadaref State) and have the potential to detect and report problems and facilitate law enforcement, their members are not yet sufficiently trained or provided with resources to fulfil this mandate.
- Considerable resistance to bringing cases of FGM/C forward exists in Sudan. This resistance is partly due to experiences with earlier legislation.³⁶ Consulted stakeholders were concerned that community members would be hesitant to bring charges against a family member or local midwife, particularly given the high status of midwives in the communities.

³⁵ UNFPA/UNICEF, Country Context Reports, Joint Programme on Female Genital Mutilation/ Cutting: Accelerating Change, Program on International Health and Human Rights. Harvard School of Public Health, December 2010

³⁶ A scholarly study at Ahfad University showed that the 1946 law had had no cases brought to trial and no convictions (Malik 2004).

Emerging lessons

During the country visit to Sudan, the evaluation team attended an advocacy session of groups and individuals trying to enhance the national legal framework for women and children's rights and specifically the ban on FGM/C. The discussions yielded insights into the way that Sudanese activists conceptualise FGM/C issues. While references to women's human rights form the implicit basis of their desire to fight FGM/C, activists often do not use human rights explicitly in their arguments. This is due to the fact that human rights are widely viewed as a pro-Western agenda imposed by the international community. Many consulted Sudanese leaders seemed more comfortable with a focus on men's and women's rights and responsibilities within the Islamic tradition. FGM/C abolition activists in Sudan, along with the joint programme, have therefore tried to involve religious leaders in the dialogue for change. Also, legislators who favoured new legislation to ban FGM/C experience pressure from some constituents, leading some to favour laws that are protective but not highly punitive of violators.

5.2.3 Contributions to fostering local-level commitment to abandon FGM/C

- Evaluation sub-question 2.2.2 of the evaluation matrix

Evaluation data collected through stakeholder interviews, field observations and document review indicate that the joint programme has been **successful in fostering and strengthening local-level commitment to FGM/C abandonment**. In alignment with its overarching design at the global level and the previous experiences reported in the Social Dynamics of FGM/C in Five Countries³⁷ the joint programme focused on supporting implementing partners to broaden the scope and/or reach of existing efforts at the community level.

Local-level initiatives supported by the joint programme can be classified under the following three categories: **social marketing, public declarations** (including those at special events), and other **grassroots activities/community projects**.

Social marketing: The Saleema initiative

As noted earlier, the Saleema initiative was already underway at the beginning of the joint programme in 2008. Since then, it has been well-integrated into the joint programme, and has grown into a well branded social marketing campaign adopted by other organisations working on FGM/C abandonment in Sudan.

The initiative provides communication tools for the protection of girls from FGM/C, particularly in the context of existing efforts at community level. Saleema communication materials currently include poster sets, stickers, puzzles for kids, a multimedia campaign kit (comprising a song, an animated television spot, four linked radio spots and posters), a comic book aimed at young readers, as well as Saleema traditional clothing and head scarves intended for distribution at public declarations of abandonment. During the country visit, the evaluation team observed multiple uses of the distinctive Saleema imagery. The communication strategy differs from previous poster and

³⁷ UNICEF Innocenti Insight. The Dynamics of Social Change: Towards the abandonment of Female Genital Mutilation/Cutting in Five African Countries. October 2010.

pamphlet tools in that it includes various phases of posters and media to embrace a narrative (that families treasure their girl babies and protect them as they grow), appeal to various age and gender groups, and reiterate a message that “every girl is born Saleema, let every girl grow up Saleema.” Multimedia and outdoor visibility includes “Saleema ambassadors” affirming the “saleema” is the right decision.

The joint programme attracted additional funding for the Saleema campaign that helped promote its message through the social marketing of Saleema related products and materials such as maternity bags and bibs for families of newborns in the colours of the Saleema campaign. The campaign also engaged with selected hospitals and health centres in Khartoum state to display videos in waiting rooms and encourage parents to sign pledges saying they will not participate in FGM/C. Special events have included large outdoor music concerts by a popular Sudanese band, during which activists (including joint programme partners) wore accessories in Saleema colours. During the event, over 2,000 signatures in support of the campaign objectives were collected.

Today, 970 Sudanese communities are involved in the Saleema campaign, an increase from 450 in 2009, and about 460 have publicly declared their support for abandonment. Each community has a **network** of approximately 30 members, including youth, women, children, leaders, religious scholars, legislators and media representatives disseminating the Saleema concept. Also groups at community level are integrating the concepts into maternal health and gender equality projects to promote the concept from a woman’s and girl child’s right to be invested in. In early 2011 the Khartoum State Ministry of Health, in collaboration with the NCCW and UNICEF, launched a programme called “Born Saleema” that aims to apply the Saleema approach directly to protecting newborn baby girls.

Although it is too early to tell how effective the Saleema initiative has been in changing behaviour, it has been adopted by many groups working with the joint programme, and has been adopted by others (see also box 6). To determine to what extent and under what circumstances the campaign has contributed to behavioural change further systematic research and longer term monitoring and evaluation are required.

Box 6: Influence of the Saleema campaign on other organisations

For many years, the NGO Sudan National Committee against Harmful Traditional Practices (SNCTP), established in 1999, has used approaches in its communications strategy focusing on the harm caused by FGM/C, with negative images. While the organisation has not completely altered its messages and continues to focus on the medical harm associated with FGM/C, consulted staff members noted that they liked the positive social messaging of the Saleema initiative, and increasingly used this approach and posters in their own work.

Public declarations

The joint programme in Sudan has facilitated numerous events for **public pledges and signings of “al taga”** (a roll of cloth to display signatures of commitment to abandon the practice) both within Saleema celebrations and in other community-level efforts (see box 7). The joint programme also helped create signing stations at the nine clinic and hospital locations in Khartoum state where the “Born Saleema” initiative has

Box 7: Declarations and signings facilitated by the joint programme

The 2011 Annual Report for Sudan of the joint programme notes that by December 2011 a total of 27 declarations in three states had been made, and that around 13,000 signatures on Saleema pledges had been collected. According to UNICEF records approximately 1000 communities were introduced to the Saleema initiative by 2012 and 640 declared commitment to abandon FGM/C.

been implemented³⁸ At the time of the evaluation, there was not enough available data to determine whether pledge signings have been effective in accelerating change for the individuals or groups involved. Stakeholder consultations indicated, however, that related events had contributed to greater awareness and, in some cases, attitude shifts among community opinion leaders. Moreover, the signings contributed to fuelling community discussions on FGM/C, creating one of the factors likely to bring changes in social norms. Yet, as a joint programme stakeholder commented, “Getting a community to pledge is not that difficult. What matters is getting them to truly be committed and work with us on change”. Thus, it is important that the joint programme has kept its focus on voluntary commitments, rather than quotas of formal community pledges, while at the same time engaging communities as well as individuals to maximize the social support for decisions to change.

Grassroots activities/community projects

Overall, while activities and projects at the grassroots level varied between communities and between implementing partners in type and scope, several or all of the following elements were involved in most of them.

- **Information and sensitisation training for potential agents of change at the community level,**

especially midwives. Though training has been extended to all health workers, special attention was given to midwives,

since they are the group most often involved in performing FGM/C. With support from the joint programme, the curriculum for these training sessions was updated, incorporating information on existing FGM/C legislation, on the negative health consequences of the practice, and on the *Saleema* concept (see box 8).

- **Community dialogue** with a broad number of stakeholders including boys, men, girls, women, religious leaders, and midwives. This created opportunities for community debates on the practice of FGM/C to break the silence and to understand and overcome misconceptions on a once-taboo practice by involving both men and women in public discussions. These debates also allowed discussions on FGM/C to be integrated into reflections on other issues, such as education for girls and the role of women in the community and its link to maternal health.
- **Capacity-building and training for community facilitators, leaders and volunteers.** National NGOs supported by the joint programme used the community empowerment model in capacity-building sessions for male and female community leaders. The sessions included elements of advocacy training, informal human rights education, literacy training,

Box 8. The new midwives curriculum

Consulted midwives in Blue Nile and Kassala states who had been trained under the new curriculum expressed their commitment to abandoning FGM/C. Midwives and health promoters have been trained by the JP on leading women’s discussion groups at the community level on women’s personal hygiene using new norms for hygiene other than cutting. JP supported Khartoum Ministry of Health to develop a communication tool for training on the hygiene discussions.

³⁸ In these health facilities, Saleema videos are being shown on television monitors in waiting areas along with displays of Saleema colours and posters.

and instructions on the use of communication tools. These efforts were supported by the establishment of Child Protection Networks (CPN) including actors such as teachers, religious scholars or community imams, women activists, youth and midwives. These networks played an important role in initiating and continuing discussions on FGM/C within the respective communities.

- **Involving local media** in efforts to promote FGM/C abandonment. Through its implementing partners, the joint programme engaged with various local media (newspapers, radio and television) to strengthen existing dissemination pathways to the Sudanese people for information on FGM/C. Particular emphasis was given to local community radio stations. See also box 9.

Box 9: The Community Radio

The joint programme supported the government sponsored programme “the Community Radio” that is broadcast in all states of Sudan. The initiative is dedicated to issues around reproductive health, education, and social peace. Key message bearers on these shows are men selected in consultation with communities whose mandate is to poll people in their communities on the respective themes of each broadcast. The Community Radio show has transmitted community debates on FGM/C resulting from the community dialogue activities. “Listening groups” were formed within the community that consist of separate groups of men and women who come together to listen to the radio shows at specified times. The goal was to generate discussions among these groups on the topics covered in a given show, and then to transmit messages in local languages regarding participants’ responses. Currently, approximately 350 such discussion groups exist.

- **Involving religious networks and tribal leaders at the community level.** Implementing partners of the joint programme made continuous efforts to secure the commitment of imams and religious scholars in the form of pledges to abandon the practice of FGM/C. Respected and recognized religious leaders have been asked to serve as role models in the movement to abandon FGM/C in eight states in Sudan. This strategy works on two levels. It promotes discussion among the leaders themselves regarding FGM/C and its connection with religious obligation and other related issues like early marriage. It also encourages members of the network to reach out to their communities and separate FGM/C from religion while promoting abandonment of the practice. Partnerships have also been established with religious elementary schools responsible for educating future religious leaders, mobilising them to influence the communities of their students and to discuss FGM/C in a variety of different venues, including in mosques.

Emerging Results

While a significant proportion of the progress and achievements recorded in the joint programme annual reports for Sudan focus on community-level *activities*, evidence captured in the annual reports suggests that progress has been made towards envisaged *results*. In particular:

- The training sessions, particularly with midwives, have contributed to increased **awareness and advocacy efforts** of key actors. Following the sessions, many midwives took on ambassador roles, spreading the message of FGM/C abandonment to the communities in which they worked. They report to religious and/or political village leaders and the wider community on the workshops they attended increasing community recognition and publicising their commitment to the movement. After attending training and sensitisation workshops (organised by Gedaref and Kassala Universities), women from different

backgrounds formed their own advocacy groups for the abandonment of FGM/C at the community level. It was estimated that more than 4000 community facilitators are using the guide. There is also documented progress in the training of religious leaders and the involvement of young men and youth such as in the football teams in the Tuti Island initiative.

- In some cases, consulted community leaders noted changes in **attitudes and actions of community members** relating to, although not limited to, issues on FGM/C that have developed since the training sessions. Certain families now express stronger views favouring education for girls, for example. Community members also noted that the trainings and work of the CPNs had encouraged greater community acceptance of public interaction between men and women, as attendance rates of both men and women at joint community meetings and discussions has been high.
- Community dialogues have helped break **the silence surrounding FGM/C**. Consulted stakeholders widely agreed that the work of the joint programme contributed to ensuring that the practice of FGM/C was no longer treated as a taboo at the grassroots level. In particular, the approach of framing conversations about FGM/C within broader issues of women's roles and rights, education, and sexual and reproductive health has been particularly effective since it does not isolate the issue of FGM/C or condemn those who practise it. Stakeholders noted that this approach encouraged acceptance, increased participation, facilitated the flow of discussions and reduced resistance to abandonment efforts.

Emerging issues and lessons learned

- As noted above, while progress has been made in addressing the need to include FGM/C awareness and abandonment skills as part of the training of midwives and other health personnel, consulted stakeholders pointed out that to date midwifery schools have not been sufficiently engaged in the Saleema initiative nor systematically recruited as partners in its work. Midwifery schools in the cities of Omdurman and Bahri (Khartoum State) have, however, participated in hosting the “zero tolerance” annual celebrations of the movement against FGM/C. Also, UNFPA has partnered with the GDWFA to provide sensitization training of midwives on the socio-cultural determinants of maternal mortality that uses a holistic approach highlighting FGM/C and child marriage, as well as addressing re-circumcision and adult attitudes toward continuing FGM/C. Consulted midwifery school supervisors and tutors believe they could make substantial contributions in communities where women follow the counsel from midwives on maternal health. Stakeholders pointed out that the ability of midwives to become effective health promoters is limited by their own disempowered economic and professional position, commonly dependent on fees for services performed rather than being formally employed as other health care workers are.
- Consulted stakeholders noted the need to expand the Saleema initiative in order to further increase the visibility of community-based implementation of solutions. One suggestion in this context was to use other popular media beyond radio (e.g. televised soap-operas). Involving religious leader in developing their own tools to support the Saleema Initiative was considered a priority in order to increase the potential impact of the growing social

movement on different communities. Some stakeholder also highlighted the need to specifically target children with dedicated information materials and other initiatives.

- The idea of public declarations and signing pledges is strongly linked to the social-norms approach. The act of signing a pledge in front of others can be seen as an outward sign of shifts in people's assumptions over what views they can publicly express without having to fear social sanctions. Such pledges signal a change in social norms. A potential disconnect may occur when the declarations and pledge signings are sought after too quickly, without developing the underlying shift in social norms. Whereas in Senegal, public declarations and pledge signings have been preceded by long periods of preparation for the event, so that people can more fully grasp the significance of their pledge to change the community's practices, in Sudan the more rapid process of moving people to make public pledges or sign a roll of cloth or a ledger as an individual act could have a different meaning and outcome. Evaluation data indicate that Sudanese declarations and pledge signings may carry less weight than similar declarations made in other countries.³⁹ In Sudan, a pledge is usually not a binding oath, but rather a statement of support for a position or intention to engage with a process of change. It does not necessarily mean one will keep one's word, since even when one breaks a sacred oath, a short period of fasting is considered sufficient penance. Nevertheless, consulted stakeholders confirmed that standing up at a public event and pledging to end FGM/C had significance, particularly when the pledgers were public figures such as politicians, religious leaders, or ex-circumcisers. Once public figure is seen publicly committing to FGM/C abandonment, it becomes difficult for him or her to continue supporting the practice.
- Despite the successes noted above, work at the community level has also faced challenges and resistance. In particular, as reflected in joint programme annual reports, communities in the eastern state of Kassala have not been wholly receptive to discussions due to objections by ethnic groups that value FGM/C as an inherent tradition. Some followers of the Ansar Sunna religious movement (which opposes pharaonic circumcision but still values so-called "Sunna circumcisions") have, for instance, often been reluctant to participate in community discussions and have organized systematic campaigns to counter the work of the IPs. Because the term "Sunna" usually connotes traditions and statements of the Prophet Mohamed, special opportunities are needed for further religious discussions to clarify the issues for Muslims. Change advocates avoid the term "Sunna" in relation to FGM/C. In the Blue Nile State, male members of the movement who participated in an orientation session on the harmful consequences of FGM/C refused to sign a collective declaration.
- Some facilitators of community dialogues voiced a concern over the effectiveness of approaches focusing primarily on the harm caused by FGM/C, and noted that the positive framing by the Saleema initiative was more promising as it addressed sensitivities within communities still supporting the practice. At the same time, consultations conducted by the

³⁹ Given that solid data on the longer-term effects of these and similar initiatives in other countries are not (yet) available, this is a mere **hypothesis** at this point.

evaluation team at the community level indicated that many actors still tend to justify FGM/C abandonment by emphasizing the harmful consequences of the practice as, in their view, this angle constitutes a stronger convincing argument than the approach suggested by the Saleema initiative. It should be noted that not all community conversations and dialogue sessions focus on harm; many are focused topics such as physiology, the value of the girl child and the importance of saving girls' lives and promoting well being, and religious issues.

5.2.4 Contributions to strengthening regional dynamics to abandon FGM/C

➤ Evaluation sub-question 2.1.3 of the evaluation matrix

The evaluation team identified several examples of how the joint programme in Sudan helped to strengthen regional dynamics to abandon FGM/C.

The annual meetings of the UNFPA and UNICEF joint programme focal points from all 15 programming countries, together with the joint programme coordinators, played an important role in linking the joint programme in Sudan to regional and global dynamics. The meetings were attended by the UNFPA and UNICEF joint programme focal points. The events allowed for learning about good practices and tools at the regional and global levels, and related insights were shared with national partners in Sudan. The meetings also provided an opportunity to share experiences and lessons gained in Sudan with joint programme staff and partners from other countries.

The Saleema campaign and related lessons learned have generated considerable interest from actors in other countries. For example, in 2010, the joint programme supported a group of eight (two female, six male) Islamic religious scholars from Kenya travelling to Sudan to exchange ideas with Sudanese scholars and to learn about Sudan's experience with the Saleema campaign. Similarly, delegates from Eritrea and Djibouti visited Sudan for the same purpose. A number of Sudanese advocates visited Egypt to learn from the Egyptian experiences related to community approaches and mobilization (see note 2).

Several consulted government and non-government stakeholders expressed a desire to maintain and expand regional and/or global exchanges in the future. Learning from experiences in other countries and showcasing progress in Sudan were widely viewed as useful and important to FGM/C abandonment in Sudan. For example, consulted women parliamentarians expressed an intention to try to influence regional Arab parliaments on the issue of FGM/C.

Note 2

“It was very important for us to see the work on change that was being done in Egypt. It helped us realize how not to organise our work around activities but the results we were trying to achieve. We learned not to focus on how many training workshops we did, but rather what indicators we could use to find out if our work was having an effect”.

Woman activist from Sudan who had travelled to Egypt

5.2.5 Factors affecting performance

- Evaluation sub-question 2.2 of the evaluation matrix

This section summarises the evaluation findings regarding key factors, both internal and external, that supported or challenged the achievement of/contribution to results of the joint programme.

Supporting factors

In addition to factors previously mentioned (e.g. the strengths of the joint programme design), the following factors have supported the achievement of/ contribution to results made by the joint programme in Sudan:

- **Government commitment** to ending FGM/C, as demonstrated by the existence of a National Strategy for the Eradication of FGM/C in One Generation (2008-2018). The joint programme and its partners also benefited from the strong leadership of women politicians in Sudan on FGM/C abandonment.
- **Partnerships with religious leaders.** Building on previous efforts by UNICEF, the joint programme made deliberate efforts⁴⁰ to engage with religious leaders at both national and community levels. One focus of this work has been to separate FGM/C from Islam. The joint programme was strategic in seeking the support of prominent religious leaders (see box 10) with the potential to influence national as well as community-level interpretations of Islam regarding FGM/C. Given that individual leaders and/or sects differ in their views on FGM/C the joint programme has been in dialogue with *Haiat al ulema*, an influential religious council, to develop clear, uniform religious messages to be spread within communities and in publications. The joint programme also maintained positive relations with the Ministry of Guidance and Endowment, the government department that oversees religious and charitable affairs, as well as supporting NCCW to publish occasional books from religious leaders on delinking FGM/C from Islam and a number of religious fatwas (pronouncements) from prominent scholars inside and outside verifying the delink from Islam.
- **Enlisting well known public figures** as ambassadors for the cause of ending FGM/C. Consulted stakeholders widely agreed that the joint programme had been effective in

Box 10. The support of a prominent religious leader

The evaluation team met with one of the most prominent religious leaders, a member of the Ansar al Mahdi movement who has been involved in many political controversies and commands a large following. During the interview he recounted how he had concluded years ago that female circumcision had no basis in Islam and was dangerous to the health of girls. He had ended the practice of FGM/C in his own family, urges his followers to abandon it, and has written a book on the subject. This leader is currently an ambassador of the joint programme against the practice. He speaks highly of the joint programme work and underscores the importance of disseminating Islamic religious teachings about FGM/C. A few days after our interview, he addressed a crowd at a gathering during which he sat with other prominent religious leaders and the Minister of Guidance and Endowment, and exchanged warm greetings with the UNFPA representative. The meeting was extensively covered by the Sudanese media, widely showcasing his support for the goal of abandoning FGM/C, and the support of other leaders.

⁴⁰ Corresponding to Output 6 of the revised joint programme logframe.

selecting relevant public figures to act as spokespersons for the cause of abandoning FGM/C.

- **Effective use of media and good relations with journalists.** The joint programme supported the training of journalists to enhance their knowledge and awareness of FGM/C and related statistics and other data, and to encourage appropriate reporting on FGM/C issues. The Saleema campaign particularly benefited from the strategic use of a Sudanese mass media advertising firm. Connections to informal networks of media personnel also contributed to effective coverage of interventions supported by the joint programme on radio, television, newspapers and magazines, and outdoor displays.

Challenges/limiting factors

The pace and/or degree of positive change contributed to by the joint programme was limited, in some cases, by one or more of the following factors.

- **Persistent resistance to change:** While many religious leaders have taken a clear stand against all forms of FGM/C, resistance to change (often religiously motivated) persists. The prevailing insistence on continuing the “Sunna” form of FGM/C is one example. Many Sudanese still view FGM/C as important to morality, virginity, and traditional propriety, and especially marriageability. The fact that there is no single authority on the interpretation of Islam exacerbates the problem.
- **Fear of change:** Especially in remote and/or rural areas, people fear the social repercussions of promoting or implementing changes regarding the practice of FGM/C. This is often combined with a lack of knowledge of alternatives. Addressing this through social marketing approaches is challenging due to the low level of mass media access in some regions.
- **Poverty and social displacement:** Considerable parts of the population struggle to find security, water and other basics of life. Stakeholders indicated that people struggling to survive have little energy or time for efforts to abandon FGM/C, dismissing them as “*kalam farigh*” (nonsense talk or empty words); for impoverished people, survival and peace take priority.
- **Suspicion regarding the international community’s presumed pro-Western agenda:** Efforts aiming to abandon FGM/C have been and continue to be viewed by some parts of the population as an imposition of values from the West. This view sometimes combines with general resentment of the UN and other international agencies.

As described in various sections of this report the joint programme made various and largely successful efforts to mitigate the limiting influence of these factors, for example by systematically seeking partnerships with religious leaders and developing a positive working relationship with the Ministry of Guidance and Endowment; strengthening the ownership and leadership for FGM/C abandonment of government actors at national and state levels; and working with communities affected by conflict and displacement. The evaluation team felt that these were appropriate given its timeframe and resources.

Summary of Findings

The joint programme made significant contributions to strengthening the environment for the abandonment of FGM/C in Sudan at national, state and community levels. This includes contributions to strengthening coordination among national and international actors working towards the abandonment of FGM/C in Sudan; strengthening legal and policy frameworks at national and state levels; and enhancing awareness, commitment and ownership of key national actors as regards efforts to abandon all forms of FGM/C. One of the promising approaches supported and promoted by the joint programme is the Saleema initiative that focuses on positively reframing the discourse over uncut girls. Partnerships with religious leaders, commitment from the government of Sudan to ending FGM/C, and effective use of media and journalists are among the factors that have supported the implementation of the joint programme in Sudan. The joint programme gave consistent attention to the women's empowerment approach and the integration of maternal health and gender equality. Limiting factors have been the persistent reluctance to change in some communities, as well as poverty and social displacement due to conflict. The joint programme made relevant and successful efforts to mitigate the negative effects of these factors on its progress.

5.3 Availability and use of resources/ inputs

EVALUATION QUESTION 3

To what extent have the outputs of the joint programme been achieved or are they likely to be achieved with appropriate resources/inputs (funds, expertise, time, administrative costs, etc.)?

Evaluation criteria covered

Efficiency

As noted in section 4.2, in most cases the overall annual budget amounts requested by UNICEF and UNFPA in Sudan were considerably higher than the amounts actually allocated by headquarters⁴¹. This implies that the available financial resources were less than those seen by joint programme staff and partners as being required. The actual annual implementation rates indicate, however, that the allocated amounts were appropriate in view of the existing absorptive capacity of the joint programme and its implementing partners. At the same time, as further elaborated below, joint programme staff also noted that more resources could have been used had resources been allocated in a more timely manner. Overall, evaluation findings indicate that while the resources allocated to the joint programme in Sudan were **adequate** in view of the envisaged catalytic nature of the joint programme, they were **very limited** in light of the ambitious overall objectives that the joint programme had set for itself.

Consulted UN agency staff and implementing partners in Sudan indicated overall **agreement with the proportional allocation** of available resources to different components of the joint programme. While joint programme staff acknowledged that some communication tools, in particular those produced for the Saleema initiative, were costly (e.g. professionally produced TV spots), there was also agreement that high quality products were a highly effective way to spread the ideas of the initiative, especially among younger and urban parts of the population.

Consulted stakeholders also widely agreed that **existing resources had generally been used effectively** to facilitate change efforts, catalyse innovative approaches, consolidate gains and link separate initiatives to create synergy. Measures taken by UNFPA and UNICEF to ensure the efficient use of available programme funds included the following:

- Catalytic use of the limited resources available under the joint programme: both UNFPA and UNICEF integrated activities with initiatives in their respective regular country programmes. This allowed them to build upon existing partnerships and networks.
- Both agencies limited the number of small organisations they worked with separately, favouring a more coordinated effort to bring together academic institutions, NGOs and community based organizations (CBO), and government partners.

⁴¹ UNFPA and UNICEF requested their funds separately.

- Joint annual and mid-term review and work-planning meetings helped to ensure participatory decision-making on strategic uses of available resources.
- Leveraging funds from other donors, in particular for the Saleema initiative.

The main **challenge** faced by the joint programme in ensuring effective and efficient use of resources related to funding and reporting cycles. The allocation of joint programme funds on an annual basis limited the ability of the joint programme and its implementing partners to plan for and conduct longer term activities and to provide optimal follow-up. Consulted implementing partners noted that funds from the joint programme projects often came late in the year, e.g. in April. This shortened the time period available for implementing planned activities given that reports on activities and achievements had to be produced at the end of the year. Some organisations were unable to retain their project staff during the gap in funding, and several stakeholders reported losing trained staff. One strategy used by the joint programme to mitigate this challenge was focusing its partnerships on larger national organisations (such as Ahfad University for Women) capable of bridging gaps in funding and ensuring continuity of efforts. UNICEF was also able to bridge funding gaps by tapping into resources from its regular country programme.

Summary of Findings

While the resources allocated to the joint programme in Sudan were adequate in view of the envisaged catalytic nature of the joint programme and its absorptive capacity, they were very limited in light of the ambitious overall objectives that the joint programme had set for itself. Evaluation findings also indicate that resources of the joint programme, including staff and funding allocations, have been used effectively to facilitate change efforts, catalyze innovative approaches, consolidate gains, and link separate initiatives in order to create synergy. The main challenge that the joint programme faced in view of ensuring the effective and efficient use of resources derived from its annual funding and reporting cycle.

5.4 Sustainability of effects

EVALUATION QUESTION 4

To what extent are the benefits and achievements of the joint programme likely to continue after the programme has ended due to factors such as national ownership, scalability and use of partnerships for sustainability?

Evaluation criteria covered

Sustainability

Overall, the evaluation found that the joint programme helped create a number of favourable conditions likely to support the sustainability of both national and local-level achievements made to date, in particular by i) strengthening national ownership of efforts to abandon FGM/C, especially commitment by national and state governments; ii) enhancing partnerships and collaboration among government and non-government actors at national, state and local levels as well as the linkages between them; iii) contributing to “reframing” the issue of FGM/C and related social connotations especially through the Saleema concept for social acceptance of the uncut condition; iv) integrating the issue of FGM/C abandonment in the national maternal health and women’s empowerment programmes; and v) supporting national and community-level activities that generated experiences of workable and promising approaches capable of replication and/or being scaled up.

The extent to which government and non-government actors will be able to maintain the existing momentum for change at national, state and local levels depends on the extent to which resources can be mobilised to support them. Resource mobilisation will also influence whether successful

Box 11: Leveraging future funding for FGM/C work

DFID has expressed an interest in providing significant funding for FGM/C abandonment in Sudan to the three UN agencies: UNFPA, UNICEF and WHO. Initial discussions indicate that this funding would aim to support activities to complement the existing UNFPA/UNICEF joint programme, in order to enable expansion rather than substitution of existing funding. Consulted UNICEF and UNFPA staff and managers felt that this development was an important indicator of the success of the joint programme.

approaches to addressing FGM/C can be replicated or scaled up in other parts of the country. In this regard, envisaged contributions from donors, including the United Kingdom Department for International Development (DFID) (see box 11), can play a supportive role as regards sustainability and expansion of the results achieved to date.

Table 3 summarises the main factors likely to support or challenge the sustainability of achievements made with support from the joint programme.

Table 3 Factors likely to support or hinder/limit the sustainability of benefits and achievements

Level	Supporting Factors	Hindering/limiting Factors
National and state	<p>National and international commitments to end FGM/C: the Sudanese government has a responsibility and obligation to address implicit and explicit national and international commitments to ending FGM/C as outlined in national and international commitments listed in section 3.2 above.</p> <p>Legal and policy framework: Despite the removal of Article 13, related discussions and advocacy efforts have created momentum for change among FGM/C abandonment actors in Sudan, including women parliamentarians.</p> <p>At the state level, several laws prohibiting FGM/C have been enacted. Their existence not only allows for positive changes at the state level, but also puts pressure on the national government to follow suit.</p> <p>Institutional framework: Several national level line ministries are engaged in sector specific efforts aiming to promote the abandonment of FGM/C, e.g. in the education and health sectors. Together they engage with a National FGM/C Task Force to coordinate efforts.</p> <p>Networks of FGM/C abandonment actors: Anti FGM/C actors in Sudan have come together and agreed to speak with one unified voice to demand the ban of all forms of FGM/C. Key actors include large and influential organisations capable of supporting and coordinating efforts, for example the Ahfad University for Women.</p> <p>Information on the negative effects of FGM/C and reasons for promoting its abandonment has been integrated into the training curricula of midwives and healthcare workers.</p> <p>Graduates of Ministry of Health-sponsored midwifery schools are expected to pledge never to perform FGM/C.</p> <p>The existence of FCPUs in all states creates a conducive justice system for referral and reporting of alleged FGM/C cases by community members.</p>	<p>Experiences relating to the rejection of Article 13 of the Child Law revealed differing interpretations of existing government commitments to abandoning FGM/C, in particular whether efforts should aim to eliminate all forms of FGM/C, or whether the law should permit “Sunna” forms of FGM/C to persist.</p> <p>Also, the Sudanese government has many competing priorities, and FGM/C-related efforts may lose momentum if funding is diverted to other issues.,</p> <p>At the national level, Sudan is still lacking strong legislation banning all types of FGM/C (see also previous point).</p> <p>At the state level, the implementation and enforcement of existing laws on FGM/C will take time and faces challenges (e.g. ensuring consistent enforcement, and potential conflicts with existing – or non-existent – national-level laws). Reluctance at the community level may hinder attempts to prosecute perpetrators of FGM/C .</p> <p>The Task Force is still relatively new, and its role in leading and coordinating systematic government efforts to address abandonment of FGM/C is yet to be firmly established and recognized.</p> <p>Certain religiously motivated actors continue to advocate for keeping the “Sunna” type form of cutting.</p> <p>FGM/C-related issues are not yet integrated in the regular training programmes of all relevant groups (e.g. police officers and judicial service providers) nor are they well integrated in university and school curricula.</p> <p>Once newly trained midwives return to their communities to work they fall under considerable social pressures to perform FGM/C, often directly after childbirth.</p> <p>Controversy persists about whether national legal framework will supercede state laws.</p>

Level	Supporting Factors	Hindering/limiting Factors
Community	<p>Networks of change agents: At the community level, networks have formed and developed capacities to promote abandoning all forms of FGM/C in culturally appropriate ways among their communities.</p> <p>Activities conducted to date have generated examples of successful approaches in promoting FGM/C abandonment that can be built and expanded upon.</p> <p>Several communities have become aware of links between FGM/C and other harmful practices such as early marriage and lack of female education, and are addressing these issues holistically.</p> <p>Collective action taken to declare abandonment and celebrating saleema by more than 640 communities is a sign of a positive social movement to shift norms</p>	<p>Sustaining and expanding the momentum for change is a challenge. It is still unclear what, if any, longer term effects specific events such as public pledges will have, and/or what types of follow-up efforts and financial resources are required to continue and expand achievements made to date.</p> <p>Especially at the state and local level, gaps exist in the knowledge, awareness and practical skills of duty bearers and other potential change agents concerning the promotion and facilitation of abandoning FGM/C, including the enforcement of FGM/C-related laws.</p> <p>The recent increase in Ansar Sunna groups that publicly speak out for the continuation of FGM/C based on religious reasons may negatively influence public perceptions and forming of opinions.</p> <p>Replication of successful approaches in other communities/areas depends on the availability of resources for implementing organisations and community partners.</p> <p>Successes with public declarations at the community level require longer term follow-up and monitoring to determine their sustainability and effect on behavioural change, and to discern factors supporting or hindering change. Such evidence would be valuable for developing or refining replicable models for change.</p>

Summary of Findings

The joint programme helped create a number of favourable conditions likely to support the sustainability of both national and local level achievements made to date. These conditions include strengthened national ownership of efforts to abandon FGM/C; as well as enhanced partnerships and collaboration among key actors at national, state and community levels. The joint programme has also contributed to leveraging additional donor funds for FGM/C work in Sudan. One of the main factors likely to hinder the continuation and/or expansion of results is the influence from conservative groups advocating for continuation of FGM/C often based on religious arguments.

5.5 Coordination between UNFPA and UNICEF

EVALUATION QUESTION 5

How adequate was the coordination between UNFPA and UNICEF within the joint programme at the global, regional and country levels in view of achieving the results of the joint programme?

Evaluation criteria covered

Effectiveness, efficiency and coordination between UNFPA and UNICEF

In assessing the effectiveness and efficiency of coordination between UNICEF and UNFPA, the evaluation relied mainly on data collected through consultations with joint programme staff and programme partners in Sudan, as coordination related results were not monitored or reported upon by the joint programme. Information from these consultations indicates that, overall, **the effective and efficient coordination between UNFPA and UNICEF in Sudan has helped the joint programme make progress towards its envisaged results**. Consulted stakeholders identified the following strengths of the coordination between the two agencies:

- Overall, there was a clear division of labour between UNFPA and UNICEF based on the respective mandates of the two organisations. UNFPA focused on issues related to reproductive health, working with midwifery training projects and efforts to strengthen the awareness and commitment of health workers to abandon FGM/C. It also focused on coordination and legal frameworks. UNICEF concentrated on girl child rights protection, national awareness, and education initiatives, social marketing, and working with religious leaders. At the same time, both agencies worked jointly on efforts around strengthening FGM/C related policy and regulations. At the community level UNFPA and UNICEF used similar or identical approaches.
- Several consulted stakeholders stated that the collaboration between UNFPA and UNICEF increased the perceived importance of the joint programme and the issues it addressed. The coalition of actors advocating for changes in the national legal and policy frameworks (e.g. around Article 13 of the Child Act) involved both original UNFPA and UNICEF contacts, thereby emphasizing that FGM/C-related concerns bridged issues of women's and children's rights, and (reproductive) health.
- Based on their respective mandates, the two agencies added specific value to the joint programme, both through their particular expertise and through their existing partnerships and networks. For example, the joint programme benefited from the long-standing relationships between UNFPA with both the FMoH and the MoWSS as well as between UNICEF and the NCCW. Consulted stakeholders noted that the joint programme had helped to bring more attention to children and youth in relation to reproductive rights issues, e.g. by examining early marriage and the reproductive rights of teenage women.
- The lead focal points for UNFPA and UNICEF reported that they appreciated the good working relationship with their partner organisation. Consulted stakeholders also noted that

the joint programme benefited from the fact that the UNICEF focal point remained the same throughout the period under review, and that the particular individual had already been involved in, and was knowledgeable of the work on FGM/C conducted by UNICEF prior to the joint programme.

While there was wide agreement that collaboration worked, there was also a consensus that it could be improved. Consultations indicated the following **challenges and areas for improvement** regarding coordination between UNICEF and UNFPA:

- While the two focal points have been in frequent contact with each other, consulted staff members felt that there was further room for enhancing the frequency and quality of information exchange between the two agencies.
- The UNFPA and UNICEF focal points were not always aware of, or in agreement over who should attend meetings with national partners. National stakeholders were sometimes confused whether the presence of one of the focal points meant that they represented the joint programme or only their respective organization.
- UNICEF and UNFPA adopted different practices for reporting on joint programme progress and achievements. Joint programme staff disagreed as to whether reporting on joint programme achievements should focus on interventions specifically funded by the joint programme alone (the approach used by UNFPA) or whether it should also address interventions funded through multiple sources, in particular by the respective regular country programme (the approach taken by UNICEF). See also box 12.
- While some implementing partners worked with both UNICEF and UNFPA, others had contact with only one of the two agencies. Consultations with stakeholders indicated that partners working with both agencies had a clearer understanding of the goals and objectives of the overall joint programme than those working with just one agency. The joint programme may have missed opportunities for facilitating systematic cross-learning and networking among implementing partners.

Box 12. Challenges in reporting joint programme results

Consulted UNICEF staff members explained that in most cases the specific results achieved by the joint programme could not be separated from results achieved through support from other funding sources. This was due to the fact that in many cases the joint programme allowed UNICEF and its partners to conduct work on initiatives started with other funds. While the joint programme clearly expanded or enhanced the initiative, related successes could not be specifically attributed to joint programme support. The global coordinator's encouragement to report all progress could be interpreted to mean irrespective of funding source.

Summary of Findings

The effective and efficient coordination between UNFPA and UNICEF contributed to the progress towards results made by the joint programme. It allowed each agency to add value to the joint programme based on their respective mandates, experience and expertise, and existing networks with national partners. On the other hand the two agencies were not able to fully clarify their expectations and assumptions in relation to reporting on achievements made under the joint programme and the regular country programs of both agencies respectively, and in communicating with partners.

5.6 Management of the joint programme

EVALUATION QUESTION 6

How appropriate was the management of the joint programme at global, regional and country levels in view of achieving the results of the joint programme?

Evaluation criteria covered

Effectiveness, efficiency and programme management

In assessing management of the joint programme in Sudan the evaluation focused on strengths and weaknesses of joint programme management at the country level, but also examined effects of overall (global) programme management systems and/or the support provided by the joint programme coordinators at UNFPA and UNICEF headquarters.

Overall, evaluation findings indicate that management of the joint programme at global and national levels contributed to the effectiveness and efficiency of the joint programme.

Data from document review and stakeholder consultations indicate the following strengths and weaknesses in joint programme management in Sudan:

- The UNFPA and UNICEF joint programme focal points conducted regular field visits to monitor the activities of their implementing partners and observe achievements and challenges faced in implementing activities.
- The annual review and work-planning meetings provided regular opportunities to assess joint programme achievements, to verify and, if necessary, to adjust plans and approaches, and to agree upon programming priorities and approaches in a participatory manner. In addition to helping monitor the progress and planning of programme activities, meetings also enabled attending national partners to learn how their contributions fit into the bigger picture of joint programme aims and goals and to facilitate synergies with on-going programmes and activities.
- Nevertheless, the joint programme faced difficulties related to monitoring the progress made by its implementing partners, in particular at the state level. Stakeholder consultations indicate that limited capacity of the respective implementing partners made it difficult to systematically collect, analyze and report on data, especially in community-based organisations. UNFPA and UNICEF did not establish common monitoring and reporting mechanism to be used by its respective partners, nor did these partners systematically use a common set of indicators to guide data gathering. Likewise, involving partners from distant areas in the annual review and work-planning meetings was difficult, thereby making it hard for these partners to grasp their contribution to a broader whole.

- The Sudan annual progress reports for the joint programme (with the exception of the 2008 Annual Report), were structured according to an outline provided by the programme coordination team at headquarters reflecting the joint programme expected results and indicators. This allows for comparability across countries. However, because of the evolving nature of the joint programme logframe, the 2008-2011 reports focus on slightly different outputs (see box 13), thus making cross-year comparability difficult..
- All annual reports provided detailed and relevant information on the progress, achievements, challenges and lessons learned from the joint programme. It is not surprising that the annual reports tend to focus on programme *activities* given that each of them reflects a period of one year only, while the types of societal changes envisaged by the joint programme require longer term processes. Nevertheless, the joint programme in Sudan made visible efforts to capture *results* where possible, and the 2011 annual report is the first one to systematically report against agreed-upon *indicators*.

Box 13: Joint programme annual progress reports - Sudan

2008 – Annual report addresses a total of nine outputs that are neither aligned with the old nor the new joint programme logframe. The information for this year is divided into two documents: a table in a PowerPoint presentation describing each of the nine outputs and how they were met, and a short narrative report that focuses on the context of FGM/C in Sudan.

2009 – Annual report mentions and addresses eight outputs. The report includes the newly added output of “Expanding networks of religious leaders advocating abandonment of FGM/C” (output 6).

2010 – The annual report uses seven outputs, which are identical with outputs 1-7 as outlined in the revised overall joint programme logframe which was approved the following year. The report does not yet address output 8 of the revised logframe, which focuses on ‘strengthened regional dynamics for the abandonment of FGM/C.’

2011 – The annual report uses the eight outputs under outcome 1 as defined in the revised overall joint programme logframe approved the same year.

Regarding **global management** of the joint programme, consulted joint programme staff in Sudan felt that the global annual review and work planning meetings attended by programme focal points from all 15 programming countries had been very relevant and useful. The review and meetings allowed joint programme staff to exchange information on good practices and emerging ideas, and on inspiring and challenging experiences relating to FGM/C work. The consulted focal points felt that joint programme coordinators at headquarters allowed country focal points flexibility to make decisions specific to Sudan, while providing relevant and useful guidance and tools.

One noted challenge relates to the fact that field-level staff and partners were not involved in the review and adjustment of the requested budget amounts that were done at headquarters by UNFPA and UNICEF, on the basis of the requests for joint programme funds by the country offices. Consulted staff members noted a lack of clarity over what proportion of requested funds would be allocated⁴² and based on what criteria. This made it difficult for them to systematically plan for the use of resources within and across the two agencies. Furthermore, in some years (e.g. 2010 and

⁴² For example, in the years 2010 to 2012 the proportion of funds requested by UNICEF that was actually allocated varied between 29 percent in 2012 and 56 percent in 2011. For UNFPA proportions varied between 32 percent in 2010 and 51 percent in 2011.

2011) the respective proportion of requested funds actually allocated to UNICEF was higher than the proportion allocated to UNFPA,⁴³ while in 2012 UNFPA received a comparatively larger proportion of its requested resources. This led to some frustration among joint programme staff as the reason for these differences and the best ways to justify requested funds in the future were not transparent.

Summary of Findings

Overall the management of the joint programme at global and national levels was effective and efficient and contributed to progress made towards results. Noted areas for improvement concern monitoring the progress made by the implementing partners and ensuring the transparency and predictability of decisions over the allocation of requested funds taken at headquarters.

⁴³ In 2010 allocations to UNICEF amounted to 36 percent of the requested amount, while UNFPA received 32 percent. In 2011 UNICEF received 56 per cent and UNFPA 51 per cent. In 2012 UNFPA received 34.4 percent and UNICEF only 29 percent.

5.7 Integration of horizontal issues and principles

EVALUATION QUESTION 7

To what extent and how has the joint programme integrated gender equality, human rights, cultural sensitivity and equity issues in design, implementation, monitoring and evaluation? To what extent is youth targeted as a key population group?

Evaluation criteria covered

Relevance, effectiveness and programme management

Given the relevance of principles of gender equality, human rights, cultural sensitivity and equity focus⁴⁴ to the work of UNICEF and UNFPA,⁴⁵ the evaluation explores whether and how these principles were reflected in the design, implementation, monitoring and reporting of the joint programme, and to what extent the joint programme specifically targeted youth. Many characteristics of the joint programme reflect all of these issues, but with nuances (see Table 4).

Table 4 Horizontal issues and principles

Joint programme characteristics	Relevant Dimensions
The joint programme and its implementing partners conceptualised FGM/C as a violation of human rights , in their insistence to work towards the abandonment of all forms of FGM/C, rather than settling for a compromise to allow a modified form (the so-called “Sunna”) simply to achieve lesser harm to health. Given that in Sudan human rights are a sensitive issue due to linked perceived link to a “pro-Western agenda”, the joint programme and its partners integrated this human rights perspective implicitly rather than explicitly in their advocacy and sensitisation efforts.	Human Rights Gender Equality Equity
Joint programme work explored broader questions about how existing social norms and practices affect girls’ and women’s access to opportunities and resources . For example, the joint programme increased public attention to the linkages between FGM/C and women’s health, but also girls’ education and early marriage.	Gender Equality Equity Youth
The joint programme in Sudan addresses FGM/C as a social convention/norm , acknowledging its strong cultural value in practising communities. The design and implementation of the joint programme reflected this assumption in that it i) targeted and worked with culturally/socially influential actors such as religious leaders to support changes from within social networks; ii) used baseline studies to tailor approaches to targeted communities; iii) mobilised popular artists and athletes to serve as cultural ambassadors and role models for the increasingly urbanised population of Sudan;	Cultural Sensitivity

⁴⁴ The word “equity” means that all children have the chance to survive, develop and reach their full potential without discrimination, bias or favouritism. *Equity* differs from *equality*. The aim of equity-focused policies is not to eliminate differences so that everyone has the same level of income, health and education, but to eliminate unfair and avoidable circumstances that deprive children of their rights. Source: UNICEF, “How to Design and Manage Equity-focused Evaluations”, UNICEF Evaluation Office, New York, USA. http://www.pol.ulaval.ca/perfeval/upload/publication_319.pdf Retrieved December 6, 2012.

⁴⁵ While gender equality and human rights are guiding principles and commitments for all UN agencies, UNICEF has increasingly emphasised the notion of *equity*, while UNFPA has emphasised *cultural sensitivity*.

Joint programme characteristics	Relevant Dimensions
At national and community levels, the joint programme helped strengthen the role of both duty-bearers and rights-holders as mutually dependent actors. The work strengthening legal and policy frameworks for FGM/C at national and state levels is an example. Furthermore, it made efforts to integrate men, women and youth into initiatives aiming to abandon FGM/C (e.g. through the Saleema initiative).	Gender Equality Equity Cultural Sensitivity Human Rights Youth

Cross-cutting issues are strongly reflected in the design and implementation of the joint programme. Their presence is less marked in its monitoring and reporting tools and mechanisms. While annual progress reports include implicit information regarding these five dimensions, they are deeply interwoven and, as such, it is difficult to give explicit reflection on each individual issue. Nevertheless, given the importance of these dimensions to both agencies, a clearer illustration of the cross-cutting issues and their implications in joint programme contributions could have been provided.

Summary of Findings

The cross-cutting issues of gender equality, human rights, cultural sensitivity, and equity focus were strongly reflected in the design and implementation of the joint programme. They were less visible in its monitoring and reporting tools and products, which meant that existing progress reports provide only limited, if any, explicit reflection on these issues. Given the importance of these dimensions to both UNFPA and UNICEF, joint programme contributions could have been highlighted more explicitly.

6. Conclusions and Recommendations

6.1 Conclusions and Recommendations at the country level

6.1.1 Conclusions

CONCLUSION 1

The joint programme has been highly relevant given the existing commitments and priorities of the Government of Sudan, and considering previous gaps in efforts to abandon FGM/C. The joint programme has helped accelerate existing change processes in social norms relating to FGM/C at national, state and community levels.

- **Origin: Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); and 4 (sustainability)**
 - **Evaluation Criteria: Relevance, effectiveness, sustainability**
-

The joint programme has made important contributions to strengthening legal and policy commitments to ending FGM/C, e.g. in supporting the FMOH in intensifying its efforts on the training of midwives, and in relation to facilitating efforts on national and state-level legislative initiatives. The joint programme played a pivotal role in helping national and state-level actors maintain momentum for legal reforms after the removal of Article 13 of the Child Act, and channel energies into alternatives leading to the enactment of five state-level laws on FGM/C abandonment. While the passing of the state laws constitutes an important success, considerable challenges remain in their enforcement and related education of duty bearers and communities.

Financial support provided by the joint programme has allowed implementing partners as well as UNFPA and UNICEF to expand their existing activities on FGM/C at

national, state and community levels. Furthermore, the joint programme contributed to enhancing the individual and collective capacities of its partners by improving coordination and exchange among different actors, including by supporting the creation of a national Task Force on FGM/C. Overall, these efforts have helped accelerate existing change processes for FGM/C abandonment in Sudan.

CONCLUSION 2

The sustainability and longer-term impact of achievements to which the joint programme has contributed depend on the extent to which national and international actors in Sudan can maintain and expand the momentum for change created at national, state and local levels.

- **Origin: Evaluation questions 2 (contributions to results); and 4 (sustainability)**
 - **Evaluation Criteria: Effectiveness, sustainability**
-

The joint programme has helped create a more conducive environment for action around FGM/C abandonment, as well as conditions likely to support the sustainability of achievements. Further efforts are needed, however, to turn the existing potential into actual changes in behaviours and practices.

At national and state levels, continued efforts are required in relation to formulating and/or implementing FGM/C legislation, as well as to solidifying the position and ensuring the functioning of the Task Force on FGM/C to ensure continued coordination of actors. At the community level, opportunities arising from community dialogue and public pledges

need to be followed up in order to translate general commitments and willingness of actors into action and to maintain the existing momentum for change.

Sustaining and expanding the existing momentum of actors at all levels will require resources, but also leadership and political will from relevant leaders. In addition, efforts to ensure the sustainability of achievements will need to incorporate ways to effectively address religious, political, or otherwise motivated resistance to social change.

In relation to the sustainability of the Saleema initiative the evaluation noted room for further expanding the potential reach of this promising approach to broader parts of the population, as well as for strengthening its linkages with other efforts on ending FGM/C, e.g. with maternal mortality reduction programs.

CONCLUSION 3

The joint programme has supported the implementation and expansion of promising approaches to addressing FGM/C. More systematic and longer term monitoring, in-depth evaluation and additional research are required, however, to capture results of different approaches, and to produce evidence-based information on what factors foster or hinder their success in different contexts.

- **Origin: Evaluation questions 2 (contributions to results); 4 (sustainability); 6 (management of the joint programme); and 7 (integration of cross-cutting issues)**
- **Evaluation Criteria: Relevance, effectiveness, sustainability and management**

The Saleema initiative is the most distinct approach to addressing FGM/C supported by the joint programme in Sudan. Its approach

of reframing the public discourse around uncut girls has the potential to address the elusive issue of individual and collective perceptions and attitudes that are at the core of the social norms related to the practice. Other promising approaches supported by the joint programme in Sudan are the integration of FGM/C education in maternal mortality reduction programs with the FMoH and the Ministry of Welfare and Social Security, as well as engagement with religious leaders and the Ministry of Guidance and Endowments.

Currently available data on the effects of different approaches supported and/or utilized by the joint programme provide information on short term successes such as public pledges to end FGM/C. Data do, however, not permit making an informed assessment of longer term results deriving from the Saleema initiative or from other approaches and on the main factors influencing success in each context. This is partly due to the fact that the mechanisms and approaches used by joint programme implementing partners to collect, analyze, and report on information were not always systematic or coordinated.

CONCLUSION 4

Coordination efforts by UNICEF and UNFPA, and the management of the joint programme have been largely appropriate and contributed to the effective and efficient implementation of the programme in Sudan. The annual planning and budgeting cycle of the overall joint programme was, however, a limitation to effective management.

- **Origin: Evaluation questions 5 (coordination between UNFPA and UNICEF); and 6 (management of the joint programme)**
 - **Evaluation Criteria: Effectiveness,**
-

efficiency, sustainability, coordination and management

The joint programme benefited from the complementary strengths of UNFPA and UNICEF, including their thematic/sector expertise and past experience in reproductive health (UNFPA) and child rights as well as in communication (UNICEF) respectively. Similarly the joint programme was able to build upon the field presence, and the existing networks and relationships with key partners that had already been established by the two agencies. In addition the collaboration of the two partners created synergies that enhanced the visibility and perceived relevance of the joint programme, e.g. in relation to supporting efforts around national level legislation on FGM/C.

The annual planning and budgeting cycle was an impediment to the effectiveness and efficiency of the joint programme in Sudan, as it limited or even hindered the work of some implementing partners, including their ability to engage in consistent and longer-term monitoring of their initiatives.

CONCLUSION 5

In Sudan, the design and implementation of the joint programme reflected the key theoretical foundations underlying the overall joint programme and contributed to validating some of them.

- **Origin: Evaluation questions 1 (relevance and responsiveness); 2 (contributions to results); 4 (sustainability) and 7 (integration of cross cutting issues)**
- **Evaluation Criteria: Relevance, effectiveness, sustainability**

Based on the conceptualization of FGM/C as a social norm, the joint programme reflected the assumption that efforts for ending FGM/C need to focus on influencing

collective rather than individual change, while recognizing the importance of individuals gaining information and perspectives to engage in discussions and decision-making.

The joint programme demonstrated the benefits of working at national, state and community levels simultaneously, and of linking these levels, for example, in its work with religious leaders and their organisations and networks.

UNICEF, UNFPA and their implementing partners conceptualized the practice of FGM/C as a violation of human rights, but used this understanding in culturally appropriate ways given that the term human rights carries negative connotations in some communities in Sudan. The human rights focus of the joint programme contributed to conceptual clarity among actors in Sudan, as illustrated in their consensus that all forms of FGM/C should be legally prohibited and socially abandoned.

The joint programme focused on supporting existing efforts of national partners to end FGM/C, and on strengthening national ownership and leadership. UNFPA and UNICEF mostly worked with larger organisations able to sustain their activities independently. This increased the likelihood of efforts and networks being sustained.

While the main theory of change assumptions underlying the joint programme are convincing, available data do not yet permit validation of all steps in the assumed change process. In particular, it is difficult to link short-term programming successes to longer-term changes in behaviours or, ultimately, in FGM/C prevalence.

6.1.2 Recommendations

The following recommendations to UNFPA and UNICEF in Sudan derive from the above findings and conclusions.⁴⁶ These recommendations are based on the assumption that both UNFPA and UNICEF will continue FGM/C-related programming, either as part of their regular country programmes or under a second phase of the joint programme.

RECOMMENDATION 1

UNFPA and UNICEF should explore how to support the national Task Force on FGM/C in fulfilling its mandate of coordinating national and state level efforts effectively and in a sustainable way.

- **Priority:** High
- **Target level:** UNFPA and UNICEF joint programme focal points and country offices
- **Based on conclusions:** C1, C2

The creation of the Task Force on FGM/C and the fact that the body is headed by a senior FMoH officer are widely considered a major achievement in strengthening the institutional framework for working towards the abandonment of the practice in Sudan. At the same time, evaluation data indicate that the effectiveness of the relatively new body is still unproven. Continued technical and financial support from actors such as UNFPA and UNICEF can contribute to continuing the momentum created by the establishment of the Task Force, solidifying its position as the acknowledged leader and coordinator of

⁴⁶ Conclusion C4 is not addressed in a recommendation as it is not specific to the joint programme in Sudan. Instead, the issue may be addressed in the recommendations of the Evaluation Synthesis Report. See also section 6.2.

efforts around abandoning FGM/C, and facilitating its effective operation.

RECOMMENDATION 2

UNFPA and UNICEF should continue to support national actors in efforts to strengthen the national legal frameworks to prohibit all forms of FGM/C. Also, both agencies should shape FGM/C programming to support the operationalization and implementation of existing FGM/C legislation at the state level.

- **Priority:** High
- **Target level:** UNFPA and UNICEF joint programme focal points, and country offices
- **Based on conclusions:** C1, C2 and C5

The evaluation highlighted the important role that the joint programme has played in relation to developing the proposed Article 13 of the Child Act, as well as in view of “rekindling” the momentum among national actors after the removal of this Article. In their future (separate or joint) work, UNFPA and UNICEF should continue their efforts to support national actors in their pursuit of strengthening the national legal framework for FGM/C abandonment. In doing so, the agencies should systematically capture and build upon lessons learned from the experience around Article 13, as well as lessons derived from legislative processes and related advocacy efforts in other relevant countries, e.g. in Kenya.

At the state level the operationalisation and implementation of existing legislation on FGM/C will require considerable time, effort and resources. UNICEF and UNFPA should explore how future initiatives on FGM/C can support these processes, and if they can contribute to increased alignment and/or

harmonisation of different existing state level laws.

RECOMMENDATION 3

To sustain and expand the existing momentum for change, UNFPA and UNICEF should support their national partners to systematically collect and analyse information on the results, strengths and gaps of promising approaches to addressing FGM/C at national, state and community levels.

- **Priority:** High
- **Target level:** UNFPA and UNICEF joint programme focal points and country offices
- **Based on conclusions:** C1, C2, C3 and C5

The Saleema initiative has generated considerable interest from actors in other countries intending to replicate it (or parts thereof). Limited data is, however, available on the specific mid- to longer term results of not only this initiative, but also of other promising approaches such as integrating FGM/C related information in the training of midwives and into initiatives aiming to reduce maternal mortality. This data gap makes it difficult to identify replicable approaches based on evidence.

UNFPA and UNICEF should review their internal approaches to and capacity for systematic, longer-term monitoring of related results, and for targeted research to capture specific combinations of factors influencing success or failure in different contexts. At the same time they should explore how to further strengthen the capacity of their implementing partners to systematically apply some agreed upon indicators and align their respective mechanisms for monitoring and reporting. A survey of the experiences of those working in communities could generate useful

information on what to monitor and how to record and report it.

RECOMMENDATION 4

UNICEF, in consultation with UNFPA and its national partners, should make efforts to further strengthen the linkages between the Saleema initiative and other efforts to end FGM/C in Sudan.

- **Priority:** Medium
- **Target level:** UNICEF joint programme focal point and country office in consultation with the UNFPA joint programme focal point and country office
- **Based on conclusions:** C2

To enhance the reach and likely sustainability of different efforts, UNICEF and its partners should strive to further strengthen linkages between the Saleema initiative and other ongoing efforts to end FGM/C in Sudan within the frameworks of maternal health, women's empowerment, and the rights of the girl child. This can include formalizing linkages between the Saleema initiative and the training of midwives and other healthcare professionals, as well as establishing systematic connections with actors such as educators relevant for ensuring the rights of the girl child.

Building on the strong foundations already established, UNICEF and UNFPA should also aim to further expand the reach of the Saleema initiative and of other promising approaches. This could include developing targeted materials appropriate for children and youth. Similarly, pairing Saleema and FGM/C abandonment messages with popular culture events and media (such as TV shows) could be tested to find the most effective methods for reaching different geographic regions and social groups.

RECOMMENDATION 5

UNFPA and UNICEF should continue and expand their efforts to engage leaders from a variety of religious groups in discussions on the well-being of women and girls, in order to sustain the momentum of the FGM/C abandonment movement.

- **Priority:** Low
 - **Target level:** UNFPA and UNICEF joint programme focal points and country offices
 - **Based on conclusions:** C2
-

UNFPA and UNICEF should maintain and continuously broaden their existing efforts to engage religious leaders in discussions not only on FGM/C but also on broader issues of the well-being of women and girls. This approach appears to be the most promising to ensure that likeminded (progressive) religious groups find confirmation and support from each other in the process of abandoning FGM/C. It also allows for increasingly minimizing the influence of those religious groups who persistently resist social change when it comes to FGM/C.

If financially feasible, such dialogue could include religious authorities from other non-circumcising Muslim countries. Discussing questions such as “Islam and women’s health” or “reproductive health issues in Islam” would allow for addressing the issue of FGM/C, while also providing an opportunity for interaction on other topics that Muslims in several countries are actively debating. Emphasizing points of agreement on values such as the protection of women’s health and honouring God’s creation may allow for dialogue to continue and eventually highlight the dangers of FGM/C without openly attacking the views of those who support the practice.

6.2 Implications for the overarching global programme

In the Sudan case study, a number of issues relating to the overall design and management of the joint programme have been identified that should be compared with findings deriving from other data sources including the other country case studies and taken into account when compiling the overarching evaluation synthesis report.

These include:

- The Saleema initiative, which positively reframes public discourse on uncut girls, constitutes a unique and promising approach that has created considerable interest from actors in other countries. It will be important to reflect upon its potential for replication and/or adaptation in different contexts and to highlight it as one example of a promising use of social norms approach.
- The Sudan case study emphasised and confirmed the need for the joint programme and its partners to engage with religious organisations and leaders, given the strong influence of Islam in Sudan. This influence shapes not only explicit views of individuals and groups, but also their implicit assumptions and perceptions. A related observation is the sensitivity in Sudan to explicit references to human rights as the foundation for FGM/C work. As a consequence, in many situations, referring to religiously motivated frameworks was more appropriate and relevant to the targeted actors. At the same time, the joint programme was able to maintain elements of its human rights-based understanding of and approach to ending FGM/C.
- The Sudan country case study indicated that the relevance of public pledges and signings may be different in Sudan than in other contexts. In the absence of strong data on results following pledges and signing, it is, however, difficult to make evidence-based comparisons between countries.
- In Sudan, considerable progress has been made in strengthening state-level legislation on FGM/C. Reviewing experiences in other countries regarding the importance and practical influence of this level of government (e.g. the potential conflict between existent or non-existent national and state-level laws) could be helpful.
- The hindering effects of the joint programme annual planning and budgeting cycle were also addressed in other case studies (e.g. Kenya) and need to be addressed in the evaluation synthesis report.

Annex 1. Evaluation Matrix

See Annex 8, Volume II of the Inception Report:

<http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103>

Annex 2. List of documents reviewed

UNFPA-UNICEF Joint Programme on FGM/C: Sudan Country Profile

Consultation on UNFPA/UNICEF Joint Programme on FGM/C: Towards a Convention Change; 10-11 March 2008, Innocenti Research Centre; Florence, Italy

DRF Indicators 2008-2012

Strategies to Address Challenges and use emerging opportunities: Case of Sudan and Eritrea (Power Point presentation)

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Sudan, 2008

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Sudan, 2009

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Sudan, 2010

UNFPA-UNICEF Joint Programme on FGM/C, Annual Report, Sudan, 2011

UNFPA-UNICEF Joint Programme on FGM/C, Mid-year Report, Sudan, 2012

UNFPA/UNICEF Joint Programme on FGM/C, Annual Work Plan; Sudan; 2008

UNFPA/UNICEF Joint Programme on FGM/C, Annual Work Plan; Sudan; 2009

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UNFPA/UNICEF Joint Programme on FGM/C, Annual Work Plan; Sudan; 2012

UNFPA/UNICEF Joint Programme. Accelerated Abandonment of FGM/C Annual Consultation; Programme Outputs as a Basis for Planning and Documentation; Margaret N. Thuo (Power Point)

UNFPA/UNICEF Joint Programme on Female Genital Mutilation/ Cutting: Accelerating Change. *Country Context Reports* Program on International Health and Human Rights. Harvard School of Public Health; December 2010 (Section on Sudan pp83)

Other documents

Ahmed, Dr. Amira. "Final Report: Evaluation of Norwegian Church Aid's (NCA) support to GBV Projects implemented by SNCTP in Mayo Farm (2004-2010)": December 2011.

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CSW Report (Sudan) to the Secretary General's on FGM/C; December 2011

M Mazharul Islam and M Moslehuddin. Female Circumcision in Sudan: Future Prospects and Strategies for Eradication, June 2001

FGM/C. A Statistical Exploration; UNICEF; 2005

WHO. FGM and Obstetric Outcome: WHO collaborative Prospective Study in Six African Countries. 2006.

Gruenbaum, Ellen. Bumps on the Road to Freedom from Female Genital Cutting: A Report on the Effects of a Community Declaration in Bara Province, North Kordofan, Sudan. August 2005.

Gruenbaum, Ellen, 'Toward a theory of change for the era of intensified globalization processes.' Unpublished essay, 2013.

Gruenbaum, Ellen, in: Browner, Carole and Sargent, Carolyn (editors) 'Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives'. Duke University Press, 2011

The Republic of Sudan. The National Strategy to Abolish FGM/C 2008-2018; September 2001.

The Republic of Sudan. The National Strategy for Reproductive Health 2006-2010; August 2006

The Republic of Sudan Ministry of Justice. The National Plan for Combating Violence against Women and Children (2010-2011); 2010

The Republic of Sudan Ministry of Social Welfare, Women & Child Affairs. Women Empowerment National Policy; March 2007.

UNFPA. A Situational Assessment of Health Sector Role/Interventions in Female Genital Mutilation/Cutting in Khartoum State, Sudan; Final Report; 2011

UNICEF Country Office Khartoum, Child Protection, FGM in Sudan: Knowledge, Attitudes, and Practices. Qualitative Research on Female Genital Mutilation/Cutting (FGM/FGC) in West Kordofan and Kassala States. August 2004. Research report submitted by: Ellen Gruenbaum.

UNICEF Innocenti Insight. The Dynamics of Social Change: Towards the abandonment of Female Genital Mutilation/Cutting in Five African Countries. October 2010.

UNICEF Innocenti Research Centre. Harmful Practices: Social Dynamics of Abandonment; a special focus on Female Genital Mutilation/Cutting in five countries (Egypt, Ethiopia, Kenya, Senegal and Sudan), (Power Point Presentation)

UNICEF Khartoum Child Friendly Community Initiative (CFCI). Baseline Survey on FGM Prevalence and Cohort Assembly in CFCI: Three Focus States; November 2003. Submitted by Professor Ahmed Bayoumi.

UN Volunteers, UNFPA and Ahfad University for Women. "UN Volunteers' Support to Combat Female Genital Mutilation/Cutting (FGM/C) in Sudan"; FGM/C Studies Report; (Baseline Survey); June 2009

Various information materials related to the Saleema initiative in Sudan.

Annex 3. List of consulted stakeholders

Sudan Country Visit – Consulted Stakeholders

Name	Position/Title and Organization
National Level	
Government	
Batoul Abdalrahman	Member, FGM Programme, NCCW
Kidam G. Abraha	FMoH/NRHP
Nafisa Ahmed	FGM/C Programme Officer, NCCW
Dr. Nariman Ahmed Mohamed	Deputy Specialist, Community Medicine, Sudan Ministry of Health (SMoH)
Nagat Alassad	Communication and Advocacy, Family Tracing and Reunification (FTR) Coordinator, NCCW
Duha Alnazir Muhiddin	Health Officer, Sudan Ministry of Health (SMoH)
Iman Babikir Yousif	Focal person, FMoH/National Reproductive Health Programme (NRHP)
Lena S. EllHindi	MOWSS, NDC Gender Division
Alaa Ellidir	GDWFA
Fath Elrahman Babiker	Chief of Child Section, NCCW
Alaa Eltahir	General Directorate of Women and Family Affairs (GDWFA), Ministry of Welfare and Social Security
Nawal M. Eltahir	WHCR-MOW, project director
Sawsan Eltahir	Director, FMoH
Iman Hago	Focal person, Gender, FMoH/National Reproductive Health Programme (NRHP)
Umjmaa Ibrahim Faddal	Reproductive Health Coordinator, Jabal Awlia Locality (Khartoum, hospital)
Safaa Khalifa	NCCW
Hussein M. Farah	Technical Advisor, NCCW
Amal Mohamed	Secretary General, NCCW
Amel Mohamed	Reproductive Health Coordinator, Sudan Ministry of Health (SMoH)
Nawal Mustafa Osman	Physician, Community Medicine, Turkish Hospital
Civil Society/Other Partners	
Raga Abdalla	Legal counsellor, CVAW Unit
Rabiha Abdelrahim*	Activist
Elham Ahmed Hamid*	BBSAWS
Mahasin Alabbas*	BBSAWS/ASA
Aalaa Albager gaper*	Ahfad University for Women (AUW)
Amira*	Babiker Badri Scientific Association for Women's Studies (BBSAWS)
Israa Ehamssan*	Ahfad University for Women (AUW)
Hind Hagasan*	Tuti
Sood Iragi*	Ahfad University for Women (AUW)
Moaza Kamal Eldin*	REED student/ASA

Country Case Study: Sudan

Name	Position/Title and Organization
Nafisa M. Bedri*	Director, Ahfad University for Women (AUW)
Nagwa M. Salih	Legal advisor, CVAW (Culturally-justified Violence against Women) Unit
Amna Mahoub Mohamed*	BBSAWS/ASA
Sitalbanat Mohamed*	REED student/ASA
Egbal Mohamed Abbas*	Tuti Secretary General
Shima Mohamed Eid*	BBSAWS/ASA
Hadwa Mohamed Elmodathir Hamid*	H. Sc student/ASA
Rhab Mohamed Hassan*	Ahfad University for Women (AUW)
Soaad Mohamed Ibrahim*	Activist
Eman Mohamed Ismail*	BBSAWS/ASA
Haleema Musa*	Activist
Dr. Attiat Mustafa	Director, CVAW Unit
Ghada Rudwan*	Ahfad University for Women (AUW)
Fatima Salah*	Ahfad University for Women (AUW)
Fatima Salim	Researcher, CVAW Unit
Niemat Talha*	Activist
UN Agencies	
Mai Abdalla	Programme Assistant, UNFPA
Samira A. Ahmed	UNICEF Sudan, FGM/C Focal Point
Lamya Badri	Gender Officer, UNFPA
Stephen Blight	Chief, UNICEF
Maria Brair	UNFPA
A. Hassan	Child Protection Officer, UNICEF
Jennifer Chase	UNFPA Sudan, GBV Team leader
Pam Delargy	Representative, UNFPA
Sharareh Amir Khalili	Deputy Representative, UNFPA
Donors	
Community Level	
Blue Nile State	
Government	
Bakri Abdall Abdelrahman	Inspector, Directorate of Social Welfare
Dr. Mohamed Abdalkrim	Training officer, SMoH/RH
Alrayeh Abdallah Alsheikh	Assistant to the director, Directorate of Social Welfare
Faiza Marghani Abdalrahim	SMOHRH
Gasim Ahmed Mohamed	
Haleema Algeily Mustafa	Social counsellor, Directorate of Social Welfare
Rasheeda Altahir Abu Bakr	Secretary, Sudan Ministry of Health/ Reproductive Health (SMoH/RH)

Country Case Study: Sudan

Name	Position/Title and Organization
Civil Society/Other Partners	
Amal Bading	OHC
Rashid Elamin	OHC
Ibrahim Hussein Ahmed	Project Manager, Global Organization for Children
Fatima Mohamed	OHC
Ussimi Mohamed	OHC
UN Agencies	
A. Hassan	Child Protection, UNICEF
Gadaref State	
Government	
Asia Abdalrahman Hussein	Representative, NCCW
Amal Adam Ismail	
Haidar Ishag	SCCW
Afaf Omer	Representative, Women's Association/ Health Unit
Civil Society/Other Partners	
Saniya Abdelrazig Mustafa	CBOs Representative
Amani Ahmed Bureir	CBOs Representative
Malak Alamin	CBOs Representative
Hanan Osman Mohamed Almahi	CBOs Representative
Haleema Alsafi	CBOs Representative
Majda Alsayed	CBOs Representative
Amira Eisa Abdelrahman	CBOs Representative
Awadeeya Hamid Omer	CBOs Representative
Maha Hussein Ghrashi	CBOs Representative
Aohood Ibrahim	CBOs Representative
Ibtisam Mohamed Ahmed Ajeeb	CBOs Representative
Fatima Mohamed Ali	CBOs Representative
Ahmed Mustafa	Director , Zenab for Women and Development
Igbal Osman	CBOs Representative
Hagir Ismail Saleh	CBOs Representative
Haram Sirelkhathim	Director, Friends of Peace and Development Organization
Suaad Suleiman Osman	CBOs Representative
UN Agencies	
Abdalrouf Alsaddig Ahmed	CP officer, UNICEF/Kassala
Kassala State	
Government	
Wafaa Abu Zeid Bilal	Women's Counselor

Country Case Study: Sudan

Name	Position/Title and Organization
Alaweeya Ali Hamdan	Investment secretary, Women's General Foundation
Samira Gism Elseed	Ministry of Social Welfare
Entsar Mohamed Abloli	SNCTP
Amel Mubarak Hameed	Member of the Legislative Council
Tagreed Omer	Society College
Fatima Yassin	Administration of Women and Family
Community Leaders	
Mutasim Babikir Ahmed	Mayor of Kassala City
Al-Haj D. Al-Faki	Member of Popular Committee
Abu Fatima Mohamed Ahmed	Mayor of Arteiga and member of the State Legislative Council
Luai Mohamed Osman	Deputy Chieftain (<i>Nazir</i>) of Habab tribe
Onour Mohamed Osman	Deputy Chieftain (<i>Nazir</i>) of Hadandawa tribe
Mohamed Saleh Hamid	Mosque Imam
Civil Society/Other Partners	
Fatima Abdallatif	Administration of Reproduction Health
Haleema Abdelraziq Faraj	Reproduction Health
Awadia Abdelraziq Mohamed	Reproduction Health
Khalda Ahmed Abdallah	Reproduction Health
Butheina Akasha Mohamed	Secretary General, The Council of Child and Women Welfare and Population
Mahgoub Alhassan Mahgoub	FDG Teacher
Ammuna Elnour Musa	Reproduction Health
Hussein Ibrahim	Manager, Youth Organization for Peace Building and Development
Samira Hassan Adam	FDG Teacher
Mashaier Mohamed Gamal	FDG Teacher
Amna Mohamed Ibrahim Ali	FDG Teacher
Manal Khalafall Al amin	Acting director, Reidah Voluntary Organization
Khlood Khalil	Programme officer, TOD
Samira Mohamed Abbasher	Manager, The Umbrella of Social Development and Savings Associations
Mamduh Mohamed Saleh	FDG Teacher
Nur Mohamed Saleh Idris	FDG Teacher
Fathiya Obeid Zayd	Administration of Reproduction Health
Nwal Omer Ahmed Ghaffar	FDG Teacher
Afaf Osman Mohamed	Secretary, The council of child and women welfare and population
Hussein Saleh	Manager, TOD
Amani Sayd Fideil	Employee, Activism leader
Waleed Suleiman Moh. Hassan	Trainer, Friends of Peace and Development Organization
Huda Sultan Alhaj	FDG Teacher

Country Case Study: Sudan

Name	Position/Title and Organization
Manal Taha	FDG Teacher
Mahasin Taj-Elsir	Chairperson, Azza Women Charity Association
Hanadi Yahya Osman	FDG Teacher

List of participants at the debriefing meeting on February 3, 2013

Name	Organization
Mai Abdalla	UNFPA, programme assistant
Batoul Abdelrahman	NCCW
Kidam G. Abraha	FMOH/NRHP
Samira A. Ahmed	UNICEF Sudan, FGM/C focal point
Lamya Badri	UNFPA Sudan
Iman Babikir	FMOH, Gender Unit
Nafisa Bedri**	Ahfad University for Women
Stephen Blight**	UNICEF, Chief, Child Protection
Maria Briar	UNFPA Sudan, HRURH
Jennifer Chase	UNFPA Sudan, GBV team leader
Pam Delargy	UNFPA Sudan, Representative
Alaa Ellidir	GDWFA
Lena S. ElHindi	MOWSS, NDC Gender Division
Samia El Nager	National Consultant, Universalialia
Nawal M. Eltahir	WCHR-MOW, project director
Sawsan Eltahir**?	FMOH/NRHP, Director
Ellen Gruenbaum	Evaluation Team Leader, Universalialia
Safaa Khalifa	NCCW
Sharareh Amir Khalili	UNFPA Sudan, Deputy Representative

Annex 4. Interview and group discussion protocols

INTERVIEW PROTOCOL

GOVERNMENT REPRESENTATIVES

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, in particular in relation to FGM/C? What has been your involvement with the UNFPA/UNICEF joint programme on FGM/C? Do you work with other UN agencies, development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic and institutional factors have affected or influenced the extent and ways in which FGM/C is practised in this country?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to existing government priorities and strategies in relation to FGM/C abandonment? To country-level needs? To the needs of the targeted communities?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the key achievements of the joint programme in this country?
- 4.3 How would you explain the programme's successes and missed opportunities? What has worked well? What hasn't?

- 4.4 Have you/your department been directly involved in any joint programme activities/initiatives as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/ expanded? What factors (positive or negative) are likely to support or hinder the sustainability of joint programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of the joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?

The following questions are only for implementing partners

- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the joint programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

IMPLEMENTING PARTNERS AT THE COMMUNITY LEVEL

Universalia Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your organization in particular in relation to FGM/C? What has been your involvement with the UNFPA/UNICEF joint programme on FGM/C? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic, and institutional factors have affected or influenced the practice of FGM/C in this community?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to the needs of the targeted communities? How relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in the targeted communities? In the country?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 What joint programme activities/initiatives have you implemented/have you been involved with? Which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of the joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?
- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in targeted communities?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the joint programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

OTHER NATIONAL STAKEHOLDERS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

This protocol will be used for the following groups: NGOs, media, academia, law professions, religious leaders and organizations, members of parliament.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your organization in particular in relation to FGM/C? What has been your involvement with the UNFPA-UNICEF joint programme on FGM/C? Do you work with other UN agencies and/or development partners on the issue of FGM/C?

2. CONTEXT

- 2.1 Since 2008, what social, cultural, political, economic and institutional factors have affected or influenced the practice of FGM/C in this country?

3. RELEVANCE AND DESIGN

- 3.1 How relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?
- 3.2 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country? At the national level? At the community level (if relevant)?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 Have you/your organizations been directly involved in any joint programme activities/initiatives as an implementing partner or as a beneficiary? If so, which ones have been the most and least useful/successful? Why?

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 In your opinion, what has been the added value of joint structure of the programme?
- 6.2 Have you been involved in any other UN joint programme? If so, how does this one compare to them? What are its strengths? What could be improved?
- 6.3 What have been key strengths and weaknesses of the programme management and implementation? What has worked well? What could be improved?
- 6.4 To what extent were the joint programme resources adequate to achieve the expected results? Did the joint programme resources complement other resources that you already had to work on the issue of FGM/C? Were you able to mobilize additional resources after participating in the joint programme?

7. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 7.1 What, if any, types of innovative /good practices have been introduced or supported by the joint programme for the abandonment of FGM/C in this country/in targeted communities?
- 7.2 What have been the key lessons learned?
- 7.3 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

OTHER UN AGENCIES AND DEVELOPMENT PARTNERS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Can you please briefly describe your role, and the role of your agency in particular in relation to FGM/C in this country? Have you been involved with the UNFPA/UNICEF joint programme on FGM/C? If so how?

2. CONTEXT

- 2.1 Since 2008, what contextual and environmental factors have affected or influenced the work of your agency in relation to FGM/C?

3. RELEVANCE AND DESIGN

- 3.1 To your knowledge, how relevant and responsive has the joint programme been to country-level needs and priorities in relation to the issue of FGM/C? How relevant and responsive has the joint programme been to the needs of the targeted communities?
- 3.2 To what extent are the objectives of the joint programme aligned with UN/development partner priorities and strategies in this country?
- 3.3 To what extent and how does the joint programme relate to other UN/development partners programming on FGM/C in this country? Are there synergies and/or overlaps?
- 3.4 To your knowledge, what have been key strengths and weaknesses of the joint programme design, approach and strategies?

4. EFFECTIVENESS

- 4.1 Since 2008, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 To your knowledge, what have been the joint programme key achievements in this country?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

Prompt: This can refer to overall approach, programming strategies, stakeholders involved, types of activities, resources, selection of target population, management, etc.

5. SUSTAINABILITY

- 5.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

6. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 6.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?
- 6.2 What has been in your opinion the added value of the joint structure of the programme?
- 6.3 How does the joint programme compare with other examples of joint UN programming in this country?

7. GOOD PRACTICES AND FUTURE DIRECTIONS

- 7.1 To your knowledge, what, if any, types of innovative /good practices for the abandonment of FGM/C have been introduced or supported by the joint programme in this country?
- What if any types of innovative/good practices have been introduced or supported by your agency that could inform future UNFPA/UNICEF programming on FGM/C in this country?
- 7.2 In what ways can or should the joint programme inform future programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future programming in relation to other areas (e.g. other harmful practices)?

8. OTHER COMMENTS

- 8.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF COUNTRY OFFICE STAFF

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. Can you please describe your involvement with the UNFPA/UNICEF joint programme?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of the Joint Programme in this country?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 3.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C? To the needs of the targeted communities?
- 3.3 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.4 To what extent does the attached theory of change accurately reflect the joint programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, have there been any changes in the social norms/attitudes towards FGM/C in this country? In the targeted communities? If so, to what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed?
- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To your knowledge, has the country office been able to leverage additional/complementary resources for its work on FGM/C beyond the joint programme ones?
- 5.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?
- 7.4 How/to what extent have cross-cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the Joint Programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

- 9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF COUNTRY REPRESENTATIVES

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the country representative for? What does your role entail in relation to FGM/C abandonment and, more specifically, to the joint programme?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of your agency in relation to FGM/C?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies in this country?
- 3.2 To what extent and how does the joint programme relate to the broader UNFPA/UNICEF programming in this country? Are there synergies and/or overlaps with other work that you conduct in this country?
- 3.3 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country and community level needs in relation to the abandonment of FGM/C?
- 3.4 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.5 To what extent does the attached theory of change accurately reflect the joint-programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the key achievements of the joint programme in this country at the community level? At the national level?

- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To what extent have you been able to leverage additional/complementary resources for the work of your agency on FGM/C beyond the joint programme ones?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of programme achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of the coordination between UNFPA and UNICEF in relation to the joint programme in this country? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 How does the joint programme compare with other examples of joint UN programming in this country?
- 7.4 To what extent and how have cross cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in the joint programme?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the joint programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

- 9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

INTERVIEW PROTOCOL

UNFPA/UNICEF JOINT PROGRAMME FOCAL POINTS

Universal Management Group, a Canadian consulting firm, has been engaged to undertake an evaluation of the UNFPA-UNICEF Joint Programme on FGM/C. This evaluation includes studies of the Joint Programme work in four countries and this interview will contribute to your country case study. Thank you for agreeing to this interview. This document is intended to be a guide for our discussion, which I expect will take roughly one hour. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.

1. INTRODUCTION

- 1.1 Please describe how long you have been with UNFPA/UNICEF, and in what capacities. How long have you been the Programme Focal Point for? What does this role entail?

2. CONTEXT

- 2.1 Since the inception of the Programme, what contextual and environmental factors have affected or influenced the work of the Joint Programme in this country?

3. RELEVANCE AND DESIGN

- 3.1 To what extent are the objectives of the joint programme aligned with UNFPA/UNICEF policies and strategies at the country level?
- 3.2 From your perspective, to what extent are the objectives of the joint programme aligned with government priorities? To country-level needs in relation to the abandonment of FGM/C?
- 3.3 In your opinion how relevant and responsive has the programme been to the needs of the targeted communities?
- 3.4 What are the key characteristics of the joint programme approach?
- 3.5 In your opinion what have been key strengths and weaknesses of the joint programme design, approach and strategies in this country?
- 3.6 To what extent does the attached theory of change accurately reflect the joint programme approach? Would you change anything in it to make it more relevant to the work you do in this country?

4. EFFECTIVENESS

- 4.1 Since the Programme started, what, if any, changes in social norms/attitudes towards FGM/C have occurred in this country? In specific communities? To what extent and how has the joint programme contributed to them?
- 4.2 From your point of view, what have been the joint programme key achievements in this country at the community level? At the national level? Have there been any achievements at the regional/global level to which this country office has directly contributed?

- 4.3 How would you explain the successes and missed opportunities of the programme? What has worked well? What hasn't?
- 4.4 What types of programming strategies and activities has the joint programme used in this country? Which ones have been the most and least successful?

5. EFFICIENCY

- 5.1 To what extent were the available resources adequate to achieve the expected results?
- 5.2 To what extent have you been able to leverage additional/complementary resources for your work on FGM/C beyond the Joint Programme ones?
- 5.3 In what ways, if any, could the joint programme have been more efficient (i.e. achieved similar results using fewer resources)?

6. SUSTAINABILITY

- 6.1 To what extent are the achievements and changes that the joint programme has contributed to likely to last? How likely are they to be scaled up/expanded? What factors (positive or negative) are likely to support or hinder the sustainability of the programme's achievements?

7. INTERAGENCY COORDINATION AND JOINT PROGRAMME MANAGEMENT

- 7.1 What have been the strengths and weaknesses of UNFPA and UNICEF coordination in the joint programme? What has worked well? What could be improved?
- 7.2 In your opinion, what has been the added value of the joint structure of the programme?
- 7.3 What have been key strengths and weaknesses of the programme management and implementation at the global, regional and country levels? What has worked well? What could be improved?
- 7.4 To what extent and how have cross-cutting issues of gender equality, human rights, cultural sensitivity and equity been integrated in programme design, implementation, monitoring and evaluation? Can you please provide examples?

8. GOOD PRACTICES, LESSONS LEARNED, AND FUTURE DIRECTIONS

- 8.1 What, if any, types of innovative /good practices have been introduced by the Joint Programme for the abandonment of FGM/C in this country?
- 8.2 What have been the key lessons learned?
- 8.3 In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to FGM/C in this country? Elsewhere/globally? In what ways can or should the joint programme inform future UNFPA and UNICEF programming in relation to other areas (e.g. other harmful practices)?

9. OTHER COMMENTS

9.1 Do you have any other comments or suggestions or concerns about the programme and/or the evaluation that you would like to share with us? Do you have any questions?

Thank you for your collaboration.

Annex 5. Sudan Stakeholder Mapping

Sudan 2008-2010

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
1. Effective enactment and enforcement of legislation against FGM/C	National Council for Child Welfare (NCCW); State Council of Child Welfare (SCCW); Council for Strategic Planning, Police and Justice				National and state parliaments						
2. Knowledge dissemination of social-cultural dynamics of FGM/C practice	Sudan National Committee on Traditional Practices (SNCTP); NCCW		Child-Friendly Community Initiative (CFCI)-funded by UNICEF			Community radio					

Country Case Study: Sudan

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
3. Collaboration with key global development partners on a common framework towards abandonment of FGM/C	NCCW			International Working Group on FGM/C and UN gender task force							
4. Evidence-based data for programming and policies	NCCW; SCCW		The Child Protection Working Group (CPWG)								

Country Case Study: Sudan

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
5. Consolidation of existing partnerships and forging of new partnerships	NCCW; SCCW; Federal Ministry of Health (FMoH); SNCTP	Rapid Operational Care and Scientific Services (ROCSS); Babiker Badri Scientific Association for Women's Studies (BBSAWS); ; Community Animation Friend Association (CAFA)				Entishar Newspaper;	Ahfad University for Women (AUW)				
6. Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt	FMoH; media institutions; Khartoum State MOH, NCCW, SCCW	Obs/Gynea association, BBSAWs				National TV & Radio channels, Teeba Press					

Country Case Study: Sudan

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
7. Better integration of implications of FGM/C practice into reproductive health strategies	FMOH/State MOH										
8. Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation											

Sudan 2011-2012

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C	NCCW, Violence Against Women (VAW) unit; SCCW	Women Center For Human Rights (WCHR); Rapid Operational Care and Scientific Services (ROCSS); Babiker Badri Scientific Association for Women's Studies (BBSAWS)			Parliament						
2: Local level commitment to FGM/C abandonment	NCCW, SCCW	Community Animation Friend Association (CAFA); BBSAWs; ROCSS					AUW, Gedarif University, Kassala University				
3: Media campaigns and other forms of communication dissemination	NCCW;	CAFA				TEEBa press; C4D and RN radio	AUW				

Country Case Study: Sudan

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
are organised and implemented to support and publicize FGM/C abandonment											
4: Use of new and existing data for implementation of evidence-based programming and policies for evaluation	Ministry of Social Welfare; NCCW; SCCW; FMOH, MoH,		Help Age International (HAI)								
5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming	FMOH; KMOH; State Ministries of Health;						AUW, Al Zaiem Al Azhari University				
6: Partnerships with religious groups and other organisations and institutions are consolidated and new partnerships	Ministry of General Education (MOGE); SCCW,							Religious Networks			

Country Case Study: Sudan

Outputs	Implementing Partners										
	Government	NGOs		UN Agencies	Parliaments, Parliamentarians and affiliate organisations	Media and affiliate organisations	Academia	Judges and Justice Professionals	Religious Organisations and Leaders	Local Governing Bodies	Other
		National	International								
are identified and fostered											
7: Tracking of programme benchmarks and achievements to maximise accountability of programme partners	NCCW, MoH		Population Council								
8: Strengthened regional dynamics of abandonment of FGM/C	SCCW		INTACT				Gedarif, Kassala, Fashir, Nayla, AUW		Religious Leader Platform and Universities		

Annex 6. Portfolio of Interventions⁴⁷

Country: SUDAN		
Period: 2008- 2012		
2008		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment and enforcement of legislation against FGM/C</i>		
Development of sectors plans of actions as stated in the FGM/C strategy and carry out series of consultative meetings to come out with sector action plans for media and legislation	UNFPA	NCCW SCCWs
Organize a three days workshop to develop and draft a five year National Action Plan towards FGM/C abandonment within a generation and endorse the National Action Plan	UNICEF	NCCW + Strategic Planning council + commissioned Consultant
Orientation and building coordination mechanisms for the implementation of the FGM/C strategy in 5 states (White Nile, Gezira, River Nile, Sinnar & Northern States)	UNFPA	NCCW, SCCW at state levels + Child protection Working Mechanisms
Conduct 2 workshops for specialized committees in the National Assembly (Parliament) for FGM/C law endorsement	UNFPA	NCCW
Hold one workshop with concerned ministries to lobby for FGM/C law endorsement in the national level	UNFPA	NCCW
Hold two workshops with CSOs & human rights groups to take a stand and pressurize for FGM/C law endorsement in the national level	UNFPA	NCCW
Develop alliance with law enforcement bodies to engage in the FGM/C prevention programme	UNICEF	Council for Strategic Planning, Police and Justice
Support the initiation of two state laws banning FGM/C. Organize three workshops in Kadugli, Gedaref and el Fasher to launch the process for developing the law. Provide capacity and institutional support to the mechanism developing the law. Produce the draft laws and start the advocacy for endorsing them.	UNICEF	SCCW- Kadugli and SCCW-Gedaref and elfasher
<i>Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice</i>		
Organize study tours to successful experiences on abandoning FGM/C, participate in global consultations on the social norms and dynamics of FGM/C, finalize Sudan's Country Working paper on the social dynamics of FGM/C	UNICEF	
Establish system for capturing good practices and understanding qualitative elements of the project over the next 5-year period.	UNICEF	Consultant + NGOs + CFCi + community radio
<i>Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C</i>		
Engage WHO, UNDP and UNIFEM and international partners in Government-led FGM/C work and to seek their commitment to support financially and initiate programmes	UNFPA UNICEF	International Working Group on FGM/C and UN gender task force
<i>Output 4: Evidence-based data for programming and policies</i>		

⁴⁷ Source: country AWP submitted by Kenya, 2008-2012.

Country Case Study: Sudan

Country: SUDAN		
Period: 2008- 2012		
Disseminate findings of Household (2006) survey and results of baselines for child protection awareness campaign.	UNICEF	CPWG in Khartoum, Kadugli and Elfasher through NCCW and SCCW
FGM/C Baseline information completed (April 2008)	UNFPA UNICEF	
Use child protection situation analysis as a medium for sharing information about FGM/C	UNICEF	NCCW + State CP mechanisms
Output 5: Consolidation of existing partnerships and forging of new partnerships		
Develop partnerships with key constituencies: men and boys, faith based organizations, youth groups and elderly women	UNFPA	UNFPA
Strengthen the capacity of counterparts with key supplies and technical assistance to implement programmes. Purchase vehicles, furniture office supplies, computes, printers and necessary accessories	UNICEF	NCCW/State SCCW, Welfare and CFCs in SK, NK, ND, Gedaref and Port Sudan
Building capacity of NCCW through establishing the National Programme on FGM/C abolition within NCCW	UNFPA	NCCW
Support to production of FGM/C advocacy and communication materials within the CP national awareness campaign, hire a communication consultant to produce the relevant materials for the "Saleema" awareness campaign	UNICEF	UNICEF
Build NGO capacity for addressing FGM/C, i.e. NGOs in 4 states using or similar to TOSTAN approach	UNICEF	Entishar/ROCSS/AUW
Capacity building for NGOs working on FGM in Khartoum State to conduct Behaviour Change Communication (BCC) towards FGM/C abandonment using positive message	UNFPA	AUW
Start programmes for CFCI (Child Friendly Community Initiatives) as a tool for rolling out FGM/C campaign, possibly linking with community empowerment initiatives	UNICEF	Entishar in SK and ROCSS in Gedaref
Initiate FGM/C work in the 3 Darfurs, through community conversations and awareness raising sessions for women, men, and boys	UNFPA	UNFPA
Two workshops for supportive religious leaders/FBOs, CSOs, and human rights groups to take a stand and influence the endorsement of the law at the national level	UNFPA	NCCW
Hold one day orientation workshop for religious leaders in the states (Kassala, Gadarif, White Nile, South Kordofan and Gezira)	UNFPA	FMOH
M&E activities (field visits, progress meetings, progress reports)	UNFPA	UNFPA
Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt		
Strengthen media capacity on media advocacy and on linkages between FGM/C and Gender equality, women empowerment, human rights, and its linkages with slowing down achievement of MDGs.	UNFPA	FMOH & media institutions
Support to radio and TV programmes and newspaper articles to stimulate national dialogue of FGM/C. The media will use media advocacy to pressurize on abandonment for example using doctors, lawyers and other groups who support abandonment tin panel discussions with the media	UNFPA	FMOH & National TV & Radio channels
Output 7: Better integration of implications of FGM/C practice into reproductive health strategies		
Review RH policy to improve on the FGM component & develop health sector action plan in line with the FGM national strategy	UNFPA	FMOH

Country: SUDAN		
Period: 2008- 2012		
Review the existing training materials on FGM/C	UNFPA	FMOH
Five-day ToT for RH state focal points and HVs in 5 states (Kassala, Gadarif, White Nile, South Kordofan and Gezira) on FGM/C implications, communication and advocacy skills	UNFPA	FMOH
Training for VMW on FGM implications in 5 states (Kassala, Gadarif, White Nile, South Kordofan and Gezira)	UNFPA	FMOH/State MOH
Advocacy sessions and meetings for policy makers in state level for prioritizing FGM/C and recruitment of VMW in their programmes (5 states) (Kassala, Gadarif, White Nile, South Kordofan and Gezira)	UNFPA	FMOH/State MOH
Development and production of FGM messages	UNFPA	FMOH
<i>Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation</i>		
Launching for the initiative	UNFPA UNICEF	
2009		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment and enforcement of legislation against FGM/C</i>		
Conduct workshops for specialized committees in the National Assembly (Parliament) and Women Caucus for FGM/C law endorsement	UNFPA	NCCW
Distribution of information packages of FGM/C for MPs	UNFPA	NCCW
Support the participation of parliamentarians in global discussions for legal reform on child rights/protection	UNICEF	National and state parliaments
Support police units and judiciary to pursue training and use of legislation on abandoning FGM/C	UNICEF	Justice sector in BN, NK, RS, WN
Support efforts at states level to ban FGM/C by law (NK, WN, Gadarif, and Red Sea) including translation of already issued laws	UNICEF	SCCWs/Protection mechanisms
<i>Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice</i>		
Organize a consultative meeting with Irc, HQ and academic and research institutions to strengthen research on abandonment of FGM/C and child marriage learning from experience	UNICEF	NCCW
Contribute to the celebration of 6th and 8th March at federal and states level	UNICEF	SNCTP/UNICEF zonal offices
<i>Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C</i>		
Organize regular coordination meetings with international and donor agencies either within the agenda of the CP working group, the UNGTF, UNCT or special meetings	UNFPA UNICEF	UNFPA UNICEF
NCCW to organize an event/exhibition for promoting government led FGM/C work to the international community	UNFPA UNICEF	NCCW
<i>Output 4: Evidence-based data for programming and policies</i>		
Conduct a study on why parents/families abandon FGM/C to include national, state and community levels and establish indicators for qualitative analysis	UNFPA UNICEF	Consultants/ UNICEF
Organize joint in country and outside field visits for supported projects and learn from others to document evidence based experiences.	UNFPA UNICEF	UNFPA UNICEF

Country: SUDAN		
Period: 2008- 2012		
<i>Output 5: Consolidation of existing partnerships and forging of new partnerships</i>		
Initiate FGM/C work in 3 new states (RN, RS and WN) through literacy and community empowerment approach	UNICEF	ROCSS, SNCTP + SCCWs
Support students rural extension at the states and production of newsletters	UNICEF	BBSAWS
Strengthen capacity of local NGOs/CBOs working on FGM/C abandonment in 5 states	UNICEF	NGOs/CBOs
Conduct sensitization sessions within new groups of youth associations, FBOs, and elderly women on the abandonment of FGM/C. Conduct policy dialogue on FGM/C abandonment process at the national level	UNFPA	AUW, BBSAWS, CAFA, Twasul Ajyal, MANATH, FBO
Support to Tuti Island free of FGM/C initiative	UNFPA	MoW/WCHR
Support FGM/C work in 3 Darfur states through community conversations and awareness raising sessions	UNFPA	SEEMA
Organize a national meeting for the FGM/C state coordination mechanisms to set up monitoring and reporting tools for 9 states	UNFPA	UNFPA Darfur offices
N/A	UNFPA UNICEF	NCCW
<i>Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt</i>		
Organize an experts consultative meeting to develop guidelines on new communication tools to FGM/C abandonment at national, state and community level.	UNFPA UNICEF	NCCW
Support production of radio, TV spots, community radio and theatre work by providing media materials within the CP national awareness campaign and Saleema initiative	UNICEF	In kind
Capacity building for NGOs working on FGM in Khartoum State to conduct Behaviour Change Communication (BCC) towards FGM/C abandonment using positive message	UNICEF	Ahfad+other NGOs
Support media channels to stimulate national dialogue of abandoning FGM/C	UNFPA	UNFPA (Teeba press)
<i>Output 7: Better integration of implications of FGM/C practice into reproductive health strategies</i>		
Pilot integration of FGM/C as part of RH services in Khartoum state	UNFPA UNICEF	Khartoum State MOH
Conduct training for VMW on FGM/C implications in 5 states (Kassala, Gadarif, White Nile, South Kordofan and Gezira)	UNFPA	FMOH
Conduct a workshop on health consequences of all types of FGM/C	UNFPA	Obs/Gynea association
<i>Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation</i>		
Continue launching Saleema initiative for positive social transformation	UNICEF	In kind
Develop regular reports on the progress of the projects and keep donors informed and visibility maintained.	UNICEF	UNFPA UNICEF
Organize study tours for professionals and community representatives to learn from other experiences	UNICEF	
2010		
Planned Activities	UN Agency	Implementing Agency/Partner

Country: SUDAN		
Period: 2008- 2012		
<i>Output 1: Effective enactment and enforcement of legislation against FGM/C</i>		
Conduct training workshops to state parliaments on advocacy, networking, mobilization and law enforcement modalities through State Child's Act or related laws	UNICEF	State parliaments (North Kordofan, Blue Nile, River Nile)
Support state parliaments that have issued Children's' Acts and banning FGM/C and the respective justice and protection mechanisms to advocate for law enforcement activities within the frame of rights protection	UNICEF	State parliaments (West Darfur, North Kordofan, Gedaref and South Kordofan)
Contribute to the national coordination annual meeting for SCCWs and counterparts through integrating FGM/C abandonment in the main agenda	UNICEF	NCCW
Document Sudan experience on legal reform for banning FGM/C	UNICEF	Consultant
<i>Output 2: Knowledge dissemination of social-cultural dynamics of FGM/C practice</i>		
Train community facilitators on conducting community dialogue and facilitating integration of human rights sessions	UNICEF	NGO counterparts for Red Sea, River Nile, White Nile and Blue Nile
Contribute to the organization of public declarations and al taga signing events	UNICEF	State mechanisms and NGOs (Gedaref, South Darfur, Blue Nile)
Support the training on shifting to positive social norms including community leaders	UNICEF	SCCW/Welfare/CFCI (West Darfur, Gezira, River Nile)
Contribute to the celebration of 6th February and 8th March at federal and states level	UNICEF	Various
<i>Output 3: Collaboration with key global development partners on a common framework towards abandonment of FGM/C</i>		
Contribute to the regular coordination meetings with international and donor agencies either within the agenda of the Child Protection working Group, the UNGTF, UNCT or special meetings	UNICEF	UNICEF
Translate and organize orientation sessions to disseminate the interagency statement and the global common framework to the UN staff and management teams	UNICEF	UNICEF
<i>Output 4: Evidence-based data for programming and policies</i>		
Organize three workshops to disseminate the results of the qualitative study on why people abandon FGM/C	UNICEF	National and state coordination mech. Consultant (Khartoum Kassala and North Kordofan)
Disseminate the base line studies completed in 2009 and the Sudan Country paper on FGM.	UNICEF	UNICEF/FGM focal points in River Nile, Red Sea, Khartoum
Support the development and integration of FGM/C modules in the forthcoming MICS/HHS	UNICEF	NCCW/ database
Support a consultation meeting on a baseline for early marriage	UNICEF	NCCW

Country: SUDAN		
Period: 2008- 2012		
<i>Output 5: Consolidation of existing partnerships and forging of new partnerships</i>		
Organize three workshops to disseminate the results of the qualitative study on why people abandon FGM/C	UNICEF	SCCW/Welfare ROCSS, SNCTP, BBSAWS
Support CBOs, NGOs, of youth and women on mobilization for shifting norm to collective abandonment	UNICEF	Ahfad (Manath), WIG
Strengthen capacity of local NGOs/CBOs working on FGM/C abandonment in 5 states (Gedaref, Blue Nile, North Darfur, Kassala, North Kordofan)	UNICEF	SCCW/State Welfare
Provide technical assistance to NCCW	UNICEF	NCCW
Support the publication of a book on linking Saleema with religious evidence	UNICEF	Religious consultant/advocate BBSAWS
Sensitization/training sessions on Saleema and religion for community and religious leaders in 6 states	UNICEF	SCCW/Welfare (South Kordofan, South Darfur, West Darfur, Sinar, River Nile, White Nile)
Organize a consultative meeting for religious imams on adopting the positive message of Saleema to be endorsed religiously	UNICEF	NCCW/Ahfad
<i>Output 6: Media campaign emphasizing FGM/C abandonment process in Sub-Saharan Africa, Sudan and Egypt</i>		
Support production of radio, TV spots, community radio, theatre work and Saleema cloth materials within the national awareness campaign and Saleema initiative M63	UNICEF	NCCW/SCCW/State Coordination mechanisms BBSAWS
Provide Saleema maternity bags to women delivering new born girls targeting 5,000 families with information kits on abandonment of FGM/C	UNICEF	Teeba Press
Organize a nationwide Saleema campaign within the frame of awareness raising campaign on child protection issues	UNICEF	NCCW/SCCW/State Welfare + NGOs
<i>Output 7: Better integration of implications of FGM/C practice into reproductive health strategies</i>		
Provide RH services using mobile clinic in 3 communities in Khartoum including Saleema and women hygiene education	UNICEF	Khartoum State MoH (KSMOH), BBSAWS
Provide Saleema maternity bags to women delivering new born girls targeting 5,000 families with information kits on abandonment of FGM/C	UNICEF	KSMOH
Contribute to a study tour for medical personnel to the centres that provide surgical repair to the FGM/C repercussions such as in Burkina Faso	UNICEF	KSMOH
<i>Output 8: Building donors support to pool resources for a global movement towards abandonment of FGM/C in one generation</i>		
Continue launching Saleema initiative for positive social transformation in local and regional consultations	UNICEF	UNICEF/NCCW
Organize donor field visits for visibility and joint monitoring	UNICEF	N/A
2011		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</i>		
Consult. mtngs to adjust Criminal Law/ Child Act integrating FGM/C	UNFPA UNICEF	NCCW, WCHR,
Campaigns and lobbying for new legislation to criminalize FGM/C	UNFPA	NCCW

Country: SUDAN		
Period: 2008- 2012		
Support national VAW Unit implementing national Plan on GBV including FGM/C	UNFPA	VAW Unit
Two State parliament sessions on issuing laws in protection from FGM/C	UNFPA	WCHR
Institutional and technical support to 5 state parliaments not yet issued laws.	UNFPA UNICEF	WCHR,SCCW Kas, RS,BN,NK
Explanatory procedures to enforce laws banning FGM/C	UNICEF	NCCW,SCCW Ged,SK,WD,
Contribute to the national FGM/C coordination annual meeting	UNICEF	NCCW
<i>Output 2: Local level commitment to FGM/C abandonment</i>		
Technical logistic support to child and human rights groups in 5 state universities	UNFPA	Ged.Kass,Gezira abba and AUW
diploma programme on CD of Gedarif University	UNFPA	Gedarif University
Support youth abandonment initiatives for positive change	UNFPA	UNFPA peer youth
partnership between NGOs and gov. in community based Saleema programmes	UNICEF	Gezira,WN,Kht, ROCSS,RN, BBSAWS
Train community facilitators on process of altaga public declarations	UNICEF	SCCW WD, BN,SK and SD
Mobilization to join the Saleema campaign with First Lady and selected communities	UNICEF	SCCW,WIG
Reproduce "Saleema" cloth materials to scale commitment	UNICEF	UNICEF supplies and partners lists
organization of public declarations in 50 communities	UNICEF(150,00 0)UNFPA(30,00 0)	Welfare,NGOS in Ged, RS, BN, WN, SK, Kas, SD,WD
<i>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</i>		
Consultations with journalists for coverage of strategy	UNFPA UNICEF	TEEBA Press,NCCW
activation of Ahfad website on FGM/C.	UNFPA	AUW
Production and distribution of 1000 booklet on winning media works of 2010.	UNFPA	TEEBA Press
Organize TV, radio and newspapers using strategy and winning booklet of 2010.	UNFPA	National TV, Blue Nile TV, National radio and FM100
Support Outdoor adverts for "Saleema"	UNICEF	NCCW and selected advertisement companies
Support radio series on Saleema family dialogue	UNICEF	C4D and RN radio
Organize competition for Saleema baby smile	UNICEF	bidding private sector
<i>Output 4: Use of new and existing data for implementation of evidence-based programming and policies and for evaluation</i>		
Social mapping in FGM/C for Khartoum free of FGM/C campaign	UNFPA	Social Study Centre - Ministry of Social Welfare
Launching the campaign of 'Khartoum Free of FGM/C	UNFPA	Social Study Centre - Ministry of Social Welfare
focused technical assistance to NCCW in terms of reporting and M&E activities	UNFPA	NCCW
Launch the base line reports of FGM/C in RN and RS	UNICEF	SCCW-RN and RS
Reporting on national indicators of implementing the national FGM/C strategy	UNICEF	NCCW

Country Case Study: Sudan

Country: SUDAN		
Period: 2008- 2012		
Follow up and support the analysis of the SHHS results on FGM/C	N/A	FMOH
<i>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</i>		
KAP study for health cadre on the integration of FGM/C into SRH.	UNFPA	FMOH
Support 2 universities in the integration of FGM/C modules and analysis in SRH	UNFPA	AUW, Al Zaiem AlAzhari University
Medical protocol anti medicalisation of FGM/C on training health personnel	UNFPA UNICEF	FMOH
3000 Saleema maternity bags to women with new born girls reaching 5,000 families committed	UNICEF	KMOH
Produce women hygiene booklet messages for keeping girls Saleema	UNICEF	KMOH
Include 100 midwives from RN, RS and WN on training for collective abandonment	UNICEF	State Ministries of Health in RN, WN and RS
<i>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</i>		
Organize new partnership with state religious networks in 8 states.	UNFPA UNICEF	MoGE,RBO,SOGRADS
Consultative sessions for Mobilized religious leaders with others advocating for FGM/C	UNFPA	MoGE and religious based organizations
Train community imams on linking Saleema to religion in six states	UNICEF	SOGRADS and SCCWs in Northern, ND,WN,BN,RS,Kas
<i>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</i>		
Assessment of NGOs and CBOs trained	UNFPA UNICEF	consultancy
Joint visits to assess the commitment of communities who declared	UNFPA UNICEF	UNFPA,UNICEF and DONORS
Regional consultation on the way forward for Sudan.	UNFPA UNICEF	UNICEFand UNFPA
Six NGOS equipped with skills on monitoring, benchmarking and documentation	UNICEF	International Population Council
<i>Output 8: Strengthened regional dynamics of abandonment of FGM/C</i>		
Travel of Sudanese religious scholar linking Saleema to Islam to Somalia	UNFPA UNICEF	UNFPA & UNICEF Sudan and Somalia
Visit of Sudanese to declaring communities in the region	UNFPA UNICEF	UNFPA & UNICEF Sudan and Ethiopia
Production of the book linking Saleema to religion and sharing with region	UNFPA UNICEF	UNFPA&UNICEF Sudanand SOGRADS
Linking Sudan web site on FGM/C to regional networks	UNICEF	AUW and Blue Nile face book and INTACT

Country: SUDAN		
Period: 2008- 2012		
2012		
Planned Activities	UN Agency	Implementing Agency/Partner
<i>Output 1: Effective enactment, enforcement and use of national policy and legal instruments to promote the abandonment of FGM/C</i>		
Support 2 states to issue law against FGM/C	UNFPA	Parliament
Support parliamentarians to mobilize communities to stop FGM/C	UNFPA	Parliament
Support implementation of GBV national strategy	UNFPA	VAW Unit
Support NCCW to report on UNSG resolution 57/4	UNICEF	NCCW
Support annual coordination meeting for reporting on status of FGM/C strategic plan	UNICEF	NCCW
Support enforcement mechanisms in 3 states	UNICEF	SCCW and NGOs
Support legal review to personal family law and Criminal law	UNICEF	NCCW
<i>Output 2: Local level commitment to FGM/C abandonment</i>		
Community dialogues and mobilization sessions	UNFPA	NCCW, CAFA
Support CBOs and NGOs established	UNFPA	AUW, Gedarif Uni
Celebrate communities declarations	UNFPA	CAFA, Kassala UNI
200 community facilitators trained on using the guide for community dialogue sessions and Saleema guide	UNICEF	NCCW, BBSAWS,ROCSS
500 community sessions organised around Saleema positive values	UNICEF	SCCWs and NGOs
500 communities commit to abandon and declare	UNICEF	SCCWs and NGOs
<i>Output 3: Media campaigns and other forms of communication dissemination are organized and implemented to supports and publicize FGM/C abandonment</i>		
Support to Journalists Committee	UNFPA	Teeba
launching of media programs (TV, radios, newspapers)	UNFPA	Teeba , CAFA
Training of media personnel	UNFPA	Teeba
Celebration of FGM/C International Day	UNFPA	Teeba, AUW, Cafa
National Saleema ambassadors in outdoor visibility	UNICEF	Tariq Nour (TN)+NCCW
Presence of Saleema colours nationally	UNICEF	(TN)+NCCW
Saleema campaign continues on radio, TV, press and FGM/C quarterly newsletter.	UNICEF	radio, TV, TN and civic V
<i>Output 4: Use of new and existing data for implementation of evidence-based programming and policies and for evaluation</i>		
KAP study of health cadre towards FGM	UNFPA	HAI, MoH
Integration of the situational analysis of 2011 into JP	UNFPA	MoH, HAI
KAP study on early marriage	UNICEF	NCCW, SCCWs and Welfare
Meeting on monitoring and evaluation indicators	UNICEF	NCCW
Support advocacy using data to increase minimum age at marriage	UNICEF	NCCW and Welfare

Country: SUDAN		
Period: 2008- 2012		
<i>Output 5: FGM/C abandonment integrated and expanded into reproductive health policies, planning and programming</i>		
Study on relation of FGM & reinfibulation to SRH	UNFPA	FMoH
Training of midwives on complication of FGM/reinfibulation	UNFPA	FMoH
Support to referral of severely infibulated women to health facilities for delivery	UNFPA	FMoH
Integrate born Saleema in 20 health facilities in 3 states		TN +KMoH and state MoH
Support the outdoor and indoor visibility and give away of Saleema items in the health facilities	UNICEF	TN +KMoH and state MoH
<i>Output 6: Partnerships with religious groups and other organizations and institutions are consolidated and new partnerships are identified and fostered</i>		
Support to meetings and activities of the Religious Leaders Platform	UNFPA	MoGE - Religious Leaders Platform
Support to kalawa		MoGE
Dissemination of life stories for religious leaders abandoning FGM/C in their families	UNICEF	Religious network
Organise consultative meetings to issue a fatwa that links Saleema to Islam	UNICEF	Religious network
<i>Output 7: Tracking of programme benchmarks and achievements to maximize accountability of programme partners</i>		
Technical Assistance for M&E and compilation of report	UNFPA	NCCW and MoH
Joint monitoring visits and follow up to achievements	UNICEF	NCCW and other partners
Documentation of best practices	UNICEF	Consultant
<i>Output 8: Strengthened regional dynamics of abandonment of FGM/C</i>		
Exchange visits between universities	UNFPA	Gedarif, Kassala, Fashir, Nayla, AUW
Exchange visits between countries within the region	UNFPA	Religious Leader Platform and Universities
Organise declarations among neighbouring communities in 3 states	UNICEF	SCCWs , NGOs and UNICEF zonal offices
Ensure signatures of altaga for commitment in at least 10 communities		SCCWs , NGOs and UNICEF zonal offices

Annex 7. Financial Overview

	Total Budgeted	Total expenditure	
2008			
Output 1	67,000	61,000	
Output 2	25,000	25,000	
Output 3	1,000	1,000	
Output 4	22,000	10,000	
Output 5	109,000	17,959	
Output 6	57,000	57,824	
Output 7	55,500	55,500	
Output 8	16,916	7,611	
Output 9	32,000	23,583.46	
Total Annual	385,416	UNFPA: 177,500	345,825
		UNICEF: 168,324.68	
2009			
Output 1	60,000	40,000	
Output 2	12,000	12,000	
Output 3	10,000	10000	
Output 4	50,000	42,017	
Output 5	126,000	126,000	
Output 6	70,000	70,000	
Output 7	74,000	74000.00	
Output 8	15,000	15,000.00	
Output 9	62,152	62,152	
Personnel/Indirect Costs	66,499	66,499	
Total Annual	545, 650	UNFPA: 242,727	517,173
		UNICEF: 274,445.72	
2010			
Output 1	48,429	36,703	
Output 2	63,000	66,434	
Output 3	13,000	18,469	
Output 4	40,000	34,005	
Output 5	81,000	66,266	
Output 6	48,489	57,018	
Output 7	52,000	40,804	
Output 8	38,000	38,000.00	

Country Case Study: Sudan

	Total Budgeted	Total expenditure	
Output 9	26,950	8,894	
Personnel/Indirect Costs	71,308	81,528	
Total Annual	482,176	UNFPA: 184,253.70	422,187
		UNICEF: 237,933	
2011			
Output 1	68,368	24,022	
Output 2	100,729	38,783	
Output 3	77,639	16,635	
Output 4	98,382	28,643	
Output 5	74,556	16,056	
Output 6	46,743	14,623	
Output 7	32,063		
Output 8	27,763		
Personnel/Indirect Costs	140,487	25,166	
Total Annual	654,732	UNFPA: 163,876	163,928
		UNICEF: 471,076.30	
2012			
Output 1	115,000		
Output 2	250,000		
Output 3	344,000		
Output 4	143,000		
Output 5	335,000		
Output 6	95,000		
Output 7	44,000		
Output 8	130,000		
Total Annual	1,456,000		
Total 2008-2012		UNFPA: 768,356.70	1,920,136.40
		UNICEF: 1,151,779.70	